

A GLOBAL
ENCYCLOPEDIA



WOMEN'S LIVES

— AROUND THE WORLD —



Susan M. Shaw, General Editor, and Nancy Staton Barbour,
Patti Duncan, Kryn Freehling-Burton, and Jane Nichols, Editors

About the pagination of this eBook

This eBook contains a multi-volume set.

To navigate this eBook by page number, you will need to use the volume number and the page number, separated by punctuation or a space.

Refer to the Cumulative Index and match the page reference style exactly in the Go box at the bottom of the screen.

WOMEN'S LIVES AROUND THE WORLD

WOMEN'S LIVES AROUND THE WORLD

A Global Encyclopedia

VOLUME 1
AFRICA AND THE MIDDLE EAST

Susan M. Shaw, General Editor
Nancy Staton Barbour, Patti Duncan,
Kryn Freehling-Burton, and Jane Nichols,
Editors



An Imprint of ABC-CLIO, LLC
Santa Barbara, California • Denver, Colorado

Copyright © 2018 by ABC-CLIO, LLC

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, except for the inclusion of brief quotations in a review, without prior permission in writing from the publisher.

Library of Congress Cataloging-in-Publication Data

Names: Shaw, Susan M. (Susan Maxine), 1960- editor.

Title: Women's lives around the world : a global encyclopedia / Susan M.

Shaw, General Editor.

Description: Santa Barbara, California : ABC-CLIO, [2018] | Includes bibliographical references and index.

Identifiers: LCCN 2017015976 (print) | LCCN 2017031062 (ebook) |

ISBN 9781610697125 (ebook) | ISBN 9781610697118 (set) | ISBN 9781440847646 (volume 1) |

ISBN 9781440847653 (volume 2) | ISBN 9781440847660 (volume 3) | ISBN 9781440847677 (volume 4)

Subjects: LCSH: Women—Social conditions—Encyclopedias.

Classification: LCC HQ1115 (ebook) | LCC HQ1115 .W6437 2018 (print) | DDC 305.4—dc23

LC record available at <https://lcn.loc.gov/2017015976>

ISBN: 978-1-61069-711-8 (set)
978-1-4408-4764-6 (vol. 1)
978-1-4408-4765-3 (vol. 2)
978-1-4408-4766-0 (vol. 3)
978-1-4408-4767-7 (vol. 4)

EISBN: 978-1-61069-712-5

22 21 20 19 18 1 2 3 4 5

This book is also available as an eBook.

ABC-CLIO

An Imprint of ABC-CLIO, LLC

ABC-CLIO, LLC

130 Cremona Drive, P.O. Box 1911

Santa Barbara, California 93116-1911

www.abc-clio.com

This book is printed on acid-free paper (∞)

Manufactured in the United States of America

Contents

Preface, xi

Introduction, xiii

Volume 1: Africa and the Middle East

Color inserts follow page 170.

Afghanistan, 1

Algeria, 11

Bahrain, 19

Botswana, 27

Burkina Faso, 32

Central African Republic, 40

Democratic Republic of Congo, 51

Egypt, 62

Eritrea, 74

Ethiopia, 80

Ghana, 92

Iran, 102

Iraq, 114

Israel, 120

vi Contents

Ivory Coast, 127

Jordan, 135

Kenya, 148

Kingdom of Saudi Arabia, 163

Lebanon, 174

Lesotho, 181

Liberia, 190

Libya, 199

Malawi, 210

Mali, 219

Morocco, 226

Namibia, 234

Nigeria, 243

Palestine, 253

Republic of the Congo, 260

Republic of Yemen, 268

Rwanda, 275

Senegal, 282

Sierra Leone, 287

Somalia, 294

South Africa, 301

South Sudan, 314

Sudan, 322

Syria, 330

Tunisia, 342

United Arab Emirates, 354

Zimbabwe, 364

Index, 377

Volume 2: The Americas

Color inserts follow page 182.

Argentina, 1

Bahamas, Barbados, and the Turks and Caicos Islands, 14
Belize, 27
Bermuda, 33
Bolivia, 44
Brazil, 50
Canada, 64
Cayman Islands, 79
Chile, 86
Colombia, 96
Costa Rica, 107
Cuba, 119
Dominican Republic, 130
Ecuador, 141
El Salvador, 152
French Caribbean, 164
French Guiana, 172
Greenland, 179
Guatemala, 190
Guyana, 207
Haiti, 216
Honduras, 227
Jamaica, 239
Mexico, 248
Netherlands Antilles/Dutch Caribbean, 262
Nicaragua, 271
Organization of Eastern Caribbean States (OECS), 284
Panama, 299
Paraguay, 309
Peru, 317
Puerto Rico, 328
The Republic of Trinidad and Tobago, 337
Suriname, 345

viii Contents

United States of America, 355

Uruguay, 373

Venezuela, 385

Index, 397

Volume 3: Asia and the Pacific

Color inserts follow page 182.

Australia, 1

Bangladesh, 16

Bhutan, 26

Cambodia, 37

China, 51

Guam, 67

India, 76

Indonesia, 92

Japan, 104

Kazakhstan, 116

Kyrgyzstan, 124

Laos, 133

Malaysia, 142

Maldives, 155

Melanesia, 162

Micronesia, 174

Mongolia, 183

Myanmar, 194

Nepal, 205

New Zealand, 214

North Korea, 226

Pakistan, 237

Philippines, 246

Polynesia, 258

Singapore, 269

South Korea, 277
Sri Lanka, 288
Sultanate of Brunei (Negara Brunei Darussalam), 296
Taiwan, 304
Tajikistan, 312
Thailand, 320
Turkmenistan, 332
Uzbekistan, 340
Vietnam, 348
Index, 361

Volume 4: Europe

Color inserts follow page 230.

Albania, 1
Armenia, 8
Austria, 15
Belarus, 25
Belgium, 32
Bosnia and Herzegovina, 40
Bulgaria, 50
Croatia, 61
Czech Republic, 71
Denmark, 81
Estonia, 91
Finland, 100
France, 106
Georgia, 118
Germany, 126
Greece, 134
Hungary, 144
Iceland, 155
Ireland, 163

x Contents

Italy, 174

Kosovo, 184

Latvia, 198

Lithuania, 205

Malta, 214

Netherlands, 226

Norway, 234

Poland, 244

Portugal, 254

Republic of Macedonia, 262

Romania, 270

Russia, 280

Serbia, 299

Slovakia, 305

Slovenia, 314

Spain, 321

Sweden, 330

Switzerland, 344

Turkey, 353

Ukraine, 363

United Kingdom, 376

Primary Documents, 389

About the Editors and Contributors, 435

Index, 457

Preface

Women's Lives around the World: A Global Encyclopedia provides an overview of the important issues facing women in 150 different countries or territories. Each essay follows the same outline, allowing easy comparison across nations. The encyclopedia examines education, employment, children and teens, health, family, sexuality, politics, religion, and issues specific to each country, such as land rights, trafficking, climate change, and social media. Significantly, this encyclopedia also pays attention to the intersections of social difference in women's lives, noting how women's experiences of gender are shaped by race, ethnicity, language, sexual identity, social class, religion, and ability.

The encyclopedia also uses a decidedly feminist lens to examine all of these issues. Drawing from transnational, multicultural, postcolonial, and queer feminisms, these volumes seek to understand women's lives from perspectives of privilege, power, and systems of oppression.

The volumes are arranged regionally: Africa and the Middle East, the Americas, Asia, and Europe. As feminists, the editors grappled with definitions of *nation* and *region* and often made judgment calls based on feminist perspectives. For example, we have included Tibet and Palestine as separate entries in solidarity with their freedom struggles.

To supplement the essays on each nation, we include sidebars that explore individual ideas, movements, or

events; "Women's Voices" sidebars that provide a glimpse into the life of an individual woman or a group of women; and primary source documents that range from UN statements on women to excerpts from various national constitutions about women's rights. We also offer helpful charts and graphs and bibliographic entries for those who would like to explore issues in greater depth.

Such a project always requires incredible collaboration, and many authors contributed to the depth and breadth of this volume, drawing from their expertise and own commitments to social justice and women around the world. In a show of solidarity, these authors agreed to forego a stipend for their work, and the contributors' budget was donated to the National Women's Studies Association to fund a book award for feminist disability studies in honor of Dr. Alison Piepmeier, a feminist disability studies scholar and professor of women and gender studies at the College of Charleston, who died in 2016.

The bulk of the work for this encyclopedia came from the four dedicated volume editors who recruited writers, provided feedback, edited essays, and ensured a quality project to benefit students seeking to learn more about women. I cannot thank these editors enough—Nancy Barbour, Patti Duncan, Kryn Freehling-Burton, and Jane Nichols, my colleagues at Oregon State University. I also thank the staff at ABC-CLIO who invited us to undertake this project, provided us with guidance and support, and

extended our deadlines when needed—Kaitlin Ciarmiello, Lori Hobkirk, Anne Thompson, Barbara Patterson, and Cathleen Casey.

This encyclopedia is a testament to the enduring spirit of women, across all their differences, in their struggle for survival, civil and human rights, and a better future for all

humanity. Each essay and sidebar is an attempt to make women's lives more visible and to encourage social change toward inclusion, equity, and justice.

Susan M. Shaw
General Editor

Introduction

Welcome to the 2017 updated volume of *Women's Lives: A Global Encyclopedia*. Since the 2003 edition of *The Greenwood Encyclopedia of Women's Issues Worldwide*, women's and girls' lives have transformed in many ways. Organized into four volumes by broad geographic regions—the Middle East and Africa, the Americas, Asia and the Pacific, and Europe—this edition captures how women and girls have reached new heights in gender equality, while sometimes also facing new challenges. Each volume presents an overview of women's lives by country, an approach that fosters a country-by-country comparison, and offers specific discussion of the local issues within a larger global context. The encyclopedia cannot cover every country in the world, but it does provide a glimpse into 150 nations and territories. The concept of *nation* is itself contested, and so the editors have made thoughtful decisions that reflect feminist and liberatory perspectives in the identification of entities covered by separate entries.

In addition to the longer essays about individual countries and territories, we have included sidebars, women's voices, and primary source documents. The sidebars provide information about specific events, organizations, and ideas to supplement the country essays. While overviewing the status of women in each chapter, we also want to keep in mind that behind the numbers are real women who are resisting multiple forms of oppression and making a positive difference in their nations and in the world. These women's voices offer a look into the lived experiences of

an individual or a group of women. These glimpses into women's lives give color and specificity to the ideas and statistics in the longer essays. Primary source documents let readers discover for themselves what nations and organizations have said about women and gender within specific local contexts. Many of these documents come from the United Nations. Others come from the constitutions of various nations or statements by different organizations. Sometimes, we see great support for women. Other times, we see inconsistencies between what various authorities and leaders say and what they do. All together, these supplementary items help to complete the story of each nation by reminding us of women's commonalities and differences, their nations' viewpoints, and the places of their struggles.

In these four volumes, we rely on intersectional, transnational feminist frameworks, drawing attention to the ways gender intersects with race, ethnicity, class and caste, religion, sexual orientation, age, ability, nation, and culture, among other categories of identity and power. We recognize the ways in which understandings of and approaches to gender, womanhood, and femininity (as well as manhood and masculinity) are socially and culturally constructed, taking on different meanings in various contexts. We reject any formation of women's universal experience. In each of the entries, we strive to be attentive to global contexts, geopolitics, histories of colonialism, militarism, and war and relations between nation-states as

well as power differentials within nations and local contexts. In doing so, we work to situate women's lives within analytic frameworks that recognize processes of exclusion and marginalization as well as specific forms of resistance within local contexts.

In 2014, when Margot Wallström, Sweden's minister for foreign affairs, announced Sweden's feminist foreign policy, she said, "The realization is growing that gender equality is not a women's issue but rather a make-or-break issue . . . for peace, security and sustainable development as a whole; a feminist foreign policy is needed, one that defines gender equality as a peace and security issue as well." She went on to explain that, to achieve gender equality, nations must pay attention to what she called the "three Rs"—women's representation, rights, and resources (Sengupta 2016). In early 2016, she reiterated her platform before Sweden's Parliament. Enumerating the critical issues of our time—terrorist attacks, climate change, the war in Syria, Russia's annexation of Crimea, immigration, the escalation of violence in Turkey, and the ongoing conflict between Israel and Palestine—she argued, "The situation in the world calls for a feminist foreign policy that aims to strengthen women's rights, representation and access to resources" (Wallström 2016).

Swedish feminists Karin Aggestam and Annika Bergman-Rosamond argue that Sweden's feminist foreign policy "elevates politics from a broadly consensual orientation of gender mainstreaming toward more controversial politics, and specifically toward those that explicitly seek to renegotiate and challenge power hierarchies and gendered institutions that hitherto defined global institutions and foreign and security policies" (Aggestam and Bergman-Rosamond 2016). As Wallström herself notes, "It's time to become a little braver in foreign policy. I think feminism is a good term. It is about standing against the systematic and global subordination of women" (Nordberg 2015). By enacting feminist priorities for its Foreign Service, Aggestam and Bergman-Rosamond note, Sweden "aims to ensure the security of all human beings and political communities by challenging embedded patriarchal power relations and practices beyond borders" (Aggestam and Bergman-Rosamond 2016). In other words, they make the case that prioritizing women creates greater security for all people and nations.

At the United Nations' Fourth World Conference on Women in 1995 in Beijing, Hillary Clinton declared, "Human rights are women's rights, and women's rights are human rights" (Clinton 1995). Two decades later, Margot Wallström proclaimed, "A feminist foreign policy is an

analysis of the world" (Sengupta 2016). This encyclopedia is an effort in the same vein of understanding the world by centering women and examining their lives in all their diversity from feminist lenses. Women's representation, rights, and resources are important indicators of women's status, and these essays investigate from feminist perspectives both the ways women are systematically disadvantaged and the ways that disadvantage is shaped and multiplied by race, ethnicity, sexual identity, social class, ability, gender identity, and religion.

Despite the obstacles, women continue their struggle for equality, dignity, and human rights, and they have an important role to play in moving women—and the entire world—forward. Women in almost every country of the world have the right to vote and stand for office, and the percentage of women in the world's parliaments has doubled in the past 20 years. But that still means only 22 percent of representatives are women (UN Women "Leadership" n.d.). At least 119 nations have passed legislation on domestic violence, but one in three women still experiences physical or sexual violence at the hands of an intimate partner (UN Women "Violence" n.d.). At least, 125 nations have passed laws prohibiting sexual harassment in the workplace, but 25–50 percent of working women still experience workplace harassment.

There are 143 countries that guarantee equality between women and men in their constitutions, but globally women still earn only 60–75 percent of what men earn (UN Women "Economic" n.d.). Women in almost every country do more unpaid labor than men, provide more emotional labor than men, and have less leisure time than men. "In virtually every country, men spend more time on leisure each day while women spend more time doing unpaid housework" (UN Women "Economic" n.d.). A 2012 study conducted in New Delhi found that 92 percent of women reported having experienced some form of sexual violence in public spaces in their lifetime, and 88 percent of women reported having experienced some form of verbal sexual harassment in their lifetime (UN Women "Violence" n.d.). Worldwide, more than 700 million women alive today were married as children, and in the European Union, 1 in 10 women has experienced cyber harassment (UN Women "Violence" n.d.).

As we look around, we see a number of new and continuing threats that have different and adverse impacts on women. Across the globe, we see a rise of nationalism and the far right. In Europe, many recent elections have seen electoral gains for far-right and nationalist parties,

fueled by fears of immigration, globalization, and concerns about national identity (BBC 2016). In recent elections, nationalist parties have won more than 20 percent of the vote in Switzerland, Denmark, Austria, and Hungary. Research shows that notions of nation and nationalism are gendered in ways that reinforce stereotypical notions of masculinity and manhood and femininity and womanhood and support aggressive militarism and sexualized violence against women (Nagel 1998). During the recent presidential campaign, the United States has seen a rise in white nationalism, “the belief that national identity should be built around white ethnicity, and that white people should therefore maintain both a demographic majority and dominance of the nation’s culture and public life” (Taub 2016). Certainly, the success of the Leave Campaign in Brexit in the United Kingdom was fueled by nationalism and backlash against immigrants. In India, questions of Hindu nationalism, gender, and the rights of religious minorities are an important part of national dialogue (Banerjee 2003).

Very quickly, we see that no threat is an isolated problem. Rather, these threats intersect and complicate one another. The problems of nationalism and the far right are exacerbated by war and the resulting waves of refugee immigration that inevitably follow. And again, we see a gendered problem, where women and children are more likely to be adversely affected by war and immigration or migration, and women are more likely to be vulnerable to sexual violence related to their refugee status (Amnesty International 2016).

War seems a perpetual state in our world, and we know that war disproportionately affects women in specifically gendered ways. “Women and children account for almost 80 percent of the casualties of conflict and war as well as 80 percent of the 40 million people in world who are now refugees from their homes” (Marshall 2004). Julianne Lusenge, the director of the Fund for Congolese Women and president of SOFEPADI in the Democratic Republic of the Congo, says of her country, “At the moment, women from Rutshuru and Beni in the North Kivu province of the RDC are assassinated, massacred, have their throats cut or stomachs ripped open, are raped and suffer sexual violence, are kidnapped and forced to become sex slaves. I can even give you the numbers; but one woman is already too many” (UN Women 2015).

According to Human Rights Watch (HRW), “Women in Syria have been arbitrarily arrested and detained, physically abused, harassed, and tortured during Syria’s

conflict by government forces, pro-government militias, and armed groups opposed to the government” (2014). And the civil war in South Sudan has displaced 2 million people, but sexual violence against women in the conflict is so prevalent that one woman interviewed called rape “a normal thing” (Muscati 2015). According to the United Nations, women and girls suffer disproportionately during and after war, as existing inequalities are magnified and social networks break down, making them more vulnerable to sexual violence and exploitation (United Nations 2003).

Another and a related global problem is growing wealth inequality. Oxfam reports that the world’s richest 1 percent now have more wealth than all the rest of us in the world combined! We also find that income inequality among individuals has grown, and inequalities between countries have also increased. Since the end of the colonial era in 1960, inequality has grown exponentially. The gap between the gross domestic product (GDP) of the United States and Latin America and sub-Saharan Africa has grown over 200 percent, and the gap for South Asia has grown almost 200 percent. While extreme disparities exist within nations, Americans are, on average, 9 times richer than Latin Americans, 72 times richer than sub-Saharan Africans, and 80 times richer than South Asians (Hickel 2016). Research suggests that closing the gender gap in labor around the world would raise nations’ GDP significantly. More importantly, we know women are more likely to live in poverty and experience its ill effects. Additionally, economic risks are often placed on the poor, especially women, increasing their vulnerability to weather-related, political, and economic crises (Oxfam 2013). Creating equality for women can both address the grinding poverty in which so many of the world’s women live and help close the inequality gap among nations (McBain 2014).

Women’s reproductive rights remain a persistent issue around the globe. Maternal mortality is the second-leading cause of death for reproductive-age women, and yet 225 million women around the world are not able to use modern contraceptives to delay or prevent pregnancy (Feminist Campus n.d.). In 2015, around 303,000 women died from unnecessary complications during pregnancy and childbirth. One-third of maternal deaths occur in South Asia alone (Feminist Campus n.d.). India has the highest number of maternal deaths in the world at around 50,000 per year (Barnagarwala 2014). In India, women face low levels of access to contraceptives and lack of control over reproductive decision making, which are exacerbated by

poor nutrition, low levels of education, poverty, and lack of access to health care (Human Rights Law Network 2013). In the United States, 600 women die each year from pregnancy-related complications.

While the U.S. Supreme Court's decision in *Roe v. Wade* in 1973 guarantees women's constitutional right to abortion, individual states' restrictions and the closures of clinics have severely limited access in recent years. The Affordable Care Act, also known as Obamacare, provided universal coverage of costs for birth control pills, but the Supreme Court decision in favor of Hobby Lobby, an arts and crafts chain store owned by conservative Christians, has allowed employers to opt out of providing contraceptive coverage through insurance based on the employer's religious objections. As of the writing of this encyclopedia, the new U.S. administration seems poised to defund Planned Parenthood, an organization that provides reproductive health care. At risk are not only sex education and information about birth control and abortion, but also screening for sexually transmitted infections (STIs), mammograms, and tests for cervical and other cancers. For many poor women, Planned Parenthood provides their only access to health care of any kind. The new president has promised to repeal Obamacare and to appoint Supreme Court justices committed to overturning *Roe v. Wade*.

Again, however, women are not simply passive about their reproductive rights. Around the world, women continue to fight for control over reproductive decisions and access to the best reproductive health care. In 2008, public health activist Sandesh Bansal sued the state of Madhya Pradesh over the number of women who die in pregnancy or childbirth (Center for Reproductive Rights 2009). According to the suit, the state was accountable for the poor conditions of its health facilities, which contribute to the high maternal mortality rate. Facilities provided too few workers, inadequate services, and too little equipment to address the needs of pregnant women. In 2012, "judges declared that the state of Madhya Pradesh had violated a woman's 'fundamental right to live' when the government failed to provide proper prenatal care and maternal health services in an appropriate and timely manner" (Center for Reproductive Rights 2012).

Women in the United States are also organizing to fight attempts to roll back reproductive rights. In a more humorous response to the administration's threats to reproductive rights, in the first few months following the 2016 U.S. election, women's rights advocates made more than 80,000 donations to Planned Parenthood in the name

of Mike Pence, the nation's new antichoice vice president (Ryan 2016).

Perhaps right now the greatest risk to the planet, and especially to women, is climate change. In the past 10 years, 87 percent of disasters have been climate-related (United Nations Office of Disaster Risk Reduction 2015). Climate change multiplies the threats women already face—hunger, poverty, disease, and violence. In many parts of the world, women have little access to decision-making and economic powers that might mitigate environmental disasters brought on by climate change. Often, in rural communities, women are the ones who must fetch water and firewood from great distances. As agricultural practices and climate change makes these resources scarcer, women have to travel farther to find what they need. In agricultural areas, climate change threatens food supplies. Women are 45–80 percent of the farmers in developing nations. In rural India, 58 percent of households farm, and most of these families rely on farming for their livelihood. Women are the majority of these farmers, though they usually do not own the land they farm (Tewari 2016).

Environmental disasters in India are also contributing to the displacement of rural people as they move to cities to flee the consequences of climate change. For example, flash floods in Uttarakhand have caused massive landslides that have killed hundreds of people and destroyed millions of dollars of property. Flooding in Uttarakhand, Assam, Jammu, and Kashmir has displaced 1.5 million people since 2012. Other Indians are leaving their rural homes for the cities because of droughts that have dried up their crops. Of course, this mass migration is now putting added strain on India's cities. Indian experts suggest the country may be headed toward a "large-scale humanitarian crisis" without direct, immediate, and profound intervention (Lal 2016).

In disasters, women typically stay behind to provide care for the wounded, putting themselves at risk for injury or disease. If family members experience long-term effects from the crisis, women may not be able to return to the workforce because they are needed to continue care for their families.

Climate change is even leading to increased violence against women. In Guatemala, girls have been kidnapped and raped, as they have had to walk farther to fetch water. Climate change has also been linked to increased health risks, such as miscarriage (Paul 2016).

Not surprisingly, women are fighting against climate change, both by challenging policies and practices that

contribute to climate change and by adapting farming practices to deal with the new realities of the climate. In India, around 84 percent of women are involved in agricultural activities, and so they are more vulnerable to climate change (Global Voices 2009). Gender inequality adds to that vulnerability. In India, the world's third-largest emitter of greenhouse gases, agriculture accounts for nearly 30 percent of greenhouse gas emissions (Acharya 2009). Indian women farmers are taking steps to lower these emissions by planting crops that require less water and by not using chemicals, such as pesticides (Global Voices 2009). They are planting crops suited to their region and constructing embankments to capture rainfall and prevent soil erosion (Akbar 2015). "In Tamil Nadu, women farmers have made food last longer by improving post-harvest traditional systems. Up to 20 different traditional post-harvest practices have been developed and refined over generations. They vary according to the specific crop, but commonly including threshing, winnowing, cleaning and drying" (Eugenia 2013). While women remain underrepresented in decision making to address climate change, the government of India has committed to steps to encourage and support women's participation in climate change decisions (United Nations Climate Change Newsroom n.d.).

Around the world, women are taking steps to combat climate change. In Darfur, one project provides low smoke stoves to cut down on smoke emissions. In Guatemala, women farmers are planting trees to help lower carbon levels. In Australia, 1 Million Women is a women's environmental organization that empowers women to take steps in their daily lives to shrink their carbon footprint (Figueres 2014). The U.S. women's organization MADRE has developed a program for Women Climate Defenders that works with grassroots partners in communities to enable adaptation to climate change and to bring grassroots women's voices to national and international climate policy discussions (MADRE n.d.).

We know from the research that when women are involved in political processes, they make important impacts. For example, research shows that when women are involved in peace agreements, the agreements are less likely to fail (Bigio and Vogelstein 2016). Yet, women have made up only a small proportion of peace negotiators, signatories, and mediators (Strasser 2016). In 2014, Oxfam reported, "Afghan women have been systematically excluded from the government's efforts to start peace talks with the Taliban" (Nordland 2014). In an address to the UN Security Council, former UN secretary-general Ban Ki-moon

noted, "Look at the pictures of peace negotiations on Syria or Yemen. There may be one woman at the table or in one delegation. This is fully representative of the general picture. And all this is against a backdrop of women and girls suffering inequalities that are aggravated by conflict, who are targeted for particularly brutal crimes by violent extremist groups including Daesh and Boko Haram" (United Nations 2016).

In a clear example of the important role women must play in negotiating peace, women in Colombia demanded a place at the table to negotiate peace with the FARC (who also included women negotiators). The two sides created a gender subcommission specifically to examine how the proposed peace plan would affect women and to ensure the plan promoted gender equality. In particular, the proposal paid attention to acknowledging and addressing violence against women. Government and FARC leaders signed the peace deal in November 2016 (Krystalli 2016; Casey 2016). Research also shows that women's participation in security forces improves success. Women are more likely to de-escalate situations without the use of excessive force and are more likely to build community relationships that create positive perceptions (Bigio 2016).

So, what if we imagine a world guided by Margot Wallström's vision of a feminist foreign policy? Wallström's first question is one of representation. Are women at the table? Women's participation in defining and implementing policy is essential, although we must recognize that women are not a monolithic group, and diverse women will have diverse viewpoints. In particular, in imagining a feminist policies and practices, we must recognize that not all women are feminists and feminists themselves do not have a single vision of global relations and human security. If the women at the table only represent the interests of white women of the Global North, then many important issues for women of color, poor women, and women from the Global South are likely to be overlooked. Furthermore, if the women at the table are antifeminist, then policies may actually be detrimental to women.

The second question raised by Wallström is one of rights. Do women have equal rights? Are women's human rights respected and promoted? We know, of course, that women do not have equal rights, but feminists can demand that governmental policies and economic support ensure equal rights within the programs it creates and funds. Feminists can put pressure on governments to enact laws, programs, and enforcements that ensure equal rights. We can look to our own houses to see whether equality is part of the

national fabric and demand changes within our own borders. Of course, we also know that many of the problems of unequal rights faced by women around the world are directly related to long histories of patriarchy, colonialism, racism, and neocolonial interventions of the past 50 years.

Wallström's third question is one of resources. Are women provided with equitable resources? Typically, wealth is reported as a household figure, which obscures the fact that most of the world's wealth belongs to men. Even among the 1 percent, few women are the primary earners or holders of wealth. This discrepancy becomes even clearer as we move down the economic scale and find women lagging behind men in wealth and income (Jaggar 2008). We often see in foreign aid programs that assumptions about gender exacerbate resource inequalities, providing resources for men based on gendered assumptions about work, family, and income management, and ignoring the women who may actually be the workers in the family and who may need to manage income generated by foreign aid programs.

The United Nations University has called for a program of foreign aid for gender equality that moves beyond simply safeguarding women's rights to providing opportunities for gender equality (Nanivazo and Scott 2013). A report by UN Development Fund for Women (UNIFEM), the European Commission, and the International Labour Organization (ILO) found that priorities for gender equality in ownership often disappeared in actual implementation of policy, demonstrating the need for ongoing scrutiny of actual practices in policy making and implementation (Chiwara and Karadenizli 2008).

Not surprisingly, however, putting women at the center of foreign policy is not an easy task. "Human" rights are still overwhelmingly defined by men's needs and experiences. Women's rights are still seen as secondary, a "niche" issue. Even for Margot Wallström, the implementation of her vision of feminist foreign policy has not been easy or, as of yet, especially successful. Wallström called Saudi Arabia a dictatorship and criticized its treatment of women. She also spoke out against its flogging of a Saudi blogger. In return, Saudi Arabia accused Wallström of attempting to interfere in its internal affairs, broadened its interpretation of her remarks to be an insult to all Muslims, and then barred her from giving a speech to the Arab League. The kingdom then recalled its ambassador and refused to issue business visas to Swedes after Sweden announced it would not extend a defense cooperation agreement with the Saudis.

The defense agreement, however, had long been a boon to Sweden's powerful businesspeople. Wallström said the deal was symbolic of Sweden's values of "democratic development, equality and women's rights," and so keeping the deal was impossible (Al Jazeera 2015). The reality of politics, however, eventually set in. Because of Saudi Arabia's significant business dealings with Sweden, Wallström had to back away from her statements to resume normal relations with the Saudis.

The goals of feminist foreign policy will inevitably be in conflict with business-as-usual policies. Even insisting on basic human rights for women is still controversial in many places, and, for global powers such as the United States, feminist foreign policy flies in the face of long-standing neocolonial interventions around the world and ongoing patriarchal and settler colonial practices at home. Nonetheless, the goal of bringing women to the center of foreign policy is an admirable one that should be given thoughtful attention by the governments of the world. While enacting feminist foreign policy would undoubtedly upend many of the practices of most of the world's nations in relation to one another, we know that when women prosper, everyone benefits.

In the four volumes that follow, we offer entries by many authors that each include a general overview of women's lives in that context as well as brief discussions of the experiences of girls and teens, women's access to education, women's health, women's experiences of employment, women's roles in family life, women in politics, and women's experiences of religious and cultural roles. The authors also identify and discuss additional pertinent issues for women and girls in each locale. We recognize that the information provided in the four volumes of this encyclopedia is not necessarily comprehensive. Rather, our authors offer a snapshot of women's lives in the countries included in each volume.

As societies change rapidly, women's relationships to various social institutions also change. For instance, between the time we began work on this encyclopedia and the time it was published, substantial changes have occurred in many countries. Military coups and worsening civil wars affect not only individual countries but also whole regions, and indeed the world, as nations and activists respond to these humanitarian crises. In addition to health crises that develop out of the instability and damaged infrastructure caused by war and armed conflict, disease is always most rampant in the most vulnerable strata of societies. Tuberculosis (TB), HIV/AIDS, and Ebola are

just several of the pandemic diseases that continue to challenge individuals and governments, both local and global, in recent years. Women bear a disproportionate prevalence of infection as well as the gendered burden of caregiving that sick and injured people need.

The instability caused by these recent and continuing conflicts and disease outbreaks can throw a nation into such disarray that current information about a range of issues is nearly impossible to find. Health care statistics become secondary to relocating a bombed hospital and bringing in medical personnel to handle not just injuries, but illnesses, births, and chronic health conditions. The need for survival and subsistence affects the issues a country can address and what can be tracked.

Nations also are reluctant to gather data about practices deemed illegal or immoral, making it difficult to find basic information about people and their experiences, such as LGBT communities, people who seek abortions, and those who have experienced a range of types of violence. Out of 53 nations on the continent of Africa, for instance, 70 percent have laws making same-sex relationships illegal and punishable by fines or, in some cases, death. Rarely are indigenous peoples mentioned, much less centered, in discussions of nations and land. Whenever it was possible to find information, we prioritized examining official and unofficial information about LGBT and indigenous peoples as a way of making visible those who are often not seen.

At times, the information our contributors could find about particular topics was incomplete or inconsistent. We include the most recent statistics and context possible and encourage readers to use the “Further Resources” sections for more detailed research and information. We hope these volumes inspire critical thinking, conversation, and a desire to know more about the lives of women around the world. While many women have made progress, much work remains to be done. We also hope these essays evoke a commitment to work to improve the lives of women and all marginalized people.

Further Resources

Acharya, Keya. 2009. “Environment-India: Women Farmers Ready to Beat Climate Change.” March 16. Retrieved from <http://www.ipsnews.net/2009/03/environment-india-women-farmers-ready-to-beat-climate-change>.

Aggestam, Karinand, and Annika Bergman-Rosamond. 2016. “Swedish Feminist Foreign Policy in the Making: Ethics, Politics, and Gender.” September 15. Retrieved from <https://www.ethicsandinternationalaffairs.org/2016/swedish-feminist-foreign-policy-in-the-making-ethics-politics-and-gender/#fn-11224-3>.

Akbar, Syed. 2015. “Rajasthan’s Women Farmers Beat Climate Change, Global Warming.” November 26. Retrieved from <http://timesofindia.indiatimes.com/city/hyderabad/Rajasthans-women-farmers-beat-climate-change-global-warming/articleshow/49935536.cms>.

Al Jazeera. 2015. “Saudi Arabia Recalls Its Ambassador to Sweden.” March 11. Retrieved from <http://www.aljazeera.com/news/2015/03/saudi-arabia-recalls-ambassador-sweden-150311123334400.html>.

Amnesty International. 2016. “Female Refugees Face Physical Assault, Exploitation and Sexual Harassment on their Journey through Europe.” January 18. Retrieved from <https://www.amnesty.org/en/latest/news/2016/01/female-refugees-face-physical-assault-exploitation-and-sexual-harassment-on-their-journey-through-europe>.

Banerjee, Sikata. 2003. “Gender and Nationalism: The Masculinization of Hinduism and Female Political Participation in India.” *Women’s Studies International Forum* 26.2: 167–179.

Barnagarwala, Tabassum. 2014. “India Has Highest Number of Maternal Deaths.” May 7. Retrieved from <http://indianexpress.com/article/india/india-others/india-has-highest-number-of-maternal-deaths>.

BBC. 2016. “Guide to Nationalist Parties Challenging Europe.” May 23. Retrieved from <http://www.bbc.com/news/world-europe-36130006>.

Bigio, Jamille. 2016. “More Women in Global Security Forces Will Raise Effectiveness.” October 9. Retrieved from <http://www.newsweek.com/more-women-global-security-forces-will-raise-effectiveness-507416>.

Bigio, Jamille, and Rachel B. Vogelstein. 2016. “How Women’s Participation in Conflict Prevention and Resolution Advances U.S. Interests.” October. Retrieved from <http://www.cfr.org/peacekeeping/womens-participation-conflict-prevention-resolution-advances-us-interests/p38416>.

Casey, Nicholas. 2016. “Colombia Signs Peace Agreement with FARC after 5 Decades of War.” September 26. Retrieved from <https://www.nytimes.com/2016/09/27/world/americas/colombia-farc-peace-agreement.html>.

Center for Reproductive Rights. 2009. “Indian Activist Sues State for Neglecting Maternal Mortality.” August 14. Retrieved from <https://www.reproductiverights.org/document/indian-activist-sues-state-for-neglecting-maternal-mortality>.

Center for Reproductive Rights. 2012. “Madhya Pradesh Court Declares Violation of Women’s Fundamental Rights in Sandesh Bansal Decision.” February 29. Retrieved from <https://www.reproductiverights.org/press-room/madhya-pradesh-court-declares-violation-of-women%E2%80%99s-fundamental-rights-in-sandesh-bansal-d>.

Chiwara, Letty, and Maria Karadenizli. 2008. “Mapping Aid Effectiveness and Gender Equality.” Retrieved from https://www.unicef.org/socialpolicy/files/Mapping_Aid_Effectiveness_And_Gender_Equality.pdf.

Clinton, Hillary Rodham. 1995. “Remarks to the U.N. 4th World Conference on Women Plenary Session.” September 5. Retrieved from <http://www.americanrhetoric.com/speeches/hillaryclintonbeijingspeech.htm>.

- Eugenia, Lani. 2013. "Women Adapt to Climate Change." Retrieved from <http://wfo-oma.com/climate-change/articles/women-adapt-to-climate-change.html>.
- Feminist Campus. n.d. "Global Reproductive Rights." Retrieved from <http://feministcampus.org/campaigns/global>.
- Figueres, Christiana. 2014. "Why Women Are the Secret Weapon to Tackling Climate Change." Retrieved from <http://www.cnn.com/2014/03/06/world/why-women-are-the-secret/index.html>.
- Global Voices. 2009. "India: Women Farmers Stand against Climate Change." November 10. Retrieved from <https://globalvoices.org/2009/11/10/india-women-farmers-stand-against-climate-change>.
- Hickel, Jason. 2016. "Global Inequality May Be Much Worse Than We Think." April 8. Retrieved from <https://www.theguardian.com/global-development-professionals-network/2016/apr/08/global-inequality-may-be-much-worse-than-we-think>.
- HRW (Human Rights Watch). 2014. "Syria: War's Toll on Women." July 2. Retrieved from <https://www.hrw.org/news/2014/07/02/syria-wars-toll-women>.
- Human Rights Law Network. 2013. "Reproductive Rights in India." Retrieved from <http://www.hrln.org/hrln/reproductive-rights/433-reproductive-rights-in-india.html>.
- Jaggar, Karuna. 2008. "The Race and Gender Wealth Gap." Retrieved from <http://www.reimaginerpe.org/node/2815>.
- Krystalli, Roxanne. 2016. "The Colombian Peace Agreement Has a Big Emphasis on the Lives of Women: Here's How." August 19. Retrieved from https://www.washingtonpost.com/news/monkey-cage/wp/2016/08/19/the-colombian-peace-agreement-gives-gender-issues-a-central-role-heres-why-this-is-so-important/?utm_term=.dd9f64593093.
- Lal, Neeta. 2016. "Climate Migrants Lead Mass Migration to India's Cities." July 26. Retrieved from <http://www.ipsnews.net/2016/07/climate-migrants-lead-mass-migration-to-indias-cities>.
- MADRE. n.d. Retrieved from <https://www.madre.org/initiatives/women-climate-defenders>.
- Marshall, Lucinda. 2004. "Unacceptable: The Impact of War on Women and Children." December 18. Retrieved from <http://www.commondreams.org/views/04/12/19-26.htm>.
- McBain, Sophie. 2014. "Gender Inequality Is Costing the Global Economy Trillions of Dollars a Year." February 12. Retrieved from <http://www.newstatesman.com/economics/2014/02/gender-inequality-costing-global-economy-trillions-dollars-year>.
- Muscati, Samer. 2015. "South Sudan's War on Women." August 5. Retrieved from <https://www.hrw.org/news/2015/08/05/south-sudans-war-women>.
- Nagel, Joan. 1998. "Masculinity and Nationalism: Gender and Sexuality in the Making of Nations." *Ethnic and Racial Studies* 21.2: 242–269.
- Nanivazo, Malokele, and Lucy Scott. 2013. "Foreign Aid for Gender Equality." January 1. Retrieved from <http://unu.edu/publications/articles/foreign-aid-for-gender-equality.html>.
- Nordberg, Jenny. 2015. "Who's Afraid of a Feminist Foreign Policy?" *New Yorker*, April 15.
- Nordland, Rod. 2014. "Peace Effort with Taliban Is Excluding Women, Report Says." November 24. Retrieved from <https://www.nytimes.com/2014/11/25/world/asia/afghan-women-excluded-from-peace-overtures-to-taliban-oxfam-says.html>.
- Oxfam. 2013. "No Accident: Resilience and the Inequality of Risk." May 21. Retrieved from https://www.oxfam.org/sites/www.oxfam.org/files/bp172-no-accident-resilience-inequality-of-risk-210513-en_1.pdf.
- Paul, Stella. 2016. "How Climate Change Is Fueling Violence against Women." May 20. Retrieved from http://www.huffingtonpost.com/entry/climate-change-threat-women-health-security_us_573f5850e4b045cc9a70ecf3.
- Peterson, V. Spike. 1994. "Gendered Nationalism." *Peace Review* 6.1: 77–83.
- Ryan, Lisa. 2016. "Planned Parenthood Has Already Received 82,000 Donations from 'Mike Pence.'" December 8. Retrieved from <http://nymag.com/thecut/2016/12/how-many-planned-parenthood-donations-came-from-mike-pence.html>.
- Sengupta, Somini. 2016. "Margot Wallström on Feminism, Trump and Sweden's Future." December 18. Retrieved from <https://www.nytimes.com/2016/12/18/world/europe/margot-wallstrom-on-feminism-trump-and-swedens-future.html>.
- Strasser, Fred. 2016. "Women and Peace: A Special Role in Violent Conflict." March 18. Retrieved from <http://www.usip.org/publications/2016/03/18/women-and-peace-special-role-in-violent-conflict>.
- Taub, Amanda. 2016. "'White Nationalism,' Explained." November 21. Retrieved from <http://www.nytimes.com/2016/11/22/world/americas/white-nationalism-explained.html>.
- Tewari, Parul. 2016. "When Climate Change Wreaks Havoc, Women Are Hit the Hardest." October 26. Retrieved from <https://www.thequint.com/environment/2016/10/26/when-climate-change-wreaks-havoc-women-are-hit-the-hardest-disaster-gender-equality-global-warming-agriculture>.
- United Nations. 2003. "Women Suffer Disproportionately during and after War, Security Council Told during Day-Long Debate on Women, Peace and Security." October 29. Retrieved from <http://www.un.org/press/en/2003/sc7908.doc.htm>.
- United Nations. 2016. "With Women Largely Excluded from Peace Processes, States Must Include Them as Vital Partners, Secretary-General Tells Security Council." October 25. Retrieved from <https://www.un.org/press/en/2016/sgsm18227.doc.htm>.
- United Nations Climate Change Newsroom. n.d. Retrieved from https://unfccc.int/files/documentation/submissions_from_parties/application/pdf/cop_gender_india_13092013.pdf.
- United Nations Office of Disaster Risk Reduction. 2015. "Ten-Year Review Finds 87% of Disasters Climate-Related." March 6. Retrieved from <https://www.unisdr.org/archive/42862>.
- UN Women. 2015. "In the Words of Julianne Lusenge: 'Women Are the First Victims of War' in the Democratic Republic of Congo." December 1. Retrieved from <http://www.unwomen.org/en/news/stories/2015/11/in-the-words-of-julienne-lusenge#sthash.x2B8vA73.dpuf>.

- UN Women. n.d. "Facts and Figures: Economic Empowerment." Retrieved from <http://www.unwomen.org/en/what-we-do/economic-empowerment/facts-and-figures>.
- UN Women. n.d. "Facts and Figures: Ending Violence against Women." Retrieved from <http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>.
- UN Women. n.d. "Facts and Figures: Leadership and Political Participation." Retrieved from <http://www.unwomen.org>

[/en/what-we-do/leadership-and-political-participation/facts-and-figures](http://www.unwomen.org/en/what-we-do/leadership-and-political-participation/facts-and-figures).

- Wallström, Margot. 2016. "State of Government Policy in the Parliamentary Debate on Foreign Affairs." February 24. Retrieved from <http://www.government.se/speeches/2016/02/statement-of-government-policy-in-the-parliamentary-debate-on-foreign-affairs-2016>.
- Yuval-Davis, Nira. 1993. "Gender and Nation." *Ethnic and Racial Studies* 16.4: 621–632.

A

Afghanistan

Overview of Country

Located in South Central Asia, Afghanistan is a landlocked country about 252,000 square miles in size (652,000 sq. km). It shares borders with six countries: Turkmenistan, Tajikistan, and Uzbekistan make up its northern border; Pakistan lies to the southeast; Iran is to the west; and China is at the northeastern corner of the territory. Although its terrain is mostly rugged mountains, the land is made up of plains in the northern and southwestern regions of the country.

As of 2012, the population of Afghanistan was approximately 29,824,500 (UNICEF 2013). The UN Development Programme (UNDP) ranked Afghanistan 149th out of 187 nations examined in the 2013 data collection for the Gender Inequality Index (GII, 0.705). The nation ranked low because women's issues have received little attention as the general state of human development remains at a disadvantage because of Afghanistan's tumultuous history.

Since the Soviet intervention in 1979, Afghanistan has suffered repeated devastating military action that has disrupted the political, economic, and social peace of the nation. After the conflict with the USSR and a civil war that pushed to overthrow Soviet-backed leader Mohammed

Najibullah, the country spiraled into its infamous Taliban regime. Since the 1996 shift to a Taliban-controlled nation, Afghanistan has stood out as one of the most dramatically oppressive nations for women to survive in. Under Taliban rule, Afghan women were restricted in virtually every area of their lives. Their rights to work, education, and health services were severely restricted. Additionally, the turn to extreme physical abuse and unjustified government punishments made simply being a woman a dangerous act. Upon the fall of the Taliban in 2001, revisions to the constitution and updated legislation began to gradually revive women's rights in Afghanistan.

Despite the overwhelmingly negative environment Afghanistan has been for its women since the 1970s, the stereotypical characterization of Afghan women as powerless until help arrives from the West has been blown out of proportion, specifically in the Western world. Over the last few decades of social collapse and political strife, women have upheld their own communities of resistance and survival centered on the needs of their gender. For instance, as they were forced by the Taliban to develop their own underground schools, women and girls found long-term ways to allow their communities to thrive, even after the fall of the Taliban regime. The understanding that serious change is necessary to the advancement of human development is taught among women, inspiring solidarity in many men as well. Afghanistan is still facing the challenges

What Is “Middle East”?

The term “Middle East” is problematic, in part, because it is viewed as a geographical term, and that is inaccurate. The boundaries of the Middle East have frequently changed since the term was coined in the early 1900s. At that time, it referred to the Gulf of Aden and India, but the term “Middle East” has been applied differently and more broadly than that. It is not used uniformly across nations, academic fields, or time. It is more of a political term than a geographical one.

The Middle East’s geographic boundaries change as the world’s (especially the global superpowers’) politics change (e.g., 9/11 for the United States). Given the global superpowers’ ability to define the boundaries of the Middle East as they see fit in current political climates, the term implies a distinct imperialistic use of “Middle East.” Language gives power and dominance. It is perhaps most reasonable to give the Arab region power to name its own region. Currently, Arabs divide their region into the subcategories of the Levant, the Mashriq, and the Maghreb. Imposing our labels on their countries is a current version of imperialism.

—ReGina E. Kaylor

of reconstruction, especially after the most recent conflicts since 2001 with the United States, and further issues with the Taliban. Many women continue to focus on economic opportunities and closely examine any possibilities of financial support.

According to the Gender Equality Project II (GEP-II) in Afghanistan, which seeks to further gender equality and female empowerment, signs of progress have become more visible as time goes on (Priya 2014). However, any initiatives attempting to better social, economic, and political opportunities for Afghan women still have a long way to go. Literacy rates are drastically low; vulnerability in the workforce limits women’s participation economically; and incidents of violence are seldom reported because of deeply ingrained religious and cultural norms and the fear of violating these norms. With consistent effort, the women of Afghanistan are making great strides in their recovery from the overall deleterious results of political upheaval in the last three decades.

Girls and Teens

Life for young women in Afghanistan is still bleak because of extreme Taliban mandates that have limited their lifestyles in comparison to those of their male counterparts. Literacy rates are drastically low among Afghan girls, and any push to improve these rates is too recent to display huge increases. Girls’ opportunities to grow up and seize their individuality are harshly restricted by the common practice of child marriage. The progress that both world-wide humanitarian organizations and domestic resistance efforts aim to make is slow moving but highly necessary; girls and young adult women in Afghanistan are only beginning to receive widespread acceptance of their rights.

Opportunities for Literacy, Schooling, and Recreation

UNICEF’s 2010–2011 Afghanistan Multiple Indicator Cluster Survey (AMICS) examines several fields regarding the quality of life of Afghan men, women, and children. Because of the gender discrepancies in Afghan society, AMICS gives perspectives specifically focused on children’s experiences and highlights any unequal differences between women and men.

Early on, many Afghan children are at a disadvantage to attaining literacy. AMICS data report that only 2 percent of children under the age of 5 reside with families that own 3 or more children’s books. The percent of children who have access to 10 or more books is negligible.

Although there is no variance in accessibility between households with male or female children, the influence of gender inequity becomes evident when one focuses on parental involvement. The mother’s educational level affects the likelihood of her children’s exposure to reading material. When examining families in which the mother has received an education at the secondary level or higher, 11 percent of children have 3 or more books. In comparison, only 2 percent of children in families in which the mother has no education have 3 or more books.

Young women aged 15 to 24 had their literacy assessed by AMICS. The results of the survey show that one in five women is literate. There is a great discrepancy between urban and rural as well as wealthy and working-class families; the greater a woman’s accessibility to education due to her socioeconomic standing or geographic location, the more likely she is to be literate, in some cases by a factor of 10. Likewise, data collected reflecting the frequency of children attending school show a positive correlation

between a mother's socioeconomic status and her children's enrollment in primary school.

As of 2008, UNESCO is leading the Enhancement of Literacy in Afghanistan (ELA) program to improve these statistics. The initiative takes additional measures to spotlight the disparity between women's and men's literacy rates. It cites the cultural norms that are harmful to the advancement of women's and girls' educations, including the Taliban's prevention of allowing them to go to school, safety issues in transportation to schools, and familial discouragement of women's education. ELA moves to better the state of literacy rates for women and girls by increasing the number of opportunities available to girls in urban and rural areas and pushing to instill new policies on a nationwide level.

With fewer opportunities to integrate socially, Afghan girls have limited options for enjoying recreational activities. Even when girls are not married off at an early age and therefore given a chance at girlhood, the availability of social settings that offer activities outside of the home is small. Should they get the chance to leave their homes, they must be escorted by a male relative. Taliban control over the nation inspired the Women's Association of Afghanistan to institute underground social circles and classes offering craft groups, literacy training, and education regarding women's resistance to the oppressive regime. These groups are still active today.

Child Marriage

Afghanistan demonstrates an incredibly high frequency of child spouses. Many Afghan families accept the potential for financial reward and social benefits and do not view child marriage as a violation of human rights. The prevalence of such marriages reinforces the political, economic, and social oppression that girls and women face, beginning with the denial of the right to consent to marriage in the first place.

Because of the war-torn state of their country, people in Afghanistan must find ways to survive in poverty. This burden falls disproportionately on girls, as they are often used as a method of payment to settle a family dispute or repay a debt. Families will offer up their daughters as brides to relieve the financial strain of taking care of a large family. Kidnapping and rape are risks that girls face, and many families will rush their daughters into marriage in an attempt to prevent them. Frequently, older men take these girls as their brides, and sometimes they only make themselves known to the girls on the day of the wedding.

In rural areas, up to 80 percent of marriages are arranged. The wishes of the bride are never considered. More than 50 percent of girls in Afghanistan are married or engaged by the age of 12 (Trust in Education 2015).

Upon marriage, girls can no longer pursue an education; therefore, most girls remain illiterate for the rest of their lives. They are pressured by their husbands and in-laws to dedicate themselves to domestic life. These children must then raise their own children, and the young brides routinely encounter horrible sexual health issues as they are forced into child-rearing at such an early age. The girls' chances of experiencing pregnancy without dangerous health threats are incredibly slim. Their daughters and sons are also at a high risk of death during childbirth.

Education

Educational opportunities for women in Afghanistan have been stifled on a nationwide level. Under the Taliban, educating a woman in any school setting became a punishable offense. Although they were stripped of their ability to attend organized lessons, women found ways to defend their right to learn. The chances for women pursuing an education have been slowly improving. Still, the disordered social, political, and economic situations in Afghanistan have not allowed a concentrated effort on the issue of women's education.

Women's Education under the Taliban

Because of the Taliban regime that took hold of Afghanistan in 1996, the opportunities for education have been severely limited for women. Even at the most basic primary school level, few girls were able to take advantage of basic lessons in reading, writing, and arithmetic. As the literacy rates of Afghan women were already low, mothers also had little ability to educate their children. Prior to Taliban takeover, 32 percent of girls attended some type of school. After closures of designated female-only educational institutions and new sanctions, enrollment dropped to just 6.4 percent (Oxfam 2011). The Revolutionary Association of the Women of Afghanistan (RAWA) provides an extensive list of oppressive Taliban mandates that targeted women. Many of these focus on limiting women's accessibility to education:

- Complete ban on women's work outside the home, which also applies to female teachers, engineers, and most professionals.

4 Afghanistan

- Complete ban on women's activity outside the home unless accompanied by a *mahram* (close male relative such as a father, brother, or husband).
- Ban on women studying at schools, universities, or any other educational institutions. (Taliban converted girls' schools into religious seminaries.)
- Ban on women laughing loudly. (No stranger should hear a woman's voice.) (RAWA 2016)

Women and girls who violated, or were accused of violating, these mandates received harsh punishments, including imprisonment and painful, degrading physical abuse that was often presented before an audience of civilians. Despite the risks, however, women from various socioeconomic backgrounds supported a significant movement of underground schools. As previously mentioned, the Women's Association of Afghanistan offered craft groups, literacy training, and education regarding women's resistance to the oppressive regime. Women volunteered their homes to provide inconspicuous safe spaces for teachers and their pupils, and neighbors and peers supported them, providing a source of income for the women hosting the underground courses as well as boosting community involvement in fighting the erasure of women's education. Depending on the skill level of the available mentors, some circles taught complex subjects in the sciences, foreign languages, and religious studies. Although many of the managers of and participants in these secret schools were caught and persecuted by the Taliban, the people who instituted these safe havens for women and children persevered in their struggle.

Advancement since the Taliban

Since the release of the Taliban's stranglehold on Afghanistan, the number of girls enrolled in schools across the country has risen significantly. While there were 5,000 accounted for just 15 years ago, Oxfam's 2011 article "High Stakes: Girls' Education in Afghanistan" reported 2.4 million girls attending school (Oxfam 2011). Although this total continues to rise, the rate of increase has noticeably slowed over the last decade. Immediately after the destruction of Taliban control over Afghanistan, domestic and foreign relief efforts focused on reopening girls' schools and encouraging women's education opportunities.

Unfortunately, many of these solutions were created with no sustainable long-term plan in mind. The demand for accessible, stable spaces as well as reliable female

instructors is too high to support such a sudden rush of students. For many students and teachers, especially in rural communities, the distance to a school is too far to be safely traveled. And poverty continues to stand in the way of girls and their education. Families demand their daughters and wives remain at home or serve as a source of income. Cultural attitudes surrounding sending girls to school also vary greatly across the different regions of Afghanistan.

The issues that Afghan women now face have been supported by general movements to allow girls access to education. At this point, however, individual communities will have more influence over sustaining these advancements. The more local the solutions become, the more effective they will be, particularly intergenerationally, as young mothers and older women will become more involved in the upward trend of education opportunities.

Health

The state of health care in Afghanistan is dire for everyone. The entire population faces major accessibility issues, and current relief efforts are not moving forward at a rate that can satisfy the huge demand for comprehensive treatment options. Because women's health is viewed as a unique specialization, where male doctors cannot treat female patients, regardless of the situation, it does not receive the attention most women are waiting for to address their concerns. This is made especially evident by the fact that few reports examining trends in women's health issues exist, with the exception of reproductive health-related problems.

Access to Health Care

The inaccessibility to health care that women face in Afghanistan is arguably the greatest obstacle to their receiving proper treatment for any type of medical issue. There are several layers to these issues, the first being the overall state of hospitals and clinics over the last few decades of political upheaval. War has destroyed health centers all over the country, causing any remaining resources to be dangerous to use and in short supply. Specialized services for women have been of low priority in public health reconstruction efforts. Even basic demands are challenging for hospitals and medical laboratories to make possible; inadequate quantities of medicines and lack of sterile locations affect the high infant and maternal mortality

rates. The conditions of functional hospitals are dire; only about half have potable water, and about one-quarter have electricity. Oftentimes, women and children have preventable or easily treatable illnesses but are not in situations that allow them to receive the treatment they need. The impoverished status of the country puts the entire population at a disadvantage in accessing the appropriate health care.

A second pressing issue associated with accessibility to clinics and hospitals is the mobility issue that many women face. Women living in poverty do not have the funds to travel to places where they can receive treatment; therefore, they are forced to wait until the last possible minute and are beyond a preventable or easily treatable stage of illness. Additionally, many of these women live in rural areas where there are no resources for travel across large distances. The unequal placement of health care centers contributes to reduced accessibility. More than 80 percent of the population resides in the Afghan countryside, where not even radio transmissions announcing health or hygiene concerns will reach the people (Riphenburg 2004).

The next issue facing women's health is the incredibly low number of female health professionals. Afghan women cannot receive care from male doctors. Therefore, with so few women doctors, many women are excluded from treatment possibilities. War has already forced medical professionals out of the country and significantly reduced access to medical education for prospective students, as well. For women specifically, who were targeted by the Taliban and denied any access to education, this means that an entire generation of potential female doctors and nurses have been denied their chance at serving as health professionals for other women. However, even prior to and now after Taliban control of the nation, Afghan women's medical schooling does not compare to that of their male colleagues. Those working in public health in general do not receive fair or consistent salaries, forcing a woman with medical training to turn her attention to other professions to provide for herself or her family.

Afghanistan's public health initiatives do not place women high on the list for domestic relief efforts, nor are they taken into consideration in foreign assistance programs. However, international humanitarian agencies such as UNICEF and USAID have been bringing in monetary and other resources. The best possible resource at this point is to provide women with the ability to create health care opportunities for other women.

Maternal Health

When specifically examining the situation of women's health through the lens of maternal health, the issues present are even worse. A staggering 98 percent of Afghan women do not use modern contraception. As previously mentioned, health centers are severely lacking in resources for women to receive prenatal care. This does not improve when women give birth; 92 percent of babies are delivered with no health professionals present. Maternal mortality is estimated to be once every 30 minutes, or about 1,700 per every 100,000 births (Riphenburg 2004).

Another issue that contributes to such a high mortality rate is the age at which many girls become mothers. Approximately two-thirds of women report having given birth to their first child between the ages of 13 and 19 (Van Egmond et al. 2004). This introduces a completely new host of issues. Many children living in poverty in Afghanistan are chronically malnourished, causing their children to also face problems with stunted growth. The girls themselves are likely to suffer through complicated deliveries because of their premature reproductive systems (Riphenburg 2004).

Diseases and Disorders

Because of the already negligible attention paid to women's health issues, little data exist on conditions that specifically affect them outside of reproductive health. Sexual health is of utmost concern, particularly in regard to maternity issues. However, when 98 percent of Afghan women do not use effective contraception, it also reflects poorly on the rates of sexually transmitted infections (STIs). Few Afghan women understand how to properly prevent STIs (Van Egmond et al. 2004).

A grossly overlooked issue affecting women's health is mental well-being. Due to the traumatic events associated with war and oppressive political regimes, women undoubtedly face psychological conditions such as depression, anxiety, and posttraumatic stress disorder. Eighty-four percent of Afghan women report having lost family to war, and no grief counseling or emotional support services exists for them (Rasekh et al. 1998). Under the Taliban, women were subjected to cruel and unreasonable punishments, such as acid attacks and public stonings.

Even if a woman did not experience direct harm, it is likely that she would have been forced to watch public executions, displays of torture, and other disturbing exhibitions of inhumane practices. Although the numbers are

still lacking, there is strong evidence that increasing numbers of Afghan women are also turning to drugs (Riphenburg 2004).

Employment

As in most other areas of their lives, the Taliban severely restricted women's work opportunities. Because of the added disadvantage of low literacy and education rates among females, women are often unqualified and unable to obtain jobs in the first place. Typically, women's skills do not extend beyond seamstress duties, which are not in high demand.

Therefore, most women rely on male partners or family members to provide for them. In a 2012 survey by the World Bank, 14.4 percent of women aged 15 and older participate in Afghanistan's workforce (World Bank 2015a). In comparison, 80 percent of men are engaged in the workforce. Although the majority of employed women have occupations within the government, Reuters 2012 data show that of the 363,000 people working for the state, 74,000 are female. Similar to the case of accessing education, issues of accessibility to work affect women greatly. Of the 14.4 percent who are engaged in paid work, just 8 percent hold jobs in areas beyond the agricultural sector (UN Women 2013).

With reconstruction and reform efforts, the situation has begun to improve. In 2014, the Asia Foundation's *Survey of the Afghan People* reflected increased support for women enlisting in the national workforce (Ayubi 2010). As the Taliban regime's norms become outdated and challenged, popular opinion turns in favor of women pursuing job opportunities, which can be seen in the approximately 68 percent of Afghan citizens expressing interest in female participation in the common labor force.

Obstacles to Women's Employment

The most pressing issue in regard to employment is harassment, both on the job and as an overall social stigma against women performing paid labor. The safety risks associated with pursuing a job may outweigh the benefits; regardless of family or peer support, women often give up jobs because of widespread discrimination. Women experience sexual harassment, abuse, rape, and other forms of gender violence at their workplaces.

Despite the frequency of such occurrences, government officials have been slow to combat this problem, with only

Afghanistan's Independent Directorate for Local Governance having come up with any antiharassment codes that are inclusive of women. Government interference has been driven by analyzing the effect women's unemployment has on the nation as a whole; when a female family member can bring home a salary, her children have a greater chance of growing up healthy and obtaining an education. This point of view, combined with the prospective growth of the nation's GDP, pushes policy makers to see the long-term effects of ending gender-based harassment in the workplace

Developing Opportunities

Although internal reform is slow to progress, external international help has unveiled new goals to better the situation of women at work. The Ministry of Education of Afghanistan is receiving foreign aid and other assistance from such agencies as the World Bank Group to develop such projects as the Female Youth Employment Initiative (FYEI) to promote the acceptance and safety of young women finding and keeping jobs. FYEI and related efforts, such as those instituted by UN Women and Afghanistan's Ministry of Women's Affairs, aim to focus on individual communities' resources for women seeking work, including training and placement services.

Furthermore, these programs address fundamental security issues, as young women and their families refuse to pursue opportunities that may place the woman's safety in jeopardy. When given a secure, reliable alternative to finding work through such agencies, families support their female members' involvement in the workforce. This heightened encouragement allows women to engage in empowering job training that will teach them new skills, making them prime candidates for all manner of jobs. By keeping these initiatives no larger than community-wide, women are able to maneuver around mobility issues and stay near their employers to maintain connections with bosses and coworkers without fear of encountering harassment.

Politics

Not surprisingly, the fall of the Taliban regime has allowed new opportunities to arise for women seeking representation in politics. Whether they wish to occupy seats in office or simply contribute in an election, women can now take advantage of a more progressive political system.

However, societal change comes slower than political reform. Despite legal protections, the Afghan judicial system often disregards written law in favor of sharia, the customary Islamic law that has roots in long-standing cultural norms. Therefore, many women looking to make headway in politics feel limited by being silenced by their male counterparts and the potential for violence against outspoken women.

Women in Politics

Women's participation in government since the fall of the Taliban has been steadily increasing. Afghan constitutional law stipulates that within each province of the country, at least two women must be elected members of the lower house. They must also make up 16 percent of the upper house. Public participation in governmental matters has also skyrocketed. In 2014, Afghanistan's presidential elections showed a remarkably high turnout of female voters. As previously mentioned, women's possibilities for running for office have only broadened.

Conservative attitudes regarding women in politics, however, have caused female voices to be silenced in debates and discourse. As the threat of Taliban control continues to press government leaders, women's rights in politics and other public spheres may be given away to maintain order. This becomes most evident in the tenuous nature of quotas of women in political arenas. Furthermore, just because these quotas are in place does not indicate there has been any marked influence of women's participation in government. Male politicians may not take their female counterparts as seriously, and by having such a public presence, many politically inclined women are targeted by extreme conservatives with violence. Because Afghanistan is built on a patriarchal system, both politically and economically, the male majority has little motivation to rally for women's rights.

Female journalists and media correspondents have risen to the occasion to provide a crucial voice for women in the context of public policy and opinion. As of late 2012, about 25 percent of the reporters in Afghanistan were female. The inclusion of women and girls in widely broadcast media platforms incites important debate and exposes the reality of gender inequality in a post-Taliban society. But because female journalists are in the spotlight even more than politicians may be, their work is highly dangerous and may result in their being targeted with violence (Powell 2014).

Women and the Law

Examining the formally written legal codes of Afghanistan reveals a significant number of rights pertaining specifically to women. The nation's 2004 constitution contains unambiguous language explicating equality between men and women. The Afghan Civil Code (1977) provides distinct examples of gender equality. For instance, it allows women the rights to their own property and the ability to request a divorce. The Afghan Criminal Code (1979) defines differences between abduction and elopement to protect married couples. Other legislation granting women's rights include election law, which ensures women's right to vote and stipulates a certain amount of female participation in elected bodies. All women, even those in poverty, are entitled to legal aid.

Beyond legal codes and articles, plenty of national gender equality initiatives exist that emphasize the importance of women's rights. Since 2011, enrollment of female students has reached approximately 3 million, in contrast to the few thousand who risked their lives for an education because of radically restrictive Taliban policies. Furthermore, women now enjoy the opportunities to run for public office; in 2009, the presidential race featured two women, and seven other women ran for vice president. A significant portion of women also participated in provincial council elections. Women are also now serving as police officers, soldiers, and attorneys far more frequently than ever before.

Although these laws are clear on paper, they are seldom followed in Afghan society. Education is still an unrealistic goal for some women, and many feel unsafe taking control over their lives as wives or daughters. Gender inequality is rampant in hiring processes. Victims of sexual violence are consistently punished for moral crimes rather than an assailant receiving an appropriate sentence for his actions. The judiciary system is partial to sharia, which draws from religious and cultural rights and wrongs rather than a set of legal codes. Because of the unreliable legal history of the country, Afghan citizens often feel mistrustful of hard law and would rather rely on traditional customary law.

Combined with the skepticism of the motives of Western relief efforts, the Afghan government has lost popular support. As the media shows Western aid as negative, invasive, and potentially dangerous, many women's rights efforts, which stem from international groups and are endorsed by the Afghan government, will not be backed by politicians. To combat this, women's groups must turn to a

community approach and appeal to the attitudes of Afghan citizens; in other words, they must rely on customary law to show the importance and validity of gender equality.

The difficulties in approaching gender equality exclusively through Islamic law are numerous. As with any religion, Islamic interpretations can be wildly different among Afghanistan's many communities, particularly between urban and rural locations. Tribal traditions may uphold beliefs that modern law does not, which turns people working in government positions away from certain beliefs, depending on their understanding of Islam. When social activists claim to solely be interpreting Islam to make progressive claims, they may be dismissed on grounds of blasphemy, especially by radical Islamic groups. Although the obstacles are plentiful, secularizing women's rights movements excludes too many communities from the conversation surrounding gender equality in Afghanistan.

Religious and Cultural Roles

The role of religion in the lives of Afghan women is profound. Regardless of cultural differences among the many distinct communities throughout Afghanistan, Islam permeates the life of each citizen. In the Western world, the stereotype of a Muslim woman oppressed by her strict, devout society exists with little to no validity. The failure to demonstrate the gender equality that is so vital to Islam that perpetuates the impression of Muslims as antiwoman cannot be attributed to the religion itself. Rather, these inconsistencies lie deep within pre-Islamic cultural norms.

In the media, Afghan women are rarely accurately represented, both within Afghanistan and throughout the Western world. Despite the inadequate portrait of Afghan women's realities, female artists are attempting to bring their truths to the streets of urban areas to make their expressions as accessible as possible to the public.

Women and Islam

Afghan culture is very highly intertwined with Islam; 99 percent of Afghanistan's population is Muslim, and the majority of this demographic actively practices the religion. In accordance with the Koran, the most explicit interpretations of gender relations within Islam promote equality between men and women. Allah holds the two sexes to the same expectations of religious practice. Both men and women must worship, adhere to the customs of high holidays, and demonstrate their devotion to their

faith equally. Prior to the introduction of Islam to Afghanistan centuries ago, the state of gender relations was far worse. By adapting Islamic teachings to a legal code that still stands today, women's rights were naturally integrated into public policy and popular thought.

Koranic interpretations maintain that women hold complete agency over their relationships with the religious teachings. Their demonstrations of faith in Muhammad are unique to individual women. Besides Muhammad, female religious icons also provide women with tenets of worship. Aisha, the third wife of Muhammad, held as much authority over her marriage as her husband. Their relationship provides an example not only of how men should treat their wives with respect but of how women can fulfill their role as wife with grace, as well as other rules of moral treatment between women and men.

Throughout historical Islamic teachings, women are cited as having equal opportunities to participate in Muhammad's teachings in political, military, and social spheres. Some Koranic passages give moral lessons, detailing important concepts of maternal respect, men's support and encouragement of women's goals, and raising both sons and daughters with a solid education. As previously mentioned, women's rights became integrated into culture through the spread of Islam.

Therefore, it is through Islamic law that statutory law finds clear-cut policies for the protection of women's rights. For instance, Muslim women are granted rights to their own possessions and property, including finances. A Muslim woman's inheritance should match her brother's, and her obligations to family care and parenthood are no more pertinent than a man's. They may vote and rally for political change if the need arises.

In interpersonal relationships following Islamic teachings, a man and a woman both need to express equal intent to marry each other. If one part is unwilling or does not provide consent to a marriage, the relationship should not exist. Given these stipulations, divorce is only permitted under extreme circumstances. Additionally, polygamy is only allowed in very rare cases. Koranic verses on this matter specifically outline that a man must be able to fairly handle the financial and emotional support of all his wives and children, even those from prior marriages.

Modesty

Islamic teachings put forth a standard of modesty for women to follow. Koranic verses encourage maintaining

purity within gender relationships, not to suppress women's self-expression but rather to value the mind and spirit over the body. Islam champions the pursuit of intellectual development and wholesome worship rituals. For instance, the customary formation of men praying in front of women is not a statement of male dominance. In the effort to eliminate the objectification and sexualization of women, men are deliberately placed in a position where they cannot stare at women if they look up from prayer.

The most well-known practice of modesty in Islam is the wearing of a hijab. Worn by women, this headscarf contributes to Muslims' devotion to intellectual betterment over physical indulgences. Beyond eliminating sexual objectification of women, wearing a hijab encourages Muslim women to extend their modesty to their comportment. Therefore, it becomes more than just a head covering; for women, the hijab signifies removing the compulsion to behave in any way that may be morally reprehensible. In this way, wearing a hijab can become a feminist statement.

Women take ownership over their bodies. Wearing a veil does not inhibit women's abilities to pursue educational or employment opportunities, nor does it indicate a lack of power. They present themselves modestly as a statement of religious agency.

Perceived Prejudices against Women

Despite the balanced treatment of the sexes in Koranic teachings, devoutly Islamic countries like Afghanistan do not always demonstrate effective implementation of these concepts in society. Because the culture and religion are so connected, it is easy to blame Islam for the mistreatment of Afghan women. However, Islamic teachings never strip women of their rights, nor do they grant men dominance over women. Any prejudices against women that exist in Afghanistan are tied to antiquated cultural norms that differ between urban and rural settings as well as between tribal communities.

Pre-Islamic societies within the area of modern-day Afghanistan upheld patriarchal, misogynistic values. Although the introduction of Islam relieved some of this oppression, problematic cultural norms that disadvantage women have been passed down through generations and have adapted to history. To place the onus on an entire religion, especially when the practice of this religion varies dramatically throughout one country, is hyperbolic. Therefore, when examining instances of cruelty between

Muslim men and women, it is crucial to separate the religion from the executors of its teachings.

Representation in Media and Art

Within Afghanistan, women are oftentimes featured in popular media programs. On television and radio broadcasts as well as in periodicals, they appear as urban, educated, and modern people. Media consumers receive an image of the Afghan woman as one who is a part of the upper class. She wears clothing that pulls from Western fashion trends and is free to travel to and from a comfortable job in a metropolitan setting.

Although such a progressive representation of Afghan women gives off the impression of promoting women's agency in society, the demographic of popular media platforms is vastly rural, poor, and holds traditional values of gender expectations. By showing images of women as only content in their elite positions in society, rural communities are excluded from the encouragement of women's reclamation of their lives. Unequal representation in the media only widens the gap between socioeconomic classes and creates additional obstacles to allowing women in rural areas to feel safe and self-assured in their communities.

Outside of Afghanistan, particularly throughout the Western world, media representation rarely extends further than the negative outcomes of Taliban oppression. In an interview with the *Huffington Post* in 2010, Sadiqa Basiri, founder of the Oruj Learning Center for women's and girls' education, commented that "in the west, there is only one story: burqas" (Yerman 2010). Since the beginning of post-Taliban reconstruction, women have made great strides in resistance, education, medicine, entrepreneurship, and political advocacy. Few of their success stories are as highly publicized as the tragedies. This only inhibits Afghan women's social growth, as it falsely upholds an image of them as helpless against their circumstances.

A small community of Afghan women is rising to fame in the fine arts. To be seen in the aftermath of Taliban rule and Western occupation, various artists have taken to the streets as graffiti artists. Shamsia Hassani, a street artist who has a noticeable presence in Kabul, stated in 2015 that she makes a public display of her feelings "to introduce arts to people, to remove memories of war from the walls of Kabul, to bring back women to the streets for reminding people that women exist in the society, to change the damaged faces of women in the society, and give women a powerful face" (Ahmed 2015).

Issues

As of 2016, engaging in homosexual relationships is a punishable offense in Afghanistan. Between statutory law, sharia, and Pashtunwali, Afghans cannot be safely out publicly or even to their families. It is only within the last couple of years that LGBTQ+ activism has begun within the country.

LGBTQ+ Erasure

The Constitution of Afghanistan currently treats homosexuality as a crime, with punishments ranging from 10 years to life in prison or even a death sentence. According to the Afghan Penal Code of 1976, Article 427, male homosexual relationships, even those between two consenting partners, are punishable by law. This legal persecution is grouped with various types of extramarital affairs and pederasty, pedophilic acts relating specifically to men and boys. There is no mention of lesbian relationships within the legal codes of Afghanistan. Because intimate relationships between heterosexual couples are held to a strict moral code based on the Islamic teachings regarding sexuality, homosexuality is an incredibly taboo topic in religious communities throughout Afghanistan. The Koran contains a brief verse regarding the condemnation of those who commit adultery, which includes the denunciation of specifically male homosexual relationships. Because Afghan legal systems follow Islamic law, the inclusion of this Koranic verse is a major reason for maintaining the statutory law against gay relationships.

In Brian Whitaker's 2006 book on the LGBTQ+ experience in the Middle East, *Unspeakable Love: Gay and Lesbian Life in the Middle East*, he outlines the social stigma surrounding gay relationships. LGBTQ+ youth in Afghanistan cannot freely explore their sexuality for fear of not only the legal repercussions but the possibility of becoming social outcasts and shunned or abused by their families. Some Afghan mental health professionals also claim to provide services to cure individuals of their homosexual tendencies.

Human rights activist Nemat Sadat challenges the traditional idea that not being heterosexual is against Islam. As an openly gay Afghan man, Sadat has dedicated himself to supporting LGBTQ+ movements throughout the Middle East. In 2014, he published an article detailing the advancement of gay rights in Afghanistan. Since the fall of the Taliban regime and the resurgence of more progressive young people vying for human rights, Sadat predicts that

more gay Afghans will feel moved to come out and rally for their rights in the coming years.

MIRIAM WOJTAS

Further Resources

- Ahmed, Beenish. 2015. "Afghanistan's Female Artists Have a Lot to Show You about Their Country." *Think Progress*, August 19. Retrieved from <https://thinkprogress.org/afghanistans-female-artists-have-a-lot-to-show-you-about-their-country-95c668953ae3/>
- Angha, Nahid. 2016. "Women in Islam." *International Association of Sufism*. Retrieved from <https://ias.org/sufism/women-in-islam>.
- Ayubi, Najla. 2010. "Women's Biggest Problems in Afghanistan." *Asia Foundation*. Retrieved from <http://asiafoundation.org/in-asia/2010/01/27/womens-biggest-problems-in-afghanistan>.
- Central Statistics Organisation (CSO) and UNICEF. 2012. *Afghanistan Multiple Indicator Cluster Survey 2010–2011: Final Report*. Kabul: Central Statistics Organisation (CSO) and UNICEF.
- Hozyainova, Anastasiya. 2016. "Sharia and Women's Rights in Afghanistan." United States Institute of Peace. Retrieved from http://www.usip.org/sites/default/files/SR347-Sharia_and_Women%E2%80%99s_Rights_in_Afghanistan.pdf.
- Oxfam International. 2011. "High Stakes: Girls' Education in Afghanistan." February 24. Retrieved from https://www.oxfam.org/sites/www.oxfam.org/files/file_attachments/afghanistan-girls-education-022411_4.pdf.
- Povey, Elaheh Rostami. 2003. "Women in Afghanistan: Passive Victims of the Borge, or Active Social Participants?" *Development in Practice* 13.2–3: 266–277.
- Powell, Catherine. 2014. "Women and Girls in the Afghanistan Transition." Council on Foreign Relations. Retrieved from <http://www.cfr.org/women/women-girls-afghanistan-transition/p33152>.
- Priya, Gunjan. 2014. "Achieving Gender Equality in Afghanistan by 2020." *International Journal of Research* 1.4: 625–644.
- Rasekh, Zohra, Heidi M. Bauer, M. Michele Manos, and Vincent Iacopino. 1998. "Women's Health and Human Rights in Afghanistan." *JAMA* 280.5: 449.
- RAWA (Revolutionary Association of the Women of Afghanistan). 2016. Retrieved from <http://www.rawa.org/index.php>.
- Riphenburg, Carol J. 2004. "Post-Taliban Afghanistan: Changed Outlook for Women?" *Asian Survey* 44.3: 401–421.
- Sadat, Nemat. 2014. "The Gay Spring in Afghanistan, Iran and India." *The Diplomat*, May 9. Retrieved from <http://thediplomat.com/2014/05/the-gay-spring-in-afghanistan-iran-and-india>.
- Trust in Education. 2015. "Life as an Afghan Woman." Retrieved from <http://www.trustededucation.org/resources/life-as-an-afghan-woman>.
- UNDP (UN Development Programme). 2015. "Human Development Reports: Gender Inequality Index." Retrieved from <http://hdr.undp.org/en/composite/GII>.
- UNICEF. 2013. "Afghanistan: Statistics." Retrieved from http://www.unicef.org/infobycountry/afghanistan_statistics.html.

- UN Women. 2013. "UN Women Afghanistan." Retrieved from <http://asiapacific.unwomen.org/countries/Afghanistan>.
- USAID. 2013. "Strengthening Education in Afghanistan (SEA) Project." April 28. Retrieved from <https://www.usaid.gov/node/50586>.
- Van Egmond, Kathia, Marleen Bosmans, Ahmad Jan Naeem, Patricia Claeys, Hans Verstraelen, and Marleen Temmerman. 2004. "Reproductive Health in Afghanistan: Results of a Knowledge, Attitudes and Practices Survey among Afghan Women in Kabul." *Disasters* 28.3: 269–282.
- Whitaker, Brian. 2006. *Unspeakable Love: Gay and Lesbian Life in the Middle East*. Berkeley: University of California Press.
- Winter, Jeanette. 2009. *Nasreen's Secret School: A True Story from Afghanistan*. New York: Beach Lane Books.
- "Women and Islam." 2016. In *The Oxford Dictionary of Islam*, edited by John L. Esposito. *Oxford Islamic Studies Online*. Retrieved from <http://www.oxfordislamicstudies.com/article/opr/t125/e2510>.
- World Bank. 2015a. "Labor Force Participation Rate, Female (% of Female Population Ages 15) (Modeled ILO Estimate)." Retrieved from <http://data.worldbank.org/indicator/SL.TLF.CACT.FE.ZS>.
- World Bank. 2015b. "Youth Literacy Rate, Population 15–24 Years, Female." Retrieved from <http://data.worldbank.org/indicator/SE.ADT.1524.LT.FE.ZS>.
- Yerman, Marcia G. 2010. "Afghan Women and the Media: Is Their Story Being Told?" *Huffington Post*, May 26. Retrieved from http://www.huffingtonpost.com/marcia-g-yerman/afghan-women-and-the-medi_b_589785.html.

Algeria

Overview of Country

Algeria is the largest country in Africa and the 10th largest in the world in terms of land area; it is nearly four times the size of Texas. It lies at the crossroads between Europe, Africa (north and south of the Sahara), and the Middle East. Its population is estimated at 40,263,711 (July 2016), which is more than four times the population at the time of independence in 1962 (CIA 2017). More than 64 percent of this population is under 30 years of age; 49 percent of this population is female. Ninety-one percent of the inhabitants live along the Mediterranean coast on 12 percent of the country's total landmass; 49 percent of the population is urban.

The Algerian Constitution declares Islam to be the state religion. Over 99 percent of Algerians are Sunni Muslim. The remaining 1 percent are Christians and Jews (CIA

2017). Arabic is the official language of Algeria and is used in all institutions, including schools, though French remains the main language of business and scientific education. About a quarter of the population speaks a variety of the Berber language, and most of the population speaks colloquial Arabic, known as *derija*. Algeria depends heavily on its oil and natural gas reserves. Since the 1980s, the country has attempted to move from a socialist to a market economy.

Even though Algeria is only 55 years old as a nation-state, its history dates back thousands of years. Since time immemorial, the area has been inhabited by the native people known as *Imazighen*, which is the original name of the Berbers, whose presence stretches from western Egypt in the east to the Canary Islands in the west, and from the southern Mediterranean shores in the north to the desert plains of the Sahara in the south. The Amazigh (Berber) populations have known a series of invasions and occupations in the last 3,000 years. These invaders included Phoenicians, Romans, Vandals, Byzantines, Arabs, the Spanish, Ottomans, and the French. Despite the ceaseless efforts by each colonizer to eradicate it, the Amazigh culture not only survived but also constituted the foundation on which the other cultural layers were superposed.

First, Phoenician traders settled on the coastline around 1100 BCE. The first Algerian kingdom was established by the Berber chieftain Massinissa, who reigned over the kingdom of Numidia (the ancient name of Algeria) from 202 to 148 BCE. A few decades later, his grandson King Jugurtha continued this legacy but was defeated by Rome a few years later. In the fifth century CE, Algeria was invaded by the Vandals, a Germanic tribe, who stayed on to establish their own kingdom before being driven out by the Emperor Justinian's Byzantine army, whose aim was to restore the Roman Empire. In the seventh century, the Arabs invaded North Africa, bringing with them Islam. This particular conquest has lasted to the present day.

In the late 15th century, Spain captured the coastal cities of Algeria. Later, the Algerians appealed to the Ottoman Empire for help, and thus Spanish control had ended by the mid-16th century. Algeria then came under control of the Ottoman Empire. The French occupied Algeria in 1830 and made it a part of France in 1848. By 1880, about 375,000 people of European descent controlled most of the better farmland. On November 1, 1954, the National Liberation Front (FLN) declared war on the French. After more than seven years of fighting, Algeria became independent in 1962.

Throughout this entire history of occupation and resistance, Algerian women have always played a key role. For example, Kahina, the legendary Berber queen, led her armies for several years against the Arab conquest in the 7th century CE. During the French conquest of Algeria in the mid-19th century, Fadhma N'Soumer, known as the Berber Joan of Arc, led military resistance against the French. More recently, women made an immense contribution in the Algerian War of Independence (1954–1962). Hassiba Ben Bouali, Djamila Bouhired, and Zohra Drif, as illustrated in Gillo Pontecorvo's famous film *The Battle of Algiers* (1966), were instrumental in this struggle for independence. In the film, we see them remove their veils and dress up like fashionable French women to sneak past checkpoints and plant bombs in public places. While the film focused only on the capital city, Algiers, the war took place in other regions as well, especially in the mountains where women also played important roles as nurses, cooks, messengers, and secretaries, among other duties.

The National Liberation Front (FLN), which has ruled the country since independence, has been ambivalent about women's issues. The liberal side promotes women's rights, especially after considering their contributions during the war. The conservative side, based mostly on Islamic and traditional beliefs, wants limited rights for women and has become the resistance force against any advancement of gender equality. In fact, in 1981, this conservative branch managed to draft a very retrograde family law that advocated far fewer rights for women. Thanks to pressure from different women's movements, the government retracted the law. However, only three years later, the government, under pressure from conservative Islamist elements, imposed a similar family code, this time without any consent or public debate. The Family Code, passed on June 9, 1984, is mainly based on Islamic (sharia) law and established patriarchal authority. This law immediately affected women's rights in terms of marriage, divorce, child custody, and inheritance, among other matters.

In the 1990s, Algeria knew one of its most tragic periods in history. As a result of the government's cancellation of the national elections in 1991, which the FIS (Islamic Salvation Front) was about to win, it is estimated that 200,000 people died during what is known as the "black decade." As retaliation to the government's defiance, the Islamists took up arms and started a civil war that lasted until early 2002. Most of the victims were men, but many women, particularly those leading Western lifestyles, suffered from rape, kidnapping, and murder. In addition, most of the

men who died or disappeared left widows and children behind, most without any resources or protection.

After this tragic decade, women's rights organizations were created across the country, especially in urban centers, and showed increasing engagement in the struggle for more women's rights. Several grassroots movements and political parties, such as Louisa Hanoune's Party of Workers, have been fighting to eradicate the Family Code and replace it with more secular civil laws. However, despite these advancements, several challenges are still ahead. In addition to the government's tight control over gender equality, ideological divides exist between the various women's rights groups. This obviously prevents a more cohesive and broader movement to take shape. Finally, there is still work to do in terms of both raising awareness about women's rights across the country and having more women engaged in this continuous struggle.

Health

After independence in 1962, Algeria followed the socialist system, hence providing Algerians with a free universal health care. According to a UN report, child mortality decreased significantly thanks to a government program to combat childhood diseases (United Nations 2000). At the time of independence, child mortality was 200 per 1,000. Forty years later, the rate had dropped to 34.5 per 1,000 (2002). Children and teenagers also receive some health services through school programs.

According to Nadia Marzouki's report, Algerian women generally have the freedom to make decisions about their health and reproductive rights (Marzouki 2010). They receive free prenatal care in public health facilities, and while private clinics have been popular, especially in the past 20 years, most women give birth in public health centers, despite the increasingly poor conditions in most facilities. Those who are married also have access to free contraceptives in public health centers. Abortion remains illegal in Algeria under Articles 302–313 of the Penal Code, with exceptions for cases of maternal physical or mental health. Mothers who have children out of wedlock face social prejudice and poverty issues. While they too have access to basic service in public hospitals, they do not usually benefit from the same treatment as married women.

According to the same report, Algeria has implemented maternal and child welfare programs in more than 5,000 public medical centers across the country—all free of charge (Marzouki 2010). In collaborating with UNICEF,

Algeria has also been promoting the care and well-being of mothers and children.

Algeria has low HIV rates, but tuberculosis and cholera remain challenges in overcrowded areas lacking clean water. The influx of oil money is contributing to rising rates of heart disease, cancer, and diabetes, which has shifted focus in recent years to health conditions more common in “richer” countries.

Education

At the time of independence, less than 5 percent of Algerian women knew how to read and write. Article 53 of the Algerian Constitution declares that education is free and mandatory for boys and girls between the ages of 6 and 16. According to *CIA World Factbook*, the ratio for literacy is 87.2 percent for males and 73.1 percent for females (CIA 2017). Interestingly enough, the survey also shows that a higher percentage of girls, as compared to boys, went on to secondary and postsecondary education. According to another report, primary school attendance rates are very high for boys (94%) and girls (93%) in Algeria (UNICEF 2007).

Despite these positive numbers and the relative success of girls in the education sector, certain areas still have high illiteracy rates for women. According to a study, 34 percent of women in rural areas have never attended school (World Bank 2015). Consequently, in 2009, the government decided to launch a national campaign to eliminate illiteracy by 2015. Several women’s groups, such as Horizons for Algerian Women, have also implemented education programs throughout the country. Women have benefited from these educational programs.

Women’s rights organizations have also been trying hard to eradicate patriarchal and archaic stereotypes, especially in schools, as these negative images still exist in textbooks.

Employment

Women’s employment in Algeria has benefited from the progress made in recent years in Algerian society. Article 84 of the employment code of 1990 stipulates that men and women with equal qualifications and tasks must be paid equally and that employment contracts cannot discriminate based on gender. Employers are required to provide three months of paid maternity leave as well as equal retirement benefits. Under the law, men’s retirement age is

60, whereas the retirement age for women is 55, and could be even less if she has children. Women can receive one year of early retirement for each child (up to three children) if she raised them for at least nine years. In addition, the employment code stipulates that “any provision in a convention or collective agreement or in an employment contract which establishes any kind of discrimination between workers & based on gender & is null and void” (Article 17). Articles 142 and 143 list the sanctions in cases of discrimination.

The labor law provides gender-specific rights for women, such as maternity leave (Article 55), exemption from night work (Article 29), and special retirement provisions (Article 6). Both state employers and private companies are required to provide such benefits, including two hours a day for breastfeeding and three months of paid maternity leave with benefits. Child care services are offered in some of the largest state companies, but to remedy the huge need, public and private child care centers have also been created in recent years.

Marriage remains a common obstacle to women’s employment. According to a 2006 national survey, 49 percent of women in the private sector quit their jobs after marriage, compared to 16.3 percent in the public sector. Among the factors that discouraged women from staying in the labor force, the surveyed women listed family pressure, transportation issues, wages, child care shortages, discrimination, and sexual harassment (Marzouki 2010).

Despite this issue, recent years have witnessed an increase in the number of female employees and independent women workers. By law, Algerian women have the right to choose the profession they want. But again, the Family Code and its clause of “duty of obedience” permit the husband to oppose the wife’s choice of a profession. Currently, women represent more than 27 percent of the labor force (Sakina Brac de la Perrière 2005), and they occupy important economic decision-making positions in such organizations as the Bank of Algeria, the Council of Currency and Credit, and the commercial sector of SONATRACH, the largest state-owned company. Women are also present in other sectors of employment, such as the police and the military. In urban areas, some even work as taxi drivers. But most women tend to pursue so-called feminine professions, such as health and education, which are considered more socially acceptable. They also make their career choices based on the conditions of their family life. Child care and domestic duties are still primarily the woman’s responsibility despite the changing society.

In 2002, the National Committee of Working Women established a center to help victims of sexual harassment in the workplace. Women unionists and employees of the National Institute for Public Health have also been campaigning for a law that protects more women from sexual harassment in the workplace. In 2004, the penal code was amended to criminalize sexual harassment, but to the dismay of most women activists, this amendment is quite limited, as it only addresses abuse of authority and leaves other types of abuse unaddressed. In general, single, divorced, and widowed women are the most vulnerable victims of harassment. Victims usually refrain from filing suits for fear of being fired, countersuits that accuse them of defamation, scorn from family and colleagues, and threats. Others do not complain simply because they do not know their legal rights.

Family Life

Since independence from France in 1962, criminal and civil law in Algeria has primarily been based on French legislation. However, when it comes to issues of citizenship, nationality, and family life, it is Islamic law that is used. This creates an ambiguous situation as far as women's rights are concerned. For example, Article 29 of the Constitution reads, "All citizens are equal before the law. No discrimination shall prevail because of birth, race, sex, opinion, or any other personal or social condition or circumstance." Yet, Article 2 of the same Constitution states that Islam is the religion of the state, and, consequently, several laws (particularly those pertaining to women's rights) are based on religion. Some conservative politicians have actually been trying to use Article 2 as a pretext to implement and maintain discriminatory practices against women.

Family Code

The real battle over the status and rights of women has been the Family Code, which is a set of legal provisions regulating marriage and the family. The debate was between those who wanted family life organized along Western secularist lines and those who wanted to impose a family structure conforming to Islamic principles and ethics. The Family Code was proposed, discussed, and shelved at least three times over a period of two decades before being adopted as law in 1984. In 1981, the code's provisions provoked huge opposition from female members of the National People's Assembly and women in the streets of Algiers.

Although some of the 1984 code's provisions are more liberal than those of the 1981 version, the code essentially reflects the influence of Islamic conservatives. The family unit is "the basic unit of society," and the head of the family is the husband, to whom the wife owes obedience. According to sharia, a Muslim woman may not marry a non-Muslim; polygyny is permitted under certain conditions (although it is rarely practiced); and women do not inherit property equally with men. A woman cannot be married without her consent, and she may sue for divorce in specified circumstances, including desertion and non-support. In divorce cases, custody of children under age seven passes to the wife, but it reverts to the husband when the children are older. Divorce rates have risen steadily since independence, but divorce remains much easier for men than for women.

Due to ceaseless efforts by feminist NGOs, a Ministry of Women's Affairs was created in 2003, allowing for more advantages for women. After pressure from women's rights organizations, President Abdelaziz Bouteflika revised the Family Code in 2005, which helped ease discrimination against women. However, most of these women's organizations believe that more efforts need to be made. The Family Code is still the main obstacle for gender equity. It clearly states that men and women are not equals within a marriage, explicitly stating, "The duty of the wife is to obey her husband." Wives are minors under the authority of their husbands and must stay at home.

In practice, most women, especially in urban areas, do not adhere to this law anymore. In theory, a married woman needs to have her husband's permission to work outside the home, but in reality, the number of women in the workforce has grown considerably, demonstrating increased independence within their households.

According to Article 8 of the Family Code, polygamy is permitted. Sharia law allows Muslim men to take up to four wives. Because of code amendments and progress in Algerian society, polygamous marriages are becoming increasingly rare. To have a polygamous marriage, a man must not only make an application to the family court for permission but also obtain the consent of both the first and the proposed second wife. The court then decides based on the husband's reasons and his ability to provide for both wives. According to Nadia Marzouki's report, 3 percent of households in Algeria are polygamous (Marzouki 2010). More importantly, women now cannot be forced to marry against their will.

A major victory by the women's movement was the Khemisti Law, which was drafted by Fatima Khemisti,

How Can I Join the Fight against Human Trafficking?

The Polaris Project

The Polaris Project was established on February 14, 2002, by two seniors at Brown University. The central goal of the organization was to create long-term solutions that would effect systemic change within the underlying systems that perpetuate human trafficking. They also believed that human trafficking should be viewed as a market-based phenomenon driven by two main factors: low-risk activity and high-profit margin. Unlike drugs, human bodies can be used again and again. In 2007, the Polaris Project expanded the National Human Trafficking Resource Center to create a national hotline (888-373-7888) that anyone could call or text—whether you were a victim or someone that just wanted information on how to end human trafficking. The organization focuses on six main areas in their fight against human trafficking: client services, policy advocacy, training and technical assistance, global programs, fellowship programs, and the National Human Trafficking Resource Center. Bradley Myles is the chief executive officer of the Polaris Project, which is based out of Washington, D.C. For more information on the Polaris Project, please visit their Web site at www.polarisproject.org.

Network against Human Trafficking

The Network against Human Trafficking (NAHT) was established to coordinate Iowa's solution to end human trafficking through building relationships with other like-minded organizations, raising awareness of human trafficking with the state and around the country, providing education, and promoting advocacy. The work of the network is supported by a variety of affiliate groups, including Youth and Shelter Services, the University of Iowa Center for Human Rights, the Iowa Civil Rights Commission, the Iowa Commission on the Status of Women, the Polaris Project, the Coalition to Abolish Slavery and Trafficking, the Iowa Department of Public Health, Planned Parenthood of Greater Iowa, the Iowa Department of Human Services, and the Iowa Law Enforcement Academy, among many others. Dr. Teresa Downing is the executive director of the Network against Human Trafficking, which is based out of Ames, Iowa. She is also a lecturer of sociology at Iowa State University. For more information, please visit NAHT's Web site at www.iowanah.org.

National Indigenous Women's Resource Center

The National Indigenous Women's Resource Center (NIWRC) was established to address the issues of domestic violence perpetrated against American Indian, Alaskan Native, and Native Hawaiian women. The mission of the organization is to restore safety to Native women by upholding the sovereignty of Indian and Alaskan Native tribes. Through the areas of public awareness and resource development, training and technical assistance, policy development, and research, the NIWRC will advocate that Native women and their children are safe from violence in their communities and have the freedom to access services based on their tribal beliefs and practices. Lucy Rain Simpson is the executive director of the National Indigenous Women's Resource Center, which is based out of Lake Deer, Montana. For more information, please visit their Web site at www.niwrc.org.

—Alissa Stoehr

the wife of a former foreign minister, and presented to the National Popular Assembly (APN) in 1963. This law raised the minimum age of marriage to 16 for girls and 18 for boys. Since the Family Code act was enacted in 1984, the minimum legal age for marriage is now 18 for women and 21 for men. However, early marriage is still prevalent in rural areas where family traditions prevail. According to a report, the average age of marriage for women is now 29.9, and it is increasing annually in both urban and rural

areas. According to UNICEF, in the Middle East and North Africa (MENA) region, Algeria has the lowest percentage (2%) of young women who were married before their 18th birthdays (CEDAW 2010).

As far as divorce is concerned, the Family Code favors men, at least in principle. For instance, men can divorce without any justification, whereas women can obtain a divorce only under certain conditions. However, the new Family Code stipulates that when a divorced couple has

children, decisions regarding custody should be made in the best interests of the children. In general, custody is now granted to the mother, and the father is required to provide financial support. More importantly, in all divorce cases, judges in family courts are now legally obliged to persuade the couple to reconcile.

Provisions in the previous Family Code whereby men who obtained a divorce had the right to keep the family house and immediately evict their wives and children have been removed, although the new code only appears to allow the children (and by extension their mother) to remain in the family home until such time as the husband has made alternative arrangements to lodge them elsewhere. If a woman remarries, she loses custody of her children. According to the 2010 Freedom House report, despite relative progress, single and divorced women still face marginalization (Kelly and Breslin 2010). Finally, another amendment was made to the Nationality Code in 2005, which gives Algerian women who are married to non-Algerian citizens the right to pass Algerian citizenship on to their children.

Under sharia law, women's inheritance is half that of men. Because of traditional values, women usually have limited access to land ownership. Even though the law allows them to own their share of land (or any inheritance for that matter), it is usually not appropriate for married women to possess it. However, there has recently been a growing refusal among Algerian liberals (called *progressistes*) to accept unequal inheritance rights, as stipulated by this discriminatory law. For example, they often find ways to go around this obstacle by using gifts or donations to make up for the inequality.

In general, Algerian women have freedom of movement. However, this freedom always depends on their husbands, who have the right to control it. For unmarried women, it is usually the father or the older brother who exerts that control. Similarly, women have the legal right to access bank loans, keep their wages, and own personal possessions, but the husbands have the right to control the management of these properties. The Algerian Family Code prevents married women from enjoying full freedom of movement, as the husbands usually have the final say in decision making. For example, if the wife's job is too far away or involves night shifts or long hours, the husband can refuse to allow her to work. Because of the recent transformations in Algerian society (economic difficulties, rising costs of living, etc.), more and more women work, especially in urban areas.

Historically, an Algerian wife lived with her husband's family, which often included grandparents, aunts, widowed and unmarried daughters, and children. In the past few decades, there has been a trend toward the smaller nuclear family, although many families still have seven or more children. More and more couples shy away from the extended family structure, especially in urban areas. The nuclear family is becoming the prevalent family structure in Algerian society due to urbanization and wage labor, among other factors.

Algeria ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1996, but it opposed several articles that were in contradiction with the Family Code, such as Article 15 (4) on freedom of movement and residence and Article 16 on marital and family rights.

Politics

Algerian women have had the right to vote and run for office since 1962. In fact, Louisa Hanoune (the leader of the Workers' Party) has run in several presidential elections since 2004, but each time she finished far behind the winner, Abdel-Aziz Bouteflika, who is currently serving a fourth term in office, despite his failing health and the limitation of terms as set by Algeria's Constitution, which he revoked few years ago. The National Union of Algerian Women (UNFA) was created by the government in 1962 and held its first march in Algiers on March 8, 1965, to celebrate International Women's Day, in which nearly 6,000 women participated.

The National Popular Assembly (APN), which was created at the time of independence by the ruling party, known as the National Liberation Front (FLN), was another place available for a women's rights agenda. But following the military coup in 1965 and the suspension of the APN by Colonel Boumédiène, access to this forum was taken away. No female members were elected to the APN under Ahmed Ben Bella, the first president of Algeria, but women were allowed to propose resolutions before the assembly (such as the Khemisti Law). In the years following independence, there was not one woman in any of the key decision-making bodies, but nine women were elected to the APN when it was reinstated in 1976. At the local and regional levels, however, women's public participation rose significantly.

While there are currently several women serving in the Algerian government, more remains to be done in terms

of representation. A third of the country's prosecutors and judges are women, but very few women work in the executive branch. For example, among the 35 members of the current government cabinet, only 7 are women. Women's participation in the parliament is estimated at 32 percent (World Bank 2016).

Women do participate in the country's political parties, but their membership remains minimal. In April 2009, the Ministry of Justice considered a law that would set a quota of 30–40 percent for women in all political parties. A number of politically engaged women were not happy with this plan, arguing that the number of women within political parties should not be the sole indicator of women's political empowerment and that the agenda of each party should be taken into account. For example, Islamist parties generally have more female members than secular parties, but these women often adopt a very conservative stance on gender equality (Marzouki 2010).

Religious and Cultural Roles

Sexuality

Homosexuality is criminalized in Algeria in Section 6 of the Penal Code and punishable by imprisonment and fines. Therefore same-sex marriage is illegal, and discrimination based on sexual identity is allowed. Unfortunately, this marginalization leads many LGBT women to lead double lives, sometimes even bowing to family pressure and marrying a man to avoid being ostracized. Resistance and community can be difficult in these circumstances, but online sources help connect people. *LeXo Fanzine*, a mini-magazine for Algerian lesbians, is an example of online activism to counter misinformation and safely connect with other women.

Veiling

There is no law requiring women to cover their heads in Algeria. Throughout recent history, the veil has come to symbolize a variety of ideals, from freedom from colonizing France and resistance to Western ideals to adherence to religious beliefs. It is rarely worn by women in official, government, or media positions, but various kinds of coverings are worn by Algerian women in both urban and rural areas. There is a call by some to return to wearing a *haik*, the traditional Algerian veil, rather than the *hijab* or *djellaba* imported from the Middle East in the 1990s.

Issues

Security

Algeria's civil war of the 1990s proved to be a very dark and tragic period for Algerian women in particular. Islamic extremists who had focused their attacks on government officials and intellectuals began to target women as well, particularly the ones who did not wear a veil. The mass slaughters, mostly in villages, appeared random and savage, and the government was incapable of containing this violence. Some people even suspect that the army looked the other way while civilians were being killed. Algeria refused international mediation and kept the outside world largely in the dark about this civil war.

During this decade of violence, thousands of women fell victim to abduction, rape, and murder by armed fundamentalist groups. Unfortunately, many of the women who survived this tragedy but experienced sexual violence during this war were subsequently abandoned by their families and even by the state. The official policy of "national reconciliation" of 2005 has seen amnesty granted to those who committed human rights abuses, including acts of sexual abuse and rape. Sadly, there has never been any official attempt by the state to delve into this violence and bring some justice to the victims.

Fortunately, these attacks have decreased significantly since 2000. However, women still remain vulnerable to all types of violence. In 2001, for example, a group of citizens beat and tortured about 50 women in the southern city of Hassi Messaoud. The police and security forces were said to be slow to intervene and to implement a serious investigation of the attack. Some of the men who attacked the women were arrested, but those who were actually sentenced to serve short terms in jail were not convicted of rape. It was claimed that the women victims were not able to provide the required medical evidence to support their claims of rape and violent sexual assault. Women's rights groups in Algeria have been active in demanding justice for the victims. The intensive coverage of this event by the press led the Ministry of Solidarity and other official institutions to express their support for the victims, but this led to little change in justice for the victims.

Domestic Violence

Article 24 of the Constitution declares that the government must protect all its citizens. Yet, women remain vulnerable to different forms of violence than men, especially domestic abuse, which is not prohibited by law. It is considered as

a private matter, which makes it difficult to combat at the legal level. As cited in Nadia Marzouki's report, one women's rights activist states, "Women escape the protection of the law and men escape the sentence of the law" (Marzouki 2010). According to Marzouki, women tend to avoid filing complaints to the court for fear of incurring further violence or facing hostile judges.

A 2006 national survey by the Ministry in Charge of the Family and Women's Affairs concluded that at least 10 percent of the female respondents were exposed "daily" or "often" to physical abuse, while 31.4 percent were regularly exposed to threats of violence (Marzouki 2010). These figures, Marzkouki adds, are generally considered to be much lower than the actual occurrences of domestic violence.

Despite all the efforts by women's rights associations, such as Children of Fadhma N'Soumer and Wassila Network, to eradicate domestic violence, it remains an important social issue. There are several reasons for this problem. First, the Ministry of the Interior tightly controls most of the associations. Second, most women's rights organizations do not always agree on content and approach. Instead of being united for a common fight, they tend to disagree, especially when it comes to the clash between secular and religion-based ideologies. In addition, these organizations' main challenge is to find the necessary funding for their programs. Moreover, many women, especially in rural areas, are generally unaware of their rights.

Algerian women's rights groups have been advocating for changes to the Family Code for decades, and as a result, a draft reform introducing the concept of equality between spouses in certain articles is to be presented by the government to the National Assembly in 2015. However, many women's rights advocates believe that the new draft remains nonegalitarian, and they continue to advocate for additional reforms to the code.

NABIL BOUDRAA

Further Resources

Amrane-Minne, Daniele Djamila, and Farida Abu-Haidar. 1999. "Women and Politics in Algeria from the War of Independence to Our Day." *Research in African Literatures* 30.3: 62–77.

Bennoune, Karima. 1997. "Dossier 18: SOS Algeria: Women's Human Rights under Siege." *Women Living under Muslim Laws*. October.

CEDAW. 1998. "Consideration of Reports Submitted by States Parties under Article 18 of the Convention on the Elimination of All Forms of Discrimination against Women, Initial Reports of States Parties, Algeria." United Nations. Retrieved from <http://www.un.org/womenwatch/daw/cedaw/cedaw20/algeria.htm>.

CIA (Central Intelligence Agency). 2017. "Algeria." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/ag.html>.

Djebar, Assia. 1977. *La Nouba des Femmes du Mont-Chenoua*. Color, DVD, subtitles in English.

Kelly, Sanja, and Julia Breslin. 2010. *Women's Rights in the Middle East and North Africa: Progress Amid Resistance*. New York: Freedom House; Lanham, MD: Rowman & Littlefield.

Khanna, Ranjana. 2008. *Algeria Cuts: Women and Representation, 1830 to the Present*. Stanford, CA: Stanford University Press.

Lazreg, Marnia. 1994. *The Eloquence of Silence: Algerian Women in Question*. New York and London: Routledge.

Marzouki, Nadia. 2010. "Algeria." *Women's Rights in the Middle East and North Africa: Progress Amid Resistance*. Edited by Sanja Kelly and Julia Breslin. New York: Freedom House; Lanham, MD: Rowman & Littlefield.

Moghadam, V. M., ed. 1994. *Gender and National Identity: Women and Politics in Muslim Societies*. London: Zed Books.

New Arab. 2015. "Algeria School Language Reform Hits Nationalist Raw Nerve." August 5. Retrieved from <https://www.alaraby.co.uk/english/features/2015/8/5/algeria-school-language-reform-hits-nationalist-raw-nerve>.

Sakina Brac de la Perrière, Caroline. 2005. *Women's Rights in the Middle East and North Africa—Algeria*. New York: Freedom House.

Slackman, Michael. 2007. "Algeria's Quiet Revolution: Gains by Women." *New York Times*, May 26. Retrieved from <http://www.nytimes.com/2007/05/26/world/africa/26algeria.html>.

Turshen, Meredith. 2002. "Algerian Women in the Liberation Struggle and the Civil War: From Active Participants to Passive Victims." *Social Research* 69.3 (Fall): 889–911.

UNICEF. 2010. "Child Info: Monitoring the Situation of Children and Women." Retrieved from <https://data.unicef.org>.

United Nations. 2010. "Algeria." Retrieved from <http://www.un.org/womenwatch/daw/Review/responses/ALGERIA-English.pdf>.

Vir, Parminder. 1992. *Algeria: Women at War*. England, Formation Film Productions, Color, DVD, subtitles in English.

World Bank. 2016. "Proportion of Seats Held By Women in National Parliaments." Retrieved from <http://data.worldbank.org/indicator/SG.GEN.PARL.ZS>.

World Bank. 2017. "Gender Data Portal." Retrieved from <http://go.worldbank.org/4PIIORQMS0>.

B

Bahrain

Overview of Country

The Kingdom of Bahrain is a small island nation situated just east of Saudi Arabia in the Persian Gulf. The Bahraini archipelago is composed of 33 small islands that cover a total of 277 square miles, with the main island being connected to Saudi Arabia by the King Fahd Causeway (Gordon Smith 2013). The capital of the nation is Manama, a city located on the main island with a population of about 262,000. Since the 1980s, Bahrain's population has exploded, and the country has seen a dramatic increase of foreign migrants. Due to rapid growth in the mid to late 20th century, thousands of migrants from neighboring and distant countries have filled low-wage jobs. Bahrain grew from 419,000 people in 1985 to 1.3 million in 2013 (Department of Economic and Social Affairs 2013). The country is split between ethnic Bahraini nationals, comprising 46 percent, and immigrants making up the other 56 percent. Islam is the country's official religion, representing 70.2 percent of the population, but there is tension between the Shia majority and the ruling Sunni minority. Arabic is the official language, but due to Bahrain's international population and seat as a world banking center, English is widely spoken as well (CIA 2014).

Bahrain's modern economy has been shaped by the discovery of oil in 1932. Prior to this, sea trade and pearl

diving were the strongholds of the economy (Al Arrayed Shirawi 1989). As only 3 percent of Bahrain's land is arable, the country developed a long history of international trade as a way to sustain itself. Although the oil industry was and still is quite profitable, Bahrain knows that it has limited reserves and expects to be the first of the Gulf region countries to exhaust its supply. Because of the limited oil reserves, Bahrain has developed one of the most diversified economies in the Gulf region (Gordon Smith 2013).

Due to Bahrain's central location in the Gulf, historically many outside powers have vied for its control. The Persians, Omanis, Dutch, French, and British have each dominated or ruled Bahrain at various times. In 1971, Bahrain gained full independence from the British, placing the country under the rule of the Al Khalifa family, with Shaikh Isa bin Salman Al Khalifa as the leader (Gordon Smith 2013). Two years later, the first constitution was drafted, and a parliament was established. However, political tension led the king to disband the parliament and place the country under a state of emergency from 1975 to 2002. During this time, the head of state had the right to suspend and change the rights and powers of the government and the people of Bahrain. Following the death of his father, Hamad bin Isa Al Khalifa took the throne in 1999 and continued to rule into 2017.

In 2001, when King Hamad signed the National Action Charter (a wide-ranging set of reforms), he assured the public that future reforms would be subject to public consultation. However, not long after, the king promulgated a new

constitution in 2002 without consulting the public, upsetting many political activists. This new constitution established Bahrain as a constitutional monarchy with sharia law (Islamic law) as the principle source for legislation and a government whose powers are divided among the king, the prime minister, the council of ministers, a bicameral national assembly, and a Constitutional Court (National Democratic Institute for International Affairs 2002).

On February 14, 2011, influenced by the popular unrest starting in Tunisia and spreading across North Africa and the Middle East, thousands of Bahraini people took to the streets to demand political reform and greater political participation. The protesters gathered around the Pearl Roundabout monument in the capital of Manama, challenging the governmental discrimination faced by the Shia majority. The government responded violently, leading to the death of one protester on the first day and hundreds more in the months to come. King Hamad declared the country under a state of emergency law, displacing many rights of its people (Marlowe 2012). Since 2011, various sources have reported human rights violations by King Hamad's regime. In 2014, political unrest was still present in Bahrain, and protesters continued to take to the streets, demanding reforms that the government has refused.

Girls and Teens

Education

Before the turn of the 20th century, girls in Bahrain had little opportunity to be educated outside of the home. After the age of 10, girls, particularly from upper-class families, were forbidden to leave the home and took no part in working in the public sphere (Al Arrayed Shirawi 1989). It was widely believed that educating one's daughter to read and write was dangerous, but some girls did receive tutoring from their fathers, particularly in the form of reciting the Koran (Pandya 2012). However, it was common for working-class Bahraini women to leave the house to work or socialize while their husbands were out pearling (Pandya 2012). In 1919, the first government-sponsored school was established for boys, and nine years later, one opened for girls (Al Arrayed Shirawi 1989). Although some conservative religious leaders originally opposed the school, within a few years several more schools were established (Al Arrayed Shirawi 1989). Today, the Kingdom of Bahrain requires that all children between the ages of 6 and 14 be enrolled in school. The government offers free universal education through high school (Embassy of the Kingdom of Bahrain 2014).

During the early years of public education, the curriculum taught at girls' schools did not differ much from that of the boys', except that girls were taught some nursing skills, sewing, knitting, and embroidery. The girls were taught similar core subjects, but the objective of their education was not that of preparing women for the working world because there was no employment for women at the time. Girls were expected to stay in school until the age of marriage. Public education for girls was aimed at bettering their housekeeping skills and preparing them to raise children. Despite generally subpar educational opportunities, a few women received scholarships to go to foreign colleges during the 1950s. This number steadily increased due to the changes to education system in 1963 that required girls' high schools to offer curriculum that would prepare them for admission to universities (Seikaly 1994, 420).

Today, girls and women have matched and surpassed their male counterparts in many levels of education. According to a report by the Supreme Council for Women, the illiteracy rate for girls between the ages of 15 to 24 is only 0.4 percent (2013). This is a tremendous improvement from the literacy rate of 20 percent recorded in 1978 (Seikaly 1994). The percentage of women with a high school degree or higher is now at 57 percent, equal to that of men. Due to their higher performances on high school final examinations, girls are also more likely to receive merit-based scholarships. Women also have a commanding presence in higher education, making up 61 percent of university students (General Secretariat 2013). Although women have made tremendous strides in education, they are still guided into typically gendered careers such as teaching and nursing and are underrepresented in fields such as engineering (Ahmed Abdulla Ahmed 2009).

Extracurricular Activities

Several institutes in the Kingdom of Bahrain offer extracurricular activities, such as sports, music, dance, horseback riding, and martial arts. Girls' participation in these activities is not well studied in the literature and needs further investigation.

Health

Access to Health Care

Life expectancy is higher in Bahrain than other countries in the region. For women, it is 78 years; for men, it is 76. Twenty-one percent of the population is under 15 (WHO

2015), and 89 percent of the population lives in urban areas. Improved drinking water and sanitation facilities are available to nearly 100 percent of the population (UNICEF 2017). There is nearly one physician for every 1,000 persons (CIA 2014).

Maternal Health

The fertility rate in 2013 was 2.1 children per woman (WHO 2015). In 1995, 61 percent of women were using a modern form of contraception; more recent data are unavailable (United Nations 2009). Contraceptives are free, and sterilization is readily available. Bahrain is proud of its advanced health care system, and it was the first in the region to offer official family planning services. The maternal mortality rate was 22 per 100,000 in 2013, and the morality rate for children under five was 6/1000 in 2013 (WHO 2015). Nearly 100 percent of women attend four or more antenatal appointments, and 100 percent are attended by a skilled birth assistant for delivery (UNICEF 2017). Prematurity is the leading cause of death for children under five. Bahrain has high vaccination rates, and 99 percent of children are immunized against the measles (WHO 2015). Abortion is only illegal if self-induced or performed without the woman's consent.

Diseases and Disorders

The leading causes of health risk for women in 2013 were high blood pressure, diabetes, and cardiovascular disease. HIV and malaria are not common in Bahrain (WHO 2015).

Employment

Typical Careers and Jobs

Careers and jobs women occupy in Bahrain are highly influenced by the historical context of employment in the country. In the pre-oil era, men were almost exclusively engaged in the two main economic activities in the country: pearl diving, and sea trading. During this period, women and girls were responsible for the home and supported their families through agricultural work and performing services, such as being water and household item vendors (Al Arrayed Shirawi 1989). After the discovery of oil, immigration rates rose to fill employer demands.

Traditional gender roles continue to influence Bahraini women's participation in the labor market. In modern Bahrain, women continue to perform traditionally

feminine jobs, such as teaching, nursing, secretary work, low-level government jobs, and banking (Pandya 2012). In 2013, women were 33.5 percent of the total workforce, representing 46.8 percent of the public sector and 29 percent of the private sector (General Secretariat 2013). Women make up 76 percent of teachers in primary education and 54 percent in secondary education (World Economic Forum 2013).

Discrimination and Income Disparity

The Labor Act (No. 23 of 1976) theoretically guarantees equality of all employees; however, the Penal Code (No. 15 of 1976) does not outline any provisions that would punish individuals found guilty of discrimination against women (Ahmed Abdulla Ahmed 2009). Women face both subtle and blatant forms of discrimination in the labor force. Subtle forms of discrimination occur in career choices. Female students in Bahrain tend to specialize in fields that prepare them for work in government jobs, such as teaching, that allow them to harmonize their family and work duties, reinforcing traditional family gender roles. An example of blatant discrimination took place in 2001–2002. Media attention focused on a group of female university graduates in the field of chemical engineering who could not obtain jobs suitable to their qualifications in the private sector. The Bahraini Assembly for Human Rights proclaimed this a case of employment gender bias. However, because there are no labor laws that address this specific issue, nothing could be done (Al Gharaibeh 2011).

On average, women earn 76 percent of the income of a male worker in a similar job. Reports have also shown that gender stereotyping has a negative effect on the opportunities women have for promotions (Karolak 2014). Women are more likely to be unemployed. According to the *2013 Global Gender Gap Report*, 20 percent of the female labor force is unemployed, compared to 6 percent of the male labor force.

Labor Regulations

Bahraini women face a number of gendered labor laws that restrict their access to work. For example, the Private Labor Law (No. 63 of 1976) constitutes that women are prohibited from working between 8:00 p.m. and 4:00 a.m., with some exceptions, such as jobs in health care (Ahmed Abdulla Ahmed 2010). Another law, issued in 1977, prohibits women from working in hazardous environments,

Women's Voices

Maryam Abdulhadi al-Khawaja

Maryam Abdulhadi al-Khawaja comes from a family of activists. She fights for human rights in the Persian Gulf nation of Bahrain. In 2014, she was sentenced to one year in prison for assaulting a police officer; in reality, she was the one assaulted. Speaking about her sentence, al-Khawaja said, "This sentence is not going to affect my determination to continue working on human rights issues" (Amnesty 2014). She uses social media, especially Twitter, to aid her activism, often drawing attention to human rights violations not only in her home country but in other countries in the Gulf as well. You can follow her on Twitter at twitter.com/maryamalkhawaja.

—Melissa Jacobs

Amnesty International. 2014. "Bahrain: Maryam Al-Khawaja Remains Defiant after in Absentia Prison Sentence." December 1. Retrieved from <https://www.amnesty.org/en/latest/news/2014/12/bahrain-maryam-al-khawaja-remains-defiant-after-absentia-prison-sentence>.

including heavy industrial work (Ahmed Abdulla Ahmed 2010).

In recent years, some gender-based improvements have been made to labor laws. For example, in 2005, a guaranteed maternity leave was increased from 35 to 60 working days, breaks for breastfeeding increased from one to two hours a day for a six-month period, and mothers can now obtain an unpaid leave for two years at a time on three separate occasions during their working lives (Ahmed Abdulla Ahmed 2010).

Family Life

Marriage and Fertility

Traditionally, arranged marriages are the norm in the Gulf countries; dating is nonexistent. A marriage is seen as a family and a business agreement rather than purely an expression of love. Marriages between cousins are common in traditional practices, but this is changing with younger generations. Once the prospective bride is found, the father of the groom arranges a bride-price, or dowry (*mahr*), with the family of the bride to be. If the woman and the family accept, then the dates are arranged for the religious and social ceremonies to come (Faier 2009). The next step is a premarriage medical exam in which the main objective is to reduce common hemoglobinopathies, such as sickle cell anemia and thalassemias (Al Hajeri n.d.). If the medical test clears and no objections are made to the marriage, then the couple elopes and leaves for a honeymoon (Faier 2009).

Prior to 2007, there was no established legal age for marriage; today, the legal age for girls is 15 and 18 for boys (SIGI 2014). Marriage between the ages of 15 and 19 is relatively infrequent, accounting for only 4 percent of documented marriages (World Economic Forum 2013). A 2010 report from the Bahraini government estimates the median marriage age for women is 22.1 years old, and for men it is 25.5 (General Secretariat 2013).

Over the past few decades, fertility rates have steadily declined. In 1985, the overall fertility rate was 4.6 children per woman, with an adolescent birthrate of 52 for every 1,000. In 2013, the fertility rate has declined to 2.1 children per woman, and 14 for every 1,000 births by adolescents (Department of Economic and Social Affairs 2013).

Divorce

According to the Bahraini government, the divorce rate in 2012 was 58.1 percent (General Secretariat 2013). Most of these divorces are likely to have been demanded by the husband due to the difficulties women face in seeking divorce. Men have the right to divorce by simply orally announcing it or recording their intent, depending on whether the couple is Shia or Sunni. On the other hand, women must seek a judicial divorce based on very narrow reasons, such as desertion or impotency. The judicial divorce process is very slow and can take up to 10 years (Ahmed Abdulla Ahmed 2009).

A woman may also initiate a *khula*, or the Islamic practice of a divorce initiated by a woman in which she is required to repay her dowry. In some cases, men abuse

the *khula* and demand the wife compensate for all the husband's expenditures on her during their marriage (Ahmed Abdulla Ahmed 2009).

Custody of children depends on whether the couple is Shia or Sunni. According to the Family Protective Act of 2009, Sunni women retain custody of their daughters until they are married and their sons until they are of legal age. Because Shia are not protected under the act, Shia women lose custody of their sons at the age of seven and their daughters at the age of nine (Ahmed Abdulla Ahmed 2009).

Sexuality

A girl's virginity is closely tied to a family's honor. In fact, it is illegal to have heterosexual relations outside of marriage in Bahrain (Foreign & Commonwealth Office 2014).

Homosexuality is legal in Bahrain between two consenting adults of at least 21 years of age. However, lesbian, gay, bisexual, and transgender activities are not socially accepted, and discrimination is common (U.S. Department of State 2011)

Household Roles and Responsibilities

Women are responsible for all internal household labor. Depending on the socioeconomic class, some women subsidize their work by hiring an inexpensive foreign domestic laborer. A majority of female foreign workers become domestic laborers. These women are often subject to unfair working conditions and abuse.

Women's roles in the family are influenced by a variety of factors, including the level of education, socioeconomic standing, religious sect, urban or village background, and degree of contact with the West. Commonly, traditional values place women in the home as housewives and mothers; women take care of the children, cook, clean, and perform household chores. Only 2.9 percent of households are headed by women (General Secretariat 2013).

Unmarried women typically live with their parents and are expected to care for the elderly and sick in the family. If the parents are no longer living, a woman may live with a male relative. In recent years, it has become more permissible for a group of related women to live together without a male relative. However, it is socially taboo for a woman to live alone (Ahmed Abdulla Ahmed 2010).

Inheritance

Islamic sharia law governs inheritance, and interpretations of the law can vary depending on whether the family is

Sunni or Shia. Generally, under sharia law, women may inherit from their fathers, mothers, brothers, husbands, and children, but their shares are smaller than men's. In the absence of male children, daughters can fully inherit their father's estate under Shia ruling, while Sunni daughters are obliged to share with other paternal relatives. In the case of a husband's death, under Shia laws, wives can only inherit movable assets, while Sunni laws allow wives to inherit land and assets. Regardless of the sect, non-Muslim women cannot inherit from their Muslim husbands. The explanation given for the inequality is that women are supposed to be supported by their male relatives. However, with modernization and more women entering the workforce, women are contributing more and more to household expenses and are less dependent on their husbands (Karolak 2014).

Citizenship

An important issue still to be resolved is the inequality in the law of citizenship. As of now, a man married to a non-Bahraini woman may pass citizenship to his wife and children. However, a woman married to a non-Bahraini man cannot pass her citizenship to her husband or children (Bahrain Center for Human Rights 2014).

Politics Rights

Since Hamad bin Isa Al Khalifa took throne in 1999, women's rights in Bahrain have steadily improved. In 2001, the Supreme Council for Women (SCW) was established and is headed by Princess Sabeeka bint Ibrahim Al Khalifa. The SCW was the first major step toward greater female political participation and equality.

In the 2002 constitution put forth by King Hamad, Chapter 1, Section 2(1), proclaims, "All citizens, both men and women, are entitled to vote and to stand for election, in accordance with the constitution and the conditions and principles laid down by the law. No citizen can be deprived of the right to vote or to nominate oneself for elections except by law" (Ahmed Abdulla Ahmed 2010, 75–76). Therefore, in 2002, women were granted suffrage, making Bahrain the first member of the Gulf Cooperation Council (GCC) to do so (Ahmed Abdulla Ahmed 2010). Furthermore, in 2002, Bahrain ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), with reservations to several important

provisions, including those regarding family law, citizenship, and housing rights (Ahmed Abdulla Ahmed 2010). Despite the slow implementation of CEDAW's suggestions and the nullification of several articles, the joining of this convention was an important step toward improving women's rights.

Another noteworthy move toward greater equality was the establishment of the Family Law of 2009. The Family Law organizes the marriage relationship of Sunni Muslims regarding engagement, dowry, maintenance, parentage, separation, and custody. The law outlines conditions for marriage, including requiring consent from both parties, the presence of an adult male witness, a dowry for the wife that is agreed upon between parties, competence of the husband, and proportionality and appropriateness of age. Furthermore, the law recognizes three forms of separation in marriage and outlines custody of the children in cases of separation. Although this law has established some security for the minority Sunni population, it does not apply to the majority Shia population who do not have an official Family Law; such matters are determined on a case-by-case basis in the Shia courts (Al Rayes 2014).

The Judicial System

The judicial system in Bahrain is complicated and highly criticized by organizations such as the Human Rights Watch and the Bahrain Center for Human Rights. Sunni and Shia attend separate courts with differing interpretations of sharia law. In a sharia court, a woman's testimony is worth half of a man's (Ahmed Abdulla Ahmed 2009).

Participation in the Government

Women's participation in the government started in 2001 when Mrs. Lulwa Al-Awadhi was the first female appointed the rank of minister and was selected as the secretary general of the Supreme Council for Women (General Secretariat 2013). Following the 2002 constitution, municipal and parliamentary elections were called, and six women ran unsuccessfully for seats in the Council of Representatives (Ahmed Abdulla Ahmed 2010, 76). Because the king established the constitution without public approval, many people boycotted the election, leaving the total voter turnout at 53.58 percent for the first round and 43 percent for the second round. Women cast slightly more ballots than men (National Democratic Institute for International Affairs 2002).

In 2004, Bahrain became the first Gulf nation to appoint a woman, Dr. Nada Hafath, for the position of minister of health (Ahmed Abdulla Ahmed 2010). The second round of elections in 2006 proved to be even more fruitful for women, as Latifa al-Gaoud was elected the first female parliamentarian (Ahmed Abdulla Ahmed 2010). By May 2013, women held a variety of upper-level governmental positions, including ministers, undersecretaries, Council of Representatives member, Shura Council member, ambassador, chief executive officer, and municipal council member (General Secretariat 2013). Although women have made progress in obtaining governmental leadership positions, they remain a minority.

Feminist Movements

Due to the long history of trade with the outside world and the influx of foreign workers, Bahrainis have been exposed to new ideas and demanded reform. By the 1950s, the wealth from the oil boom had yet to reach the people of Bahrain. During the 1960s, the growing number of Bahraini university graduates and regional development had fueled the population's fervor for change in Bahrain. The unrest in the country contributed to the push for independence from the British in 1971. During this time, women were eager to become involved in the political process, establishing women's societies with political orientations.

By the 1970s, the younger, more educated urban female population had discarded the traditional *abaya*, drove cars, communicated with male colleagues, and was politically involved. However, once independence was achieved, women were excluded from political decision-making roles, partly due to traditional tribal orientation and radicalized and liberalized men who did not support them (Seikaly 1994). Although women were blocked from official government posts until 1999, women organized themselves into various women's associations and nongovernmental (NGO) and nonprofit organizations. Furthermore, women played, and continue to play, an important role in the popular uprising that began in 2011.

Women's Associations, NGOs, and Nonprofits

The Bahraini Young Women's Development association, the first recognized women's association, was established in 1955. Their strategy was to stir the conversation about women's rights and issues. In 1969, the AWAAL Women's Association established themselves with the mission

of developing women, their work, and their rights. Since the 2000s, numerous women's associations, NGOs, and nonprofit organizations have been created and are working toward improving women's lives (Al Garaibeh 2011). An estimate from 2008 suggests that women comprise more than 60 percent of NGO members (Ahmed Abdulla Ahmed 2010).

Participation in the Popular Uprising

Women truly emerged into the political limelight in the wake of the Arab Spring in 2011. As with neighboring countries, women took to the streets side-by-side with men and demanded reforms. On February 14, 2011, thousands of Bahraini citizens—half of whom were women—flooded the Pearl Roundabout at the center of Manama. Political activist Zainab al-Khawaja asserts that she was initially faced with opposition from men, but once they realized that she was the daughter of a famous politician, they embraced her and other women taking part in the protests (Marlowe 2012). According to human rights activist Jen Marlowe, who was in Bahrain during the uprisings, the success of integrating women into the opposition movement was not linear and faltered at times. However, she also saw women on the front lines, organizing help for the injured, and publicly speaking at the Pearl Roundabout. According to Jihan Kazerooni, a member of the Bahrain Center for Human Rights and vice president of the Bahrain Rehabilitation and Anti-Violence Organization, “women are the power and the strength of our revolution” (Marlowe 2012).

Bahraini women were also subject to the violence of the government's crackdown on protesters. Women were imprisoned, beaten by police, and raped. According to some reports, 14 women died during the crackdown (Karolak 2014). In 2011, a report released by the National Commission for Truth revealed the arrests of 250 women, who were abused and denied their rights through physical and psychological torture (Bahrain Center for Human Rights 2014). Women are still present in the ongoing protests, and the citizens of Bahrain hold on to the hope for change.

Religious and Cultural Roles

The *Ma'tam*

Bahraini women have long been involved in the religious community through the *ma'tam*, or Shia religious center.

Rock 'n' Roll Camp in Bahrain

In August 2013, the nonprofit organization Rock 'n' Roll Camp for Girls, from Portland, Oregon, was invited by the U.S. Embassy to host a music camp in Bahrain. Being the first of its kind in the Gulf area, the camp attracted around 50 girls between the ages of 12 and 17, according to Executive Director Nadia Buyse. At camp, the girls were taught how to play guitar, bass, keys, and drums, which provided a noncompetitive, supportive environment for female musicians. The camp attendees in Bahrain experienced a cross-cultural connection with girls who attended the Portland, Oregon, Rock 'n' Roll Camp through video and zine making. Subsequently, 10 all-female Bahrain bands were created, and they performed at the end of the rock camp. Girls who participate in Rock 'n' Roll Camp learn music as well as how to promote social change while finding their own voices.

—Nicole Wiseman

Historically, women's activities in the *ma'tam* consisted primarily of reciting special narratives from famous Shia imams, religious stories and poems, and Koranic passages and grieving and socializing within the community. According to an ethnographic study by Sophia Pandya, women's use of the *ma'tam* has evolved over the past few decades. While the men's *ma'tam* has always been a site of religious and political gatherings, in recent years, women have expanded their use of the *ma'tam* beyond the historic religious and social functions. Whereas grieving and crying took up most of the time spent in the *ma'tam* before, women are spending more time on other activities, such as secular education and political discussions (Pandya 2010). This paradigm shift in the use of the *ma'tam* is one of the many factors leading to greater empowerment and leadership of women in Bahrain.

In the Media

In today's modernized world, the media is pervasive and plays an important role in girls' and women's lives. Unfortunately, women employees are severely underrepresented in the major media outlets, the Ministry of Culture and Information, and the Bahrain Radio and Television

Corporation. Additionally, few media outlets produce quality programming regarding women's rights. Furthermore, the few movies and television shows produced annually in Bahrain tend to depict violence against women as normal and socially acceptable. On the rare occasion that serious issues such as violence against women and sex trafficking are addressed, viewership tends to be low, and they receive negative reviews in the local newspapers (Ahmed Abdulla Ahmed 2010).

Issues

Trafficking and Prostitution

The economic structure of Bahrain's economy fosters favorable conditions for human trafficking in the country, particularly for forced laborers and prostitution. Many economic sectors rely on immigrant workers, encouraging men and women from countries such as India, Pakistan, Nepal, Sri Lanka, Indonesia, Bangladesh, Thailand, Ethiopia, Eritrea, and Russia to immigrate to Bahrain, where there is little protection from work regulations. Once in Bahrain, migrants are subjected to practices such as unlawful withholding of passports, restrictions on movement, contract substitution, nonpayment of wages, threats, and physical or sexual abuse. According to the CIA, Bahrain does not fully comply with the minimum standards toward the elimination of trafficking. The government has made discernible efforts to investigate, prosecute, and convict trafficking offenses, including an antitrafficking law passed in 2008 (U.S. Department of State 2010).

In 2009, Bahrain was listed as one of the top 10 "Sin Cities" by a men's magazine because of the proliferation of the business of prostitution in recent years (Browne 2010). According to a 2007 study by the Bahrain Youth Society for Human Rights, there are more than 13,500 prostitutes in Bahrain, and the numbers are growing (Bahrain Youth Society for Human Rights 2007).

Domestic Violence

A study carried out by the Information Center for Women and Children indicates that 30 percent of women in Bahrain face some sort of domestic abuse. Currently, there are no laws specifically addressing domestic abuse. Unfortunately, much of this abuse is not reported, and domestic violence is not an official reason for divorce. However, the number of women seeking help has increased dramatically due to growing awareness and the establishment of

domestic violence centers. NGOs such as the Awal Women's Society and the Bahraini Young Ladies' Association have offered their aid to women through free legal advice, hotlines, and private shelters (Ahmed Abdulla Ahmed 2010).

Sexual Assault and Rape

Although rape is considered illegal, the Penal Code does not adequately address perpetrators. In fact, Article 353 asserts that no one can be sentenced for sexual assault if they enter a marriage contract with the victim. Therefore, the penalty is completely moot, and the perpetrator can easily escape legal consequences by marrying the victim (Bahrain Center for Human Rights 2014).

Inequality

Although the Kingdom of Bahrain has made several strides to close the gap between men and women, women still face inequality in many facets of life. According to the *2013 Global Gender Gap Report*, Bahrain is ranked 112 out of 136 in regard to overall gender equality (1st being the most gender equal and 136th being the least). This reputable report draws from a variety of sources and measures aspects of gender inequality in 136 countries against a scale of 0.0 representing inequality and 1.0 representing equality. Bahrain ranks 117th in economic participation with a score of 0.515. As noted above, women are more likely to be unemployed and have less access to work due to societal discrimination and labor laws. Regarding educational attainment, Bahrain is in the 71st position (World Economic Forum 2013). Women have made substantial advances since the mid-20th century and now represent 61 percent of university students (General Secretariat 2013). Under the category of health Bahrain ranks 112th and for survival, it ranks 113th in political empowerment (World Economic Forum 2013).

NICOLE WISEMAN

Further Resources

- Ahmed Abdulla Ahmed, Dunya. 2009. "Freedom House: Women's Rights in Bahrain 2009." Bahrain Center for Human Rights, March 18. Retrieved from <http://www.bahrainrights.org/en/node/2798>.
- Ahmed Abdulla Ahmed, Dunya. 2010. "Bahrain." In *Women's Rights in the Middle East and North Africa*, edited by Sanja Kelly and Julia Breslin, 65–88. New York: Freedom House.
- Al Arrayed Shirawi, May. 1989. *Education in Bahrain: Problems and Progress*. Oxford: Ithaca Press.

- Al Gharaibeh, Fakir. 2011. "Women's Empowerment in Bahrain." *Journal of International Women's Studies* 12.3, 96–113.
- Al Hajeri, Amani. n.d. *Premarital Counseling Service in Bahrain*. Retrieved from http://www.academia.edu/1741634/Premarital_Counseling_Service_in_Bahrain.
- Al Rayes, Reem. 2014. "Family Law in the Kingdom of Bahrain." Zeenat Al Mansoori & Associates. Retrieved from http://www.zeenatalmansoori.com/articles/ARTICLE-Bahrain_Family_Law.pdf.
- Bahrain Center for Human Rights. 2014. *Discrimination against Women in Bahraini Society and Legislation*. Retrieved from <http://www.bahrainrights.org>.
- Bahrainguide.org. 2015. "Bahrain's First Family." Retrieved from <http://www.bahrainguide.org/BG1/firstfamily.html>.
- Bahrain Youth Society for Human Rights. 2007. "Bahrain: More Than 10,000 Subscribed to Sexual Networks, More Than 50 Websites Affiliated to Prostitution Networks in Bahrain." Retrieved from <http://byshr.org/?p=57>.
- Browne, Malachy. 2010. "Bahrain Diary: 'Too Much Honky Ponky.'" *Politico: Social & Political Issues*. Retrieved from http://politico.ie/index.php?option=com_content&view=article&id=6781:bahrain-diary-too-much-honky-ponky&catid=248:malachy-browne&Itemid=1013.
- CIA (Central Intelligence Agency). 2014. "Bahrain." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/ba.html>.
- Department of Economic and Social Affairs. 2013. *World Population Policies 2103*. United Nations.
- Embassy of the Kingdom of Bahrain. 2014. "Bahrain's Education System." Ministry of Foreign Affairs. Retrieved from <http://www.mofa.gov.bh/Default.aspx?tabid=7741>.
- Faier, Elizabeth, and Rebecca L. Torsticj. 2009. *Cultures and Customs of the Arab Gulf States*. Santa Barbara, CA: ABC-CLIO.
- Foreign & Commonwealth Office. 2014. "Living in Bahrain." GOV. UK. Retrieved from <https://www.gov.uk/living-in-bahrain>.
- General Secretariat. 2013. *Bahraini Women in the Numbers 2013*. Bahrain: Supreme Council for Women.
- Gordon Smith, Charles. 2013. "Bahrain." *Encyclopedia Britannica*. Retrieved from <http://www.britannica.com/EBchecked/topic/49072/Bahrain>.
- Karolak, Magdalena. 2014. "Bahraini Women and the Arab Spring: Meeting the Challenges of Empowerment and Emancipation." In *Arab Spring and Arab Women: Challenges and Opportunities*, edited by Muhamed S. Olimat, 48–60. New York: Routledge.
- Marlowe, Jen. 2012. "Women Join Bahrain's Uprising." *Progressive* (November): 20–23.
- National Democratic Institute for International Affairs. 2002. "Bahrain's October 24 and 31, 2002 Legislative Elections." Retrieved from http://www.ndi.org/files/2392_bh_elections_report_engpdf_09252008.pdf.
- Pandya, Sophia. 2010. "Women's Shi'i Ma'atim in Bahrain." *Journal of the Middle East Women's Studies* 6.2: 31–58.
- Pandya, Sophia. 2012. *Muslim Women and Islamic Resurgence: Religion, Education, and Identity Politics in Bahrain*. New York: I. B. Tauris & Co.
- Seikaly, May. 1994. "Women and Social Change in Bahrain." In *International Journal of Middle East Studies*, 415–426. London: Cambridge University Press.
- SIGI (Social Institutions & Gender Index). 2014. "Bahrain." OECD Development Center. Retrieved from http://genderindex.org/country/bahrain#_ftn23.
- UNICEF. 2017. "Bahrain Statistics." Retrieved from https://www.unicef.org/infobycountry/bahrain_statistics.html.
- United Nations. 2009. "Convention on the Elimination of All Forms of Discrimination against Women." Retrieved from <http://www.un.org/womenwatch/daw/cedaw>.
- U.S. Department of State. 2010. *The 2010 Trafficking in Persons Report*. Retrieved from <https://www.state.gov/documents/organization/142979.pdf>.
- U.S. Department of State. 2011. "Bahrain." Retrieved from <http://www.state.gov/documents/organization/186633.pdf>.
- World Economic Forum. 2013. *The Global Gender Gap Report 2013*. Boston and Berkley: Harvard University and University of California.
- WHO (World Health Organization). 2015. "Bahrain: WHO Statistical Profile." Retrieved from <http://www.who.int/gho/countries/bhr.pdf?ua=1>.

Botswana

Overview of Country

Botswana, also known as Republic of Botswana, is a landlocked country in southern Africa. It borders Namibia, South Africa, Zambia, Zimbabwe, and Angola. The country is mostly plateau, with an elevation of 3,300 feet, and covers approximately 224,607.2 square miles (581,730 sq. km), 96 percent of which is land. As of June 2015, Botswana's population was approximately 2,340,173, with the majority group (37.31%) within the 25–54 age group. The capital of Botswana is Gaborone, which as of 2016 had a population of 232,000 people (CIA 2016).

Botswana gained its independence from the British on September 30, 1966, and since then it has been led by a president and vice president, both members of the Botswana Democratic Party. The president is elected through a democratic process for a five-year term and is eligible for a second term. The country has multiple legal systems of civil law, common law, and customary law (CIA 2016). Civil law was adopted from Roman Dutch law, common law was adopted from English law, and customary law refers to the indigenous or unwritten law (CIA 2016).

Ethnic groups in Botswana include Tswana (or Setswana), Kalanga, Basarwa, Kgalagardi, and white. English

is the official language in Botswana, but it is only spoken by 2.8 percent of the population (CIA 2016). The most commonly spoken language is Setswana (77%), followed by Sekalanga (7.4%), and Shekgalagadi (3.4%). Other languages spoken in Botswana are Zezuru/Shona, Sesarwa, Sembukushu, and Ndebele (CIA 2016). In 2002, the United Nations condemned how Botswana treated people of the San, or Basarwa, ethnic group who occupy the Central Kalahari Game Reserve by denying them the right to occupy land. This group is considered an indigenous population tied to the land and has been facing threats of displacement. In the report, the United Nations concluded that domestic laws, including the Chieftainship Act, unfairly alienate the Sans for not speaking Tswana, excluding the group from cultural, economic, and political activities important for the group's survival.

Economically, Botswana is a middle-income country (World Bank 2016). The country's gross domestic product (GDP) has grown from just USD\$70 in 1966 to more than USD\$14 billion as of 2015. Economic growth has been attributed to fair elections and political stability as well as the microeconomic management. Diamond mining, tourism, and agriculture are major sources of economic growth for the country. However, despite its economic success, Botswana is also plagued with issues of poverty, gender inequality, and HIV/AIDS.

In 2014, the UN Development Programme (UNDP) ranked Botswana 106th out of 187 nations based on the Gender Inequality Index (GII, 0.480), represented by a low percentage of women holding parliamentary seats (9.5%) and a 10-point gap in the labor participation rates between men and women aged 15 and above. This inequality is seen in HIV, as well, where women account for more than 53 percent of the total population living with HIV (UNAIDS 2015).

Girls and Teens

In 2015, girls and teens represented 11 percent of the population in Botswana (CIA 2016). This population group had a literacy rate of 99.58 percent as of 2015 (UNESCO 2015).

Education

The education system in Botswana follows the 7-3-2 system (7 years primary, 3 years junior primary, 2 years senior secondary); the first 10 years are mandatory, according

to the Ministry of Education and Skills Development (Republic of Botswana 2016). The average school age for primary school enrollment is six years for both boys and girls. The same report shows that Botswana has one of the highest teacher-to-pupil ratios, with 25 in primary school, 15 in junior secondary, and 14 in senior secondary. The academic calendar is approximately one year, January to December, with 1 week off following terms 1 and 2 and 7 weeks off following term 3 (UNESCO 2015).

Primary Education

Primary education consists of seven years divided into lower primary and upper primary. After completing the standard seven, students are expected to sit for the Primary School Leaving Examination (PSLE). The main goal of lower primary education is to equip citizens of Botswana with traditional knowledge, including traditional languages, cultures, and societal values. Religious education, moral studies, agriculture, science, mathematics, Setswana, English, and home studies are examples of classes that students in lower primary school take. The goal of upper primary school is to prepare students for secondary education. At this stage, students are allowed to choose eight subjects from a list of subjects that range from mathematics to home economics. After completing the PSLE, students transition to secondary education.

Secondary Education

Secondary education in Botswana is a continuation of primary education, 3 mandatory years to complete the 10-year education system offered free of charge by the government of Botswana. During the 3 years, students are said to be in junior secondary program in which its goal is to teach teamwork, decision making, technology, equipment, vocational subjects, and manipulative skills. At the end of junior secondary school, students take the Junior Certificate Exam (JCE)—a comprehensive exam that then determines placement into senior secondary education.

Senior secondary education is a two-year, post-basic education focused on broad subjects that teach work ethic, technology, and practical work. This stage prepares students for tertiary education and readies them to join the workforce. According to the education model in Botswana, it is at this level and beyond that students are prepared to be competitive employees. At the end of senior secondary education, students are expected to take the Botswana General Certificate of Secondary Education (BGSE) that

determines placement into universities. As this level is not free, gender and class disparities exist.

Tertiary Education

Tertiary education in Botswana takes place in universities. According to the African Universities database, those who choose to pursue higher education can attend one of five universities: Botswana International University of Science & Technology, the University of Botswana, the Botswana College of Agriculture, the Institute of Development Management, or the Botswana Accountancy College. Certificate programs take one year, diploma programs take two years, and bachelor's degree programs take approximately five years. Postgraduate studies are also available in Botswana.

In 2009, Botswana's government spent 20.5 percent of its expenditure on education, which represented 9.5 percent of the GDP (World Bank 2016). This ensured high enrollment percentages for both men and women into primary school (UNESCO 2016). The UNDP also reported high percentages of the population with some secondary education (73.6 for women and 77.9 for men) between 2005 and 2014 (UNDP 2014). Despite narrow gender gaps in education enrollment and better performance by girls compared to boys (UNESCO 2015), issues related to school dropout due to pregnancy continue to plague young girls and need to be addressed.

Employment

Despite high economic growth in Botswana, the unemployment rate in the country was 20 percent in 2013, three points higher than the rate in 2009. Unemployment among youth aged 15 to 24 years of age was 43.5 percent for women, compared to 29.6 percent for men as of 2010 (CIA 2016). The gender inequality also exists in labor force participation. The United Nations Statistical Database (UNDATA) reported that among those aged 15 and above, participation was only 71.9 for women, compared to 81.6 for men (2016). When it comes to earnings, the latest statistics show that women in Botswana had a lower gross income per capita (measured in PPP international dollars) of 15,178.7, compared to 18,096.4 for men (UNDP 2015). Reasons for gender disparities include custom laws that reinforce gender division of labor as well as gender inequality in education. Botswana legislation allows women employed in the public sector to take 12 weeks of maternity leave.

Health

In 2014, Botswana spent 5.4 percent of its GDP on health, with most of the expenditure going toward the fight against HIV/AIDS (WHO 2016). According to UNAIDS, Botswana's HIV prevalence rate in 2014 was 25.16 percent, making it the second-highest country, superseded only by Swaziland. Among those between 15 and 24 years of age, HIV prevalence is 3.5 percent in men and 6 percent in women. High HIV prevalence rates coupled with communicable diseases such as malaria have been to blame for lower life expectancy of approximately 56 years in men and 52 years in women as of 2015 (CIA 2016). However, this number has significantly increased from 2000 when the average life expectancy was only 39 years.

Access to Health

According to Botswana's Ministry of Health (MOH), the government of Botswana provides universal health care to all citizens through a decentralized system. The country has hospitals, clinics, health posts, and mobile health centers strategically located to provide health to each district and rural area. Delivery of health services is accomplished hierarchically, corresponding to the number of facilities, starting with mobile posts (800 facilities), followed by health posts (338 facilities), and then clinics (277 facilities), primary hospitals (17 facilities), district hospitals (14 facilities), and finally referral hospitals (3 facilities). The country also has 3 private hospitals and 167 private medical clinics operated by faith organizations and mining organizations. In 2009, the country's physician density was 0.4 physicians to 1,000 people, and hospital bed density was 1.8 beds to 1,000 population members (CIA 2016).

Sexual reproductive health services and antiretroviral health in Botswana are provided completely free of charge according to the Ministry of Health, and general check-ups for those aged 5 to 65 years old are 5 pula (1 dollar is approximately 10 pula). Current efforts in Botswana include specific campaigns for malaria, HIV/AIDS, and tuberculosis (WHO 2016).

Maternal Health

Maternal health in Botswana is overseen by the MOH, which in 1973 established the national Maternal and Child Health/Family Planning (MCH/FP) program. This program's goal was to improve prenatal, antenatal, delivery,

and postnatal care. Persistent high numbers of maternal deaths and infant mortality led the MOH to develop a safe motherhood program focused on improving birth outcomes for both the mother and child through improving coverage as well as quality of maternal services.

The mean age of a mother in Botswana is 19 years old. The maternal mortality rate on the other hand, as of 2015, is 129 deaths per 100,000 live births. In 2009, Botswana ranked 145th in infant mortality, with a total rate of 8.93 deaths per 1,000 live births. Botswana's fertility rate was 2.33 children born to each woman. On the other hand, the contraceptive prevalence rate for women aged 12 to 49 was 52.8 percent between 2007 and 2008 (CIA 2016).

As of 2014, the workforce available for maternal health needs in Botswana included 1,501 nurses, midwives, and auxiliary midwives; 591 physicians and generalists; and 3 obstetricians and gynecologists, according to United Nations Population Fund (UNFPA 2016). Nurses typically provide prenatal services, family counseling, and contraceptives. Those with midwifery skills also provide complex care while obstetricians attend to emergency cases. Botswana suffers from a shortage of health care providers, and, in response to the challenge, the country utilizes family welfare educators. Family welfare educators are primary school graduates who encourage community members on the benefits of using health facilities for delivery. Because of the efforts, more than 95 percent of childbirths in Botswana take place in health facilities where appropriate immunizations are administered (Rizzuto and Rashid 2002). Additionally, the country's rate of antenatal and prenatal care is among the highest in the region, with antenatal rates reaching 99 percent in 2009 (WHO 2016). Breastfeeding is highly encouraged in Botswana.

Diseases and Disorders

Botswana continues to be one of the countries most adversely affected by HIV/AIDs. Issues of gender and power manifest themselves in the disproportionate prevalence of HIV among women and girls compared to men and boys. It also has high rates of other communicable diseases (WHO 2016). AIDS, tuberculosis, and malaria account for 45 percent of morbidity in Botswana. Implementation of specific programs by the Ministry of Health has led to a dramatic decline of malaria cases from 8,065 to 1,065 between 2001 and 2015 (WHO 2016). Communicable diseases, such as tuberculosis; acute respiratory diseases; sexually transmitted infections; and tropical diseases, such as

bacterial diarrhea, hepatitis A, and typhoid fever, continue to threaten the health of Setswana people.

In 2014, while communicable diseases accounted for 54 percent of all deaths in Botswana, noncommunicable diseases accounted for 38 percent. These were chronic respiratory diseases (2%), injuries (9%), cardiovascular diseases (18%), diabetes (4%), and cancer (5%). Higher numbers of these diseases were reported in the urban areas, where 67 percent of the population resides. Other risk factors for noncommunicable diseases included smoking, alcohol use, obesity, and high blood pressure. In 2011, 22 percent of the population smoked (36% men, 7% women), and 32.9 percent (33% men and 32.6% women) had elevated blood pressures as of 2008. The same report also showed that, in 2010, the total per capita pure alcohol consumption was 8.4 percent (14.3% in men and 2.5% in women) (WHO 2016).

There are inconsistent statistics on mental illness in Botswana. Access to mental health is the responsibility of the MOH, which established and enacted the Mental Health Act of Botswana in 1971. The legislation ensures funding for mental health facilities and adequate training for mental health professions. Even with this funding, as of 2011, there were only 0.25 psychiatrists, 1.52 psychologists, and 4.05 nurses for every 100,000 people (WHO 2016).

Family Life

The Marriage Act in Botswana stipulates that 18 is the age of marriage with parental consent and 21 without consent. Minors who have undergone initiation rituals are also deemed marriageable under customary laws that are widely practiced, even though discriminatory common law supersedes customary law in Botswana. As a result, there have been reports of young girls aged 15 to 19 being married, widowed, or divorced (SIGI 2016).

Upon marriage, both men and women are considered equal guardians to their children since the abolition of the Marital Power Act in 2004. Under customary marriages and religious marriages, however, women are still considered legal minors upon marriage, giving husbands sole guardianship of the children. As such, most people choose to register their marriages under the Marriage Act. The average age of first marriage was 38 for men and 33 for women. *Bogady* (paying dowry) and polygamy are also persistent in Botswana, although polygamy is not as common.

When it comes to divorce, women need to have resided in Botswana for three consecutive years to seek divorce.

This stipulation does not apply to men. In the event of a divorce, men and women within marriages under common law are entitled equal rights. In the event of a husband's death, the wife has had equal rights to property management since 2004, when Marital Power Act was abolished. Under customary law, however, the eldest son is considered the principal heir of the property (SIGI 2016).

Botswana's legal system does not recognize same-sex couples and deems same-sex marriage illegal. The penal code recommends a penalty of up to seven years' imprisonment for same-sex marriage. The Lesbians, Gays, and Bisexuals of Botswana (LeGaBiBo) is the primary advocacy group for LGBT rights in Botswana.

The Social Institution & Gender Index (SIGI) by the Organization for Economic Co-operation and Development (OECD; SIGI 2016) explained how the multi-legal system in Botswana could be one of the reasons contributing to gender disparities in HIV. OECD reported that although Botswana joined the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1996, the antidiscriminatory laws put in place are often practiced alongside customary laws. For example, the Constitution of Botswana considers the age of marriage at 18; however, this does not apply to customary marriages, where minors who have undergone initiation rituals are deemed marriageable. Such conflict between common law and customary law reinforce male domination and fail to protect women's rights as equal citizens.

Politics

Women's involvement in politics can be traced back to 1966, after Botswana gained independence and the Botswana Council of Women was formed. The organization was led by Ruth Khama, the current president's wife, and composed of other politicians' and elders' wives. The goal of the council was to teach African women how to be good wives. In 1977, the opposition party, the Botswana National Front (BNF), established a women's wing. Ten years later, the ruling party, the Botswana Democratic Party (BNP), also established a women's wing. Women's wing members were wives of politicians within specific constituencies and responsible for fund-raising for specific parties.

In 1993, women in nongovernmental organizations (NGO) joined together to protest a citizenship rule passed by parliament. The law limited citizenship for foreign husbands married to Botswana women, but it did not extend the limitation to foreign women married to Botswana men.

The law also gave fathers sole responsibility to decide children's citizenship, regardless of where the child was born. Botswana finally amended the law in 1995, when it joined the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), giving both men and women the right to pass citizenship to their children. Women's participation in politics in Botswana has been less about increasing involvement and more about changing specific government policies that may be oppressive. According to the World Economic Forum's gender report in 2011, 8 percent of parliamentarians and 12 percent of ministerial positions were filled by women.

Religious Roles

The majority of the population in Botswana practices Christianity (79%) (CIA 2011). The rest are Badimo Baha'i, Hindu, Muslim, Rastafarian, or have no religion. Prior to the introduction of Christianity through missionary work, Botswana practiced traditional religion, of which Badimo is one. Traditional religion in Botswana involves spiritual healing and invoking the spirit. Formal spiritual healing and other leadership roles have mainly been the responsibility of men. The only leadership role for women in religious spaces was as deacons until 1990, when the church decided that women could be ordained as preachers but not full ministers.

Issues

Other issues of special concern for women in Botswana include domestic violence, rape, and racial discrimination. Domestic violence is defined as any physical, emotional, sexual, or domestic act that is harmful or abusive to the health or safety of the applicant. Statistics on domestic violence in Botswana are lacking. The OECD reports that although there are efforts to deal with issues of domestic violence with legislation, such as the Domestic Violence Act that established governmental shelter, law enforcement and other legal personnel fail to take the issues of violence seriously. According to the World Bank, economic dependence and lack of legal knowledge are reasons why women continue to experience domestic abuse in Botswana. The definition of domestic violence does not mention marital rape as a type of violence.

The penal code includes up to 10 years of imprisonment with no guarantee for bail as punishment for rape (but not marital rape). There is no nationwide legislation

against sexual harassment other than what is stipulated under the Public Service Act, which deems sexual harassment in public service a criminal offense (SIGI 2016). There is limited legislation to tackle female genital cutting or mutilation, which is actually an uncommon practice in Botswana.

Forced labor and human trafficking are also issues affecting women and girls in Botswana. In 2015, Botswana had a net migration rate of 4.56 migrants per 1,000 people (CIA 2016). Within Botswana, individuals who are unemployed and those residing in rural areas are often the victims of human trafficking. Girls and women are sent into domestic prostitution to earn money for the family, thus contributing to the epidemic of human and sex trafficking. Botswana has been criticized by the international community for its lack of commitment to antitrafficking laws and for not complying fully with set standards.

FLORINE NDAKUYA

Further Resources

- CIA (Central Intelligence Agency). 2016. "Botswana." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/bc.html>.
- Felice, W. F. 2002. "The UN Committee on the Elimination of All Forms of Racial Discrimination: Race, and Economic and Social Human Rights." *Human Rights Quarterly* 24.1: 2052–2036.
- Geisler, G. 1995. "Troubled Sisterhood: Women and Politics in Southern Africa: Case Studies from Zambia, Zimbabwe and Botswana." *African Affairs* 94.377: 5455–5478.
- Hausmann, Ricardo, Laura D. Tyson, and Saadia Zahid. 2011. "The Global Gender Gap Report, 2011." World Economic Forum. Retrieved from http://www3.weforum.org/docs/WEF_GenderGap_Report_2011.pdf.
- Klasen, S. 2002. "Low Schooling for Girls, Slower Growth for All?: Cross-Country Evidence on the Effect of Gender Inequality in Education on Economic Development." *World Bank Economic Review* 16.3: 3453–3473.
- Molosiwa, S., and B. Moswela. 2012. "Girl-Pupil Dropout in Secondary Schools in Botswana: Influencing Factors, Prevalence and Consequences." *International Journal of Business and Social Science* 3.7, 265–271.
- Oosthuizen, G., Cornelius Gerhardus, Michiel Casparus Kitshoff, and S. W. D. Dube. 1994. *Afro-Christianity at the Grassroots: Its Dynamics and Strategies*. Vol. 9. Leiden: Brill.
- The Protection Project. 2010. "A Human Rights Report on Trafficking in Persons, Especially Women and Children." Retrieved from <http://www.protectionproject.org/wp-content/uploads/2010/09/Botswana2.pdf>.
- Republic of Botswana. 2016a. "Ministry of Education and Skills Development (MoESD)." Retrieved from <http://www.gov.bw/en/ministries—authorities/ministries/ministry-of-education-moe>.
- Republic of Botswana. 2016b. "Ministry of Health." Retrieved from <http://www.moh.gov.bw>.
- Rizzuto, Rahna, and Shafia Rashid. 2002. "Skilled Care during Childbirth: Botswana, 2002." Family Care International. Retrieved from [http://www.familycareintl.org/UserFiles/File/Skilled percent20Care percent20Info percent20Kit percent20PDFs/English/Country percent20Profiles_English.pdf](http://www.familycareintl.org/UserFiles/File/Skilled%20percent20Care%20percent20Info%20percent20Kit%20percent20PDFs/English/Country%20Profiles_English.pdf).
- SIGI (Social Institutions & Gender Index). 2016. "Botswana." OECD Development Center. Retrieved from <http://www.genderindex.org/country/Botswana>.
- UNAIDS. 2015. "The Gap Report." Joint United Nations Program on HIV/AIDS. Retrieved from http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf.
- UNDATA (UN Statistic Division). 2016. Botswana." Retrieved from <http://data.un.org/CountryProfile.aspx?crName=botswana#Economic>.
- UNDP (UN Development Programme). 2016. "Gender Inequality Index (GII)." Retrieved from <http://hdr.undp.org/en/composite/GII#f>.
- UNESCO. 2010. "World Data on Education, 2010." Retrieved from http://www.ibe.unesco.org/fileadmin/user_upload/Publications/WDE/2010/pdf-versions/Botswana.pdf.
- UNFPA (UN Population Fund). 2016. Botswana." Retrieved from <http://botswana.unfpa.org>.
- U.S. Department of State. 2014. "Trafficking in Person Report." Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/countries/2014/226686.htm>.
- WHO (World Health Organization). 2016. "The Health System." Retrieved from http://www.who.int/profiles/information/index.php/Botswana:The_Health_System.
- World Bank. 2016. Retrieved from <http://www.worldbank.org/en/country/botswana/overview>.

Burkina Faso

Overview of Country

Burkina Faso is a landlocked country located in Western Africa that is bordered by Mali, Niger, Benin, Togo, Ghana, and Côte d'Ivoire. Burkina Faso is 105,000 square miles (274,200 sq. km) in area and is mostly savanna, with some hills in the western and southeastern regions of the country. The climate of Burkina Faso is tropical. The country is considered one of the six Sahel countries. Sahel is the name of the region where the Sahara Desert transitions into savanna. This region of Africa is prone to droughts due to the Sahara Desert gradually expanding farther south.

In 1896, kingdoms in present-day Burkina Faso came under French rule. In 1932, the country was divided up and became parts of Niger, Mali, and Côte d'Ivoire. In 1947, the country was reassembled. The country gained

independence from France in 1960. Until 1984, Burkina Faso was known as Upper Volta. The name *Burkina Faso* means “land of the honest people” in a combination of local languages.

In 2015, Burkina Faso’s population was 18,931,686, with 65 percent of the population 24 years old or younger. Sixty-two percent of the population was Muslim. Catholicism, Protestantism, and traditional religions are also practiced. Eighty percent of the population lives in rural areas (Kobiane et al. 200, 469). Burkina Faso is composed of 60 ethnic groups (U.S. Department of State 2012), including Mossi, Rulani, Gurma, Bobo, Gurunsi, Senfo, Bissa, Lobi, Dagara, Tuareg/Bella, and Dioula. The official language is French, but the vast majority of the population speaks a native African language.

The Burkinabe economy heavily relies on agriculture and livestock. Farming can be difficult because of the arid effect of the Sahara Desert on the climate. Burkina Faso experiences droughts that interfere with agriculture production. Cotton and shea tree nuts (which are used to create shea butter) are the top crops grown. Other crops include sorghum and okra (Mbugua 2015).

Many of the issues women in Burkina Faso face are related to health and marriage. Pregnancy and having children is very important to women in Burkinabe culture and can be dangerous for both the mother and child due to poor education about good health practices and the lack of quality medical facilities. Many women get married in their teens and have children young, especially in rural areas. Female circumcision is an issue that many women still face despite education initiatives and legal mandates. The 2015 United Nations Development Programme’s (UNDP) Gender Inequality Index (GII) ranked Burkina Faso 144th out of 188 countries, with an index of 0.631 (UNDP 2016).

Girls and Teens

Burkinabe girls have a short childhood, as family obligations often require them to work or care for family members or they get married. Girls in Burkina Faso marry as young as age 15. Before marriage, girls often need to care for their younger siblings, work on the family farm, or work to earn income for the family. In Burkinabe society, it is the role of women to take on domestic roles, caring for children and maintaining the household and farm.

For most girls in Burkina Faso, marriage and children are the main goals of life. They are important to girls because that is how they transition into adulthood. Marriage is also important for social status and can be a way for a woman

to improve her life. For example, a rural woman who marries a migrant worker could then have access to goods from the city. Having children also gives women security because they will have someone to take care of them in their old age. Fifty percent of girls are married by 18, and half are already mothers (Amnesty International 2015).

Sex education is provided in school; however, it is often offered too late. Information provided includes how pregnancy occurs, contraceptives, and child and family care. Sex education typically begins later in the secondary education years, after many girls have already become sexually active. Before taking sex education classes, girls and teens have little knowledge about sex, the chances of pregnancy, or the dangers of sexually transmitted diseases. Sex education also often fails to dispel fears that using contraception will cause infertility later in life.

Teen Pregnancy

Because having children is so important, and fertility, sexuality, and pregnancy show that a girl is normal in Burkinabe society, teenaged girls feel pressure to prove their fertility, which leads to premarital pregnancy. Teenagers who become pregnant while still in school are permitted to continue to attend school while pregnant and after giving birth; however, there is a high dropout rate of teenaged mothers because of the demands of caring for a child. At school, younger pregnant teens are likely to be treated disrespectfully by students, especially male students. Pregnant teenagers are no longer treated or thought of as children by their peers or adults, as pregnancy signifies the transition to adulthood from being a youth.

Literacy

Burkina Faso has the lowest literacy rate in Africa at 21.8 percent (American Association of Collegiate Registrars and Admissions Officers 2016). Thirty-three percent of women over the age of 15 are literate (UNICEF 2013). This low literacy rate is due to the poor educational enrollment of students. Additionally, French is the official language of the government, but a large portion of the population does not know French because of the lack of school attendance. The majority of the population speaks a tribal language.

Education

The government mandates that all children must go to school through the age of 16. In practice, there are low attendance rates, especially for girls, as family obligations

often require them to help at home or to work. Burkina Faso has one of the lowest education attendance rates in Africa (Kobiane et al. 2005). About 40 percent of primary school-aged children go to school, and about 9 percent of secondary school-aged children go to school (American Association of Collegiate Registrars and Admissions Officers 2016). Out of the students who go to school, 35 percent are female. While it is required for children to attend school, on average, girls only attend school for about seven years (CIA 2013). The rapid growth of the population paired with the lack of infrastructure to meet the needs of the population has contributed to the educational problems Burkina Faso faces.

Factors influencing the lack of school attendance include children having to work to help financially support their families and having to help in the household. The HIV/AIDS pandemic also influences attendance, as many children are too ill to go to school or children become orphaned after losing their parents. Children who are orphans are less likely to attend school.

Access to education is also an issue for children. Some villages do not have a school, which then requires students to walk to a neighboring village. Sometimes parents do not feel comfortable with their children walking such a long distance alone, so they do not send their children to school. Access to education is also inhibited by high rates of absenteeism of teachers due to HIV/AIDS.

Educational Reforms

Burkina Faso has made several attempts at educational reform. During the 1990s, enacted educational reforms were able to improve the quality of schools, increase the number of schools, and increase enrollment. By 1999, 47 percent of schools had drinking water, and 45 percent had sanitation facilities. The number of literacy centers doubled, which led to an increase of literacy programs that reached up to 4,500 villages. A free textbook program was also started to help reduce the cost to families for sending children to school. Community schools and child care centers were built in rural areas to encourage more girls to go to school (Ki and Ouedraogo 2006, 206–207). In 2000, a new plan targeting improvements in education and increased enrollment was launched. This plan attempts to improve education by providing more textbooks for students and hiring teachers with higher qualifications.

Girls in rural areas have the lowest primary education rates in Burkina Faso, and in 2005, an education program

was launched that targeted girls' education. The program was able to increase the number of girls attending school as well as increase scores in math and French. Initiatives have also incorporated mentoring for girls to help improve literacy rates. Providing meals and textbooks in schools has also led to an increase in enrollment. Despite attempts and successes in raising enrollment and improving education, Burkina Faso has one of the lowest primary school rates in Africa and in the world (Levy et al. 2009).

Primary Education

Primary education lasts six years, which is typically for children ages 6 to 12. Primary education is free, but there are often fees that parents must pay. Many children do not finish primary school by age 12 due to starting late or having to repeat years. At the end of the primary school years, students take a national exam to determine secondary school placement.

Secondary Education

After primary education, students are able to choose to attend a secondary education school that focuses on more general education or one that is more technical or occupation focused. Secondary education is for students aged 13 to 16. Legally, students must attend school until they are 16; however, that law is not enforced, so there are low attendance rates. Sex education is taught during the secondary education years.

Postsecondary Education

There are both private and public postsecondary institutions. There are three public universities—the University of Ouagadougou, the Polytechnic University of Bobo-Dioulasso, and the University of Koudougou—and four private universities or institutes: Free University of Burkina, Private Polytechnic Higher Institute, Higher Institute of Technology, and Higher School of Applied Sciences. Degrees offered by the universities are two to three years in length. In addition to public universities, there are also some two-year public technical schools that focus on vocational training. There are also graduate-level degrees, ranging from one-year master's programs, to three- to five-year doctorate degrees, to six-year medical degrees.

Enrollment of women at the postsecondary level is low. At the University of Ouagadougou, which is the largest university in Burkina Faso, about 25 percent of the student

population is female. When broken down by subject, 5 percent of those women study sciences. There are only two female physics professors in the country. Part of the low representation of women in the sciences is due to gender norms in Burkina Faso, which imply that science and technology are fields for men (Kafando et al. 2009, 91–92).

Health

Health is major concern for women in Burkina Faso. Poverty, undernourishment, lack of education about illness prevention, and lack of access to health care facilities are everyday issues for women. The average life expectancy for women is 57 (CIA 2013).

The percentage of governmental expenditure that goes toward health care has been gradually declining, with 13.5 percent of the governmental expenditure spent on health care in 2013 (WHO 2016). A large portion of the governmental expenditures for health care go toward immunizations for infants and HIV/AIDS prevention and treatment programs.

The lack of proper sanitation in Burkina Faso contributes to health concerns in the country. One in ten Burkinabe have toilets. Poor sanitation contaminates food and water sources, and about 25 percent of the population does not have access to clean drinking water. Contaminated food and water lead to cholera outbreaks, and many children die from diarrhea (SOS Children 2016).

Access to Health Care

Burkina Faso's Ministry of Health oversees the country's health care system. The Ministry of Health struggles to cover the costs of providing health care to the populations, so organizations such as the World Health Organization (WHO) partner with the Ministry of Health to provide support. Burkina Faso provides universal health care for its citizens, though the government is still working on strategies to be able to finance universal health care. The World Health Organization has helped raise money and provide guidance on financial strategies for providing health care.

Access to health care facilities can vary within the country. Those living in urban areas have better access to health care; however, the majority of the population lives in rural areas that often lack proper health care facilities. In rural areas, health care is provided at clinics that are staffed by personnel that may have limited knowledge of advanced medical care.

There is a deficiency of medical professionals in Burkina Faso. There are only 0.05 physicians/1,000 people (CIA 2013). Hospitals with modern equipment are located in cities and large towns, and clinics with modern equipment are located in some villages. However, many of the medical facilities are of poor quality and lack properly trained staff, especially those in rural areas.

Maternal Health

It is common for women to start having children at a young age, and most women have children between the ages of 15 and 29. Women who live in poor rural areas often do not have access to proper medical care during pregnancy or the birthing process. Women receive 98 days of paid maternity leave, which is provided by their employer and the government. During maternity leave, women received 100 percent of their wages. More than 90 percent of pregnant women go to at least one antenatal visit, and 66 percent of births are attended by skilled health care professionals. Abortions performed to save the mother are legal. Seventeen percent of married women use contraceptives (World Economic Forum 2016).

Burkina Faso has high maternal and infant mortality rates. The maternal mortality rate is 371 deaths/100,000 live births, which is the 39th highest in the world. The infant mortality rate is the 9th highest rate in the world at 75.32 deaths/1,000 live births (CIA 2013). The majority of cases of maternal death would have been preventable with proper medical care and education. Many women do not know the warning signs of pregnancy complications, so they do not seek out medical help, or if they do realize something is wrong, they do not know what to do about it.

In addition to women's lack of education, many health care workers do not know enough to properly care for or educate women. Pregnant women who are poorly educated and are given medical or pregnancy advice by health care workers may be less likely to understand the advice. Mothers who have had children before are more likely to recognize the warning signs of complications with their pregnancies due to their experience with previous pregnancies.

Breastfeeding is considered the norm, and women are expected to breastfeed. Mothers are sometimes ostracized or face violence if they do not breastfeed. Women who are infected with HIV and are more educated are more likely to use formula instead of breastfeeding their babies, even when breastfeeding is recommended. Because of the

poverty in Burkina Faso, many mothers breastfeed because they cannot afford to buy formula (Nacro et al. 2010).

Obstetric Fistula

There is a high rate of obstetric fistula among women in Burkina Faso. In 2000, 6 out of every 10,000 gynecological cases involved obstetric fistula. Obstetric fistula is a condition in which the tissue that separates the bladder or rectum from the vagina is damaged, causing the fluid from the bladder or rectum to leak into the vagina, which leads to incontinence. Obstetric fistula can be caused by difficulties during labor, improperly conducted abortions, or genital cutting. Women with obstetric fistula face severe social stigma that can lead to their being ostracized and depressed, and some women may become suicidal. Knowledge about obstetric fistula is low among women in both rural and urban Burkina Faso. Obstetric fistula occurs more frequently in women who live in rural areas due to the lack of proper medical care during labor (Banke-Thomas et al. 2013).

Malaria

Malaria during pregnancy is another major health problem in Burkina Faso. In 2011, there were 22,130 cases of severe malaria in pregnant women. Women who become infected with malaria during pregnancy risk premature births, low birth weights, miscarriage, and maternal death. The risk of contracting malaria while pregnant is higher for women who live in rural areas. A lack of education about the malaria and the risks of contracting malaria while pregnant contribute to the problem of pregnant women with the disease. The Burkinabe government has attempted to combat this health issue by creating preventative treatment plans for pregnant mothers (Cisse et al. 2014, 1–7).

Diseases and Disorders

HIV/AIDS

HIV/AIDS is a major problem in Burkina Faso. Almost 1 percent of the population (about 107,700 people) has HIV/AIDS, which is the 48th highest rate in the world (CIA 2013). An estimated 33,000 children have HIV (Nacro et al. 2010). The social stigma of having HIV/AIDS leads many women to hide the fact that they are infected. Furthermore, the lack of education among women means that they might not know that they are infected.

Female Circumcision

Female circumcision, also known as female genital cutting or mutilation, is practiced in parts of Burkina Faso despite it being illegal, and 0.8 percent of women aged 15 to 49 are circumcised (World Economic Forum 2016). The Burkinabe government has an agency called the National Committee to Fight against the Practice of Excision to combat female circumcision. In Burkina Faso, it is possible for people to be prosecuted for practicing female circumcision, which makes it unique compared to other countries where female circumcision is practiced.

Many married women have been circumcised, suggesting that some people considered it a requirement for marriage. It can also be viewed as a rite of passage. Female circumcision is practiced on children as young as two years old. While the prevalence of female circumcision has dropped over the years, there is still support for it. Despite this support, a study of mothers who had been circumcised found that only 25 percent of them had also had their daughters circumcised (Sipsma et al. 2012, 120).

Employment

Burkina Faso's economy heavily relies on agriculture, with about 90 percent of the workforce working in agriculture (CIA 2013). The main product farmed is cotton. Due to Burkina Faso's weather and droughts, farming can be difficult.

Burkina Faso has an unemployment rate of 77 percent (CIA 2013). The poor economic situation in the country leads many families to send their children to work to earn income rather than sending them to school. Over 1.5 million children aged 5 to 14 work (CIA 2013). There are some international organizations working in Burkina Faso with the goal of ending child labor there.

Child Labor

Child labor is prominent in Burkina Faso, with thousands of children working to help bring income to their families or to support themselves. In 2010, it was found that 20,000 children work in gold mines (Hubbard 2014). Many of these children have low education levels and are illiterate due to working instead of going to school. Because of the high poverty, many families and children believe it more beneficial for children to work and gain income than to go to school. Child laborers can be as young as 10 years old. Organizations such as UNICEF have initiatives to teach

child gold mine laborers vocational skills so that they can stop working in mines.

Migrant Workers

Migrant work is a main source of income for many people, especially those living in rural areas. Migrant workers travel to cities within Burkina Faso and nearby countries, such as Côte d'Ivoire, to work as laborers. Female migrant workers will travel with their husbands or on their own to stay with extended family members. Young people see migrant workers as being successful, which spurs them to also become migrant workers. Girls are typically not allowed to migrate by themselves, so they will often marry a migrant worker. Being a migrant worker or being married to a migrant worker brings social status due to the income, which allows the women to buy such status symbols as new clothes, bikes, cell phones, and gifts for family members (Thorsen 2010).

Family support of daughters who migrate varies. Some families are opposed to it, while others support it. When a family opposes the migration, the girl will sometimes leave without the family's permission. Girls who leave to stay with extended family without parental permission are often returned to their families. Girls who migrate often do so when they are between the ages of 13 and 17 due in part to the early age by which girls get married. Often girls are migrating to stay with extended family members, working for the family with or without pay. They often do not have a good idea of what life will be like when they migrate, but they feel confident that they can handle whatever happens (Thorsen 2010). While migrant workers may make more money than those who live in rural villages, many people who aspire to be a migrant worker do not realize that there is a higher cost of living associated with the city and in other countries.

Women who marry migrant workers may migrate with their husbands. In those cases, women will also work to help cover the costs of living in the city because often the husband is not able to make enough money to cover expenses. This creates tension as men struggle with the knowledge that their wives are earning money while they are not. When there are multiple wives in a marriage, the wives may take turns migrating to where their husband is located. Girls will also marry migrant workers so that they can have a small nuclear family free from the many in-laws who would otherwise live with the couple.

When migrant girls and women return to their villages, the villages and families often benefit from it because the

girls and women come back with new skills, including cooking skills, language skills, and finance skills for working in trade.

Family Life

A Burkinabe household can be composed of mostly women because of the man having multiple wives, the husband being gone as a migrant worker, or older widows helping care for the children. Men are considered the head of the household and are the main source of income.

Young girls aged 6 to 11 are often in charge of caring for the small children in the family. Girls who are 12 or older do domestic chores or work on the family's farm. The mean age of marriage for women is 20 (World Economic Forum 2016), though women get married as young as 15. Marriages can be arranged or by free choice. Polygamy does occur. A new wife has defined social norms to follow. A new wife gives deference to her in-laws. She is under the supervision of her mother-in-law and is expected to work for her mother-in-law. In return, her mother-in-law helps provide the wife with food and helps cover health care costs. As the wife ages, she takes on more tasks and responsibilities, does more work, and receives less aid from elder relatives.

There are no laws specifically about LGBT people, so homosexuality is not criminalized; however, it is viewed as anti-African, and religious prohibitions make it difficult for LGBT individuals to be out and protected in society. Discrimination laws do not explicitly protect people based on sexual orientation or identity, so discrimination is common. A law about sexual acts being against morality is on the books and has been used to support anti-LGBT actions.

Politics

Burkina Faso is a constitutional republic. The voting age is 18, and women were granted the right to vote in 1958. Burkina Faso has faced political turmoil over the years, including experiencing several military coups since becoming independent from France. In 1960, Burkina Faso became independent from France, and Maurice Yameogo became president. In 1966, Yameogo was overthrown during a military coup led by Sangoule Lamizana. Lamizana asserted his power to stay in the presidency until he was ousted in 1978 in a coup led by Saye Zerbo. In 1982, Zerbo was ousted in a coup led by Jean-Baptiste Ouedraogo. Captain Thomas Sankara took control of the country in 1983 and

tried to enact major reforms, but he was killed in 1987 in a coup led by Blaise Compaore, who was president for 27 years. Compaore resigned from the presidency during an uprising in 2014 when he tried to pass a law that would extend his presidential term. An acting president took over until the next presidential election, which took place at the end 2015. In December 2015, former prime minister Roch Marc Christian Kaboré became president.

There are many political parties in Burkina Faso. The 1991 constitution declared equality for all citizens and respect for their dignity. In 2009, a law was passed saying that at least 30 percent of a political party's candidates for election must be women (BBC 2016). In 2012, 13 of the 127 assembly members and 5 of the 32 presidential cabinet members were women (U.S. Department of State 2012). There is a dedicated minister of women. Most women who serve in the government fill roles that are an extension of existing social roles for women. Despite these advances, there is little legislation that provides actual protection for women or punishment for those who harm them. For instance, the law states that women have the right to control birth spacing, but it does not specify how this decision will be protected. There is no law against marital rape. And forced marriage is only forbidden at the register, or civil level; the law does not protect women and girls from forced marriages that are conducted at a religious or customary level.

Religious and Cultural Roles

Religion is important in Burkina Faso, and not believing in a religion is viewed negatively. The majority of people are Muslim (62%). The next largest religion is Catholicism. Additionally, many traditional religions, animism, and Protestantism are also practiced (CIA 2013). However, older women accused of witchcraft face ostracism by their communities.

Cultures vary in Burkina Faso due to the large number of ethnic groups that make up the population. However, in general, the Burkinabe culture is highly hierarchical based on wealth and gender. Women are subordinate to men and are in charge of domestic and household work. It is a woman's role to get married, have children, and care for her family.

Issues

A major issue for Burkina Faso is poverty. About 47 percent of the population lives below the poverty line (CIA 2013). Poverty leads to problems with education, health, and the economy. In 1995, the government of Burkina

Faso took a stance to eliminate poverty, and in 2000, a poverty-reduction strategy was launched with the goals to improve the economy and income for the poor. This strategic plan also tackles the challenges of social inequalities, access to food and water, improving social services, and combating illiteracy for the poor (Ki and Ouedraogo 2006).

Another issue that is facing Burkina Faso is that it has a high birth rates and a low older population. The population is very young, with about 65 percent of the population under the age of 25 (CIA 2013).

Finally, many people in Burkina Faso face malnutrition. Malnutrition is a severe problem for the population, especially for children. One in three children has stunted growth due to malnutrition and eight in ten are anemic (Mbugua 2015). Thirty-seven percent of children under the age of five are underweight (SOS Children 2016). Droughts have affected crops, which has affected income and food sources.

ELIZABETH M. DAVIS

Further Resources

- American Association of Collegiate Registrars and Admissions Officers. 2016. "Burkina Faso Overview." Retrieved from <http://edge.aacrao.org>.
- Amnesty International. 2015. "Burkina Faso: Elections Cannot Ignore Women's Crisis." July 15. Retrieved from <https://www.amnesty.org/en/press-releases/2015/07/burkina-faso-elections-cannot-ignore-womens-crisis/>.
- Banke-Thomas, Aduragbemi, Salam F. Kouraogo, Aboubacar Siribie, Henock B. Taddese, and Judith E. Mueller. 2013. "Knowledge of Obstetric Fistula among Women in Urban and Rural Burkina Faso: A Cross-Sectional Study." *PLOS ONE* 8: 1–8.
- BBC. 2016. "Burkina Faso Country Profile." December 20. Retrieved from <http://www.bbc.com/news/world-africa-13072774>.
- CIA (Central Intelligence Agency). 2013. "Burkina Faso." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/uv.html>.
- Cisse, Mamoudou, Ibrahim Sangare, Guekoun Lougue, Sanata Bamba, Dramane Bayane, and Robert Tinga Guiguemde. 2014. "Prevalence and Risk Factors for Plasmodium Falciparum Malaria in Pregnant Women Attending Antenatal Clinic in Bobo-Dioulasso (Burkina Faso)." *BMC Infectious Diseases* 14: 1–7.
- Gorgen, Regina, Birga Maier, and Hans Jochen Diesfeld. 1993. "Problems Related to Schoolgirl Pregnancies in Burkina Faso." *Population Council* 24: 283–294.
- Hubbard, Guy. 2014. "In Burkina Faso, Getting Children out of the Gold Mines." UNICEF. Retrieved from http://www.unicef.org/infobycountry/burkinafaso_73787.html.
- Kafando, P., M. N. Sido-Pabyam, and I. Zerbo. 2009. "Toward a Better Representation of Women in Physics in Burkina Faso." *Women in Physics: The 3rd IUPAP International Conference on Women in Physics* 1119 (1): 91–92.

- Ki, Bouréma Jacques, and Louis-Honoré Ouedraogo. 2006. "Negotiating with Development Partners: Ten-Year Plan for the Development of Basic Education in Burkina Faso." *Prospects* 36: 205–221.
- Kobiane, Jean-Francois, Anne-Emmanuele Calves, and Richard Marcoux. 2005. "Parental Death and Children's Schooling in Burkina Faso." *Comparative Education Review* 49: 468–489.
- Levy, Dan, Matt Sloan, Leigh Linden, and Harounan Kazianga. 2009. *Impact Evaluation of Burkina Faso's BRIGHT Program*. Washington, D.C.: Mathematica Policy Research.
- Mbugua, Sophie. 2015. "How Burkina Faso's Female Farmers Are Adapting to Climate Change." World Economic Forum, May 22. Retrieved from <http://www.weforum.org/agenda/2015/05/how-burkina-fasos-female-farmers-are-adapting-to-climate-change>.
- Nacro Boubacar, Lazare Bénao, Makoura Barro, Suzanne Gaudreault, Nicolas Méda, and Philippe Msellati. 2010. "Feeding Choices and Morbidity and Mortality among Children Born to HIV-1 Infected Mothers during the First 6 Months of Life in Bobo-Dioulasso (Burkina Faso)." *Journal of Pediatric Diseases* 5: 37–47. doi:10.3233/JPI-2010-0218.
- Sipsma, Heather L., Peggy G. Chen, Angela Ofori-Atta, Ukuoma O. Ilozumba, Kapuné Karfo, and Elizabeth H. Bradley. 2012. "Female Genital Cutting: Current Practices and Beliefs in Western Africa." *Bulletin of the World Health Organization* 90: 120–127. doi:10.2471/BLT.11.090886.
- SOS Children. 2016. "Burkina Faso." *Our Africa*. Retrieved from <http://www.our-africa.org/burkina-faso/poverty-healthcare>.
- Thorsen, Dorte. 2010. "The Place of Migration in Girls' Imagination." *Journal of Comparative Family Studies* 42: 265–290.
- UNDP (UN Development Programme). 2016. "Human Development Reports." Retrieved from <http://hdr.undp.org/en/data>.
- UNICEF. 2013. "Burkina Faso Statistics." Retrieved from http://www.unicef.org/infobycountry/burkinafaso_statistics.html.
- U.S. Department of State. 2012. "Country Reports on Human Rights Practices for 2012: Burkina Faso." Retrieved from <https://www.state.gov/j/drl/rls/hrrpt/2012humanrightsreport>.
- WHO (World Health Organization). 2014. "Country Cooperation Strategy at a Glance." Retrieved from <http://www.who.int/countries/bfa/en>.
- WHO (World Health Organization). 2016. "Burkina Faso Statistics Summary (2002–Present)." Retrieved from <http://apps.who.int/gho/data/node.country.country-BFA>.
- World Economic Forum. 2016. "The Global Gap Report." Retrieved from <https://www.weforum.org/reports/the-global-gender-gap-report-2016>.

C

Central African Republic

Overview of Country

The Central African Republic (CAR) is a densely populated country in the middle of the African continent that shares borders with the Republic of Congo, the Democratic Republic of Congo, Chad, Sudan, and Cameroon. In July 2014, the 239,400 square mile landmass of the CAR was estimated to home over 5 million people (CIA 2014). According to the *CIA World Factbook*, 740,000 of these people lived in the capital city of Bangui in 2011 (2014). French is the official language of the CAR, yet Sango is also a principal language, as it is spoken by “nearly nine-tenths of the population” (CIA 2014; “Central African Republic” 2014). Sango is a pidgin language, which arose from the impact that French traders and missionaries had on an indigenous language from the Ubangi River region. Additional indigenous languages of CAR include Bangi, Ngbaka, Hausa, Lingala, Shuwa Arabic, and many others (“Central African Republic” 2014).

In early history, prior to the establishment of imposed national borders, language was a common method of social grouping. Bantu-speaking peoples migrated into and through the CAR approximately 2,000 years ago, and a Bantu language continues to be spoken among minority indigenous groups, such as the Ba’Aka, who are purportedly descended from hunter-gatherers who occupied the

region prior to colonial encroachment. (“Africa: Human Geography” 2014). A few sources also list the Mbuti, Twa, and Mbenda peoples as minority groups who currently live in the CAR and represent ancestors of the first hunter-gatherers (Minority Rights Group Int’l 2008; Exploring Africa 2014). Between 2008 and 2014, descendants of the hunter-gatherers made up less than 2 percent of the population (CIA 2014; Minority Rights Group Int’l 2008). However, there is limited information about the population prior to Bantu speakers. Additional ethnic groups living in the CAR today include Gbaya, Banda, Mandija, Sara, Mboum, M’baka, and Yakoma (CIA 2014). Religious and cultural belief systems of various groups include indigenous, Christian, and Muslim practices.

Inhabitants of the CAR have a lengthy history that necessitated protecting their bodies, land, and resources from the global North. The transatlantic slave trade that operated throughout the 16th to the 19th centuries affected various peoples and regions in distinctly different ways. While the inhabitants of Western Africa were most susceptible to inhumane treatment solely based on their geographic location on an oceanic trade route, people native to the region that would later become the CAR were also forced into enslavement based on ethnocentric assumptions of European invaders who believed that Africans lacked civilization. Contrary to this assumption, many kingdoms existed throughout precolonial Africa. The Luba and Lunda empires were the nearest established kingdoms

to what is now recognized as the CAR. They were located southwest of the contemporary CAR, residing partially in what is the Democratic Republic of Congo.

It was during the 19th century that multiple countries, including Belgium, France, Great Britain, and Germany, competed for colonial rule of what is now known as the CAR. France was ultimately successful in establishing what became known as French Equatorial Africa after claiming five territories: French Congo, Ubangi-Shari (or Oubangui-Chari in French), Gabon, Chad, and French Cameroon. What was called Ubangi-Shari under French colonial rule became known as the Central African Republic upon gaining freedom from France in 1960. While the territories' name, Ubangi-Shari, was derived from the names of local rivers, this should not suggest a cooperative sharing of the territory or culture between the indigenous peoples and France. Rather, colonial rulers attempted to avert direct rebellion through the appropriation of certain aspects of culture, such as indigenous language. The land was not identified in this way by peoples native to Africa prior to colonization. In the colonized Ubangi-Shari, Centraficans' (people from CAR) agricultural self-sustainability was undermined as peoples native to the CAR were made to work for European individuals and companies to advance the economy of the ruling nation. A lack of sustainable agriculture combined with exposure to a new population placed inhabitants of the CAR at risk for new illnesses and food shortages.

Although freedom from colonial rule was an integral accomplishment in establishing political and national identity, the country continued to undergo transition and endure ongoing turmoil due to power imbalances and disparate resource distribution between the global North and the global South. Freedom from colonial rule did not equate to a restoration of the CAR's true history. Instead, a new period of indirect cultural and economic subjugation began.

With a history that includes enslavement and commodification of citizens and imposed imperialistic politics, economy, and belief systems, the CAR inhabitants have endured a long history of conflict and structural inequity resulting from the leadership of those who took power by unjust, forceful, and sometimes violent means. A history of colonialism also influenced the country's political and economic stability. An environment that previously relied heavily on sustenance agriculture transferred to a system of export crops to meet the demand of neoliberal global commerce. Markets were designed by the global

North to dictate the terms of loans and the management of cash crops, including coffee, cotton, and diamonds. Despite mining and agricultural potential, the history of colonization and the impacts of global inequity have created political instability and overwhelming national debt, contributing to the CAR being ranked one of the most impoverished countries in the world, ranking 180th out of 186 countries listed in the 2013 UN Development Programme's Human Development Index (HDI), with two-thirds of the population living below the poverty line (Malik 2013).

Women living in the CAR today are directly impacted by the country's history. Colonial rulers endorsed patriarchal belief systems and created policies with rigid gender roles to maintain disparate power systems. Because the CAR continues to struggle for political and economic stability, women remain vulnerable and have the fewest opportunities to meet basic needs. Females have decreased access to education, reproductive choices, and opportunities to support themselves economically. They are at increased risk for sexual assault, domestic servitude, and poverty. Women in the CAR work to balance traditional reproductive roles with their contribution as "productive" laborers. Like other countries, a Centrafican woman's experience depends on many factors: socioeconomic status, region, urban/rural, religion, religion, and so on.

Girls and Teens

Female children in the CAR are raised according to cultural gender norms that dictate their roles in society and highlight the importance of reproductive capacity in determining women's worth. Few girls attend secondary school or seek professional careers as productive laborers. Most girls living in both rural and urban locations are raised in preparation for marriage and motherhood. It is the duty of mothers to equip daughters with the skills to care for the health and well-being of a family. Older sisters who are practicing for their future roles are often referred to as "mama kété or 'little mother'" (Woodfork 2006, 106). Marriage is seen as critical before giving birth to a child. Unmarried girls who become pregnant while attending school usually must abandon their education regardless of personal aspirations. While single parenting poses additional challenges to young women in the CAR, it is more socially advantageous to give birth young or unmarried than to be marked as incapable of conceiving (Woodfork 2006, 107, 112).

Because marriage is the expected goal for females in the CAR, over 50 percent of girls are married before their 20th birthday (UNICEF 2014). In fact, despite the fact that the law establishes 18 as the minimum age of marriage, an estimated 61 percent of women between the ages of 20 and 24 were married before the age of 18, and 21 percent were married before the age of 15 (U.S. Department of State 2014b). CAR has the fifth-highest early marriage rate (Myers 2013). Cultural norms as well as official policies dictate women's subordination to men, relegating females to societal positions for which recognition and esteem is attained through reproduction and reproductive labor. A young woman's livelihood is largely dependent on an economically supportive husband and not her own academics or profession.

As of 2011, there were no laws protecting children from sexual exploitation, including statutory rape and child pornography (U.S. Department of State 2014a). Officials do not effectively enforce laws against rape, and no minimum sentence is attached to the underrecognized crime (U.S. Department of State 2014b). Political unrest also contributes to the abuse of young girls. The United Nations Human Rights Council (UNHRC) reported rebel groups committing atrocities against children between the ages of 2 and 17 (U.S. Department of State 2014b). Gendered violence is rarely reported.

Social standards and belief systems surrounding menstruation also sanction hierarchical gender roles, exposing girls and young women to treatment as outsiders or "others" by the onset of puberty. Although celebrated for fecundity, women's physiology is also precarious, easily associated with blame or understood as dangerous: "Their menstrual blood is reputed to be so powerful that women are not permitted to walk across the fields while they menstruate because if one drop should fall, no plant would grow" (Woodfork 2006, 102).

Education

Due to the reproductive expectations and limited opportunities for professional development impacting girls and women, pronounced gender gaps are evident in access to education and literacy rates. Between the years 2008 and 2012, the recorded literacy rates for males between the ages of 15 and 24 was 72.3 percent, yet females of the same age group had a literacy rate of only 59.1 percent (UNICEF 2014). Access to formal education is limited for both males and females in the CAR, with 59.5 percent of

females and 78.4 percent of males participating in primary school and only 10.1 percent of females and 18.2 percent of males regularly attending secondary school (UNICEF 2014). Fewer than 1 in 200 girls go on to attend university (Gender Discrimination in Education 2012). Education in the CAR is compulsory for a minimum of six years until the age of 15; however, according to a 2007 UNESCO study, 65 percent of girls are enrolled in the first year of primary school, and only 23 percent remain for the entirety of the six years (U.S. Department of State 2014a). The majority of girls drop out of secondary school by the ages of 14 and 15 due to societal pressure to marry and bear children (U.S. Department of State 2014b). An additional barrier to education for girls is the threat of violence. According to a 2011 report, "42.2 percent of secondary school boys in Bangui admitted having perpetrated sexually violent acts in or around the school" (Van der Gaag 2011, 68).

Girls who present additional markers of social subjugation and those directly impacted by armed conflict encounter additional challenges. Ba'Aka children rarely attend primary or secondary school due to a combination of factors, including social marginalization, indigenous cultural belief systems, and a lack of government assistance or incentive. While gender roles are a predominant factor in examining access to education, political conflict in the CAR has also contributed to a loss of educational stability, which is further discussed below. By 2014, the closure of public schools had impacted approximately 800,000 children (U.S. Department of State 2014b). As a response to the challenges of political uncertainty and territorial violence, the United Nations is establishing temporary classrooms in an area in which many schools have been destroyed by civil warfare (UN News Centre 2014).

Health

Access to Health Care

"The entire health care delivery structure in Central African Republic, has been heavily disrupted, and basic services are completely absent in many locations," says Dr. Michel Yao, the World Health Organization's (WHO) representative to the country. "Most of the services are being provided from outside, making it difficult to scale up, reach people in need, and provide them with medical assistance. One key problem is that so many health workers have fled their posts due to the insecurity" (WHO 2014b). The situation in the Central African Republic has been compared

to the crises in South Sudan, Iraq, and Syria and the West African Ebola outbreak. Some data are available for basic health statuses, but many are in flux and deteriorating. “Half the health facilities outside the capital, Bangui, no longer function. In some regions, more than 75 percent of health facilities are unable to offer basic services. One-third of district hospitals cannot provide emergency services; two-thirds of immunization services are not functional and only a quarter of ambulances are operating. These skeletal services are working largely due to the 60-plus health care providers that are working with WHO in the country” (WHO 2014b).

The CAR spent 4.2 percent of its GDP on health care in 2014. Life expectancy is only 54 years for women and 51 years for men. Forty percent of the population is under the age of 15, and the median age is 20 (WHO 2015). Only 4 percent of the population lives in urban areas, and this impacts people’s access to health care.

Improved drinking water is available to 67.1 percent of the population, but the disparity between urban and rural areas is evident; 92.1 percent have access in urban areas compared to 51.1 percent in rural areas (UNICEF 2015). Only 33.8 percent has access to sanitation facilities: 43.1 percent urban and 27.8 rural (WHO 2015). Equity gaps continue to persist, especially in rural and remote areas. And ongoing fighting and instability make these numbers unstable and likely higher for the actual population.

Maternal Health

Only 19 percent of women in the Central African Republic use some form of modern contraception; the fertility rate in 2012 was 4.5 (down from 5.8 in 1990) (WHO 2015; UNICEF 2015). For a woman between ages 15 and 49, there is a 47 percent probability that she will be ill or die from maternal causes. The maternal mortality rate is very high: 880/100,000 in 2013. Only 38 percent of women attend four or more antenatal appointments, and 40 percent are attended by a skilled birth assistant for delivery. The mortality rate for children under 5 years old is also high, with 139 per 1,000 children dying. The leading cause of death for children under 5 years old is malaria at 16 percent (WHO 2015).

Abortion is prohibited except to save the life of the mother. Little information about prevalence is available, but it is suspected that abortion is common. There is concern that the pregnancy rates for adolescents is high, and the likely pursuit of abortion is also high. Unsafe abortions

are dangerous and can contribute to lasting health issues for women and girls.

Diseases and Disorders

Only 25 percent of children are vaccinated against measles, and, as mentioned above, immunization services have been severely limited. Malaria accounts for 115.4 per 100,000 deaths, and while these rates are going down, they remain one of the country’s most pressing health problems (WHO 2015). Between 2008 and 2012, 36.4 percent of children slept under insecticide-treated nets (ITN), and 47.2 households had at least one ITN (UNICEF 2015). In addition to malaria, watery diarrhea, physical trauma, and malnutrition are of deep concern within the country and for the international aid community.

As in many African countries, HIV/AIDS is the leading cause of death in the Central African Republic at 17.2 percent (248.2 per 100,000 people), followed by diarrheal disease at 11.2 percent (WHO 2015). There are gendered differences in comprehensive knowledge about HIV; 26.1 percent of young men ages 15 to 24 versus 17.3 percent of young women could demonstrate comprehensive knowledge. For the poorest young women, this number is 14.1 percent, and for the richest 23 percent. The prevalence of condom use among young men ages 15 to 24 is 46.5 percent but only 34 percent of young women (UNICEF 2015). These numbers show that some of the most at-risk people do not have access to information.

Employment

In addition to providing a majority of the reproductive labor, including the care and keeping of home and children, women in the CAR also occupy a multitude of spaces in the workforce. In 2012, females over the age of 15 accounted for 72.5 percent of the economically productive workforce, actively providing labor for the production of goods and services (World Bank 2012). Careers for women are based not only on gender but also on class and socioeconomic status. Those who have access and opportunity to pursue higher education have attained employment in roles traditionally relegated to female workers, including teaching, nursing, retail, and government. However, most women who work for wages are not seeking a career but struggling to meet basic needs. Many women sell crops and handmade goods in local markets. While many female vendors are economically obligated to sell food and crafts,

artisans serve in an apprenticeship, extending cultural and familial traditions through basket weaving and the creation of pottery (Woodfork 2006, 66). Artisans' roles, like other forms of employment, are based on gender. For example, "Gbaya women make the pottery and the men do the weaving" (Woodfork 2006, 66). Artisans are typically afforded the time and freedom to explore their craft. Their goods represent tradition, and their functional art is salient to local culture (Woodfork 2006, 66).

Women in the CAR represent a majority of the agricultural workforce, although they do not have rights to the land they farm. Historically, this can be traced back to the oppressive influence of colonial rulers from the global North, such as King Leopold of Belgium, who expressed the opinion that wives of enslaved African men would work the plantations of the state (Samarin 1989, 188). Although the constitution guarantees equal rights to women and men, including one's ability to own property, the customs and traditions of the country are the defining factors in a woman's ability to profit from her own labor.

Women in rural areas and women from minority groups, such as the Ba'Aka, generally suffer more discrimination than women in urban areas (U.S. Department of State 2014b). For example, the Ba'Aka are most susceptible to becoming victims of forced agricultural labor (U.S. Department of State 2014b). Children also participate in agricultural labor, especially in rural areas, regardless of child labor laws. Legally, children must be between 12 and 14 to seek employment; however, children as young as 7 frequently perform agricultural work (U.S. Department of State 2014b). In urban areas, such as the capital, Bangui, an estimated 3,000 children work as street vendors (U.S. Department of State 2014b). Young street children predominantly identify as those who have lost parents to HIV/AIDS and are accused of practicing sorcery (U.S. Department of State 2014b).

Women and children fill the lowest wage positions. For example, the monthly minimum wage for government workers is three times the compensation received by agricultural workers (U.S. Department of State 2014b). In addition, minimum wage requirements only apply to formal sectors, and many arrangements are private and unregulated. While policies and laws exist to protect the rights of workers in the CAR, officials are often unable to enforce legislative standards due to corrupt and unstable politics, which results in commonplace violations of workers' rights (U.S. Department of State 2014b). There is also a lack of gender-specific policies or laws preventing

discrimination or harassment in the workplace based on sex, gender identity, or sexual orientation.

Family Life

A history of colonialism and neocolonial politics is not only apparent in the economy, politics, and geographical borders of the CAR; it is also relevant in analyzing contemporary sociocultural dynamics such as gender roles. When involvement in politics is limited and a population's culture is threatened, marginalized groups, such as women, who have been silenced may mimic or join their oppressors as a method to regain what was lost. Imperialistic beliefs that were imposed on inhabitants of the CAR during French colonial rule also affected women's productive and reproductive autonomy.

Prior to colonial rule, women possessed greater sexual agency and received increased respect for contributions beyond their ability to bear children. Females owned possessions, shared in cooperative decision-making processes, and were able to initiate divorce (Woodfork 2006, 100). Land was divided among community members based on need before the French introduced landownership and consumer agriculture in the early 20th century. It was then that women became defined as legally subordinate, followed by socially inferior, to men based on their inability to own land or seek divorce. In many ways, women still encounter limited opportunities due to the sociocultural norms. Although the constitution now states that men and women have equal rights to own property, traditional laws and practices govern societal perceptions of land rights, with land typically passing from father to son, offering women extremely limited access to land rights (USAID 2010). According to the 2013 *Human Rights Report*, women in the CAR are treated as men's subordinates both economically and socially (U.S. Department of State 2014b). For example, single or widowed women, including those with children, are not considered heads of households, which translates into government subsidies only being accessible to men. Social norms affirm that the family of a deceased man has the power to evict his widow and their children from marital property because women are considered to be land users rather than landowners in the CAR's patrilineal culture (USAID 2010).

Cultural gender roles impact sociocultural beliefs pertaining to domestic violence, which is prevalent in the CAR despite laws that "prohibit violence against any person" with attached penalties of up to 10 years in prison (U.S.

Department of State 2014b). Although the law prohibits rape, no such protection exists for married women. As recently as 2012, not only did 80.3 percent of men justify spousal abuse, but 79.6 percent of women also rationalized beatings females received from male partners (UNICEF 2014). These beliefs start at an early age, with 79.4 percent of adolescent females also justifying wife beating (UNICEF 2014).

Double standards are applied to extramarital affairs; men are treated differently than women. Both monogamous and polygynous marriages are acceptable, but different groups practice each based on gender, socioeconomic status, location, religion, and tradition. Polygyny is legal in the CAR, and men are able to take up to four wives (USAID 2010). Monogamy is favored by Christians, most women, and those with Westernized views; however, polygyny is common, and some consider a lack of partners (or wives) to be going against tradition (Woodfork 2006, 122).

Despite fluid definitions of loyalty within marriage, adultery is a serious transgression when committed by a female. A man who suspects adultery can ask for a return of the bridewealth and will typically be justified in physically reprimanding his wife. For example, “In the case that a man catches his wife in the act of having sex with another man, the murder of the wife and the sexual partner are excusable” (Woodfork 2006, 101). In a 2009 international study, 25 percent of women surveyed in the CAR openly communicated that they had experienced domestic violence, and no evidence of any efforts to punish perpetrators of rape and domestic violence were discovered by those conducting the 2013 report on human rights practices (U.S. Department of State 2014b).

Although the statistics may appear discouraging, family is deeply treasured in the CAR, with each member appreciated for their individual contributions. Marriage is a highly valued institution, and family groupings are complex units representing tradition and (relative) safety. Respect is integral to social interactions, with elders receiving great esteem and ancestors regarded as part of the extended family (Woodfork 2006, 113, 130). Inhabitants of the CAR rely on family and friends within their community for support and expect to offer reciprocal assistance when their own neighbors are in need.

Reproduction

The average woman in the CAR will give birth to four or five children during her lifetime, based on the 2012 total

fertility rate (UNICEF 2014). Unfortunately, maternal, perinatal, and childhood mortality rates are high. For example, 1 in 26 women and girls risk losing their life due to complications from childbirth (UNICEF 2014). In a voluntary initiative, the CAR is committed to increasing health-sector spending from 9.7 percent to 15 percent, with 30 percent of the health budget focused on women’s and children’s health according to a development initiative published on the United Nations Web site (United Nations 2014). Although rates of maternal mortality are high and only 53 percent of women report a skilled health care provider attending their birth, a lack of technological intervention may also allow the CAR to adhere closer to the reproductive standards of the World Health Organization than high income countries of the global North (UNICEF 2014). Current cesarean rates in the CAR are only 4.5 percent of all births, while countries in the global North exceed maximum World Health Organization cesarean rates guidelines by 5–31 percent (WHO 2014; Gibbons et al. 2010).

Children are highly valued in the CAR, and women are celebrated for their fertility. Abortion is illegal in the CAR, with no exceptions permitted, and is punishable with fines and up to five years’ imprisonment (UN Population Division 2002). In fact, even survivors of brutal sexual assaults are forced to bear the children of their rapists. A 2006 study cites that inadequate access to contraceptives as well as apathy and disdain for women contributes to 19–20 million unsafe abortions performed worldwide, 97 percent of which occur in low-income countries (Grimes et al. 2006). The United States reinforces unsafe practices that place women and girls at risk with an abortion ban imposed on all foreign aid to areas such as the CAR.

According to UN data collected between 1990 and 2011, only 9 percent of women and girls between the ages of 15 and 49 who were married or involved in a monogamous relationship used a reliable method of contraception (U.S. Department of State 2014b). Having limited contraceptive choices is a representation of the cultural value tied to fertility and children, patriarchal values impacting women’s reproductive autonomy, and high rates of sexual violence. However, use of contraceptives is rising. Between 2008 and 2012, approximately 15 percent of women between the ages of 15 and 49 in monogamous relationships reported using contraceptives, illustrating an increase of 6 percent (UNICEF 2014). By 2012, at least 34 percent of females between the ages of 15 and 24 who had sex with multiple partners reported using condoms (UNICEF 2014).

Sexuality

There is very limited information on same-sex relationships and LGBTQ+ issues in the CAR due to a focus on meeting the immediate basic needs of people who are impacted by poverty and political conflict and a lack of documentation of precolonial indigenous belief systems regarding sexuality. Current beliefs dictate that marriage is the goal of all relationships, and the purpose of marriage is to produce offspring and join two or more families (Woodfork 2006, 115, 121). Marriage is not solely about the needs or desires of the individuals within the relationship; it is a representation of culture, tradition, and respect in the family and greater community. Many inhabitants of the CAR today suspect that the existence of same-sex relationships is directly related to Western influence (U.S. Department of State 2014a).

It is also probable that the authoritative governmental position on same-sex relationships impacts societal views. According to the U.S. Department of State, “The penal code criminalizes consensual same-sex sexual activity,” and “the penalty for ‘public expression of love’ between persons of the same sex is imprisonment for six months to two years” (U.S. Department of State 2014b). People in same-sex relationships that are charged with public displays of affection can also be charged fines equal to approximately two years’ worth of wages. In addition to official policies, there is widespread sociocultural discrimination against people who are perceived as gay, lesbian, bisexual, or transgender (U.S. Department of State 2014b). Due to political and societal perceptions of same-sex relationships, there is an absence of organizations advocating for LGBTQ+ rights in the CAR.

Politics

Women are poorly represented in the country’s political and administrative bodies, despite a national dialogue asserting that women are to occupy 35 percent of political positions. The CAR ratified the CEDAW convention, widely referred to as the women’s bill of rights, in June 1991, and it entered into force the following month. Female participation in the CAR government accounted for only 12.5 percent of influential positions (Inter-Parliamentary Union 2012). Additionally, “fewer than 3 percent of judges and lawyers in the country are female, and legal-aid services in the country are limited” (USAID 2010, 7). Disparate and inequitable access to education and hierarchal gender roles

result in women’s decreased ability to assert their legal rights or seek political careers. Although many laws exist to protect women’s rights, the *Human Rights Report* notes that underfunded programs as well as corrupt officials contribute to ineffectual policies (U.S. Department of State 2014b).

Political structure in the CAR is modeled after France and includes a president and prime minister. Theoretically, the president serves as head of state and head of government within a governmental model in which a president is elected by the people to complete a six-year term, with a prime minister appointed by the president. However, inhabitants of the CAR have learned systems of domination from self-appointed colonial rulers, slave traders, and the lived experiences of equating wealth with power locally and transnationally. Various officials have obtained political power using violent and inequitable methods, and many leaders have been overthrown throughout a history of civil conflict. A contemporary example was the 2013 self-appointment of president Michel Djotodia. The Séléka leader ruled for nearly one year before being replaced by the prior mayor of Bangui and first female to be appointed to the post of interim president. In January 2014, Catherine Samba-Panza began her role by “strongly call[ing] on the fighters to show patriotism in putting down their weapons” (Katz 2014). She went on to state in her inaugural address that “the ongoing disorder in the country [would] not be tolerated” (Katz 2014).

The CAR has endured a history of political instability associated with guerilla warfare. The Séléka and the Lord’s Resistance Army, which is scattered throughout the Democratic Republic of Congo and the Central African Republic, are known for abduction, rape, amputations, murder, and the recruitment of youth to forcefully commit violent atrocities against civilians. In January 2014, the United Nations reported over 6,000 children currently recruited as soldiers, with many young girls becoming the victims of sexual slavery (UN News Centre 2014). Although the number of girls and women that suffer sexual assault in conflict areas cannot be accurately documented, in 2011, the Lord’s Resistance Army had kidnapped over 360 youth for some form of servitude (U.S. Department of State 2014a). Advocacy and peace work have been successful in decreasing the number of children involved in armed combat; however, armed groups continue to use children as young as 12 years old in positions as lookouts and porters (U.S. Department of State 2014a).

Although many children and their parents are eager to witness an end to conflict with the hope of pursuing an

education, the country's current infrastructure does not support these goals. Widespread poverty and the destruction of physical environments decrease options for CAR youth. Communities that attempt to protect their children from becoming forced combatants and sexual slaves find they must employ these very children as members of self-defense committees to protect their families and the community (U.S. Department of State 2014b).

Religious and Cultural Roles

According to the 2003 census, the population of the CAR is 51 percent Protestant, 29 percent Roman Catholic, and 15 percent Muslim (U.S. State Department 2014d). The *International Religious Freedom Report for 2012* goes on to report that the remaining 5 percent practice animistic indigenous beliefs (2014d). However, the *CIA World Factbook* indicates that the population is 25 percent Protestant, 25 percent Roman Catholic, 15 percent Muslim, and 35 percent spiritually indigenous (CIA 2014). Several sources assert that animistic beliefs are central to many aspects of spirituality in the CAR and are incorporated into both Christian and Islamic practices (CIA 2014; U.S. State Department 2014d). The government acknowledges Christian celebrations as national holidays, but Islamic holy days are only recognized on an individual basis (U.S. Department of State 2014b).

Political strife in the Central African Republic influences all other areas of life, including religious freedom. Muslims in the CAR are in immediate and life-threatening danger due to the misdirected anger of Christian citizens who were targeted under Séléka rule. Muslims, who constitute almost one-sixth of the CAR population, are suffering a backlash on their beliefs and persons as the Christian militias invade and “cleanse” the towns following the successful removal of the violent Séléka leader, Djotodia, in January 2014. For instance, CNN reported that over 100 Muslims were killed in Bossemptele in January 2014 during one of these raids (Smith-Spark 2014). Followers of Islam are being forcibly removed from their communities with violent results. The *Wall Street Journal* reported that “1,300 of the last remaining Muslims in [the] capital city left on Sunday, escorted by African peacekeepers through a gauntlet of jeering Christians after months trapped in a squalid camp surrounded by lynch mobs” (Hinshaw 2014). Many sought brief refuge in churches and camps along the way as they escaped religious persecution.

Under the threat of losing their homes, children, and possibly their lives, Muslim females encounter unique challenges. For example, before Fatimatu Yamsa was murdered, along with her sons, she had entrusted the life of her infant daughter to a Christian woman who vowed to pretend that the baby was hers. Baby Shamsia, who had been safely delivered to her uncle's home after the tragedy, turned 8 months old in March 2014. A young girl's life was saved by two women who understood that their shared experiences as mothers was more salient than their religious differences (Raghavan 2014).

Although the CAR Constitution supports freedom of religion, the ostracism reaches beyond Muslims to those accused of sorcery or witchcraft. A majority of those accused of witchcraft are women, especially those lacking familial support, and they are “often subjected to mob violence, imprisonment, or death” (U.S. Department of State 2014b). In 2011, a woman in Bangui received death threats from neighbors after being accused of sorcery, and she was subsequently placed in police custody for more than six months to ensure her own safety (U.S. Department of State 2014a). In another example, five women accused of sorcery in 2011 were beaten and tortured by members of the People's Army for the Restoration of Democracy (APRD) (U.S. Department of State 2014a). Consequently, one woman died of her injuries. The government inadvertently encourages the subjugation of perceived practitioners of sorcery by listing witchcraft and sorcery as criminal acts punishable by 5 to 10 years in prison and a small fine (U.S. State Department 2014c).

Issues

Impact of Conflict on Women's Lives

Recent conflict and politics have played a ubiquitous and often terrifying role in women's lives. Within a one-year time span (2013–2014), citizens of the CAR witnessed a multitude of violent atrocities during civil warfare, followed by the transition to the country's first female president. Although the chronic stress of living in an environment of combat is challenging for all residents of the CAR, women and girls are at increased risk, particularly for sexual violence. Many victims of sexual or gender-based violence who seek medical treatment require surgery due to the atrocious extent of injuries (U.S. Department of State 2014b). Victims and survivors sometimes contract sexually transmitted infections, including HIV/AIDS, or become pregnant and are subsequently forced to bear the children

of their attackers. As recently as March 2013, women were attacked as rebels seized the capitol of the CAR, but with the collapse of the civilian administrative government, many police forces, courts, schools, and health care facilities were closed. (Mudge and Pennec 2014).

The 2013 *Human Rights Report* documents that rape is used as a weapon against the population by both government forces and rebel armies (U.S. Department of State 2014b). Rape often occurs in the presence of the survivors' children and other family members (U.S. Department of State 2014b; Mudge and Pennec 2014). Although not an issue unique to the CAR or civil conflict, victims rarely report the crime to officials and are unable to seek medical assistance due to the social stigma attached to rape (U.S. Department of State 2014b). While multiple sources document crimes against female citizens, there is a lack of information on the number of female soldiers in the CAR and their experiences as victims or accomplices. It is also unreported whether complicity earns female soldiers some degree of immunity (U.S. Department of State 2014b).

Because of this violence and the collapse of many aspects of society, many women in the CAR have become refugees. A June 2014 report referencing the United Nations Refugee Agency (UNHCR) indicated that more than 29,000 inhabitants of the CAR were living in refugee camps in the Democratic Republic of Congo, and one-third were under the age of 18 (Furcoi 2014). As of 2013, the UNHCR reported over 225,000 refugees, asylum seekers, and displaced peoples within the CAR and over 430,000 originating from the CAR (UNHCR 2014). Unfortunately, the report does not include specific data on the numbers or ages of female refugees or gendered violence within refugee camps.

Female Circumcision

According to WHO's 2008 estimates, 25.7 percent of girls experience female circumcisions in the Central African Republic, which is a marked decrease from 36 percent in 2005 (http://www.unicef.org/publications/files/FGM-C_final_10_October.pdf). The CAR has seen a dramatic decrease and has a low prevalence rate compared to the other main 29 nations that practice female circumcision about which the United Nations has gathered data.

There are four different types of female circumcision, which range from pricking to a cliterectomy. Most circumcisions are performed by a traditional practitioner when girls are between 5 and 14 years old. More than 90 percent

of women in the CAR think the practice should stop. Young women 15–19 years old and women from poorer households are more likely to support the continuation of female circumcision than women ages 45–49 and women from richer households. Support for female circumcision declines with higher levels of education, and women who have been cut are more likely to favor discontinuing the practice. Muslims, Catholics, and other Christians practice female circumcision at similar rates, though the rates vary by region.

Gender, Power, and the Sexual Dynamics of HIV/AIDS

In 2009, there were 130,000 Centrafricans living with HIV/AIDS and 11,000 HIV/AIDS-related deaths (CIA 2014). In general, women in Africa have been uniquely susceptible to the primary infection, the development of AIDS, and fatality due to their global and cultural subjugation. Decreased access to wealth and health care and their dependence on men reduces the likelihood that women will seek timely quality treatment. A gendered focus on caring for family also impacts the improbability that women will receive all necessary treatment.

Although parents yearn to protect their family and women often place the needs of others ahead of their own, children continue to be negatively impacted by the HIV/AIDS crisis because of inequitable health care, institutionalized discrimination, and social stigma. By 2013, "an estimated 300,000 children had lost one or both parents to HIV/AIDS," and many children and families are accused of sorcery to increase social censure and ostracism (U.S. Department of State 2014b). The influence of civil conflict also uniquely impacts those seeking treatment for HIV/AIDS. According to the United Nations, the looting of medical supply stores by rebel forces resulted in 13,703 individuals at risk of missing antiretroviral treatment (U.S. Department of State 2014b).

Feminist Organizing and Grassroots Movements

Transnationally, peoples of all races, religions, socioeconomic statuses, and a confluence of additional identity markers participate in feminist movements as they advocate for the advancement of social, political, and economic equality for women and girls. In 2012, the Central African Young Feminist Forum was hosted in Brazzaville, and 40 women from Burundi, Cameroon, Congo, the Democratic Republic of Congo, the Central African Republic, and Chad participated (African Feminist Forum 2012). The women

examined personal experiences and systemic inequity while generating ideas for collaborative activism at sub-regional, regional, and national levels (African Feminist Forum 2012).

KARINDA WOODWARD

Further Resources

- "Africa: Human Geography." 2014. Retrieved from <http://education.nationalgeographic.com/education/encyclopedia/africa-human-geography>.
- African Feminist Forum. 2012. "Central African Young Feminists Forum." Retrieved from <http://www.africanfeministforum.com/wp-content/uploads/2016/04/CENTRAL-AFRICAN-YOUNG-FEMINISTS-FORUM.pdf?x55323>.
- "Central African Republic." 2014. *Ethnologue*. Retrieved from <http://www.ethnologue.com/country/CF>.
- CIA (Central Intelligence Agency). 2014. "Central African Republic." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/ct.html>.
- Exploring Africa. 2014. "Central African Republic." Retrieved from <http://exploringafrica.matrix.msu.edu/country-overview/central-african-republic>.
- Furcoi, Sorin. 2014. "In Pictures: Plight of CAR Refugees in DRC." Al Jazeera, June 2. Retrieved from <http://www.aljazeera.com/indepth/inpictures/2014/05/pictures-plight-car-refugees-d-2014528122328789966.html>.
- Gibbons, Luz, José M. Belizán, Jeremy A. Lauer, Ana P. Betrán, Mario Meriardi, and Fernando Althabe. 2010. *The Global Numbers and Costs of Additionally Needed and Unnecessary Caesarean Sections Performed per Year: Overuse as a Barrier to Universal Coverage*. World Health Organization. Retrieved from <http://www.who.int/healthsystems/topics/financing/healthreport/30C-sectioncosts.pdf>.
- Grimes, David A., Janie Benson, Susheela Singh, Mariana Romero, Bela Ganatra, Friday E. Okonofua, and Iqbal H. Shah. 2006. "Unsafe Abortion: The Preventable Pandemic." *The Lancet* 368 (9550): 1908–1919. doi:10.1016/S0140-6736(06)69481-6.
- Gupta, Geeta Rao. 2002. "How Men's Power over Women Fuels the HIV Epidemic." *British Medical Journal* 324 (7331): 183–184.
- Hewlett, Bonnie L. 2013. *Listen, Here Is a Story: Ethnographic Life Narratives from Aka and Ngandu women of the Congo Basin*. New York: Oxford University Press.
- Hinshaw, Drew. 2014. "Muslims Flee Central African Republic Capital." *Wall Street Journal*, April 27. Retrieved from <http://online.wsj.com/news/articles/SB10001424052702304163604579528073391627270>.
- International Council of Aids Service Organizations. 2007. "Gender, Sexuality, Rights and HIV: An Overview for Community Sector Organizations." Retrieved from http://www.icaso.org/publications/genderreport_web_080331.pdf.
- Inter-Parliamentary Union. 2012. "Women in National Parliaments." Retrieved from <http://www.ipu.org/wmn-e/arc/classif300412.htm>.
- Katz, Andrew. 2014. "Meet Catherine Samba-Panza, Central African Republic's New Interim President." *Time*. Retrieved from <http://world.time.com/2014/01/23/meet-catherine-samba-panza-central-african-republics-new-interim-president>.
- Minority Rights Group International. 2008. "World Directory of Minorities and Indigenous Peoples: Central African Republic Overview." Retrieved from <http://www.minorityrights.org/?lid=4777>.
- Mudge, Lewis, and Elsa Le Pennec. 2013. *"I Can Still Smell the Dead": The Forgotten Human Rights Crisis in the Central African Republic*. Human Rights Watch (HRW). Retrieved from <https://www.hrw.org/report/2013/09/18/i-can-still-smell-dead/forgotten-human-rights-crisis-central-african-republic>.
- Myers, Juliette. 2013. "Untying the Knot: Exploring Early Marriage in Fragile States." World Vision UK. Retrieved from http://0c43c196086d41d35679-60e8a72e2d60353e590e84e3562c2b51.r53.cf3.rackcdn.com/files/7613/7164/5845/UNTYING_THE_KNOT_-_March_2013.pdf.
- Raghavan, Sudarsan. 2014. "The Central African Republic's Complex War, Explained in the Journey of a Muslim Baby Girl." *Washington Post*, March 9. Retrieved from http://www.washingtonpost.com/world/africa/it-was-a-miracle-she-survived/2014/03/08/04ca0922-9671-11e3-ae45-458927ccedb6_story.html.
- Samarin, William J. 1989. *The Black Man's Burden: African Colonial Labor on the Congo and Ubangi Rivers, 1880–1900*. Boulder, CO: Westview Press.
- Smith-Spark, Laura. 2014. "Rights Groups Warn of Ethnic Cleansing of Muslims in Central African Republic." CNN, February 12. Retrieved from <http://www.cnn.com/2014/02/12/world/africa/central-african-republic-muslims>.
- UNAIDS. 2013. "Global Report: UNAIDS Report on the Global AIDS Epidemic 2013." Retrieved from http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf.
- UNHCR. 2014. "UNHCR Global Appeal 2014–2015—Central African Republic." Retrieved from <http://www.unhcr.org/528a0a1f13.html>.
- UNICEF. 2014. "UNICEF—Central African Republic—Statistics." Retrieved from http://www.unicef.org/infobycountry/car_statistics.html.
- UNICEF. 2015. Country Statistical Tables. Retrieved from https://www.unicef.org/infobycountry/car_statistics.html.
- United Nations. 2000. "Implementation of the Beijing Platform for Action (1995) and the Outcome of the Twenty-Third Special Session of the General Assembly (2000) in the Central African Republic." Retrieved from <http://www.un.org/womenwatch/daw/Review/responses/CENTRAL-AFRICAN-REPUBLIC-English.pdf>.
- United Nations. 2014. "Central African Republic Commits to Increase Health Sector Spending from 9.7% to 15%." Retrieved from <http://sustainabledevelopment.un.org/index.php?page=view&type=1006&menu=1348&nr=1063>.
- UN News Centre. 2014. "UN News-Central African Republic: Over 6,000 Child Soldiers May Be Involved in Fighting, UN Says." January 17. Retrieved from http://www.un.org/apps/news/story.asp?NewsID=46954#U2_momnXjMo.

- UN Population Division. 2002. "Abortion Policies: A Global Review: Central African Republic." Retrieved from <http://www.un.org/esa/population/publications/abortion/profiles.htm>.
- USAID. 2010. "Property Rights and Resource Governance: Central African Republic." Retrieved from http://usaidlandtenure.net/sites/default/files/country-profiles/full-reports/USAID_Land_Tenure_Central_African_Republic_Profile.pdf.
- U.S. Department of State. 2014a. "Country Reports on Human Rights Practices for 2011." Retrieved from <http://www.state.gov/j/drl/rls/hrrpt/2011humanrightsreport/index.htm>.
- U.S. Department of State. 2014b. "Country Reports on Human Rights Practices for 2013." Retrieved from <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm>.
- U.S. State Department. 2014c. "International Religious Freedom Report for 2011." Retrieved from <http://www.state.gov/j/drl/rls/irf/2011religiousfreedom/index.htm>.
- U.S. State Department. 2014d. "International Religious Freedom Report for 2012." Retrieved from <http://www.state.gov/j/drl/rls/irf/religiousfreedom/index.htm>.
- Van der Gaag, Nikki. 2011. "Because I Am a Girl: The State of the World's Girls 2011: So, What about Boys?" Retrieved from <http://www.planusa.org/becauseiamagirl/docs/BIAAG-Report-2011.pdf>.
- WHO (World Health Organization). 2014a. "Monitoring Emergency Obstetric Care." Retrieved from <http://www.who.int/reproductivehealth/publications/monitoring/9789241547734/en>.
- WHO (World Health Organization). 2014b. "WHO Helps Central African Republic Assess Damage and Restore Its Health System." Retrieved from <http://www.who.int/features/2014/car-health-system/en>.
- WHO (World Health Organization). 2015. "Central African Republic: WHO Statistical Profile." Retrieved from <http://www.who.int/gho/countries/caf.pdf?ua=1>.
- Woodfork, Jacqueline Cassandra. 2006. *Culture and Customs of the Central African Republic*. Santa Barbara, CA: Greenwood.
- World Bank. 2012. "World Development Indicators: Labor Force Participation Rate, Female." Retrieved from <http://databank.worldbank.org/data/views/reports/tableview.aspx>.

D

Democratic Republic of Congo

Overview of the Country

The Democratic Republic of Congo (DRC) is a country of roughly 71 million inhabitants, often called Congolese, located in the central region of Africa. Nearly 40 percent live in urban areas (World Bank 2015). It is the 11th-largest country in the world and the 2nd-largest country in Africa, with a landmass of 1,408,678 square miles. It shares a border with eight African countries: Angola, Zambia, Burundi, Rwanda, Uganda, Sudan, Central African Republic, and Republic of the Congo. Within the DRC, there are 10 provinces and one city. The provinces are Bandundu, Lower Congo, Equateur, West Kasai, East Kasai, Katanga, Maniema, North Kivu, Orientale, and South Kivu. Kinshasa is the capital city of the DRC. A small section of DRC land borders the South Atlantic Ocean.

The official language of the DRC is French, a remnant of its history as a Belgian colony. Though French remains the official language used by the government and media for communications and reporting, a number of Congolese people also speak an African language. Some of the more prevalent languages are Lingala, Swahili, Kikongo, and Tshiluba. These languages are sometimes associated with particular ethnic groups and may be utilized more often than French by members of particular ethnic communities at the same time French is the language of education after grade two.

The climate in the DRC varies by region. It is split by the equator and is largely considered tropical due to its proximity to the equator. The central river basin, which is hot and is close to the equator, and the eastern highlands, which are cooler due to altitude, are home to tropical rain forests; both areas see significant rainfall. Because of this, the DRC has the world's second-largest rain forest. It is a country ripe for agriculture because of this climate; many tropical fruits and vegetables thrive in the climate of the DRC.

Colonialism and Independence

The Democratic Republic of Congo, as with many other African countries, was colonized by Europeans in the 16th and 17th centuries. Prior to full colonization by Belgium's King Leopold II in the 1870s, British, Dutch, French, and Portuguese slave-trading merchants removed Congolese citizens for triangular trade with the United States and other European countries. Though many native Congolese were shipped to the United States and Europe as part of the slave trade, King Leopold II and his Belgian forces enslaved thousands of Congolese citizens to work the mineral-rich land, producing gold and other resources desired for cross-continental trade.

Formerly known as Zaire, the DRC was established in 1908 as a Belgian colony after King Leopold conceded control of the land to the Belgian government; it remained a colony until its independence in 1960. Since

its independence, the DRC has experienced decades of war. This is largely due to the autocratic style of ruling while under Belgian control. As a result, foreign interests took advantage of the lack of governance and infrastructure implemented prior to and immediately following independence.

The United States and European countries took particular interest in then Zaire during the Cold War era and fueled a coup to overthrow the first prime minister, Patrice Lumumba, to pave the way for Mobutu Sese Soko (1930–1997), who supported the U.S.’s and Europe’s stance in the Cold War and made the resources of the Congo available for the United States and European countries. Mobutu utilized the country’s rich minerals and natural resources as collateral to gain allies, fend off rivals, and enrich his own wealth. Mobutu’s reign is often considered a dictatorship by the Congolese, as he maintained regimes that kept him in wealth and power until he was eventually ousted from office in 1997 after 32 years of ruling (Enough Project 2015).

The violence that has ensued in the DRC since independence does not have one single cause or purpose. Because of this, the challenge for peacekeeping in the DRC includes deciding what areas of the DRC to address and with whom to start the efforts. The DRC is a country rich with minerals and natural resources; therefore, aspects of the conflict are rooted in who controls or has access to these resources. This in turn contributes to the unrest that often leads to violence. Following its independence from Belgium’s colonization, the DRC saw the rise of several militia groups, namely, the Democratic Forces for the Liberation of Rwanda (FDLR), the National Congress for the Defense of the People (CNDP), the Allied Democratic Forces (ADF), the Mai Mai Militia, and the Lord’s Resistance Army (LRA), who fight to gain control of resource-rich areas of the newly independent country. These militia groups’ power has waxed and waned in strength throughout the years following the DRC’s independence from Belgian control. Some have been destabilized by increased government involvement, but many still reign over resource-rich areas of the DRC, particularly those in the eastern part of the Congo, scattered along the eastern borders of North and South Kivu, and occupying large areas of the country near water sources, such as Lake Kivu and Lake Tanganyika.

Conflict between ethnic groups in the DRC is a large contributing factor in the violence. The DRC is home to more than 200 ethnic groups. The majority ethnic groups are the Kongo, Luba, and Mongo groups. The Hutus also constitute

one of the largest ethnic groups in the DRC. During the 1994 Rwandan genocide, the Hutus, the primary leaders of the genocide, were overthrown by the Tutsis for control of Rwanda’s government. As a result, roughly 2 million Hutus fled to the DRC and joined forces with Mobutu, the DRC president who had held control since 1965, to begin attacking the Tutsis in the DRC. During his final years of rule, Mobutu offered refuge to refugees from Rwanda seeking escape from the mass genocide enacted by the Hutu military against the Tutsi people. Mobutu also offered refuge to Hutus responsible for the genocide, causing violence to erupt in the DRC as Uganda and Rwanda invaded the Congo in 1996 in the search for Hutu militia taking refuge.

Hutu militia groups rose to power in the eastern region of the country, often called the “Great Lakes” region, and enacted violence on other ethnic groups of that region in an attempt to gain control of the region. The conflict between the Hutus and Tutsis led to years of the two ethnic groups jockeying for control of the DRC government, and many other ethnic groups fell victims to their conflict as militias developed to protect ethnic groups, regions, or a combination of the two. The lack of governmental control over natural resources and lack of military infrastructure to ward off militia groups continues to situate the DRC as a battleground for control over land and its resources.

Due to the years of conflict in the country, there is a significant population of internally displaced persons who are refugees from other parts of the DRC who migrate to other regions of the DRC as well as some neighboring countries, such as Rwanda or Burundi, for safety from ethnic conflict. Many of these people are women and their families who have been displaced due to the men who left their families, either by death or by joining up with one of the multiple militia groups roaming the country.

More than 75 percent of refugees from the DRC have fled to the neighboring countries Republic of the Congo, Uganda, Tanzania, Rwanda, Burundi, Zambia, and Malawi. The continued violence in the DRC makes it difficult for the Congolese to return, and legal rights are restricted in various ways in each of these countries; the legal right to work, access to education, freedom of movement, and access to citizenship are included in restrictions for refugees from the DRC.

The DRC Today

Through these conflicts between warring ethnic group militias and government forces, rape has consistently been

used as a weapon of war. War and violence are a defining part of the experience of many of those who have lived in the DRC over the past few decades, particularly women and children. More than 3.3 million deaths occurred because of the Congo Wars (1998–2002), many of whom were women and girls (Nzongola-Ntalaja 2004). In total, the era of violence in the DRC is said to have claimed roughly 6 million lives. It has also caused the DRC to be known as having the highest number of rapes per capita. This historical narrative about the DRC has made efforts toward equity for women a challenge, as women's presence has come as a peripheral presence, situating women as second-class citizens.

Out of the 187 countries the UN Development Programme (UNDP) assesses in their Human Development Index (HDI), a matrix of measuring the quality of life based on life expectancy, education, health care, and income, among other factors, the DRC ranks as number 186, an indication of the severe poverty and lack of critical resources DRC citizens experience as their daily reality. At 47.8 years, the adult life expectancy rate is low when compared to the world average of 69.4 or the rate of industrialized nations such as the United Kingdom, which has a life expectancy rate of 80.1 years. This is a sign of the lack of access to reliable health care and likelihood of experiencing militarized violence. The literacy rate in the DRC is roughly 15 percent lower than the world average and 32 percent lower than the United Kingdom's rate (World Bank 2015). Life in the DRC poses significant challenges, and the issues DRC folks face are intertwined, affecting all aspects of their livelihood and well-being.

Though the situation for women and children in the DRC has been dire in the past four decades, there have been improvements for women and girls in the DRC. There is an increased effort to focus on the needs and rights of women to be safe, to obtain an equitable education, and to pursue work and careers outside of the home. Multiple international agencies and government coalitions are working with the people of the Congo to realize a more equitable postwar society.

Girls and Teens

Girls and teens in the Democratic Republic of Congo have been subject to significant violence because of the various militia groups that have employed coups in villages throughout the DRC. Regular, systematic violence against women is part of the country's historical and

contemporary reality. This influences the larger issue of the treatment and status of women in the DRC. Because girls and women have become targets for rape and sexual violence, they are often viewed as second-class citizens in the DRC, and the opportunities afforded or not afforded to them reflect that status.

Recreation

Recreation for girls in the DRC is largely dependent on the status of their parents' wealth. For Congolese girls from more affluent backgrounds, who often live in urban areas like Kinshasa, there are opportunities for clubs and sports. Soccer is a popular pastime for many Congolese people, and affluent Congolese girls participate in organized soccer teams; those in less affluent areas may still play soccer informally. There are also organizations such as the Action Kivu, a Congolese nonprofit that offers basket-weaving courses to women and girls in the Congo, and the international Girl Scouts through the World Association of Girl Guides and Girl Scouts (WAGGGS). "The activities offered through Guiding give girls and young women an opportunity for self-development as well as responding to the needs of their immediate community" (WAGGGS 2016). Girl Guiding was first introduced in the DRC in 1928; by 2012, there were 13,958 Girl Guides in the DRC.

Due to the risk of being the target of violence, many rural Congolese girls, particularly those in the Great Lakes region, do not venture far from home. However, because of the close-knit villages, particularly in more rural areas, girls will play outside with other children. Additionally, many Congolese girls are taught how to do traditional crafts by their families, especially by the women in their families, as a source of entertainment and as a way to carry on such traditional practices as basket weaving, embroidery, and sewing. While this provides a pastime for Congolese girls, it can also provide income for some families who sell the wares they produce.

Recent nongovernmental organization (NGO) programs have provided opportunities for girls to find recreation in discovery and learning outside the traditional classroom. One NGO, Greenlight for Girls, focuses on encouraging girls to consider the possibilities of careers dedicated to science, technology, engineering, and mathematics (STEM). This program does so through providing girls with opportunities to understand how science and mathematics play a role in their lives through various hands-on projects. Externally funded—meaning not

funded by the DRC government—programs like these are seen by many as a way for girls to have fun while developing a sense of possibility for a future contributing to STEM knowledge in schools and communities in the DRC.

Family Roles

Girls in the DRC often take on roles of assisting with the household upkeep bestowed on mothers in DRC households. Girls may help their mothers with gathering produce for cooking, preparing meals, or even cleaning in the household. Older girls may also help with child care for younger siblings. As with the expectation for women's roles to be centered on the household, many girls help contribute to the care of the house.

Health

Women's and Girls' Health

Women do not have regular access to medical care in the DRC, largely due to the lack of health infrastructure. Though the population infected with HIV is low, with roughly 1.3 percent of the total population of the DRC testing positive, women are almost twice as likely as men to become infected with HIV (Women's Network for a Better World 2012). In 2013, it was estimated that there were 350,000 orphans due to AIDS (CDC 2014). Coupled with the high rates of children orphaned due to the armed conflict and violence, caring for these children is a priority for aid organizations to provide them with food, immunizations, and health care. Though female circumcision is illegal in the DRC, it remains a coercive practice in the northern region of the country by various militia groups.

The leading cause of death in the DRC is diarrheal disease, followed by lower respiratory infections and malaria. Malnutrition contributes to increases in people, especially children, with deficiencies of essential nutrients and makes the population more vulnerable to disease. Preventable and treatable diseases such as cholera, malaria, polio, and measles are common. The years of conflict have destroyed roads and health infrastructure, which makes it difficult for many Congolese to access the few hospitals and health centers that exist. International organizations such as WHO and UNICEF have been trying to meet basic health needs, but the dire need for doctors and other trained health care professionals makes it difficult to meet the needs within the DRC. According to WHO, for every 10,000 people, there is only one doctor and five nurses or midwives.

In 2014–2015, multiple countries on the western coastline of Africa experienced outbreaks of Ebola, a rare yet often fatal virus that causes hemorrhaging and organ failure. The DRC experienced a small outbreak in the summer of 2014, prior to the large Western Africa outbreak that was unrelated to the larger regional outbreak. The total number of reported Ebola cases in the DRC in 2014 was 66, 49 of whom died because of the illness (CDC 2014).

Years of being victims of sexual and gender-based violence have taken a toll on the psychological well-being of many women and girls in the DRC. Even amid these traumatic incidences of violence, depression is not recognized as a legitimate illness in the DRC. Though the psychological effects of sexual and gender-based violence are often treated with talk therapy, this practice is unfamiliar to many Congolese women and is not often utilized. There is less than one psychiatrist per 100,000 people in the DRC, and the mental health budget out of the overall health expenditures is nominal (WHO 2015). NGOs work with women to heal after the experience of sexual and gender-based violence, and some women are beginning to speak out against the violence they and many of their peers' experience.

Maternal Health

Women in the Democratic Republic of Congo see significant challenges in reproduction. Health facilities, where accessible, do not provide family planning services or quality maternity or postnatal services that are affordable, creating barriers for women from low socioeconomic conditions. In rural areas, many births are attended by a traditional birth attendant, who often does not have adequate medical training to respond in case of emergency. The lack of affordable access to care and the low number of birth attendants with medical training present challenges for women. The total fertility rate is 6.6, compared to a world average of 2.5 (Population Reference Bureau 2015). Of particular note is the early maternity rate; nearly 25 percent of women under the age of 20 have been pregnant. Abortion is illegal in DRC but roughly 36 out of each 1,000 women in the DRC have had an unsafe abortion. As a result of these issues and the lack of access to quality prenatal and postnatal care, women often struggle during pregnancy and birth with complications of bleeding during and after delivery and infections associated with delivery (Women's Network for a Better World 2012). In recent years, efforts by the World Health Organization to train birth attendants in essential newborn care (ENC) have slowly lowered the infant mortality rate.

Education

Education in the DRC has been structured like that of the colonizing Belgium, with primary, secondary, and university levels. However, the conflicts in the country have contributed to relatively low literacy, school attendance, and completion rates. Regional languages are only used in teaching until grade two and then the sole language of education is French. This contributes to the struggles of children in the country to advance from one grade to the next. Migration and large numbers of children living in inaccessible forests also contribute to the low numbers of children enrolled in and attending school. More than 3.5 million children do not attend school. Only 65 percent of children who enter first grade stay in school through sixth grade, and only 75 percent of those students pass the exit exam (USAID 2016). Only 5 percent go on to college, with the most wealthy going abroad for university studies.

Education accounts for 14.7 percent of the national budget, but the amount the DRC spends on education is still among one of the lowest globally. Educational disparities exist for girls and women, reflecting the larger social issue of gender inequality in the DRC. Parents are less likely to enroll girls than boys at the primary level; only 46 percent of those enrolled in the first year of primary school are girls. This drops to 39 percent of those leaving primary school with a certificate and starting secondary school (World Bank 2015).

Roughly 67 percent of the overall population in the country is literate; however, there is roughly a 20 percent disparity between the literacy rate for men (76.9%) and that for women (57%). This is likely caused by the three more years of school males are expected to receive than females. Only 10.7 percent of DRC females have at least a secondary education as compared to 36.2 percent of males (CIA 2014). Educational disparities are amplified for girls and women in rural areas of the DRC, where educational infrastructure remains less stable than in urban areas. Additionally, Congolese girls from more affluent families are able to access educational opportunities more readily than others, affording them the ability to pursue university study, unlike many of their less affluent female peers.

To address these long-standing disparities, international NGOs and government aid departments began investing in providing opportunities for schooling for the children of the DRC, with a special focus on schooling DRC's girls. Recent initiatives by the U.S. Agency for International Development (USAID) aim to address the

schooling of girls and women in the DRC. USAID, with the help of the Internet and radio, has developed teacher-training programs and provided scholarships for female students to pursue those programs. In 2014, USAID and the U.K. Department for International Development committed nearly USD\$2 million to improving literacy, attracting students back to school or to school for the first time, retaining students, and strengthening transparency to the public regarding education in the country. This program, with the Girls Education Challenge, a program focused on increasing girls' access to education and their successes in education established in 2013, demonstrates the recent efforts to attain educational parity for girls in the DRC. Though educational disparities for girls in the DRC are pervasive, there are attempts to address this, particularly for those girls in the Great Lakes region of the DRC.

Employment

The Economy

The economic structure of the Democratic Republic of Congo, though it has improved some in recent years, experienced challenges due to the First and Second Congo Wars, the first of which began in 1996 and the second of which officially ended in 2003. Though the poverty rate has dropped since the ending of these wars, 63 percent of the population of the DRC was considered as living below the poverty line as of 2012 (World Bank 2015). The most recent reported unemployment survey by Banque Centrale du Congo (the national bank of the Congo) found that roughly 46 percent of Congolese people are unemployed; the unemployment rate is not divided by gender, and it is likely that a much greater percentage of women are considered unemployed due to current cultural conditions and expectations. While the DRC ranks 18th in the world for the percentage of its population in the labor force, the gross domestic product (GDP) per capita is the lowest in the world (CIA 2014). These factors can be attributed to the reality of many Congolese people living in extreme poverty, often due to the unrest caused by coercive militia groups controlling land and impeding citizens' safety to work.

Economic exploitation remains a significant issue in the DRC, as militias continue to roam mineral-rich areas of the country, particularly in the Great Lakes region, in an attempt to control those areas for mining and eventual trade. Because of this illegal activity, the funds generated from this do not enter into the DRC's GDP. What this means for the people of the DRC is a weak economy

that does not infuse tax dollars back into social services and infrastructure building to ensure civilians' access to needed services. Coupled with this economic reality is the fact that the cost of items many in developed countries consider common sundries (e.g., clothing, electronics, and groceries) are significantly more expensive in the DRC than in a country like the United States. Communication technologies are also expensive to access; Internet access, though deemed unreliable, costs roughly USD\$130 a month after paying an initial equipment fee of roughly USD\$1300 (U.S. Department of State 2014). Overall, the economic situation for a majority of those who live in the DRC, particularly for women and their families who live in rural areas, is dire.

Careers

Women in the DRC struggle in terms of employment and careers. And those women who are able to pursue gainful careers in the DRC face economic instability in terms of their labor rights. There are restrictions on women's ability to manage finances. For example, women must have their husbands act as the signatory on key documents that allow for opening a bank account or securing a line of credit. These requirements inhibit the ability of women to act as entrepreneurs; they are unable to begin businesses on their own without the purview of a husband. Because of the lack of agency in finding gainful employment and managing personal finances, 61.2 percent of women in the DRC live below the poverty line (Mbambi and Faray-Kele 2010).

In recent years, however, some women are driving entrepreneurship in the DRC, helping to fuel the DRC's economy. Of those women who work outside the house, the majority of wage-earning women operate small businesses, selling clothing or food they have produced. Additionally, some women, particularly in more urban areas like Kinshasa, find work in offices, teach in schools, or work with community-based organizations. The DRC compulsory schools still lack the vocational programs necessary to ensure a workforce that is ready for trade-skilled employment or for success in agricultural production. And without the support for and enforcement of compulsory education for Congolese girls, women continue to struggle for employment outside the home. Additionally, of those women who work outside the home, many deal with pay inequality compared to their male colleagues.

Resources

The Democratic Republic of Congo is considered rich in natural resources. It is estimated that it may be one of the richest African countries because of the over 1,100 minerals and precious metals in its millions of acres of land (World Bank 2015). The eastern region of the country, where conflict endures most heavily, contains heavy deposits of gold, uranium, tungsten, and oil—resources desired by global markets, particularly for defense and technology industries. Of recent interest is the country's richness in coltan, a mineral used for the manufacturing of mobile phones; the DRC holds more than 70 percent of the world's supply of coltan. The mining of these resources is loosely controlled by the government; recent investigations into the financial beneficiaries of mines in Rubaya tie the profits back to the funding of militia groups such as M23.

The largest industries in the DRC are agricultural. Of all agricultural products cultivated in the DRC, coffee is the largest export. Other agricultural products that comprise a large portion of the agricultural growth in the DRC are sugar, cotton, tea, various fruits, palm oil, rubber, cocoa, cassava, bananas, plantains, peanuts, root crops, corn, and wood products. Though these crops thrive in the DRC's climate, only about 10 percent of the useable, farmable land is in operation; this is a result of the insecurity surrounding conflicts with militia groups (SOS Children's Villages 2015). There is limited data on the export of these agricultural products; many of these agricultural products are likely for subsistence, as one of the largest imports for the DRC is foodstuffs. Women perform the vast majority of the subsistence farming. Though it is considered one of the most mineral-rich countries in the world, there is a lack of governmental regulation over the mining and resource management in the DRC. As a result, many militia groups seize control of certain mines and areas of production, eliminating a revenue stream into the overall GDP of the country, which, in turn, does not elevate the quality of life for a majority of the Congolese.

Family Life

Marriage and the Household

Due to gender inequities in employment and education, women in the Democratic Republic of Congo are often forced to rely on marriage as a means of sustaining

themselves. There is a pervasive view among men in the DRC that women are property of the family rather than equals or valuable contributors. In addition, marriage often happens at a young age for women, as the legal marriage age for women in the DRC is 15, where the legal minimum age for men to marry is 18. Of those women between the ages of 15 and 19 years old, roughly 74 percent are married (Mbambi and Faray-Kele 2010). This, coupled with the lack of financial agency and lack of education, puts women, particularly those from lower income backgrounds and in rural areas, in a subservient role in many marriages in the DRC. The expectation of women to serve as domestic keepers, purchasing food and other goods for the household, stands in contrast with women's right to manage or keep money earned. This keeps women in a subordinate role in many households and reinforces women's lack of power in marriages, which tends to be the situation for many women in less industrialized, more rural areas of the DRC. There are women, particularly those living in urban areas such as Kinshasa who have more economic mobility, who have more autonomy in their marriages. They challenge the traditional familial structures by making and managing the money they make as professionals.

The DRC Family Code is one of three legislative books that comprise the Congolese Civil Code, which governs interpersonal legal matters. The Family Code establishes women as subordinate to their husbands. While the Family Code of the DRC establishes consent to marriage and reciprocal rights in marriage, it does not ensure reciprocity in families between husbands and wives. In the event the husband is absent, a relative of the husband has control over the family and its finances. Additionally, the code establishes women as unable to be a legal guardian, as women are considered incompetent in the Family Code. In the case of a divorce or marriage annulment, women must wait 300 days following the annulment before remarriage; this is not a requirement for men. The DRC Family Code, which has been challenged by the United Nations Committee on the Elimination of Discrimination against Women, situates men as having control over the household, placing women in an inferior position in their role in a family.

Traditionally, marriages in the DRC were arranged marriages, where the parents of a male and the parents of a female negotiated their children's marriage. In this scenario, the male's family was expected to pay a "bride-price," money or other items of value paid to the bride's

family to become a part of the family. If families negotiated this settlement and the female declined the marriage proposal, oftentimes the female would be forced into the marriage through kidnapping. Fortunately, this practice has lost traction in the DRC in recent years, and many marriages are entered into with mutual accord.

Many families in the DRC consist of more than a man, a woman, and their children. It is common to see extended family members living together. This allows for more shared responsibility for cultivating the crops on which families will subsist and tending to the needs of the household. In urban areas, particularly among more affluent urban residents, households may be much smaller, consisting of a nuclear family and perhaps an elderly generation, such as grandparents.

With more than half of its population living in poverty, it is estimated that about 6.3 million people in the DRC are food insecure, meaning they do not have a consistent source of food to sustain a healthy level of nutrition (World Food Programme 2015). This can be attributed to the lack of safe access to farmable land because of military conflict. Half of all the children under the age of five in the DRC are considered malnourished (WHO 2015). As military conflict raged in the DRC, many women were left to be the head of the household and solely accountable for the health and survival of their children.

Sexuality

The topic of sexuality in the Democratic Republic of Congo remains reflective of traditional African values. While the DRC does not officially have any laws that currently criminalize homosexual relationships, in 2010 a bill called the Sexual Practices against Nature was introduced in the DRC parliament in an attempt to criminalize homosexuality. Currently, lesbian, gay, bisexual, transgender, and intersex (LGBTI) individuals do not have protected statuses in DRC law, making them susceptible to discrimination and violence and without recourse when experiencing either.

Politics

The political history of the Democratic Republic of Congo is tumultuous. Due to years of colonial rule with minimal governmental infrastructure and a lack of shared government, the DRC experienced political ambiguity and subsequent turmoil in the years following independence.

Infrastructure

The Congolese government struggles to maintain order and rule over the country and has ceded control to local ethnic groups in some townships. Included in this secession of control is the reliance on NGOs and religious organizations to provide the services necessary for civic life. Health care and sanitary devices, such as water pumps, are often supplied by international NGOs, and religious organizations tend to provide opportunities for schooling in certain regions where the Congolese government struggles to provide or regulate infrastructure. This presents challenges for women, particularly in the realm of health and safety, as the reliance on NGOs for basic services does not necessarily result in a change of governmental funding priorities.

Leadership

In 2006, the DRC held its first multiparty elections for the presidency in approximately 40 years. Due to several candidates running for presidency and not one accumulating the necessary 50 percent to become elected, a second vote ensued, and in October 2006, Joseph Kabila became the first elected president of the DRC since 1965. Prior to Joseph Kabila, his father, Laurent Kabila (1939–2001), served as president from 1996 until he was assassinated in 2001. Laurent Kabila was the first president to follow Mobutu Sese Seko, who reigned as a dictator in the country for 30 years prior to 1996.

Women in Leadership

Women are underrepresented in politics in the DRC. After the 2006 elections, 42 out of 500 elected National Assembly deputies were women. This political representation disparity extends to the Senate, too, where only 4.6 percent of the senators and 6.8 percent of the provincial assembly deputies were women (Freedman 2011). As of 2012, only 8.2 percent of the parliamentary seats were held by women (UNDP 2013). The lack of women's participation in the political sphere is largely attributed to women's lack of access to financial resources to fund a political campaign.

The lack of women's voices in political positions further distances the DRC from realizing gender equality. Though the 2006 constitution calls for the elimination of gender discrimination and gendered violence, women in the country still struggle for equal rights, including the ability to run for political office. Current electoral requirements

state that political parties must attempt to recruit women into running for parliamentary office. There is scant evidence of implementation of the enforcement of electoral requirements. In 2011, the effort to recruit women into political candidacy was unsuccessful, as only about 10 percent of those women accepted an invitation to run. This stands in contrast to the goal of having nearly 50 percent of the positions in national offices held by women. It is believed that though this goal exists, the electoral commissions will not eliminate candidates or political parties that do not succeed in recruiting women into the party.

One challenge in recruiting women into these parties is their vocal position against sexual violence. Women who have spoken out against the systematic sexual violence enacted upon women in the DRC noted becoming targets for sexual violence as a result. In addition, the electoral law requires candidates to have, at a minimum, a three-year university degree; due to disparities in educational access for women, many women do not qualify.

However, women still attempt to take a stand in the future of their country and its views on women. A group of Congolese women living in the diaspora in Belgium organized the Collective of Congolese Women for Peace and Justice (CCWFPJ). The CCWFPJ aims to expose the horrors Congolese women and children experience and that the interest that international constituents have in the country's natural resources causes developed countries to maintain a level of neutrality and lack of human rights interventions in its dealings with the DRC. In a 2009 letter to then secretary of state Hillary Clinton, the CCWFPJ urged Clinton to influence the UN Security Council to do the following: establish the interrogation and prosecution of war crimes enacted upon DRC women; increase women's civilian and military roles in the United Nations' DRC stabilization unit, MONUSCO; require investigation, regulation, and reporting of natural resources mining and the consequent revenue stream from it; and enter into a peacekeeping dialog with Rwanda. Additionally, the CCWFPJ advocates for the prohibition of marriage before age 16 in an attempt to allow women to finish their education and potentially forge a pathway into civic and military leadership. This group of women living in the diaspora is critical to governmental policy changes for the well-being of Congolese women in the DRC because they are able to speak about the injustices women regularly experience in forums that will listen to their stories without retaliation. With the advocacy of these Congolese women living in the diaspora, NGOs and international organizations such as

UNESCO and MONUSCO seek to influence governmental changes in the DRC.

It is a shared belief by many international organizations and leaders and many Congolese women themselves that the only way to attain more widespread peace for the women and children of the DRC is to see women in leadership positions in the country. Because women are the primary victims of war and military conflict, they hold a pivotal role in securing peace. In 2013, the former president of Ireland, Mary Robinson, was appointed the UN special envoy to the secretary-general for the Great Lakes region, where much of the violent conflict occurs. Robinson advocates for the role of DRC women in peace efforts as critical. In this role, Robinson orchestrated the Peace, Security, and Cooperation Framework for the Democratic Republic of Congo and the Region, a document signed by 11 African countries to take regional, national, and international steps toward ending violence in the DRC and surrounding regions affected by the years of conflict. This international commitment with implementation accountability is a sign of hope for women to rise into leadership positions and for the violence enacted upon people, particularly women and children, in the DRC to subside.

Religious and Cultural Roles

Religions

Religion is a valued part of the culture of many Congolese people. For many, religion provides the mental and spiritual refuge needed to endure the ongoing violence that pervades the country. The religious makeup of the DRC is reflective of European colonialism and Western missionaries. The dominant religion in the DRC is Catholicism; roughly half of the population of the DRC identifies as Catholic. This mirrors other countries that were subject to European explorers who colonized the area and brought with them the mission of converting others to Catholicism or another sect of Christianity. Hence, 20 percent of the population identifies as Protestant, 10 percent identifies as Muslim, and another 10 percent identifies as Kimbanguist, which is a Christian Congolese church named after Simon Kimbangu, a priest who believed he saw Jesus Christ and was called to do the work of Christ, healing ailing Congolese in his time before imprisonment. Much of the remainder of the population subscribes to indigenous religions, though a small proportion of the population are Jehovah's Witnesses, Jewish, Mormon, or Greek Orthodox (U.S. Department of State 2011). While the DRC's Constitution

upholds religious freedom, the government maintains the power to legally recognize or derecognize and dissolve religious groups. Recent reports show no incidences of discrimination based on the religious affiliations of Congolese people.

Cultural Roles of Women

Historically in the DRC, women have been expected to be submissive, catering to the needs of a husband and family. Additionally, women have been expected to remain separate from public life, which contributes to their invisibility and status as second-class citizens. More recently, however, NGOs have worked with communities to see the value and importance of women. As more women gain skills through NGO-sponsored work and education programs, women are able to leverage economic decision making within their households and communities. However, women often continue to understand their cultural role of being submissive and are not permitted to speak up against a man. While the landscape for women's cultural roles is changing, their roles remain situated in patriarchal norms.

Issues

Rape and Sexual Violence

Sexual violence against women remains high, even after the official end of the Congo Wars. It is believed that married women are more susceptible to violence due to partner violence that occurs within the household. Because of their financial dependence on men, however, many DRC women who experience domestic violence either do not report their experiences or are silenced by their partners.

The Democratic Republic of the Congo, due to years of conflict and sexual violence employed in that conflict, has been referred to as "the rape capital of the world" (Bradley 2013). Girls and women in the DRC are continuous targets of rape and sexual abuse. Many of these abuses are committed by various militia groups, although government security forces and citizens-at-large are responsible for acts of sexual violence. The northeastern section, often referred to as the African Great Lakes region, is the site of much of the militarized violence.

In January of 2011, an alleged 40 women were raped in the town of Fizi, in the South Kivu, by military leadership; these military leaders were later brought to trial, convicted, and sent to prison (Dagne 2011). Though this is an example of justice enacted to address the raping of

Women's Voices

Julienne Lusenge

Julienne Lusenge of the Democratic Republic of Congo (DRC) is the president of Female Solidarity for Integrated Peace and Development (SOFEPADI), a coalition of 40 DRC women's organizations. She fights to end sexual assault against women, especially during wartime. Speaking at the United Nations Security Council's Open Debate on Women in October 2015, Lusenge said, "We cannot say that we have seen any real changes because until now women have been killed, raped and forced to become sex slaves." Besides serving as the president of SOFEPADI, Lusenge also founded the Fund for Congolese Women (FCW), an organization that funds grassroots women's initiatives.

—Melissa Jacobs

Nobel Women's Initiative. 2014. "Spotlight: Congolese Women's Fund (FFC)." February 18. Retrieved from <http://nobelwomensinitiative.org/2014/02/spotlight-congolese-womens-fund-ffc>.

UN Women. 2015. "In the Words of Julienne Lusenge: 'Women Are the First Victims of War' in the Democratic Republic of the Congo." December 1. Retrieved from <http://www.unwomen.org/en/news/stories/2015/11/in-the-words-of-julienne-lusenge>.

these women, these trials are not as common as the rapes that occur in the DRC, standing in opposition to the intentions set forth by the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) to hold perpetrators accountable for their violent actions against women. A May 2011 study indicated that 1.8 million DRC women were raped and that an average of 48 rapes occur hourly in the DRC (IRIN 2011). Women, particularly those who live in more rural areas of the DRC, do not have regular access to services, including medical help, lawyers, or law enforcement, which would help them to pursue justice in the wake of sexual violence. Additionally, many women do not report their experiences of sexual violence due to fear of rejection by their spouse, retribution by their perpetrator, or vilification by their community. The threat of sexual violence causes women to travel in groups or limits travel outside the home to travel necessary to attend to household needs such as seeking sustenance. In some situations, women wear additional clothing as a means to make rape or sexual violence harder to enact upon them.

The pervasiveness of rape and sexual violence extends beyond the conflict zones and into the psychology of the household and marital relationships. More than 70 percent of married Congolese women, age 15 to 49, state that their husbands have been violent toward them. Of those who report being victims of violence, roughly 75 percent believe that their husband was justified in enacting this violence (Women's Network for a Better World 2012). This speaks to the way in which the culture of rape and sexual violence has permeated into the collective consciousness

of the Congolese, including those women who have been victims themselves.

The massive incidences of sexual violence and rape have left significant health consequences on these female victims. Due to the force used, women are at a higher risk for contracting HIV, experiencing hemorrhaging or vaginal bleeding, mutilation or degradation of genital organs, and death because of infections contracted during or after experiencing sexual violence.

The issue of rape and sexual violence for women in the DRC has not gone unnoticed. The government of the DRC has taken steps toward seeking safety and justice for women in regard to rape and sexual violence. In 2009, the DRC drafted a National Strategy on Combating Gender-Based Violence to facilitate women's rights to medical care and legal help. In September of 2014, the United Nations Human Rights Council (UNHRC) met to discuss the progress of implementing these strategies. In this meeting, it adopted a universal periodic review of the country's progress on addressing, mitigating, and eventually eliminating sexual and gender-based violence. One of the commitments made by the DRC because of the national strategy and subsequent review was to begin trying military agents, such as those that attacked the women of Fizi in January 2011, for rape and sexual assault charges, whereas in the past, military officials were granted impunity from such accusations. The UNHRC will work with the DRC government in further implementation and surveillance of these issues as a means of eradicating the pervasive sexual violence that continues today.

Human Trafficking and Sexual Slavery

The DRC is considered a source and destination for human sex trafficking, a majority of which is conducted by various militia groups that occupy regions of the DRC. While many of the individuals forced or abducted into trafficking remain in the DRC, particularly the eastern region of the country where governmental control lacks, armed militia groups routinely sell women and children into forced labor and sexual slavery to neighboring African countries. Current laws outlaw all forms of human trafficking.

Though the Child Protection Code of January 2009 criminalizes and penalizes sexual trafficking and exploitation of children, as well as outlaws the recruiting of children into armed forces such as militia groups, enforcement of the code is not pervasive. The United Nations deemed the DRC out of compliance with the minimum requirements to mitigate trafficking, stating that the DRC government has not made significant efforts to eliminate trafficking nor has it implemented law enforcement efforts to address the ongoing injustices (CIA 2014).

The DRC remains a country in repair today. With a long history of colonial control followed by political unrest and militia violence, the DRC has obstacles to face in reconstructing the country to a place where it can attend to the needs of all its citizens. As women in the DRC begin to find spaces where they can exercise their voice and advocate for better conditions for women and girls in the DRC, the communities and opportunities women in the DRC create for each other serve as places of growth and hope.

ALLYSON DEAN

Further Resources

- Bradley, Megan. 2013. "Sexual and Gender-Based Violence in the Democratic Republic of the Congo: Opportunities for Progress as M23 Disarms?" *Africa in Focus*, November 13. Retrieved from <http://www.brookings.edu/blogs/africa-in-focus/posts/2013/11/12-sexual-gender-based-violence-congo-bradley>.
- CDC (Centers for Disease Control). 2014. "2014 Ebola Outbreak in Democratic Republic of Congo." Retrieved from <https://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa>.
- CIA (Central Intelligence Agency). 2014. "Congo, Democratic Republic of." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/cg.html>.
- Dagne, Ted. 2011. "The Democratic Republic of Congo: Background and Current Developments." *Congressional Research Service*, September 1. Retrieved from <http://fas.org/sgp/crs/row/R40108.pdf>.
- Enough Project. 2015. "Roots of the Crisis—Congo." Retrieved from http://www.enoughproject.org/conflict_areas/eastern_congo/roots-crisis.
- Freedman, Jane. 2011. "Explaining Sexual Violence and Gender Inequalities in the DRC." *Peace Review: A Journal of Social Justice* 23.2: 170–175.
- IRIN News. 2011. "DRC: Women Politicians 'Key to Promoting Rights.'" September 2. Retrieved from <http://www.irinnews.org/report/93645/drc-women-politicians-key-to-promoting-rights>.
- Mbambi, Annie Matunda, and Marie-Claire Faray Kele. 2010. "Gender Inequality and Social Institutions in the D.R. Congo." Peace Women. Retrieved from http://www.peacewomen.org/assets/file/Resources/NGO/hrinst_genderinequalityinthedrc_wilpf_december2010english.pdf.
- Nzongola-Ntalaja, Georges. 2004. "The International Dimensions of the Congo Crisis." *Global Dialogue* 6.34, 116–126.
- Population Reference Bureau. 2015. "Dem. Rep. of Congo." Retrieved from <http://www.prb.org/DataFinder/Geography/Data.aspx?loc=299>.
- SOS Children's Villages. 2015. "Our Africa." Retrieved from <http://www.our-africa.org>.
- UNDP (UN Development Programme). 2013. "Human Development Report: Congo (Democratic Republic of the)." Retrieved from <http://hdr.undp.org/sites/default/files/Country-Profiles/COD.pdf>.
- USAID. 2016. "Education." Retrieved from <https://www.usaid.gov/democratic-republic-congo/education>.
- U.S. Department of State. 2011. "2010 International Religious Freedom Report." Bureau of Democracy, Human Rights, and Labor, September 13. Retrieved from https://www.state.gov/j/drl/rls/irf/2010_5/168399.htm.
- U.S. Department of State. 2014. "USAID and DFID Together to Support Primary Education." Embassy of the United States Kinshasa-Congo, November 14. Retrieved from <http://kinshasa.usembassy.gov/highlight-english-11042014.html>.
- WAGGGS (World Association of Girl Guides and Girl Scouts). 2016. "Congo, Democratic Republic of." Retrieved from <https://www.waggs.org/en/our-world/africa/member-organizations/democratic-republic-of-congo>.
- WHO (World Health Organization). 2015. "Countries: Democratic Republic of the Congo." Retrieved from <http://www.who.int/countries/cod/en>.
- Women's Network for a Better World. 2012. "DR Congo: Sexual and Reproductive Health and Rights." Retrieved from <http://www.map-srhr.org/chapters/ch-3-overview-of-sexual-and-reproductive-health-and-rights-in-africa/dr-congo>.
- World Bank. 2015. "Democratic Republic of Congo: Overview." Retrieved from <http://www.worldbank.org/en/country/drc/overview>.
- World Food Programme. 2015. "Congo, Democratic Republic of." Retrieved from <https://www.wfp.org/countries/congo-democratic-republic-of/overview>.

E

Egypt

Overview of the Country

Egypt geographically lies in two continents: while most of the country lies in the northeastern tip of the African continent, the Sinai Peninsula lies in Asia. Egypt has been defined by its geographic landscape since time immemorial. Two deserts border the Nile River, around which the ancient Egyptian civilization has flourished since 7000 BCE. It is further defined, and protected, by cataracts at its southern border that impede navigation of the Nile and by the Mediterranean Sea to the north.

Within these naturally defined borders, Egypt has been a state for approximately the last 4,000 years. The French expedition to Egypt (1798–1801), led by Napoleon Bonaparte, is usually cited as the start of the modern Egyptian state. In 1805, Muhammad Ali assumed power in Egypt and created a modern state; his successors ruled Egypt semi-independently within the Ottoman Empire. Egypt was colonized by the British in 1881 and gained nominal independence in 1922, following a revolution in 1919. A coup d'état in 1952 deposed King Farouk I and established a republic, and Egypt successfully negotiated full independence from the British in 1954. Egypt was then declared a republic, and a new constitution was drafted in 1956, in which women acquired suffrage and political rights.

Since its independence from Great Britain, presidents with military backgrounds have ruled Egypt for 60 years. Gamal Abdel Nasser officially became the first Egyptian president in 1956 and ruled until he passed away in 1970. His then vice president, Anwar al Sadat, succeeded him. Sadat ruled Egypt until his assassination in 1981. He was succeeded by his vice president, Hosni Mubarak. Mubarak ruled Egypt from 1981 until 2011, when a popular uprising—inspired by the Tunisian 2010 revolution—removed him from power. The Supreme Council of Armed Forces (SCAF) assumed power until June 2012, when presidential elections were held and Mohammed Morsi of the Muslim Brotherhood assumed power. Morsi was ousted in July 2013 by the military, which had intervened to remove him after another popular uprising against him. A new constitution was drafted, in which women were explicitly granted equal rights. An interim government led by the head of the Supreme Constitutional Court, Adly Mansour, led the country for a year (July 2013 to June 2014). In the presidential elections held in May 2014, Field Marshal Abdel-Fattah al-Sisi won with 96.6 percent of the vote. He was inaugurated June 8, 2014.

Egypt is not ethnically diverse, with 99.6 percent Egyptians and only 0.4 percent other ethnicities. Most of the population is Sunni Muslim (around 90%), 9 percent are Coptic Christians, and 1 percent of the population follows other religions.

Egypt's population growth is on the rise; birth rates soared to 23.35 per 1,000 people in 2014, while the death rate is 4.77 per 1,000 people. Egypt's population has thus increased rapidly, and in July 2013, the Egyptian population was estimated at 86,895,099 (CIA 2017). Figures for 2014 show life expectancy for women at 76 years and 2 months, and for men at 70 years and 8 months. The maternal mortality rate is 66 per 100,000 births, which is five to eight times higher than in developed countries, and infant mortality in 2010 was 22.4 per 1,000 births, again, five to eight times higher than in developed countries.

In 2014, the UN Development Programme (UNDP) ranked Egypt 110th out of 187 nations based on the Gender Inequality Index (GII, 0.855). Gender issues include education, law, violence against women, and others.

Overview of Women's Lives

Egyptian women have gained access to public education since the late 19th century, and the first group of women was admitted to the Egyptian University (now Cairo University) in the late 1920s. This has led to the visibility of Egyptian women in the public sphere throughout the 20th century, and they have increasingly gained access to professions that had primarily been confined to males.

Yet, disparities persist within education: 81.7 percent of males compared to 65.8 percent of females are estimated to be literate (CIA 2017). Gender disparities persist in the realm of personal law as well, and the society remains highly patriarchal. For example, until 2004, a woman could not give her nationality to her children in a mixed marriage, but a man could. In addition, honor crimes, violence against women, and other inequalities remain widely protected by the legal system. Divorce, to take another example, remained a man's prerogative until 2000, when Mubarak issued a "no-fault" divorce (*khul*) law, which gives women the right to file for a divorce on any grounds, as long as she renounces financial rights. This is a positive step toward changes in Personal Status Law in Egypt, which is based on Islamic penal code, also known as sharia law.

A vibrant feminist movement has been going on in Egypt since the early 20th century. Huda Sha'rawi cast off the face veil in 1923, and she was followed by many educated middle-class women. Egyptian women formed the Egyptian Women's Union, which was active in promoting education for girls and suffragist rights for women. In 1956, Egyptian feminist Doria Shafik went on a hunger strike, along with a number of her colleagues, to secure

political rights for Egyptian women. Her move attracted media attention around the globe, and the regime had no choice but to assent. Suffragist rights were instituted for Egyptian women, but Shafik was subsequently put under house arrest until her death in 1974.

Another prominent Egyptian feminist, novelist, and physician is Nawal Saadawi. Saadawi has been vocal over the last 40 years in promoting women's rights in Egypt. She is probably the most controversial figure in the Egyptian feminist movement and a vocal activist against female genital mutilation (FGM), also known as female genital cutting (FGC), which is widely practiced in Egypt. The third generation of Egyptian feminists is now carving out new ways to deal with the challenges of patriarchal society in the early 21st century. They are taking on such themes as violence against women and challenging the societal taboos that blame victims and silence them.

Children

The Convention on the Rights of Children went into force in 1990 after the majority of UN member states ratified it. Egypt was one of the first 20 countries to ratify it. The convention recognizes children under the age of 18 as human beings with distinct rights, rather than recipients of charity and support. Countries that have ratified the convention are bound by it, and they are required to report on the advancement of children's rights within their countries.

Despite its ratification of the convention, Egypt still lags behind in children's rights. Egyptian children enjoy their most basic right: the right to survival. Due to advancements in and the spread of medical care, there has been a 50 percent reduction in the number of children who die before the age of five. Health services have also helped spread the immunization of children, which the government provides for nominal fees; today, 97 percent of the children are immunized, yet children still contract measles and polio. Egyptian children are also prone to malnutrition, which affects their energy in school. A study by UNICEF shows that "1.6 million children under 5 years suffer health and food deprivation." Additionally, the poorest of Egyptian children—around 5 million—live in inappropriate housing, without proper shelter, water, or sanitation (UNICEF 2017). This is a reason for concern because children are the future of the nation. If we deprive them of their childhoods, we are essentially depriving the country of its future.

Women's Voices

Nawal El Saadawi

Nawal El Saadawi, an Egyptian feminist, writer, and medical doctor, has spent her career as an advocate for women. The 1969 publication of her book *Women and Sex* led to the loss of her job in the Ministry of Health. In 1981, the Egyptian government imprisoned her when she criticized the state. While in prison, she wrote *Memoirs from the Women's Prison* (1984) on toilet paper with an eyebrow pencil. Under threat from religious fundamentalists, she left Egypt to teach in U.S. universities but returned in 1996 to continue her activism. In 2010, she told *The Guardian*, "For me feminism includes everything. . . . It is social justice, political justice, sexual justice. . . . It is the link between medicine, literature, politics, economics, psychology and history. Feminism is all that. You cannot understand the oppression of women without this" (Khaleeli 2010).

Khaleeli, Homa. 2010. "Nawal El Saadawi: Egypt's Radical Feminist." *The Guardian*, April 15. Retrieved from <http://www.theguardian.com/lifeandstyle/2010/apr/15/nawal-el-saadawi-egyptian-feminist>.

Education

Of the estimated 90 million Egyptians, about 29 percent are adolescents (UNICEF 2017), and 62 percent are under the age of 29 (UNFPA 2017). Egyptian law requires girls and boys aged 6–14 years old to attend school. Even though attendance at primary and middle schools is compulsory, only 90 percent of those children who are supposed to attend school actually do. The government provides free public education for children in schools throughout the country. In the 1990s, an estimated 11,000 new schools were built to accommodate the increased number of students and to serve students in remote areas (UNICEF 2017).

It is estimated that there is a gender discrepancy in school attendance, as 4 percent of boys never attend school, compared to 13 percent of girls, and these percentages are higher in the South than in the North. In addition, an increasing number of students never complete their compulsory education (primary and middle schools). Those who drop out usually join the workforce to support their

families, despite Egyptian laws that prohibit child labor under the age of 15 years, especially if it prevents students from attending school. Laws also prohibit the abuse and exploitation of children in the paid labor market. Since about 2000, the government has added laws against the trafficking of children for sexual, economic, and commercial exploitation (UNICEF 2017). Nevertheless, child labor remains one of the concerns in a country where children are traditionally considered assets for the families, especially families who have lost their male breadwinner.

Students learn through the "banking" system of education, so-called because it is structured for teachers to deposit information into the students, and that information is supposed to remain available for withdrawal through exams that assess knowledge acquisition. Egyptian students are required to repeat what the teachers say, and there are indications that corporal punishment is prevalent in public schools. It has been the state policy, however, over the last few decades, to prohibit corporal punishment in schools. The banking education system does not prepare Egyptian adolescents for life. They are unaware of risks related to sexual activity (including sexually transmitted infections), smoking, nutrition-related diseases, and other concerns.

Many Egyptian smokers are under the age of 15, around 500,000. According to a survey by the World Health Organization published in 2012, about 3.8 percent of girls between the ages of 13 and 15 consume some form of tobacco, whether cigarettes or a traditional water pipe (shisha) (El Awa et al. 2013; WHO 2015). In addition, secret ('urfi) marriages are common among youth, especially university students. This, coupled with the lack of health education, makes Egyptian girls prone to sexually transmitted diseases. The lack of health education springs from the cultural norms that dictate propriety and prohibit premarital sex.

The Egyptian government provides free high school education for youth. Public universities exist in all the major cities and are fully funded by the government. Students are required to pay only nominal fees for their education and to purchase books and supplies. The Egyptian capital, Cairo, is home to three public universities—Cairo University, Al-Azhar University, and Helwan University—in addition to a number of private universities where students are required to pay tuition and fees. Cairo University, the biggest and oldest university in the country, has an enrollment that exceeds 250,000 students. It provides education majors ranging from medicine and engineering to

fine arts and literature. The student populations are evenly divided among the sexes.

Socialization into Gender Roles

Egyptian laws prohibit the employment of children under 15 years of age, especially if it prevents children from attending school. Yet, from a cultural perspective, adolescence is the age that marks gendered participation in the public space. Young girls are generally encouraged to stay at home and refrain from unnecessary appearances in the public space upon reaching puberty. On the other hand, upon reaching puberty, young Egyptian men are generally encouraged to participate in the public space and train for their future roles as providers for the family. Household chores are thus partially delegated to adolescent girls, while chores that require appearances in the public space are delegated to adolescent boys.

This early training imprints on young men and women their future roles and societal expectations of their participation along clearly set gender-based lines. This ultimately results in a general support for the traditional division of roles among gender, as the study by Mensch et al. (2003) indicates. The study also suggests that girls are less conservative regarding these roles. Young women in Egypt are aspiring for more equitable gender relations, especially within marriage, while young Egyptian men are holding to their traditional prerogatives. This partially explains the high divorce rates prevalent in Egypt today.

Health

Access to Health Care

Health in postrevolutionary Egypt has not been a priority of the government, even though the constitution guarantees citizens the right to health. The urban-rural and rich-poor divides in Egypt make for stark differences in access to health care. Five percent of the gross domestic product (GDP) is spent on health care, which is similar to other countries with similar markets but low compared to the West. Few clinics and hospitals can be found outside major cities; 20 percent of rural hospitals do not have a doctor, and a scant 40 percent of necessary medical supplies are available in government hospitals and clinics (Devi 2013). The situation is dire, leading doctors and pharmacists to hold vigils and strike for more facilities and health care professionals. There are only 8 physicians and 4 nurses and midwives for every 1,000 people in the

country. Out-of-pocket expenditures are as high at 72 percent for health care. Improved water access and sanitation has contributed to some better health outcomes in recent decades.

Maternal Health

Birth rates had been steadily decreasing until the revolution, after which a surge in the birth rate has been recorded (a 17% increase from 2008 to 2014 according to USAID in 2016). The current government advocates for doubling the population. The government did not educate the opposition about family planning, reproductive health, and gender issues prior to the revolution, and now that this opposition is in power, this lack of basic knowledge is contributing to worsening conditions for women's health. In fact, the Muslim Brotherhood has resisted the UN declaration combating violence against women because it is viewed as "advocating sexual freedoms for women and the right to abortion" (Devi 2013).

A study conducted by the Department of Health Services (DHS) found that more women (77%) than men (66%) knew at least 1 of 9 methods of family planning, and when other methods of family planning, such as IUDs, the pill, and injectables, were named, 9 out of 10 women recognized more than 3 (DHS 2015).

Maternal mortality rates are high and connected to a lack of understanding and nonuse of family planning, poor or a lack of antenatal care, and the lack of skilled birth attendants. Egypt is 1 of 10 low- and middle-income nations with high mortality rates (WHO 2015). Overall, 80 percent of births are attended by a skilled birth attendant, but when one compares urban to rural numbers, a starker image emerges. In poor rural areas, these numbers are only 60 percent compared to greater than 90 percent in wealthy urban areas (WHO 2015). Up to one-third of maternal deaths are the results of a lack of antenatal care. Cesarean-section rates are high; 4 out of 10 births are surgical and only 1 out of 6 C-sections are decided upon after labor begins, meaning that most are planned surgeries (DHS 2015).

The reduction in deaths for children under the age of five is the result of health interventions, increased immunization coverage, appropriate care for sick children, and improving socioeconomic conditions. Exclusive breastfeeding until an infant is six months old is at 53 percent, and 96 percent of children have been immunized for DTP3 (WHO 2015). Adolescent fertility rates are high, and the

marriage age for girls is lower than for boys. There is also a wide age gap between husbands and wives.

Diseases and Disorders

Only 2 percent of women have had a clinical breast cancer screening, and only 7 percent of women have heard of Pap smears to screen for cervical cancer, with only 0.3 percent actually having had one (DHS 2015). Common chronic diseases in Egypt include hypertension, obesity, cardiovascular disease, and diabetes.

Egypt has the highest rates of hepatitis C in the world; 20 percent of the country's inhabitants are infected (Devi 2013). This is explained, in part, by inadequately sterilized needles used from the 1960s through the 1980s during a massive campaign to treat schistosomiasis, a parasitic disease carried by freshwater snails. Nine out of ten Egyptians are aware of hepatitis C, but only half of women know about hepatitis B. Slightly more men than women have knowledge of how hepatitis is transmitted.

HIV rates have increased, based on biobehavioral surveys. And according to UNICEF, Egypt is facing an epidemic for intravenous drug users and homosexual men, but testing is not common in other population groups, so the actual numbers are unknown. More than 1,700 of the 7,196 people living with HIV are women, but only 19 percent are receiving antiretroviral treatment (UNICEF 2015). There are no estimates for female sex workers, and challenges surround prevention services with key populations because their behaviors are criminal. Approximately 6 percent of women and 10 percent of men have complete knowledge of HIV that includes effectiveness of condom use and limiting sex to one uninfected person to prevent infection (DHS 2015). Misinformation is common, and many Egyptians erroneously believe that HIV is transmitted by mosquitos or by sharing food.

Female Genital Cutting (FGC)

Female genital cutting (FGC), which is sometimes called female genital mutilation (FGM), is deeply rooted in the cultural practice of Egypt and dates back to time immemorial. Mummies of Egyptian princesses who underwent the surgery have been discovered in archeological sites. A midwife usually administers the procedure on girls at the age of 9 to 14, traditionally. Nowadays, physicians do the procedure in clinics. "According to the national 2014 Demographic and Health Survey, 92 percent of Egyptian

married women between the ages of 15 and 49 have undergone FGM, 72 percent of them by doctors" (UNFPA 2017; DHS 2015). There are three kinds of FGC, according to the severity of the cut, and all are practiced in Egypt. It is estimated that more than 90 percent of married Egyptian women (between ages of 15 to 49) have been subjected to FGC. "In 1995, the first Egyptian Demographic Health Survey (DHS) that included data on FGC revealed that 97 percent of women between the age of 15 and 40 had undergone some form of genital cutting" (Van Raemdonck 2013). This figure is of concern for Egyptian feminists and activists, who rally against the procedure.

Renowned Egyptian feminist Nawal Saadawi (1930–) has been particularly vocal against FGC. A physician by training, Saadawi campaigned against the practice as early as the 1970s. She pointed to the complications associated with the practice that can result in death. In addition, she campaigned against the diminished sexual pleasure for women who undergo the procedure. She also warned against the health complications that a woman with FGC is at risk for when she is giving birth, especially when she has undergone the procedure in its severest form.

The International Conference on Population and Development, held in Cairo in 1993, resulted in the Cairo Program of Action, which noted FGC as a concern for reproductive and sexual rights. The debate that ensued ranged from conservative views that defended the practice on cultural and religious grounds, to reproductive rights activists who sought to abolish it. Egyptian activists continued to work on the ground until the decision makers recognized their efforts. "The Egyptian government started to develop highly mediatized national campaigns [against FGM] in 2000, after five years of activism from 1994 until 1999 by the National Task Force against FGM" (Van Raemdonck 2013). In 2008, the government outlawed the practice, but it is still very widely spread.

The issue is a cultural rather than a religious one. The issue has historical roots that predate Islam. According to Vivian Foad, an official at the National Population Council, "Both Muslims and Christians do it," because of its assumed role in protecting a woman's chastity, which is pivotal within the traditional society (Kingsley and Abdo 2015). The official ban on the operation, along with increased awareness of the contingent issues, has led to a decreased support of FGC. Recently, a father and a doctor have been charged in court with carrying out an FGC operation. Sohair al-Bata'a, 13 years old, died in 2013 of complications due to an FGC operation performed by a physician

in a clinic. The doctor was sentenced to two years in prison, while the father's sentence of three months for subjecting his daughter to FGC was suspended. Human rights activists are hopeful that such prosecutions will serve as a deterrent against FGC operations.

Employment

According to an Egyptian saying, women comprise “half the society,” and this is demographically accurate, as the Egyptian population is roughly 50 percent female. However, Egyptian women comprise about 25 percent of the workforce; a gender gap also persists in wages and in leadership positions. Egyptian women are six times less likely to be someone's boss, according to *The Economist* online (2011). In addition, Egyptian women are more likely to suffer unemployment than men, despite their increasing numbers in higher education. According to the World Bank, the figures show that “between 1998 and 2006, the percentage of young Egyptian women possessing a university degree rose from 6 percent to 12 percent. Strikingly, the female labor force participation rate in this age group remained near-stagnant, while their rate of unemployment increased from 19 to 27 percent” (Yamouri 2010).

Unemployment percentages vary between urban and rural settings and according to proximity to metropolitan settings. For example, unemployment in Cairo stood at 8.7 percent for men and 15.4 percent for women in 2008, according to the Hisham Mubarak Human Rights law firm. Yet, in the outermost governorate of Aswan, unemployment stood at 10.7 percent for men and 44.4 percent for women (Aidarous and Ragheb 2010). This unemployment rate for women, almost four times that of men, exemplifies the overall underdevelopment in remote areas.

The public sector (the government) is the biggest employer in the country, with some 2.5 million employees. Of these, 72.7 percent are male, and 27.3 percent are female. But a close look at the subdivision of employees in different sectors gives a fuller picture of employment's gender bias in Egypt. Women are distributed in what are traditionally regarded as “women's jobs,” such as health care (70.4%) or social security and welfare (43.4%). On the other hand, in what are commonly regarded as “men's jobs,” women's employment is low—army, police, and justice (no women) and construction (9.6%) (Aidarous and Ragheb 2010). The figures may have increased over the last five

Women's Voices

Azza Soliman

Azza Soliman is a lawyer and activist from Egypt who works to create a new discourse about religion while focusing on women's rights. She works with religious groups to help change “how *fatwas* (religious edicts) are made and produced” (Ashoka 2016). Soliman graduated from Cairo University, and she holds degrees in human rights and civil society. She cofounded the Center for Egyptian Women's Legal Assistance (CEWLA), located in Cairo, and she also serves on the Board of Trustees for CEWLA. CEWLA's mission is to advance women's human rights through law. On October 24, 2015, Soliman was acquitted of charges of unlawful protesting and breach of security and public order after providing testimony of police brutality (FIDH 2016).

—Melissa Jacobs

Ashoka. 2016. “Azza Soliman.” Retrieved from <https://www.ashoka.org/fellow/azza-soliman>.

FIDH. 2015. “Egypt: Acquittal of Ms. Azza Soliman, Human Rights Lawyer and Founder of the Centre for Egyptian Women Legal Aid (CEWLA).” October 29. Retrieved from <https://www.fidh.org/en/issues/human-rights-defenders/egypt-acquittal-of-ms-azza-soliman-human-rights-lawyer-and-founder-of>.

years, but disparities persist. Perceptions of gender roles that confine women to “caregiving” as an extension of their domestic roles are prevalent within the Egyptian context.

Cultural factors may tie women to traditional roles and impede their full participation in the workforce. Yet, in economic analysis, women are thought of as powerful drivers of economic growth. It is estimated that “the Egyptian economy would grow by 34 percent” if women participated in the labor force on levels similar to men (Aguirre et al. 2012). This is why analysis of the current situation and the devising of new strategies to empower women are crucial.

Family Life

Family is the basic unit of Egyptian society, as stated in their constitution. To this end, state laws work to preserve the Egyptian family, for example, maternity laws that grant

mothers the time to care for their babies. Family units in Egypt receded from traditional extended families to more nuclear families over the course of the 20th century. Yet, the structure is deeply patriarchal, where the elder male holds power over other members in the family, including young males. In such a structure, a male's birth is a privilege celebrated by the parents, grandparents, and the whole family. The birth of a male child marks the extension of the family name, the assurance of inheritance within the family (a surviving male child wards off external inheritance and confines inheritance to the nuclear family), and support for the parents in old age.

As indicated above, traditional gender roles persist in modern-day Egypt. A young son and a young daughter entering their adolescent years are trained along gender role lines. A son is expected to be present in the public space and trains to provide for his family members and to protect them. A daughter is expected to be present in the private sphere and trains to care for family members. These roles are then carried on into marriage.

Gender roles, however, have been slowly shifting in Egyptian families with the entrance of women into the job market. A wife's salary has become essential for the livelihood of the family, and this has brought about some changes. Gender roles still adhere to traditional paradigms, but Egyptian women are slowly amassing more power through their continuous education and employment. It is thus inaccurate to assume that gender roles have been static in Egypt since the beginning of the 20th century. As mentioned in a previous section, research indicates that young adolescent girls are more inclined toward equitable gender relations than adolescent boys.

Another indication of the phenomenon of shifting gender relations is the rate of divorce in Egypt, which stands at a high 40 percent. The fact that Egyptian women more readily accept separation reflects their economic independence and their reluctance or unwillingness to accept inequitable gender relations within their marriages. According to the World Bank, female-headed households were 13.4 percent in 2008, a figure that is increasing steadily as divorce rates increase in Egypt (divorce increased by 4% from 2012 to 2013) (Yamouri 2010).

Maternity Laws

Motherhood is highly revered in Islamic tradition and in Egyptian culture. The prophetic saying, "Heaven lies underneath the feet of mothers," is commonly taught in schools,

circulated in the media, and is widely quoted. Such reverence is translated into Egyptian labor laws, which grant the mother of a newborn three months of fully paid leave. Upon her return, the mother is granted a fully paid hour daily for breastfeeding until the baby turns two. Breastfeeding for two full years is a prerogative mentioned in the Koran (S:A 1:222). An employee also has the option of taking these two years as an unpaid leave, and the employer is supposed to pay for her insurance.

Labor laws grant the mother the option to have six years of unpaid leave to take care of her children, either consecutively or two years per child for three times during her employment. It is worth noting, though, that while the public sector abides by these labor laws, the private sector is more reluctant to provide such generous leaves for mothers. This leaves a wide segment of Egyptian women who are employed by the private sector unprotected, which generally leads to the interruption (or the forsaking) of their careers.

Inheritance Laws

Egyptian family status laws are derived from the Islamic code, commonly known as sharia. Muslim females are economically supported by their closest male relative; this is a legally binding position. A female can technically sue her closest male relative for failing to support her. Within this paradigm, males and females who do not have equal economic obligations do not have equal economic rights. Generally, inheritance law grants males double the inheritance of females. A wife's inheritance is one-eighth of her husband's assets, while a husband's inheritance from his wife is one-fourth of her assets. There are exceptions for this general rule, for example, in the instance that the deceased had multiple wives (a Muslim man can have up to four wives, on the condition of total justice between them).

Inheritance laws are based on explicit verses in the Koran, especially in sura (chapter) 3, titled "Women." Although some people argue that it is not fair for women to inherit half of what men do, it is rather difficult to change this rule because of its explicitness in the holiest text of Islam, the Koran. In addition, the prerogative comes, as explained above, with the obligation of maintenance for the close female relatives: wives, daughters, mothers, and sisters. Some Egyptian women's rights activists therefore focus on holding men responsible for their obligations rather than devising foreign-sounding arguments about

equal rights that may not suit the context. In addition, Egypt's culture, as in most countries in the Global South, is based on a collective sense of social responsibility, and the social dynamics are not as individualistic as in some countries in the Global North. It is thus important to regard inheritance laws within the overall social context and to attempt to reform them from within, for example, by holding men to their responsibilities.

Politics

It is often assumed that Muslim women have always been secluded and played no role in politics. Professor Fatima Mernissi, a sociologist from Morocco, problematizes this sweeping generalization by writing about some 300 prominent Muslim women, including warriors and heads of state (Mernissi 1997). Notable among these is Shajarat al-Durr, who ruled Egypt and played a vital role in a battle against a Crusade invasion of Egypt in 1249.

In the modern era, Egyptian women have been active in the political arena since the early 20th century. They played a role in the 1919 massive uprising against the British occupation, and a century later, Egyptian women played a pivotal role in the 2011 uprising that toppled Hosni Mubarak. The feminist movement has flourished since the beginning of the 20th century and succeeded in achieving political gains for Egyptian women, including political rights.

Feminist Movement

"The Question of Women," as it was called at the time, was a subject of much debate among the educated elite in Egypt in the early 20th century. Qasim Amin (1863–1908), an Egyptian lawyer who was trained in France, published two books, *Liberation of Women* (1899) and *New Women* (1901), which stirred much controversy. Amin called for the education of women and the control of divorce and polygamy, which he viewed as the roots of ills in the society. His views were radical for many of his contemporaries, who feared the loss of propriety if girls were allowed an education, and they insisted on upholding traditional family values. Yet, educated men who believed that women's education was imperative for any modernization sympathetically received his views. Although the first proponents of feminism in Egypt were men, women took over the cause from the late 19th century. Female writers, educators, activists, and poets at this early stage included Huda

Sha'rawi (activist), Malak Hefni Nassef (author), Nabawiya Musa (educator), and many others.

Huda Sha'rawi (1870–1947) was a pioneer Egyptian feminist activist who is best known for being the first woman to remove her face covering in public. In 1923, she founded with her colleagues the Egyptian Women's Union in the aftermath of the 1919 revolution. Her work centered on raising awareness regarding feminist issues, especially through the feminist French language magazine *L'Égyptienne*, which was the voice of the union. In this magazine, she and her colleagues published articles on women's issues from social and political perspectives. As the head of the Egyptian Women's Union, Sha'rawi represented Egypt in many international women's conventions and conferences. She also held until her death the post of vice president of the Arab Women's Union.

Malak Hifni Nasif (1886–1918) was an Egyptian feminist who used the pseudonym Bahithat al-Badiya (Seeker in the Desert). The use of pseudonyms was widespread until recently, wherever Arab women found the need to conceal their identities. Nasif published a book titled *Nisa'iyat* (*Women's Things*) in 1910, gave public lectures to female audiences, and published a lot of articles in women's journals. Her works concentrated on contemporary social and political issues from women's perspectives. Mayy Ziyada (1886–1941), an Arab feminist and poet based in Egypt, wrote a biography of Nasif in 1920, including "an analysis of her character in its cultural and social context" (Ashour and Ghazoul 2008).

Nabawiya Musa (1886–1951) is best remembered as an educator, but she was also a writer and a poet. Musa rose to prominence when she became the first female Egyptian school principal. She wrote in various women's journals of her time and established her own in 1937. She resisted the British colonial authority and wrote about it. Her approach to education was integrated in all aspects of her life as seen in this quote:

Nabawiya Musa used stories from her life, her battles with the English education inspectors who looked down on Egyptian teachers, and her stand-offs with ministry officials and foreign principals, turning them into gripping story material and often using them to explain her ideas on the importance of liberating education from colonial control, improving the status of teachers and preserving their dignity, developing curricula to suit Egyptian students, and unifying curricula for boys and girls. (Ashour and Ghazoul 2008)

Musa understood that ‘the personal is the political,’ and her autobiography, *My History by My Pen*, shows that, as it is a more public than private account of her life.

Education fed on feminism and fueled it. The vibrant feminist movement of the first half of the 20th century resulted in an increase in the number of female students enrolled in education and a surge in feminist publications, which in turn led to more education for girls. In the late 1920s, the first female student entered the university, and many Egyptian girls pursued higher education abroad. According to Reid, “the proportion of females in higher education enrollments crept up slowly, from 0.4 percent in 1930 to 7 percent in 1950. It reached 17 percent in 1960, 26 percent in 1969, and 33 percent by 1983” (Reid 2002). Today, the ratio of students in higher education is estimated to be evenly divided between male and female.

This movement was co-opted by the state during the reign of Nasser (1956–1970), a phenomenon that Mervat Hatem labeled “state feminism.” Doria Shafik, who, as mentioned above, was pivotal in constituting the political rights of Egyptian women, was placed under house arrest, while other feminists were allowed to operate within the limits set by the state. Still, the spread of education in the 1960s, a state policy during Nasser’s era, led to an increase in female graduates, and by the late 20th century, Egyptian feminism was back on a track away from the state’s grip. Nawal al-Saadawi was prominent among the leaders of this era.

Today, there are a number of feminist organizations that work in various fields. Nazra for Feminist Studies works on issues of violence against women, providing women with support (Nazra for Feminist Studies 2017). It also produced the first feminist comic magazine ever published in the Arab world. Another well-established nongovernmental organization (NGO) is the Women and Memory Forum, established in 1995, which is an academic research organization that balances negative stereotypes by bringing to the forefront examples of prominent women (Women and Memory Forum 2017). The Egyptian Center for Women’s Rights was established in 1996 and is committed to improving the political and legal status of Egyptian women (Egyptian Center for Women’s Rights 2017). The Association for the Development and Enhancement of Women, established in 1987, works on economically empowering Egyptian women, especially heads of families, by providing microloan programs and other services. These organizations work with a host of other Arab

and international organizations to enhance the plight of Egyptian women. Organizations such as Karama work on strengthening leadership qualities of Arab women and ending violence against them.

In official political representation, especially in the parliament, Egyptian women still lag behind some countries in the Global South. The parliamentary elections of November 2010 brought about the highest number of women in the parliament, about 13 percent, but the parliament lacked legitimacy in the eyes of the Egyptian people, who revolted against Mubarak’s rule only a few months later (Tadros 2014). And because of Egyptian women’s increased political activism since the January 2011 revolution, this has not translated into representation in the parliament. The November 2011 election brought only nine women to the parliament, five from the Islamic bloc. In addition, two Coptic (Christian) women were appointed to the parliament. There is work to be done for Egyptian women on the political front, which is traditionally viewed as a male domain, to ensure a fairer representation in parliament and other political spheres.

Women and the Egyptian Constitution

The Egyptian Constitution was rewritten three times over the last three years. Egyptian feminist organizations mobilized to have a fair representation in the constitutional writing committees. One major initiative by a feminist organization, Women and Memory, initiated a workshop for rewriting the constitution: they read previous Egyptian constitutions, along with constitutions from various countries across the globe. The workshop suggested new articles for the constitution and insisted on old ones that allow women political participation, work, education, personal freedom, and health insurance. In addition, they intervened linguistically by adding the feminine form to the word *citizen* to tone down the sexist nature of Arabic language used in writing the constitution.

The draft was sent to law professors to review it, and they then conducted a seminar to discuss the suggested changes. They finally rallied the feminist organizations, which declared their support for the draft. The Coalition of Egyptian Feminist Organizations united around the document. The suggested amendments were addressed in a letter to the Constitutional Committee and included “critical readings of five gender-related constitutional articles, suggested alternative phrasings, and listed general demands” (Kamal 2015).

Another coalition, Bahiyya Ya Masr, published a list of 150 prominent Egyptian women who could sit in on the constitutional writing committee. As interesting as these initiatives are, they did not lead to active female involvement in the constitutional writing process because the entire political situation that gave rise to such initiatives has subsided as part of the power struggle between major political forces in Egypt: the armed forces and the Muslim Brotherhood. Both ideologies, and especially militarism, prefer patriarchal formations of society.

The new Egyptian Constitution of 2014 grants some additional rights for women. It institutionalizes for the first time the right of Egyptian women to pass on their citizenship to their children in a mixed marriage. It also instills the duty of the state to protect women from violence. In addition, it reiterates women's rights and equality to hold public office and the protection of motherhood. Yet, women have lost their quota representation of 64 seats in the lower parliament chamber that the previous constitution had stated. The new constitution only states "fair or just" representation. This vague statement is a subject of criticism by women's rights activists who fear an underrepresentation of Egyptian women in the upcoming parliament. Yet, generally speaking, the 2014 constitution is thought to be "a most progressive constitution as far as rights are concerned" (Megahed 2014). Understandably, though, commentators and activists are always advocating for more rights for Egyptian women.

Violence against Women

Violence against women has reached an epidemic level, according to a study conducted by UN Women in July 2014. In this survey, 99.3 percent of the respondents admitted being victims of harassment, which includes catcalling, stalking, unwanted touch, rape, and other forms of sexual harassment and obscenity. Harassment occurs in public places, such as public transportation, public gardens, malls, markets, and on the street. Almost half of the respondents (49.2%) indicated that harassment is a daily occurrence, while 26.5 percent put it as a weekly or monthly occurrence. Harassment is not confined to any particular time of the day according to most respondents of the survey. In addition, conservative attire did not deter harassers, as 75 percent of the respondent said that they wore conservative clothes and were without makeup when the incidents occurred.

Although these incidents happen in public places, bystanders do not interfere to stop the incidents and

generally pretend they do not see anything; 75 percent of the respondents gathered that bystanders just do not care. In seeking police intervention, almost 50 percent of the victims said that the police stopped the harasser, while 21 percent said they arrested the offender. The study concludes that 82.6 percent of the respondents feel unsafe on the street (UN Women 2014).

The lack of official security following the January 25, 2011, revolution has exasperated the unsafe situation on the streets for Egyptian women and girls. The police forces, which were overwhelmed by protestors on January 27, 2011, took a few years to regain their strength. The security void meant that all kinds of crimes went unpunished, which led to even more crimes, and harassment was no exception. Harassment after the revolution has increased according to 48.9 percent of the respondents (UN Women 2014).

In addition, the political resistance during the early years that followed the revolution often faced excessive use of force by the state. In one incident in December 2012, the military police confronting the protestors stripped half naked an abaya-wearing protestor (commonly known in the media as "Blue Bra"). A journalist captured the incident, where three policemen handled a protestor, with one of them stomping on her bare stomach. Police forces were often accused of using thugs to sexually assault and rape female protestors in an attempt to deter them from participating in rallies and demonstrations. Not only were the police complicit in such state-sanctioned violence, but also other governmental bodies, including the Egyptian Medical Forensics Authority, which was complicit in tampering with evidence (Fahmy 2015). Such state-sanctioned violence brought even more resistance from activists.

Cultural Response to Sexual Harassment

The 2011 revolution brought about a vibrant political and cultural milieu. Mostafa (2015) refers to this "cultural archive" and enumerates cultural artifacts, including films, graffiti, and photography. In this section, we will see those feminist cultural initiatives related to combating and resisting sexual harassment in Egypt after the revolution.

Graffiti

Images of the individual ruler were replaced by those of ordinary people following the revolutions of the Arab

Spring. Graffiti artists created this visual change in the vistas of different Arab capitals. They brought the dull and shabby buildings of Cairo to life during the early years following the revolution. Various collectives worked tirelessly to spread messages of resistance and defiance to the ruling authorities, especially SCAF (2011–2012) and Morsi (2012–2013). Among those were two collectives, NooNeswa and the Mona Lisa Brigades, which brought “Female Graffiti” (“Graffiti Harimi”) to the limelight.

Their works concentrated on challenging the patriarchal order by drawing feminist themes. Iconic female figures were drawn to remind the viewers of the achievements of Egyptian women. In addition, artists from both collectives drew images that signified resistance to police brutality, such as the case of Blue Bra. Blue Bra became a recurrent image in various graffiti that signified resistance to state brutality.

BuSSy

BuSSy is an amateur theatrical company that concerns itself with women’s issues. BuSSy (which means “look” when said to a female in the imperative) is conceptually based on the activist play *Vagina Monologues* by Eve Ensler. It solicits real-life stories dealing with a particular topic and recreates them in monologue format, which amateurs act out in live performances. It started in 2006 as a performance at the American University in Cairo (AUC) and has since grown immensely. Since 2010, BuSSy has grown outside of AUC and has performed in various venues around Egypt, including the Cairo Underground (Metro). The main objective is to raise awareness among people regarding issues that they know little about.

BuSSy collaborates with various initiatives and organizations to produce their monologues, which are aimed at empowering women; the themes include harassment, domestic violence, and teen issues. The performances are sometimes deemed inappropriate, as the language used is explicit, so a state-sponsored theatrical venue attempted to censor the show. They canceled it when the censorship attempts were rejected by BuSSy. The director, Sondos Shabeykh, told Laura Dean of the *Global Post* that they submitted a self-censored script of their show to the censorship authorities, who censored it anyway! Ironically, the censored text alludes to more than what was initially intended by the authors. Shabeykh commented, “You feel like in the censored version the audience would think the actors were referring to something much more shameful

than they actually were” (Dean 2015). Yet, BuSSy persisted and sought to perform in other venues.

Cartoon

Political cartoon art has been a male domain in Egypt since the late 19th century. Ya’qub Sannu’ (1838–1912), who was a cartoonist, journalist, and theatrical actor, is usually credited as the first cartoonist in Egypt to criticize colonial influence (Fahmy 2011). A number of male cartoon artists dominated the scene in the second half of the 20th century.

The male monopoly over political cartooning in Egypt has been breached over the last few years, as a number of female cartoon artists have taken to the medium. Cartoonists such as Doaa El-Adl, Muna Abdurrahman, Yasmin Mamoun, and Dalia Mukhtar, among others, are actively drawing about women’s issues. Their works are published in mainstream newspapers and magazines, and they also hold exhibitions to display their work. Their works have brought them a lot of recognition in the field. Doaa El-Adl, for example, is a recipient of multiple awards, both nationally and internationally.

A group among this generation formed the Association of Egyptian Female Cartoon Artists, which held a number of exhibitions to pointedly discuss women’s issues. Their exhibition held on June 26, 2014, was dedicated to discussing sexual harassment. Their themes insist that a female victim of sexual harassment does not have a particular profile: she may be young or old, she may be very modestly dressed or not, and she may be in her own neighborhood or in the office space. Collectively and individually, young female cartoon artists are breaking societal taboos around discussing its ills and are changing the victim-blaming mentality regarding sexual harassment.

El Shakmagia is the latest publication in the flourishing comic scene in Egypt. It is also the newest initiative by Nazra for Feminist Studies, an organization that has been active in combating violence against women over the last few years. *El Shakmagia* (which means “a vintage jewelry box”) was first published in October 2014. It is the first feminist comic magazine in the Arab world. The first issue is dedicated to the theme of violence against women and has some 12 stories and a handful of articles and cartoons. The stories illustrated in the first issue deal with various problems: harassment in the workplace, domestic violence, and child abuse, among others. In one

story, women have undergone genetic modification (they have grown extra arms and eyes) to ward off unwanted physical contact in the public space. One cartoon illustrates a young girl seated on the lap of her middle-aged manager, who is asking her how she likes her new chair. The editorial by editor in chief Fatima Mansour points to rampant harassment and efforts by Nazra and other organizations to eliminate violence against women in the public space.

AISHA K. NASSER

Further Resources

- Aguirre, De Anne, Leila Hoteit, Christine Rupp, and Karim Sabagh. 2012. *Empowering the Third Billion: Women and the World of Work in 2012*. New York: Booz & Company, 2012. Retrieved from http://www.strategyand.pwc.com/media/file/Strategyand_Empowering-the-Third-Billion_Full-Report.pdf.
- Aidarous, Elham, and Ahmed Ragheb. 2010. *Economic, Social, and Cultural Rights in Egypt—2009*. Cairo: Hisham Mubarak Law Center.
- Ashour, Radwa, and Ferial Ghazoul. 2008. *Arab Women Writers: A Critical Reference Guide, 1873–1999*. Cairo: American University in Cairo Press.
- CIA (Central Intelligence Agency). 2017. "Egypt." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/eg.html>.
- Dean, Laura. 2015. "Meet the Director of the BuSSy Project, Egypt's Answer to the Vagina Monologues." *Global Post*, May 15. Retrieved from <http://www.globalpost.com/article/6537403/2015/05/04/meet-director-bussy-project-egypts-answer-vagina-monologues>.
- Devi, Sharmila. 2013. "Women's Health Challenges in Post-Revolutionary Egypt." *The Lancet* 381.9879: 1705–1706. doi:[http://dx.doi.org/10.1016/S0140-6736\(13\)61060-0](http://dx.doi.org/10.1016/S0140-6736(13)61060-0).
- DHS Program, Ministry of Health and Population. 2015. "Egypt: Health Issues Survey." Retrieved from <https://dhsprogram.com/pubs/pdf/FR313/FR313.pdf>.
- The Economist Online*. 2011. "Women in Egypt: Still Struggling." October 21. Retrieved from <http://www.economist.com/blogs/dailychart/2011/10/women-egypt>.
- Egyptian Center for Women's Rights. 2017. Retrieved from <http://ecwronline.org>.
- El Awa, F., H. Fouad, R. A. El Naga, A. H. Emam, and S. Labib. 2013. "Prevalence of Tobacco Use among Adult and Adolescent Females in Egypt." *Eastern Mediterranean Health Journal* 19.8: 749–754.
- Fahmy, Khaled. 1997. *All the Pasha's Men: Mehmed Ali Pasha, His Army and the Founding of Modern Egypt*. Cambridge: Cambridge University Press.
- Kamal, Hala. 2015. "Inserting Women's Rights in the Egyptian Constitution: Personal Reflections." *Journal for Cultural Research* 19.2 (May 11): 150–161.
- Kingsley, Patrick, and Manu Abdo. 2015. "Doctor Jailed after Egypt's First FGM Conviction." *The Guardian*, January 26. Retrieved from <http://www.theguardian.com/world/2015/jan/26/doctor-jailed-egypt-first-fgm-conviction>.
- Megahed, Horeya. 2014. "Egyptian Women and the New Constitution." International Alliance of Women. Retrieved from <http://womenalliance.org/egyptian-women-and-the-new-constitution>.
- Mensch, Barbara, Barbara Ibrahim, Susan Lee, and Omaima El-Gibaly. 2003. "Gender-Role Attitudes among Egyptian Adolescents." *Studies in Family Planning* 34.1 (March): 81–88.
- Mernissi, Fatima. 1988. "Muslim Women and Fundamentalism." *Middle East Report* 153 (July–August): 8–11+50.
- Mernissi, Fatima. 1997. *Forgotten Queens of Islam*. Minneapolis: University of Minnesota Press.
- Mostafa, Dalia Said. 2015. "Introduction: Egyptian Women, Revolution, and Protest Culture." *Journal for Cultural Research* 19.2 (May 11): 118–129. doi:10.1080/14797585.2014.982916.
- Nazra for Feminist Studies. 2017. Retrieved from <http://nazra.org/en>.
- Reid, Donald Malcolm. 2002. *Cairo University and the Making of Modern Egypt*. Cambridge: Cambridge University Press.
- Saadawi, Nawal. 1980. *The Hidden Face of Eve; Women in the Arab World*. London: Zed Press.
- Tadros, Mariz. 2014. "Ejecting Women from Formal Politics in the 'Old-New' Egypt (2011–2012)." In *Women in Politics: Gender, Power and Development*, 1011–1034. London: Zed Books.
- UN Women, 2014. "Study on Ways and Methods to Eliminate Sexual Harassment in Egypt." Retrieved from http://harassmap.org/en/wp-content/uploads/2014/02/287_Summaryreport_eng_low-1.pdf.
- UNFPA. 2017. "Population and Development: Overview." Retrieved from http://egypt.unfpa.org/english/Staticpage/1/89ee04176-c844-4108-317-f41518c07273/Population_and_Development.aspx.
- UNICEF Egypt. 2017. "HIV/AIDS." Retrieved from https://www.unicef.org/egypt/hiv_aids_11352.html.
- USAID from the American People. 2016. "Egypt: Global Health." Retrieved from <https://www.usaid.gov/egypt/global-health>.
- Van Raemdonck, An. 2013. "Egyptian Activism against Female Genital Cutting as Catachrestic Claiming." *Religion and Gender* 3.2: 2222–2239.
- WHO (World Health Organization). 2015. "Success Factors for Women's and Children's Health: Egypt." Retrieved from http://www.who.int/pmnch/knowledge/publications/egypt_country_report.pdf?ua=1.
- Women and Memory Forum. 2017. Retrieved from <http://www.wmf.org/en>.
- Yamouri, Najat. 2010. "Middle East and North Africa: Women in the Workforce." Washington, D.C.: World Bank. Retrieved from <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/MENAEXT/EXTMNAREGTPOPOVRED/0,,contentMDK:22497617~pagePK:34004173~piPK:34003707~theSitePK:497110,00.html>.

Eritrea

Overview of Country

As an independent state, Eritrea is a relatively new country in Eastern Africa. Similar to many other African nations, the history of Eritrea is intricately associated with colonialism. Eritrea gained independence from Italy in 1941, after being an Italian colony since 1890, but it remained under British administrative control until 1952, when the United Nations declared it an autonomous region within Ethiopia. In 1962, a violent 30-year war with Ethiopia erupted that finally ended in 1991, when Eritrean rebels captured the Eritrean capital of Asmara and defeated the Ethiopian government forces. At this time, the Eritrean Popular Liberation Front (EPLF) formed a temporary government until Eritrea became an independent nation in 1993. After independence, the EPLF changed its name to the People's Front for Democracy and Justice (PFDJ) and became the only political party in Eritrea. As a one-party state, Isaias Afworki (1946–) (also known as Afwerki, Afewerki, or Afeworki) is the only president that Eritrea has had since independence, and he has been criticized by many of suppressing democracy and being a leader who rules with absolute power and restricts the freedoms of the people of Eritrea (CIA 2014; U.S. Department of State 2014).

Bordering the Red Sea, as well as Djibouti, Sudan, and Ethiopia, Eritrea's nearly 6.4 million inhabitants live on 117,600 square kilometers, which is roughly the size of the U.S. state of Pennsylvania (CIA 2014). Rather than enjoying a peaceful existence as a new nation-state, Eritrea has been plagued with conflicts since its independence. In addition to military conflicts over borders with Djibouti and Yemen regarding the Hanish Islands in the Red Sea, Eritrea also entered into a deadly border conflict with Ethiopia in 1998 that resulted in approximately 70,000 deaths between the two countries before they reached a peace deal in 2000. A security zone now separates the two countries; they are no longer actively fighting, but the border issue remains unresolved. This long history of conflict, along with president Afworki's mandatory national military service program, has hindered economic development, as large numbers of Eritreans are in the army instead of the workforce (CIA 2014; BBC 2014).

As is the case for most low-income countries, the majority of Eritrea's population is young; over 60 percent of the population is under the age of 25 (CIA 2014). With an average life expectancy of only 63.5 years, the life expectancy

of Eritreans is ranked among the bottom quarter of the world. Maternal and infant mortality rates are relatively high. The maternal mortality rate is 240 deaths per 100,000 live births, and the infant mortality rate is over 38 deaths per 1,000 births (CIA 2014). These mortality rates, coupled with high fertility rates of over four births per woman and a low contraceptive prevalence rate of only 8 percent, leave reproductive health issues as a pressing concern for women living in Eritrea (CIA 2014; Population Council 2005).

Eritrea is ethnically diverse, with nine officially recognized ethnic groups. The majority of the population is Tigrinya or Tigre; together make up 85 percent of the population. But Saho, Kunama, Rashaida, Bilen, Afar, Beni Amir, and Nera are also officially recognized (CIA 2014). Although many languages are spoken, Tigrinya, Arabic, and English are the country's three official languages. In the Dahlak Islands, Tigre is the most commonly spoken language. Eritreans are roughly equally divided between Muslims and Christians, but the Christians are further divided into Coptic (or Orthodox) Christian, Roman Catholic, and Protestant denominations.

Girls and Teens

Education

The Eritrean Popular Liberation Front established a Department of Education in 1975 and focused much attention on education during its struggle for liberation, especially among those directly involved in the fighting efforts. However, decades of conflict with Ethiopia left Eritrea with much room for improvement in terms of education, especially for girls. In 1991, at the end of the war with Ethiopia, it was estimated that 84 percent of the existing 190 schools were in serious disrepair (Rena 2005b). Moreover, access and the physical geographic distribution of schools were significantly unequal, with a much higher number of secondary schools and students in the highlands than in the lowland areas of Eritrea (Petros 2000). This unequal distribution of education has real impacts for the lives of girls and lasting effects as they become women and bear children. Women in rural areas and women with less education have higher fertility rates, a younger age at first birth, and lower contraceptive use; these same women have children with lower vaccination rates and higher rates of malnutrition and diarrhea (Population Council 2005).

The educational system in Eritrea today is divided into five levels: early childhood development (ages 5 to 6); primary grades 1 through 5 (ages 7 to 11); middle grades 6

and 7 (ages 12 to 13); secondary grades 8 through 11 (ages 14 to 17); and postsecondary. Education is now compulsory for all Eritrean children aged 7 to 13, yet enforcement is difficult. The actual average number of years that boys attend school is only five years, and for girls it is only four years (Rena 2005b). Literacy rates for those aged 15 and older is 79.5 percent for males, but only 59 percent for females (CIA 2014). According to the United Nations Children's Fund (UNICEF) and the World Bank evaluations and reports on the status of education in Eritrea, and particularly the status of the African Girls Education Initiative, "The current primary education system contains severe inefficiencies. . . . Only about 45 percent of students who enter grade 1 complete primary education" (Chapman, Lexow, and Issayas 2003, 2). Few students at the post-secondary and university levels are female, and even fewer faculty members are women (Bernal 2001).

Furthermore, at age 18, both girls and boys must serve a compulsory military term, many of whom experience a forced extension of service. Young women face sexual abuse and rape while in the service, and many flee the country to escape or marry and give birth early to avoid this military service. The first option places women in great danger of being trafficked (see below), and the second option has long-term effects on women's economic security.

Family Roles

Although it varies by region, traditional family beliefs in Eritrea generally do not value education for girls. This belief comes from concern about contact with boys, the marriageability of an educated female, and the need for help with domestic labor at home, such as the collection and carrying of water and firewood. Moreover, due to the unequal geographical distribution of schools, there is concern from some families about the great distance girls have to travel to get to the closest school. Thus, although UNICEF and Eritrea's own Department of Education have shown concern about the enrollment of girls in school, family beliefs and the role of girls and teens in the family are substantial obstacles that must be overcome before gender equality in education can become a reality.

Health

Access to Health Care

Eritrea spent 3.3 percent of its gross domestic product (GDP) on health care in 2014 (Global Health Workforce

Alliance 2016). Life expectancy is 62 years for men and 67 for women. Forty-three percent of the population is under the age of 15, and the median age is 18 (Global Health Workforce Alliance 2016). In the past seven years, Eritrea has doubled its number of physicians from 3 to 6 per 100,000 people and increased the number of nurses from 20.5 to 75 per 100,000 people (Global Health Workforce Alliance 2016).

No current numbers are available for access to improved water and sanitation facilities.

Maternal Health

Only 8 percent of women in Eritrea use some form of contraception, and the fertility rate in 2013 was 4.7 (UNICEF 2015; Global Health Workforce Alliance 2016). For a woman between 15 and 49, there is a 22 percent chance she will be ill or die from maternal causes. The maternal mortality rate was 380 per 100,000 in 2013. Only 40.9 percent of women attend four or more antenatal appointments, but 70.3 have one antenatal appointment (UNICEF 2015). Only 28.3 percent are attended by a skilled birth assistant for delivery, but this varies greatly by area, with 64.7 percent of urban women compared to 10.4 percent of rural women having a skilled birth attendant at their births (Global Health Workforce Alliance 2016). A mere 6.7 percent of the poorest women in Eritrea compared to 81 percent of the richest women have a skilled birth attendant. The mortality rate for children under 5 years old is 50 per 1,000 children, which is higher than it was in 1990 at 86 per 1,000 (Global Health Workforce Alliance 2016).

Abortion prohibitions follow Ethiopian law. It is prohibited except save the life of the mother or to preserve her physical or mental health. Little information about prevalence is available, but it is suspected that abortion is common. Unsafe abortions are dangerous and can contribute to lasting health issues for women. The country is concerned about unwanted pregnancies and unsafe abortions. This is especially of concern for adolescents. Twenty-nine percent of adolescent girls are married (UNICEF 2015).

Diseases and Disorders

Immunization rates are up. Lower respiratory infection is the leading cause of death (11.5%), followed by diarrheal disease (8%); HIV deaths are 5.3 percent. Acute respiratory infection is the leading cause of death in children under 5 years old (UNICEF 2015).

Hypertension (or high blood pressure) is the most common noncommunicable disease risk (28.1%), followed by diabetes (7.3%). Only 3.2 per 100,000 deaths are attributed to malaria (Global Health Workforce Alliance 2016); 48.9 percent of Eritrean children sleep under insecticide-treated nets (ITNs), and 70.9 percent of households have at least one ITN (UNICEF 2015). HIV deaths are down (35.1 per 100,000 people in 2013), but 21,000 of 160,000 of orphaned children have been orphaned because of HIV.

Employment

According to the United Nations (2013), Eritrea is considered one of the least developed countries worldwide, and the military's continued mandatory service program has contributed to the lack of significant private enterprise growth or overall economic growth. The per capita GDP is only USD\$1,200 (CIA 2014). The Eritrean economy heavily relies on remittances from the diaspora that began during the war of independence with Ethiopia and has continued as the people of Eritrea continue to flee the repressive Eritrean government, mandatory national service, and a lack of economic opportunities. Some of these migrants end up victims of forced labor (CIA 2014). The Eritrean government, rather than discouraging this migration, actually supports it because these remittances are an important source of foreign currency and having migrants working abroad reduces local unemployment.

In recent decades, the migrant population has experienced a significant change in its gender composition, as more and more women migrate in search of better employment opportunities, typically in the fields of domestic and caretaking occupations. This feminization of transnational migration is being seen around the world and is not unique to Eritrea. Women who have migrated typically make less money than men who have migrated. Despite this gender disparity in earnings, women migrants send proportionately more money back to their families in Eritrea—60 percent of their earnings versus 45 percent for men (Kifleyesus 2012).

As is true of many low-income African countries, a large percentage of the population—approximately 80 percent—is employed in subsistence agriculture, which does not produce much, if any, income (CIA 2014). The fledgling industries of copper, potash, and gold production are predicted to help create job opportunities and drive economic growth in upcoming years; however, they will

still have to compete with military spending, and these opportunities will likely not be equally available to both men and women (CIA 2014).

Living in a historically feudal and patriarchal society with rigid gender roles, Eritrean men have been the primary participants in the economy. With limited education and low literacy rates, women have often married young and typically been confined to child-rearing and domestic work. Within certain ethnic groups, particularly in Tigre, Rashaïda, Sahoo, and Afar, women are still not provided with many educational or employment opportunities and are expected to maintain a private role, rather than a public one (Rena 2007). However, during the revolutionary war with Ethiopia, the EPLF strove to offer more educational and employment opportunities for women, so many women saw their roles shift, as they were needed in a variety of traditionally male work roles.

Overall, Eritrea's economy has struggled since it gained independence from Ethiopia, and women in particular faced employment challenges as they transitioned from a state of war back to domestic civilian life. Rather than the collective public work that it had been during the war, child-rearing and domestic work once again became the sole responsibilities of women. Bernal (2001) notes that women were “caught between the revolutionary aspirations they learned in the Front and the more conventional values and gendered expectations asserted by Eritreans in the civilian context. These heroes of the nationalist struggle found that the very qualities that made them good soldiers and comrades stigmatized them as wives and potential wives” (137). Many of these women were then considered undesirable for marriage or faced divorce; both situations result in women being economically vulnerable as females heading a household.

In 2001, women made up more than 46 percent of the overall workforce, primarily in the microenterprise sector, public sector, and manufacturing sector, likely a result of their role in the textile industry (Rena 2007). Even in the urban capital of Asmara, improved employment opportunities for women have been slow to develop, despite independence. Most of women's work is low wage, unskilled labor where opportunities for advancement are limited; however, those that have managed to receive an education and former EPLF fighters tend to have higher-paying jobs and better career mobility (Rena 2007). Therefore, improving access to education and the literacy rates are seen as key factors for improving the lives of Eritrean women.

Family Life

The history of marriage as a sacred institution and the family as the building block of society is seen throughout most Eritrean ethnic groups. Within this patriarchal system, marriage plays an important role in preserving gender bias by linking two partners in ways that support traditional marital and societal structures. The experience of marriage and divorce is highly influenced by inherited attitudes and traditional cultural practices. Customary rules of marriages vary among the ethnic groups, but girls are generally married at an early age, sometimes as young as 14, and dowries are considered a normal, expected practice. Even today, many marriages in the rural areas are still arranged by the family groups concerned.

Marriage and family life in Eritrea were disrupted and reorganized during the 30-year war for independence with Ethiopia. The EPLF deviated substantially from the traditional prewar Eritrean marriage practices: it encouraged premarital sex, provided contraceptives, and established a marriage law premised on a partnership where both men and women were guaranteed free choice (Bernal 2001; Hale 2001). During this wartime period, men and women engaged in the war effort experienced a breakdown in gendered divisions of labor and instead participated in collective family responsibilities. Thus, child-rearing, cooking, carrying firewood, collecting water, and other domestic work were done by everyone.

However, scholars have argued that the reason these gender advances were not maintained after independence was because the EPLF did not actually reframe gender relations and domestic social patterns but rather suppressed them by erasing the feminine and eliminating the family as a social institution (Bernal 2001; Rena 2007). For example, men and women fighters dressed and wore their hair the same during the war. Once independence was achieved, the EPLF changed its position and firmly reestablished the family as the primary societal building block in its efforts at nation-building. Therefore, even though the women fighters had been exposed to new ideas about gender relations and marriage, the reality that they faced when they transitioned back to life as noncombatants was that of typical, more conservative gender roles for household roles, domestic responsibilities, and the old marriage expectations.

Like many other low-income countries throughout Africa and Southeast Asia, child marriage has a deep historical heritage in Eritrea and was a fundamental part of the country's patriarchal system. When the EPLF came to

power and began seeking independence from Ethiopia, they also sought societal transformation. One of these societal transformations that the EPLF tackled was the traditional marriage practice. To do this, the EPLF introduced legislation that officially abolished forced marriages, child marriages, and dowries, which were often incentives for young marriages. Notwithstanding this legislation and the official banning of the dowry, it still occurs in practice. Traditional sociocultural norms still promote young marriages, especially in rural and less educated areas of Eritrea, so the National Union of Eritrean Women (NUEW) has been working to develop community education programs that raise awareness of the negative consequences of young marriage and early pregnancy for girls and women.

Politics

During the liberation war with Ethiopia, Eritrean women were heavily involved in the EPLF guerilla army, and not just as supporters. They were fully integrated into the war movement as platoon leaders, teachers, mechanics, tank commanders, intelligence officers, rank-and-file soldiers, and activists (Iyob 2000; Bernal 2001; Hale 2001). These *tegedalits* (female combatants or “fighter”) made up 30 percent of the EPLF, were highly regarded, and even became a symbol of the nationalist movement for independence (Iyob 2000; Bernal 2001). This stood in stark contrast to the prewar era, where women were not allowed to participate in politics.

The postwar era ushered in change for women's lives. Although women were a key component of the successful 30-year fight with Ethiopia to gain independence and had been involved in all fronts, independence and the election of Afworki as president did not liberate them. In fact, there was a deterioration of women's roles and gender equity. Despite universal suffrage at 18 years of age and a political culture of gender equality, including a highly progressive constitution that guarantees equal status for women and electoral laws that require the National Assembly and regional assemblies to reserve 30 percent of the seats for women, implementation has proved challenging. Eritrean women lament the loss of the egalitarian environment that existed during the war and are concerned about the current public portrayal of women as objects, rather than the war-era effort that conceived of women as strong and deserving of gender equality (Iyob 2000; Bernal 2001). Moreover, as independent Eritrea shifts away from a national project of liberation to one that embraces development and

capitalism, women have found themselves devalued by capitalist market values that focus attention on only certain kinds of “productive labor” that regularly excludes unpaid labor that women are far more likely to be engaged in performing, such as child-rearing, food preparation, fuel and water gathering, subsistence farming, and the like. Women are seen as less competitive than their male counterparts due to many factors, but less access to education and greater reproductive and domestic workload burdens are among the most prominent (Bernal 2001).

Religious and Cultural Roles

Eritrean society is composed of Christians and Muslims, roughly evenly divided, and is generally conservative in regard to the cultural positioning of women (Hale 2001). The Orthodox Christian tradition in Eritrea stretches back to the fourth century, when Christianity spread to Africa. This religious tradition forms an important part of the cultural expression of the Tigrinya ethnic group. In the rural areas of Eritrea, religion and religious clergy have played an especially significant role in the everyday lives of the people.

Although the EPLF has been praised for its attempts to achieve gender equality and break down the traditional cultural roles of women, especially during the 30-year war with Ethiopia, scholars have argued that the “EPLF’s approach to gender equality was grounded in Marxist ideas rather than feminist ones[,] . . . and policies regarding gender were conceived and implemented in a top-down fashion by male leadership rather than by women themselves” (Bernal 2001, 134). Women were needed for fighting in the war for independence, and thus their mobilization and emancipation was important. However, once independence had been achieved and everyone had returned to life in a postwar setting, women faced difficulty transcending their traditional cultural roles as mothers and domestic laborers. Although substantial numbers of Eritrean women became employed in wage labor after the war, patriarchal cultural traditions still strive for the ideal Eritrean family, with the female as the housekeeper and in charge of child-rearing and the male as the primary breadwinner.

Issues

Violence and Human Rights

Since independence, Eritrea has been criticized for human rights violations that include the arrest and detainment of

dissenters; arbitrary detention; the closure of the private press (the government solely controls broadcast media as well); the imprisonment of reporters; the use of torture; religious persecution (the government only recognizes and permits Muslims, Coptic Christians, Roman Catholics, and Protestants; all others are subject to persecution); compulsory national service, which is often extended indefinitely; child soldier recruitment; and discrimination (Campbell 2005; Amnesty International 2013; CIA 2014). It is well established that the government’s mandatory national service program is regularly abused to keep conscripts indefinitely and for forced labor (CIA 2014). This program, along with violence and the continued abuse of human rights, has resulted in large numbers of Eritreans fleeing the country annually, primarily to other Gulf States and African nations. Many of those who flee find themselves subject to labor and human rights abuses in the countries to which they flee

Female Circumcision

Female circumcision (also sometimes referred to as female genital mutilation) refers to the practice of excising all or part of a female’s external genital organs. There are different levels, or types, of circumcision that are variously practiced in Eritrea. Until very recently, female circumcision was a common traditional practice in Eritrea and was performed by elderly women in the village or by midwives. In Eritrea, the vast majority of circumcisions are done before puberty, with the majority occurring between birth and one month of age (Davis 1999). Female circumcision is very controversial globally and in the nations where it is most often performed. Its negative health impacts, ranging from the short-term health concerns of pain, hemorrhage, infection, sores, and injury to the surrounding area to the long-term health concerns of cysts, infertility, recurring bladder and urinary tract infections, and increased risk of complications in childbirth, have led to such international organizations as the World Health Organization (WHO) to declare female circumcision a human rights abuse (WHO 2014).

In 2007, female circumcision was officially banned in Eritrea, but the social, cultural, and, to a lesser extent, religious factors within communities and families, particularly in rural areas, has made enforcement challenging; it is still being practiced in some regions of Eritrea (BBC 2014; WHO 2014). According to NUEW, 88.7 percent of women were circumcised in 2002, compared to 95 percent in 1995.

Because of its continued practice, the Eritrean government established a project called Vision Eritrea, which has focused on providing information and coordinating educational awareness campaigns in communities to reduce the incidence of female circumcision (Holzgreve, Greiner, and Schwidtal 2012).

Human Trafficking

Human trafficking is a serious issue in Eritrea that has received more attention recently as the trend continues to worsen rather than improve. Eritrea does not fully comply with the minimum standards set for the elimination of human trafficking, and the United Nations has determined that Eritrean officials are actually involved in the trafficking of both weapons and human beings (CIA 2014; Amnesty International 2013). Furthermore, as one of the highest refugee producing countries in the world, a profitable human smuggling operation has arisen over the years.

Many of the kidnappings take place in refugee camps in Sudan that are run by the United Nations, but they have also been known to occur in Libya, Egypt, and Israel. The victims are often abused while they are being ransomed for tens of thousands of dollars, and when ransoms cannot be met, they are tortured and killed for their organs or raped and left pregnant in a new country (Connell et al. 2013). Girls are often enticed with promises of domestic work but are then forced into prostitution when reaching the destination country. According to the U.S. State Department, the “Youth Association, Women’s Association, and Workers’ Federation incorporated information about the dangers of trafficking into their regular programming, as well as through mass convocations, television programs, and poster campaigns” (U.S. Department of State 2014).

National Union of Eritrean Women

The NUEW is aware of these important issues. When the NUEW was originally established in 1979, it was affiliated with the EPLF. Today, it considers itself an autonomous, nongovernmental organization (NGO) committed to improving the status of all Eritrean women, politically, economically, socially, and culturally. With a central office in Asmara and local offices in the six zones of the country, the NUEW has 200,000 members. “The NUEW seeks to ensure that all Eritrean women confidently stand for their rights and equally participate in the political,

economic, social, and cultural spheres of the country and share the benefits” (NUEW 2017). To accomplish this, they are working to advance women’s status through literacy campaigns, credit programs, English language lessons, and other skills training. The NUEW has also been committed to providing a gender perspective by advocating, monitoring, and evaluating governmental policies and programs.

JAMIE L. PETTS

Further Resources

- Amnesty International. 2013. “Annual Report: Eritrea 2013.” Retrieved from <http://www.amnestyusa.org/research/reports/annual-report-eritrea-2013>.
- BBC. 2014. “Eritrea Profile.” Retrieved from <http://www.bbc.com/news/world-africa-13349078>.
- Bernal, Victoria. 2001. “From Warriors to Wives: Contradictions of Liberation and Development in Eritrea.” *Northeast African Studies* 8.3: 129–154.
- Campbell, Patricia J. 2005. “Gender and Post-Conflict Civil Society: Eritrea.” *International Feminist Journal of Politics* 7.3: 377–399.
- Chapman, David W, Janne Lexow and Saba Issayas. 2003. “Evaluation of the African Girls Education Initiative Country Case Study: Eritrea.” Retrieved from http://www.unicef.org/evaldatabase/files/Eritrea_Case_Study.pdf.
- CIA (Central Intelligence Agency). 2014. “Eritrea.” *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/er.html>.
- Connell, Dan, Michael Woldemariam, Alex Kincaid, and Semhar Araia. 2013. “Eritrean Refugees at Risk: Trafficking and Torture in the Sinai.” Retrieved from <http://ssrn.com/abstract=2250499>.
- Conversations with Martyrs*. 2014. Directed by Fuad Alamin. Distributed by REC Film Production.
- David, Robert G. 2004. “Eritrean Voices: Indigenous Views on the Development of the Curriculum Ten Years After Independence.” *International Journal of Educational Development* 24: 437–450.
- Davis, G. 1999. “Female Circumcision: The Prevalence and Nature of the Ritual in Eritrea.” *Military Medicine* 164.1: 11–16.
- The Dream Becomes a Reality*. 1995. Directed by Eva Egensteiner. Distributed by Baseline StudioSystems. Retrieved from <http://vimeo.com/35688281>.
- Fessehatzion, Tekie. 2005. “Eritrea’s Remittance-Based Economy: Conjectures and Musings.” *Eritrean Studies Review* 4.2: 175.
- Global Health Workforce Alliance. 2016. “Eritrea.” Retrieved from <http://www.who.int/workforcealliance/countries/eri/en>.
- Grinker, Lori. 1992. “The Main Force: Women in Eritrea.” *Ms.* 2.6: 46–51.
- Hale, Sondra. 2001. “The State of the Women’s Movement in Eritrea.” *Northeast African Studies* 8.3: 155–178.
- Holzgreve, Wolfgang, Dorothea Greiner, and Peter Schwidtal. 2012. “Maternal Mortality in Eritrea: Improvements

- Associated with Centralization of Obstetric Services.” *International Journal of Gynecology and Obstetrics* 119: S50–S54.
- Iyob, Ruth. 2000. “Madamismo and Beyond: The Construction of Eritrean Women.” *Nineteenth-Century Contexts* 22: 217–238.
- Kifleyesus, Abbebe. 2012. “Women Who Migrate, Men Who Wait: Eritrean Labor Migration to the Arab Near East.” *Northeast African Studies* 12.1: 95–127.
- Mason, Christine. 2003. “‘Now We Can Die Like Men’: An Examination of Women and War in Eritrea.” *Journal of Interdisciplinary Gender Studies* 7.1/2: 126–140.
- NUEW (National Union of Eritrean Women). 2017. Retrieved from <http://www.nuew.org>.
- Petros, Hailemariam. 2000. “The Challenges of Educational Reconstruction and Transformation in Eritrea.” In *Globalisation, Educational Transformation and Societies in Transition*, edited by Teame Mebratu, Michael Crossley, and David Johnson, 127–136. Oxford, UK: Symposium Books.
- Population Council. 2005. “Eritrea 2002: Results from the Demographic and Health Survey.” *Studies in Family Planning* 36.1: 80–84.
- Rena, Ravinder. 2005a. “Gender Disparity in Education—An Eritrean Perspective.” *Global Child Journal* 2.1: 43–49.
- Rena, Ravinder. 2005b. “Eritrean Education—Retrospect and Prospect.” *Eastern Africa Journal of Humanities and Sciences* 5.2: 1–10.
- Rena, Ravinder. 2007. “Women in Eritrea: Reflections from Pre- and Post-Independence Period.” *Indian Journal of Labor Economics* 50.2: 357–370.
- Right to Education Project. 2013. “Comparative Table on Minimum Age Legislation.” Retrieved from <http://www.right-to-education.org/page/comparative-table-minimum-age-legislation>.
- UNICEF. 2015. “Country Statistical Tables.” Retrieved from https://www.unicef.org/infobycountry/eritrea_statistics.html.
- United Nations. 2013. “Human Development Indicators and Thematic Tables.” Retrieved from <http://hdr.undp.org/en/data>.
- U.S. Department of State. 2014. “Trafficking in Persons Report 2014.” Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/2014/index.htm>.
- U.S. Department of State. 2016. “U.S. Relations with Eritrea.” Retrieved from <http://www.state.gov/r/pa/ei/bgn/2854.htm>.
- WHO (World Health Organization). 2014. “Female Genital Mutilation.” Retrieved from <http://www.who.int/mediacentre/factsheets/fs241/en>.
- WHO (World Health Organization). 2015. “Eritrea Statistical Profile.” Retrieved from <http://www.who.int/gho/countries/eri.pdf?ua=1>.
- Woldemicael, Gebremariam. 2005. “Teenage Childbearing and Child Health in Eritrea.” *Max Planck Institute for Demographic Research*: 1–25.
- Woldemicael, Gebremariam. 2009. “Women’s Autonomy and Reproductive Preferences in Eritrea.” *Journal of Biosocial Science* 41: 161–181.

Ethiopia

Overview

Ethiopia is a landlocked country located in northeast Africa with a total population of more 96 million (CIA 2014), making it the second most populous country in Africa. The present government is referred to as the Federal Democratic Republic of Ethiopia (FDRE). Under a federal system, there are nine ethnically based states as well as two city administrations, including Addis Ababa, the country’s rapidly growing capital city.

Ethiopia is sub-Saharan Africa’s oldest independent state, forged through the incorporation of southern lands and peoples by imperial elites, originating from Ethiopia’s northern highlands. Other than a five-year occupation by Italian Benito Mussolini (1936–1941), Ethiopia has never been colonized by European powers and has served as a symbol of independence for Africans and others since the late colonial period. Ethiopia is a founding member and host of the Organization of African Unity, established in 1963 and later reorganized into the African Union.

Ethiopia is home to a large variety of ethnic groups that speak multiple Afroasiatic and Nilo-Saharan languages, and it has a unique cultural heritage involving all three Abrahamic faiths. Ethiopia’s monarchy, which ended in 1974, was dominated by ethnic Amhara and Tigray Orthodox Christians from the northern highlands and claimed to originate from the Solomonic dynasty of Israel. The Orthodox Church in Ethiopia dates back to the fourth century CE. A sect of Jews known as the Beta Israel have lived in Ethiopia for several hundred years, though their precise antiquity is unknown. Ethiopia also received the first flight (or *hijra*) of Muslims from the Arabian Peninsula in the seventh century CE, and today Muslims constitute a major percentage of the population.

The ruling party in Ethiopia (the Ethiopian People’s Revolutionary Democratic Front, or EPRDF) maintains a philosophy and style of government that encourages strong state power over the economy. The ruling party also maintains a goal of turning Ethiopia into a middle-income nation and a regional power in east Africa through 2035. Ethiopia’s economy is currently highly dependent on agriculture and international donations, but the government is pushing to diversify into manufacturing, textiles, and hydropower generation. Banking, insurance, and microcredit industries are restricted to

domestic investors, and telecommunications and electric power corporations are controlled by the government. As established in the country's constitution, all land is ultimately owned by the state. Investment options for foreign investors include textiles, leather, manufacturing, and commercial agriculture.

In 2014, the UN Development Programme (UNDP) ranked Ethiopia 121st out of 187 nations based on the Gender Inequality Index (GII). Factors behind this poor ranking include high maternal mortality, a high adolescent birth rate, and low levels of secondary education among women. In addition, women have far less control over land compared to men. These statistics are, however, improving due to government efforts to target gender equality through public policy, spearheaded by the Ministry of Women, Youth, and Children's Affairs. Close to 30 percent of seats in the parliament are currently held by women. Ethiopia's government has developed a National Action Plan for Gender aimed at eliminating discrimination that hinders women's participation in economic spheres. Women's Affairs offices have also been established in each of Ethiopia's regions, including at district and community levels.

There are concerns, however, that the state's pursuit of gender equality primarily reflects the ruling party's desire to cultivate a positive image internationally and to secure the political support of women, a heretofore undermobilized voting bloc for a ruling party that has held power since 1991 and has strongly suppressed opposition politics since 2005. Ethiopia's ruling party is accused of human rights violations that include the harassment, imprisonment, killing, and torture of opposition members, journalists, and bloggers (including women and men) and of restricting the activities of independent civil society organizations, including independent women's associations. There are also concerns that Ethiopia's large-scale agricultural and hydropower projects are having negative impacts on the environment and on women and men in many rural communities. Many people in rural Ethiopia—women and men—say they feel the government treats them as backward and ignorant and in need of indoctrination and micromanagement.

Girls and Teens

Although little research has been done outside of the urban setting of Addis Ababa, a limited number of studies have found similar expectations in rural and urban areas

regarding family roles and behaviors for girls and teens. In rural areas, there tends to be less flexibility for deviance from expected norms and behaviors. In rural and urban Ethiopia, family is hierarchical, with adults at the top, and family roles, particularly household tasks, are highly gendered. Obedience is expected from children, but girls are supposed to be even more obedient than boys. Work around the home, such as cooking, cleaning, and fetching fuel wood and water, is very often the responsibility of women and girls. For girls, helping in the home sometimes takes priority over schoolwork. Boys are sometimes expected to help haul water and do other chores, but they are often granted greater freedom to go outside of the home and interact with other people, which in some cases affords boys greater socioeconomic security.

Child Marriage and Marriage by Abduction

Despite recent government efforts to curb child marriage, it is still a common experience for young girls, especially in the northern part of the country. The legal age of marriage is 18 for both males and females, but it is widely ignored. Two out of every five girls are married before their 18th birthday, and nearly one in five girls marry before the age of 15. Ethiopian women marry approximately seven years earlier than men, but this varies by region. For example, in rural Amhara, in northern Ethiopia, up to 45 percent of girls are married by age 15 (Ross 2011; Girls Not Brides n.d.). Ethiopia's 2010–2011 *Demographic and Health Survey* (DHS) estimated that the median age for a woman's first marriage is highest in Addis Ababa (21.4 years) and lowest in the Amhara region (14.7 years). Moreover, marriage by abduction is a persistent issue in Ethiopia (Ross 2011; Population Council 2004).

Trafficking and Prostitution

Girls from Ethiopia's rural areas are routinely exploited in domestic servitude and, less frequently, in prostitution within the country. The central market in Addis Ababa is reportedly home to the largest collection of brothels in Africa, with girls as young as eight years old in prostitution. Ethiopian girls are also forced into prostitution outside of Ethiopia, primarily in Djibouti, South Sudan, and in the Middle East. A report by the U.S. Department of State (2014) indicates that the government of Ethiopia does not fully comply with the minimum standards for the elimination of trafficking, but it is actively moving toward

compliance. The Committee on the Elimination of Discrimination against Women has acknowledged that the Ethiopian government criminalizes trafficking in human beings. The committee also called for more comprehensive data on internal trafficking of women and children, it and recommended that the state adopt a national plan of action to combat trafficking in human beings. In recent years, the government has developed a national action plan against trafficking in persons and has taken significant measures to fight trafficking with the support of the International Organization for Migration.

Health

According to Ethiopia's *Demographic and Health Survey* (CSA 2014), the country's under-5 mortality rate (U5MR) dropped from 166 per 1,000 live births in 2000 to 88 in 2011; the infant mortality rate (IMR) also dropped from 97 per 1,000 live births in 2000 to 59 in 2011. The reduction in child mortality is explained in part by the improvement in accessibility of health services for the leading causes of death in children: malaria, pneumonia, and diarrhea. Ethiopia's maternal mortality ratio (MMR), as estimated by an interagency group, including WHO, UNICEF, and the World Bank, decreased from 1,400 per 100,000 live births in 1990 to 420 in 2013. DHS data provide a different trend in the MMR: dropping from 871 in 2000 to 673 in 2005, and remaining the same in 2011 (Teklehaimanot and Teklehaimanot 2013). According to DHS data, early neonatal death rates were also stagnant between 2005 and 2011 (CSA and ICF International 2011).

Maternal Health

Many maternal health indicators in Ethiopia have improved since 2000, reflecting the improvements in Ethiopia's national health system, particularly regarding access to care and the density of health care providers in rural areas. Yet, many challenges remain. Only 40 percent of women who gave birth in the five years preceding Ethiopia's study in 2014 received antenatal care from a doctor, nurse, or midwife (CSA 2014). Though low, this statistic is nearly 50 percent higher than 15 years prior. Maternal health indicators in Ethiopia vary substantially by location. For instance, urban women are more than twice as likely as rural women to receive antenatal care (ANC) from a skilled provider; ANC rates range from as little as 15 percent in the Somali region to 94 percent in Addis Ababa.

Maternal health indicators also vary by socioeconomic status. For example, ANC rates increase from 31 percent among women with no education to 96 percent among women who have received tertiary level education.

The 2014 DHS estimated that approximately 15 percent of births in Ethiopia are attended by a biomedical professional, a 50 percent rise over 2010 estimates. Birth attendance by a biomedical professional is more common among mothers under 35 years of age, mothers who'd had at least four ANC visits, and highly educated mothers. Urban mothers are six times more likely than rural mothers to give birth while attended by a biomedical professional (63% versus 10%). Outside of urban centers, the vast majority of births are assisted by a relative, traditional birth attendant, or another nonbiomedically certified person.

Rates of postnatal care in Ethiopia are even lower than ANC rates. The 2011 DHS estimates that only 12 percent of women received postnatal care within the first two days of delivery; yet, this is still an improvement over earlier estimates. Younger mothers, mothers who deliver in a health facility, urban mothers, and mothers with secondary education or higher are most likely to have received a postnatal checkup in the first two days after giving birth.

According to Ethiopia's 2011 DHS, 52 percent of children younger than 6 months old were exclusively breastfed. At 6 to 9 months, only about half of all children received complementary foods, and only 4 percent of children age 6 to 23 months were fed according to internationally recommended infant and young child feeding (IYCF) practices. Older children and children in urban areas were more likely to be fed according to IYCF recommendations. Better feeding practices are also associated with wealth and the educational level of the mother.

Access to Health Care

Rural dwellers that make up more than 80 percent of Ethiopia's total population primarily access health care from the public health system, which is subsidized by the government and international donors to reduce costs for patients. Urban residents and those with greater financial assets are more likely to access health care in private clinics, pharmacies, and hospitals. In both rural and urban areas, Ethiopian women and men often consult a variety of traditional and religious (Muslim and Christian) healers; among Orthodox Christians, it is very common to seek holy water as a treatment for illness.

Public service delivery in Ethiopia, including health care, largely falls under the control of regional (i.e., state) governments. The development and implementation of health policies are shared between the Federal Ministry of Health (FMOH) and regional health bureaus. Beneath the regional/state level, *woreda* (district) health offices are responsible for managing and coordinating the operation of primary health care. *Woredas* are further divided into *kebeles*, administrative units serving 5,000 to 15,000 citizens.

Health service delivery occurs at four levels. The first two levels deal mostly with preventive services and health promotion: a health center and its five (on average) *kebele*-level health posts. In rural areas, these are designed to provide services to 25,000 people. A typical health post has two or three multipurpose rooms for provision of services and record keeping and is staffed by 2 “health extension workers.” On average, a health center has 20 staff, including health officers and nurses, who provide both preventive and curative services. A typical health center has an inpatient capacity of five beds, including rooms for basic emergency obstetric care. Some health centers are being upgraded to provide comprehensive emergency obstetric care, which requires an operating theater with a blood bank and reliable ambulance service. Health centers make referrals to district and regional hospitals, the other two levels of service delivery. Public health facilities are allowed to retain and use the revenue they generate and to create their own governing bodies made up of local community members.

High and stagnant maternal and child mortality rates as well as low levels of access to health care are routinely cited as the basis for major investments in Ethiopia’s rural health care system (FMOH 2011). Ethiopia’s Health Extension Program is commonly identified by national and international health officials as Ethiopia’s “flagship” health initiative and the “bedrock” of Ethiopia’s attempts to expand primary health care to its rural population. Starting in 2003, the Health Extension Program involved the construction of thousands of new health posts throughout the countryside and the creation of full-time, salaried health extension worker (HEW) jobs for roughly 34,000 young women who have completed 10 years of schooling (Teklehaimanot and Teklehaimanot 2013). HEWs receive one year of health education before beginning work in a rural *kebele*, where they are responsible for a wide range of primary health care services, including preventive, promotive, and limited curative

health care as well as data collection and reporting for monitoring and evaluation. HEWs are closely supervised by district health officials, local government officials, and health center staff. In return for their work, health extension workers receive a monthly salary of about USD\$110 (as of mid-2014).

The philosophy of the Health Extension Program also hinges on creating “model households” that adopt a full package of healthy beliefs, desires, and behaviors learned from HEWs concerning maintaining sanitation and hygiene, seeking antenatal checkups, and giving birth within health centers, among other issues. Model households, the government reasons, depend on model women in particular. Model women are expected to influence other women and thus diffuse their beliefs and behaviors throughout the population.

Five years into the program, Ethiopia’s *Demographic and Health Survey* showed stagnant maternal and neonatal mortality rates (Teklehaimanot and Teklehaimanot 2013). High-level officials attributed these stagnant rates in part to stubbornly low antenatal care and health facility-based birth rates, due in part to the program’s failure to ensure the rapid diffusion of model beliefs and behaviors among women. In 2011, the government established what it calls a Women’s Development Army to help solve these problems. The army would incorporate a massive proportion of rural adult women. One woman out of every five households would become a Women’s Development Army leader, chosen for her status as a model woman. These leaders are to operate as unpaid volunteers under the supervision of HEWs, carrying out a number of tasks that include helping during immunization campaigns, keeping track of pregnancies and illnesses, and relaying messages between households and HEWs. Ultimately, army leaders are to rapidly lead other women around them toward a healthy lifestyle centered on maintaining household hygiene and seeking care, including vaccinations, antenatal care, and health facility births.

Based on qualitative work in the Amhara regional state, Banteyerga (2014) suggests that through the Women’s Development Army, Ethiopia’s government is empowering women to ask questions and to demand even more accessible and higher quality primary health care services. Through ethnographic research in another part, Maes, Closser, Vorel, and Tesfaye (2015) show that many women selected as army leaders are hesitant to take on this new role, given their many existing responsibilities as farmers, caregivers, and income generators and the lack of payment.

Others say they are happy about the army and its prospects for improving several aspects of their lives.

Diseases and Disorders

HIV prevalence is higher for Ethiopian women than men in most age groups, as estimated by the 2011 Ethiopian DHS. Among women aged 15 to 49, HIV prevalence is 1.9 percent; among men, the prevalence is 1 percent. HIV prevalence is higher in urban (4.2%) than in rural areas (0.6%). For both women and men, HIV prevalence increases substantially as the number of lifetime sexual partners increases. Almost 25 percent of women with 10 or more lifetime partners are HIV positive.

The 2011 DHS estimates that 20 percent of women and 21 percent of men were tested for HIV in the year preceding the survey and received the results. Compared to 2005 data, these figures show greatly increased awareness and utilization of HIV testing, but challenges remain. Only 14 percent of women who gave birth in the two years before the survey received HIV counseling during antenatal care. Twenty percent were tested for HIV during antenatal care and received the test results. The likelihood of HIV counseling and testing during ANC substantially increases with levels of education and wealth.

The World Health Organization (WHO) categorizes Ethiopia as a country with a high burden of tuberculosis (TB) and multi-drug-resistant tuberculosis (MDR-TB). In 2013, there were 131,677 new cases of TB in the country; new cases were slightly more common among Ethiopian men than women. An estimated 1.6 percent of new cases of TB in 2013 were multi-drug-resistant; approximately 12 percent of retreated TB cases were multi-drug-resistant (WHO 2015a).

Among Ethiopian children, acute and chronic undernutrition are major problems. Nationally, 40 percent of children under age five are stunted, and 18 percent are severely stunted, according to the 2014 DHS. According to the 2011 DHS, male children were slightly more likely to be stunted than female children (46% and 43%, respectively). The percentage of children stunted is much higher in rural areas (42%) than in urban areas (24%). Eleven percent of children of mothers with more than a secondary education are stunted, compared to 42 percent of children whose mothers have no education. Birth spacing is also related to stunting. With the exception of first births, the longer the interbirth interval, the lower the proportion of children stunted. Many adult women also face nutritional

disorders. According to the 2011 DHS, 17 percent of Ethiopian women aged 15 to 49 are anemic, and 27 percent are underweight. Only 6 percent of Ethiopian women are overweight or obese.

According to the WHO's 2014 noncommunicable disease (NCD) country profile, NCDs are responsible for substantially more deaths among Ethiopian men aged 30–70 than among women in the same age bracket. Deaths due to diabetes are uncommon among both men and women. Cancers are responsible for substantially more deaths among women than among men; in contrast, cardiovascular and chronic respiratory diseases are responsible for more deaths among men than women. NCD mortality estimates for Ethiopia, however, have a high degree of uncertainty because national mortality data do not exist (WHO 2015b).

In recent years, the experience of common mental disorders (CMD, i.e., depression and anxiety disorders) among Ethiopian mothers has received growing attention from public health researchers. Research conducted in rural Butajira in south-central Ethiopia revealed that despite strong cultural norms to celebrate pregnancy, many pregnancies are unwanted, as they constitute a burden on top of existing economic and marital difficulties. There are a number of protective and celebratory perinatal practices that women generally desire to perform, including prayer and bathing ceremonies, slaughtering a cow or goat, and receiving gifts. Several of these practices depend on wealth and having a supportive husband; thus, many women are not able to engage in these desired practices. Surveys have revealed that women who are unable to perform these practices have increased odds of postnatal CMD (Hanlon et al. 2010). Another cross-sectional survey of women of reproductive age in Butajira found that both domestic violence and extreme poverty were associated with depressive disorders (Deyessa et al. 2008 and 2009).

Education

In Orthodox Christian Ethiopia, education was historically reserved for boys and was primarily provided through the church. Even in the modern era, girls were denied access to education, which forced royal elites during Haile Selassie's reign (1930–1974) to send their daughters abroad for education. Many children in Ethiopia's Muslim communities are taught early literacy skills in mosques, which traditionally have been more inclusive of girls than the Orthodox Church.

According to Ethiopia's 2014 DHS, nearly half of women aged 15 to 49 have no formal education, and only 40 percent are literate. While formal education and literacy rates among women continue to lag behind those of Ethiopian men, both indicators are trending toward gender parity. Currently, primary and secondary school attendance rates are in fact slightly higher among girls and young women than among boys and young men.

Educational attainment is higher among urban than rural populations. In urban areas, 25 percent of women have no education compared to 53 percent in rural areas. Literacy rates also vary substantially by region: for instance, in Addis Ababa, 81 percent of women are literate, compared to less than 10 percent of women in the Somali region. Women's educational attainment and household wealth exhibit a direct relationship, with 25 percent of women in Ethiopia's wealthiest households having no education, compared to 69 percent in the poorest quintile (CSA 2005).

Expansion of Higher Education

Secular higher education in Ethiopia was initiated in 1950 with the University College of Addis Ababa. At the time, male students far outnumbered women, a trend that continued throughout the 20th century (Asgedom 2005). Between 1991 and 2010, the number of public universities in Ethiopia grew from 2 to 33. With this growth in universities came a substantial increase in enrollment numbers. Between 2000 and 2010, the number of enrolled students increased from 34,000 to more than 309,000 (Semela 2011). According to the Ministry of Education, female enrollment in government undergraduate programs was 28 percent in 2013. With the expansion of universities in Ethiopia, the Ethiopian government has adopted a focus on science, technology, engineering, and mathematics (STEM). In 2008, the government required universities to ensure that 70 percent of students pursue STEM learning; the remaining are to study social science, arts, and humanities (Saint 2004).

With the recent massive expansion of the university system in Ethiopia, focus has shifted toward quality assurance, distribution of resources, and ensuring student success. The growth of higher education in Ethiopia has also renewed interest in gender inequity and the experiences of women. Based on a case study of a public university in southern Ethiopia in the early 2000s, Tesfaye Semela found that women were more likely than men to leave the

university before finishing their degrees (Semela 2006). Female dropout or dismissal rates were higher in engineering and teacher education as compared to the social and health sciences. Through interviews, Semela found that many women dropped out due to their experiences of sexual harassment and assault by male students. Many women reported receiving requests from male students and others to perform sexual favors.

Women at the university also encountered a widespread belief that female students who are admitted through affirmative action are unlikely to succeed. On the one hand, affirmative action for female students with lower GPAs has helped fill government-defined quotas, but it has often failed to adequately support their success. On the other hand, many female students have benefited from the quota system and successfully graduated with university degrees. However, many of the female students who have benefited from the program have come from privileged backgrounds involving private urban schools.

Employment

More than 80 percent of Ethiopians reside in rural areas and engage primarily in subsistence agriculture. According to data from a 1999/2000 survey conducted by Ethiopia's Central Statistical Agency (CSA), nearly 25 million persons aged 10 years and over were employed. Of these, 14.1 million were men, and 10.8 million were women. Rural subsistence farming "employed" the vast majority of the working population: 22.2 million. The remaining 2.7 million held jobs in various formal employment sectors in urban areas (CSA 2005).

The Ethiopian Constitution states that women have a right to equality in employment, promotion, pay, and the transfer of pension entitlements. While Ethiopia is one of the few countries in the world without a minimum wage, the public sector does have a minimum wage of about USD\$30 per month. The Confederation of Ethiopian Trade Unions (CETU) is currently advocating a minimum wage in Ethiopia, with the support of many private employers and parliamentarians. The Federal Civil Servants Proclamation 515/2007 calls for preference in recruitment, promotion, and deployment to be given to female candidates with equal qualifications to other candidates. The proclamation also entitles women to maternity leave of 90 days and protects their right to work free from sexual violence and other forms of gender discrimination. Recent years have seen more women with higher education obtaining

professional employment in urban areas. Nevertheless, unemployment rates among women greatly exceed those among men. In 2006, women's unemployment was estimated to be 29.4 percent; men's unemployment was 19.5 percent (CIA 2014). Many women formally employed in urban areas hold low-paying jobs in the service sector, mainly in hotels, restaurants, and bars. Large numbers of Ethiopian women work as domestic servants in Ethiopian cities, where they also face very low wages, isolation, abuse, and a lack of job security.

Migrant Labor

Migration to the Middle East to work as domestic servants has become very common among women in Ethiopia, though it is difficult to obtain reliable data to estimate demographic totals and correlates. Part of the reason is that many travel on tourist visas. Most women who migrate to work in the Middle East (primarily Saudi Arabia, Dubai, and Kuwait) are uneducated, poor, and from rural backgrounds; however, some urban women with secondary education participate. International labor migration is driven by very limited job opportunities for young women in rural and urban Ethiopia combined with a widespread and culturally salient expectation that youth should help support their families. While working as domestic servants abroad, Ethiopian women face murder, sexual abuse, beatings, burnings, revoked passports, and unpaid wages (Anbesse et al. 2009).

According to Aida Awel of the International Labor Organization's (ILO) Addis Ababa office, 163,018 Ethiopian workers were expelled from Saudi Arabia in December 2013 after the Saudi government cracked down on undocumented migrants. Many of these returnees were women who faced multiple challenges back in Ethiopia. They were broke and in debt to friends and family members who had helped finance their initial migrations. Many were afraid to return to their families, some developed physical disabilities while abroad, and others suffered with poor mental health. The ILO contributed money to help with the repatriation of these returned workers, and the Ethiopian government reportedly contributed funds to support job training and psychosocial counseling (Migrant-Rights.Org 2014).

Family Life

In Ethiopian family life, women are highly central economic and social actors. Their shifting positions in family

hierarchies are nevertheless understudied and undervalued. Both rural and urban women spend most of their time fulfilling the basic needs of their families, including collecting water, grinding grains, preparing meals, and caring for children. In almost all lower-class families in urban Ethiopia, women's responsibilities include taking care of the house, performing chores, family meal preparation, and taking care of children. In many cases, women also work outside the home, generating income for their families through daily labor, food and drink production and trade, and farming. Most middle-class and high-class women hire housemaids, but they still supervise household chores and sometimes remain in charge of meal preparation. The lives of rural women compare with the lives of lower-income urban women, except for the significant level of farm work in which rural women engage.

Ethnographer Eva Poluha (2004) reveals how schooling teaches children in Addis Ababa their place in a hierarchy that designates lower social positions to girls, children from poorer households, and younger and physically weaker children. Although Poluha found that most of the children she interviewed accepted the prevailing gendered division of labor, there were a few instances in which children challenged these gendered roles, particularly in regard to boys helping in the home with tasks such as cooking and cleaning.

Marriage

According to Ethiopia's 2014 DHS, women head 22 percent of Ethiopian households, a slight decrease from 26 percent in 2011. Female-headed households are nearly twice as common in urban settings compared to rural areas. Twenty-five percent of Ethiopian women age 15 to 49 have never married, 61 percent are currently married, 3 percent are living together with a man, and 10 percent are divorced, separated, or widowed. Ethiopia's 2011 DHS estimates that 11 percent of married women in Ethiopia are in polygynous marriages. Rural women are more than twice as likely to be in polygynous unions as urban women. The prevalence of polygyny is relatively high in the Somali (27%), Affar (22%), and Gambela (20%) regions and among less-educated women.

Sexuality

According to the 2011 DHS, the average Ethiopian woman engages in sexual intercourse for the first time at the time of her first marriage, while the average man engages in

sexual intercourse for the first time two years before his first marriage. Less than 1 percent of women and 4 percent of men reported having two or more sexual partners in the 12 months preceding the survey. Nearly half of these women reported using a condom during their last sexual intercourse, while only 16 percent of the men reported using a condom the last time they had sex.

These rates are questionable, however, given the potential for survey respondents to give socially desirable answers to survey questions about sexuality. Lindstrom and colleagues (2010) attempted to generate better estimates of sexual activity among youth by using a nonverbal response card. With data from nearly 1,300 youth aged 13 to 24 years living in Jimma Zone, in southwest Ethiopia, a predominantly Muslim area, these researchers were able to show that the prevalence of nonmarital sexual intercourse may be twice as high as typical survey methods suggest. Among young women who used the nonverbal response card method, 5.2 percent reported having a nonmarital sexual partner in the previous 12 months, and 2.3 percent reported having two or more lifetime sexual partners. Of the never-married young women, 6.8 percent reported having had sexual intercourse. Among young men who used the nonverbal response card, 6.2 percent reported having a nonmarital sexual partner in the previous 12 months, and 4 percent reported having two or more lifetime sexual partners. Seven percent of the never-married young men reported having had sexual intercourse (Lindstrom et al 2010).

The 2011 DHS assessed the ability of women to negotiate safer sex with a spouse who has sexual intercourse with other women or who has a sexually transmitted infection (STI); 83 percent of women and 90 percent of men believe that a woman is justified in refusing to have sex with her husband if she knows he has sex with other women. Among both women and men, respondents living in urban areas, those with secondary or higher education, and respondents in the highest wealth quintile are more likely to agree that both specified behaviors are justified.

The 2011 DHS also asked male respondents who had sexual intercourse in the 12 months preceding the survey whether they had paid anyone for sexual intercourse during that time. Five percent of men aged 15 to 49 years reported that they had paid for sexual intercourse at some point in their lives, and 1 percent said they did so in the past 12 months. Having paid for sex was more prevalent among men aged 40 to 49 (13%), men who were previously

married (20%), and urban men (10%). Thirty percent of men who paid for sex in the past 12 months reported using a condom during their last paid sexual intercourse.

LGBTQ

In Ethiopia, homophobia is highly prevalent. Same-sex acts are currently punishable by up to 15 years in prison; infecting another person with HIV during a same-sex act is punishable by up to 25 years. A 2013 article in the U.S. magazine *Newsweek* claimed that legal and social sanctions against LGBTQ Ethiopians were worsening, in part due to a green light that the government had given Western Evangelical groups that promote homophobia in Ethiopia. The article notes that it is impossible for health centers, charities, publications, or nightclubs to expressly serve Ethiopia's LGBTQ community. Nearly two dozen gay and lesbian Ethiopians interviewed claimed they were scared to seek health care (Baker 2013).

According to a 2014 report by the Associated Press, criminalizing men who have sex with men and women who have sex with women is not as highly politicized in Ethiopia as it is in some other African countries. In 2014, the Ethiopian legislature planned to add same-sex acts to a list of crimes ineligible for presidential pardon, but government leaders decided to drop the initiative. In addition, the Ethiopian government in 2014 rescinded the permit of a civil society group for an antigay rally in Addis Ababa, in effect canceling the rally.

LGBTQ Ethiopians are nevertheless forced to conceal their sexuality from the public. Baker (2013) notes the importance of a few Facebook groups and initiatives that give public voices to LGBTQ Ethiopians and push for human rights protection and better health care. These include the Rainbow Ethiopia Health and Human Rights Initiative, Ethiopia Gay Library, and Zega Matters.

Fertility

The 2014 DHS showed that fertility has declined in Ethiopia from 5.5 children per woman in 2000 to 4.1 children in 2014. Rural women have twice as many children as urban women (4.5 versus 2.2, respectively). Substantial declines in fertility have taken place in both rural areas (from 7.0 to 4.5) and urban areas (from 5.1 to 2.2). The total fertility rate varies markedly among Ethiopia's regions, from 1.7 children per woman in Addis Ababa to 7.3 in the Somali region. Fertility rates are inversely related to women's educational attainment.

Reductions in fertility are due in large part to increases in access to family planning information, technologies, and assistance. The 2014 DHS revealed that knowledge of contraceptive methods is nearly universal in Ethiopia. Among married women, 40 percent use a modern method of contraception, up from 6 percent in 2000, largely due to a steep increase in the use of injected contraceptives. Use of any contraceptive method varies by region, from 64 percent in Addis Ababa to 2 percent in the Somali region. Current contraceptive use also increases with urban residence and women's education.

Politics

Attempts to redress the limited freedoms and power of women in Ethiopia have a complicated history. Royal and upper-class women under Haile-Selassie's monarchy established the first nationwide women's organization, the Ethiopian Women's Welfare Association (EWWA), in 1935. The EWWA focused on elite urban women's welfare, literacy, and etiquette, as well as supporting Ethiopian resistance to fascist Italy's invasion, and was ultimately controlled by the monarchy. It did little to question the roles of women in Ethiopia's patriarchal society or to bring women's interests into national policy and planning following the demise of the Italian occupation.

The mid to late 1960s saw the emergence of the Ethiopian Student Movement as a critic of the monarchy. Movement leaders encouraged women to participate. However, within the movement, women's issues remained subordinate to questions of class. Such subordination of women's issues to class issues and control of the state would continue through two significant regime changes in the late 20th century: the downfall of the monarchy in 1974, which gave rise to a revolutionary and repressive military Marxist regime known as the Derg, and the downfall of the latter in 1991, which brought to power Ethiopia's current rulers.

Women under the Derg Regime

Ethiopia's 1974 revolution saw the formation of multiple political parties, including the Ethiopian People's Revolutionary Party (EPRP) and the All-Ethiopian Socialist Movement (MEISON), which were largely led by Ethiopians who had been educated abroad. They sought to reduce the control of traditional elites under the monarchy and to enhance the liberties of Ethiopia's underclasses, and they emphasized the need for the emancipation of women.

Before the Derg consolidated power, it participated in an alliance with several parties, including MEISON. Soon after the 1974 revolution, the alliance established a Provisional Office for Mass Organizational Affairs (POMOA), which criticized the double oppression of women as workers and women, and set up a Women's Committee tasked with organizing women. The multiparty alliance did not hold together. From 1976 to 1978, the EPRP assassinated Derg members, and the Derg responded with massive violence called the Red Terror, leading to the death and displacement of hundreds of thousands of Ethiopians. After 1976, the leadership of the Women's Committee was replaced by appointees of the Derg, one of their many tactics aimed at taking control over the Ethiopian state and political economy.

As the Derg consolidated power in the late 1970s, it established peasant associations and local women's associations throughout the countryside. In 1980, the Derg then established the Revolutionary Ethiopia Women's Association (REWA) to increase women's participation in economic sectors, including retail, milling, education, and handicraft production. The REWA, however, did little to raise the autonomous voices of women; they were expected to support the Derg's rule and refrain from engaging in public dissent.

Meanwhile, in the 1980s, the rural branch of EPRP in northern Ethiopia and the Tigray Peoples Liberation Front (TPLF) began to engage in armed conflict with the Derg. The TPLF would eventually lead a coalition of guerrilla forces in defeating the Derg after several years of fighting. During this war, the TPLF organized its own women's associations in Tigray and enlisted up to 40,000 women as guerrilla fighters and lieutenants, who comprised approximately 30 percent of TPLF forces (Veale 2003; Burgess 2013). The accounts of women fighters indicate that many of them became members of the TPLF in part to fight the oppression of women; their inclusion in the TPLF further represented a progressive stance on gender equality within the organization and paved the way for legal and other reforms when TPLF commanders eventually seized control of Ethiopia. However, women were not allowed equal involvement in the TPLF.

At the first general assembly of the TPLF in 1979, not one woman was elected to a leadership position. In the 1984 assembly, Aregash Adane was elected into the 29-member central committee, and she remained its sole woman member for 17 years. A Women's Fighters Association was formed within the TPLF, but it was co-opted

by the male TPLF leadership. As recounted by Yewubmar Asfaw, one woman who fought and served as a TPLF cadre member for several years, the TPLF ultimately sought to subordinate women to the cause of defeating the Derg and gaining control over the country. Some TPLF women sought to pursue a feminist agenda only to face intimidation and disempowerment from men within the TPLF leadership.

Armed conflict ended in May 1991 when a TPLF-led coalition defeated the Derg. The coalition came to be known as the Ethiopian People Revolutionary Democratic Front (EPRDF). Led by TPLF commanders, the EPRDF has held power in Ethiopia to this day.

Women under the EPRDF Regime

In 1992, Ethiopia's transitional government, led by the EPRDF, instituted a Women's Affairs Office (WAO) under the auspices of the prime minister's office. Ethiopia's first Women's Policy was developed by the WAO, led by Tadelach Haile Mikael, who later became the country's first minister of women's affairs. The WAO played a key role in the inclusion of Article 35 in the 1995 Ethiopian Constitution, which states that women have the right to acquire, administer, control, use, and transfer property. More recently, the EPRDF-controlled government has pursued the bureaucratic and judicial means to protect this right. According to the World Bank (2012), significant progress has been made in protecting women's land security, particularly in cases of divorce.

Various women's civil society organizations exist in Ethiopia today, including the Women's Association of Tigray (established in 1995), the Siqqee Women's Development Association (1997), the Amhara Women's Association (1998), the Addis Ababa Women's Association (2003), and the Association of Women in Business (2010). The Ethiopian Women Lawyers Association (EWLA, established in 1995) is perhaps the country's most prominent independent women's association. It was organized to raise awareness of violence against women and women's legal rights and to challenge and reform legislation that discriminates against women in Ethiopia. The development and successes of the EWLA reflect Ethiopia's democratic turn in the 1990s.

However, since 2005, Ethiopia's ruling party (the EPRDF) has become more restrictive toward political opposition groups and authoritarian, which has had serious impacts on the freedoms of many sectors of Ethiopia's

rural and urban populations, including civil society groups focused on women's rights. In this environment, the work of EWLA, for instance, "is no longer seen [by the ruling party] as an acceptable civil society activity, but has been repositioned as a political threat" (Burgess 2013, 105). In 2009, the party-controlled federal legislature passed a controversial law that classifies local civil society organizations as "international" NGOs if contributions from abroad make up more than 10 percent of their budget. Such international NGOs are not allowed to work in the arena of human rights violation monitoring and advocacy. Because of this law, some civil society organizations, including the EWLA, have seen their funds confiscated by the government and have had to shut down or close many offices and branches. In 2010, the director of EWLA fled Ethiopia in fear of government retaliation after publicly criticizing the CSO law and providing evidence to the U.S. Department of State. The Ethiopian Women Writers Association (EWRA), a legally registered association founded to advance and disseminate the work of its members, has also met with suppression from the ruling party because many members' writings focus on social issues, including women's rights, and in some cases criticize the government.

A few Ethiopian women have risen to prominence as political opponents of the ruling party, and they have been imprisoned for doing so. Birtukan Mideksa, a young lawyer and judge, became a leader with the opposition party known as the Coalition for Unity and Democracy prior to Ethiopia's disputed 2005 national elections. The ruling party accused her and her colleagues of plotting to overthrow the constitution and sentenced her to life in prison. She was pardoned in 2007, but in December 2008, she was arrested again and resented to life in prison after giving a speech in Sweden. In October 2010, she was released again and has since attained a master's degree as a fellow of Harvard University's W. E. B. Du Bois Institute for African and African American Research.

Reeyot Alemu is another prominent Ethiopian opposition leader, teacher, journalist, and advocate of free speech. She was a columnist for the independent Ethiopian weekly *Feteh* and wrote on the Ethiopian Review Web site, becoming known for analyzing the ruling party's policies with a focus on gender inequality and the root causes of poverty. She was eventually charged under Ethiopia's controversial antiterrorism law, and in 2011, she was sentenced to 14 years in prison. A 2012 appeals court reduced the prison sentence to 5 years and dropped most of the terrorism charges against her. Reeyot has spoken out about her

mistreatment in prison, and her case has garnered international rebuke for the ruling party (CPJ 2013). She was eventually released from prison in July 2015, days before U.S. president Barack Obama visited Ethiopia to publicly address U.S.-Ethiopia relations and human rights abuses.

Religious and Cultural Roles

Women are very often excluded from the most powerful religious and cultural roles in Ethiopia, and religious and cultural traditions have contributed to various forms of violence toward women. In the Ethiopian Orthodox Church, men dominate the most powerful roles. Many island monasteries located in Lake Tana (well-known to tourists) and other sacred spaces are off-limits to women. Nevertheless, Orthodox Christians are devotees of Saint Mary (*Kiddist Mariam*), who constitutes the vehicle through which their prayers reach God. Many families give their children the name Mary, typically in the form of “servant of Mary” or “mercy of Mary.” Pregnant women pray to Mary for a safe birth, and the poor often beg in the name of Mary. Women, men, and youth form tight-knit social groups in honor of St. Mary, which meet regularly to share meals, pray, socialize, visit the sick, and perform acts of charity. A 15-day fast and subsequent feast is observed by many to commemorate the Assumption of St. Mary. The *Weddassie Maryam (Praise of Mary)* is perhaps the most popular form of private prayer among Orthodox Christians.

In the tradition of the Arsi-Oromo of Bale in southeastern Ethiopia, the moral concept of *wayyuu* affords women respect and sacredness in the eyes of men. Multiple persons and things are considered *wayyuu* in Arsi-Bale Oromo tradition, including God, one’s father or mother, the *Senqee* stick that a woman is given at her wedding, and the belt worn by a married woman. Men fear these sacred things because they fear being targeted by women’s curses. They also fear and respect *ateete*, a women-only religious ceremony in which women go to a nearby river to pray. In addition, when an Oromo woman is mistreated by her husband, she can leave her home carrying the *Senqee* stick, gather her female neighbors who also carry their sticks, and proceed to the elders of the community to appeal for justice.

Issues

Elite Women in Ethiopian History

Though Ethiopian history is mainly a story of elite men, elite women have played significant roles in state and

Orthodox Church politics (Smith 2013). The *Kibra Nagast (Glory of the Kings)*, a venerated book in the Ethiopian Orthodox Church that is more than 700 years old, tells the story of the Queen of Sheba’s visit to King Solomon of Israel, with whom she conceived a son, Menilek I, believed by many Ethiopian Orthodox Christians to be the progenitor of the Solomonic dynasty in Ethiopia.

The Sidama people of southern Ethiopia have orally passed down the history of Queen Furra, believed to have lived between the 14th and the 15th centuries. Queen Furra is regarded as an initiator of radical social change by reversing the oppression of women within Sidama culture.

Queen Mother Elleni, an ex-Muslim baptized Christian circa 1445 upon marrying King Zere Yaqob (1434–1468), played an important role in Muslim-Christian relations in Ethiopia. In 1509, she wrote to King Emmanuel of Portugal declaring an interest in a military alliance against Muslims.

In the Orthodox Church, a *gadal*, or biography, is often written after the death of a prominent religious person. One *gadal* is written about Wallata Petros (1594–1643), a wealthy woman who abandoned her husband to travel around Ethiopia to promote the Orthodox Church and discourage Ethiopians from converting to Roman Catholicism. Part of this manuscript tells of an intimate friendship between Wallata Petros and another nun, Ehete Kristose, who “live[d] together in mutual love, like soul and body” (Belcher and Kleiner 2015).

Empress Mentewab (1706–1773) ascended to power as a consort and later spouse of Emperor Bekaffa, who ruled Ethiopia from 1721 to 1730. Upon the emperor’s death, she became the effective ruler of the kingdom throughout the reign of her son Iyasu II and that of her grandson Iyoas.

Empress Taitu became regarded as an intelligent and powerful actor during the reign of her husband, Emperor Menilek II, in the late 19th and early 20th century. In the 1895/1896 Battle of Adwa, in which Ethiopia defeated Italian invaders, Empress Taitu commanded a contingent of infantry and cavalry fighters as well as women who had been enlisted to support the fighters. Later, when Emperor Menilek II was incapacitated, Empress Taitu assumed full power over the monarchy, making political appointments and dismissals. Other important women of the 19th and early 20th century include Menilek’s daughter, Zewditu, who became empress of Ethiopia from 1916 to 1930, and the lesser-known Bafena, Emperor Menilek’s consort who helped raise Zewditu.

KENNETH MAES, YIHENEW TESFAYE, AND JAMIE L. PETTS

Further Resources

- Anbesse, Birke, Charlotte Hanlon, Aatalay Alem, Samuel Packer, and Rob Whitley. 2009. "Migration and Mental Health: A Study of Low-Income Ethiopian Women Working in Middle Eastern Countries." *International Journal of Social Psychiatry* 55: 557–568.
- Asgedom, Amare. 2005. "Higher Education in Pre-Revolution Ethiopia: Relevance and Academic Freedom." *Ethiopian Journal of Higher Education* 2: 1–45.
- Baker, Katie. 2013. "Ethiopia's War on Homosexuals." *Newsweek*, December 13. Retrieved from <http://www.newsweek.com/ethiopias-war-homosexuals-224457>.
- Banteyerga, Hailom. 2014. "Boosting Maternal Health Care Seeking Behavior in Rural Low Income Communities: A Case Study of West Gojam and South Wollo Zones in Amhara, Ethiopia." *American Journal of Health Research* 2: 378–386.
- Belcher, Wendy, and Michael Kleiner. 2015. *The Life and Struggles of Our Mother Walatta Petros: A Seventeenth-Century African Biography of an Ethiopian Woman*. Princeton, NJ: Princeton University Press.
- Burgess, Gemma. 2013. "A Hidden History: Women's Activism in Ethiopia." *Journal of International Women's Studies* 14: 96–107.
- CIA (Central Intelligence Agency). 2014. "Ethiopia." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/et.html>.
- CPJ (Committee to Protect Journalists). 2013. "African Media Leaders Must Address Ethiopia's Repression." Retrieved from <https://cpj.org/2013/11/african-media-leaders-should-address-ethiopias-rep.php>.
- CSA (Central Statistical Agency [Ethiopia]). 2005. *1999 National Labour Force Survey Analysis Report*. Addis Ababa, Ethiopia: Central Statistical Agency.
- CSA (Central Statistical Agency [Ethiopia]). 2014. *Ethiopia Mini Demographic and Health Survey 2014*. Addis Ababa, Ethiopia: Central Statistical Agency.
- CSA (Central Statistical Agency [Ethiopia]) and ICF International. 2011. *Ethiopia Demographic and Health Survey 2011*. Addis Ababa, Ethiopia, and Calverton, MD: Central Statistical Agency and ICF International.
- Deyessa, Negussie, Yemane Berhane, Atalay Alem, Mary Ellsberg, Maria Emmelin, Ulf Hogberg, and Gunnar Kullgren. 2009. "Intimate Partner Violence and Depression among Women in Rural Ethiopia: A Cross-Sectional Study." *Clinical Practice Epidemiology in Mental Health* 5: 8.
- Deyessa, Negussie, Yemane Berhane, Atalay Alem, Ulf Hogberg, and Gunnar Kullgren. 2008. "Depression among Women in Rural Ethiopia as Related to Socioeconomic Factors: A Community-Based Study on Women in Reproductive Age Groups." *Scandinavian Journal of Public Health* 36: 589–597.
- FMOH (Federal Ministry of Health of the Federal Democratic Republic of Ethiopia). 2011. "HSDP IV Annual Performance Report EFY 2003 (2010/2011)." Addis Ababa: FMOH.
- Hanlon, Charlotte, Girmay Medhin, Atalay Alem, Mesfin Araya, Abdulreshid Abdulahi, Mark Tomlinson, Marcus Hughes, Vikram Patel, Michael Dewey, and Martin Prince. 2010. "Sociocultural Practices in Ethiopia: Association with Onset and Persistence of Postnatal Common Mental Disorders." *British Journal of Psychiatry* 197: 468–475.
- Lindstrom, David P., Tefera Belachew, Craig Hadley, Megan Klein Hattori, Dennis Hogan, and Fasil Tessema. 2010. "Nonmarital Sex and Condom Knowledge among Ethiopian Young People: Improved Estimates Using a Nonverbal Response Card." *Studies in Family Planning* 41: 251–262.
- Maes, Kenneth, Svea Closser, Ethan Vorel, and Yihenew Tesfaye. 2015. "Using Community Health Workers: Discipline and Hierarchy in Ethiopia's Women's Development Army." *Annals of Anthropological Practice* 39: 42–57.
- Migrant-Rights.Org. 2014. "Interview: The ILO's Aida Awel on the Future of Ethiopia's 160,000 Returning Migrants." Retrieved from <http://www.migrant-rights.org/2014/04/interview-the-ilos-aida-awel-on-the-future-of-ethiopias-160000-returning-migrants>.
- Poluha, Eva. 2004. *The Power of Continuity: Ethiopia through the Eyes of Its Children*. Stockholm, Sweden: Nordiska Afrikainstitutet, 2004.
- Population Council. 2004. "Ethiopia: Child Marriage Briefing." Retrieved from <http://www.popcouncil.org/uploads/pdfs/briefingsheets/ETHIOPIA.pdf>.
- Ross, Will. 2011. "Ethiopian Girls Fight Child Marriages." BBC, June 7. Retrieved from <http://www.bbc.com/news/world-africa-13681053>.
- Saint, William. 2004. "Higher Education in Ethiopia: The Vision and Its Challenges." *Journal of Higher Education in Africa* 2: 83–114.
- Semela, Tesfaye. 2011. "Breakneck Expansion and Quality Assurance in Ethiopian Higher Education: Ideological Rationales and Economic Impediments." *Higher Education Policy* 24: 399–425.
- Smith, Lahra. 2013. *Making Citizens in Africa: Ethnicity, Gender, and National Identity in Ethiopia*. Cambridge: Cambridge University Press.
- Teklehaimanot, Hailay, and Awash Teklehaimanot. 2013. "Human Resource Development for a Community-Based Health Extension Program: A Case Study from Ethiopia." *Human Resources for Health* 11: 39.
- U.S. State Department. 2014. "Ethiopia: Trafficking in Persons Report, 2014." Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/2014>.
- Veale, Angela. 2003. "From Child Soldier to Ex-Fighter, Female Fighters, Demobilisation and Reintegration in Ethiopia." Institute for Security Studies Monograph Series No. 85.
- WHO (World Health Organization). 2015a. "Ethiopia: Tuberculosis Profile." Retrieved from http://www.who.int/gho/countries/eth/country_profiles/en.
- WHO (World Health Organization). 2015b. "Ethiopia: Non-Communicable Disease (NCD) Profile." Retrieved from http://www.who.int/gho/countries/eth/country_profiles/en.
- World Bank. 2012. "Country Partnership Strategy for the Federal Democratic Republic of Ethiopia." Washington, D.C.: World Bank, International Development Association, International Finance Corporation, Multilateral Investment Guarantee Agency.

G

Ghana

Overview of Country

The Republic of Ghana, West Africa, is a fairly recent creation. However, the name *Ghana* is ancient; it was first borne by a rich African empire in the Sahelian region of West Africa around 500 to 1200 CE (Boahen 1966, 3). The colonial territory of Gold Coast adopted the name Ghana when it obtained political independence from Great Britain on March 6, 1957, in remembrance and nostalgia for the empire's greatness. Ghana's triumph over colonialism made it a symbol of anticolonialism and Pan-Africanism for the so-called Third World people under foreign domination. General expectations for Ghana's successful development were high.

The First Republic started on July 1, 1960, under the leadership of Osagyefo Dr. Kwame Nkrumah and his Convention People's Party (CPP). A military and police coup d'état that allegedly had the involvement and sponsorship of the Central Intelligence Agency (CIA), because of the Ghana government's leanings towards socialist and communist paths during the Cold War era, overthrew the First Republic in 1966 (Mahoney 1983). Ghana's political history became checkered with military regimes, of various durations, and democratically elected and constitutionally sanctioned republics. In 1992, the Fourth Republic, which is still in force, was born after the military junta of the

Provisional National Defense Council (PNDC) led by Flt. Lt. Jerry John Rawlings, who ruled for about 11 years.

In its short and turbulent postcolonial existence, Ghana has experimented with socialist and neoliberal capitalist politics and political economic paradigms in its pursuit for sustainable development, poverty reduction, and the improvement of life in general. Like other young nations, Ghana has experienced such growing pains as unemployment and faced challenges in its moves to establish good governance and access basic needs, comprehensive health care, adequate education, transport, communication, and industrial infrastructure. The new millennium is unfolding, and Ghana's efforts to positively improve the living standards of Ghanaians, a multiethnic people, and to achieve sustainable development in confluence with the agenda and ideals of the global Millennium Development Goals are alive and unfolding too.

Topographically, Ghana is mainly low-lying and variegated into zones: savannah, derived savannah, tropical lowland or tropical rain forest, and coastal shrub and grassland. Administratively, Ghana is divided into ten regions: Upper East, Upper West, Northern, Brong-Ahafo, Volta, Asante, Eastern, Greater Accra, Central, and Western. The city of Accra is its administrative and political capital. Agriculture, mining, and retail trade have been the key economic activities in the country. Agriculture employs about half of the population. The industrial infrastructure is not big, and so the country largely produces raw materials and exports

them to the global market, especially to the so-called industrialized countries. The biggest items of export are cocoa, timber, and gold. There are some white-collar jobs, but most people, especially women, act in the informal sector of the economy and are self-employed in farming, small-scale processing, and retailing (Amu 2006).

Indigenous Ghanaians are from different ethnic groups and regions that have amalgamated to form Ghana. Demographically, the major ethnic groups are the Akan (47.5%), Mole Dagbane (16.6%), Ewe (13.9%), Ga-Dangme (7.4%), and Guan (3.7%). Alongside these are other ancillary cultural and linguistic groups (GSS 2013). The youth section of the population is rapidly expanding. Ghana's population increased from 6,726,815 in 1960 to 24,658,823 in 2010, an increase of over threefold within 50 years. The average growth rate between years of the national census has been 2.5 percent since 1960 (GSS 2013). In 2010, the female population was 12,633,978. The sex ratio in 2000 was about 97 males per 100 females. In 2010, it was about 95 males to 100 females. The high exodus of males to the global diaspora in search of better jobs is a factor for this decrease. By 2012, the estimated population of Ghana was 25,000 000, with 51 percent being females and 49 being males, giving the country an overall population density of 78 persons per square kilometer (Ghana Embassy 2014).

Since 2000, life expectancy was 54 years for males and 60 years for females. By 2010, it was around 60 for males and 63 for females. There have been signs of declining fertility, but health, maternal mortality, malnutrition of children, infant (under 5 years) morbidity, and the persistent spread of HIV/AIDS are among the issues facing the country, especially the poor in rural, suburban, and urban areas (GSS 2013).

The country enjoys rich cultural diversity in terms of various languages spoken, indigenous political and kingdom institutions and patterns of domestic organization, marriage rites, and forms of descent reckoning, namely, matrilineal, patrilineal, and dual. The experience of colonialism, which united the ethnic groups to overthrow it, is a history shared by all. Moreover, there are the common experiences of national crises manifesting shades of political upheavals and socioeconomic shocks and predicaments in the postcolonial moment. English is the official language for administrative transactions and educational instruction.

Ghana is a multireligious country, and the constitution tolerates freedom of religion and conscience. People associate with Christianity, Islam, or indigenous African

spirituality (traditionalists), which is based on the notion of communion with an unseen Supreme Creator who works with a team of nature and ancestral spirits. Other sects include Hinduism, Buddhism, Rastafari, and Mormonism. The breakdown of religious affiliation by percentage is Christians 71.2, Muslims 17.6, traditionalists 5.2, other 0.8, and people ascribing to no religion 5.2 (GSS 2013).

Overview of Women's Lives

The end of colonialism demanded a reconfiguration of Ghana's social, political, and economic terrains. The postcolonial society and governments needed to build structures to enhance and protect the fundamental human rights and well-being of all, without regard to sex or gender; to treat all fairly; and to allow and support people to fully develop their potential as members of society for society's benefit. Some people believe that women should only play the roles of nurturers, homemakers, wives and mothers, and secondary actors in agriculture and trade. Whether this is due to the colonial hangover of male chauvinism embedded within the colonial political economy, schooling system, politics, and male-privileging Eurocentric cultural notions of gender or for other cultural and religious reasons, it has had tremendous impact on women's access to society. Others believe that women should have the free and fair space to engage in all national activities to enhance their status as humans and citizens, just as men can. By playing second fiddle to men during the colonial era and, subsequently, in the postcolonial era, women have had less access and participation in Ghana's economy, education, and political systems.

Positive transformations have gradually occurred to the status of women since 1957, inching them steadily to the point of gender equity. Women's rights are being recognized within the indigenous communities and national milieu. Ghana's Constitution since the First Republic has been woman friendly, defended women's rights, and advocated for their educational empowerment and protection from social exclusion and all forms of violence, decimations and abuse of women, and forced prostitution and trafficking of young women. Since the establishment of the National Council of Ghana Women (NCGW) during the First Republic, other national organizations to promote women's affairs and empowerment have been established through the years by some governments. The Domestic Violence and Victim Support Unit (DOVVSU), formerly the Women and Juvenile Unit (WAJU), affiliated with the

Ghana Police; the Ministry of Gender, Children and Social Protection; and the Ministry of Women and Children Affairs are some of these institutions. Clearly, Ghana has been nurturing an expanding space to give women recognition and inspire them to mobilize to champion their case and cause, rise to leadership positions in society, own their beings as free and equal citizens, and be free from discrimination and physical, emotional, and mental violation of the law and other people.

Education

Education of the Ghanaian girl in the traditional setting is markedly different from that of the boy. A little girl may be the delight of her father, but it is her mother who spends the most time with her, preparing her for the responsibilities of womanhood. The mother and older females in the family teach her good feminine manners and traditional female occupations, such as caring for the young, mending clothes, and general household chores. She learns virtues such as readiness to serve and avoidance of quarrels and contentions and to respect and feel empathy toward all, even the enslaved or domestic servant. A girl's education is home-centered and family- and community-oriented, and she remains in training until she attains the age of maturity, which is attested through marriage.

The first European-administered castle schools, and later colonial schools set up in the Gold Coast, introduced formal school education to indigenous girls. By 1836, a girls' school was operating in the Cape Coast Castle in the Gold Coast. Western school education for girls did more than merely prepare them for their traditional roles in the home; education also offered an opportunity to acquire some skills to surmount certain challenges and the needs of her society. Nevertheless, negative social and cultural perceptions about the formal education of girls prevented many girls from accessing this education. For example, many parents saw the long hours spent away from home as a disruption of informal home-based education. Subsequently, few girls were able to enroll in both mission and government schools. This trend did not change much after independence.

An increase in the enrollment and retention of girls in school is still a work in progress. The 1984 national census recorded a percentage ratio of 55 to 45 in male-female enrollment at the elementary school level, a significant drop in secondary school enrollment, and an alarmingly low enrollment of teen girls (17%) at the university

level. Ghana's Ministry of Education (MOE) 2013 report recorded increased rates in gender parity at all levels of girls' education, except in junior high school. The rates suggest an improvement in attitudes, especially those of parents, toward the school education of females.

Family Responsibility

The life of a Ghanaian girl or teen is attended by many responsibilities, most of which she undertakes for her family. She is expected to perform her family duties, which include but are not limited to house chores, assisting in the care of younger children and the elderly and invalid, and partaking in religious activities of the family, with a diligent, respectful, and positive work attitude. Girls as young as four years old may run light errands for the provision of food for the household, and this would not be considered strange or as child labor. Rather, this is training in responsibilities and toward maturity and service to society. As a girl grows into a teenager, her responsibilities alter, and greater demands appropriate to her age are made. Responsibilities such as meal provision, decision making in family matters, housekeeping and laundry, settling of disputes between younger (often female) siblings, supervising school assignments, and babysitting fall to her.

A girl must excel in the training given to her by her elders and honor her family's name by comporting herself in moral matters, such as not engaging in premarital sex and not getting pregnant out of wedlock. Even though teen pregnancy is frowned upon in the traditional society, statistics by the Ghana Coalition of NGOs on Health (GCNH) indicate a rate of approximately 750,000 teen pregnancies in Ghana annually (Annicchiarico 2013). Ghana continues to grapple with increasing rates of pregnancy among its teens in contemporary times.

For most groups, the onset of menarche marks a transition from childhood to womanhood, which confers on the "new woman" new responsibilities. In addition to the traditional chores, school-aged girls accompany their parents, especially fathers, to social functions, a thing that would have been unheard of in the past. A new trend in family responsibility is the provision of tech support for less cyber- and tech-savvy parents and family members in a technologically advanced world where the Internet and digital protocols rule.

Although the humanistic principles of Christianity, Islam, and Western school and indigenous education instruct the ideal of dealing tenderly with females because

they are delicate and should not be forced into brute labor, it is not uncommon for a female child or a teenager newly initiated into womanhood to experience the opposite. She may become the victim of forced marriage or a servant or slave to the wealthy, or she may be sold into the sex industry to offset family debts. These criminal arrangements, grossly offensive to human dignity, may be explained by the offending parent or guardian as a fulfillment of the girl's responsibility to her family.

Child Marriage

Ghana has legislation against child marriages. Any marriage that occurs when a girl is below the age range of 16–18 years is considered child marriage by Ghanaian law. Despite this, the practice persists because of some strong sociocultural norms. The prevalence rate of child marriage is high. It is highest in the Upper East Region (50%) and lowest in the Greater Accra Region (11%) (UNFP 2010).

Health

Access to Health Care

Ghana only spent 3.6 percent of its gross domestic product (GDP) on health care in 2014 (WHO 2015). Life expectancy is only 60.95 years, and women live a couple more years than men do. Thirty-eight percent of the population is under the age of 15 (WHO 2015). Improved drinking water is available to more than 80 percent of the population, but less than 20 percent has access to sanitation facilities (WHO 2015). Diseases such as cholera, yellow fever, and meningitis are common (GHS 2014). Equity gaps continue to persist, especially in rural and remote areas. The national health programs work to improve health outcomes, but only when they are available. Ghana Health Services (GHS) found that inadequate programs in certain areas contributed to declining immunization rates in 2014. In districts that received ample attention, rates are greater than the 80 percent target, but only 71 percent of districts are achieving this standard, leading to a 23.6 percent reduction in immunization coverage between 2013 and 2014 (GHS 2014).

Maternal Health

More than 24 percent of women in Ghana use some form of contraception, and the fertility rate in 2013 was 3.9 (WHO 2015). For a woman between the ages of 15 and

49, there is a 17 percent probability that she will be ill or die from maternal causes. The maternal mortality rate is 143.8 per 100,000 in 2014. The GHS has worked diligently in recent years to address maternity care. More than 76 percent of women attend four or more antenatal appointments, and 56.7 percent are attended by a skilled birth assistant for delivery (WHO 2015). There are increasing numbers of midwives serving Ghanaian women, and this positively affects the increased family-planning rates and antenatal care rates and the steady decline of maternal and infant mortality rates. There is one midwife for every 1,374 people (GHS 2014). The mortality rate for children under 5 years old has also declined from 1990 to 2013 (WHO 2015). The GHS is addressing the high pregnancy rates of teens; 39 percent of pregnant women are 10–24 years old. All were offered comprehensive abortion services (GHS 2014).

Abortion has been legal in Ghana since 1985, “provided it is carried out by registered medical practitioners in registered facilities and where a pregnancy is the result of rape, incest, its continuation would result in injury to a woman’s physical or mental health, or the [fetus] has a substantial risk of a serious abnormality” (Aniteye and Mayhew 2013). Even though it is legal, unsafe abortion rates are high and contribute 22–30 percent of maternal deaths, “making unsafe abortion the highest contributor to maternal mortality in Ghana” (Aniteye and Mayhew 2013). Abortion is a target area for the health services because of its impact on maternal mortality rates where legislation has had little impact on the reduction of these rates.

Diseases and Disorders

Ghana has had great success with immunization programs and has been polio free since 2008. Maternal and neonatal tetanus rates in 2011 were zero, mortality due to measles was zero by 2003, and the successful treatment of tuberculosis is at 86.5 percent.

Cardiovascular disease contributes to 15 percent of women’s deaths; asthma, hypertension, diabetes, and sickle cell anemia are other noncommunicable diseases that women are most likely to be treated for (GHS 2014). Hepatitis, yellow fever, and meningitis have all affected significant numbers of the population in recent years, and a cholera outbreak affected 29,000 people last year (GHS 2014).

Five tropical diseases are monitored through the health program. With WHO, UNICEF, and JICA, GHS launched a major campaign to eradicate Guinea worm, including

education, contests, and safe water interventions. Malaria is considered a pandemic in Ghana, and control activities are the focus of GHS; 68 per 100,000 people in 2012 died from the disease (WHO 2015). Treatment for malaria and the distribution of insecticide-treated nets (ITNs) have been the focus, and nearly 4 million nets were distributed through pregnancy centers, schools, and town centers (GHS 2014).

HIV rates are 1.37 percent, but women are disproportionately represented: 57 percent of HIV cases are women (Ghana News Agency 2015). Treating pregnant women early with antiretroviral (ARV) therapy is proving effective in preventing transmission from mother to child; 2 percent of the 717,638 pregnant women who received HIV testing and counseling tested positive for HIV. More than 5.5 million male and female condoms were distributed in 2014 (GHS 2014).

Employment

Occupations and Employment Status

Participating in the labor market is an issue of survival for some women. For others, it gives satisfaction to an altruistic desire to contribute to the well-being of others. The economically active female population generally works as skilled agricultural, service, and sales workers. Traditional occupations for women include farming, fish mongering, housekeeping, teaching, nursing, hairdressing, dress-making, trading, engineering, lecturing, and working as a bank teller, lawyer, or medical doctor. Less mainstream occupations include being a writer, a poet, an architect, an artist, a musician, or a dancer. The population census of 2010 indicated that 11.4 percent of female workers were employees in both the public and private sectors, 69.4 percent were self-employed entrepreneurs, 8.7 percent were unpaid family workers, 1.3 percent were casual workers, 2.9 percent were apprentices, and 0.7 percent were domestic workers (GSS 2013).

An observation of employment trends shows that women are more likely to dominate informal economic activities in agriculture, industry, and services than men. Many operate in the private informal sector, while men dominate the formal sector. The majority of women in the formal sector operate in the lower and nonmanagerial ranks, which makes their voice inaudible in decision making that concerns their employment. Few are in the higher echelons of influence and power within the public and formal sectors.

Pay

As at May 1, 2014, the minimum wage in Ghana stood at USD\$1.36 per hour (6.0 Ghana cedis). However, the degree of educational qualification and experience of a woman, the type of work she performs, and the size and magnitude of profit of the firm she works for usually determine her remuneration. As citizens of Ghana, women workers, according to the Labour Act 651, are entitled to fair wages, timely payment, holidays, and leaves. The labor laws and Ghana's Constitution of 1992 guarantee equal pay for work of equal value, irrespective of gender. This principle applies to the single spine salary structure, which is the current public-sector salary structure, and ensures that without discrimination women in public-sector work receive the remuneration due them. Nevertheless, a gender pay gap exists in most work in the informal sector, implying a significant wage discrimination against women and gender gap in returns of the earnings (Verner 1999; Addai 2011). Thus, women employees in informal work in the private sector tend to receive a lower wage than men (Verner 1999).

Maternal Leave

Women employees are entitled to maternal leaves, usually spanning weeks, in the event of pregnancy. Ghana labor laws do not put a limit on the number of times a woman may apply for a maternal leave. The leave must be granted to employees who produce a medical certificate by a qualified medical practitioner or midwife indicating their due dates. It is criminal for an employer to withhold salary and other benefits or to terminate the employment contract of an employee pregnant woman on maternal leave on grounds of her absence from work.

Family Life

Marriage and Household Roles

Despite a surge in the rates of divorce, domestic violence, and marital distress (Anim 2012), the traditional view of an unmarried woman as incomplete, unfulfilled, and irresponsible operates as a powerful force that compels a majority of Ghanaian women onto the marriage path. In 2012 alone, 7,066 women registered marriages with the Accra Metropolitan Assembly; 468 ended in divorce (GhHeadlines 2014). Heterosexual marriages within the frames of customary, Islamic, and ordinance marriage are three forms of matrimony that are legally open to a Ghanaian woman. Her marriage may begin by an arranged

betrothal, known to the Akan as *asewa*, or a marriage by common consent, where she chooses her marriage partner. She may also marry as a means of offsetting family debts. Typically, arranged marriages are more common in the rural areas of the country, whereas marriages by consent are more common in the urban centers, due to the individualism the urban spaces afford people.

Most married Ghanaian women take full responsibility as wives and homemakers for their households. A study by Forster and Offei-Ansah (2012) revealed that they fulfill marital obligations, assist with family decisions, do chores, supervise domestic work, lead religious activities, and provide money for maintaining the home. Achieving the latter requires the woman to take a job outside the home, to attend an academic institution for training for the job market, or to accept a higher-paying job offer, which may take her to a new locality and could be in another country. Many engage paid domestic workers to perform their family chores, and some depend on the extended family, where mothers, aunts, or female cousins may step into the role of the absent homemaker and administer the household in her stead.

Politics

Ghanaian women have come a long way in contributing tremendously to Ghanaian politics—both the indigenous ethnic politics and national politics of Ghana. Although the division of labor has traditionally been demarcated by gender, some roles and responsibilities overlap at times. There are no gendered roles in national politics. Within indigenous politics, women by custom have complementary political roles and statuses to the men. While men tend to head lineages and communities, women play both formal and informal roles as important decision makers and political actors. There is a kind of duality of power in the political systems of most ethnic groups. This duality shows the indigenous notion of a cosmological complementarity of male and female essence. Thus, the custom of most groups permits women to be clan leaders, female chiefs, and warriors and to constitute military companies in the defense of their communities.

Among the Akan, Ewe and Ga, for example, this complementary duality of power manifests at the apex of the political institutions and state organization, where female chiefs are members of the general assembly of state chiefs and council of elders and participate in legislative and judicial processes such as the declaration and unmaking

of war and the distribution of land. They can hold their separate courts and lead impeachment of the male chief, which could lead to his removal from office. Their views and approval must be sought by the council of elders and the community in the selection of eligible male chiefs. Known as Ohemaa, Mamagah, and Mannye among the Akan, Ewe and Ga, respectively, the woman chief depicts the existence of female power and recognition of women as political beings. Women are permitted to organize and send deputations with petitions to the male and female chiefs. They can embark on demonstrations against the making or unmaking of certain policies in the community. Under the female leader, their symbol of political power, women can even demand the removal of a public officer.

This traditional political position of women is not clear today because of the dominance of and focus on national politics that evolved from Western colonial political notions. The advent of colonial rule, which introduced Western formal schooling and the introduction of Abrahamic religions of Christianity and Islam, greatly altered the indigenous political status of women. These were all male-centered, which privileged males and pushed women to the fringes of society and politics. Few women had access to Western school education, and so few had new opportunities for autonomy within the modern cash economy and urbanization. The colonial cash economy removed certain indigenous customary structures, such as independent access to resources and economic enterprises and the symbiosis of the sexes based on an efficient division of labor, that provided significant autonomy to women. Instead, the colonial regime imposed new forms of subordination through differential access to resources and economic autonomy in the modern economy.

While emphasising the schooling of the African male, the colonial order superimposed the European 18th- and 19th-century aristocratic male chauvinistic notion of appropriate gender roles and relations in politics. Women were therefore relegated to the background of politics. The colonial regime instituted a tradition of male hegemony in the frame of the modern politics of the colonial territory and later independent state of Ghana. This weakened, but could not kill, the indigenous right of women to act in politics. This transformation and bias set the tone for the existence of certain gender inequalities within Ghana's national politics in the postcolonial context.

The customary political rights of women did not die in the unwritten constitutions of indigenous polities, so women partook in the African struggle for

political autonomy from colonialism. For example, Nana Yaa Asantewaa, one female chief of the Asante people, inspired her people to fight the British in 1900. In 1917 to 1918, women were active in cocoa resistance to frustrate the British colonial economic enterprises in the country. After independence, women have been “increasingly active in [nonfarm] economies” and in national politics (Newman et al. 2000, 2; Nketia 2005). No legislation in the postcolonial era has prevented women from taking part in politics. Yet, while some governments encouraged women to access their political rights and participate, others paid lip service to the idea or did not actively motivate women. All the constitutional governments protected the right to participate in politics. The military juntas did not make decrees that enforced gender inequality in respect to political participation. However, these rights in practical circumstances have not counted for much for some regimes.

According to Nketia (2005), the treatment of women in politics before 1992 depended on the degree of elitism in a government. The military juntas of the National Liberation Council (NLC), National Redemption Council (NRC), and Supreme Military Council (SMC) were very elitist and did not make women a significantly integral part of their “male soldier” government. They did not tolerate political opposition, and one could be part of politics if he or she was directly or indirectly part of the government. Thus, women were largely excluded from politics. The governments of the Second and Third Republics were democratic but filled with similar elitism—intellectual elitism in the former and old political elitism in the latter. Thus, few women were able to be part of the parliament. With the exception of Nkrumah’s CPP and Rawlings’ PNDC regimes, no government before the Fourth Republic made strong efforts to place women in the mainstream of national political activity. The two leaders deemed their governments as revolutions that should engage all people without regard to gender or educational standing.

Many women occupied major positions as policy makers and advisers and contributed greatly to the country’s political and governmental affairs. Although women have had the franchise since 1955, and some have served in political offices as ministers and ambassadors, Ghana has not yet had a female president. However, two notable women have aimed for the presidency: Akua Donkor, who is unlettered but the founder of the Ghana Freedom Party, and Nana Konadu Agyeman Rawlings, a university graduate and former first lady, have made attempts to become president.

Since their days as cadres in the liberation movement, women have not departed from national politics. Socialist in orientation, Nkrumah and the CPP successfully pushed for an affirmative type of legislature to purposefully make 10 women members of the new Republican parliament. The NCGW was created as a mass movement to encourage women’s participation and guarantee that right in national politics. Women parliamentarians numbered 18 in 1965. The military junta that overthrew the CPP and the Second Republic, and the military junta that overthrew it, were not proactive in given women access, representation, or participation in government and politics. About five women entered parliament in the Third Republic. The PNDC overthrew the Third Republic on December 31, 1981, and women’s participation in politics vigorously resurged.

The first lady, Mrs. Rawlings, assumed a strong position in national politics. Her clarion call was female empowerment. Her husband, Jerry John “J. J.” Rawlings and his PNDC made several women, including Joyce Aryee, Ama Ata Aidoo, Aanaa Enin, Esi Sutherland Addy, Mary Grant, and Vida Yeboah, leading members in the government. Mrs. Rawlings led a mass movement for women called the 31st December Women’s Movement, which was formed in 1982 (Daily Graphic 1982). Like the NCGW, the movement aimed “to mobilize women’s initiative to awaken them politically ... to promote and protect the interest of women in the new society and to get women themselves looking after their own interests” (Shillington 1992, cited in Nketia 2005, 76). Rawlings supported it and opined that national problems could be stopped if an end would be brought to the habit of making women responsible for only bringing up children in the home (76). Embodying the aspiration of women to be part of the nation-building efforts, it organised workshops, owned economic enterprises, embarked on educational campaigns on the political rights of women, and engaged its women in national dialogues and expressed women’s views in national issues. Many women worked as cadres of the PNDC regime and sustained the revolution until the Fourth Republic was born.

Because the movement woke many women into the limelight of national politics, their visibility in partisan and national politics has become stronger since 1992. The Fourth Republic Constitution clearly dictated that the state shall take measures to “achieve reasonable regional and gender balance in the recruitment and appointment to public offices.” Furthermore, “a person shall not be discriminated against on the grounds of gender, race, colour, ethnic origin, religion, creed or social or economic status.”

Additionally, “citizens have the right and freedom to form or join political parties and to participate in political activities subject to such qualifications and laws as are necessary in a free and democratic society and are consistent with this Constitution” (Republic of Ghana 1992, 36, 16, 24). This provides a fair field of play for all who are capable and interested to participate in politics and to freely exercise their political rights.

Since 1992, many women have been appointed as district chief executives, regional ministers, council of state members, and members of parliament (MPs). Ghana had its first female speaker of parliament, the Rt. Hon. Justice Joyce Bamford-Addo, whose tenure was from January 7, 2009, to January 6, 2013. Women have contested to represent constituencies in parliament and to lead political parties. Samia Nkrumah, Kwame Nkrumah’s daughter, became an MP in 2009 and the chairperson of the CPP. Since 1992, women’s involvement in ministerial offices have been significantly connected to education, policy making, culture, tourism, health care, and gender issues.

Religious and Cultural Roles

The famous Kenyan professor John Mbiti described Africans as “notoriously religious” because religion permeates all aspects of their lives (Mbiti 1969, 1). Most Ghanaians are inclined to religion and believe in the supernatural. A plethora of religious groups exist in Ghana; however, the triple heritage of Christianity, Islam, and the indigenous African path of spirituality are dominant. Islam in Ghana and West Africa emerged primarily through trade contact with Islamic North Africa around the 7th century. Portuguese explorers and missionaries reached the Gold Coast in the 15th century and built a fort there in the 1480s. They and, later, other European missionaries introduced Christianity there. Islam and Christianity met indigenous paths of spirituality. The latter has continued to survive, and many Christians and Muslims partake in rites and ceremonies of the indigenous paths because they are organically connected to family culture and history. Certain Christian and Islamic sects even invoke elements of practices and beliefs of the indigenous paths as reinterpretations of Islam and Christianity in idioms of African spirituality.

Most women in Ghana are religious because of religion’s nature as a giver of hope for a better tomorrow and its promise of supernatural intervention in situations of hopelessness, poverty, and discrimination, which many women feel. Women culturally deem themselves as

responsible for the protection of society. Religion is one platform they use to seek divine guidance for Ghana. In recent times, women religious groups, such as the non-denominational nationwide Aglow Women’s Christian Fellowship, and Muslim women have organized national prayer services for divine protection for Ghana. Women do not only follow religion. Many lead as ritual specialists—priestesses—within indigenous spirituality, and several work in the clergy as ordained ministers.

Ghana has a spectrum of ethnic cultures with ideas that define the cultural role that women of each group must play. However, some shared ideas have coalesced into a general, broad Ghanaian cultural notion about the roles that are expected of women. Fundamentally, marriage is expected of all women of good health and sound mind and character. The customs of many groups demand females to go through nubility rites before marrying. Generally, the demeanor of a marriageable woman is expected to be morally pleasing and modest to endear her to suitors. Most women cherish the idea of marriage because it brings respect to them and their family, and it affords them the venerated status of mother. A woman can become a mother outside marriage, but the preferred motherhood is the one obtained through marriage. Spinsterhood, lesbianism, and barrenness are frowned upon. Motherhood and fertility are cherished because they sustain society.

Consequently, women’s major cultural role in all the ethnic groups is procreation, the valuable biological reproduction of society. All the groups believe that the survival of the family or lineage depends on the existence of a female member. For the matrilineal societies, no matter how many men there were, if the female sex became extinct, the family would last only the span of these men (Aidoo 1985, 18). Women, as custom dictates, are central figures in both their extended and nuclear family. As sister and aunt to their brother and his family and as wife and mother in her nuclear family, she is an authority in family decisions. Being the sister or mother of grown children, especially males, she is consulted in all decisions made by her brothers or sons. As a wife, she is mandated to contribute to the making of the family as a breadwinner or family purse controller. This, however, depends on the husband’s awareness of the customary authorization given to the women.

Polygyny is accepted by all the ethnic groups for cultural reasons, such as the creation of more people for labor for family economic enterprises. However, polyandry is not practiced. Customarily, a woman is expected to be accommodating to polygyny. A wife must take a pacification fee

from the husband before he can take another wife. Except in the few cases where a wife, by custom, maintains a duolocal residential pattern by living in the family home and the husband's, she dwells with her husband. Customarily, a wife is expected to birth a lot of children. Ten is a commendable number. This practice has minimized because of economic hardships in contemporary times. A wife is supposed to be obedient to her husband, faithful, hardworking, helpful, not quarrelsome, and not lazy. Wives, and women in general, are expected to work hard and contribute to the economy of family and community. Many cultivate the land, some being at the forefront of planting, harvesting, and processing Ghana's cocoa, and maintain households. A traditional woman dreads being referred to as lazy and idle. A woman who has children must be motherly, which requires her to provide nourishment and shelter for her children and, when necessary, those of others and for strangers, because she is essentially a mother of all.

Issues

Despite the different socioeconomic and political adversities that bedevil the country, Ghanaian women in different spheres of operation and locales have emerged as the vital backbone of the contemporary family and society. Tagged with the primary identification of wife and mother, women continue to maintain a complicated and tedious work schedule in the home and outside of it. Rural women maintain children and households and hew firewood. Their field tasks include farming, storing food, and tending livestock. Pivotal to both subsistence and cash crop farming, they feed their families with their produce and sell some or give them to middle marketers for forwarding to the urban markets in Ghana and overseas. Ghana's agricultural labor mainly depends on women. The coastal women do not fish; nonetheless, they support the male fishers by receiving, processing, and preserving fish by smoking, drying, or salting. They feed their families with the fish and care for their families with the proceeds from the sale of fish.

The urban women are often more educated in the Western formal school ways than their rural counterparts. Thus, many work outside the home as professionals and civil servants and operate in managerial and administrative spheres of companies. Due to the numerous factors of rural urban migration, some rural women possess little or no school training and gravitate to urban spaces. Determined to survive in the big towns and cities, they end up in rough and exploitation-prone jobs as *kayayo* (porters),

street hawkers and peddlers, and *ashawo* or *too-too* (commercial sex workers). Despite prevailing challenges confronting them because of certain entrenched socio-cultural notions, women have been seeking solutions on their own behalf. Some urban women articulate general women's concerns on issues such as forced marriages, wife battering, human trafficking of females into sex slavery and prostitution, female circumcision, hunger and malnutrition, rape, inadequate maternal care, unemployment, and general poverty. Thus, activists such as Esther Ocloo, a famous food processor; Annie Jagge, a former Ghanaian Supreme Court judge; Nana Oye Lithur, minister of state; Grace Omaboe, an ace actress; and Mrs. Rawlings campaigned for women to live well in an environment and spirit of social equality and justice. For example, Ocloo and 14 other women created a financial institution to assist women entrepreneurs through the establishment of a branch of the U.S.-based Women's World Banking. Women's rights activism secured an amendment to the rape law in Ghana's criminal code, which conferred a minimum of three years in jail on rapists.

Parliament also prescribed female circumcision, or clitoridectomy. Although some Ghanaian communities that have been influenced by certain religious orientations and foreign cultural idioms circumcise women as a mark of femininity, most Ghanaian ethnic societies deem the practice unwholesome and hazardous. A mature adult female can voluntarily undergo circumcision, but it is a punishable offense under Ghana's law to subject infant, adolescent, and pubescent girls to it. Women's rights advocacy also inspired the passing of Article 22 of the Fourth Republic Constitution, which entitles a spouse, of either gender, a reasonable proportion of an estate in the presence or absence of a will. It also permits both spouses, upon divorcing, to have equal share of property acquired during the marriage.

The ideal beautiful woman in Ghanaian culture is a combination of strength, dignity, intelligence, and good looks and the central role she plays in the survival of her family. Her physique should consist of a blend of unblemished skin, preferably dark and shiny; woolly supple hair, long or short, braided or plaited; unblemished teeth; and strong legs and back, which are deemed necessary for carrying children. A furtive glance, pleasant smile, low voice, and the ability to cook and dance signify beauty. Her bosom, calves, cheeks, and buttocks must be well rounded. However, Western concepts of beauty and grooming styles have influenced many Ghanaian women to the extent that some desire aspects of the Caucasian woman's phenotype,

such as light complexion and straight hair. It has become a common fashion for many Ghanaian women to buy and use imported dangerous chemicals to bleach their skin, euphemistically calling it “skin toning”; straighten their kinky hair; or wear imported expensive hair pieces and weave-on wigs, popularly called “Brazilian hair.” Many also prefer wearing Western-style clothes, which they deem fashionable and markers of cultural enlightenment. Still, some women maintain the indigenous standards of beauty and prefer indigenous dress styles and adornments.

Conclusion

Women of Ghana, in different locales and classes, have suffered some inequities based on their gender. Androcentric biases have restricted their full participation in national development processes. However, they have not relented in their struggle to acquire first-class citizenship for themselves and future women. Separately or in coalitions with men, women have been seeking ways to respond and change situations of gender inequity. As we reflect on the history of Ghanaian women’s struggle and significant contributions to society, we have to remember that the need to find effective ways to secure women’s right is as imperative as ever. The solution to gender inequity will not come easy; yet, opposition and risk should not deter women. The human drive to resist oppression, the passion for individual achievements and organization building, and the commitment to protect Ghanaian familial viability must continue in the psyche and actions of Ghanaian females.

DE-VALERA N. Y. M. BOTCHWAY AND
AWO ABENA AMOA SARPONG

Further Resources

Addai, Isaac. 2011. “An Empirical Analysis of Gender Earnings Gap in the Ghanaian Informal Sector Using the 1998/1999 Ghana Living Standards Survey.” Maxwell Scientific Organization. Retrieved from <http://maxwellsci.com/print/crjss/v3-347-352.pdf>.

Aidoo, A. A. 1985. “Women in the History and Culture of Ghana.” *Research Review* NS 1.1: 14–15.

Amu, Judith Nora. 2006. “The Role of Women in Ghana’s Economy. Friedrich Ebert Stiftung.” Retrieved from <http://library.fes.de/pdf-files/bueros/ghana/02990.pdf>.

Aniteye, Patience, and Susannah H. Mayhew. 2013. “Shaping Legal Abortion Provision in Ghana: Using Policy Theory to Understand Provider-Related Obstacles to Policy Implementation.” *Health Research Policy and Systems* 11: 23. doi:10.1186/1478-4505-11-23.

Annicchiarico, Francesca. 2013. “Miseducation and Stigma in Ghana.” *Harvard Political Review*, December 5. Retrieved

from <http://harvardpolitics.com/world/fighting-miseducation-stigma>.

Boahen, Adu. 1966. *Topics in West African History*. London: Longman.

Daily Graphic. 1982. “December 31 Movement Launched.”

Forster, Phyllis, and Offei-Ansah, Christiana. 2012. “Family Roles and Coping Strategies of Female Students in Ghanaian Public Universities.” *International Journal of Academic Research in Business and Social Sciences* 2.5: 1245–1254.

Ghana Embassy. 2014. “Population.” Ghana Embassy, Washington D.C. Retrieved from <http://www.ghanaembassy.org/index.php?page=population>.

Ghana News Agency. 2015. “Ghana’s HIV/AIDS Prevalence Rates Decline.” May 16. Retrieved from <http://www.ghananewsagency.org/health/ghana-s-hiv-aids-prevalence-rate-declines--89493>.

GhHeadlines. 2014. “More Register Marriages in 3 Years.” January 3. Retrieved from <http://www.ghheadlines.com/agency/daily-graphic/20140103/571648/more-register-marriages-in-3-years>.

GHS (Ghana Health Services). 2014. “Annual Report.” Retrieved from http://www.ghanahealthservice.org/downloads/Ghana_Health_Service_2014_Annual_Report.pdf.

GSS (Ghana Statistical Service). 2013. “2010 Population and Housing Census, National Analytical Report.” Accra: Ghana Statistical Service.

Mahoney, Richard, D. 1983. “JFK: Ordeal in Africa.” New York and Oxford: Oxford University Press.

Mbiti, John S. 1969. *African Religions and Philosophy*. London: Heinemann.

Ministry of Education, Republic of Ghana. 2013. *Education Sector Performance Report*. Retrieved from <http://www.moe.gov.gh/assets/media/docs/FinalEducationSectorReport-2013.pdf>.

Newman, C., and S. Canagarajah. 2000. *Gender Poverty, and Non-Farm Employment in Ghana and Uganda*. Policy Research Working Paper, no. 2367. Washington, D.C.: World Bank.

Nketia, Sekyi Eric. 2005. “A History of Women in Politics in Ghana.” Master of philosophy thesis, University of Cape Coast.

Republic of Ghana. 1992. “Constitution of the Republic of Ghana.” Accra. Retrieved from <https://www.ghanaweb.com/GhanaHomePage/republic/constitution.php>.

Tsikata, Dzodzi. 2009. “Affirmative Action and the Prospects for Gender Equality of Ghanaian Politics.” Abantu, Women in Broadcasting and the Friedrich-Ebert-Stiftung.

UNFP (United Nations Population Fund). 2010. “Child Marriage Profiles–Ghana. General Information.” Retrieved from <http://ghana.unfpa.org/assets/user/file/ChildMarriageProfileGH.pdf>.

Verner, Dorte. 1999. *Wage and Productivity Gaps: Evidence from Ghana*. Washington, D.C.: World Bank. Retrieved from http://www-wds.worldbank.org/external/default/WDContentServer/WDSP/IB/1999/09/21/000094946_99090205432936/Rendered/PDF/multi_page.pdf.

WHO (World Health Organization). 2015. “Ghana: WHO Statistical Profile.” January 15. Retrieved from <http://www.who.int/gho/countries/gha.pdf?ua=1>.

Iran

Overview of Country

Iran is located in Western Asia, where it borders the Gulf of Oman, the Persian Gulf, and the Caspian Sea. It shares borders with Armenia, Azerbaijan, and Turkmenistan in the north; Turkey and Iraq in the west; and Pakistan and Afghanistan in the east. Iran is 1,648,195 square kilometers, or slightly smaller than Alaska (CIA 2017). The country has very diverse terrain that includes rugged mountainous regions, deserts, and coastal plains. As of July 2016, the population of Iran was 82,801,633, with a median age of 28.8 years (CIA 2017). The capital of Iran is Tehran, which is located in the north-central part of the country.

Iran was known as Persia until 1935, and it boasts a rich history with the Persian Empire for thousands of years. It became an Islamic republic in 1979 after the ruling monarchy of Mohammad Reza Shah Pahlavi (1919–1980) was overthrown by a revolution led by the majority of the Iranian population. The country has been in political turmoil for much of its history and has had a tumultuous relationship with many Western countries, including the United States and the United Kingdom. Iran became known as the Islamic Republic of Iran after the majority of the country voted to establish an Islamic republic led by Ayatollah Ruhollah Khomeini (1902–1989). Its constitution is based on Islam; however, some would say that the government

is highly influenced by the supreme leader, Ayatollah Ali Khamenei (1939–).

Iranians are from a variety of ethnic groups, including Persians, Azeris, Kurds, Lurs, Balochs, Arabs, Turkmen, and Turkic tribes. The majority of Iranians are Shia Muslims, who comprise about 90–95 percent of the population (CIA 2017). About 5–10 percent of Iranians are Sunni Muslims, while the remaining minority are either Zoroastrian, Jewish, or Christian. Iran currently has an unemployment rate of about 10.5 percent (Rajabova 2017).

In 2015, the UN Development Programme (UNDP) ranked Iran 114th out of 155 nations based on the Gender Inequality Index (GII, 0.515).

Girls and Teens

According to the Iranian national census, there are about 11.5 million girls between the ages of 10 and 24 in Iran (Golchin 2012). Being a teenage girl in Iran is very similar to growing up as a teenager in any country with access to constant Internet, media, and international culture. For the modern youth growing up in Iran, teenage life often revolves around self-expression.

In more affluent parts of Tehran, such as North Tehran, Western trends are noticeable and often give off the vibe of New York or London hipsters (Krever 2016). Iranian teens go out with friends and enjoy themselves. Due to government bans on drinking, clubbing, and bars, activities for

teenagers include visiting the city's many history and art museums, taking photographs, and lounging in the plentiful parks that fill Tehran. Iran has had a turbulent past that has taken its toll on citizens, but the current outlook is optimistic for the younger generation. There is a sense of hope and improvement for many Iranian youths, mainly because of the recent improvements in economic aspects of the country as well as diplomatic relations with other nations. These changes are primarily due to the nuclear deal with six countries that was pushed through by the current president, Hassan Rouhani (1948–), and the minister of foreign affairs, Mohammad Javad Zarif (1960–).

Iranians are incredibly proud of their rich history, and they are invested in the evolution and betterment of the country. Many of Iran's youth perceive that there are a lot of stigmas pertaining to the image of Iran on a global scale that often illustrate the country as embroiled in chaos and war. However, nothing could be further from the truth. Much of the younger generation fails to understand where these stereotypes regarding Iran are coming from. Iranian youths are similar to teenagers from any country; they spend their days watching movies, enjoying sports, going to school, and eating at restaurants and cafes. Similar to many countries in the world, the government is often very different from the people it governs. With improvements in transportation and access to information making the world seem very small, it has become commonplace for Iranian youth to stay involved and aware of the events and cultures of the world.

Extracurricular Activities

Extracurricular activities are plentiful and vibrant for teenagers and girls in Iran. Activities include drawing, singing, debate teams, robotics, and playing soccer, basketball, tennis, volleyball, and more. Many Iranian youths are up-to-date with global trends when it comes to pop culture, and they have the latest music; movies; television shows, through satellite TV; and fashion styles at hand. As of 2012, 76.9 percent of Iranians have a mobile phone, and about 26 percent of them are Internet users (UNICEF 2013).

Literacy

The literacy rate for females aged 15 to 24 in Iran was at 98.5 percent between 2008 and 2012 (UNICEF 2013). This high rate is often attributed to the fact that school is mandatory for all children in Iran until the secondary level.

Sex Education

Iran currently lacks any sort of comprehensive or accurate sexual health education program that is able to adequately relay the consequences of premarital sex and risky sexual behaviors to adolescents (Karamouzian 2014, 149–150). Thus, the majority of sexual health information for teenagers is mostly gained through conversations with family and other peers.

Education

The education system in Iran is split into primary education and high school education. All children attend primary school from ages 6 to 12, which is compulsory. After completing primary school, children then attend high school from ages 12 to 18. Students attend separate gender-based schools for their primary and secondary education, often until they attend university. In Iran, public schools are free, and private schools typically have very high tuition, which creates a hierarchical system for those who are able to access higher standards of education.

The school system in Iran is very competitive; the educational system is filled with exams that determine a student's ability to succeed and move forward to higher education. There is an important national exam at the end of primary school as well as a university entrance exam, the *Konkur*, that is purely merit-based. Often, the entirety of a student's education is based on preparing him or her to do well on the *Konkur*. On the national exams, subjects such as mathematics, science, Persian literature, social sciences, and theology are included. Other important school subjects that are part of the school curriculum include art, sports, work and technology, thinking and research, and study of the Koran, the holy book of Islam.

Primary School

Primary school in Iran is called *Dabestan*, which includes grades one to five. At the end of fifth grade, students take a national exam that must be passed to continue to the next level. In larger cities such as Tehran, many children have access to many resources in their schools. Girls can play sports, such as swimming, volleyball, and basketball, and participate in art classes. There are often competitions between schools in various activities, and students regularly take school trips to museums, cinemas, and theme parks.

Between 2008 and 2012, primary school participation attendance was at 96.9 percent for females, which was actually higher than male attendance. However, there is agreement that to improve universal school enrollment in Iran, there are specific disparities between provinces within the country that need to be addressed. Provinces such as Sistan-Baluchistan have net enrollment rates of 71.5 percent of girls, compared to the national average of 97.2 percent. In the small rural and remote communities outside of Tehran, special provisions were made by government authorities to have coeducational and multigrade primary schools to improve student attendance. Unfortunately, these exceptions are only available for the primary levels, which still allows the already low rate of secondary school attendance to stay down (UNICEF 2013).

In addition, other barriers for girls to education also include traditions in rural regions, such as early marriage. These poorer provinces are also plagued with harsh environments that lead to a significant lack of experienced teachers, particularly female ones (UNICEF 2013). In fact, the shortage of teachers is so prominent that men who are assigned to military duties in these areas are often enlisted to work as emergency teachers during their military service.

Secondary School

Secondary school is called *Dabirestan*. Starting in the 7th grade, English is taught as a second language in all schools and is a mandatory subject until matriculation. In their second to last year, or the 11th year of school, students are required to pick from one of two tracts: an academic general tract or a technical and vocational tract. If a student elects to go the academic route, they often follow up with a college preparatory year for students in grade 12 known as *Pish-daneshgahi*. *Pish-daneshgahi* includes intensive studying and preparation for the national university entrance exam, the *Konkur*. The *Konkur* is known for being incredibly difficult, and it determines a student's chance to enter a public or private university, with public universities being more competitive.

Among secondary participation for females, enrollment levels begin to drop heavily and are at 79.8 percent, which is a little lower than the male enrollment ratio of 82.4 percent (UNICEF 2013). Efforts must be made to ensure that children are able to complete their primary school education, especially as completion rates for girls only decline with their increase in age. Only 52 percent of 14- to 16-year-old girls completed the primary program due to

myriad factors, such as low quality schooling, lack of experienced teachers, negative attitudes toward girls' education, and an uneven ratio of female teachers (UNICEF 2013).

Because of a lack of readily accessible schools in more rural regions of Iran, many children are required to travel long distances to attend school. Several years of droughts have left the majority of rivers in Sistan-Baluchistan dry and empty. The community in these regions lives off the land, and without rain their means of existence, such as goat herds and crops of wheat and grains, have perished. Employment is especially scarce, and the majority of work is often unregulated, harsh, and low-paying manual labor. These provinces have the worst indicators for life expectancy, adult literacy, primary school enrollment, access to improved water, and infant and child mortality in Iran (UNICEF 2103). Due to these circumstances, all family members are expected to do as much as they can to support the family by bringing home an income and alleviating other responsibilities, such as child care and household chores. Girls are often expected to do household chores and take care of younger siblings, while boys run errands and do odd jobs to earn money. As a result of these circumstances, many communities view education as a luxury.

Via a partnership between Iran's Ministry of Education and UNICEF, dozens of female assistant teachers were recruited from communities and trained to teach in various subjects, such as hygiene, mathematics, science, literacy, life-skills education, and storytelling. Teachers were also trained to facilitate peer education, activity-based teaching, and multigrade classes. Initiatives such as weekly after-school classes were offered in villages and have proven to be incredibly effective.

Postsecondary School

At the higher education level, Iran has private, public, and state-affiliated universities. As of 2015, there were over 100 public and 200 private postsecondary institutions in Iran (Academic Exchange 2015). If a student is accepted to a public university, which is often very competitive, tuition is free. Students may also be able to attend a private institution, if they can pay the fees.

Today, Iran is considered very progressive in terms of postsecondary education, as seen by the fact that more than 65 percent of students entering classes at universities are women (Weiss 2012). In fact, some members of parliament have been pushing legislation to create affirmative action programs for men. Unfortunately, education has not

always led to employment for women, as they only comprise about 20 percent of the working population (Academic Exchange 2015). Iran has incredibly high rates of unemployment, particularly among the younger generation. In particular, rates of unemployment for women who have finished university are greater than for male university graduates. However, the number of female university students has almost increased twofold, from 1,231,035 in 2005 to 2,106,639 in 2012 (Academic Exchange 2015).

Health

The health care system in Iran has undergone several reforms in the past 30 years. The most important reform was the establishment of the National Health Network in 1983, with the goal of reducing health inequities and expanding coverage and access to health care in impoverished areas. Other reforms include the Family Physician Program, the integration of health services and medical education, the hospital autonomy policy, and the Health Sector Evolution Plan, all of which have had various benefits and disadvantages. Currently, Iran offers universal health care to all citizens, though it is not equitably distributed.

Similar to many other countries, there are traditional differences that exist between men and women in Iran and how they benefit from facilities. There have been many changes in regard to social, economic, and population aspects in Iran, and many of them are promising, as witnessed by the growth of the Human Development Index (HDI) from 0.443 in 1980 to 0.742 in 2012 (Joulai 2016).

The average life expectancy for Iranian women has substantially increased from 44.15 years in 1960 to 75.75 years in 2012 (Joulai 2016). Iranian women have a higher life expectancy than men; however, there is a disparity among these statistics, especially when comparing rural and impoverished provinces in Iran. Life expectancy is about 67.3 years in provinces such as Sistan-Baluchestan, while it is 75.8 years in Tehran Province, an astonishing 12.6 percent difference (Joulai 2016).

Access to Reproductive Health Care

Contraception is not difficult to obtain in Iran. If a woman wants to access birth control, it is easily accessible. Before the revolution in 1979, contraception was free; however, in conjunction with the country's current health care laws, there is a small fee associated with getting access to birth control or contraception (Wolpow 2015). In fact, Iran had

one of the most successful birth control programs in the world. At one point, the birth rate of children per woman was 2.2; however, under Mahmoud Ahmadinejad's (1956–) administration, funds for the birth control program were significantly cut (Wolpow 2015). Overall contraceptive prevalence was at 77.4 percent between 2008 and 2012 (UNICEF 2013).

In 2005, the Iranian parliament voted to significantly liberalize the country's abortion laws. Currently, a pregnancy can be terminated in the first four months if the fetus is mentally or physically handicapped or if the mother's life is in danger, but there are stipulations to this law. Parents are required to give consent, and three doctors are needed to confirm the state of the fetus.

Abortion is considered undesirable in current Iranian society and is often seen as a last resort due to the abundance of contraceptive resources for Iranian women. However, there is a growing concern that Iran needs more sex education to reduce unplanned pregnancies, as thousands of women utilize expensive and often dangerous unregulated abortions (Harrison 2005).

Childbirth and Maternal Health

Maternal mortality per 100,000 live births in Iran has been declining. This is illustrated by the reduction of maternal mortality rate (MMR) from 83 to 23 per 1,000 live births between 1990 and 2013 (Joulai 2016). Unfortunately, this decrease is not evenly distributed across the country, as there are many differences among various provinces in access to care, with a concentration of unfavorable conditions in the border provinces.

Studies have shown that approximately 90 percent of the MMR is due to defective emergency midwifery services, specifically poor service quality and lack of facilities. All criteria associated with mother's health have seen improvements, except for the rate of cesarean delivery. Approximately 45.6 percent of births in Iran are via cesarean delivery (Joulai 2016).

Female Circumcision

Some studies have indicated that female circumcision or genital mutilation (FGM) is performed at a rate of more than 60 percent among some ethnic groups in Iran (Joulai 2016). Iran's southern province of Hormozgan has the highest incidence of FGM in the country. Research shows that FGM is primarily a practice of the Sunni Muslims in Iran, and only a small fraction of the Shia population

practice FGM (Dehghan 2015). The reasoning behind FGM is often attributed to tradition, cleanliness, religious recommendations, and control of sexual desire. However, less than 3 percent of respondents named religion as their reason for practicing FGM, which has been found to be inversely related to level of education (Joulaei 2016).

Gender, Power, and the Sexual Dynamics of HIV/AIDS

HIV/AIDS has been skyrocketing in Iran. The number of people living with HIV has increased from 43,000 in 2006 to 110,000 in 2016. The prevalence of HIV/AIDS in Iran, which has increased 546 percent over the span of eight years, is an alarming and significant health problem among females (Joulaei 2016).

According to the United Nations, Iran has the highest percentage of drug addicts in the world, with 3–4 million people addicted to heroin or crystal meth. About 700,000 of these addicts are women, and this number doubled over the years 2012–2013 (Gaita 2014). Additionally, Iran has the highest per capita consumption of opiates in the world. About 60 percent of imprisoned injection drug users (IDUs) in Iran are infected with HIV, and 62 percent of AIDS cases occur among IDUs (Dolan et al. 2007). According to some studies, about 10 percent of users are women (Gaita 2014). Thus, substance abuse is a severe public health issue in Iran, and with the median age of the population less than 29 years old, there is much information to be learned about

various aspects that help propagate this issue. However, there is a lack of services for women on a large scale.

As of 2014, there were 29 women-only drug treatment centers. Between 2007 and 2014, there were about 6,000 women voluntarily admitted to these centers (Alam-Mehrjerdi 2016). Treatment options included counseling, syringes, and condoms to help reduce high rates of HIV. Unfortunately, most Iranian drug initiatives cater to male users. With the adoption of Western policies in 2000, Iran has seen the implementation of Triangular clinics, needle syringe programs, national addiction phone lines, and more internationally approved drug treatment programs (Alam-Mehrjerdi 2016).

Pop culture and media have even been utilized as educational tools for the public. There are Iranian television shows that talk about drug issues, and, recently, soap operas have adopted public health education. Soap operas have a huge following in Iran. This past year, one called *Parya* was developed. The premise is that a beautiful young woman is engaged; however, her fiancé goes to a party and is injected with a dirty needle, thus contracting HIV. In an attempt to educate the Iranian public about HIV, the show explores aspects of HIV, such as health, various medications, and how HIV is contracted, and it actively combats the prevalent stigma that associate HIV with substance abuse and blaming of the victim.

Diseases and Disorders

Women shared 32.7 percent of the burden of all noncommunicable diseases in 2011, which is an increase from past years. The most prominent diseases among Iranian women are cardiac ischemia, depressive disorders, and osteoarthritis. Cardiac ischemia was responsible for 24.69 percent of deaths in 2011. High blood pressure was present in 16.12 percent of Iranian women, which was slightly more than men. About 25 percent of elderly Iranian women suffer from heart disease. The rate of osteoporosis in females is also more than triple that of males. Hyperglycemia is also significantly higher among elderly women, about 63.6 percent versus 42.6 percent of elderly men. Overall, studies find that physical and psychological problems are higher among Iranian women than men (Joulaei 2016).

Studies have also indicated that mental health conditions are more prevalent for men than women in Iran. Depression was ranked first among diseases in Iran in 2011. Prevalent diseases among women include anxiety and mood disorders. Suicide rates have also been climbing in Iran,

Dreams before Extinction

Iranian artist Naeemeh Naeemaei uses her paintings to warn about the possible extinction of animals in her region of the world. Her first solo exhibit, *Dreams before Extinction*, is a series of 12 paintings that use depictions of endangered species, humans, and symbols to create an emotional and imaginative appeal for viewers to respond to the crises of environmental degradation. The pictures highlight the plights of the Siberian crane, imperial eagle, Caspian red deer, hawksbill turtle, Persian sturgeon, Caspian tiger, Persian cheetah, horseshoe bat, and Lorestan mountain newt. Overhunting, overfishing, overpopulation, and pollution have led these species to the brink of extinction. Naeemaei has become a leading voice in advocating for environmental consciousness and conservation.

and within the past few years, there is a higher frequency of suicide attempts among Iranian women. The main reason behind this increase in suicide is due to violence and family disputes, particularly with married women. In Ilam Province, the suicide rate among Iranian women is 18.7 times the total number of suicides. This staggering statistic outlines the many differences within Iran, particularly from a regional perspective (Joulaei 2016).

Employment

Iran has one of the lowest economic participations of women in the world. Only 3.5 million Iranian women are salaried workers, while 23.5 million men are salaried (*Financial Tribune* 2016). However, when they do work, women typically have good working conditions and are paid well.

Typical Jobs and Careers

Due to Iran's booming cosmetics market, the seventh largest in the world, beauty salon jobs have become one of the most lucrative professions for Iranian women. An array of positions are available, ranging from being a makeup artist and esthetician to a professional stylist, which can be available for women with or without a professional degree. A beautician's minimum salary of 30 million rials per month (USD\$860) is significantly more than the average salary of a university-educated office worker, about 8 million rials a month (USD\$230). Business experts claim that the monthly income of a beautician could even reach USD\$3,500 a month if she were able to finance a salon and recruit other specialists (*Financial Tribune* 2016).

More than 90 percent of nurse practitioners and less than 50 percent of general physicians are women in Iran, with a total of over 140,000 general and specialized physicians in the country, according to the National Medical Council. The average specialist makes about 150 million rials a month (USD\$4,300), while nurses make significantly less at around 25 million rials a month (USD\$715). There is also a need for female lawyers in Iran, particularly to represent matters such as women's divorce, cases of inheritance, disputes over property ownership, and more. The minimum annual income for a lawyer starts at 800 million rials, or the equivalent of USD\$23,000. Approximately 24 percent of bank employees are women, and this profession is competitive due to the job security, stable pay, and added benefits that come with the position, such as access to loans (*Financial Tribune* 2016).

Overall, 33 percent of Iran's female labor force are in professional jobs that are concentrated in education, health care, and social services. According to the education ministry, of the 1.1 million teachers employed in Iran, approximately 532,000 of them are women. However, even though more than half of all teachers in Iran are women, only 20 percent of university teaching staff is female. As of 2015, the minimum wage for teachers was about USD\$400 a month (*Financial Tribune* 2016).

Discrimination and Income Disparity

Female heads of household constitute about 5.2 million, or about 12 percent, of Iranian households. Economically, female heads are more vulnerable than their male counterparts. About 43 percent of women heads of household belong to the two lowest income deciles, while male heads of household make up only about 16 percent. In the Sistan-Baluchistan Province, women constitute about 64 percent of breadwinners. Additionally, 9.7 percent of female heads of household suffer from disability and psychosomatic disorders, and 30 percent are unable to work due to poor health status. Gender-related poverty is more pronounced among female-headed households, at 51 percent, than male ones, which are at approximately 41 percent (Joulaei 2016).

Maternal Leave

Iran has one of the most substantial paid benefits policies globally for new mothers. Iran's maternal leave policies have placed it in a league with many European countries. A study in 2009 found that after six months of paid maternity leave, working Iranian mothers may reduce their work by one hour per day to promote breastfeeding for children. Iran has consistently shown a favorable attitude toward breastfeeding rates and the overall promotion of breastfeeding. In addition, the Iranian parliament, the *Majlis*, passed a family planning bill that increased paid maternity leave for mothers for up to nine months and created an obligatory two-week period of paid leave for fathers. However, this bill also eliminated many beneficial birth control programs.

Family Life

Family is a critical component of Iranian culture. Women particularly play a central role in family dynamics. Family members rely on each other for emotional, physical, and

material support on a constant basis. It is also expected that younger family members take care of their elders by providing them a comfortable life in their old age. Mothers are especially revered and respected in Iranian families, but they also carry the burden of family responsibilities.

Fertility and Family

As mentioned before, Iran used to have a very effective and accessible birth control program, but under the more conservative Ahmadinejad administration, these funds were stopped. However, the average family size in Iran has been heavily reduced since the 1980s, from about seven births per woman to fewer than two per woman (Weiss 2012). The typical notions regarding the average number of children per family have changed due to rising levels of education among women and men as well as resources for family planning.

The main reason behind this fertility drop is the Islamic government. In the late 1980s, Ayatollah Ruhollah Khomeini, Iran's supreme leader, issued *fatwas* making birth control accessible and acceptable for all Muslims, even conservatives. Prior to this *fatwa*, Khomeini had pushed a baby boom to replenish the large population losses sustained during the Iran-Iraq War. However, after the war, he believed that the economy could no longer support a rapidly growing population. With these *fatwas*, contraceptives were available at no cost at government clinics, rural health centers, and more. Health workers encouraged contraception to reduce maternal and child mortality, and couples who intended to marry were required to participate in family planning counseling. Thus, the birth rate plunged, and parents were able to invest more in their children's educations, even in rural regions of Iran.

Slowly, as a result of decreased birth rates, women's societal roles altered as well, with educational opportunities increasing for girls due to the resegregation of schools, which encouraged even very conservative families to send their girls to school. As the women gained educational access, their consequent influence within families grew, thus fostering the empowerment of Iranian women.

Past president Mahmoud Ahmadinejad aimed to increase the birth rate, and subsequently the population, to ideally make Iran a powerful and intimidating country. He denounced the contraceptive program as a "prescription for extinction." However, he has been duly ignored, as many would point out, and the current trend in Iran

remains to have one to two children for most families (Weiss 2012). Additionally, living in large cities such as Tehran has proven to be incredibly expensive; many families are unable to be financially sustainable, thus contributing to lower birth rates in recent years.

Marriage and Divorce

Weddings in Iran are renowned for their extravagance. Families spend thousands of dollars to celebrate a union with hundreds of family members. Recently, however, couples are being forced to pay for something almost equally as expensive, divorce. Recently, divorce parties have become a trend in Iran, and they are very common thanks to the 20 percent divorce rate. The parties have become infamous for their sarcastic invitations and humorous cakes. In the first two months of the Iranian calendar in 2014, more than 21,000 divorces were recorded. (Dehghanpisheh 2014).

Government officials are incredibly upset by the divorce trend and believe it is an affront to the values of the Islamic republic. In fact, the parliament's social affairs committee even proposed to dedicate USD\$1.1 billion of the Iranian budget to marriage facilitation (Dehghanpisheh 2014). The rise in divorce is attributed to myriad reasons, including economic problems, adultery, drug addiction, and physical abuse. Another main component is Iranians' shift toward individualism. Typically a very collectivistic culture, Iranians, especially women, have begun embracing individuality, particularly as rates of education and financial empowerment have risen. Before, when women were unhappy in their marriages, they were still dependent on their partners and remained married; however, with financial independence surging, marriage is no longer as binding.

Marriage laws in Iran typically favor the husband, as they are afforded the right to ask for a divorce, but recently, most divorce cases being brought to court are part of a mutual understanding between spouses (Dehghanpisheh 2014). If the husband is unwilling to divorce his wife, the woman is responsible for proving that the husband is either abusive, has psychological problems, or is unable to uphold his marriage responsibilities. However, women are also able to pursue the payment of their *mehrieh*, or dowry, which the husband is required to pay during the marriage. *Mehriehs* typically range in the thousands of dollars in the form of gold coins, and if the husband is unable to pay the dowry, he can be sent to jail.

Due to the skyrocketing rates of divorce, family and divorce law practices have boomed (Dehghanpisheh 2014). And with higher educational attainment for women, their priorities are changing. Marriage is shifting from being a primary priority, and with this change in society that is seen through all social classes, the overall power of women in marriage is increasing.

Sports and Recreation

President Hassan Rouhani is striving to deliver on his pledges to relax social restrictions imposed on Iranian women by previous governments. Currently, Iranian women are restricted from attending various sporting events, such as national volleyball and soccer matches, as a result of strict gender regulation policies throughout the country. Similar to previous attempts to limit gender segregation, these efforts have been met with much resistance and criticism from conservative parties, who paint these policies as Western tendencies (Tehran Bureau 2015).

Not only are Iranian women subjected to discrimination within the country, they are also prevented from pursuing their passion of sports outside of it. In 2011, the Iranian National Women's soccer team was prevented from participating in the 2012 Olympics after they were disqualified right before a critical qualifying match because the women wore hijabs. Officials decided just before kickoff that the headscarves being worn by the Iranian players were a violation of FIFA's dress code.

Sports such as tennis, judo, karate, taekwondo, shooting, mountain climbing, and rowing are very popular among

Iranian women, particularly as they are easy to coordinate with the country's veiling policies. Women's competitions are held on a national level, with leagues for soccer, basketball, volleyball, squash, kabaddi, martial arts, race car driving, hip-hop dance, and nearly 200 other sports (Tehran Bureau 2015). Attention to women's sports started when former president Akbar Hashemi Rafsanjani (1934–2017) appointed his daughter, Faezeh Hashemi (1962–), as the head of the Women's Sports Organization and the deputy chair of Iran's Olympics Committee. With Hashemi's leadership, several sports facilities opened, primarily for women, and the first games for women of Islamic countries were hosted in Iran, generating much interest in women's competitive sports on a national scale.

Politics

Women who become involved in politics are young and educated, such as Zahra Saeidi, a 29-year-old industrial engineer who campaigned and won against 10 male candidates in the province of Esfahan (Regencia 2016). Many feminist activists are thrilled at the new engagement of young reformist women in parliament, saying that change and opportunity are inevitable. However, most of the current female members of parliament are aligned with very conservative views of Iranian politics. Current laws that need to be advanced for the improvement of women's rights include the improvement of social conditions of female workers, better working hours for women, child custody, and free movement of women without male chaperones (Regencia 2016). Women are critical to Iran's development

Women's Voices

Shirin Ebadi

Shirin Ebadi is an Iranian lawyer, human rights activist, and founder of the Defenders of Human Rights Center in Iran. She was the first female judge in Iran and served until the Khomeini revolution in 1979. She has been persecuted and imprisoned for her criticism of the Iranian government. In 2003, Ebadi received the Nobel Peace Prize—the first, and so far only, Iranian to do so—“for her efforts for democracy and human rights. She has focused especially on the struggle for the rights of women and children” (Nobelprize.org 2014). Since 2009, Ebadi has resided in exile in the United Kingdom. She is the author of three books, including *Iran Awakening: One Woman's Journey to Reclaim Her Life and Country* (2007) and *Refugee Rights in Iran* (2008).

—Haley Cawthon

Nobelprize.org. 2014. “Shirin Ebadi—Facts.” Retrieved from http://www.nobelprize.org/nobel_prizes/peace/laureates/2003/ebadi-facts.html.

and involvement, as seen with women being credited for Rouhani's victory in the 2013 presidential election.

LGBT

In Iran, LGBT rights are nonexistent. Currently, lesbian, gay, bisexual, and transgender individuals suffer from human rights violations and are denied the basic freedom to be themselves. The Iranian government and judiciary system as well as schools, communities, and families enact this oppression. In a population of more than 80 million people, the estimated LGBT population is estimated in the millions (Haerinejad 2015). However, because of pressures and restrictions, this community is invisible and forced to prescribe to societal gender norms.

LGBT Iranians live within a very rigid societal structure that is dictated by religious and legal values implemented by the government. Every society imposes cultural norms and values; however, due to Iran's religious theocracy, these ideologies are developed based on interpretations of traditional Shia jurisprudence, preventing progressive voices from contributing to these very specific interpretations of LGBT roles in society. Iranian LGBT community members are perceived as being those who should be ostracized and removed from mainstream religious values. Efforts must be made to shift religion-based views of Muslim jurists toward inclusivity and acceptance of the LGBT community.

In Iranian culture, femininity is a preferable trait for women, as is the maintenance of gender roles. Societal acceptance heavily relies on gender roles, and most gay people in the country are forced to hide their sexuality. There is a large lack of understanding regarding sexuality and the LGBTQIA+ spectrum in Iran. Due to the stigma surrounding gay people, perceptions are often misguided and incorrect. The lack of dialogue in Iranian communities is also a challenge; thus, online correspondence among gay Iranians has skyrocketed and become an oasis for those struggling to live in a culture that does not accept them (Saul 2017). Platforms such as Yahoo chat, Instagram, and chat rooms have become critical to many Iranian youths. Finding a relationship is difficult, so youth are finding new ways to express themselves and connect, especially on dating Web sites. Iranian girls who identify as gay will use rainbows and blue hearts on Instagram to indicate their sexuality (Saul 2017).

Unfortunately, queer Iranian women feel these societal effects more harshly than men, as they often have to

deal with cultural expectations, such as seeking financial stability through marriage. Financial autonomy, societal perceptions, and the oppressive political system in Iran toward LGBT communities are substantial barriers (Saul 2017).

The concept of queer Iranian cinema may sound impossible, but it does exist. The film *Facing Mirrors* was the first movie to feature a female-to-male transgender protagonist that was written, produced, and screened in Iran (Houshyar 2013). The plot is based on the story of a friendship between Adineh, or Eddy, a pre-op trans man in Tehran who is seeking to escape his homophobic father, and Rana, a modest working-class religious woman. This film has won numerous awards and nominations in more than 60 different LGBTQ film festivals globally and has additionally received positive reviews from film critics and audiences within Iran (Houshyar 2013).

Trans people seeking transition are legally accepted in Iran. Ayatollah Khomeini issued a *fatwa* in 1978 that created a foundation for the current government's policies regarding trans issues. In present-day Iran, not only does the government recognize people in the trans community, it also financially supports them via mandating that insurance companies cover the full cost of sex reassignment surgeries as well as hormone treatment (Houshyar 2013).

Participation in Government

In 2016, 14 female candidates, all reformists, won parliamentary seats across Iran. With additional possible candidates, Iran may have its largest female delegation in parliament with 21 members (Regencia 2016). Even though women only represent a small percentage of the 290 members of parliament, many argue that these women, as well as the increasing number of reformists, are giving a voice to the female population of Iran.

Unfortunately, only 586 of the 6,229 parliament candidates in 2015, or 9.4 percent, were women, while 49 percent of Iran's population is female (Regencia 2016). Also, all female candidates nominated for the Assembly of Experts election, a council of 88 members that is tasked with choosing the nation's supreme leader, are disqualified. However, in his first two years of office, President Hassan Rouhani appointed four women as vice presidents and three as governors, though he failed to name a woman to his cabinet (Esfandiari 2015).

Feminist Movements, Organizations, and Grassroots Movements

There have been various feminist movements that have emerged to combat discriminatory laws, including the One Million Signatures movement. The status of feminism in Iran is noted to vary on the political spectrum and is often dependent on what political group holds the majority. For instance, if a more conservative president is in power, then women's rights becomes a less important issue. However, with a centrist or reformist president such as Rouhani, women's rights are currently an important component of his agenda and have become significantly more important in political dialogue than in past years.

Suffrage and Rights

Women in Iran have struggled to regain many lost rights after the 1979 revolution. During the Pahlavi era (1925–1979), women in Iran were afforded free education, and in 1963, they gained the right to vote and run for positions in parliament. Other rights included the right to petition for divorce, a minimum marriage age of 18, and gains in child custody. As of 1978, more than 2 million Iranian women were in the workforce, and 33 percent of university students were female (Esfandiari 2015).

However, many of these rights were rolled back after the 1979 election, and women were slowly shifted into traditional female careers such as teaching and nursing. Mandatory Islamic dress was implemented, and most women in decision-making positions of power were either dismissed, forced into early retirement, or demoted. Unfortunately, it was almost 10 years before a woman was named a deputy minister and more than 30 before a female minister was named within the Islamic republic (Esfandiari 2015). Women have also fruitlessly tried to run for president, but all of them were disqualified for various reasons. However, during the Iran-Iraq War, which lasted almost 8 years, women were encouraged to work as nurses, doctors, and aids for soldiers on the war front, and many of them became breadwinners for their families.

Starting in 1989, then president Akbar Hashemi Rafsanjani was known as a pragmatist on women's rights. He eased social constraints on women, which led to soaring rates of girls and women in schools and universities. Rafsanjani also encouraged family planning programs. Following Rafsanjani, President Mohammad Khatami was

even more of a proponent of women's rights. He appointed multiple women to prominent positions in his cabinet, which paved the way for many women to hold powerful jobs and careers (Esfandiari 2015). There was also a huge increase in nongovernmental organizations (NGOs), which enriched civil society. Many of these NGOs focused on women's issues.

President Mahmoud Ahmadinejad's administration is known for closing *Zanan*, Iran's leading feminist magazine, and for having a record low number of women involved in government. Ahmadinejad was also a proponent of police crackdowns on female dress code violations and an increase in birth rate, which he accomplished by cutting the excellent national birth control program in 2012. He found much opposition in women who rallied together against him during the 2009 presidential campaign (Esfandiari 2015).

Religious and Cultural Roles

After the 1979 revolution, Iran's government was framed on Islamic law. How strictly the law is enforced, however, depends on various factors. There are a lot of variances, particularly regarding dress code laws for women, that are often dependent on the political factions in power and where an individual lives.

Women's Roles

The role of women has shifted significantly in a society of more than 80 million people. Approximately more than 3 million educated Iranian women over the age of 30 are unmarried (Bengali 2016). This shift is attributed to increases in divorce and rates of attendance at universities that have led to independence in careers and incomes. In Iranian law, men are assumed to be the guardians of women, and this generational shift is huge for a theocracy that has typically supported motherhood as a woman's main purpose in life. Religious clerics are constantly promoting marriage as a part of their narrative.

Many believe that higher education is the main catalyst for this transition. When women have access to higher education, they gain higher standards. Marriage is still a powerful social norm in Iran, and laws perpetrate the higher status of men over women; however, attitudes toward the status and roles of women are slowly changing, and economic independence among women is becoming accepted.

Religious Laws

As an Islamic republic, there are rules and regulations that dictate many aspects of women's lives. As seen with many religions, texts and beliefs can be interpreted and enforced at various levels. Iran's Constitution, which was adopted in 1979, still favors men, but with high education rates for women and more visibility in important roles, there is optimism for improvement in women's rights.

The constitution adheres to sharia law, or Islamic moral code, that is based on the Koran. The constitution states, "All civil, penal, financial, economic, administrative, cultural, military, political, and other laws and regulations must be based on Islamic criteria" (Celizic 2007). There are still some abusive and archaic punishments reserved for certain offenses of the law, such as death by stoning or public lashings; however, it is important to remember that these laws are not indicative of a religion but rather the interpretations of the people who follow it.

Marriage laws in Iran are treated like contracts, which create rights between the contracting parties. For the contracts to be valid, they require an offer and acceptance to marry and must include a provision for the *mehrieh*. The law specific to marriage and divorce states that "husband and wife are bound to establish friendly relations," and they "must cooperate with each other for the welfare of their family and the education of their children" (Sawma 2014). However, Article 1105 of the Constitution states that "the position of the head of the family is the exclusive right of the husband" (Sawma 2014).

Iranian women are required to dress modestly and wear a *hijab*, or headscarf. There are many different interpretations within Islam regarding the importance of the hijab, and throughout Western media it has often become a symbol of oppression. There are many women in Iran who would rather not wear a hijab in public, but there are also many who do and who wear it passionately. This is often seen by the various types of hijab in the streets of the city. Sometimes they are worn as a loose shawl where most hair is seen, or sometimes they are a black *chador*, which covers the entire body except for the hands and face.

Iranian women, however, hold rights in many everyday aspects of life. Women freely drive in Iran, make up the majority of university students, and hold public office. In fact, women seemingly hold any profession they want. In Tehran, there is professional firefighting fleet composed entirely of women who wear hijabs under their helmets while responding to fire calls (Celizic 2007).

According to Massoumeh Ebtekar, the first woman to serve as a cabinet secretary in Iran, the role of women is improving (Celizic 2007). However, she believes that first Westerners need to abandon their obsession with hijab, claiming that there are more important issues to focus on in the country pertaining to the status of women's rights. Ebtekar acknowledges that there are difficulties in regard to sharia within the law, but she argues that interpretations of the law often evolve. Recently, there have been more reinterpretations of Islam in favor of women. Also, with the rising number of female parliamentarians in the country, there has been an influx of effort in passing laws more in favor of women. A recent example is a law stating that if a man unjustly divorces his wife, the wife is entitled to half of his wealth (Celizic 2007).

Issues

Domestic Violence

Violence in Iran against women varies significantly from province to province. In Mazandaran Province, 93.6 percent of pregnant women have experienced violence versus 17.5 percent of pregnant women in Khorasan Razavi Province (Joulai 2016). There is a high prevalence of violence against Iranian women, primarily in families. Studies have also indicated that increasing violence is linked to rising age in women. There is also an inverse relationship between educational attainment and the prevalence of violence (Joulai 2016). Additionally, the prevalence of violence is significantly less among working women than housewives.

Trafficking and Prostitution

Iran is a source, transit, and destination for sex trafficking. Iranian girls between the ages of 13 and 17 are targeted by traffickers for sale abroad, and younger girls are often forced into domestic service until they are old enough to be trafficked. From 2009 to 2015, a significant increase in the transport of girls from and through Iran for sexual exploitation to other Gulf States has been documented (U.S. Department of State 2016). However, specific and accurate information regarding human trafficking in Iran is nearly impossible to obtain. Often, Iranian trafficking networks transport Iranian girls via brothels in the Iraqi Kurdistan Region of western Iran. Even regional government officials of Kurdistan were listed as clientele of these brothels, according to media reports (U.S. Department of State 2016).

In areas such as Tehran, Tabriz, and Astara, the exploitation of teenage girls in sex trafficking keeps rising, and organized criminal groups often either kidnap or purchase Iranian and immigrant children and force them to work as beggars and street vendors in the city (U.S. Department of State 2016). This is a very common occurrence, especially in Tehran, where children can be purchased for as little as USD\$150 (U.S. Department of State 2016). These children, sometimes as young as the age of three, are forced via physical and sexual abuse as well as drug addiction.

According to the Iranian government, the majority of sex workers are married, and 11 percent reported that they work with the knowledge of their spouse (Vick 2016). Prostitution in Iran primarily serves as a means of income in a country that is plagued by financial instability due to sanctions as well as an incredibly high rate of opium addiction. Prostitutes in today's Iran are younger than ever and are in this position because of their desperation; they see no other means to support themselves (Vick 2016).

Beauty and Cosmetic Surgery

Iran recently became one of the top 10 countries for the number of cosmetic surgeries performed, and in 2013, it ranked fourth in the world after Brazil, Mexico, and the United States for nose jobs (*The National* 2016). The most common procedure in Iran is the nose jobs; eyebrow tattoos and liposuction are also popular.

Approximately 200,000 cosmetic surgeries occur in Iran on an annual basis, with more than 60 percent of these procedures being nose jobs. Walking through the streets of any large Iranian city, especially Tehran, it is easy to identify not only women, but men, who have just had a nose job by the bandages on their noses, flaunting the fact that they had a nose job. Having a nose job has become a means of showcasing one's position in society and the ability to afford improving one's beauty. The cost of a nose job begins at USD \$1,500, which is more than five times the minimum Iranian monthly salary of USD\$270 (*The National* 2016).

For many, cosmetic surgery has become a means of resisting and reacting to the rules of compulsory hijab wearing in Iran, as the women are forced to display their "art" on their faces. Others have also identified television as being a part of this cosmetic surgery craze. Popular television shows from countries such as Turkey are streamed into homes via banned satellite dishes and often portray

beautiful actresses that have helped various perpetuations of beauty in Iran. The channels on which these shows are broadcast to a huge chunk of the population also broadcast commercials for nose jobs, weight-loss creams, and waist trainers. There is also a significant number of travelers who fly in from other countries, such as Iraq and Azerbaijan, to have plastic surgery in Iran, as prices are relatively low compared to the rest of the world (*The National* 2016). Many clients are also Iranians who live abroad in other countries, such as the United States and European nations.

MAYSIA SHAKIBNIA-SHIRAZI

Further Resources

- Academic Exchange*. 2015. "30 Facts on the Education System of Islamic Republic of Iran." Blog, July 16. Retrieved from <https://academicexchange.wordpress.com/2015/07/17/30-facts-on-the-education-system-of-islamic-republic-of-iran>.
- Alam-Mehrjerdi, Zahra, Reza Daneshmand, Mercedeh Samiei, Roya Samadi, Mohammad Abdollahi, and Kate Dolan. 2016. "Women-Only Drug Treatment Services and Needs in Iran: The First Review of Current Literature." *DARU Journal of Pharmaceutical Sciences* 24 (February). doi:10.1186/s40199-016-0141-1.
- Bengali, Shashank. 2016. "More Women in Iran Are Forgoing Marriage. One Reason? The Men Aren't Good Enough." *Los Angeles Times*, November 11. Retrieved from <http://www.latimes.com/world/la-fg-iran-unmarried-snap-story.html>.
- Celizic, Mike. 2007. "Beyond the Veil: Lives of Women in Iran." *TODAY.com*, September 13. Retrieved from <http://www.today.com/news/beyond-veil-lives-women-iran-2D80555320>.
- CIA (Central Intelligence Agency). 2017. "Iran." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/ir.html>.
- Dehghan, Saeed Kamali. 2015. "Female Genital Mutilation Practiced in Iran, Study Reveals." *The Guardian*, June 4. Retrieved from <https://www.theguardian.com/world/2015/jun/04/female-genital-mutilation-iran-fgm>.
- Dehghanpisheh, Babak. 2014. "Rise in Divorce in Iran Linked to Shift in Status of Women." Reuters, October 22. Retrieved from <http://www.reuters.com/article/us-iran-divorce-idUSKCN0IB0GQ20141022>.
- Dolan, Kate, Ben Kite, Emma Black, Carmen Aceijas, and Gerry V. Stimson. 2007. "HIV in Prison in Low-Income and Middle-Income Countries." *The Lancet Infectious Diseases* 7.1: 32–41. doi:10.1016/S1473-3099(06)70685-5.
- Esfandiari, Haleh. 2015. "The Women's Movement: The Iran Primer." Retrieved from <http://iranprimer.usip.org/resource/womens-movement>.
- Financial Tribune*. 2016. "Top Paying Jobs for Women in Iran." November 3. Retrieved from <https://financialtribune.com/articles/people/52793/top-paying-jobs-for-women-in-iran>.
- Gaita, Paul. 2014. "Women Drug Addicts on the Rise in Iran." *The Fix*, May 16. Retrieved from <https://www.thefix.com/content/women-drug-addicts-rise-iran>.

- Golchin, Nayereh Azam Hagikhani, Zeinab Hamzehgardeshi, Moloud Fakhri, and Leila Hamzehgardeshi. 2012. "The Experience of Puberty in Iranian Adolescent Girls: A Qualitative Content Analysis." *BMC Public Health* 12 (August): 698. doi:10.1186/1471-2458-12-698.
- Haerinejad, Farid. 2015. *Lesbian, Gay, Bisexual and Transgender Rights in Iran: Analysis from Religious, Social, Legal and Cultural Perspectives*. International Gay and Lesbian Human Rights Commission. Retrieved from http://www.outrightinternational.org/sites/default/files/LGBTRightsInIran_0.pdf.
- Harrison, Frances. 2005. "Middle East: Iran Liberalizes Laws on Abortion." BBC News, April 12. Retrieved from http://news.bbc.co.uk/2/hi/middle_east/4436445.stm.
- Houshyar, Shima. 2013. "Queer and Trans Subjects in Iranian Cinema: Between Representation, Agency, and Orientalist Fantasies." *Ajam Media Collective* (blog), May 11. Retrieved from <https://ajammc.com/2013/05/11/queer-and-trans-subjects-in-iranian-cinema-between-representation-agency-and-orientalist-fantasies>.
- Joulaei, Hassan, Najmeh Maharlouei, Kamran Bagheri Lankarani, Alireza Razzaghi, and Maryam Akbari. 2016. "Narrative Review of Women's Health in Iran: Challenges and Successes." *International Journal for Equity in Health* 15: 25. doi:10.1186/s12939-016-0316-x.
- Karamouzian, Mohammad, and Mostafa Shokoohi. 2014. "Sexual and Reproductive Health Education in Iranian Schools." *Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine* 55.1: 149–50. doi:10.1016/j.jadohealth.2014.04.009.
- Krever, Mick. 2016. "Tehran's Teens Say Iran's Not What You Think It Is." CNN, February 25. Retrieved from <http://www.cnn.com/2016/02/25/middleeast/iran-election-youth-tehran/index.html>.
- The National*. 2016. "Iran Leaps into World's Top 10 Countries Performing Plastic Surgery." January 4. Retrieved from <http://www.thenational.ae/arts-life/beauty/iran-leaps-into-worlds-top-10-countries-performing-plastic-surgery>.
- Rajabova, Sara. 2015. "Iran's Rising Unemployment: Inside the Problem." *AzerNews*, January 14. Retrieved from <http://www.azernews.az/analysis/75857.html>.
- Regencia, Ted. 2016. "Iran Election: Women Make Gains in New Parliament." Al Jazeera, March 7. Retrieved from <http://www.aljazeera.com/news/2016/03/iran-election-women-parliament-160301121014801.html>.
- Saul, Heather. 2017. "What I Learnt as a Lesbian in a Country with Anti-Gay Laws." *iNews*, February 14. Retrieved from <https://inews.co.uk/essentials/news/world/i-learned-love-lesbian-country-anti-lbgt-laws/>.
- Sawma, Gabriel. 2014. "The Law of Marriage in Iran." *Iranian Divorce in USA* (blog), October 16. Retrieved from <http://iraniandivorceinusa.com/the-law-of-mariage-in-iran>.
- Tehran Bureau. 2013. "The Beauty Obsession Feeding Iran's Voracious Cosmetic Surgery Industry." *The Guardian*, March 1. Retrieved from <https://www.theguardian.com/world/iran-blog/2013/mar/01/beauty-obsession-iran-cosmetic-surgery>.
- Tehran Bureau. 2015. "Iranian Women and Sport: Every Obstacle an Opportunity." *The Guardian*, April 20. Retrieved from <https://www.theguardian.com/world/iran-blog/2015/apr/19/iran-women-sports-stadium-competitive-obstacles#img-1>.
- UNDP (UN Development Programme). 2015. "Human Development Reports: Iran." Retrieved from http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/IRN.pdf.
- UNICEF. 2013. "Islamic Republic of Iran: Girls' Education and Women's Empowerment: Girls' Education." Retrieved from https://www.unicef.org/iran/girls_education_1642.html.
- U.S. Department of State. 2016. "Iran." Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/countries/2016/258786.htm>.
- Vick, Karl. 2016. "Inside 'the Citadel,' Iran's Forgotten Red-Light District." *Time*, August 29. Retrieved from <http://time.com/4433884/inside-the-citadel-irans-forgotten-red-light-district>.
- Weiss, Kenneth R., and Ramin Mostaghim. 2012. "Iran's Birth Control Policy Sent Birthrate Tumbling." *Los Angeles Times*, July 22. Retrieved from <http://www.latimes.com/world/population/la-fg-population-iran-20120729-html-html-story.html>.
- Wolpow, Nina. 2015. "Women's Rights in Iran: Two Steps Back, One Step Forward." *Refinery29*, August 7. Retrieved from <http://www.refinery29.com/2015/08/92009/womens-revolution-movement-iran>.

Iraq

Overview of Country

Iraq is a country located in Southwest Asia. It covers 168.87 square miles of land and 366.80 square miles of water. Iran, Jordan, Kuwait, Saudi Arabia, Syria, and Turkey surround it. The capital of Iraq is Baghdad, and the official languages are Arabic and Kurdish. The population of Iraq is approximately 32,585,692 people, which consists of Arabs (75%–80%); Kurds (15%–20%); and Turcomans, Assyrians, or others (5%). The majority of the population (97%) are Muslims. Iraqi Muslims mainly belong to one of the two major branches of Islam, Shia (60%–65%) or Sunni (32%–37%). The remaining Iraqis are Christian, Yazidi, Mandaean, and Jewish (CIA 2017).

Iraq became independent from Great Britain in 1932. The Hashemite monarchy ruled the Kingdom of Iraq until 1953, when they were overthrown by a military coup. The Baath Party gained power in a bloodless coup in 1968 by Ahmed Hassan al-Bakr, who was a leading member of the revolutionary Arab Socialist Baath Party. At the time,

Saddam Hussein, another leading member of the Baath Party became al-Bakr's vice president. Saddam Hussein, with all the power and support that he had gained in the Baath Party, forced al-Bakr to resign and became the official president of Iraq in 1979. He was the president of Iraq until 2003, when he was overthrown by the U.S.-led invasion of Iraq.

Iraqis have witnessed four wars in the past few decades: the Iran-Iraq War (1980–1988); the Anti-Kurdish Conflict (1986–1989); the Iraq-Kuwait War (or First Persian Gulf War, 1990–1991); and the U.S.-led Iraq War (or Second Persian Gulf War, 2003–2011). It now faces internal attacks from the Islamic State (IS), or the Islamic State in Iraq and Syria (ISIS), which increasingly targets civilians in Iraq and the surrounding countries. The civil war in Syria is deeply felt in Iraq, especially in the number of refugees who flee to the already devastated Iraq. In addition to the wars, Iraqis also suffered from UN-imposed sanctions for 13 years (1990–2003).

Years of war and sanctions have not only corrupted Iraq's military and economic systems, but they have also left deep impacts on Iraqi society. Iraqi women dealt with acute unresolved problems after the wars. For example, because many Iraqi men were called to fight during the wars, the women became the heads of many families. As the main caregivers, mothers were responsible for keeping their children fed and safe; in many cases, this resulted in not paying attention to their own health and well-being. Another issue was the fact that the militarization of society leads to more violence, and the group that is most often affected by this violence is women. Violent deaths attributed to sources other than the coalition jumped from 1 percent of all deaths in Iraq before the invasion to 19 percent between June 2005 and June 2006 (Burnham et al. 2006).

The first journal that dealt with Iraqi women's rights, *Leila*, was published in 1920, but the most progress toward the democratization of Iraqi women's condition started after the 1960s. In 1970, under the power of the Baath Party, the Iraqi Constitution became more favorable to women. Article 19 guaranteed equal opportunities for all citizens within the limits of the law, and women gained more rights, especially in the areas of education and employment. The General Federation of Iraqi Women (GFIW) was established by the Baath Party to implement state policy. However, many Iraqi women thought this governmental organization did not accurately represent them or their particular struggles.

Iraqi women had years of success in claiming their rights, and years of being pushed back as wars and sanctions advanced more patriarchal traditions. As Neshat asserts, "Women were the real victims of war and sanctions. The worse economic situation affected on their health and educational needs" (2003, 57). Al-Ali and Pratt note, "There are many signs that Iraqi women might prove to be biggest losers in post-Saddam Iraq. Iraqi women are struggling more than ever in their day-to-day lives, trying to keep their households going, feed their families and keep everyone alive" (2006, 21). Although struggling with many basic concerns, women do not passively witness what happens to them; they also act. After the recent war, many Iraqi women came together to rebuild their country and try to get their voices heard.

Education

Education has been public and free in Iraq since 1970. Although education is mandatory at the elementary level (six years), only 73.6 percent of females and 88.4 percent of males in Iraq are literate. The lowest rate of school enrollment is among rural girls who are 6–11 years of age, 70.1 percent (CIA 2017). Traditionally, boys' education is preferred over girls' education because they are supposed to be the main breadwinners of the house. The wars and conflicts have affected students' ability to access education. Twenty percent, or 1 million children, are not in school, and 3 million children are living in areas under IS control (UNFPA 2015).

Besides the violence in the public sphere, which prevented girls from going to school, there were also economic constraints for Iraqi families, often the result of wars and sanctions. Some Iraqi families, especially in rural areas, could not afford to send all of their children to school. It was usually the girls who were kept at home when families faced economic deficiencies. Only 82 percent of girls enrolled in primary school, compared to 93 percent of boys. Also, the school dropout rates for girls are much higher than for boys (UNICEF 2017). Secondary school attendance drops significantly for both boys and girls; only 44.6 percent of girls and 52.5 percent of boys attend past their primary years. Another factor affecting school attendance is adolescent marriage; 20 percent of girls are married, and early marriages are on the rise (White 2015).

In addition to this, female students describe the school environment as "unwelcoming, unpleasant, dirty, and

poorly maintained with filthy lavatories and no drinking water” (von Sponeck 2011). This situation affects girls’ physical and emotional health and works as an additional barrier to their education. In the long run, this suspension of access to education will result in a less educated population and fewer equal job opportunities for Iraqi women compared to Iraqi men.

Decades of war and violence have turned Iraqi children, both girls and boys, into victims of human rights violations. Around 3.5 million Iraqi children are living in poverty, and millions of them are undernourished. Thirty-seven percent of the population is under the age of 14, or 12 million children. The median age is 21 years, and 6 percent of the population is food insecure (UNICEF 2017).

Health

Access to Health Care

Iraq spent 5.5 percent of its gross domestic product (GDP) on health care in 2014, and with the ongoing military conflicts, internally displaced Iraqis, and increasing numbers of refugees fleeing the Syrian civil war, there is a dire situation for health care and supplies in the country (WHO 2015). Current numbers are often difficult to find, even by international organizations dedicated to assisting the humanitarian crisis in Iraq. Civilians have increasingly been targeted, and medical facilities have been intentionally destroyed.

Life expectancy at birth is 73 years for women and 66 years for men (World Bank 2014). Sixty-nine percent of the population lives in urban areas, but increasing numbers of Iraqis are internally displaced; this impacts people’s access to health care. In 2010, there was less than 1 doctor per 1,000 people, and a lack of female medical staff is a concern for Iraqi citizens, especially women (CIA 2017; White 2015).

Though improved drinking water is available to 84.9 percent of the population, interrupted service due to conflict and bombings is common (UNICEF 2017; WHO 2015).

Eight percent of women have undergone female genital cutting (FGC), or female genital mutilation (FGM; UNICEF 2017).

Maternal Health

More than 53 percent of women in Iraq use some form of contraception, but one-third of family planning

institutions have been destroyed since 2003. Women living in rural areas are even less likely to be able to access family planning services (WHO 2015; White 2015). The fertility rate in 2013 was 4, which is high for the region (WHO 2015). The more education and opportunities women have access to, the lower the fertility rates. There is also a correlation between the number of children and levels of gender-based violence; the more children in a family, the higher the likelihood of violence against women and girls in the family (White 2015).

The maternal mortality rate was 67 per 100,000 in 2013, but 35 percent of pregnant women are anemic (WHO 2015). More than 50 percent of women attend four or more antenatal appointments, and 91 percent are attended by a skilled birth assistant for delivery; 2007 was the last year these data were available (WHO 2015). It is expected that these numbers are much reduced due to the ongoing military and refugee crisis in the country. The mortality rate for children under five years old is 34 per 1,000 children, but 21 percent of children who die were born premature, an occurrence that increases when maternity health care is poor (White 2015). Neonatal mortality is the cause of the majority of child deaths in Iraq, 20 per 1,000 in 2011 (UNICEF). Only 19 percent of babies are exclusively breastfed (UNICEF 2017).

Abortion is prohibited except to save the life of a woman or in the case of fetal abnormality. Unsafe abortions are dangerous and can contribute to lasting health issues for women.

Diseases and Disorders

In 2007, 63 percent of children received the measles vaccine, but more recent data is not available (WHO 2015). Disease rates are increasing in refugee camps, including a cholera outbreak, and 22 polio cases were reported in 2013 (UNICEF 2017). Heart disease is the leading cause of death, killing 27,000 in 2012 (WHO 2015). HIV rates are very low, and malaria is uncommon.

There are many reports on epidemic cancer and birth defects in Iraq linked to war. “High rates of miscarriage, toxic levels of lead and mercury contamination and spiraling numbers of birth defects ranging from congenital heart defects to brain dysfunctions and malformed limbs have been recorded” (Morrison 2012). Due to the lack of documentation and reporting, there are no accurate statistics available on war-related health issues. Although there are official statistics by the Iraqi government, the actual

numbers are likely to be much higher. As an example of increasing cancer cases in Iraq, official reports from the Iraqi government show that before the First Persian Gulf War (1991), the cancer rate among Iraqis was 0.04 percent. In 1995, the cancer rate was 20 times higher than 1991. By the year 2005, the cancer rate among Iraqis was 1.6 percent, and current estimates show the trend is increasing (Jamail 2013).

Employment

Due to years of women's organized campaigning to access education and jobs, women have gained acceptable shares in the workplace. But rising insecurity after the U.S. invasion resulted in families not allowing their children, especially girls, to go to school. The same thing happened for women; they were forbidden to appear in public to prevent any possible assault. Although many women were educated and had their own jobs, the streets and public sphere no longer felt safe; many preferred (or were compelled) to stay at home and out of danger.

One of the issues that had a major effect on Iraqi women was mass unemployment as a result of sanctions and economic crises during and after the wars. Many men had been killed in the wars, which meant there were more women heading families and serving as the main breadwinners. Before the sanctions and economic crises after these wars, Iraqi women had their own jobs and good salaries. But due to rising unemployment, they were the first group pushed back into their homes so that men could take the jobs, and it was Muslim people who filled most of those jobs. Widows in particular experienced challenging times in taking care of their children under these economic difficulties.

Another issue under the Baath regime was that many people had to become members of the Baath Party to gain better job opportunities. After the de-Baathification of Iraq (removing the Baath Party's influence on Iraq), many people lost their jobs because they were members of the Baath Party. Among them there were many female teachers who had to join the Baath Party to have better opportunities and to get jobs in the male-dominated job market in Iraq. After the fall of the Baath regime, the level of insecurity and unemployment in Iraq sharply increased. Based on the latest survey, 86.7 percent of Iraqi women are not employed (WHO 2007), and up to 24 percent of 15- to 29-year-olds are unemployed (UNICEF 2017).

Family Life

Although it is becoming less common, arranged marriage is the most common form of marriage in Iraq. The mean age at marriage is 23 for women and 28 for men (UNICEF 2011). After marriage, couples generally start their new family in one of two ways. One is living with extended family in a room of a house where other families live, each family living in a different room. Or they can have their own independent house. On average, there are 6.4 persons per household in Iraq (WHO 2007).

The way they choose to live depends on family tradition and their socioeconomic status. Sometimes couples cannot afford to live independently or they prefer to stay with extended family. When the nuclear family forms and the couple separates from extended family, women do not have the chance to share child-rearing and household duties with other members of the family. Polygamy became common after the Iran-Iraq War because of the number of men killed in the war. Men were encouraged to marry more than one wife and take on the responsibility of more families.

The number of divorce cases has been increasing since 2003 (Sadah 2013). Researchers point to the rise of violence and serious sociopolitical disruption after the U.S.-led invasion as the main reasons for the increase. Although the number of divorced women is increasing in Iraq, society is still not accepting of this phenomenon. Divorced women often experience sexual harassment and become isolated from the society.

Domestic violence experienced by women in Iraq is disheartening. Forty-six percent of girls aged 10–14 have witnessed violence committed by a family member, and 56 percent of women believe a husband is justified in beating his wife. A staggering 68 percent of men condone and would commit an honor killing of a female family member.

Politics

Based on Article 1 of the Iraqi Constitution of 2005, Islamic law is the main source of the country's legislation. This article also states, "This Constitution guarantees the Islamic identity of the majority of the Iraqi people and guarantees the full religious rights of all individuals to freedom of religious belief and practice such as Christians, Yazedis, and Mandi Sabeans."

Both men and women can file for divorce, although the process is easier for men than women. In the case of divorce, the right to custody of the child goes to the mother until the age of 10 and can be extended to age 15 if it is in

the interest of the child. After the age of 15, the child can decide whether she or he wants to stay with the mother or the father.

Based on Iraq's 1956 personal status code, a woman's share of an inheritance was equal to that of a man. But with recent changes in the law, which is based on a specific interpretation of Islamic law, a woman now only inherits half the share that a man inherits.

Before the 2003 invasion, Iraqi women could easily leave the country at will. But an amendment was added to the law in 2004 that indicates that a woman should have permission from her male guardian to be able to leave the country.

Participation in Government

In the Arab world, Iraq was the first country that had elected a woman to a parliamentary position. Iraqi women gained their right to vote and run for political office in 1980. Based on the 2005 Constitution, Article 47, one-quarter of the Council of Representatives should be women. Iraqi women currently have 83 out of 328 seats in the Iraqi parliament (IPU). Article 20 of 2005 Iraqi Constitution states, "The citizens, men and women, have the right to participate in public affairs and to enjoy political rights including the right to vote, to elect and to nominate."

Religious and Cultural Roles

Religious and cultural roles are so interwoven in Iraqi society that separating one from the other is nearly impossible. The Baath Party was a secular party and in favor of separating religion and state. After the de-Baathification of Iraq, Islamic extremists gained power in Iraq, and more restrictions were put on Iraqi women. However, Iraqi women, like all other Muslim women, can add conditions to their marriage contracts. In Iraq, women keep their own last name after marriage, and they can claim the right of custody, divorce, and the like in their marriage contracts. But many cultural expectations in Iraq are based on a patriarchal interpretation of the Koran.

In patriarchal Iraqi society, women are generally expected to take care of most of the household chores, even if they are working or studying outside of the house. Iraqi women spend an average of four hours a day doing household chores (preparing food, cleaning, caring for children, etc.) compared to the 28 minutes that men spend (Sandrasagra 2007). Women are expected to take care of

the children, and they spend the most time with them; fathers are expected to be the breadwinners.

Issues

Violence against Women after 2003 U.S.-led Invasion

Lasky (2006) and Sandrasagra (2007) argue that during the Saddam Hussein regime, Iraqi women faced violence too, but at least there were some strict laws to protect women. As noted by Al-Ali (2006), a general state of anarchy and chaos is endemic in postwar situations, which exacerbates constructions of masculinity promoted during conflict. After Saddam Hussein's regime, and during the war, Iraq's judicial system was destroyed, and that led to a lack of law and order. With the gap in security, each group of people wanted to enforce laws that supported their beliefs (e.g., Shia vs. Sunni, liberals vs. conservatives, etc.), and this caused a lot of insecurity and chaos. Some scholars see the lack of "properly functioning police forces" as a major reason for most of the insecurity and fear Iraqi women encountered in the public sphere (Ali-Ali and Pratt 2006). As chaos reigns in the public sphere, it increasingly becomes a space that women attempt to avoid at any cost. Consequently, their activities are confined to the private domain and the shielded security of their own homes.

Kidnapping

Kidnapping, which was very rare before the invasion, became a main source of fear for women in public spaces. Kidnapping is also the primary concern that inhibits the mobilization of Iraqi women in the public sphere. Kidnapping is a socially sensitive issue in a traditional patriarchal society, so there are few official statistics on the topic.

Street Harassment and Forced Hijab

One of the results of the U.S.-led invasion of Iraq was that Islamic extremists, which had been kept under control by Saddam Hussein, came to power. One of the justifications for the "War on Terror" was "liberating" women in those countries, but after the invasion, more fundamentalists gained power in Iraq and placed more restrictions on women. In 2011, the U.S. Department of State estimated that there were 1,000 to 2,000 Al Qaeda members in Iraq. They are the largest Sunni extremist group in Iraq and are mainly located in Baghdad, Fallujah, and Najaf (2010).

Women became targets of street harassment by Al Qaeda for not covering their hair and bodies. They were harassed on the streets and forced to cover themselves. Religious conservatism became another justification for violence against women. Forcing women to wear what she is not voluntarily willing to is a form of gender-based violence. Islamic extremists, who were empowered after the invasion, put many such restrictions on Iraqi women's mobility in the public sphere.

Honor Killing

Iraq witnessed a huge rise in honor killings during the war for several different reasons. The U.S.-led invasion and Saddam Hussein's fall destroyed Iraq's judicial system, and in many families, male family members decided to take over its functions. Among the causes of honor killings were the arrests of women by U.S. military police. The U.S. military used imprisoned Iraqi women as bargaining chips to make men confess. Such stories led Iraqi families to feel dishonored by their female family members after their arrests. It was possible that these women had been victims of sexual abuse or rape in prison, and these experiences are rarely reported. So, whether the woman was raped or not, if her family felt dishonored, they would sometimes kill that female family member.

On the other hand, blaming the victim is common in patriarchal societies, and the threat of an honor killing forces Iraqi women, especially in rural areas, to hide sexual abuse they have faced and not report it to protect their lives. The penalty for honor killing is not severe enough to prevent it. According to Article 409 of the Penal Code, a person who kills his relative based on the intention of honor killing receives as little as six months to three years in prison.

Different Areas in Iraq, Different Issues

Iraq is a diverse country with different issues for different groups of people. For example, the north of Iraq, Kurdistan, was a safe place before, during, and after the war. In 1991, following the First Persian Gulf War, Kurdistan gained its de facto autonomy and became self-ruled. So, Iraqi Kurds did not suffer as much from the war, and they were far from the main conflicts. Iraqi women in Kurdistan are progressing in many ways, especially after the fall of Saddam Hussein. As Lasky and Al-Ali note, as a result of the women's movement in Kurdistan, "More women's

centers have opened, [and] Kurdish women have held positions in the interim Iraqi governments" (2006, 6). Aside from regional differences, religion, class, and race are other factors that warrant further study.

Poverty and Female-Headed Households

Female-headed households have steadily become an issue in postwar Iraq. The International Committee of the Red Cross (ICRC) estimates that 1–2 million households in Iraq are headed by women (ICRC 2011). These women mainly became the heads of their families after their husbands were killed, missing, or detained. There was a huge increase in the number of Iraqi widows as a result of the war. In Iraq's patriarchal culture, men are responsible for financially supporting and providing for their families. With the death of her husband, a woman is left in the precarious situation of becoming the sole provider and caretaker of her family. There are many women on Iraq's streets begging for money or willing to do any job they can do to get food for their children. The dire situation that Iraqi women find themselves in leads them to prematurely terminate their children's educational trajectory and directs them to find material resources urgently needed for their families' survival. Although education is free in Iraq at all levels, these families cannot afford to buy school supplies or clothing for their children to be able to stay in school. This is a dramatically different situation than what families encountered before the U.S.-led invasion.

Iraqi Refugees

The Iraq War resulted in the large-scale displacement of Iraqis. One out of every two displaced Iraqis are children; 0.3 million are currently internally displaced and living in refugee camps, and 2.9 million are displaced and living outside of camps. In 2014, 2.12 million Iraqis were displaced from their homes, and 85 percent were in debt. In 2015, 3.2 million were displaced, and only 400,000 have been able to return (UNFPA 2015).

Iraqis decided to leave their country because of the numerous problems they were facing; they hoped for a better future for their families. But the life that was waiting for them was not as bright as they had assumed. There is high unemployment among Iraqi refugees; many of them were specialists in Iraq, but they often have trouble finding a job in their field in the country of resettlement. They have to accept any job, regardless of their background and

areas of specialty, to survive. The number of Iraqi refugees was around 300,000 in February 2009, and there are many more unregistered refugees; estimates show there are likely around 1 million refugees in total.

After all of the disasters Iraqi refugees have faced as a consequence of war, the United States is trying to take steps to help Iraqi refugees. Like refugees from other war-torn countries, Iraqi refugees arriving to the United States have significant health issues, including mental and physical trauma. Iraqi women refugees face increasing violence, including domestic violence.

Syrian Refugees

Iraq has absorbed an incredible number of the refugees fleeing the civil war in Syria. In addition to the 1 million displaced Iraqi citizens living in the Kurdistan region of Iraq, 250,000 Syrians are now residing in numerous camps there as well. In 2013, 60,000 Syrian refugees fled to Iraq in August and September alone, making it the highest number since 2008 (UNFPA 2015).

SAHAR MOHTASHAMIPOUR

Further Resources

- Al-Ali, Nadjie Sadig, and Nicola Christine Pratt. 2006. "Women in Iraq: Beyond the Rhetoric." *Middle East Reports* 239: 18–23.
- Burnham, Gilbert, Riyadh Lafta, Shannon Doocy, and Les Roberts. 2006. "Mortality after the 2003 Invasion of Iraq: A Cross-Sectional Cluster Sample Survey." *The Lancet* 368.9545: 1421–1428.
- CIA (Central Intelligence Agency). 2017. "Iraq." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/iz.html>.
- ICRC (International Committee of the Red Cross). 2011. "Iraq: Women Struggle to Make Ends Meet." *Operational Update* (January–February). Retrieved from <http://www.icrc.org/eng/assets/files/2011/iraq-update-01-02-2011-icrc-eng.pdf>.
- Jamail, Dahr. 2013. "Iraq: War's Legacy of Cancer." *Al Jazeera*, March 15. Retrieved from <http://www.aljazeera.com/indepth/features/2013/03/2013315171951838638.html>.
- Lasky, Marjorie P., and Nadjie Al-Ali. 2006. *Iraqi Women under Siege*. Code Pink.
- Morrison, Sarah. 2012. "Iraq Records Huge Rise in Birth Defects." *The Independent*, October 13. Retrieved from <http://www.independent.co.uk/life-style/health-and-families/health-news/iraq-records-huge-rise-in-birth-defects-8210444.html>.
- Neshat, Saeid N. 2003. "A Look into the Women's Movement in Iraq." *Farzaneh* 6.11: 54.
- Sadah, Ali Abel. 2013. "Iraqi Divorce Rates, Social Problems on Rise." *Al Monitor*, January 17. Retrieved from <http://www.al-monitor.com/pulse/originals/2013/01/iraq-divorce-increase-violence.html#>.
- Sandrasagra, Mithre J. 2007. "Women's Lives Unraveling in Occupied Iraq," *Electronic Iraq*, March 8. Retrieved from <http://electroniciraq.net/news/newsanalysis/Women%5f%5fLives%5fUnraveling%5fin%5fOccupied%5fIraq%5f2941-2941.shtml>.
- UNFPA (United Nations Population Fund). 2015. "The 2016 Iraq Humanitarian Response Plan." Retrieved from http://iraq.unfpa.org/sites/arabstates/files/pub-pdf/HRP%20final%202016_0.pdf.
- UNICEF. 2011. "Iraq, MENA Gender Equality Profile: Status of Girls and Women in the Middle East and North Africa." October. Retrieved from <http://www.unicef.org/gender/files/Iraq-Gender-Eqaulity-Profile-2011.pdf>.
- UNICEF. 2017. "Statistics Iraq." Retrieved from https://www.unicef.org/infobycountry/iraq_statistics.html.
- U.S. Department of State. 2010. "Iraq: Country Reports on Terrorism." Retrieved from <https://www.state.gov/j/ct/rls/crt/2010/>.
- von Sponeck, Hans-Christop. 2011. "Iraq: A Case of Educide?" *New Internationalist*, April 20. Retrieved from <http://newint.org/features/web-exclusive/2011/04/20/iraq-educide>.
- White, Madeleine. 2015. "Health Rights in Iraq for Women: Considerations and Consequences." *Nina*, March 17. Retrieved from <http://nina-iraq.com/2015/03/17/health-rights-in-iraq-for-women-considerations-and-consequences>.
- WHO (World Health Organization). 2007. "Republic of Iraq: Iraq Family Health Survey Report."
- WHO (World Health Organization). 2015. "Country Health Profile." Retrieved from <http://www.who.int/gho/countries/irq.pdf?ua=1>.
- World Bank. 2014. "Life Expectancy at Birth: World Development Indicators." Retrieved from <http://data.worldbank.org/indicator/SP.DYN.LE00.IN/countries/IQ-XQ-XT?display=graph>.

Israel

Country Overview

The modern state of Israel, established in 1948 by the ending of the British Mandate for Palestine, has a complicated and tumultuous short history. Following the refusal by Arab nations of a UN-proposed two-state partition of the region, the State of Israel was declared and promptly embroiled in a series of wars with neighboring states. With extensive international support from the West, Israel expanded its territory and deepened tensions between sides. Through a series of treaties over the last four decades Israel has withdrawn from some areas and expanded into others—situations complicated by some Jewish settlers

refusing to acknowledge the government's authority to remove them from disputed areas and the government showing a preference for expanding Jewish settlements over supporting existing Arab towns. The resulting violence, military occupation, and oppression of communities have made lasting peace difficult.

Israel is situated on the Mediterranean and Red Seas and shares borders with Syria, Lebanon, Jordan, Egypt, the Palestinian Territories of the West Bank, and the Gaza Strip. The climate and topography are varied: coastal areas with hot summers and cool wet winters, arid desert, fertile valleys, mountainous areas in the north, and the Jordan (River) Rift Valley, which forms the eastern border of the country. Population estimates for 2016 range from approximately 8 million to 8.6 million. This variation is due to different recognitions of its borders, as the State of Israel claims areas of the region that are not internationally recognized (CIA 2016). Israeli citizenship is granted in a variety of ways, including the Law of Return, by which all Jews, as well as their spouses and children, are granted the right to immigrate to Israel. There are various legal definitions incumbent on emigrants, but those who qualify are granted nearly automatic Israeli citizenship after three months of residence. Instituted as a response to government expulsion and extermination policies of the 19th and 20th centuries (including the *Shoah* (Holocaust) and pogroms in Russia and other European countries), the intent was to allow at-risk Jews the ability to emigrate as needed. However, critics of the law argue that the ethnic distinction of "Jewish" is discriminatory in that it does not include the right for Palestinian descendants of the land to return with guaranteed citizenship.

Demographics

Population estimates for 2015 found nearly 75 percent of the population identify ethnically as Jewish (Israel-born 75.6%, Europe/America/Oceania-born 16.6%, Africa-born 4.9%, Asia-born 2.9%), with the remaining 25 percent of the population predominately identifying as Arab. Religious affiliation is similarly weighted: Jewish 74.8 percent, Muslim 17.6 percent, Christian 2 percent, Druze 1.6 percent, and other 4 percent. Throughout this entry, we will be referring to the Haredi, commonly referred to as the Ultra-Orthodox, which are a sect of highly conservative Jews that make up approximately 11 percent of the population.

The population is predominately urban (92%) and generally has access to advanced sanitation and improved

drinking water (CIA 2016). However, because of the complexity of the social and political situations in the area, it is difficult to definitively discuss issues pertaining to all individuals living in the country, particularly because much of the data is collected on "recognized" towns. The government's refusal to recognize Arab towns, especially in the Negev desert, has left 100,000 Israeli citizens of Arab descent without services, including water and electric, education, road and infrastructure maintenance, and so forth. The 2015 UN *Human Development Report* ranks Israel as 18th globally with a steady Human Development Index (HDI) of 0.894, placing it in the "very high human development" listing (UNDP 2015). As such, Israel has an even sex ratio, broad access to education, high levels of literacy, low maternal and infant mortality rates, and life expectancy into the 80s.

Girls and Teens

A 2016 UNICEF report found that Israel has one of the highest levels of income inequality among children in high-income nations, meaning that the poorest children fall further behind middle-income peers in measures that include health (where Israel ranked last), literacy, income, and life satisfaction (UNICEF 2016).

Military Service

Israel is one of the few countries that has compulsory military service for both men and women (other countries include Cuba, Norway, Tunisia, Eritrea, and North Korea), and women have been serving in the Israeli Defense Forces (IDF) since their inception. Women, generally beginning at age 18, serve 24 months, unless they select a specialty with required longer service. The Equality Amendment to the Military Service Law states that women have equal rights to serve in any capacity as men, although individuals must be found physically and mentally suitable. Approximately 90 percent of the positions in the IDF are open to female candidates, and women can be found in nearly 70 percent of those. Sixty-five percent of Israeli women are exempted from compulsory service, which includes women who arrive in Israel after the age of 17: 25 percent opt out of service on religious grounds, and the remainder are exempted for a variety of reasons, including marriage, pregnancy, or physical or emotional reasons (Bloom 1991). In 2013, the IDF allowed the first male-to-female transgender soldier to serve as a female soldier.

Women in Black

In Jerusalem, in 1988, a group of Israeli women dressed in black stood in public places to demand an end to the occupation of Palestine. Palestinian women soon joined the Israeli women, and the Women in Black movement was born. Similar to other vigils and movements by women in public spaces, such as the Madres de la Plaza de Mayo in Argentina, Women in Black uses a traditional mourning color and the physical presence of women's bodies to call for an end to war, an end to violence, and a renewed valuing of women's voices.

The movement spread quickly around the globe, and there are many vigils held weekly, especially during times of increased violence, such as the beginning of war in former Yugoslavia in 1991 and the bombing of Iraq in 2002. In many countries, the vigils are silent; in others, the women walk silently or use masks. The women are often targets of harassment and threatened violence.

Refusing the logic of war is central to the women who stand weekly with their sisters. Women in Black recognizes that women experience particular realities because of their gender and that the violence many women experience at home is related to the violence of war. In 2000, the NGO International Alert and the UN agency UNIFEM awarded Women in Black the Millennium Women's Peace Prize, and in 2001, the network was a nominee for the Nobel Peace Prize.

—Kryn Freehling-Burton

Education

Israel has compulsory education from ages 5 to 17 for both girls and boys with a variety of tracks: state-secular, state-religious, independent-religious (Haredi), and Arab-focused (taught in Arabic with a focus on Arab history and culture). Education is highly valued and an important part of both the Israeli culture and economy. While enrollment and literacy rates are even between the sexes (both with very high literacy), illiteracy among older women in particular is noticeably higher.

Primary and Secondary Education

Enrollment in some form of primary and secondary education nears 100 percent of eligible children, with girls enrolled at slightly higher rates throughout. Girls have a lower dropout rate and a significantly higher pass rate for high school matriculation exams—possibly due to higher enrollment of males in religious schools over traditional education.

Postsecondary Education

Women in Israel outnumber men in postsecondary education, women being 57 percent of undergraduates, 59 percent of master's level, and 52 percent of PhD-level candidates—numbers that are similar for both Jewish and Arab women. A variety of factors play into that, including compulsory military service and low matriculation rates among the Ultra-Orthodox. However, while female students significantly outnumber males, the vast majority of professors at the university level are men. Additionally, high-status fields, particularly STEM fields, are dominated by men (UNESCO 2015).

Health

Access to Health Care

Israel has a national health care system that legally entitles Israeli residents to a variety of health care services, including reproductive health care, that is determined yearly in accordance with the budget. Israel spends 7.8 percent of its gross domestic product (GDP) on health care, with an average of three physicians and 3.5 hospital beds per 1,000 people. However, as with other issues, equitable distribution and issues of access are not reflected in those numbers. Life expectancy is even between sexes, with an average life span of 83 years (WHO 2015).

As in many countries, ethnicity, socioeconomic status, and where you live affects your access to health care, and the poorest and most marginalized members of society are the least able to access services. The Haredi, Arab Israelis, and single-parent households all have less access to health care and shorter life expectancies.

Maternal Health

Maternal and infant mortality, understood to be an indicator of a country's development, are both quite low, with 5 maternal and 3 infant deaths per 1,000 (WHO 2015).

The population growth is higher than other high-income nations, averaging around 3 births per woman, and Israeli women also have a lower age at first birth, 27 (OECD 2016). These numbers are understood to be due to the cultural and religious preferences for younger and larger families in several groups. Urban women have broad access to prenatal care, and the majority birth in a hospital. As part of the national health program, pregnant women are entitled to prenatal care; termination of pregnancy for medical reasons, as well as for nonmedical reasons in the case of girls under 19 years of age; fetal organ system exams (ultrasounds); epidurals during birth; and genetic testing.

While Israel's maternal health numbers are good, there are troubling findings as to the treatment of minority Arab women in hospitals. Many antenatal wards are segregated into Jewish and Arab areas, and while that may allow for different cultural practices, the segregation is based more in fear and suspicion. Studies have found Arab women, though birthing in the same facilities as Jewish women, reported a much higher level of fear and loss of control during labor and birth, that they were concerned for the safety of their newborns, and that the level of medical intervention was much higher than they felt necessary. All of these indicate a medical system in which their concerns and experiences are not prioritized.

Access to Mammography and Contraception

Israel has a pronatalist approach to reproductive health, and, as noted above, has one of the highest birth rates within high-income nations. However, while a cultural preference for large families exists, both secular and religious law (both Jewish and Muslim) are broadly accepting of contraception, assisted reproduction, and abortion. Women are entitled to access contraception under the national health care law, although it is not always covered. Emergency contraception is available over the counter, although it must be requested from a pharmacist. It can also be partially refunded through the national health care system. Annual mammography is covered for postmenopausal women, as is abortion in a variety of cases.

Access to Abortion

Despite its pronatal culture, abortion in Israel is legal and accessible. Officially, any termination of pregnancy must be approved by a committee, but in practice, approval is widely granted. Abortions for women under the age of 19

and for fetal unviability are covered under the national health care system.

Diseases and Disorders

While rates of infectious diseases, including HIV, are low, concerns over childhood nutrition and obesity are becoming issues for government health services. A rising number of affluent children are measuring as overweight, and Bedouin and Haredi children, generally the poorest segments of society, show signs of low nutrition and food insecurity as measured by size and weight.

Because Israel has a modern health care system, there has been discussion as to the role of Israeli hospitals in regard to Israel's neighboring countries, particularly as civil war in Syria has decimated that country's hospitals. Treatment of the ill and wounded, particularly women and children, is a serious issue that has yet to find balance between humanitarian need and isolationist security concerns.

Employment

Israel has one of the lowest levels of participation in paid labor among high-income nations, meaning that the Israeli economy is particularly troubled. Only about 65 percent, or two-thirds, of eligible adults are members of the workforce. When one accounts for mandatory military service, the numbers look a bit better, but Israel is hampered by populations not entering the workforce—most specifically Haredi men and Arab women. Women's employment in Israel, like most nations, varies among demographic groups, but women are in many ways the driving force of the working economy. Officially, gender discrimination in hiring and wage determination is illegal, but in practice, there are significant disparities: Israeli women average 68 percent of what their male colleagues make (which would be USD\$0.68 to the male USD\$1), a number that would be significantly worse for some women (Elis 2015).

Participation in the Workforce

Israeli women in general have high participation in paid labor, and their participation raises the national average after military service to just over 75 percent, on par with other high-income nations. The lowest participation rates in the traditional economy are Arab women, at around 28 percent, and Haredi men, at 48 percent. These numbers are contrasted with nearly 67 percent of Haredi women and

almost 80 percent of secular Jewish women; this makes them one of the highest groups in the world for labor force participation (Arlosoroff 2012). Particularly among Haredi women who are responsible for the majority of family and household duties, the burden of the “double shift” of paid and unpaid home labor is onerous. This highlights where families, and particularly woman-headed households, are most likely to be poor and is a concern among secular Jews in the country that Haredi men are subsidized by the state (in the form of welfare benefits) to focus on religious study rather than economic participation.

Poverty Rates

Like most countries, women, particularly women-headed households and elderly women, are more likely to live in poverty. Actual numbers on poverty rates are difficult to state clearly, as the World Bank estimates that Israel has one of the largest underground economies in the world. Women’s participation in underground or cash economies as household help, child care providers, and through the selling of household goods tends to be high. Israel’s cost of living is very high, and dual incomes are generally necessary to maintain a middle-class standard of living.

Family Life

Family is highly stressed in Israeli culture, particularly among the more traditional religious groups, and is viewed as the basis for the survival of culture and community. Particularly as the world’s Jews exist in a diaspora after millennia of persecution, expulsion, and genocide, and as Jews are a very small population globally, family is considered by many to be central to the survival of the Jewish people. In fact, there have been times in Israel’s history that government agencies have been devoted to the promotion of large families. However, this attitude is not exclusive to Jews; many of the cultures of the Mediterranean and Middle East, from Italy and Greece to the Arab world, consider family to be the basic unit of society. In these patriarchal societies, the mother becomes the focal point around which family is centered. While this role can give women great satisfaction and power in the private sphere, societies in which motherhood is the primary function of women can be particularly limiting to women who are unable or choose not to have children. The idea that women are destined by their biology to fulfill certain functions—functions that have traditionally been defined

as subservient to men—is limiting. While not all individuals hold the same beliefs, the cultural norms and expectations for women can be difficult to escape.

Marriage and Divorce

The official legal age for marriage in Israel is 18, although in Israel, laws pertaining to marriage and divorce are exclusively the purview of religious courts that have near total authority to act. Jewish, Muslim, and Christian sects each maintain jurisdiction over civil matters, and gender discrimination within them is rampant. Women are not allowed to be judges or mediators, making it more difficult to ensure a fair trial. Particularly in the case of divorce and child custody, women, while allowed to initiate divorce proceedings, have few rights without male consent. Courts can fine men who refuse consent, but they have shown little initiative to grant women divorces and the right to move on with their lives. Women, particularly Arab women, have begun to attempt to use civil courts to circumvent this process, but success has been mixed.

Marriage equity for the LGBT community is similarly complicated by this model of religious law. None of the 15 religious courts that oversee marriage recognize same-sex marriage, and civil marriage does not exist. However, the government of Israel does recognize all marriages performed outside of the country, so a couple married legally outside the country would be considered married by the state—but only for statistical purposes. However, since 1994, couples have been able to access many of the same rights available to heterosexual couples through unregistered cohabitation laws.

Politics

Israel does not have a constitution, but the Israeli Declaration of Independence states, “The State of Israel . . . will ensure complete equality of social and political rights to all its inhabitants irrespective of religion, race or sex.” As has already been discussed, Israel’s political system is a balance of the status quo between secular government and the religious courts, which are controlled by conservative men and show distinct gender biases based on certain interpretations of religious law. Conflicts have arisen when the state’s Supreme Court has been asked to overrule religious courts and has shown little willingness to set more equitable precedent—including cases where women have sued to retain custody of their own children or allow for women to have the right to demand and receive a divorce.

Role in Government

Women were heavily involved in the founding of the State of Israel. Israel is one of the few countries where a woman has served as head of government (Prime Minister Golda Meir, 1969–1974, was only the third woman elected leader internationally) and has had a female vice prime minister (Tzipi Livni, 2006–2009), but it remains in the middle of the pack for gender representation in the West. While women composed nearly 27 percent of the Knesset in 2016 (World Bank 2016), they are primarily drawn from secular parties, and very few women from religious Jewish parties or Arab parties have served; in fact, the Haredi parties have never allowed female candidates, and in 2014, Haredi women activists called for a boycott if women were not allowed to run. They subsequently formed their own party to address the concerns of Haredi women. Women chair few parliamentary committees, and it was 2015 before the first Arab woman was named to chair one: Aida Touma-Silman became head of the Committee on the Status of Women and Gender Equality.

Laws and Rights

While Israeli women face many difficulties socially, their legal status is fairly straightforward. In addition to the legal protections already mentioned (including nondiscrimination laws, military regulations for advancement, etc.), in 1964, the Knesset passed the Male and Female Workers Equal Pay Law. Israeli women receive up to 14 weeks of paid maternity leave (any balance of which can be transferred to the father). Most interestingly, in 2007, the Gender Implications in Legislation Law was passed, which requires all legislation to be analyzed from the standpoint of gender equity before ratification. In practice, many of the gains of Israeli women have been hard fought and have required legal involvement (e.g., the Supreme Court was required to rule on gender segregation of buses), but a legal framework for equal rights exists.

Religious and Cultural Roles

While Israel is officially a Jewish state, there are some legal protections for the free practice of religion, and in practice, religion and secular politics are significantly entwined, particularly since proponents of strict observance are a well-organized and vocal political bloc with control over the religious courts—an agreement between secular and religious Jews based on the status quo. Judaism is

matrilineal, meaning that children are considered Jewish if their mothers are Jewish, so there are many pressures for Jewish women to marry young and raise large families. The failure to do so can be viewed as a betrayal of culture, religious identity, and the survival of the State of Israel.

Religious Leadership

While gender inequality persists in some groups, Jewish women have been rabbis, cantors, and religious leaders for decades. Reform (1972), Reconstructionist (1974), Conservative (1985), and (to some extent) Orthodox (2006) denominations have been ordaining women; holding the bat mitzvah to mirror the bar mitzvah, a ceremony in which a youth is welcomed as an adult in the religious community; and allowing women full membership in religious observation (Jewish Women's Archive 2017). The majority of Christians living in Israel are Arab and part of the Eastern Orthodox or Roman Catholic Church, both of which deny women a role in the priesthood. Muslim and Druze women similarly do not hold formal religious leadership positions.

Religion, Identity, and Political Bodies

Because of the ongoing strife, occupation, and social resentment in the area, social identification becomes a powerful and important part of personal identity. Because the roles assigned to women are keepers of home and family, women and women's bodies become symbolic of the continuation of culture and identity. As such, control of women's bodies becomes necessary for enforcing social and political differences. For example, requiring women to remain indoors or covered is talked about as "protection" from men of a different group. Israeli society is particularly macho and militaristic, trapping women in a variety of oppressive circles: Jewish and Arab women in a male-dominant society, Arab women in a Jewish society and a male-dominant culture, and so on.

Gender Segregation in Public Spaces

Gender segregation in public is a problem in some areas of the country, particularly where Haredi and conservative Muslim communities are centered. In areas where the Haredim have the most control, buses have been sex segregated (with either separate buses for women or women being required to sit at the back of the bus); images of women are not allowed in public; and street harassment

of women of all ages and ethnicities is rampant. Many argue that the Israeli state is complicit in this oppression of women by being unwilling to take on religious groups, both Jewish and Muslim, and enforce equal access.

Gender Segregation at Religious Sites

Women have limited access to both Jewish and Muslim religious sites throughout the country. The Western Wall of the temple of Jerusalem, the holiest site in Judaism, has only about a quarter of the public space available for women, and women who choose to pray there publicly are often targets of violence and harassment. The Women of the Wall are an activist group looking to reclaim the right of women to pray, wear religious garb, and participate in religious ceremony in public. Their argument remains that women should have equal access to holy sites and that government capitulation to Haredi demands denies women their legal right to full participation in the religious life of Israel.

Issues

Gender Inequality

Gender inequality has been on the rise recently, as conservative groups have gained power throughout the country. In addition to measurable markers, discussed throughout, there have been incidents of females not being allowed on stage to accept awards or speak, of male soldiers being ordered to leave the room when female soldiers are singing, and of physical intimidation and harassment of women and girls not dressed “modestly.” While such things, including segregating buses, have been found illegal by the Israeli Supreme Court, the sometimes violent reaction of men being challenged leaves people unwilling or unable to intervene. After a bus driver refused to force a woman to move to the back of a bus in Jerusalem, a riot broke out among the Haredim, and groups of men vandalized buses.

Kibbutzim

Women were a vital part in the kibbutz movement—a collectivist farming movement in the early 20th century aimed at establishing a Jewish presence in Palestine and building a model society. Throughout the movement, gender equality was an important principle of an attempt to build a “classless society” based on Jewish-Socialist principles. However, they struggled mightily against gendered assignments in the kitchen, laundry, and child care. In

some ways they were successful, but in others they struggled against gendered norms. Some of the greatest successes were in the establishment of collective child care during the day and, later, collective child-rearing. However, gender inequality did persist in deference to male opinion and “male” characteristics, and women remained largely in service work throughout the kibbutz.

After the war years and into the 1980s, there was a profound shift in the organization of the kibbutz movement, in which women, perhaps in an attempt to have the “women’s work” of child-rearing and child care become more valuable, fought to regain individual family units. While this may have increased a feeling of being valued in the community for some women, it did not lead to increased senses of personal and economic security. The economic changes at the end of the 20th century led to women feeling less secure or fulfilled in the kibbutz model.

Ethiopian Jewish Immigration

There were two major waves of immigration of Ethiopian Jews, or Beta Israel, to Israel that coincided with the major famines and political upheaval in the region in the 1980s and early 1990s. At present, around 125,000 Jews of Ethiopian descent live in Israel. The community, while fully active as Israeli citizens, has encountered difficulties both from external sources, such as racism and discrimination, and internally as they attempt to adapt to new circumstances.

The initial preparation of the Israeli government for the arrival of tens of thousands of new citizens (the Beta Israel were granted Israeli citizenship based on the right of return) was an assimilation model—basically supporting people as they adapted their lives to fit Israeli society. However, unlike other groups arriving in Israel, including Russian Jews, the Beta Israel were leaving a primarily subsistence-based and tribal society and faced unique challenges. Women in particular were facing a new life in which they were expected to continue schooling at least through 16 years of age (rather than marry at first menstruation); where they often worked outside of the home to aid in supporting their families; and where they had more rights and access to support in cases of domestic violence. As a result, immigration profoundly affected the community.

Divorce is much higher in the Beta Israel community than in broader society, thought to be in part due to the emasculation of Ethiopian men as women manage money, access contraceptives, and have support to leave violent

marriages. Female genital cutting and child marriage are rarely practiced, and the women of the community do not appear interested in reviving those traditional practices. There have been concerns about Beta Israel women being given long-acting contraception and even sterilization with a full understanding of what that means. In general, family sizes have decreased, and women are accessing contraceptive care. Because unskilled labor is often easier for women to find, they are earning their own money, or even outearning the men of the community. As many as one-third of all Beta Israel families are women-headed households, and up to two-thirds are “complex” households composed of two or more women-headed families.

ALICIA BUBLITZ

Further Resources

- Arlosoroff, Meirav. 2012. “Women in the Workforce Are Saving Israel’s Economy.” *Haaretz*, September 25. Retrieved from <http://www.haaretz.com/israel-news/business/women-in-the-workforce-are-saving-israel-s-economy-1.466785>.
- Bloom, Anne. 1991. “Women in the Defense Forces.” In *Calling the Equality Bluff—Women in Israel*, edited by Barbara Swirski and Marylin Safir, 141. New York: Pergamon Press.
- CIA (Central Intelligence Agency). 2016. “Israel.” *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/is.html>.
- Elis, Niv. 2015. “Study Finds Stubbornly High Gender Inequality in Israel.” *Jerusalem Post*, July 21. Retrieved from <http://www.jpost.com/Israel-News/Study-finds-stubbornly-high-gender-inequality-in-Israel-409714>.
- Frasar, Giles. 2013. “Ultra-Orthodox Attitudes toward Gender Segregation Go to the Core of What Israel Is All About.” *The Guardian*, October 4. Retrieved from <https://www.theguardian.com/commentisfree/belief/2013/oct/04/ultra-orthodox-gender-segregation-core-israel>.
- Jewish Women’s Archive. 2016. Retrieved from <https://jwa.org>.
- Margalit, Ruth. 2015. “Where Are the Israeli Women?” *New Yorker*, January 18. Retrieved from <http://www.newyorker.com/news/news-desk/jerusalem-haredim-women-equality>.
- OECD (Organization for Economic Co-Operation and Development). 2016. “Selected Indicators for Israel.” Retrieved from <https://data.oecd.org/israel.htm>.
- Thorpe, Samuel. 2015. “The War on Women in Israel.” *The Nation*, August 19. Retrieved from <https://www.thenation.com/article/the-war-on-women-in-israel>.
- UNDP (UN Development Programme). 2015. “Human Development Report: Israel.” Retrieved from <http://hdr.undp.org/en/countries/profiles/ISR>.
- UNESCO (UNESCO Institute for Statistics). 2017. “Country Profile: Israel.” Retrieved from <http://uis.unesco.org/en/country/il?theme=education-and-literacy>.
- UNICEF. 2016. “Fairness for Children: A League Table of Inequality in Child Well-Being in Rich Countries.” *Innocenti Report Card* no. 13. UNICEF Office of Research–Innocenti, Florence.
- United Nations Statistics Division (UNSD). 2016. “World Statistics Pocketbook: Israel.” Retrieved from <http://data.un.org/CountryProfile.aspx?crName=ISRAEL>.
- WHO (World Health Organization). 2015. “Countries: Israel.” Retrieved from <http://www.who.int/countries/isr/en>.
- World Bank. 2016. “Proportion of Seats Held by Women in National Parliaments.” Retrieved from <http://data.worldbank.org/indicator/SG.GEN.PARL.ZS?end=2016&locations=IL&start=1990>.

Ivory Coast

Overview of Country

The Ivory Coast, which is also referred to as Côte d’Ivoire, is a former French colony located in West Africa. Its neighbors are Liberia, Guinea, Mali, Burkina Faso, and Ghana. The land is 124,503 square miles (322,462 sq. km), and it has a coastal strip in the south, savannas in the north, and dense forests in the interior. The capital city is Yamoussoukro. Abidjan is the economic capital and the third-largest Francophone city. Ivory Coast is the top exporter of cocoa; the country produces 35 percent of world’s crop (Oxfam 2013, 1).

Ivory Coast has an estimated population of 22 million people (SOS Children’s Villages 2016a). The people in the region are diverse in terms of ethnicity, but they can essentially be divided up into four groups: Mandé (primarily Malinké, Bambara and Fula) in the north; Don in the west; Bete in the central and southwest areas; and Akan (subdivided into Baoule and Agni) in the central and southeast areas. Most people are Christian, Muslim, or believers in indigenous practices. In 2014, Ivory Coast was ranked 177th out of 188 countries on the Gender Inequality Index (GII) (HDR 2015).

Ivory Coast was claimed by France in 1842, and it was a French colony with various formal connections (protectorate and republic for instance) to France from 1893 to 1960, when the country declared independence. A coup in 1999 was followed by a civil war in the early 2000s, and there was postelection violence after the 2010 election.

Girls and Teens

The sexual debut for girls happens as young as 17 years old. The adolescent fertility rate is 111 births per 1,000 teens; 50 percent of women had their first child before they turned 18. Teenage pregnancy affects a girl her whole

life, and only a third of girls who become pregnant (11–15 years old) continue with their studies thereafter (UNFPA 2013).

Education

Literacy

Girls in Ivory Coast are behind in terms of literacy rates; this can be attributed to a number of factors. In 2014, 58 percent of the country's males aged 15–24 years old could read compared to 39 percent of females the same age. In the age group of 15 and older, only 30 percent of the females could read and write. From 2008 to 2012, there was a 10 percent difference between the number of girls and boys participating in school. Girls may be more inclined to leave school because of being married off at a young age, and some girls are 14 when they get married. Forty-two percent of the population lives in poverty, and in many African families, it is seen as a good investment for a boy to go to school; a girl will get married and will not be able to look after her biological family (UNICEF 2013).

Primary Education

The academic year begins in October and ends in July. The official age for children to enter primary school is six. To lessen the burden on parents, primary schooling is free in the country, albeit the parents are required to buy books, stationary, and school bags for the children. Primary school education is compulsory, but 39 percent of children who are of primary school age are not enrolled in school (Education Policy and Data Center 2014, 2). The statistics indicate that there are more school-age girls than boys who are not enrolled in primary school (Education Policy and Data Center 2014, 2).

Secondary Education

Many of the secondary schools are in the urban areas, so children often have to move close to the city and live with relatives to continue with their education. Many pupils end up leaving before they are done with secondary schooling because there are so many obstacles, such as the stringent academic requirements that they do not meet. Often, how far children get in school is largely influenced by the level of education of their parents (Tansel 1997, 829). Sixty-four percent of girls who should be in secondary school are not, compared to 46 percent of boys the same age (Education

Policy and Data Center 2014, 1). A crucial factor in terms of who gets to go to secondary school is often money. The poorest cannot afford to go, but the rich can. Higher education is not free, so fewer people end up going (UNICEF 2013). Only 48 percent of the youth population is literate (UNICEF 2013).

Health

In 2012, after a brief experiment of offering free health care to citizens, the government had to abandon this project because of improper management, theft, and rising costs. However, women and children were still able to receive free health care, particularly for childbirth and for children who were under the age of six. Furthermore, in the 2000s, there were reports of shortages of medical personnel after civil unrest because many doctors and nurses had fled the country. After the civil unrest, there was huge demand on a limited number of medical staff.

Medicine is also relatively expensive, so poor people opt to use traditional medication, which is more common in the rural areas. The life expectancy for a man in Ivory Coast is 56.9 years, whereas it is a bit longer for women at 59.19 years (WHO 2011).

Ivory Coast has had a long history of female genital cutting (FGC), sometimes called female genital mutilation (FGM) or female circumcision. There are various reasons as to why this is a sacred ritual. Some argue that it is an important rite of passage for young girls into womanhood. Adherents argue that it is essential for girls to do it because women who are not circumcised are often stigmatized and men do not find them worthy of marriage.

This practice is particularly common in the north and the western regions of the country. According to the World Health Organization (WHO) and the Ivorian Association for the Defense of Women, 60 percent of women have undergone FGM (UNICEF 2007). The numbers of people who take part in this ritual differ with ethnicity, region, and religion. Up until 1998, there was no existing law that prohibited female circumcision (UNICEF 2007, 2). In December 1998, a law was passed that made the performance of FGM a crime punishable by up to five years in prison and fines (UNICEF 2007, 2).

Access to clean water is a serious problem. Studies have shown that, in 1993, 60 percent of the population had access to water, and approximately 80 percent had access to clean water (UNICEF 2016). Because of the struggle to access clean water, the infant mortality rates in rural areas

are high. Infrastructure is tenuous during armed conflicts, and access to clean water plummets for those affected by violence.

Maternal Health

Over a 10th of women use contraceptives. In 2006, 13 percent of married women were on contraceptives. Women are more likely to go on contraceptives rather than use traditional methods of prevention. The pill is the preferred method of contraception. Socioeconomic factors play a role in women's access to contraceptives and middle- to upper-class women are more likely to be on them. Only 5 percent of women with no education were on contraceptives, compared to 20 percent of women with a secondary education or higher. Similarly, 5 percent of rural women were using contraceptives, compared to 13 percent of urban women.

Socioeconomic status plays a huge role in whether women have medical assistance. In 2006, while 95 percent of middle- to upper-class women delivered with skilled health personnel, only 29 percent of women in the poorest quintile were able to obtain that assistance. Furthermore, 47 percent of women with no education delivered with skilled health personnel, compared to 87 percent of women with secondary education or higher (World Bank 2011).

Abortion is only legal when it has been proven by three physicians that the pregnant woman's life is in danger. However, if a woman's mental health is in jeopardy or if she was raped, she is not eligible for an abortion. Anyone who tries to abort a woman's fetus without her consent can be sentenced to 1–5 years in prison and a fine of 150,000 to 1.5 million CFA francs (USD\$262 to \$2622). A person regularly performing abortion procedures is subject to 5–10 years' imprisonment and a fine. A woman who procures, attempts, or consents to an abortion can be imprisoned for 6 months to 2 years and must pay a fine of 30,000 CFA francs (USD\$52). Medical professionals who endorse abortions, albeit not perform them, are also subject to the same penalties. Anyone found to be performing illegal abortions will be banned from working in a medical facility that treats pregnant women (SIGI 2016).

Diseases and Disorders

As of 2015, Ivory Coast had a population of 460,000 people living with HIV. In terms of adults aged 15–49, the

percentage was 3.8 percent. Of women aged 15 years and older, 250,000 were living with HIV, and 42,000 children from the ages of infant to 14 were living with HIV. In 2014, there were 22,000 AIDS-related. More than 230,000 children under the age of 17 have lost their parents due to AIDS-related illnesses (UNAIDS 2015). The first case of AIDS was diagnosed in 1985.

In 2012, the WHO reported that there had been more than 2 million cases of malaria reported within the country (WHO 2012).

Mental Illness

Since the civil war broke out in 2002, many women have witnessed physical violence and have had violence inflicted on them. During civil wars, women not only carry the risk of being killed or having their loved ones killed in front of them, they also bear the risk of being sexually violated. They are often kept alive for the purpose of being sexual slaves. In this context, it is highly likely for women to suffer from depression, posttraumatic stress disorder (PTSD), and other mental illnesses. However, the government has not invested much in ensuring that there are enough facilities to cater to those issues. In a country with 22 million people, there are only three psychiatric hospitals (IRIN 2011).

In West Africa and many other parts of Africa, mental illness is considered an affliction of demonic spirits that take over the body and the mind. Families often abandon the mentally ill person, or they think the best solution will come through prayer (IRIN 2011). Mentally ill family members are sent to churches, church camps, or spiritual healing camps, which often chain a person to a tree or a wooden block for an indefinite period while the family prays to cast out the evil spirits.

Employment

Ivory Coast is well-known for having a robust agriculture industry. Seventy percent of the population is engaged in agricultural work, raising livestock, forestry, and fishing (SOS Children's Villages 2016a). Men, women, and children all work in the fields. The division of labor is quite gendered. Men often do the heavy work in agriculture; they also do mining, construction work, and industrial work. Men dominate the civil and military positions, such as police officers, soldiers, civil servants, government officials, and top-level bureaucrats. Children often work on

family farms; in the cities, children work as vendors, shoeshiners, and car washers.

Many farmers have started producing rubber, and this has led to the industry being in competition with the cocoa producers. Many of those who have opted to produce rubber argue that it is a better option because it provides a stable income and can be harvested for 10 months. In 2011, the country produced 240,000 tons of rubber (IRIN 2013).

Because families are poor, children are often forced to work to financially assist the family. Approximately one in three children work. There are 5,000 children working on cocoa plantations, and less than 1 percent are paid for their labor. In urban areas, there is a phenomenon of “little maids,” which refers to the exploitation of poor young girls who work as domestic workers for wealthy people (SOS Children’s Villages 2016a).

In the late 1990s, many men from Burkina Faso migrated to Ivory Coast to find better socioeconomic opportunities. Many of them work in the domestic sphere for wealthy families. The work is divided by qualifications and experience. A man who cleans the house is referred to as the “petit boy” or just “boy,” despite his age; the cook is referred to as “boy cuisinier”; and the nanny is referred to as “nounou.” Wealthier households often have an entire domestic staff.

According to the Institut National de la Statistique de Côte d’Ivoire the number of employed persons in Ivory Coast decreased somewhat to 7,644,539 in 2013 (Trading Economics 2016).

Division of Labor

In rural areas, women and men divide the labor in a gendered way. The men clear the land and harvest the cash crops, such as cocoa and coffee, while women grow vegetables and other staples and perform most household tasks. Women also collect water and fuel, look after their families, spin and weave, and produce handicrafts and pottery to sell at the local markets. As mentioned before, men hold most prominent civic and government positions as well as the role of tribal chief in the villages. Religious roles, from shamans to Catholic priests to Muslim imams, are dominated by men (Every Culture 2016).

Women struggle to get work and loans. The bank will refuse to give a woman a loan unless she has a title to a house and is producing profitable cash crops, particularly cocoa and coffee (Every Culture 2016).

Ivory Coast is well-known for its cocoa-producing industry, which is a very gendered industry. Women play

key roles in the production of the cocoa. They are regularly involved in 12 of the 19 stages that occur to produce the cocoa. They play a lead role in tending the young cocoa trees and performing postharvest activities, despite the fact that cocoa farming is considered “man’s work” and off-limits to women. Men dominate the leadership in the cocoa industry, and it is rare to find a woman who owns a cocoa farm (Oxfam 2013, 3).

Family Life

The law in Ivory Coast prohibits any woman under the age of 18, men who are under the age of 20 from getting married without parental consent. Despite this, one-third of young women are married before they reach 18 (UNFPA 2013). The government does not recognize forced marriages or dowry that is paid to the mother’s family. Traditional marriages often happen with the bride being as young as 14, a practice that is common in the northern communities (Every Culture 2016).

A law was passed in 1964 outlawing polygamy; anyone entering a polygamous marriage post-1964 risks being fined (Every Culture 2016). Polygamous marriages that occurred prior to the law being passed are exempt. The law and its associated penalties seem to have done little to deter people from entering polygamous marriages. Divorced women are prohibited from remarrying for at least 300 days from the date the divorce is announced. Divorce is not common, but it is socially accepted among many ethnic groups.

Regarding inheritance rights, in the case of a spousal death, the common property is divided in accordance to the marriage act. Though the law makes no gender distinction, in practice, women often do not inherit. Different groups have varying traditions, but male relatives often rank above the surviving spouse in the inheritance of property. The wife is excluded if there are children because the property is inherited by them (SIGI 2016). Children can inherit from their parents, grandparents, or any relatives, regardless of their gender.

Sports and Recreation

The most popular sport in Ivory Coast is football (soccer). You will find a football field in almost every city and every village. The country has hosted a number of sporting competitions, and in 1984, the African Cup of Nations was hosted there. The national team came in fifth place. Other

sports that are gaining popularity are rugby and basketball. The country has women's teams. In 2015, the women's team played teams outside of the African continent for the first time and took part in the World Cup (Kessel 2015).

Politics

The structure of the government is similar to many governments in Europe. The country is led by the president and prime minister, and the government is divided into three branches: the executive, judiciary, and legislative. The executive branch of the government is headed by the president of the country, who is in office for a term of five years. The president is the chief of the armed forces, and other duties include negotiating treaties and ratifying those deemed necessary. In the case of death, the successor would be the president of the National Assembly, who would step in until the end of the term. The current president is President Alassane Ouattara, who was reelected in 2015 for another term.

The judiciary branch establishes the laws of the country. There are divisions for different kinds of legal issues. The highest court is the Supreme Court, which oversees most of the judicial functions.

The legislative branch is run by the National Assembly, which is composed of elected officials. They are elected for a term of five years, and they are there to represent a constituency of the population. One of their responsibilities is to pass laws that the president makes.

In a report released by the World Bank, it was revealed that even though women are the majority in the country (52%), out of 29 government ministers, only 5 are women, and only 10 percent of the deputies in the National Assembly are women. In 2016, there were a total of 9 women among the 36-member cabinet (World Bank 2013).

Laws Regarding Women

Because Ivory Coast is a patriarchal society, there is no specific law that penalizes men for physically beating their wives (SIGI 2016). Many people believe domestic violence is a private issue that needs to be resolved quietly and privately within the home, so the state does not think it should be necessary to intervene. Many young women believe it is acceptable for a man to beat his wife.

Women are thought to have given men their eternal sexual consent, which means that, by law, she cannot claim to be raped by her husband, even if the union occurred when

she was young or forced to marry. Rape outside of this context is considered illegal. The sentence is life imprisonment if the perpetrator is assisted in his or her crime by one or more persons; is the father, an older relative, or a person with authority over the victim; or is responsible for the victim's education or intellectual or professional training. Life imprisonment is also given when the victim is a minor (younger than 15 years).

Nongovernmental Organizations

There are many humanitarian nongovernmental organizations (NGOs) in the country, namely, UNICEF and Amnesty International, both of which monitor and report on human rights violations in the country. A local NGO is the Organization of Active Women in Ivory Coast (OFACI), which formed in 1999. A group of young women came together because of their shared love for equality and justice. They created the organization to focus on promoting and protecting the rights of women; promoting the political empowerment, economic, and social status of women; organizing literacy activities for girls; and designing and implementing development projects that benefit women.

Land Rights

Women only own 18 percent of the land in Ivory Coast (World Bank 2013). Women are usually obligated to ask their husbands or family to cultivate food crops on the land. By law, once a woman is married, the man is considered the head of the household, and he then has the authority to control the family's assets, including the land.

LGBT Rights

In Ivory Coast, there are no laws that decriminalize people for being homosexual or transgender. But many communities are hostile toward the LGBT (lesbian, gay, bisexual, and transgender) community. In 1994, a group of transgender activists stormed a media house after they had "sarcastically reported" on the transgender community in a way that was offensive. These activists assaulted journalists and broke a number of windows. This event and many others led to the formation of the group *L'association des travestis de Côte d'Ivoire* (Travesti Association of Côte d'Ivoire). A few years later, a French documentary, *Woubi Chéri*, provided insight on the transgender community and how sex work plays a huge financial role in many

marginalized communities, such as the LGBT community. Shortly after this documentary was released, the leader of L'association des travestis de Côte d'Ivoire left the country for Canada, and the group lost its momentum (Thomann and Corey-Boulet 2015, 9).

A lot of work has focused on the lives of the LGBT community. LGBT lives are affected by violence from the church, the army, the police, local communities, and even hospitals. In 2014, a prominent gay rights organization, Alternative, had their offices ransacked and vandalized by a group of 200 people. The group made off with computers, threw garbage over the walls, and hung signs that read, "Stop the homos." Even in safe spaces such as gay bars, the LGBT community is harassed by the police and the army (Thomann and Corey-Boulet 2015).

Religious and Cultural Roles

About 60 percent of the population adheres to indigenous beliefs, 25 percent are Muslim, and 12 percent are Christian (Every Culture 2016). Christianity is the main religion in the south and the center of the country. Islam is dominant in the north and northeast regions (although many Muslims have moved south in search of work), and indigenous belief systems are present throughout the land. Even when people convert to Islam and Christianity, many continue to observe the rituals of indigenous beliefs, which include communicating and worshipping ancestors.

Issues

Sex Work

Sex work is not illegal; however, it is illegal to solicit for the purposes of sex work. If a sex worker is found soliciting, she or he can be sentenced to three years in prison. Sex work is defined as a "breach of morality" under the law. After the civil war, many women turned to sex work as a way to get a stable income. Sex workers have to deal with a lot of stigma and harassment that leaves them vulnerable to violence and makes it difficult to access health care. According to a 2012 Demographic Health Survey (DHS), 28.7 percent of sex workers are HIV positive (NSWP 2016).

In 2007, an organisation that focuses on sex workers' human rights, Bléty, was formed. The organization lobbies political actors and health sectors for help in making sex work safer for sex workers (NSWP 2016).

Disability

Currently, there are no statistics about the number of children living with disabilities in the country. An official report estimates that at least 30 percent of children in Ivory Coast have a cognitive or physical disability and that only 10 percent of the disabled population is receiving any kind of service (Bayat 2013, 5). The country has no laws pertaining to the human, social, or educational rights of disabled people. There are a few programs aimed at disabled children, but nothing is available for disabled adults.

In Ivory Coast, disabled children are viewed with suspicion. It is believed that a child that is born disabled is a result of witchcraft. Traditional beliefs recommend that a disabled child be killed. If not, then the onus is on the parents to take care of the child, particularly the mother. In some cases, the mother is sent away with their child. The sending away of the disabled child might have to do with the belief that if anything goes wrong within the community, the blame is placed on the disabled child and the evil spirit that the child carries.

Violence of the Military

The Ivory Coast has a long history of violence, and this violence is keenly felt today by sex workers and the LGBT community. The army, Forces Républicaines de Côte d'Ivoire (FRCI), is notorious for disrupting places that are only meant for the LGBT community or sex workers. Sex workers speak of being arrested or coerced into having sex with the military to not get arrested. In 2012, a gay night club was raided by the FRCI, who demanded free drinks; they also proceeded to humiliate the trans people by asking them to go outside and strip off their clothes (Thomann and Corey-Boulet 2015, 2).

Women's Activism

In 2011, a group of women activists organised a march on International Women's Day. This march was organized after the president refused to cede power despite the country's election commission announcing that his opposition had won by a majority vote in the previous year's election (Smith 2011). This protest, like others, ended in bloodshed. A week before the protest on International Women's Day, seven women were killed by Gbagbo's soldiers at a peaceful protest (Smith 2011). A subsequent protest was organized in resistance to this violence, and 15,000 people participated. It was organized by Aya Virginie Toure.

Some women protested naked. In Ivory Coast, as in many African communities, a naked woman in public insults or curses the person who sees her bare body, particularly if the viewer is a man. The organizer for this protest, Aya Virginie Toure, a 58-year-old grandmother, faced threats as a result. She could not sleep in her own home and had to sleep in different places each night to make it harder for the military to find her (Okeowo 2011).

The Impact of the War on Women

When there is conflict, women often suffer the most. Women's bodies are used as tools to humiliate men by showing them that they cannot do what men ought to do, which is protect women and their families. Women and girls are repeatedly raped by soldiers. Some are raped while their family members are forced to watch. Some women report trying to flee to Liberia; if caught by the soldiers, they can be taken away and kept at the men's homes as sex slaves for as long as the soldiers deem fit. Some manage to escape; others are not so fortunate. Speaking out about sexual violence as a survivor is a difficult thing for many women in Ivory Coast because of the shame and stigma that comes with it. There is also the fear of speaking out for fear of rejection by their communities and families. It is estimated that only one-tenth of all sexual violence incidents are reported (Pender 2011).

Trafficking

Ivory Coast is well-known for its cocoa industry, and many corporations base their manufacturing in the country. The industry is closely linked with child labor and child trafficking. Many families allow their children, particularly boys aged 12–16, sometimes even younger, to work on the cocoa farms because of the money they will earn. These boys earn little in wages and are often physically abused on the farms.

Sometimes men in Mali and other neighboring countries find poor, homeless boys and offer them work; they then “sell” the boys to the cocoa farmers for cheap farm labor. A UNICEF report concluded that 200,000 children are trafficked yearly in West and Central Africa (Chanthavong 2002). There are about 600,000 cocoa farms in the Ivory Coast, and they are often in isolated areas. It is difficult for other adults to notice and report these abuses to the authorities. Children who work on cocoa farms are often subject to psychological and physical abuse. They

may try escape, but if they fail, they are brutally beaten. Their living conditions are awful, and they are often not well fed.

KARABO MAFOLO

Further Resources

- Aboa, Ange. 2013. “Ivory Coast Lawmakers Pass Critical Land Nationality Laws.” Reuters, August 23. Retrieved from <http://www.reuters.com/article/us-ivorycoast-laws-idUSBRE97M0Y120130823>.
- Bartolomei, Maria Rita. 2010. “Migrant Male Domestic Workers in Comparative Perspective: Four Case Studies from Italy, India, Ivory Coast, and Congo.” *Men and Masculinities* 13.1: 96–97.
- Bayat, Mojdeh. 2013. “Exploring Views of Disability in the Côte d'Ivoire.” *Disability and Society* 29.1: 30–43.
- BICE. 2014. “Disabled Children in Ivory Coast.” November 24. Retrieved from <http://bice.org/en/disabled-children-in-ivory-coast>.
- Chanthavong, Samlanchith. 2002. “Chocolate and Slavery: Child Labour in Côte d'Ivoire.” *TED Case Studies* no. 664.
- Education Policy and Data Center. 2014. “Côte d'Ivoire.” *National Education Profile Update* 1–2.
- Every Culture. 2016. “Côte d'Ivoire.” Retrieved from <http://www.everyculture.com/Bo-Co/C-te-d-Ivoire.html>.
- Guillaume, Agnès, and Annabel Degrees de Lou. 2002. “Fertility Regulation among Women in Abidjan, Côte d'Ivoire: Contraception, Abortion, or Both?” *International Family Planning Perspective* 28.3: 159–166.
- IRIN. 2011. “Mental Health Gaps as Conflict's Horror Lingers.” October 25. Retrieved from <http://www.irinnews.org/feature/2011/10/25/mental-health-gaps-conflicts-horror-lingers>.
- IRIN. 2012. “Ivory Coast Forced to Drop Free Public Healthcare System Due to Rising Costs.” *The Guardian*, January 27. Retrieved from <https://www.theguardian.com/global-development/2012/jan/27/ivory-coast-free-healthcare-ends>.
- IRIN. 2013. “Ivory Coast Farmers Abandon Cassava for More Lucrative Rubber.” *The Guardian*, February 28. Retrieved from <https://www.theguardian.com/global-development/2013/feb/28/ivory-coast-farmers-cassava-rubber>.
- Kessel, A. 2015. “Ivory Coast Exit the Women's World Cup as Africa Pleads for More Support.” *The Guardian*, June 19. Retrieved from <https://www.theguardian.com/football/blog/2015/jun/19/ivory-coast-exit-womens-world-cup-africa-support>.
- NSWP (NSWP, Global Network of Sex Work Projects). 2016. “Bléty—Abidjan, Ivory Coast.” Retrieved from <http://www.nswp.org/featured/bl-ty-abidjan-ivory-coast>.
- OFACI (Organisation of Active Women in Ivory Coast). 2016. Retrieved from <https://www.insightonconflict.org/conflicts/ivory-coast/peacebuilding-organisations/ofaci>.
- Okeowo, A. 2011. “The Ivory Coast Effect.” *The New Yorker*. Retrieved from <http://www.newyorker.com/news/news-desk/the-ivory-coast-effect>.
- Oxfam. 2013. “Gender Inequality in Cocoa Farming in Ivory Coast.” Retrieved from <https://www.oxfam.org/sites/www.oxfam.org/files/gender-inequality-cocoa-ivory-coast.pdf>.

- Pender, Elizabeth. 2011. "In Ivory Coast, When Conflict Starts Women Become Targets." *The Guardian*, April 13. Retrieved from <https://www.theguardian.com/global-development/poverty-matters/2011/apr/13/ivory-coast-women-targets-of-rape>.
- Psychology in Africa. 2013. "Ivory Coast (Côte d'Ivoire) Mental Health Profile." August 8. Retrieved from <http://psychologyinafrica.com/profiles/2013/8/8/ivory-coast-cte-divoire-mental-health-profile>.
- SIGI (Social Institutions & Gender Index). 2016. "Côte d'Ivoire." OECD Development Center. Retrieved from <http://www.genderindex.org/country/cote-d039ivoire>.
- Smith, David. 2011. "Ivory Coast Marches on International Women's Day Ends in Bloodshed." *The Guardian*, March 8. Retrieved from <https://www.theguardian.com/world/2011/mar/08/ivory-coast-international-womens-day>.
- SOS Children's Villages. 2016a. "Ivory Coast Education and Jobs." *Our Africa*. Retrieved from <http://www.our-africa.org/ivory-coast/education-jobs>.
- SOS Children's Villages. 2016b. "Ivory Coast: Poverty and Healthcare." *Our Africa*. Retrieved from <http://www.our-africa.org/ivory-coast/poverty-healthcare>.
- Tansel, Aysit. 1997. "Schooling Attainment, Parental Education and Gender in Côte d'Ivoire and Ghana." *Economic Development and Change* 45.4: 827–829.
- Thomann, Matthew, and Robbie Corey-Boulet. 2015. "Violence, Exclusion and Resilience among Ivorian Travesties." *Critical African Studies*: 2–9.
- Top End Sports. 2016. "Sport in Ivory Coast." Retrieved from <http://www.topendsports.com/world/countries/ivory-coast.htm>.
- Trading Economics. 2016. "Ivory Coast Employed Persons." Retrieved from <http://www.tradingeconomics.com/ivory-coast/employed-persons>.
- UNAIDS. 2015. "Côte d'Ivoire." Retrieved from <http://www.unaids.org/en/regionscountries/countries/ctedivoire>.
- UNDP (UN Development Programme). 2015. "Working for Human Development. Briefing Note for Countries on the 2015 Human Development Report." Retrieved from http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/es/CIV.pdf.
- UNFPA (UNFPA West and Central Africa). 2013. "Ivorian Government and UNFPA Tackle Teenage Pregnancy in Schools." Retrieved from <http://wcaro.unfpa.org/news/ivorian-government-and-unfpa-tackle-teenage-pregnancy-schools>.
- UNICEF. 2007. "Fact Sheet: Female Genital Mutilation/Cutting." Retrieved from https://www.unicef.org/wcaro/WCARO_CI_FactSheet_En_FGM.pdf.
- UNICEF. 2013. "Côte d'Ivoire." Retrieved from https://www.unicef.org/infobycountry/cotedivoire_statistics.html.
- UNICEF. 2016. "Côte d'Ivoire." Retrieved from <https://www.unicef.org/cotedivoire/wes.html> Retrieved from <http://www.unfpa.org/news/safe-haven-girls-living-streets-c%C3%B4te-divoire>.
- WHO (World Health Organization). 2011. "Côte d'Ivoire." Retrieved from http://www.who.int/mental_health/evidence/atlas/profiles/civ_mh_profile.pdf.
- WHO (World Health Organization). 2012. "Côte d'Ivoire Country Profile." Retrieved from http://www.who.int/malaria/publications/country-profiles/profile_civ_en.pdf.
- World Bank. 2011. "Reproductive Health at a Glance Côte d'Ivoire." Retrieved from <http://siteresources.worldbank.org/INTPRH/Resources/376374-1303736328719/IvoryCoast42211web.pdf>.
- World Bank. 2013. "Women of Côte d'Ivoire Speak Out." Retrieved from <http://www.worldbank.org/en/news/feature/2013/08/06/women-of-cote-d-ivoire-speak-out>.

J

Jordan

Overview of Country

The Hashemite Kingdom of Jordan reflects both modernity and deeply rooted traditions. The country embodies a unique juxtaposition of old and new, varying by city and neighborhood. In Amman, the country's capital, one can encounter Westernized university students and liberal upper-class families and minutes later be in a very poor conservative area. Just a few hours outside the city, Bedouin villages, and refugee camps become more common. Situated with Syria to its north, Iraq to the northeast, Saudi Arabia to the east and south, and Israel and the Palestinian National Authority to the west, Jordan is at the center of the Arab world (United Nations in Jordan 2014). Though the kingdom is relatively young, having established its constitution in 1952, Jordan plays a pivotal role in Middle Eastern politics. Jordan has a rich religious history, making it a holy land for the *ah al-Kitab*, or “people of the book,” which refers to Muslims, Christians, and Jews. More than 92 percent of Jordanians are Sunni Muslims, 6 percent are Christian, and there are some small Shia and Druze populations as well (Pluralism Project at Harvard University 2014).

The people of Jordan are ethnically diverse. The majority of Jordan's 6.5 million people are Arabs who descended from Bedouin, or nomadic, tribes, who presently inhabit

the east and south of the country. Traditionally, they lived in tents called *bait al-shar* (literally “house of hair”); however, only a small portion of the Bedouins today can be described as truly nomadic, as most have adopted sedentary lifestyles within villages consisting of large extended families. They have persevered the simplicity of the Bedouin lifestyle while settling into sedentary communities (Keys to the Kingdom 2001a).

Jordanians of Palestinian origin make up roughly 1.4 million of the population. Jordan was the only Arab state to grant them full citizenship when they were forced from their homeland during the 1948 and 1976 wars with Israel (UNRWA 2014). Many Palestinians continue to live in refugee camps, particularly in the West Bank and in northern parts of Jordan. Although the influx of Palestinians has strained the economy, they have contributed both politically and economically to their adopted country. Syrian refugees also represent an increasing segment of Jordanian society due to their government's instability. Numbering nearly 600,000, they struggle to secure employment and adequate housing in Jordan (Migration Policy Center 2014). Other minority groups in Jordan include small numbers of Circassians, Armenians, Chechens, and Druze (Keys to the Kingdom 2001a).

Despite Jordan's important political role and diverse ethnic makeup, it is a relatively small country with limited natural resources. Jordan is considered an upper middle-income country; however, with continued refugee

immigration, the country is forced to assess its limited water supply and innovate ways to use existing resources more efficiently. Jordan relies on external sources for the majority of its energy requirements. Tourism contributed 6 percent directly to Jordan's GDP, and 20 percent indirectly in 2015, but the industry has been threatened by unrest and civil war in the region (Wilson 2017). Furthermore, unemployment rates in 2010 were twice as high for women as they are for men (10.4% vs. 21.7%). Also notable is that 78 percent of unemployed women are educated (holding a college diploma or higher). Jordan has a very young population; almost 70 percent of its inhabitants are under the age of 30 (UNDP 2012). This number suggests that heavily investing in youth programs and incentives would help stabilize the economy by creating job security and lowering the poverty level. Women and girls in particular are vital to this process.

Girls and Teens

Education

Education in Jordan is of high priority to the royal family and the local culture. Often seen as an indicator of status, wealth, and character, education has become increasingly important since the middle of the 20th century. Education in Jordan consists of four levels: kindergarten, ages 4–5 years old (mostly operated by private and nongovernmental organizations); basic education, ages 6–16 years old (compulsory stage for all children); secondary education, 17–18 years old; and higher education. The Ministry of Education oversees the first three stages, and the Ministry of Higher Education and Scientific Research administers university-level education. Basic education consists of both private and public schools, which are generally segregated by gender, although some international schools allow for mixed classrooms. At the secondary level, students are placed based on their interests and have three options: academic secondary education, vocation secondary education, or applied secondary education. The first two prepare students for the General Secondary Education Examination Certificate, which is earned by completing the *tawjihi*, the general secondary examination (UNESCO 2011). Students' exam scores determine whether they will be accepted at a public university. Due to the low fees and limited numbers for enrollment, students strive to be accepted at one of these universities. Private universities are more expensive but have fewer admissions requirements than public institutions (Jansen 2006, 476).

Jordan's educational system is highly regarded in the region due to the drastic improvement in literacy rates and the compulsory stage being free for all Jordanian children. Both the quality and accessibility of education generally works in favor of women. The selection process for public universities is relatively open and objective, and women enroll at a higher rate than male students (Jansen 2006, 480). The growing presence of women studying at public universities can be attributed to several underlying cultural attitudes that shape the educational path of most Jordanian women.

A highly educated son or daughter brings pride and social status to a family. Attitudes in Jordan are generally favorable for women pursuing higher education, and daughters can greatly influence their family's reputation by being highly educated. A highly educated woman, particularly if she has not put her education to economic use, can be a symbol of prestige for her father and her future husband. If a woman's family is wealthy enough to educate her for leisure, it shows that she is from a good family and will make a good partner, enhancing her attractiveness to potential suitors (Jansen 2006, 485–486). It is also viewed, in rare cases, as a type of insurance in case a divorce occurs. Obtaining a higher education is an asset for women, and the majority of women in Jordan report wanting to study past the secondary level (Christrup and Eklund 2009, 33).

The enrollment of women at public universities remains higher than that of men. Jordan is now one of eight Middle Eastern countries in which more women attend university than men. However, women are encouraged to apply for public institutions, as they are typically expected to have shorter educational paths and careers due to family obligations after marriage (Jansen 2006, 482). Girls also have to prove themselves to their families and fight for the right to study at the university level more often than boys. For example, culturally, women stay inside the home more than men do. This is related to the dichotomy between the public and private spheres within traditional Arab society (Jansen 2006, 480). Therefore, being educated is an opportunity, as some women describe it, to feel free.

The education of women is a right in Islam, and because there are plenty of segregated universities and women-only universities, it is harder for families to object when a daughter wants to pursue higher education. Studying allows women to still conform to local gender norms while enhancing themselves and finding freedom and recognition. Many educators in Jordan report that girls from a young age are taught to be obedient, restricted in

movement, and patient, all qualities that are critical for high academic attainment (Jansen 2006, 483). Segregation proves to have a positive effect on the diversity of fields women choose to study.

The gender gap in education in Arab countries has been a source of criticism in years past. Since the educational reform in the last several decades, it is evident that the number of women students has dramatically improved, and education is of top importance in Jordanian society. However, enrollment numbers and degrees obtained cannot be a singular measure of women's liberation. It is crucial to examine the connection between employment and the political representation of women and the rise of education, as well as review patriarchal attitudes that shape the educational opportunities women are allowed. For example, many Jordanian women are still less likely to be allowed by their families to study abroad like their brothers. Thus, although education is a substantial gain, it has not necessarily translated into progress for women in other facets of Jordanian society, and there are still underlying social values that shape women's education that cannot go unexamined.

Literacy

The adult literacy rate for Jordanian women rose from 55 percent to 86 percent between 1980 and 2002. Today, the literacy rate is approximately 96 percent. There are still some older women, particularly in rural communities, who are illiterate and have never attended formal schooling (World Bank 2013).

Employment

The unemployment level among educated women in Jordan is more than 35 percent. A lack of natural resources coupled with prevailing patriarchal attitudes about women in the workplace put Jordanian women's employment status and pay equity at a large disadvantage. The country faces several obstacles in achieving economic revenue, namely, scarcity of water supplies, dependency on oil imports, and only 10 percent of its land being arable. Jordan's most lucrative sector of the economy is tourism, but that still leaves many educated Jordanians unemployed. Educated women are more likely to be unemployed than educated men.

Although more Jordanians are educated and pursuing advanced degrees, the curriculum has not been revised and does not train analytically minded students. The educational

system is not in accord with what many employers are seeking, especially within the private sector (Banihani 2014). Furthermore, the government's structural adjustments that decreased the size of the public sector eliminated many jobs for both men and women, but they hurt potential women employees more. Historically, the public sector has offered higher salaries, more job protection, and more social security for educated women than private-sector jobs. Within the public sector, there is a preference for male employees; therefore, the decrease leaves more educated women jobless (Miles 2002, 415–416). Employers use standard excuses that women have more responsibilities in the home, lack of business experience, and other religious and cultural values as reasons for not hiring women.

It is not just Jordan's limited economy or explicit sexism among employers, however, that are deterring women from obtaining employment. Cultural and familial factors are a great determinant of a woman's employment status. Cultural ideals about female mobility place many restrictions on the job situation a woman pursues. She will have to consider how far the workplace is from her home, how much contact she will have with men, what hours she will be required to work, and whether these issues are in agreement with her family's beliefs (Schiff 2012). "In Arab society, family honor depends mainly on the conformity of its female members to certain norms and values centered on modesty. Traditionally, women's behaviors have been severely restricted, limiting their activities to the domestic sphere; gainful employment was not considered part of women's role" (Miles 2002, 413). This creates many limits on highly educated women who have much to offer to the economy.

Despite huge advancements in women's education in Jordan, female participation in the workforce remains low. This paradox indicates that women's abilities, talents, and knowledge are not being utilized to their fullest potential, robbing the Jordanian economy of lucrative opportunities for growth and stability (Schiff 2012).

Pay Equity

Jordanian women who do find employment face further gender-based discrimination. Women working in the same profession as male colleagues with equal skill sets are still paid less. Almost half of employed women are professionals, and they earn considerably less than male professionals. The average hourly wage for such women is 33 percent less than their male counterparts (Jordan Pay

Equity 2012). Such discrimination is increasing, according to recent studies.

Inequity in pay is especially problematic, as it may contribute to higher rates of unemployed educated and highly skilled women in the long term. Combined with other aforementioned factors that create substantial barriers to women's employment, the prospect of pay discrimination is a further deterrent, especially for women who are the heads of their households (Jordan Pay Equity 2012).

Maternity Leave

In June 1996, working mothers were provided with additional legal protection. The new labor law includes an article that prohibits employers from terminating their jobs or giving them notice about termination if they are past their sixth month of pregnancy or on maternity leave. It also gives mothers 10 weeks of paid maternity leave, compared with the previous allowance of 8 weeks, as well as an hour a day for breastfeeding during the first year after delivery and a year's unpaid leave to care for their newborns (Bitar 2011). However, this law has had little influence over employers, especially within the private sector, which still prefers to hire men for convenience and because of gender-biased attitudes.

Family Life

Gender Roles and Family Structure

The family unit in Jordan can be categorized by religion (Muslim, Christian); region (north, middle, south); residence (urban, rural, Bedouin, refugee camp); national affiliation (Jordanian, Palestinian, other); family type (nuclear, extended); or family lifestyle (conservative, liberal) (Department of Statistics 2012). Within many religious practices, particularly monotheistic faiths such as Islam, Christianity, and Judaism, there is a commitment to the primacy of family and marriage in maintaining society. This dedication to preserving the family is common worldwide and is not limited to Arab states. In Jordan, the family unit provides a collective identity and responsibility, and nothing is considered individual or private, as every action represents the family name.

Regardless of how categories overlap for particular families and communities, Jordanian society is patriarchal. Male family members are afforded more social, material, and economic power than female family members and children. The male head of the household is given the

responsibility of providing financial support in exchange for the woman's fidelity, obedience, maintenance of the home, and caregiving for the children and extended family. Jordanian culture is based on conservative attitudes about gender roles, and the behavior of men and women is thus strictly defined by the social system. Deviance from the prescribed roles can result in family shame, especially when the deviant is female (Abu-Lughod 1986; Badawi 1995; Mernissi 1975).

Within many Arab societies, such as Jordan, men and women are portrayed as fundamentally different, as they were created to be by Allah. Men and women are defined by their biology, particularly because of women's ability to become mothers. There is a hadith, (a saying of the Prophet Muhammad, peace be upon him) that paradise lies at the mother's feet. Mothers deserve the utmost respect (Jawad 1998). However, some argue that there is little room outside of this for women to find a role in society. One of their primary duties is to become mothers, which comes after being a wife, of course. Every Muslim girl is socialized to look forward to marriage (Murphy-Geiss 2010, 41). This religious belief helps explain why some women choose to be homemakers, and why employers are sometimes hesitant to hire female employees. It could be difficult for a woman to maintain her commitment to her role as a wife and mother and fulfill her work responsibilities (Salehi-Ifshani and Dhillon 2008, 23).

Marriage and Sexuality

For Jordanians, both men and women are expected to marry. In Islam, marriage completes half of one's religion. Marriage is also a means of economic security and creates the bridging of two families that are usually from the same socioeconomic level. Life is lived according to the desires of one's family, and marriage is the goal. However, male and female Jordanian youth experience the transition between childhood and adulthood and marriage very differently. Young men experience the pressure of finding employment, generating savings to assist family members, financing marriage, and securing a home. Throughout this time, they have unrestrained mobility and have numerous opportunities for socializing outside of the home. It is common to see young men hanging out at hookah shops, in restaurants, and in urban downtown areas, even late at night. Young women, on the other hand, have fewer options during their *waithood* (time between puberty and marriage) and face more restrictions, as they have to navigate

prevalent social and cultural gender norms regarding public spaces (Kaya 2009). Public spaces, though not regulated by law, as in some more conservative Islamic countries, are regulated by tradition and the size of the town. In some ways, this time is beneficial for women, especially in the last 30 years, as they have had more opportunities to pursue higher education, which has increased the average marriage age of women. However, these do not include employment opportunities during waitthood.

This period of waitthood also indicates important values regarding female sexuality and virginity in Jordanian culture. Though both men and women in Islam are commanded to remain chaste before marriage, it is culturally of more importance for women, as is common in many cultures, both Eastern and Western. In some parts of Jordan, the tradition of checking the sheets for blood after the wedding night is still common. Several Arab feminists (Fatimah Mernissi, Lila Abu-Lughod, and Nawal El Saadawi) studying the customs and practices of Islam have highlighted the particular ways a patriarchal family is maintained, including defining female and feminine sexuality as being potentially uncontrollable. This ideology explains the necessity of cultural rules and regulations for women, such as curfews, enforcement of female modesty, segregation, and the dichotomy of public and private spaces in Arab-Islamic patriarchal social structure. Even in the Arabic language, the word *fitna*, loosely translated as “chaos,” refers to a destructively erotic woman. Thus, women are seen to embody an uncontrollable sexual nature that is harmful to men and can distract them from their social and religious duties (Mernissi 1975, 4). Therefore, the responsibility is placed on women, through many of the aforementioned conditions of social behavior, to maintain social order. Otherwise, she will bring dishonor and shame upon her family.

In Amman, especially near mixed universities and in the upscale neighborhood of Abdoun, it is not uncommon to see women who forgo wearing a hijab. However, the rest of Jordan, especially in the rural areas, most women do observe the hijab and wear traditional clothing. In many discussions about the rights of Arab women, Western feminists have portrayed the hijab as the ultimate indication of female oppression. However, feminist scholars of the Middle East argue that this mind-set has to change. Even if one opposes the state imposition of wearing the hijab, it should not be a marker of women’s freedom or lack thereof (Abu-Lughod 1986). In fact, more Muslim women in both the West and Jordan are *choosing* to wear the hijab. Some

see it as compulsory in religion, and others wear it for a sense of control over what others can see of their bodies, which is arguably equally liberating (Kaya 2010).

Women’s liberation can look different depending on the culture and the religious attitudes of a particular society. Some Muslim women have been suspicious of Western feminism, as it has been used in the past as a guise for colonialism and Western control of Arab land. The work of some Muslim feminists has developed largely as a response to the ways that some forms of Western feminism excludes religion. Consequently, it is evident that Muslim feminists have found liberation in their religious beliefs and used these ideologies as tools for furthering the women’s movement in Jordan.

Fertility Rates

In 2012, the average total fertility rate was 3.4 children in urban settings and 3.9 children in rural areas. Fertility for the 15–19 age group is very low, and, on average, a woman in Jordan will have given birth to less than one child by age 25. The fertility rates rise dramatically for women between the ages of 25 to 29 and decrease slowly after 29 (Department of Statistics 2012). These numbers reflect the importance that is placed on women’s education in Jordan, which delays the age at which women marry and begin bearing children.

Contraception

In 2012, 59 percent of married women aged 15–49 were using some method of contraception, and 42 percent were using a modern method (Department of Statistics 2012). Nonmodern methods include the rhythm method and pulling out. Contraception is readily available in Jordan, and there is little correlation between level of education and contraceptive use. While social attitudes in Jordan are generally favorable of contraceptive use, there are many variances in beliefs about acceptable methods and reasons for using methods. For example, there is still a small portion of society with the extremely conservative belief that family planning is forbidden in Islam and that family size should be determined by God. Sterilization is uncommon. However, the majority of Jordanians agree that family planning is acceptable to preserve the health of the mother and for birth spacing and financial reasons. The most common reasons for not using modern contraceptive methods are breastfeeding and pregnancy (Mahadeen et al. 2012).

Reproductive services for unmarried Jordanian women and youth are lacking. Studies indicate that there are still major barriers to accessing quality information and services, such as unpleasant facilities and ill-informed staff. Jordanian youth, especially girls, have traditionally been shielded from information about disease prevention and reproductive health until the time of marriage (Khalaf et al. 2009, 321).

LGBT Rights

Jordan is the only Arab country where homosexuality is not a crime; however, tradition keeps many in the LGBT community silenced and discriminated against. Since 2008, they have been allowed to form organizations, but most Jordanians do not support these actions; groups are never granted licenses. Activists would like to create support networks to provide housing for those who are rejected by their families and have nowhere else to go (Deutsche Welle 2014). It is a huge social taboo for any person to live as openly gay, and violence is an imminent threat, especially from radical Islamists. Homosexuality is seen as *haram* (forbidden) (Al Arabiya 2014).

Health

Health Care Access and Overview

Healthcare in Jordan is considered one of the most effective and modern infrastructures in the Middle East. Their system is divided into two categories: public and private. The Ministry of Health oversees civil insurance, for which any citizen, resident, or visitor is eligible. Royal Medical Services covers military insurance and private customers. Private insurance is operated through hospitals and clinics. Nongovernmental organizations (NGOs) and international groups provide much of the medical care for refugees. Technically, it would appear that, based on this system, every person is covered and has his or her medical needs met. However, with a two-tiered health system, inequities are evident in the distribution of health care expenditures. The private sector only provides 20 percent of health services, and yet 60 percent of the health expenditure is in this category. The public sector provides 80 percent of services and has only 40 percent of the expenditure. A quarter of the population is reported to be uninsured, and out-of-pocket expenses for pharmaceuticals are common. Women access health services more frequently than men due to reproductive- and childbirth-related needs (Bpharm 2017).

Diseases and Disorders

Through widespread education, Jordan has significantly reduced the rates of communicable diseases. However, noncommunicable diseases have increased. These include but are not limited to cancer, diabetes, and cardiovascular conditions. These diseases are likely a result of economic burden as well as social and geopolitical pressures. For example, smoking cigarettes and hookah is a common practice. Jordan has a low prevalence of HIV/AIDS (Bpharm 2007).

Breast cancer is becoming increasingly more common among women in Jordan and has a high mortality rate due to late detection. Breast cancer is also the leading cause of cancer deaths among Jordanian women. Public awareness of the issue is lacking, and further education should be prioritized regarding breast examinations and detecting symptoms (Kawar 2009).

Childbirth and Maternal Health Care

The infant mortality rate—neonatal and postnatal—has decreased steadily, and the quality of maternal care is considered exceptionally high for the region. In Jordan, less than 3 percent of women give birth at home, and 97 percent deliver in a health care facility (Sweidan et al. 2008, 59). These facilities are well equipped to deal with medical emergencies; however, women in Jordan still lack control over their birthing options. Many unnecessary practices persist with uncomplicated, low-risk births, such as limited mobility during labor, being strapped down during delivery, and limited allowable social support during the process. For example, husbands are allowed in the delivery room during labor less than 50 percent of the time, and 77 percent of the time no companion is allowed during delivery for support (62). The majority of women are also given some sort of pain medication, whether necessary or not, for a safe delivery. Jordanian women need more information about delivery options to exercise their preferences, and Jordanian hospitals are advised to implement more thorough evaluations of their practices (66).

Politics

Suffrage

Jordanian women gained the right to vote and to run for candidacy in parliamentary elections in 1974; however, due to political situations that influenced the openness of

the political structure, they were not able to exercise these rights until 1989 (Dababneh 2012, 216).

Structure of Government

The Hashemite Kingdom of Jordan is a constitutional monarchy with representative government. The monarch is the head of state, chief executive, and commander in chief of the armed forces. The council of ministers, or cabinet, is accountable to the House of Deputies, which, along with the Senate governs the legislative branch. The judicial branch remains independent. The government of Jordan is committed to democratization and reforms that further the empowerment of Jordanian citizens (Keys to the Kingdom 2001b).

Armed Forces

The Directorate of Women's Affairs was established in 1994 to protect the rights of women serving in the Jordanian Armed Forces. Princess Aisha, King Hussein's daughter, who heads the directorate, pushed for legislation to lengthen maternity leave to 90 days and to provide better opportunities and training to match women's skills and goals with appropriate career paths. Doing so has advanced the role of women and capabilities of the military (Keys to the Kingdom 2001c).

Personal Status Law

In Jordan, the majority of family matters are viewed through the personal status law preceded over in sharia courts. Women are considered equal under the civil code, but under the personal status law, they become inferior. This includes all matters related to marriage, divorce, and inheritance. All single women (divorced, widowed, and never married) under the age of 40 are considered to be legal minors and technically under the guardianship of male relatives. They cannot apply for a passport without a male guardian's approval, and men are recognized as the sole legal guardians of children (SIGI 2012). In the case of divorce, women are allowed to keep their children until they reach puberty and then they may decide with whom they want to live. However, if a woman remarries, the children must live with their biological father, his mother, or the wife's mother, per the court's decision. Men have the right to divorce their wives through registering with the court and awarding financial compensation to the wife. A wife must petition for a divorce, and although domestic

Queen Noor

Her Majesty Queen Noor of Jordan is an Arab American who has been a pioneer for women's rights and development in Jordan as well as globally. After marrying into the royal family in 1978, she founded the Noor Al Hussein Foundation (NHF), which she chairs. The organization maintains revolutionary best-practice programs in poverty eradication, sustainable development, cross-cultural understanding, and women's microfinance. NHF also provides training and assistance to further develop related programs in the broader Arab and Asian regions.

Queen Noor is a firm believer in aiding women's progress and has addressed concerns that the Arab Spring and rise of political Islam will set women back. "Islam should not be considered the source of misogyny and women's oppression in the region," she said, adding that while women still have much progress to make, many advancements have been made in the way of education, quality of life, and economic skills that cannot go ignored. Queen Noor has paved the way for continued women's progress in Jordan and neighboring countries, and her legacy will continue to benefit women globally.

—Kristin K. Chase

violence is grounds for divorce, it is difficult to prove, as it requires two adult male witnesses (Tabet 2005, 12–13). While women's movements in Jordan have made advancements in education, employment, and health care, much reform must happen with the personal status law for Jordanian women to have autonomy.

Citizenship and Nationality

One of the most pressing issues facing women today, which has recently gained momentum with the backing of women's rights groups, is the right for Jordanian women married to non-Jordanian men to pass their citizenship to their children or their husbands. While Jordanian law does allow for the possibility of naturalization for non-Jordanian husbands, it is at the discretion of the Council of Ministers. The majority of women who pursue this process receive rejection letters with no explanation.

The current nationality law creates countless difficulties for women and their families. Noncitizens are subject to

high foreigner fees, such as work permits, which must be paid annually. Their children are required to pay higher fees for university enrollment, and they are not eligible for government scholarships. If a woman is in a troublesome marriage, the discriminatory nationality law puts her at risk of losing her children. If they do not share her Jordanian nationality, they are registered under her husband's nationality and only have passports from his country. This means that the husband could leave at any time with their children, and she would be forced to fight a foreign court to have access to her children (Equality Now 2012; Tabet 2005; Husseini 2010).

The Arab Women Organization, the Human Rights Committee (HRC), the Committee on the Elimination of Discrimination against Women (CEDAW), and the Committee on the Rights of the Child have urged Jordan to amend this nationality law. As of January 2014, the government of Jordan gave approval to grant foreign spouses of Jordanian women and their children specific civil rights, such as residence permits, and improved access to education, medical care, and work in the private sector (United Nations Women Watch 2008). This will considerably alleviate some of the stressors on these families. However, the government is still urged to reform the sex discriminatory nationality law.

Religion and Cultural Roles

Women's Roles

Islam is the primary religion in Jordan, and only 4 percent of the population is Christian. Although perceived by many Westerners as harmful for women, Islam guarantees specific rights for women. In many Muslim societies, there are often discrepancies about what regulations and obligations are cultural and which are religious, per varying interpretations of the Koran. However, something that is clear and undisputed is that prior to Islam, the world lived in a time of ignorance, or *jahiliyya*, specifically because women were viewed as property that could be traded for the benefit of men, and men could take an unlimited number of wives. Female infanticide was also a common practice before Islam was widely accepted in Arabia. Around the year 613, when Prophet Muhammad (PBUH) started preaching in Mecca, the status of women was elevated. Women were allowed to run businesses, enter into legal contracts, and own property without the supervision of *mahram*, or male guardian (Jawwad 1998). Men were also restricted to four wives. Islam created a limit and specific

conditions for men who wanted more than one wife. For example, each wife must be treated and provided for equally. Therefore, the man must have the financial ability to care for more than one woman. The Prophet encouraged polygamy to care for widows and orphans, not as a fulfillment for men's desires.

Women also played a prominent role in the early days of Islam, such as the Prophet's wives, Khadija and Aysha. Khadija was a prominent businesswoman who gave the Prophet advice and was his first supporter. Today, Muslim women in Jordan can teach other women at a local mosque and administer community events and charity. Islam emphasizes that women should be given the same opportunities as men and that it is their right to contribute to society through the development of their education and personal abilities (Sonbol 2002; Badawi 1995).

Religious Law

Jordan's Constitution allows individuals the freedom to practice their religion unless they violate public order or morality. The official state religion is Islam, which has an evident appearance in the country. For example, the call to prayer can be heard throughout the country five times a day. Men often pray in public spaces, and, especially among the elderly, they can be seen reciting Islamic sayings and counting prayer beads for good deeds. It is also common for Muslims to proselytize to non-Muslims. In Jordan, it is illegal for a Muslim to convert from Islam to any other religion, and it is against the law to proselytize to Muslims. Converts to any religion besides Islam are at risk for being ostracized from their families and social networks. Jordanians who choose to convert from Islam also risk losing their civil rights and being prosecuted by the sharia courts.

Issues

Gender-Based Violence (GBV)

Research on gender-based violence in Jordan has been continuous since 1998, with an increase over the past few years. Women's rights organizations, human rights groups, and academic institutions have contributed numerous studies and publications that are widely accessible regarding various aspects of GBV in the kingdom. However, there are no national figures on GBV in Jordan to provide statistical data. What these studies do show is that women are speaking out about their experiences and that more awareness is being generated. It is apparent that GBV, especially

intimate partner violence (IPV), is far reaching in Jordanian society. Most raw data available are derived from records of organizations that provide services for victims and from interviews of representative samples of society, which inform researchers on social attitudes and general public awareness relating to the topic (United Nations Women Watch 2008).

Violence against women is a global, social, and health problem in many societies and cultures. In Jordan, IPV is considered a private matter, one in which outsiders should not be involved. It is rarely discussed outside of the kin group, as doing so would bring shame and dishonor and damage the family's reputation (Hamdan-Mansour et al. 2011, 266). GBV is not viewed as a community, social, or legal issue, and many Jordanians believe it is best resolved at home. However, GBV is not easily mitigated without education, protection for survivors, and legal consequences for abusers.

A woman who does report violence is at an increased risk for being ostracized from her family and being labeled as a rebellious and disobedient wife or daughter who is not properly taking care of her family and children. In several studies, it is evident that many Jordanians, male and female, still believe violence toward a woman is often justified and can be productive, signifying that victim blaming remains a significant problem. However, these views tend to be significantly higher in refugee camps and poorer communities (Al-Nasour et al. 2009, 569). These social attitudes, which greatly affect a woman's reputation, often prohibit them from seeking help from local organizations and serve to silence their experiences. While limited, several organizations in Jordan seek to educate local communities about healthy relationships. For example, Ruwwad, a community empowerment-based organization in Amman, recently conducted a Safe Homes campaign to educate families about healthy relationships.

While IPV is prevalent in Jordanian society, the kingdom is lacking in nationwide data based on consistent measurement methods. Additionally, there are almost no studies on other GBV issues, such as sex trafficking or prostitution. Honor crimes are also reported, though numbers have dropped due to awareness and educational initiatives (United Nations Women Watch, 2008). Activists believe the kingdom must better address this topic to prevent further violence against women, not only through legal protection and increased services for women but also through campaigns that stimulate dialogue within communities. Community support and destigmatizing the issue are critical for the health and safety of women.

Sexual Harassment

Women in Jordan, foreign or local, are keenly aware of the ways sexual harassment is pervasive in Jordanian society. Recently, women have been documenting their experiences with sexual harassment in Jordan in the form of blogs, YouTube videos, and other social media. In fact, for a woman living in Jordan, it is expected that she will be harassed anytime she leaves her home. Sexual harassment is instigated by men of all ages and professions. It is not uncommon for women to be sexually harassed by police officers and military personnel, which makes women feel even less safe because there is no one to take their reports seriously (Nicky 2012; Julie 2013).

Sexual harassment happens when women are catcalled while walking down the street, which includes phrases like "you're beautiful," "oooo *mashAllah*," and hissing sounds. It also happens when taxi drivers ask women to marry them and solicit them for sex (Whitman 2014). Many women also report being groped in public. When confronted about this behavior, the men play innocent. Sexual harassment happens to both foreign and local women as well as women in all types of dress. Many women report wearing the hijab or traditional abaya and still experiencing harassment.

One notable woman, Rula Quawasa, a former professor and dean of the faculty of foreign languages at Jordan University, was recently fired for showing a film students had produced that addresses sexual harassment. The film was shown in the university's feminist theory class, and it is argued that the film tarnished the university's reputation. The film was shared across social media outlets in Jordan and in local news. Critics claim the film undermines Jordan's progress in education (Lavalée-Belanger 2012). Sexual harassment is still considered a taboo subject, and some believe it should not be exposed to the world, as it is shameful. However, Jordanian women are refusing to stay silent.

Antiharassment campaigns have flourished on social media throughout Arab countries, but despite increased awareness, this has resulted in little policy change or protection for women. The gender statistics at the head of the Jordanian Department of Statistics confirm that they have no formal studies on sexual harassment. Therefore, it is hard to create policy change without any quantifiable data for support (Whitman 2014).

Safety of Syrian Women Refugees

Jordan's political stability and shared borders with four other Arab states make it a safe haven for refugees from

several neighboring countries. Despite limited natural resources, Jordan continues to provide asylum for numerous Syrians, Iraqis, Palestinians, and others. As of February 2014, nearly 600,000 Syrian refugees have been registered in Jordan by the United Nations. More than 80,000 of these reside in the Zaatari camp of northern Jordan. Zaatari is now the fourth-largest city in Jordan and the second-largest refugee camp in the world (Migration Policy Center 2014.). Moving from a war-torn country and into a refugee camp places new social anxiety on refugees, particularly women and girls. Not only are people living in small, overcrowded spaces with resources limited, but they are increasingly at risk for gender-based violence.

A number of aid workers with women's rights groups and Amnesty International have reported that women and girls are increasingly targets of harassment, sexual assault, and early forced marriages. Such insecurity in the camp is of great concern, and these issues are exacerbated by circumstantial difficulties. For example, the camp utilizes communal toilets, many of which are unlit due to theft. Thus, women and girls are instructed by men not to use the toilets after 10:00 p.m., when it is dark. They fear that they will be harassed and attacked, potentially resulting in serious health consequences. The incidence of urinary tract infections is high among women and girls in the camp, which has been confirmed by doctors working there (Amnesty International 2014).

As refugee numbers continue to rise, individuals and aid workers have been urging the Ministry of Interior to enhance women's and girls' safety for all public spaces in the camp, to prevent vandalism of such spaces, and to implement more security-enhancing measures.

Domestic Labor: Housemaids

The Arabian Gulf states have been attracting foreign labor since the early 1970s. In more recent years, the demand in Jordan has intensified, attracting female migrant workers from Sri Lanka, the Philippines, and Malaysia. It is estimated that at least 1 in 11 Jordanian families employ a housemaid; employing a maid is a marker of elite social status (Frantz 2008, 611). A large part of this demand stems from the fact that the work conditions of foreign domestic laborers are typically favorable for employers, especially when a worker's situation is within the first of three cohorts that domestic workers fall under. These circumstances reveal much about power dynamics in Jordanian society and how work is gendered.

The Arab world has developed a system for employing foreign workers through the *Kafala* (sponsorship) system, which facilitates the hiring process and is based on temporary contracts. A foreign worker is matched with a sponsor, or *kafeel*, to obtain the entry visa, residence, and work permit. This means that a sponsor assumes full legal and financial responsibility of the foreign worker, holding onto her passport and other legal documents until the contract has finished, which creates a hierarchy between worker and employer. This system restricts the workforce because domestic labor is considered within the private sphere, prohibiting government regulation. Therefore, there is no legal recourse for these workers if there is a discrepancy between them and their employers regarding wages or maltreatment. The labor laws also exclude noncitizens from forming or joining unions (Frantz 2008, 610).

Domestic workers in Jordan differ based on length of contract and place of residence. Workers who have a limited stay in the country on one- or two-year contracts reside in their employers' homes, with strict rules dictating how much interaction they have with others outside of the family. The majority of them are not allowed outside without being accompanied by a family member, and such trips are only for running errands or social gatherings at the homes of the employers' family or friends (Namati 2014). Strict rules about mobility and a standard of obedience and faithfulness to the employers are rationalized through the concept of fictive kinship, where employers call their domestic workers "daughter" and expect to be addressed as "mama" or "baba" in exchange for material benefits (Frantz 2008, 627).

The second cohort consists of workers who have longer contracts, sometimes 20 years or more, in which domestic workers have been awarded more privileges and trust. They are usually fluent in Arabic or English and are given a full day's rest, along with other social allowances. They often form friendships with other workers in the same situation, but they rarely engage in conjugal relationships due to reputation and notions of female modesty, which are still extended to foreign maids.

The third cohort consists of female workers who have been in Jordan for many years and reside independently. Though they lack the consistency of full-time work, they can earn up to two-thirds more than those in the first cohort and have far more mobility (Frantz 2008, 622–623).

The normality of employing a housemaid among Jordanian families showcases how domestic work is still gendered and undervalued, yet expected to be done by women. As more women are pursuing higher education and

working, there is less time for women to complete household duties. Further, the emphasis on education in Jordan and the rise of the nuclear family make parents more likely to insist that their children study rather than help with domestic responsibilities. Prior to this rise in education, more women completed housework, and more children helped around the house. However, this change in priorities has not been met with husbands and fathers offering to assist more in the home. Instead, women are likely to employ a maid out of her own earnings, as it is considered her responsibility to maintain the home, not the husband's, even if both spouses are employed or involved in activities outside the home (Frantz 2008, 616–617).

While Jordan prides itself on a new reform, supported by the UN Development Fund for Women (UNIFEM), to protect the rights of workers, there has been little improvement. After being introduced by the kingdom in 2003, the contract would prevent employers from withholding salaries; guarantee more rights, such as days off and maximum hours of work per week; and provide access to personal documents. However, there is no law to support this reform; therefore, it is rarely enforced. In fact, most domestic workers are unaware of this reform, and their rights to salaries and time off continue to be violated (Namati 2014).

Social attitudes in Jordan regarding gender and domestic workers as well as barriers to legal protection continue to leave this population vulnerable. As many foreign women workers lack local language skills and local social networks to provide support, they face marginalization. They are an incredibly vulnerable part of the population, and crimes against these women are typically treated with less seriousness.

KRISTIN K. CHASE

Further Resources

- Abu-Lughod, Lila. 1986. *Veiled Sentiments: Honour and Poetry in a Bedouin Society*. Berkeley: University of California Press.
- Adam, Nicky. 2012. "Students at Jordan University Outraged over the Firing of a Professor That Approved a Film on Sexual Harassment." *Jerusalem Post*, December 8. Retrieved from <http://www.jpost.com/Middle-East/Controversy-in-Jordan-over-film-on-sexualharassment>.
- Al Arabiya. 2014. "Jordan Arrests 10 Gays over Get-Together Party." February 27. Retrieved from <http://english.alarabiya.net/en/News/middle-east/2014/02/27/Jordan-arrests-10-gays-over-get-together-party.html>.
- Al-Nasour, Mohannad, Marwan Khawaj, and Ghadah Al-Kayyali. 2009. "Domestic Violence against Women in Jordan: Evidence from Health Clinics." *Journal of Family Violence* 24.8: 569–575.
- Amnesty International. 2014. "To the Ministry of Interior." Retrieved from <http://www.amnesty.org/en/library/asset/MD> E16/005/2013/en/79fe8861-eb07-45ba-ac88-f37100cb9df9/mde160052013en.pdf.
- Arab Women Organization of Jordan (AWO). 2016. Retrieved from <http://www.awo.org.jo>.
- Arab Women's Legal Network. 2016. Retrieved from <http://qanouniyat.org>.
- Badawi, Jamal. 1995. *Gender Equity in Islam: Basic Principles*. Plainfield, IN: American Trust Publications.
- Banihani, Mohammed Saleh. 2014. "Literacy in the Arab World: Jordanian Efforts to Improve Education." Presentation, World Literacy Summit. Oxford, United Kingdom.
- Bitar, Fouad. 2011. "National Labour Law Profile: Jordan." International Labour Organization, June 17. Retrieved from http://www.ilo.org/ifpdial/information-resources/national-labour-law-profiles/WCMS_158905/lang-en/index.htm.
- Bpharm, Ibrahim Al-Abbadi. 2008. "Health Care Equity Issues in the Middle East." Presentation, ISPOR 11th Annual European Congress, November 10. Athens, Greece.
- Brookings Institution. 2014. "The Arab World Learning Barometer." Retrieved from <http://www.brookings.edu/research/interactives/2014/arab-world-learning-barometer>.
- Castle, Stephen. 2012. "Queen Noor Expresses Hope on the Rights of Arab Women." *New York Times*, December 4. Retrieved from http://www.nytimes.com/2012/12/05/world/middleeast/queen-noor-expresses-hope-for-women-amid-revolutions.html?_r=1&.
- Christrup, Sabrina, and Julia Eklund. 2009. "Women of Jordan: A Minor Field Study about Women in a Developing Country." Bachelor's dissertation, Lund University.
- Department of Statistics. 2012. "Jordan Population and Family Health Survey." Retrieved from http://www.dos.gov.jo/dos_home_e/main/linked-pdf/pop_2012.pdf.
- Deutsche Welle. 2014. "Jordan Activists Struggle to Shore Up Oppressed LGBT Community." Retrieved from <http://www.dw.de/jordan-activist-struggles-to-shore-up-oppressed-lgbt-community/a17312881>.
- Equality Now. 2012. "Jordan: Give Equal Citizenship Rights to Women." Retrieved from http://www.equalitynow.org/take_action/discrimination_in_law_action451.
- Frantz, Elizabeth. 2008. "Of Maids and Madams: Sri Lankan Domestic Workers and Their Employers in Jordan." *Critical Asian Studies* 40.4: 609–638.
- Gharaibeh, Muntaha, and Arwa Oweis. 2009. "Why Do Jordanian Women Stay in an Abusive Relationship: Implications for Health and Social Well-Being." *Journal of Nursing Scholarship* 41.4: 376–384.
- Hamdan-Mansour, Ayman M., and Diana Hashem Arabiat. 2011. "Marital Abuse and Psychological Well-Being among Women in the Southern Region of Jordan." *Journal of Transcultural Nursing* 22.3: 265.
- Hijab, Nadia. 1988. *Womanpower: The Arab Debate on Women at Work*. New York: Cambridge University Press.
- Husseini, Rana. 2010. "Jordan." In *Women's Rights in the Middle East and North Africa: Progress Amid Resistance*, edited by Kelly Sanja and Julia Breslin, 1–30. New York: Freedom House.

- Jansen, Willy. 2006. "Gender and the Expansion of University Education in Jordan." *Gender and Education* 18: 473–490.
- Jawad, H. 1998. *The Rights of Women in Islam*. New York: St. Martin's Press.
- Jordanian Women's Union. 2016. Retrieved from <http://jwu.org.jo/Home.aspx?lng=1>.
- Jordan Pay Equity. 2012. "Questions and Answers." Retrieved from <http://www.jordanpayequity.org/en/WELCOME>.
- Julie in Jordan! 2013. "So Does This Mean It's Time to Write That Blog Post about Sexual Harassment?" Blog, January 11. Retrieved from <https://julieinjordan.wordpress.com/tag/sexual-harassment>.
- Kawar, Lina Najib. 2009. "Jordanian and Palestinian Immigrant Women's Knowledge, Affect, Cultural Attitudes, Health Habits, and Participation in Breast Cancer Screening." *Health Care for Women International* 30.9 (September 1): 768–782.
- Kaya, Laura Pearl. 2009. "Dating in a Sexually Segregated Society: Embodied Practices of Online Romance in Irbid, Jordan." *Anthropology Quarterly* 82.1: 261–278.
- Kaya, Laura Pearl. 2010. "The Criterion of Consistency: Women's Self-Presentation at Yarmouk University, Jordan." *Journal of the American Ethnological Society* 37.3: 526–538.
- Keys to the Kingdom. 2001a. "The People of Jordan." Retrieved from <http://www.kinghussein.gov.jo/people1.html>.
- Keys to the Kingdom. 2001b. "Government." Retrieved from <http://www.kinghussein.gov.jo/government.html>.
- Keys to the Kingdom. 2001c. "Women in the Army." Retrieved from <http://www.kinghussein.gov.jo/government5.html#Women in the Army>.
- Khalafa, Inaam, Fatieh Abu Moghil, and E. S. Froelicher. 2010. "Youth Friendly Reproductive Health Services in Jordan from the Perspective of the Youth: A Descriptive Qualitative Study." *Scandinavian Journal of Caring Sciences* 24.2: 321–331.
- King Hussein Foundation. 2008. "Her Majesty Queen Noor." Retrieved from <http://www.kinghusseinfoundation.org/?pager=end&task=view&type=content&pageid=1>.
- Lavelle-Belanger, Audrey Ann. 2012. "Supporting Rula Quawas and Academic Freedom: An Interview with a Former Student." *Jadaliyya*, December 31. Retrieved from http://www.jadaliyya.com/pages/index/9327/supporting-rula-quawas-and-academic-freedom_an-int.
- Mahadeen, Al, A. O. Kahlil, A. M. Hamdan-Mansour, T. Sato, and A. Imoto. 2012. "Knowledge, Attitudes, and Practices toward Family Planning among Women in the Rural Southern Region of Jordan." *Eastern Mediterranean Health Journal* 18.6: 567.
- Mernissi, Fatima. 1975. *Beyond the Veil: Male-Female Dynamics in a Modern Muslim Society*. New York: Schenkman Publishing.
- Migration Policy Center. 2014. "Syrian Refugees: A Snapshot of the Crisis—In the Middle East and Europe." Retrieved from <http://syrianrefugees.eu/>.
- Miles, Rebecca. 2002. "Employment and Unemployment in Jordan: The Importance of the Gender System." *World Development* 30.3: 413. Retrieved from <http://psclasses.ucdavis.edu/POL124/spr/PDF/JordanWomen.pdf>.
- Murphy-Geiss, Gail. 2010. "Muslim Motherhood: Traditions in Changing Contexts." In *21st Century Motherhood*, edited by Andrea O-Reilly, 40–56. Chichester, NY: Columbia University Press.
- Namati Innovations in Legal Empowerment. 2014. "The Maid and the Madam: Rights for Migrant Workers in Jordan." Retrieved from <http://www.namati.org/entry/the-maid-and-the-madame-rights-for-migrant-workers-in-jordan>.
- Pluralism Project at Harvard University. 2014. "International Portrait: Jordan." Retrieved from <http://www.pluralism.org/reports/view/9>.
- Ruwad. 2016. Retrieved from www.ruwwad.jo.
- Salehi-Ifshani, Djavad, and Navtej Dhillon. 2008. "Stalled Youth Transitions in the Middle East: A Framework for Policy Reform." Wolfensohn Center for Development and Dubai School of Government. Retrieved from http://www.brookings.edu/~media/research/files/papers/2008/10/middle%20east%20dhilon/200810_middle_east_dhillon.pdf.
- Schiff, Hannah. 2012. "Education to Employment: Jordan's Gender Challenge." Fletcher Forum of World Affairs, March 16. Retrieved from <http://www.fletcherforum.org/2012/03/16/schiff>.
- SIGI (Social Institutions & Gender Index). 2012. "Discriminatory Family Code." OECD Development Center. Retrieved from <http://genderindex.org/country/Jordan>.
- Sonbol, Amira El- Azhary. 2002. *Women of Jordan, Islam, Labour & the Law*. New York: Syracuse University Press.
- Sweidan, Mary, Ziyad Mahfoud, and J. DeJong. 2008. "Hospital Policies and Practices Concerning Normal Childbirth in Jordan." *Studies in Family Planning* 39.1: 59–68.
- Sweis, Rana F. 2014. "In Jordan, Educated Women Face Shortage of Jobs." *New York Times*, May 4. Retrieved from http://www.nytimes.com/2014/05/05/world/middleeast/in-jordan-educated-women-face-shortage-of-jobs.html?_r=0.
- Tabet, Gihane. 2005. "Women in Personal Status Laws: Iraq, Jordan, Lebanon, Palestine, Syria." Gender Equality and Development Section, UNESCO. Retrieved from http://www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/SHS/pdf/Women_in_Personal_Status_Laws.pdf.
- UNDP (UN Development Programme). 2012. "Youth in Jordan." Youth Employment Generation Programme in Arab Transition Countries. Retrieved from <http://www.undp-youthjo.com/content/youth-jordan>.
- UNDP (UN Development Programme). 2013. "About Jordan." Retrieved from <http://www.jo.undp.org/content/jordan/en/home/countryinfo>.
- UNESCO (United Nations Educational, Scientific, and Cultural Organization). 2011. "World Data on Education." Retrieved from http://www.ibe.unesco.org/fileadmin/user_upload/Publications/WDE/2010/pdfversions/Jordan.pdf.
- United Nations in Jordan. 2014. "Country Profile." Retrieved from http://www.un.org.jo/index.php?page_type=pages&page_id=393.
- United Nations Women Watch. 2008. "Violence against Women: Assessing the Situation in Jordan." Retrieved from <http://>

- www.un.org/womenwatch/ianwge/taskforces/vaw/VAW_Jordan_baseline_assessment_final.pdf.
- UN Refugee Center. 2014. "2014 UNHCR Country Operations Profile-Jordan." Retrieved from <http://www.unhcr.org/pages/49e486566.html>.
- UNRWA (United Nations Relief and Works Agency for Palestinian Refugees in the Near East). 2014. "Where We Work: Jordan." Retrieved from <http://www.unrwa.org/where-we-work/jordan>.
- Whitman, Elizabeth. 2014. "As Jordanian Women Leave the Home, Sexual harassment Reaches Unprecedented Levels." *The Nation*, April 7. Retrieved from <http://www.thenation.com/article/178905/jordanian-women-leave-home-sexual-harassment-reaches-unprecedented-levels#>.
- Wilson, Eoin. 2017. "Jordan Struggles to Draw New Tourists." *Al Jazeera*. January 20.
- World Bank. 2013. "Literacy Rate Adult Total." Retrieved from <http://data.worldbank.org/indicator/SE.ADT.LITR.ZS>.

K

Kenya

Overview of Country

The Republic of Kenya is a coastal country located in East Africa that neighbors Somalia, Ethiopia, Sudan, Uganda, and Tanzania. Kenya is divided into north and south by the equator, and the tectonic plate boundary of the East African Rift divides the country into east and west. Covering an area of over 590,000 square kilometers, Kenya is the 49th largest country in the world. The country boasts a diverse climate; it is tropical in the south, west, and central regions, and the north and northeast regions are arid and semiarid. Terrain ranges from low coastal plains on the Indian Ocean, to mountain ridges and plateaus in the center of the country that rise 3,000 meters above sea level, to arid plains in the north, to highlands in the south. Forty-eight percent of the country is agricultural land, but only 9 percent is arable, meaning suitable for growing crops. The remainder is permanent pasture or forest. Kenya is divided into 47 counties.

The majority of Kenya's 40 million people live in the rural areas surrounding the African Rift Valley, where most arable land is situated. Also in this area is Nairobi, the country's capital city, with a population of nearly 4 million people. Nearly 42 percent of Kenya's population is under the age of 15, with a median age of 19 years old (WHO 2014). This skewed population distribution is due in part

to previously high population growth rates and impacts from the country's recent HIV and AIDS epidemic. As a result, Kenya is burdened with a high dependency ratio—primarily youths who are dependent on a small proportion of people participating in income-generating activities. This places increased demands on a household's income and subsequently reduces opportunities for savings and contributes to poverty.

Kenya's population is ethnically and religiously diverse. Ethnicity and religion are an important part of Kenyan society historically and presently, shaping the social, cultural, political, and even economic fabric of the country. Kenya's official languages are Kiswahili and English. Ethnic languages are also still widely spoken.

Colonial Roots

Kenya's present socioeconomic status is deeply influenced by its colonial roots. In pursuit of economic interests in fertile farmland, the British government founded the East African Protectorate, or British East Africa, in 1895, which encompassed the area of present-day Kenya. At this time, the settlement and development of fertile farmland in the Great Rift Valley by the British began. By 1920, the area was officially annexed and deemed a British colony; the British assumed full control and banned African and Asian Kenyans from political participation until 1944. A large Indian community developed at this time when the

British brought in Indian workers for railway construction projects. To attract settlers to the new Colony of Kenya, the most fertile farmland was alienated for European settlement and crop export production.

African populations were dispossessed of their land, forcibly removed, and relocated to native reserves. Africans were forced into labor on British-owned plantations and ranches or were otherwise “forced” into this work by prohibitions on the cultivation of cash crops on reserves to ensure adequate labor supply was available for British enterprises, both in agriculture and otherwise. Only Africans in possession of work permits were permitted to travel outside of the reserve, and in most circumstances, work permits were only issued to men. This left women and children on the reserves to engage in subsistence activities, while men engaged in cash-earning employment outside the reserves. Beyond earning income, this allowed men to receive experience, training, and education in the modern British system, while women were limited to traditional languages, skills, and technology for their livelihoods.

Considerable tension and conflict eventually mounted into resistance movements against the colonial powers. The Mau Mau movement commenced in 1942 and resulted in a statewide decade-long state of emergency. By 1963, the Republic of Kenya had gained independence. The effects of colonization and the cultural dynamic created by this way of life persist to this day, long after the removal of the legal and political structures that enacted them. The impact of property rights and gender divisions within the home and work are inextricably linked to these historical experiences and shape the everyday lives of Kenyan women.

Human Development and Poverty

Despite its recent economic progress, Kenya still struggles with human development and poverty. UN Development Programme (UNDP) statistics place Kenya’s poverty rate at 45.5 percent (UNDP 2016). In 2014, Kenya ranked 145 globally with a Human Development Index (HDI) of 0.548, and it is considered to have low human development. When consideration for gender is taken, Kenya’s Gender Development Index (GDI) shows that the HDI for the female population is 0.913 as a percentage of the male HDI. Kenya scores above the regional average for sub-Saharan Africa. When gender inequality is accounted for in the Gender Inequality Index (GII) measure, Kenya ranks 126th globally with a score of 0.552, which is slightly ahead of the regional average. When making comparisons to regional

averages, it is important to note that sub-Saharan Africa has some of the highest levels of poverty and inequality in the world.

Similar to many other developing nations, poverty in Kenya is multidimensional. This means that people suffer from multiple overlapping dimensions of deprivation at the same time, which further compounds and amplifies issues of poverty. Regionally, poverty is most severe in the northeast, with the least poverty in the central province and Nairobi (OPHDI 2016). This is in line with the general trend that poverty is worse in rural areas, with the exception of urban informal settlements, or slums. Overall there is less poverty in Kenya in comparison to other countries in Africa, but poverty is still a major issue that impacts the lives of women and girls. In a study of multidimensional poverty of women in sub-Saharan Africa, Batana et al. (2013) found that Kenyan women suffer more from a lack of empowerment, as reflected in household decision making, and a lack of assets and access to services than from nutritional deficiencies or a lack of education, which can be more pervasive in other countries. Poverty is an omnipresent, pervasive issue in the lives of women and girls in Kenya.

Gender inequality needs be considered in light of historical factors and sociocultural settings, both within and across geographical areas of the country. Disparities are often compounded by the other factors, making inequalities multidimensional and intersectional.

Education

A wicked cycle of entrenched poverty is perpetuated by a lack of gender equality in education: women who are uneducated give rise to future generations of girls who will likely be less educated, or even uneducated. This correlation and causality does not exist to the same extent for males.

Kenya’s education system is based on an 8-4-4 system. Primary school is compulsory; it begins at age six and lasts for eight years. The majority of primary schools in Kenya are public and government funded, with standardized curriculum across the country. In 2003, the Kenyan government implemented free primary education nationwide, resulting in a near 40 percent increase in the number of children attending and completing a primary education. Despite this progress, Kenya still ranks as the ninth-worst country globally for primary education participation. UNICEF data indicate that 84.5 percent of Kenyan girls are

enrolled in primary school, and 75 percent are attending (UNICEF 2016). This is at parity with Kenyan boys' primary school enrollment and attendance rates. At the end of the eight years of primary education, students sit for exams that determine whether they are to pursue secondary or technical schools.

Secondary school begins at age 14 and last for four years, but unlike primary school, it is not compulsory. In 2008, the Kenyan government implemented nationwide free education at the secondary level. Coupled with increased numbers of students completing primary education, this resulted in a drastic increase in the number of students pursuing secondary education.

Gender inequality is more present at the secondary level, with slightly fewer females than males both enrolling and attending. Female enrollment in secondary school is at 48.4 percent, and attendance is at 41.6 percent (UNICEF 2016). Upon the completion of secondary education, students sit for exams once again to determine their opportunities for postsecondary, or they enter the labor force. Unfortunately, a large number of students who enter secondary school are unable to complete their studies. Girls are less likely to complete their entire secondary education due to financial restrictions, responsibilities at home, and a perceived lack of importance.

Postsecondary education in Kenya can be pursued through university or nonuniversity streams. Enrollment in universities across Kenya more than doubled between 2012 and 2014. When women do not pursue postsecondary education, their upward mobility in the workforce is limited, as this makes it difficult for them to secure leadership or decision-making positions. Gender disparity is substantial in Kenya's postsecondary education system. In some areas, there is little gender disparity; primary teacher training programs see more female enrollment than men, which is in part due to cultural perceptions of teaching as a profession suited to women (Njeru 2003). Other fields, namely STEM sectors (science, technology, engineering, and math), are considerably catered to males, both in terms of cognitive and pedagogical approach. There are culturally entrenched perceptions that STEM careers and education are less suitable for females (Njeru 2003). This is also very much the case for technical and vocational schools.

There is also evidence of gender inequality when examining enrollment at public versus private institutions. Public universities in Kenya have more competitive admissions and are only a fraction of the cost of private institutions,

making them the more desirable option for most postsecondary students. Males have much higher enrollment rates at public universities, while females occupy more spaces at private universities (Onsongo 2006). In many circumstances, females cannot compete for entry with males, who typically obtain higher exam marks, because subjects offered at most public universities cater to STEM fields. Private institutions offer more programs in the social sciences and humanities. Cost is also more of a barrier for females than it is males in the pursuit of postsecondary education.

Quality

Considerable variation in the quality of education negatively impacts Kenya's education system. When comparing performance on exams for secondary school entry, 77 percent of students qualified from the private school sector, while only 45 percent did so from the public school sector. This performance gap is further layered with gender inequality, as boys are more likely to score higher on these exams than girls (Njeru 2003). This performance gap is reflective of differences with facilities, teachers, other resources, and the level of academic preparation by students, among students' personal performance-related factors.

Barriers to Women's Education

The Kenyan government and people recognize that the education of women and girls is critical for development and poverty reduction. In recent years, considerable improvements have been made to Kenya's education system as a whole and to improving education for women and girls at all levels. This is complex, and barriers to achieving gender parity in Kenya's educational system persist.

The effects of poverty on females' lives negatively impacts their educational access, attainment, and achievement. Health impacts resulting from poverty often make it challenging for women to pursue an education. Women's increased vulnerability to disease, particularly in the face of poverty, intensifies its effect on women's education. Though steps have been taken to decrease the financial burden of pursuing an education in Kenya, cost can still be a barrier; many families cannot afford ancillary fees, including those for uniforms, or the cost of travel to school. When issues of cost arrive and families do not have enough money to send all of their children to school, they will often prioritize boys' education over girls'. There is a

perception that a boy will contribute to the future wealth of the family, while a girl will only contribute to the future wealth of her husband's family. When considering opportunity cost, there is also a perception of limited earning potential for girls, further prioritizing boys education over girls in this situation.

Traditional cultural practices, including early marriage, are also a persistent barrier in the education of females. Gender boundaries in Kenya traditionally do not favor females working outside of the home. Given these boundaries, the emphasis for educational attainment and gender equality maintains a focus on basic education (Onsongo 2006). Women's education is also impacted by gender insensitivities reflected in teaching practices, curriculum, management, and environments that serve to disaffect and disempower females (Chege and Sifuna 2006). Generally, the barriers that impact women's education are more problematic in rural and low-income areas, including the North Eastern Province and areas of the Coast Province. The urban poor also face immense challenges.

Health

Enabling a healthy society and providing adequate health care to Kenya's citizens, particularly women and girls, has been a great challenge for the country. Kenya is burdened with high rates of infectious disease and, increasingly, chronic disease, and it has limited capacity within its health care system to address these needs. Improving health care and the lives of its citizens has been prioritized in Kenya since achieving independence, but it experienced notable setbacks during its economic hardships of the 1980s and the HIV/AIDS epidemic that began in 1990s. Life expectancy in Kenya reached a low of 45 years in the 1990s, but it has since risen to 61 years for the total population and 63 years for females, which is slightly higher than the regional average for Africa (WHO 2015).

Maternal and child health, HIV/AIDS, malaria, and tuberculosis have for the past two decades together have constituted Kenya's most substantial health problems and caused the greatest burdens of disease (WHO 2015). Like many other nations of the Global South generally and Africa specifically, Kenya is particularly at risk for a number of reasons. High levels of poverty with accompanying lack of access to infrastructure and education, malnutrition, and high population growth rates contribute to disease rates. The presence of a large number of water bodies leads to high rates of waterborne and mosquito-carried diseases.

Cultural and religious influences on sexual and reproductive health are factors of major influence. These are further complicated by persistent issues with governance and corruption, both within and beyond the health sector.

Kenya's health care system is divided between public-, private-, and civil-sector service providers and institutions. Health care facilities consist of community health units, clinics, centers, and hospitals, each offering different levels of service. Critical challenges within Kenya's health care system affect access to and quality of services.

Access to Health Care

Access to health care for all citizens is a constitutional right in Kenya. It is complicated by the limited number, capacity, and spatial distribution of facilities and health care personnel, in addition to the burden of cost both at the health care system and family levels. The distance to health care facilities dictates the time required to access services, delays in seeking treatment, increased cost of treatment, and opportunity costs resulting from time spent away from livelihoods while pursuing treatment. The global goal is to limit travel time to health care facilities to one hour or less. In recent studies, it is estimated that only 63 percent of Kenyans are within one-hour access of health care facilities (Noor et al. 2006). This is even more problematic in rural areas, where reports of women walking in excess of two to three hours with their children to access health facilities is common. This not only impacts health but also women's livelihoods and ability to work or go to school.

When Kenyans are able to access facilities, there are often discrepancies between needs and the availability of services provided by facilities. Less than 60 percent of Kenya's health care facilities offer all basic services, and less than 20 percent offer 24-hour service access and care by a qualified health professional. When necessary services are offered, further complications result from capacity. In Kenya, there are only 1.4 health care facility beds per 1,000 people and only 160 trained health care professionals per 100,000 people. Health care access has had a considerable impact on the lives of Kenyan women and children. In 1993, Kenya's coverage of full immunization for children was 78 percent, but due to burdens on the health care system, in part due to rapid population growth, this dropped below 60 percent in 2003 (Muga et al. 2005). This is particularly representative of the magnitude of this problem, as immunizations are one of the easiest and most efficient health care interventions.

Access is not simply a health system or service provision issue; it is also affected by socioeconomic variables. In addition to disparity due to cost, men are more likely to have multiple visits to hospitals for HIV/AIDS care, while women commonly only visit a hospital once, often close to death, because of the cost and the duty to continue caring for family at home while their husbands work (Opiyo et al. 2008). The patriarchal nature of the community together with the predominant male control of property, general household finances, and decision-making expectations further exacerbate the position of women and their ability to access specialized treatment and have control over their lives.

Quality

Quality of health care service in Kenya is also a concern. It is negatively influenced by inadequate facilities, equipment, and supplies and system-wide inefficiencies, which are widespread issues due to resource limitations. This is becoming increasingly problematic as the prevalence of cancer and heart and lung disease increase. The equipment needed for diagnostics (i.e., MRI) and treatment (i.e., surgery) of these diseases are expensive and resource intensive. When patients are able to access diagnostic services, it is not uncommon to receive a diagnosis but be unable to receive treatment. This results from both limitations within the health care system and family situations. Inefficiencies in Kenya's health care system also impact the quality of services.

Sexual and Reproductive Health

Sexual and reproductive health includes women's and girls' ability to have safe and satisfying sex lives and autonomy over their reproduction, including the capability to reproduce and the freedom to decide if, when, and how often to do so. To be healthy, women and girls need access to information and appropriate contraceptives, empowerment in their relationships and in society as a whole, and legal protections. Some of the biggest and most contentious sexual and reproductive health issues for women and girls in Kenya surround HIV/AIDS and family planning. Pervasive gender inequality and sociocultural norms are at the heart of each of these concerns.

HIV/AIDS

HIV/AIDS is the leading cause of death in Kenya and is a major cause of morbidity as well. This has been the

case since the spread of the sub-Saharan African HIV/AIDS epidemic that began in the early to mid 1990s. As of 2015, UNAIDS estimates that there are more than 1.5 million Kenyans living with AIDS (6% of the adult population), and over 36,000 AIDS-related deaths and 78,000 new infections each year. Prevalence is slightly higher in urban areas and is significantly higher in Nyanza Province in southwestern Kenya (UNAIDS 2015). Despite being free of charge in most cases, only 59 percent of infected adults are on antiretroviral therapy (ART) (UNAIDS 2015). Without adequate and continued treatment, AIDS-related premature death is a certainty, and the risk of spreading the infection is also much greater.

The impact of HIV/AIDS in Kenya has been detrimental not only to population health and health care systems, but also to society and its economy more broadly. The bulk of this burden and impact has fallen on Kenyan women and girls. Nearly 60 percent of HIV/AIDS-infected persons in Kenya are female. Women between the ages of 15 to 24 have prevalence rates four to six times higher than males of the same age, and they account for 21 percent of all new infections (UNAIDS 2015). Reasons for this are multifold and complex. Physically, females are more susceptible to infection than males, but this alone is not the explanation. The root cause is amplified by a number of sociocultural variables, including the fact that many young women may be child brides, have older male sexual partners, or engage in transactional sex to support themselves, all of which are scenarios in which women often have limited power to negotiate condom use for protection.

Women and girls are subjected to higher rates of rape and sexual violence. Sex workers are also at higher risk for HIV/AIDS infection. The prevalence of HIV within Kenya's female sex worker populations is over 29 percent, the highest of any group in the country, which demonstrates the dire situation for new infection rates for women because sex workers are also the most likely to take preventative actions and seek testing and treatment (KNACC 2014). Beyond these specific scenarios, gender inequality and poverty in Kenyan society contribute to the burden women and girls face from HIV/AIDS. The levels of educational attainment, income, and relative poverty status are all inversely connected to HIV/AIDS occurrence, and disparity in access to health care for women exacerbates this.

Though the HIV/AIDS epidemic remains a major threat to Kenyan society, particularly women and girls, considerable progress in addressing this has been made. Prevalence has nearly been cut in half since its peak of over 10

percent in 1995. The scale-up of antiviral treatment has stabilized the epidemic, with AIDS-related deaths decreasing nearly 68 percent since 2009. Coverage of antiretroviral treatment for adults increased by 14 percent from 2008 to 2013, and it increased for children by a substantial 27 percent over that same time frame. Considerable progress has been made in the reduction of mother-to-child-transmission, which was nearly halved from 2010 to 2015 (UNAIDS 2015).

Kenya's success has been due in part to standard interventions such as HIV testing and counseling, scale-up of antiretroviral treatment programs, free condom distribution, education and awareness initiatives, and voluntary medical male circumcision campaigns, in addition to some more progressive and innovative measures. In 2015, Kenya implemented progressive legislation requiring the disclosure of HIV status to partners, and in 2016, Kenya became only the second country in sub-Saharan Africa to approve the use of pre-exposure prophylaxis (PrEP), in which antiretroviral drugs are taken by HIV-negative persons for protection from possible exposure, an intervention that is targeted at high-risk young women and sex workers (UNAIDS 2015).

The impact of HIV/AIDS on Kenyan women is not limited to those infected or at risk of infection; it also impacts the lives of women who become single parents, caregivers for infected family members, and orphaned and vulnerable children. Home care for HIV/AIDS treatment is common in Kenya. Women account for two-thirds of all AIDS caregivers, with one-quarter of these women over the age of 60 (UNAIDS 2015). It is not uncommon for women, particularly younger women and girls, to be both AIDS caregivers and infected themselves. The provision of AIDS care can last from months to years, and it commonly includes providing emotional, physical, and nursing care to those infected along with assuming greater responsibility for household duties (UNAIDS 2015). This is unpaid work and limits the time and resources that women and girls could otherwise spend on education, income-generating activity, and self-care.

Though most Kenyan women are happy to care for their family members, there are considerable physical, emotional, and economic costs to these women and their households. As a result of AIDS-related deaths, as of 2015, there are over 660,000 orphaned and vulnerable children in Kenya (UNAIDS 2015). The majority of orphaned and vulnerable children are cared for by grandmothers, or their families become child-headed households, most

commonly headed by girls. The results are increased costs and burden of care on grandmothers and psychosocial issues for children, along with increased poverty and decreased attendance at school.

HIV/AIDS is easily one of the biggest issues for Kenyan women and girls, on both the societal and individual levels. Females are disproportionately impacted by this disease and the epidemic, but women and girls show incredible resilience to persevere and progress despite these challenges. The epidemic will continue to affect the lives of women and girls in Kenya and across sub-Saharan Africa for generations to come.

Family Planning

Family planning is critical for women's health and well-being. When women are able to properly plan their families, they are able to more effectively participate in education and the workforce and are more empowered and suffer reduced health impacts from inadequately spaced pregnancies. Of all sexually active women in Kenya, 73 percent have used contraception at least once. Fifty-eight percent of married women currently use contraceptives, while only one-third of unmarried women use contraceptives (APHRC 2014; KNBS 2015). Some women in Kenya have used traditional contraceptive methods that are largely ineffective, but the use of modern contraceptives has increased more than 21 percent since 2003 (KNBS 2015). Currently, only 63 percent of the demand for family planning services in Kenya is satisfied (APHRC 2014). Kenyan women have high awareness and knowledge of family planning and contraceptives; therefore, this gap in services is likely due to a lack of access.

Maternal, Newborn, and Child Health

Maternal, newborn, and child health (MNCH) is a challenge in Kenya. Every two hours, one woman in Kenya dies from pregnancy- or childbirth-related causes (UNICEF 2016; WHO 2014). MNCH-related morbidity and mortality can be connected to prenatal care, childbirth practices, postpartum practices, breastfeeding, nutrition, and other health concerns, including infectious disease. MNCH is an important aspect of health and health care, as it can have long-term effects on child growth and development.

Prenatal care can have a substantial impact on a woman and her child's health. A study by Awiti (2014) found that the prenatal care a woman in Kenya receives is influenced by a number of factors that include the mother's age at

birth, level of education, and income, along with the number of facilities available and the distance to facilities. In 2014, 96 percent of pregnant women in Kenya received some amount of prenatal care, while only 47 percent had the recommended minimum of four visits throughout her pregnancy (MOH 2016).

Giving birth in proper health care facilities and being under the care of a skilled birth attendant are critical for the survival and health of both mother and child. Women's childbirth experiences in Kenya vary widely. In Nairobi, for wealthier women and those with insurance, the childbirth process and experience can be similar to that of any Western country. However, the majority of women are not afforded this luxury. In urban areas, 75 percent of Kenyan mothers deliver their babies under the care of skilled birth attendants, but this only reaches 37 percent in rural areas (Phiri et al. 2014). Factors that influence whether a Kenyan woman gives birth in a health care facility and with a skilled birth attendant include access to care, affordability, and the perception of whether or not doing so is necessary—all of which are heavily influenced by the woman's level of educational attainment and economic status. If a woman does not give birth in a health care facility with skilled birth attendants, she usually gives birth at home, or sometimes even en route to the hospital, and is tended to by friends or family, traditional birth attendants, or she may be alone. Lack of proper facilities and care during birth contributes to Kenya being one of the most dangerous countries in the world for a woman to give birth, which is reflected in its high maternal mortality rate of 360 deaths per 100,000 live births (MOH 2016). Restrictive abortion legislation also contributes to maternal mortality in Kenya (Ziraba et al. 2015). Abortion is only legal when medically necessary, but instances of illegal abortion are common.

Postpartum care is also critical for the health of both the mother and child. This is another area of MNCH that Kenya struggles with. Most women who give birth in a health care setting receive some amount of postpartum care for themselves and their child, but often not to the extent that is needed, both in the first few hours following birth and in the weeks following. In total, 47 percent of Kenyan women receive some amount of postnatal care (Akunga et al. 2014), but for women who deliver outside of a health care facility, 81 percent do not receive postpartum care.

Kenya has a positive culture around breastfeeding and has made considerable progress with this in recent years, particularly in comparison to other sub-Saharan African

countries. Recent studies report that the number of women exclusively breastfeeding for the first six months has doubled from 2008 to 2015 (Wanjohi et al. 2017). This significantly reduces infant mortality, protects against infection and disease, and provides optimal nutrition for growth. A woman's choice to breastfeed is influenced by her knowledge of breastfeeding; her overall educational attainment; environmental factors, such as having adequate space for breastfeeding at work; and sociocultural perceptions. There is still some cultural stigma over breastfeeding in Kenya, ranging from a belief that breasts will sag to curses that may result from breastfeeding (Wanjohi et al. 2017). Despite this stigma, Kenya has made considerable progress on this important dimension of women's and children's health.

Kenya's under-5 mortality rate is 49 per 1,000 live births (KNBS 2015). More than 7 million children under the age of five die each year in Kenya, primarily from preventable or treatable causes. The main causes of under-5 mortality in Kenya are neonatal complications from birth, diarrheal diseases, pneumonia, and HIV/AIDS, with undernutrition contributing to over one-third of child deaths (UNICEF 2016; WHO 2014). This follows the same pattern as other dimensions of inequality in Kenya; child mortality rates are higher in rural areas and informal urban settlements and are heavily influenced by socioeconomic status. Simple and inexpensive interventions, such as rehydration salts and practices to prevent mother-to-child transmission of HIV/AIDS during delivery, can make a big difference in child mortality, but Kenya's strained health system struggles to provide such interventions for mothers and children in need.

In Kenya, a total of 79 percent of children aged 12–23 months have received full vaccination coverage, and only 2 percent of children have not received any vaccines (KNBS 2015). There is gender parity with child vaccinations in Kenya. The limited extent of vaccinations is problematic, given that vaccines are critical for child and population health; they are some of the easiest and most inexpensive health interventions that can be given. When children in Kenya get sick with an acute respiratory infection, fever, or diarrhea, they are given formal health care in only 60 percent of cases because of difficulties affording and accessing health care in Kenya. Eleven percent of Kenyan children are underweight, and a further 4 percent are wasted and 5 percent stunted. Only 22 percent of children in the country are fed in accordance with proper practices (KNBS 2015).

Employment

Employment is one of the main ways in which women can improve their level of living and well-being. Given that Kenyan women suffer more at the hands of poverty and inequality than men, employment is critical for women's livelihoods. Unemployment and underemployment are one of Kenya's most difficult and persistent problems.

Women's Labor Force Participation

Employment in Kenya consists of formal and informal paid work and unpaid work. The formal sector includes public and private enterprises that are registered and taxed, while the informal sector, called *jua kali*, includes small private and unregistered businesses. Unpaid work includes economically inactive reproductive or household work, including subsistence agriculture. As of 2014, 75 percent of adult Kenyan women held some form of employment, while 99 percent of adult Kenyan men were employed (KNBS 2015). Nearly 47 percent of Kenya's labor force is adult females (World Bank 2016). Unemployment and underemployment is a critical long-standing issue in Kenya. The unemployment rate for women is nearly 11 percent, while it is only 8 percent for men (Moyi 2013).

Women's work is largely relegated to informal and unpaid activities. This pattern has persisted since the introduction of structural economic reforms in the 1980s. Work in the informal sector is characterized by high levels of insecurity, safety issues, and low wages. However, women may choose to work in the informal sector because of its flexibility and part-time hours, which may be necessary given her household's demands. Average wages in Kenya's formal sector are approximately twice that of the informal sector and four times those in subsistence agriculture. Women account for slightly less than one-third of Kenya's formal work sector (Wamuthenya 2010). Women that work in the formal sector are often expected to pursue careers in female-oriented fields, such as teaching and nursing, due to cultural perceptions. Increasingly, women are being employed in casual, temporary, part-time, and contract jobs across Kenya, which reduces their earning potential and income security. Women's work is predominantly in agriculture, trade (buying and selling), the service sector, and domestic labor. Women in rural areas are more likely to work in the informal sector and subsistence agriculture. Women in urban areas have greater opportunity for other employment given that cities are economic

hubs. In total, 14 percent of all employed women in urban areas are domestic workers (Kaane 2014).

Women's participation in Kenya's labor force is influenced by their socioeconomics, cultural values, household characteristics, and personal choice. Variables affecting this include a woman's age, level of education, marital status, religion, ethnicity, household headship, number and age of children, husband's employment, and size of household and whether there are other female relatives in the home. Women from more traditional, conservative, and patriarchal groups, including Muslims and those practicing various traditional African religions, and those from Somali and Masai tribes have higher unemployment rates and are less likely to engage in work outside the home or family environment (De Giusti and Kambhampati 2016).

Employment can have a considerable impact on women's lives. It can help improve her family's welfare and reduce poverty, while also empowering her within her home and community. Employment improves women's bargaining power within the home by shifting her income share, affording her higher status within her household (De Giusti and Kambhampati 2016).

Discrimination, Equity, and Pay

The 2010 constitution and various other pieces of legislation also protect against workplace discrimination due to pregnancy, religion, ethnicity, disability, or age. Women's rights are further protected in the workplace through Kenya's progressive maternity leave requirement for employers to provide women with three months of paid maternity leave and men two weeks of paid paternity leave. Employers are also required to provide space and time for women to breastfeed at work.

Despite efforts to address gender inequality in Kenya's labor force, disparities persist. Trends indicate gradual improvement, but Kenyan women are still significantly underrepresented in senior official, management, and leadership roles within both the public and private sectors. An approximate 35 percent gender wage gap exists in Kenya. Despite the fact that women work more hours than men, they are often paid less. Reasons for this may include differing levels of education and experience or blatant gender discrimination. Pay inequality exists at both the top of the wage distribution, where women suffer from the "glass ceiling" limiting their upward wage mobility, and at the bottom, where women suffer from the "sticky

floor” phenomenon, which keeps women held down to low wages (Agesa et al. 2013). Women are also subjected to workplace harassment as a result of Kenya’s patriarchal society.

Child Labor

The sub-Saharan Africa region has the highest rates of child labor in the world. Regrettably, Kenya does not differ from its neighbors. The minimum legal age for work in Kenya is 16, but many youth and children engage in child labor. When unpaid labor is accounted for, more than 32 percent of Kenyan children under the age of 16 are both working and attending school, and 32 percent only work (DOL 2015). Children in rural areas are more likely to both work and attend school. These children engage in the agriculture, industry, and service sectors and are primarily driven to do so because of poverty or because one or both of their parents also worked as a child. Child labor is characterized by low wages, long hours, and abuse. Even if their work does not prevent children from attending school, this work often has a negative impact on their school performance. On average, girls work more than 35 hours per week, primarily by performing unpaid family work (Moyi 2011).

When girls do engage in paid work, it is most commonly commercial sex work. More than 50,000 girls in Kenya are estimated to be working in the commercial sex trade, which is largely fueled by male tourists from Western countries (NCCS 2013). This has pervasive physical and psychological impacts on girls and is a gross violation of their human rights. The Kenyan government and international community have attempted to address child labor through such incentives as free schooling and cash transfer incentive programs. Child sex work has primarily been addressed through building education and awareness, increasing child protection, and legislation.

Family Life

Family is an important social institution in Kenya. Families in Kenya still hold many traditional values and practices, but these have modernized alongside society as a whole. Families tend to be large and maintain close relations with extended family. The average number of people per household in Kenya is 4.3, with only 1.8 rooms in the home (APHRC 2014). Due to Kenya’s conservative traditional values, it is not common for unmarried women to

live with men in domestic partnerships. Women typically stay living in their family home until marriage.

Marriage

The average age at first marriage for Kenyan women is 20 years old (KNBS 2015). Muslim women tend to marry one year earlier, and Luo women marry one to three years earlier (APHRC 2014). Of adult Kenyan women, 60 percent are married (KNBS 2015). Kenya has civil, religious, and customary marriages. Given the importance of religion within Kenya, most marriages are religious.

LGBTI Marriage

Same-sex unions are neither legal nor socially acceptable in Kenya. Some estimates suggest that 90 percent of the Kenyan population is against homosexuality (DIHR 2016). Because of this stigma, most LGBTI Kenyans get married to or engage in sexual relationships with heterosexual partners to conceal their true sexual orientation (Kenya Human Rights Commission 2011).

Child Marriage

Child marriage refers to marriage before the age of 18. This is a violation of rights, deprives girls of their health and education, and contributes to poverty and inequality. Though this practice was made illegal in Kenya in 2014, it persists. Approximately 23 percent of Kenyan girls are married before reaching their 18th birthday. Instances of child marriage are highest in the North Eastern and Coast Regions and lowest in the Central Region and Nairobi. Girls in rural areas are twice as likely to be impacted by child marriage (UNICEF 2016). The practice is connected to the traditional beliefs of some groups, a lack of education, and poverty.

Bride-Price

When Kenyan women marry, it is common for a bride-price to be given, in which the groom’s family pays the bride’s family, the opposite of a dowry. The bride-price is approximately four times the groom’s household income and is often exchanged via cash payment or with livestock (Anderson 2007). Bride-price is most common in traditional societies, as it is connected to the strong role females play in agriculture, though it also serves to create alliances between kinship groups. The impact is that some women are regarded as property in their marriages, which

further perpetuates power imbalances, but it also creates an incentive for educating girls, as there is some correlation between their level of education and their bride-price.

Polygamy and Widow Inheritance

Customary law in Kenya is entrenched in patriarchal values and allows for polygamy and widow inheritance, both of which were legalized in 2014 (Kamau 2014). These practices are common across sub-Saharan Africa. Polygamy allows a husband to have multiple wives, with no limit. Living arrangements within polygamous unions vary. Eleven percent of married women and 6 percent of married men are in polygynous unions (KNBS 2015). The highest rates of these marriages are correlated with the following: living in rural areas, living in the North Eastern Region, being over the age of 40, having no education or incomplete primary education, and being in the lowest income groups. The prevalence has steadily declined since the 1970s (Doodoo and Klein 2007). Polygamy negatively affects women's empowerment (Fenske 2015).

Widow inheritance, also called cultural remarriage or levirate marriage, is a social practice within some ethnic groups in Kenya, namely, the Luo, Maragoli and Abagusii in western Kenya. Statistics on its prevalence are not readily available. When a husband dies, a relative of the husband, most likely a younger brother, "inherits" his wife. He assumes the role of providing for the family and the full legal control granted in Kenyan marriage. This includes assumed consent to sexual activity. Culturally, the intention is rooted in superstition and seeks to preserve bloodlines and kinship, along with caring for the widow. Widow inheritance, and the cleansing rituals that proceed it, increase women's chances of contracting HIV and violate her rights if she does not consent to it. This practice promotes male domination and female subordination, greatly disempowering women and violating their rights.

Divorce

Divorce is less common in Kenya than other countries in sub-Saharan Africa. Only 6 percent of adult women in Kenya are divorced (KNBS 2015). Women are legally able to divorce their husbands on grounds of adultery, abandonment, cruelty or violence, alcohol or drug addictions, sexually transmitted infection, or failing to economically provide for the family (Doodoo and Klein 2007). Divorce rates in Kenya are positively correlated with urbanization and female employment, while a younger age at first

Invisible to the Law

In Kenya, same-sex relations between men are explicitly prohibited by Sections 162 and 165 of the Kenya Penal Code and carry penalties ranging from 5 to 21 years of imprisonment. Laws are much less clear regarding same-sex sexual relations between women. According to the International Lesbian, Gay, Bisexual, Trans, and Intersex Association, sexual relations between women are legal (www.ilga.org). Lesbians are invisible to Kenyan law.

Despite the lack of explicit laws surrounding lesbians, the general Kenyan culture regularly describes all forms of same-sex desires as crimes against Christianity and Islam, the two largest faith populations in Kenya. According to the *CIA World Factbook*, 82.5 percent of Kenyans identify as Christian, and 11.1 percent identify as Muslim.

Many online resources based in Kenya are difficult to access due to bandwidth capacities, but the Gay and Lesbian Coalition of Kenya (GLACK) has a Web site with information about their work as well as other organizations, including Artists for Recognition and Acceptance (AFRA-Kenya), an organization of lesbian, bisexual, and transgender (LBT) women artists in Kenya. The GLACK Web site is www.glack.org.

—Whitney K. Archer

marriage and lower female education reduce the likelihood of divorce (Clark and Brauner-Otto 2015).

Children

Though rates of childbearing outside of marriage have increased in Kenya, marriage is still an event that dictates the onset of childbearing. The average age at first birth for Kenyan women is approximately 20 years old, and on average, Kenyan women will have 3.9 children. Both statistics are influenced by women's educational attainment and wealth. Voluntary childlessness is rare among married women in Kenya (KNBS 2015). Raising a family is a significant component of most women's lives. There are sociocultural values attached to this, along with practicalities, such as having children to help with household and agricultural duties and to care for parents when they age.

Women's Voices

Wangari Maathai

Wangari Maathai was an environmental activist from Kenya. In the mid-1970s, she “introduced the idea of planting trees with the people” (Nobelprize.org 2016). This inspiration led to the creation of the Green Belt Movement, a movement that seeks to empower women and help the environment by paying poor women to plant trees. In 2004, Maathai became the first African woman to win the Nobel Peace Prize. Speaking on the importance of environmental activism, Maathai said, “We cannot tire or give up. We owe it to the present and future generations of all species to rise up and walk!” (Green Belt 2016). When she died of cancer in 2011, her obituary in the *New York Times* described her as an “environmentalist, feminist, politician, professor, rabble-rouser, [and] human rights advocate.”

—Melissa Jacobs

Gettleman, Jeffery. 2011. “Wangari Maathai, Nobel Peace Prize Laureate, Dies at 71.” *New York Times*, September 26. Retrieved from <http://www.nytimes.com/2011/09/27/world/africa/wangari-maathai-nobel-peace-prize-laureate-dies-at-71.html>.

Green Belt Movement. 2016. “Biography.” Retrieved from <http://www.greenbeltmovement.org/wangari-maathai/biography>.

Nobelprize.org. 2016. “Wangari Maathai—Biographical.” Retrieved from http://www.nobelprize.org/nobel_prizes/peace/laureates/2004/maathai-bio.html.

Household Structure

Patriarchal norms and male dominance still persist in Kenyan households. Women are head of the household in only 34 percent of homes, with slightly higher rates in rural areas (APHRC 2014). This means that women are likely to have less decision-making power over their finances, other family affairs, and personally. In only 39 percent of households are women primarily responsible for making decision about their own health, and in only 23 percent of households are women primarily responsible for making decisions to visit friends and family. Only half of married employed women make independent decisions on how to spend their earnings (KNBS 2015).

Women are still primarily responsible for domestic and reproductive work, including household chores, child and elder care, and agricultural work. This of course varies with socioeconomic status and women's employment. Upper- and middle-class families often have live-in domestic help, which alleviates some of the burden of domestic duties on Kenyan women. Women living in rural areas without access to tap water, often spend the majority of the day fetching water for their families. Women's responsibility for domestic work is entrenched from an early age; girls are required to help with household duties.

Household and family instability is an issue in Kenya and across sub-Saharan Africa. Change in family structure has been found to disadvantage children and to negatively impact their well-being. Factors contributing to family

instability in Kenya include migration, child fostering, widowhood, divorce, civil conflict, and the HIV/AIDS epidemic (Clark and Brauner-Otto 2015). Though recent changes to Kenya's Constitution permit women to own and inherit land and assets, this is still limited in practice. Of women who own property and assets, less than 10 percent have sole ownership, compared to more than 30 percent of men with sole ownership (KNBS 2015).

Politics

Since gaining independence in 1963, Kenya has operated under a democratic governance system. As of 2013, Kenya operates under a devolved, or decentralized, government that is divided into 47 different counties. Prior to this, the country operated under a centralized government with 8 provinces. Given this recent change in structure, the establishment of institutions and administration remains a work in progress and is faced with many challenges.

Since its inception, Kenya has been plagued by governance issues, ranging from petty corruption to state-sponsored violence, but it manages to remain relatively, though precariously, stable in comparison to some of its neighboring countries in sub-Saharan Africa. In the wake of the 2007 presidential election, the country fell into a state of ethnic conflict that resulted in a political, economic, and humanitarian crisis. The Rift Valley Region was the center of the conflict, which resulted in 1,000 deaths,

more than 500,000 persons internally displaced, and widespread destruction of property (Waki Commission 2008). The conflict ended when a power-sharing agreement was reached between the political parties. Under this Jubilee Agreement, Kenya became a multiparty democracy. This also laid the groundwork for a new constitution, implemented in 2010, along with electoral, police, and security reforms. The following presidential election in 2013 was rife with instability, but the country remained relatively peaceful, as the power-sharing alignment remains intact.

Corruption plagues Kenya's governance. Transparency International (2017) assesses corruption in Kenya to be high, ranking it only 145th of 176 countries. The World Bank's (2017) governance indicators report that the country's most prevalent governance issues relate to political stability, the absence of violence and terrorism, and control of corruption. Their regulatory quality, government effectiveness, and rule of law are less problematic in comparison. These issues impact women's inequality, poverty, security, and human rights.

Laws and Policies Impacting Women

The 2010 constitution reflects a commitment and step forward in addressing gender inequality and ending discrimination against women and other groups. Kenya's legal frameworks were considered to be one of the biggest obstacles to gender equality. The constitution now guarantees equality before the law and full and equal enjoyment of all rights and freedoms, including protection from direct and indirect discrimination on the basis of race, sex, pregnancy, marital status, health status, ethnic or social origin, color, age, disability, religion, conscience, belief, culture, dress, language, or birth. Protections surrounding pregnancy, marital status, and health status, among others, are expected to be of the most benefit to women. Affirmative action to account for historical gender inequality is also now mandated. This includes a requirement for a minimum of one-third representation of women in Kenya's parliament and public service.

The constitution now voids any law in Kenya that is in contradiction of it. It also stipulates that any international treaty or convention ratified by Kenya forms part of Kenyan law. A number of agreements that Kenya has signed will benefit women's equality, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child.

Kenya's Constitution now reigns supreme over customary law in areas where they overlap or conflict. This is a major step forward for women's rights, as many of the antiquated and discriminatory practices against women in Kenya were permissible under customary law, including rights in marriage, property ownership, and children.

One of the most significant improvements to the lives of Kenyan women that resulted from the new constitution is the right to own and acquire property individually or in association with others. Women are now legally entitled to have property registered in their names; to have full possession and control over property, including the management, sale, or inheritance of it; and to acquire loans by using property as collateral. In Kenya's agriculturally based and gender-segregated society, this is critical for securing women's livelihoods and ending discrimination.

Specific to marriage and children, women are now afforded equal rights at the time of, during, and at the dissolution of a marriage. Civil, religious, and customary law marriages are all still permitted. The constitution now declares that child care is the responsibility of both the mother and the father, whether or not they are married. Women's and children's citizenship is also now protected and no longer tied to marriage to a Kenyan man. Women's rights to matrimonial property, including land and their home, are now protected during and at the termination of a marriage. These new legal protections are a significant move forward for women's rights, as these issues and dynamics along with property ownership are central to their inferior status to men.

Changes made to Kenya's Constitution are progressive and provide a necessary platform for advancing women's rights and gender equality. However robust and progressive these new legal requirements are, mechanisms for implementing and realizing these changes are unclear. To date, the impact of this legislation on women's lives has been limited in effect. It is also relevant to note that the constitution still does not recognize protection for sexual orientation or gender identity, which are major barriers for the LGBTI community and women.

Kenya's National Gender and Equality Commission is the institution tasked with ensuring gender equality and freedom from discrimination as set out in the new constitution. They are also responsible for ensuring that Kenya's development policy, Vision 2030, is aligned with gender equality. It aims to ensure gender equality in the country by 2030 as part of achieving sustainable development and growth.

Organization Spotlight: Kakenya's Center for Excellence

Kakenya Ntaiya had a dream that all the girls in her village could go to school. Raised in the Maasai village of Enoosaen in Southern Kenya, Kakenya negotiated with village elders to be granted permission to continue her education and later to leave her village for college. She was the first girl to leave her village to pursue higher education. The entire village contributed to pay for her journey, and she promised she would return and use her education to benefit her community. After completing her doctorate degree from the University of Pittsburgh, Kakenya returned to Enoosaen to turn her dream into a reality.

Founded in 2009, Kakenya's Center for Excellence serves students in grades four through eight. Currently, the biggest challenge for young Maasai girls is to stay in school in the face of pressure to drop out for marriage. When parents enroll their daughters at the center, they promise they will not force their daughters to marry or to go through female genital cutting. The school currently welcomes 155 girls.

To learn more about Kakenya and her Center for Excellence, visit her Web site at <http://www.kakenyadream.org>.

—Whitney K. Archer

Women's Participation in Politics and Government

Kenyan women have a long history of political engagement in Kenya, from precolonial days to the present. They even had a female chief during colonial rule, Wangu wa Mak-eri, from 1901 to 1909. Women were granted suffrage (the right to vote) with the country's independence in 1963. Despite this, Kenya's patriarchal values and society and other factors that include governance and institutional issues have limited women's formal participation in government in terms of both access and presence. Under the gender equality requirement of Kenya's 2010 Constitution, a record number of 86 women were elected to the country's parliament in 2013. This landmark achievement for women in Kenya saw this number of women elected surpass the combined total number of women ever elected in the country's postcolonial history. Though this represents substantial progress, the current 19 percent of women

in parliament falls short of the 33 percent constitutional minimum (Association of Media 2015). Other notable successes include the election of a blind, disabled woman, Linet Kemunto Nyakeriga, to parliament and the appointment of Kenya's first female secretary of defense, Raychelle Omamo. The lack of women in politics is a challenge in Kenya's continued efforts to reshape male-dominated politics, policy, and resource allocation. In her 2014 analysis on women in politics, Maria Nzomo also highlights that simply because women sit on parliament in Kenya, this does not mean that gender equality is a priority. She further states that due to the patriarchal sociopolitical context in Kenya, feminist agendas are discouraged and often silenced (Nzomo 2014).

Conflict

Though Kenya is generally stable in comparison to its neighboring countries, conflict and violence remain as issues. Conflict and violence in Kenya are typically complex, historically rooted, vary regionally, and often occur in multiple and overlapping contexts. The drivers of conflict include corruption and political unrest, particularly surrounding elections; social fragmentation; discrimination; ethnic and religious identity conflict; state neglect; poverty; inequality and marginalization; rights to resources; land; spillover violence from neighboring Somalia; and persistent low-level violence, all of which is exacerbated by a lack of security in Kenya. Women are subjected to increased violence and sexual violence as a result of conflicts. Following the 2007 election crisis, rates of violence against women were more than three times higher than usual rates, and women and girls living in refugee camps as internally displaced persons experienced multiple levels and various forms of violence (Rohwerder 2015).

LGBTI

Kenya's social and political fabric is not accepting of lesbian, gay, bisexual, transgender, or intersex (LGBTI) peoples, which is reflected in the country's political and legal environment. Same-sex activity and relationships between men are illegal and punishable by up to 14 years in prison. No Kenyan legislation makes reference to same-sex relations between women, and it has not yet been subject to judicial interpretation. Despite the fact that is not explicitly prohibited in the criminal code, women in Kenya who pursue same-sex relations are still at risk for persecution socially, under customary law, and informally under statutory law.

Violations of LGBTI rights in Kenya are prevalent, systematic, and rarely addressed by the state when reported (KHRC 2011). LGBTI Kenyans are subject to routine abuse, hate speech, and violence from mobs and rape by police, vigilantes, and organized criminals. Other violations include harassment by government officials and police of persons presumed to be homosexual or lesbian, extortion for bribes, and demands for sexual favors in lieu of arrest or fines. Few of these crimes are reported to police.

Religious and Cultural Roles

Kenya has diverse citizenry, with over 40 distinct ethnic groups spread across the country. The five largest ethnic groups are the Kikuyu, Luo, Luhya, Kamba, and Kalenjin, which combined account for over two-thirds of the country's population (KNBS 2015). Ethnicity remains an important part of Kenyan society, culturally, personally, and politically. Beyond these indigenous groups, Arab and Asian Kenyans also call the country home. Religion is important in Kenya. Approximately 80 percent of Kenyans identify as Christian, predominantly Protestant and followed by Catholic; 10 percent identify as Muslim, and 2 percent belong to traditional religious groups (KNBS 2015).

Culture in Kenya is vibrant and lively, reflective of a wide range of traditional and modernized cultural practices, which vary given the country's diversity. Practices common across groups include various initiations, rituals, and rites of passage, which last from days to months and celebrate events such as transitioning from child to adult, marriage, and hunters having their first kill. Traditionally, female genital cutting (FGC, also referred to as female genital mutilation, or FGM) was the rite of passage from girl to woman, but groups are increasingly moving away from this illegal and dangerous practice toward alternative rites of passage.

Superstition is also common among Kenyans. These range from believing in protective powers from charms and ornaments called *juju* to believing that having sex with a virgin girl will cure HIV. Kenya's motto is *Harambee*, which is Swahili for "pulling together." Kenya's community self-help tradition is normally a responsibility that is placed on women and girls as community organizers.

Issues

Violence against Women

Violence against women (VAW) is a widespread issue in Kenya. This primarily occurs within the family or

household and within the community. Violence against women is rooted in historical and cultural patriarchal societal structures, colonization, and socioeconomic change. It is a violation of human rights and has adverse health impacts, physical and psychosocial at the individual and population level, along with intergenerational effects and broader socioeconomic impacts. VAW occurs in all demographic groups in Kenya and is shrouded by a culture of silence, as women are often socialized into tolerating and rationalizing acts that are perpetrated against them.

Forty-four percent of adult Kenyan women have experienced at least one act of physical violence against them, and 20 percent are currently experiencing frequent or occasional physical violence. Fourteen percent of adult Kenyan women have experienced sexual violence at least once, and 8 percent are currently or have experienced it in the past 12 months. The majority of violence against women in Kenya is committed by the woman's husband; only 4 percent of women report being subjected to violence by a nonpartner (KNBS 2015). Young Kenyan women are three times more likely to be subjected to violence than males (KNACC 2014). The Kenyan government has taken measures to address this problem, including implementing various forms of legislation and protective measures. Progress is hampered by patriarchal values and the silence surrounding the incidents, the majority of which are never reported to authorities.

Female Genital Mutilation

Female genital mutilation (FGM), also called female circumcision or cutting, is a traditional cultural practice within some ethnic and religious groups in Kenya. This involves cutting and mutilating girls' genitals as a rite of passage from girlhood to womanhood, in preparation for marriage, typically between the ages of 5 and 14. It is also performed as a means to control women and reduce her sexual pleasure and demands. FGM is a violation of women's and girls' human rights and can have serious medical complications, including severe pain, excessive bleeding, shock, infections, death, and psychological issues in the short and long term. The majority of FGM in Kenya is performed by traditional cutters outside of medical facilities, which increases the likelihood of these adverse health impacts.

As of 2011, FGM is illegal in Kenya, but it is still practiced. Twenty-one percent of adult Kenyan women have

been subjected to FGM. It is most prevalent among those in the Muslim religion, accounting for more than half of all females affected, and the Somali, Samburu, Kissii and Maasai ethnic groups. It is more common in rural areas and has the highest prevalence in the North Eastern Region (KNBS 2015). Whether a girl's mother has been circumcised and her level of education also impact the likelihood of the practice.

Civil Society and Activism

Kenya has a vibrant civil society and activism community. Kenya's *Harambee* tradition of community self-help has largely been driven by women, particularly in rural areas. Ngugi (2001) describes these self-help or microlevel development groups as the "life blood" of development in Kenya. With women as partners in the development process, they are given a political profile and voice, enabling them to develop. These groups are an effective social force and have made great contributions to development in Kenya, specifically to women's lives and beyond. GROOTS Kenya is a network of women's self-help groups that provides a platform to strengthen the grassroots role of women in development. Women's activism in Kenya has a long history of advocacy and action to address equal rights and equality and to improve social, economic, and legal conditions for women. The focus, tactics, and impact of these efforts vary widely. Women are well represented in leadership and senior positions within these organizations, substantially more so than in other sectors in Kenya. One of the most notable organizations in Kenya is the non-profit Green Belt Movement, which was founded in 1977 by Professor Wangari Maathai, who was later awarded the Nobel Peace Prize for her work in improving women's livelihoods, rights, and the environment.

Climate Change

The effects from climate change in Kenya and sub-Saharan Africa are increasing in magnitude and frequency. Climate change has contributed to an increase in extreme events and disasters, including drought, flooding, and landslides, and it stresses everyday life through loss of livelihoods, food insecurity, and health impacts. Given their dependency on the environment for their livelihoods and relative levels of poverty, women are more vulnerable to these effects. Due to their marginalization socially, economically, and politically, women often have less capacity to

cope and respond. Though their situation is dire, women are effective and important agents of change for both mitigating and adapting to climate change due to their innate knowledge, experience, and connection with the environment and their livelihoods.

LACEY WILLMOTT

Further Resources

- African Population and Health Research Center. 2014. *Population and Health Dynamics in Nairobi's Informal Settlements: Report of the Nairobi Cross-Sectional Slums Survey (NCSS) 2000*. African Population and Health Research Center.
- Agesa, Richard U., Jacqueline Agesa, and Andrew Dabalen. 2013. "Sources of the Persistent Gender Wage Gap along the Unconditional Earnings Distribution: Findings from Kenya." *Oxford Development Studies* 41.1: 76–103.
- Akunga, Daniel, Diana Menya, and Mark Kabue. 2014. "Determinants of Postnatal Care Use in Kenya." *Etude de la Population Africaine* 28.3: 1447.
- Anderson, Siwan. 2007. "The Economics of Dowry and Bride-price." *Journal of Economic Perspectives* 21.4: 151–174.
- Association of Media Women in Kenya. 2015. "86 and Counting: Women Leaders in Kenya's 11th Parliament." Retrieved from http://amwik.org/wp-content/uploads/2015/04/86_and_counting_bookweb_09_03_15.pdf.
- Awiti, Japheth Osotsi. 2014. "A Multilevel Analysis of Prenatal Care and Birth Weight in Kenya." *Health Economics Review* 4.1: 33.
- Batana, Yélé Maweki. 2013. "Multidimensional Measurement of Poverty among Women in Sub-Saharan Africa." *Social Indicators Research* 112.2: 337–362.
- Chege, Fatuma N., and Daniel N. Sifuna. 2006. *Girls' and Women's Education in Kenya: Gender Perspectives and Trends*. UNESCO.
- Clark, Shelley, and Sarah Brauner-Otto. 2015. "Divorce in Sub-Saharan Africa: Are Unions Becoming Less Stable?" *Population and Development Review* 41.4: 583–605.
- De Giusti, Giovanna, and Uma Sarada Kambhampati. 2016. "Women's Work Choices in Kenya: The Role of Social Institutions and Household Gender Attitudes." *Feminist Economics* 22.2: 87–113.
- DIHR (Danish Institute for Human Rights). 2016. "Human Rights and Business Country Guide Kenya." Retrieved from <http://www.khrc.or.ke/publications/130-the-country-guide-on-business-and-human-rights/file.html>.
- Dodoo, F. Nii-Amoo, and Megan Klein. 2007. "Cohabitation, Marriage, and 'Sexual Monogamy' in Nairobi." *Social Science & Medicine* (1982) 64.5: 1067.
- DOL (Department of Labor). 2015. "Child Labor and Forced Labor Reports." Retrieved from <https://www.dol.gov/agencies/ilab/resources/reports/child-labor/kenya>.
- Fenske, James. 2015. "African Polygamy: Past and Present." *Journal of Development Economics* 117: 58–73.
- Kaane, H. 2014. "Kenya Country Report: How to Improve, through Skills Development and Job Creation, Access of

- Africa's Youth to the World of Work." Retrieved from http://www.adeanet.org/min_conf_youth_skills_employment/sites/default/files/u24/Kenya%20Country%20Report_0.pdf.
- Kamau, W. 2014. "Customary Law and Women's Rights in Kenya." Retrieved from <http://theequalityeffect.org/wp-content/uploads/2014/12/CustomaryLawAndWomensRightsInKenya.pdf>.
- Kenya Human Rights Commission. 2011. "The Outlawed amongst Us: A Study of the LGBTI Community's Search for Equality and Non-Discrimination in Kenya." Nairobi, Kenya: Kenya Human Rights Commission.
- KNACC (Kenyan National AIDS Control Council). 2014. "Kenya Strategic AIDS Framework." Retrieved from <http://www.undp.org/content/dam/kenya/docs/Democratic%20Governance/KENYA%20AIDS%20STRATEGIC%20FRAMEWORK.pdf>.
- KNBS (Kenyan National Bureau of Statistics). 2015. "Kenya Demographic and Health Survey 2014." Retrieved from <https://dhsprogram.com/pubs/pdf/fr308/fr308.pdf>.
- MOH (Ministry of Health). 2016. "Kenya's Reproductive Maternal Neonatal Child and Adolescent Health (RMNCAH) Investment Framework." Retrieved from http://www.globalfinancingfacility.org/sites/gff_new/files/documents/Kenya%20RMNCAH%20Investment%20Framework_March%202016.pdf.
- Moyi, Peter. 2011. "Child Labor and School Attendance in Kenya." *Educational Research and Reviews* 6.1: 26.
- Muga, Richard, Paul Kizito, Michael Mbayah, and Terry Gakuru. 2005. "Overview of the Health System in Kenya." *Kenya Service Provision Assessment Survey 2004*: 13–26.
- NCCS (National Council for Children's Services). 2013. "The National Plan of Action against Sexual Exploitation of Children in Kenya." Retrieved from <https://AMWIK.AMWIK.riselearningnetwork.org/wp-content/uploads/sites/5/2015/11/Copy-of-NPA-against-SEC-Kenya.pdf>.
- Njeru, Enos Hudson Nthia, and John Aluko Orodho. 2003. *Education Financing in Kenya: Secondary School Bursary Scheme Implementation and Challenges*. Institute of Policy Analysis & Research.
- Noor, Abdisalan M., Abdinasir A. Amin, Peter W. Gething, Peter M. Atkinson, Simon I. Hay, and Robert W. Snow. 2006. "Modeling Distances Traveled to Government Health Services in Kenya." *Tropical Medicine & International Health* 11.2: 188–196.
- Nzomo, Maria. 2013. "Women in Political Leadership in Kenya: Access, Agenda Setting & Accountability." Institute of Diplomacy & International Studies, University of Nairobi.
- Onsongo, Jane. 2006. "Gender Inequalities in Universities in Kenya." *Gender Inequalities in Kenya*: 31–48.
- Opiyo, Pamela A., Takashi Yamano, and T. S. Jayne. 2008. "HIV/AIDS and Home-Based Health Care." *International Journal for Equity in Health* 7.1: 8.
- OPHDI (Oxford Poverty and Human Development Initiative). 2016. "Kenya Country Briefing—Multidimensional Poverty Index Data Bank." Retrieved from www.ophi.org.uk/multidimensional-poverty-index/mpi-country-briefings.
- Phiri, Selia Ng'anjo, Torvid Kiserud, Gunnar Kvåle, Jens Byskov, Bjørge Evjen-Olsen, Charles Michelo, Elizabeth Echoka, and Knut Fylkesnes. 2014. "Factors Associated with Health Facility Childbirth in Districts of Kenya, Tanzania and Zambia: A Population Based Survey." *BMC Pregnancy and Childbirth* 14.1: 219.
- Rohwerder, Brigitte. 2015. "Conflict Analysis of Kenya." UNAIDS. 2015. "Kenya AIDS Progress Report." Retrieved from http://www.unaids.org/sites/default/files/country/documents/KEN_narrative_report_2014.pdf.
- UNDP (UN Development Programme). 2016. "Human Development Reports—Kenya." Retrieved from <http://hdr.undp.org/en/countries/profiles/KEN>.
- UNICEF. 2016. "Info by Country: Kenya." Retrieved from https://www.unicef.org/infobycountry/kenya_statistics.html.
- Waki Commission. 2008. "Report of the Commission of Inquiry into Post-Election Violence." Nairobi, Kenya.
- Wamuthenya, Wambui Rose. 2010. *Determinants of Employment in the Formal and Informal Sectors of the Urban Areas of Kenya*. No. RP_194. Nairobi: African Economic Research Consortium.
- Wanjohi, Milka, Paula Griffiths, Frederick Wekesah, Peter Muriuki, Nelson Muhia, Rachel N. Musoke, Hillary N. Fouts, Nyovani J. Madise, and Elizabeth W. Kimani-Murage. 2017. "Sociocultural Factors Influencing Breastfeeding Practices in Two Slums in Nairobi, Kenya." *International Breastfeeding Journal* 12.1: 5.
- WHO (World Health Organization). 2014. "Maternal Deaths in Kenya Carry a Price Too High to Bear." Retrieved from http://www.who.int/pmnch/media/news/2014/press_release.pdf.
- WHO (World Health Organization). 2015. "Countries: Kenya." Retrieved from <http://www.who.int/countries/ken/en>.
- World Bank. 2016. "Female Labor Force Participation Rate." Retrieved from <http://data.worldbank.org/indicator/SL.TLF.CACT.FE.ZS>.
- Ziraba, Abdhalah Kasiira, Chimaraoke Izugbara, Brooke A. Levandowski, Hailemichael Gebreselassie, Michael Mutua, Shukri F. Mohamed, Caroline Egesa, and Elizabeth W. Kimani-Murage. 2015. "Unsafe Abortion in Kenya: A Cross-Sectional Study of Abortion Complication Severity and Associated Factors." *BMC Pregnancy and Childbirth* 15.1: 34.

Kingdom of Saudi Arabia

Overview of Country

The Kingdom of Saudi Arabia is located in Southwest Asia, in what is known as the Middle East, bordering the Persian Gulf, Red Sea, and northern Yemen. In total, Saudi Arabia covers almost 830,000 square miles (2,149,690 sq. km), none of which is water. Home to the world's largest sand mass, Rub' al-Khali (Empty Quarter), Saudi Arabia's terrain is largely dry desert, and its temperature reaches

great extremes. The capital of Saudi Arabia is Riyadh, and the country is known as the birthplace of Islam, with the cities of Mecca and Medina housing two of the holiest shrines.

In 2015, Saudi Arabia was ranked 56th out of 155 nations on the UN Development Programme's (UNDP) Gender Inequality Index (GII, 0.284). GI is calculated based on Saudi women's reproductive health, empowerment, and economic activity, including measures of maternal mortality, adolescent childbirth, educational attainment, workforce participation, and political involvement (UNDP 2015).

The Kingdom of Saudi Arabia and the Saud monarchy were founded through a series of tribal wars. In 1932, Muhammad Ibn Saud, King of Najd, formed a strategic alliance with leaders of the Wahhabi Islamic community to secure military victory over the warring territories. Saud emerged as the first king of Saudi Arabia, and religious cooperation became integral to the nation. The national power structure in Saudi Arabia remains with the Umara, the Saud family dynasty, and the Ulama, the community of trained religious preachers. As of 2015, King Salman bin Abd al-Aziz Al Saud succeeded his late half-brother, Abdullah bin Abd al-Aziz Al Saud, to the throne. The political structure remains an absolute monarchy, and legal structure is bound to sharia law, which finds its roots in Islam's Holy Koran.

The population of Saudi Arabia is 27,752,316; according to a 2015 United Nations estimate, immigrants comprise 30 percent of this population. The most dominant and official religion of the country is Islam, with close to 90 percent of individuals being Sunni Muslims. However, although Saudi Arabia is home to a substantial number of foreigners, public expression of religion that is not consistent with Islam is prohibited and non-Muslims may not obtain Saudi citizenship (CIA 2016).

Saudi Arabia is the world's largest exporter of oil, and it plays a leading role in the Organization of the Petroleum Exporting Countries (OPEC). However, with an economy that depends so wholly on a single source of revenue, the country has been facing serious economic deficits—approximately USD\$87 billion as of 2016. As such, major contemporary challenges for Saudi Arabia are economic diversification, privatization, national spending cuts, and inclusion of more nationals, including women, in the workforce (Hill et al. 2015, 20).

Of note politically, the country was struck by major terrorist attacks in May and November 2003 as well as

smaller attacks in July 2016. These attacks sparked an ongoing commitment to combat domestic terrorism and extremism, with Saudi Arabia leading a 34-nation counterterrorism Islamic coalition (CIA 2016).

Regarding the contemporary circumstances of women, Saudi Arabia maintains strict laws enforcing gender segregation in public spaces; women must always wear an abaya (a full-length black cover) and are not permitted to drive. This restricts many women from participating in the workplace, as they have limited autonomy and must rely on the support of men to not only commute to work but also create a sex-segregated work environment. The same applies for education, as Saudi national schools are also sex-segregated and differ in the curricula taught to males versus females to preserve a traditional Saudi society; this serves to direct women toward a domestic or “more feminine” vocational path.

However, maintaining the framework of sex-segregation and overall Saudi tradition, 2005–2015 saw notable changes in the lives of women in Saudi Arabia. Such advancements were greatly to the credit of the late King Abdullah's vision for modernization, balancing the need for progress and national identity. Among a range of projects directed at socioeconomic advancement, he expanded employment and political opportunities for women. The country held its first elections in 2005 and 2011, where citizens voted for municipal council members. Moreover, in 2015—for the first time—Saudi women were allowed to vote and stand as candidates for the municipal elections. Twenty-one women won seats (CIA 2016).

Girls and Teens

Impact of Sex-Segregation on Daily Life

Sex-segregation is a major influence on the lives of young girls and teens in Saudi Arabia. By age seven, boys and girls are separated in public spaces, including schools, restaurants, and malls. Females and males are only permitted to be together in the company of direct relatives, and public spaces are separated into sections of “family and women” and “single men.” In terms of education, classrooms in schools and universities are gender specific, and girls' facilities have historically been of poorer quality. Although the government has been developing the quality of education available to girls, their access to libraries and other public education facilities is also compromised due to sex-segregation. Girls in schools (and, later, women in universities) are limited in the subjects they may pursue,

focusing on “feminine” disciplines that lead to careers where sex-segregation is enforceable. This affects a young girl’s ability to pursue the career of her choice and can also hinder her ability to rise to leadership positions alongside male counterparts in the future.

Health Care and Related Issues

Among young women aged 15–19, there are 10.2 births for every 1,000 women, which is relatively low compared to other countries (UNDP 2015). Within Saudi Arabia’s cultural framework, sexual activity is only acceptable within a marriage; this makes studies on sexual activity, contraceptives, sexually transmitted infections, and sexual violence challenging to research among the population.

Major health risks for girls and teens in Saudi Arabia include dietary issues, leading to almost 30 percent of female children being obese; vitamin D deficiency in close to 96 percent of female children; sedentary behaviors; and dangerous behaviors, such as substance and tobacco use, bullying, and violence. Female adolescents (21.4%) reported dangerous behaviors, such as substance abuse of solvents, at almost double the rate of male adolescents (11.5%). Additionally, female youth also presented with mental health issues, particularly depression and anxiety, more than male youth (Albuhairan et al. 2015, 263–266). Several studies have suggested a greater need for health care institutionalized within school systems as an effective approach to addressing the needs of adolescent females in Saudi Arabia.

Recreation

As mentioned, obesity and being overweight is an epidemic among children and adolescents, especially young girls. This health issue is largely due to sedentary lifestyles, poor dietary habits, and lack of education on health and nutrition. Most girls and teens spend their leisure time watching television or engaging on personal electronic devices, as opposed to being active. In fact, female adolescents (59.3%) report much higher instances of complete lack of exercise than males (31.7%) (Albuhairan et al. 2015, 265). In addition to lifestyle issues, the prevalence of early female obesity and being overweight is also a result of cultural obstacles. For instance, Saudi Arabia’s Ministry of Education only requires one physical activity session in boys’ schools, while requiring none for girls’ schools. Furthermore, due to sex-segregation in public spaces, girls are restricted in the recreational spaces they can access, and

there are far fewer public recreational spaces provided specifically for females.

Education

Primary–University Level

The level of female education in Saudi Arabia is rising as one of the nation’s development efforts. Recent estimates show that 60.5 percent of women, compared to 70.3 percent of men, have attained secondary-level education (UNDP 2015). Additionally, literacy rates (being those over 15 years of age who can read and write) are relatively high at 94.7 percent overall, with 91.1 percent of females and 97 percent of males being literate (CIA 2016). Interestingly, in tertiary education, female enrollment rates in Saudi Arabia now exceed those of men (Obermeyer et al. 2015, 7). However, in considering postsecondary education, it is also important to note that male Saudis have easier access to higher education abroad based on fewer cultural restrictions.

The first school for females was opened in 1960. It was governed by the General Presidency of Girls’ Education founded in 1959, which was later amalgamated into nationwide Ministry of Education. Since then, Saudi Arabia has seen a continual growth in colleges and universities for women, with the first college accepting women in 1970 and the first university campus solely for women, Riyadh’s King Saud University, established in 1979. In fact, recent statistics show that women make up almost half of Saudi Arabia’s undergraduate enrollment (Hamdan 2005, 51, 53).

While there is greater emphasis and facilitation of female education, such progress is framed within traditional boundaries that include sex-segregation. Schools and universities are sex-segregated in students and faculty. Gender-specific educational policies emphasize domestic or traditionally more “feminine” roles for women within curricula. Additionally, choice of curricula and subjects are restricted at various educational stages for women (El-Sanabary 1994, 141). Although women in Saudi Arabia are advancing in educational attainment, traditional social order is preserved through these academic institutions.

Access to Education

Saudi Arabia’s government greatly facilitates females’ access to education, providing free education for all

individuals through public schools. This benefit has contributed to a considerably narrow education gap between men and women in Saudi Arabia. In addition to tuition, both Saudi Arabian females and males enjoy free supporting expenses, including textbooks, supplies, uniforms, transportation, and boarding, as needed. This universal access to education can be seen as a national effort to provide females with some extent of social and economic mobility.

However, although females are entitled to free education, a gap in achievement arises when considering discrepancies in the quality of education afforded to women compared to their male counterparts. For example, approximately 34 percent of educators in male schools hold a doctoral degree, compared to only 3 percent of educators in female schools. Females are also restricted from accessing the almost 200 libraries operated by academic and religious institutions as well as the 70 public libraries, unless they are accompanied by a male guardian (Hamdan 2005, 53). These hurdles, mostly resulting from social and cultural restrictions around a woman's role in public, compromise females' quality of access to education.

Women in Saudi Arabia also face further challenges when choosing educational disciplines. Common educational fields considered appropriate for women include teaching, nursing, social work, and medicine. In particular, medicine is seen as one of the most prestigious occupations for Saudi females, who comprise more than 40 percent of the students enrolled in medical studies in the country. Women in Saudi Arabia also regularly pursue natural sciences (56% of enrollment), mathematics (46%), and computer science (46%), frequently applying their education to teaching positions (El-Sanabary 1994, 147–149).

Social Impact of Education Policies

In 2003, Saudi Arabia's Ministry of Planning and Human Resources reported that the number of women unmarried at age 30, which is typically uncommon for a Saudi woman, has increased to almost a third of the country's population. Woman's increasing pursuit of education was cited as the driving reason. This increase is indicative of a growing trend of Saudi women striving for education, careers, and more independent social and economic mobility. As the country develops high-quality female educational facilities, it is likely that women's academic attainment will continue to increase and will need to be matched by commensurate workforce opportunities.

Health

Access to Health Care

The Saudi Arabian government provides universal health coverage, ensuring that the entire population has free and widely accessible health care. Hospitals are well-equipped with medical technology and trained personnel; medical professions are considered very prestigious and are also open to females. However, the *Saudi Health Interview Survey* found that despite free universal health coverage and a widespread increase in chronic diseases and tobacco use, three-quarters of Saudis report never having a routine medical checkup (Mokdad 2016).

The issue of Saudi populations not regularly accessing health care also persists among adolescents; one in four Saudi adolescents report not being able to access health care as extensively as they would prefer. They also felt physicians did not spend enough time addressing their concerns during visits, leading to a general lack of focus on adolescent health needs (Albuhairan et al. 2015, 268). This lack of health care access despite free universal coverage suggests that perhaps Saudi Arabia needs to instill a greater cultural focus on medical care, especially among young populations. Various analyses have suggested incorporating health care as a greater institutional measure within schools and educational centers for both females and males.

Maternal Health

Maternal health in Saudi Arabia is relatively good by global standards. The country maintains low maternal mortality rates and has taken significant steps to fulfill the UN Millennium Development Goals related to safeguarding maternal and child health. Estimates from 2015 show that 12 women die from pregnancy-related complications for every 100,000 live births in Saudi Arabia (WHO 2015). Additionally, with a fertility rate of 2.12 children per woman, there are 18.51 births per 1,000 population (CIA 2016).

Saudi Arabia's health policy holds reproductive health as a fundamental focus. The country has an established comprehensive maternal care program, which provides the full continuum of health care to mothers, covering prenatal through postnatal needs. This extensive focus on maternal health has proven effective: the number of pregnant women who received care from health professionals increased from 90 percent in 2000 to 98 percent in 2010. In

the same period, the proportion of births assisted by health professionals increased from 88 percent to 97 percent. Additionally, 93 percent of mothers in 2000 compared to 96.1 percent in 2010 were vaccinated against neonatal tetanus. The United Nations has applauded Saudi Arabia on fulfilling the maternal health related Millennium Development Goal in 2015; the country continues to enhance its health care programs, high-quality services, and medical awareness for mothers before, during, and after pregnancy (UNDP 2010).

Diseases and Disorders

Overweight and Obesity

Globally, Saudi Arabia has one of the highest levels of individuals being overweight or obese, with over a third of female adults and children being overweight or obese (Denicola et al. 2015, 192). More specifically, 33.5 percent of females compared to 24.1 percent of males in Saudi Arabia are obese, and the prevalence increases as individuals age. Obesity is also tied to the prevalence of other health issues impacting Saudi female adults, including diabetes, high blood pressure, cholesterol, arthritis, cardiovascular disease, and effects of smoking (Mokdad 2016). In fact, according to the World Health Organization (WHO) almost half of Saudi females and males die from cardiovascular disease each year (Denicola et al. 2015, 197).

A main cause of widespread obesity among adult women in Saudi Arabia is the low level of physical exercise, measuring at one of the lowest worldwide. Due to increased industrialization, more than 70 percent of the population lives in major urban areas, and lifestyles are largely sedentary (Denicola et al. 2015, 192–194). Specific to Saudi females, half are physically inactive, while a third have very low levels of activity (Mokdad 2016). The central reason cited for lack of physical exercise is limited public spaces for women's recreation, which is required in a sex-segregated society. As such, the country needs more community health centers for women, integrated physical education classes in women's schools, and more public facilities dedicated for women's sports, exercise, and recreation.

Furthermore, considering that women spend most of their time indoors and are fully covered in the abaya when outdoors, many also suffer from vitamin D deficiency. This deficiency can cause depression, eating disorders, and eventual weight gain. As mental health is an underaddressed health issue in Saudi Arabia, the cycle of weight gain resulting from depression and eating disorders also

contributes to females being disproportionately overweight or obese.

Additionally, there is a lack of overall nutritional awareness and poor dietary habits. Because of industrialization, the Saudi population overall consumes substantial amounts of ultra-processed food products and fast foods. For example, in female adolescents, being obese is significantly tied to greater consumption of sugary drinks and savory snacks. In addition, social gatherings in Saudi society are common, and, culturally, eating in large quantities is encouraged. As traditional food consists of large quantities of oil and animal fats, this social custom also contributes to poor dietary habits.

Breast Cancer

Breast cancer is the most common cancer among Saudi females; however, awareness of how breast cancer presents is low. Although 47.1 percent of Saudi females knew what breast cancer was, only 15.4 percent had substantial knowledge of its presentation and risks. Additionally, of the women who attended a general clinic, only 12 percent had practiced a breast self-exam. The lack of awareness about breast cancer is also exacerbated by most of the population not accessing regular health checkups, as discussed previously (Milaat 2000, 340–342).

Employment

Cultural Barriers for Women in the Workforce

In Saudi Arabia, 20.2 percent of women participate in the labor market, compared to 78.3 percent of men (UNDP 2015). The main reason for this disparity is sex-segregation, which has historically prohibited women from working in environments where they would be in company of men who are not their immediate relatives. Even though sex-segregation is a norm in Saudi Arabia, and men and women alike have supported this arrangement, it means that there are fewer jobs and career paths that can accommodate women alongside men. Additionally, the country relies heavily on an international workforce that comprises approximately a half of those employed (CIA 2016). Researchers have suggested that the heavy reliance on foreigners also detracts from female employment opportunities, hindering women's potential to drive economic growth. However, there have been gradual improvements in accommodating Saudi women in the workforce, indicating potential for females' steady professional development.

National Policies Regarding Women in the Workforce

To employ women, the Ministry of Labor requires companies to maintain certain standards and policies upholding sex-segregation. Faced with the additional costs and risks associated with integrating women in the workplace, many employers simply choose not to, disadvantaging females' employment opportunities. Aside from the challenges of sex-segregation, women in Saudi Arabia also face additional policy, or lack thereof, hurdles to employment. For example, although "Saudiazation," the nationalization policy of employing more Saudi citizens in the private sector, has made women more visible in the workplace, employers do not yet see them as a priority. Furthermore, policy makers have done little to facilitate and protect women in the workplace in terms of harassment, which provides little incentive for women to join the workforce.

However, in recent years, the number of "mixed" spaces that enable women to be employed has increased steadily. These fields of employment include hospitals, head offices of banks, and other private firms. Interestingly, for women who do work in these spaces, there are progressive policies that support her maternal and familial responsibilities. Women in Saudi Arabia are entitled to 10 weeks of maternity leave, in some cases with full pay. Women are also given daily time off from work to nurse or breastfeed their infants once they do return to work. Employers must pay for medical coverage, and they are prohibited from terminating a woman's employment based on illness or pregnancy-related leave.

Recent Rising Female Employment

The 1990s marked high rates of joblessness, especially for youth in Saudi Arabia's then-saturated public sector. Since then, the country has focused on developing its private sector, which better enables female workforce participation. Today, private-sector growth is a central emphasis in Saudi Arabia, as the government works to diversify its highly oil-dependent economy. For women, this entails more jobs. In particular, in 2004–2005, the Saudi government officially recommended that organizations establish 'female sections' to integrate female employees while maintaining sex-segregation and urged the hiring of Saudi women in the private sector.

Of note, banks have always been an accommodating space for Saudi women to work, with Al Rajhi Bank opening the first female branch in 1980. Currently, with continued private-sector growth, banks remain an increasingly

popular employment option for women. Many banks have integrated female employees by opening female sections within their public workspaces and hiring women across their ranks.

It is interesting to note that although there still exists significant disparity in Saudi female employment compared to that of males, women in Saudi Arabia still own close to 40 percent of the nation's private wealth (Hamdan 2005, 47).

Female Leadership

Even though policies and workforce arrangements are gradually accommodating more Saudi women in the formal employment sector, leadership roles and decision making continue to be dominated by men. Estimates from 2015 show that 0.1 percent of corporate board members in Saudi Arabia are female, ranking the nation as one of the lowest in the world for females in executive leadership positions (Hill et al. 2015, 26). Strikingly low levels of female leadership can be attributed to the notion that Saudi women are less educated or less experienced than their male counterparts. As women are increasingly striving for higher education and professional opportunities, it is possible that they will eventually overcome this lag in qualifications.

However, despite higher education and professional attainment, many social science researchers still maintain that it is unlikely that Saudi Arabia will see equality in levels of female leadership in the workforce. This is in large part due to deep-rooted cultural restrictions and traditional boundaries that hinder the extent of women's public participation and empowerment in a male-dominated society.

Family Life Female Identity

Core to national identity are values surrounding female identity that are maintained through sex-segregation and an insistence on female piety. As such, the woman's first and foremost commitment is to her family, where she abides by traditional gender roles of a daughter, wife, and mother. These social obligations of female identity are also manifested legally. On her *iqama* (identity card), a woman's identity first appears associated with that of her father, and once she is married, her *iqama* associates her identity with her husband. A woman cannot hold an independent

identity card; her iqama must be associated with her father or husband, illustrating expectations of females' social, economic, and political dependence on men. Additionally, although children of Saudi mothers are not immediately entitled to Saudi citizenship, recent legal exceptions do in some cases allow Saudi mothers to pass citizenship to their children.

Marriage and Family

Marriage has historically been an expected trajectory of Saudi women's lives. However, Saudi women today are taking more control of their decision to get married, with many holding off to pursue independent goals of education and employment. In fact, as of 2010, the average age for a woman to get married in Saudi Arabia almost paralleled that of women in the United States, the former being 25 years of age and the latter 26. Women are also emphasizing their careers alongside family duties, with close to 75 percent of Saudi women believing that both men and women should contribute to earning household income. Although there are still ways to improve overall cultural attitudes regarding gender roles in the family, contemporary times have seen progress. Over half (about 55%) of Saudi men believe both husband and wife should work, which perhaps indicates some change in expectations of wives and mothers as being mutually exclusive from wage earners (Jawhar 2012).

According to law, a Saudi woman has the right not to be married against her will, hold a job, be educated, inherit wealth, and receive a living allowance in the case of separation from her husband. However, there are still challenges with fully safeguarding these rights for women. For instance, even though women may not be forced to marry, there is no law determining the legal age for girls to wed. Additionally, there is no law preventing male guardians (father or brother) from discontinuing a girl's education. Further, as mentioned, even though women may have the right to be employed, labor laws requiring sex-segregation in the workforce often dissuade employers from hiring women.

Politics

Social and Historical Context

The year 1979 marked a steady American presence in Saudi Arabia, with American workers moving to Saudi Arabia to work in oil production. With the influx of Western

residents, American women would be seen in public, unveiled, and often driving cars (which women in Saudi are not allowed to do). Many refer to this time as a rise in the Saudi women's movement to demand more political powers and liberties, equated to a lifestyle of their foreign counterparts living in the kingdom. In a country with a high international labor population, tensions of preserving traditional religious norms alongside accommodating modernization and globalization continue to persist at the nation's core. Saudi women's efforts to advocate for their rights have since taken various approaches, and their political participation appears to be increasing gradually.

Currently, women in Saudi Arabia hold 19.9 percent of the seats in parliament. This comes after significant efforts to boost female political participation, in which the government instituted mandatory quotas for female involvement in parliament (Obermeyer et al. 2015, 7). However, there are still certain obstacles when it comes to legislation surrounding women's rights. Namely, Saudi Arabia's judiciary operates under sharia law and basic law enacted in 1992. Basic law provides powers and duties of the state and lists individuals' rights, but it does not address women's rights specifically, which makes clarifying legal codes pertaining to gender challenging. Furthermore, protecting individual rights requires officials to refer to sharia law, which is left to the interpretation of the male-dominated Senior Ulama.

Gradual Progress for Women in Politics

Although there are hurdles, female political participation in Saudi Arabia has been gradually rising. The government is a strong proponent of this endeavor and has taken various steps to involve more women in politics.

Mandatory Female Participation in Parliament

In 2013, King Abdullah issued a historic decree that would allow women, for the first time, to be members of the kingdom's previously all-male Shura Council. The Shura Council consists of 150 members appointed by the king, and it serves as the nation's formal advisory board. The assembly can draft laws and propose them to the king, who in turn decides on the passing of the law. Per the 2013 historical amendments, there would now be a 20 percent female quota in the Shura Council; accordingly, King Abdullah appointed 30 women to join the assembly, marking a major step forward in Saudi women's political power (CIA 2016).

Saudi Arabia Reform Movement

Saudi Arabia's Reform Movement began in 1990, with a group of men and women across the nation seeking modernization that would help Saudi Arabia develop alongside changing social tides. In 2003, the movement presented its "In Defense of the Nation" petition to then King Fahad, Crown Prince Abdullah, and the Minister of Defense Prince Sultan. In total, 306 Saudi men and women signed the petition, representing areas from all over the nation, both Sunnis and Shia, and coming mostly from the elite socioeconomic class. According to the petition and reforms suggested, the Reform Movement accepts Saudi's monarchy but insists that the country needs to incorporate political and legal policies, both domestically and internationally, that better reflect developments in globalization. The Reform Movement is an important establishment for progress, gender equality, and women's political participation. It allows women a notable voice and space to work with their male counterparts to push progressive social and political agendas.

The 2003 "In Defense of the Nation" also led to countermovements from Saudi's radical Wahhabi groups. These groups claimed Saudi Arabia was losing its Islamic values by giving into pressures of development that were characterized as "Western." As resistance, there were demonstrations as well as several major terrorist suicide bombings in residential compounds, which mainly house foreigners. After the bombings, the Saudi government came down severely on extremism and terrorism, and by 2005, the threat of such attacks had diminished significantly.

His Highness King Abdullah's Commitment to Political Progress

King Abdullah came to power in 2005, and he made several notable social and political reforms. He curbed extravagant privileges for the royal family; enhanced access to education for women and men; involved Saudi Arabia more deeply in foreign affairs, for instance, by urging their application to the World Trade Organization; and encouraged a system of elections for the nation's municipal councilmen. In 2009, his efforts to develop Saudi Arabia led to the dismissal of the country's most senior judge and the head of the religious police, or the *muttawa*, both of whom were radical Islamists and had publicly approved extremist behavior.

King Abdullah was instrumental in leading progress in women's political empowerment. In 2009, he appointed the first woman to be a government minister; per cultural norms, she maintained the traditional sex-segregation in

her professional role, announcing that she would not be visiting male counterparts in their offices. King Abdullah also spearheaded the 2013 historical decree that established quotas for female political participation in the Shura Council. Although King Abdullah was a leader of social change—including building half a million low-income housing units, establishing minimum wage, increasing grants for university students, and working relentlessly to alleviate unemployment—he maintained his commitment to Saudi Arabia's political structure and traditional foundation. Most notably, this was seen when Saudi Arabia heavily suppressed the 2011 Arab Spring uprising within its borders and sent military reinforcements for neighbor Bahrain to do the same.

Religious and Cultural Roles

Saudi Arabia's Islamic orientation is derived from the Wahhabi subset of Sunni Islam. Sunni Islam in itself is known as the more orthodox and traditional Islamic discourse, and Wahhabism is a more radical branch within Sunni Islam. Considering the status of women, Wahhabi Islam places stringent restrictions on a woman's ability to be involved in the public sphere; it maintains that the woman's role is to be solely domestic. This is reflected in Saudi Arabia's culture, legislation, and national policies, which have largely emphasized women's traditional domestic roles.

As discussed, sex-segregation is a main part of Saudi religious and cultural life and is derived largely from traditional values and expectations of female piety. Determining the religious and cultural roles of women, sex-segregation is aimed at protecting the organization of a family, ensuring that one only interacts with individuals of the opposite sex to whom he or she is related. As such, Saudi culture has become organized into what seems like an autonomous space—a sphere of public life that is "female only." However, contrary to many assumptions, sex-segregation is also strongly supported by Saudi females. Women in Saudi Arabia have reappropriated sex-segregation to bolster their socioeconomic empowerment. For instance, women seeking women-only workspaces has allowed Saudi females to engage in the workforce more autonomously, partaking in leadership roles where they are not dependent on a male hierarchy for key decision making. This is particularly true in the female-only university system. Throughout spheres of education, employment, and politics, women continue working more or less within a traditional cultural framework to achieve greater empowerment and visibility.



A Baka woman pounds flour in a mortar in the jungle of the Central African Republic, November 2008. In rural Africa, food preparation is primarily the responsibility of women. Girls are taught to care for a home and depend on a male family member for economic security. As a result, fewer than 23 percent of girls complete the mandatory six years of schooling. (Sergey Uryadnikov/Dreamstime.com)



Girls at a new school opening in Kunar Province, Afghanistan, April 17, 2009. Female school enrollment increased dramatically after the fall of the Taliban. Poverty and culture-based obstacles continue to prevent many women and girls from accessing educational opportunities. (Sagear/Dreamstime.com)



A woman works at an electric and gas meter manufacturer in Setif, 200 miles east of Algiers, Algeria, January 5, 2017. Women make up a small proportion of the paid labor economy, and even when working for wages, remain predominantly responsible for unpaid home-based labor. (AP Photo/Anis Belghoul)



Bahraini girls, with their faces painted in national colors, participate in a march for democracy in Manama, Bahrain, February 11, 2014. Protesters chanted anti-government slogans during one of several protests organized in the run-up to the third anniversary of an uprising demanding democracy in Bahrain. Writing on the girl's face at right reads, "Bahrain, the revolution continues," and on the face of the girl at left: "Bahrain, revolution until victory." (AP Photo/Hasan Jamali)



Saleswoman from Mochudi, Botswana. Women do not participate in the labor force of Botswana to the extent that men do. (Danghel/Dreamstime.com)



Women, some wearing niqab or hijab, attend a protest against President Morsi in Alexandria, Egypt, June 30, 2013. Although Egyptian women are traditionally discouraged from public spheres, they were visible participants in the Arab Spring. (Mohamed Hanno/Dreamstime.com)



Women package tea in Ethiopia. Ethiopian women experience higher rates of unemployment in an economy dominated by subsistence agriculture. (Scaramax/Dreamstime.com)



Ghanaian women in the market selling fresh produce. In Ghana, women primarily work as skilled agricultural, service, and sales workers. (Sjors737/Dreamstime.com)



Students in Shiraz, Iran, April 2015. School attendance is mandatory, and literacy rates are high in Iran. However, secondary attendance rates drop more for girls than boys, and the largest gaps occur in rural areas. More than half the students in post-secondary educational institutions are women. (Nicola Messina/Dreamstime.com)



A woman wearing traditional dress walking in Baghdad, Iraq, September 2007. (Rafa Ocon/Dreamstime.com)



Israeli Defense Forces women soldiers, Western Wall, Jerusalem. Israel requires both women and men to serve in the Israeli Defense Forces for a minimum of 24 months. (Ruslan Landa/Dreamstime.com)



An Israeli woman holds a placard showing an Israeli soldier, while attending a Women in Black vigil held outside of Israeli prime minister Ehud Olmert's residence in Jerusalem, December 28, 2007. The group, which was marking its 20th anniversary, is anti-war, and opposes Israel's annexation of territory in the 1967 Six Day War. (AP Photo/Kevin Frayer)



Mother's Day is celebrated by women living in Ivory Coast with singing, dancing, and sharing meals. About half of the women in Ivory Coast give birth before they are 18. (Atte Jaqueline Tigori/Dreamstime.com)



Children going to school in Jordan, where education is a highly prized status symbol, and women outnumber men at universities. (Justas Jaruševičius/Dreamstime.com)



Women and children of the Turkana tribe of Kenya. The Turkana are a Nilotic (indigenous to the Nile Valley) people. High levels of poverty contribute to challenges to maternal and reproductive health care in Kenya. (Aprescindere/Dreamstime.com)



Lebanese activists, dressed as brides in white wedding dresses stained with fake blood, with bandaged eyes, knees, and hands, stand in front of a government building in Beirut, Lebanon, December 6, 2016. The women are protesting a Lebanese law that allows a rapist to get away with his crime if he marries the survivor. The law, in place since the late 1940s, is under review by the Lebanese parliament, and activists are calling for its repeal. (AP Photo/Bilal Hussein)



Nobel Peace Prize winners Tawakkol Karman of Yemen, left, Liberian peace activist Leymah Gbowee, center, and Liberian president Ellen Johnson-Sirleaf display their diplomas and medals at City Hall in Oslo, Norway, December 10, 2011. The peace prizes were awarded for championing women's rights, and for helping women participate in peace-building. President Ellen Johnson-Sirleaf has advocated for gender equality and serves as a role model for women around the world. (AP Photo/John McConnico)



Fisherman and market woman trading in Cape Maclear, Malawi, a fishing village on the shores of Lake Malawi. The lake is a major source of food for the local population. (Dietmar Temps/Dreamstime.com)



Guests at a wedding in Segou, Mali, waiting for the ceremony. According to the Family Code in Mali, the legal age of marriage is 15 years for girls, and 18 years for boys. (Feije Riemersma/Dreamstime.com)



Women work together processing argan oil. Argan oil, extracted from the fruit of the argan tree, is produced by several women's cooperatives in southwestern Morocco. (Antonella865/Dreamstime.com)



A visitor walks past a banner showing Latifa, a Saudi superwoman character, at the Saudi Comic Con (SCC), the first event of its kind, held in Jiddah, Saudi Arabia, February 17, 2017. Many Saudi Arabian women struggle with the conflict between traditional behavioral norms and the desire to engage with the modern world. (AP Photo)



A woman with her baby in the village of Yongoro, near Freetown, Sierra Leone. Pregnancy and childbirth are the biggest threats to women's lives in Sierra Leone. (Roberto Nencini/Dreamstime.com)



Sixty-year-old Gezephi Ntshanyase, right, leads the way to the bottom of the kaoline (a clay-like substance used to make porcelain) pit mine at Ndwedwe, north of Durban, South Africa, May 5, 2002. Ntshanyase is one of the more than 100 women who face the dangers of kaoline mining in order to feed their families. (AP Photo/Obed Zilwa)



An elderly woman seeks shelter from the sun with her grandchildren in the Dorti camp for internally displaced people in East Darfur, Sudan. In 2017, tens of thousands of refugees continue to flee violence in South Sudan. (David Snyder/Dreamstime.com)



Mourners flash victory signs during the funeral of 19-year-old Syrian Kurdish female fighter Perwin Mustafa Dihap, who died in Suruc, on the Turkey-Syria border, after being wounded during fighting against the Islamic State forces in her hometown of Kobani, November 7, 2014. Kobani, also known as Ayn Arab, and its surrounding areas, has been under assault by extremists of the Islamic State group since mid-September and is being defended by Kurdish fighters. (AP Photo/Vadim Ghirda)



A volunteer in Lesbos, Greece, assists refugees upon their arrival from Turkey. Almost half of the registered refugees from Syria are women. (Aleksandr Lutcenko/Dreamstime.com)



Women holding a Tunisian flag wait to vote at a Tunis, Tunisia, polling station, October 23, 2011. Tunisia emerged from the Arab Spring with expanded civil liberties. (Smandy/Dreamstime.com)



Muslim women on a boat in Dubai Creek, United Arab Emirates (UAE). Most UAE citizens are Sunni Muslim. (Richard Van Der Woude/Dreamstime.com)



A woman in traditional clothing collects water from the old Hababa cistern in Thula, Yemen, May 5, 2007. In 2012, Yemen became the site of a civil war that continues in 2017. Yemen has the lowest ranking in the United Nations' Gender Inequality Index (GII). (Dinosmichail/Dreamstime.com)



A woman in Bulawayo, Zimbabwe, harvests cabbage at a farming cooperative. The cooperative is part of an effort by international aid agencies to help locals generate food and income. Women are a major component of Zimbabwe's agrarian economy. (David Snyder/Dreamstime.com)

Another part of women's religious and cultural lives in Saudi Arabia is the policing of their gender roles. The country has an official religious police, *muttawa*, that enforces rules regarding sex-segregation, female modesty, and other social and cultural norms. Many see the *muttawa* as exerting rigid control over women in the public sphere, disciplining them per conservative standards of Islam, and reaffirming the monarchy's commitment to religious values. In Saudi Arabia's history, there has been ebb and flow in how much control the *muttawa* was able to exert over women in the public sphere. However, more recently, the country has somewhat curbed the influence of religious police in the public sphere. This is consistent with national movements to increase women's public participation.

Issues

Recent Milestones

In Saudi Arabia, women have typically advocated for gender equality and justice within the framework of Islam, the dominant and official national religion. A recent milestone includes the 2013 passage of legislation against domestic abuse. In May 2013, the King Khalid Foundation in Saudi Arabia ran a strong public campaign demanding this legislation against domestic abuse, and for the first time, the

kingdom passed the law, in September 2013. Additionally, on October 26, 2013, more than 60 Saudi women publicly protested for their right to drive. They got behind the wheels of their cars and took to the streets to challenge a historical law that bans them from driving (Segran 2013). Although this protest did not succeed in overturning the ban on women driving, it was a highly visible demonstration and brought global attention to the issue. Discussed in greater detail below, a woman's right to drive is a highly contested issue in Saudi Arabia; although the country has never permitted women to drive, critics argue the ban has no foundation in the Koran but is rather based on biased interpretations of the extent of female autonomy.

A Woman's Right to Drive

The first women's driving demonstration in Saudi Arabia took place on November 6, 1990. Participants included 49 women from well-known families, many of whom were highly educated and employed in prestigious careers (Doumato 1992, 31). At the time, women were customarily not allowed to drive, as driving would bring them into the public spaces and not maintain their place in the private, domestic sphere. Although this restriction was enforced customarily, it was not bound to law at the time.

LGBTQ+, Same-Sex/Same-Gender Attraction

Arabic has no generally accepted equivalent for the word *gay*. *Al-mithliyya al-jinsiyya* means sexual sameness, and the term *mithli* is also used for people who identify as gay or "homosexual." Popular media, however, continues to use the loaded word *shad*, which translates as queer, pervert, or deviant. In many cases in Saudi Arabia and other places around the Arab world, engaging in same-sex activities is understood more in terms of sexual practices rather than a sexual identity.

There is no codified penal law in Saudi Arabia. Instead, the country applies strict Islamic law under which same-sex relations are illegal. Under the country's interpretation of Islamic law, all sex outside of marriage is illegal, and only heterosexual marriage is legal.

The Saudi law known as the kingdom's basic law states, "The home is a sacrosanct and shall not be entered without the permission of the owner or research to set in cases specified by statute." This clause is significant because it reflects an attitude toward domestic privacy. The clear separation of the public and private spheres aids authorities' ability to enforce strict behavioral codes in public, while within protected private spaces, different rules apply. Such privacy allows for same-sex activities to exist behind closed doors.

Because of the stigma attached to same-sex desire and the fact that it mostly occurs under the radar, it is difficult to get information about same-sex relationships and activism in Saudi Arabia. One exception is Brian Whitaker's book *Unspeakable Love: Gay and Lesbian Life in the Middle East*.

—Melissa Jacobs

Whitaker, B. 2011. *Unspeakable Love: Gay and Lesbian Life in the Middle East*. London, England: Saqi Books.

Saudi Arabia's religious police stopped the 1990 women's driving demonstration. The intervention was strongly supported by Interior Minister Prince Naif, who then made the previously unofficial ban on women's driving official. He established a fatwa that prevented women from operating motor vehicles. In addition, outraged by the women's civil disobedience, the Interior Ministry also banned women's involvement in political activity; however, this restriction has since been lifted. The women who were involved in the demonstration were punished publicly, slandered by media outlets, had their passports confiscated, and were suspended from their jobs. Some husbands also bore the consequences of this punishment, as they were seen as complicit in their wives' so-called vice.

The 1990 demonstration was a crucial point in Saudi history, as it marked a division between those who wanted more liberal, modern Islam versus those who wanted Saudi Arabia to retain literal and very conservative Wahhabi Islamic values. Considering the Interior Ministry's subsequent bans on women's autonomy and public participation, the 1990 demonstration sparked an immediate reaction of conservatism regarding gender roles, reinforcing values that consider a woman's role to be confined to the private sphere.

However, the issue of a woman's ability to drive is far from resolved, and women have continued advocating and protesting for the ban to be lifted. Before the 2013 women's driving demonstration, a group of prominent male and female activists presented a letter to Saudi Arabia's Shura Council, asking them to formally revisit the idea of women driving. The letter was rejected, sparking revived demonstrations. Women in Saudi Arabia continue pressing on this issue and asserting the absurdity of the driving ban. Many state simple reasons, such as not wanting to rely on male relatives for simple transportation, commute, and daily chores. Others also clarify that it is not possible for every family to afford a driver, or even want to hire one. Saudi Arabia's government is yet to reconsider legislation on this issue, but activists remain steadfast in their efforts toward change.

Human Trafficking

Human trafficking, mainly forced labor exploitation, is a major issue in Saudi Arabia. This injustice disproportionately affects low-skilled migrant workers who travel to the country to perform menial jobs. Typically, men and women from South and East Asia, the Middle East, and Africa come

to Saudi Arabia as domestic servants or low-skilled laborers; however, once employed, many report facing abuses pertaining to involuntary servitude, including nonpayment and withholding of passports. Reports have documented the stories of migrant workers who are forced to work indefinitely, even beyond the end of their contracts, because employers will not grant them a required exit visa to leave and have usually withheld their passports (CIA 2016).

Female domestic workers are particularly vulnerable, as they are isolated and confined in private homes. These women mainly come from Asian and African countries, and they have reported facing sexual abuse and being forced into prostitution in Saudi Arabia. Many attempt running away, but because of strict entry and exit laws as well as iqamas issued under their employers' names, they are often found and reexploited.

The Saudi government has taken steps to combat forced labor and human rights issues, publicly acknowledging this as a national problem. In the past two years, the Saudi government prosecuted and convicted a substantially larger number of trafficking offenders. Additionally, in 2014, more victims were identified and referred to protective services than in previous years. However, the government still has a way to go in thoroughly and appropriately addressing Saudi Arabia's human trafficking issue. For instance, the country still needs to investigate and prosecute employers for associated labor trafficking crimes, such as withholding wages and passports. Furthermore, there needs to be better protection for victims of human trafficking. Many victims who have been identified were not provided shelter. Additionally, those who were victims of illegal sexual exploitation (largely females) remained vulnerable to punishment for prostitution, adultery, sexual lewdness, and related charges, even though they were forcefully trafficked.

MEGHNA MUKHERJEE

Further Resources

- Albuhairan, Fadia S., Hani Tamim, Mohammad Al Dubayee, Shahla Aldhukair, Sulieman Al Shehri, Waleed Tamimi, Charbel El Bcheraoui, Mohi Eldin Magzoub, Nanne De Vries, and Ibrahim Al Alwan. 2015. "Time for an Adolescent Health Surveillance System in Saudi Arabia: Findings from 'Jeeluna.'" *Journal of Adolescent Health* 57.3: 263–69.
- CIA (Central Intelligence Agency). 2016. "Saudi Arabia." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/sa.html>.
- Denicola, Erica, Omar S. Aburizaiza, Azhar Siddique, Haider Khwaja, and David O. Carpenter. 2015. "Obesity and Public Health in the Kingdom of Saudi Arabia." *Reviews on Environmental Health* 30.3: 191–205.

- Doumato, Eleanor A. 1992. "Gender, Monarchy, and National Identity in Saudi Arabia." *British Journal of Middle Eastern Studies* 19.1: 31–47.
- El Sanabary, Nagat. 1994. "Female Education in Saudi Arabia and the Reproduction of Gender Division." *Gender and Education* 6.2: 141–150.
- Hamdan, Amani. 2005. "Women and Education in Saudi Arabia: Challenges and Achievements." *International Education Journal* 6.1: 42–64.
- Hill, Bryan, Michael Lunn, William Morrison, Jonathan Mueller, and Caitlin Robertson. 2015. "Saudi Arabia: An Overview of Executive Compensation, Board Structure, and Sustainability." *Drake Management Review* 2nd ser. 4.1: 20–33.
- Jawhar, Sabria S. 2012. "Saudi Women No Longer Confined to Their Conventional Roles." *Arab News*, October 12. Retrieved from <http://www.arabnews.com/saudi-women-no-longer-confined-their-conventional-roles>.
- Milaat, W. A. 2000. "Knowledge of Secondary-School Female Students on Breast Cancer and Breast Self-Examination in Jeddah, Saudi Arabia." *Eastern Mediterranean Health Journal* 6: 338–344.
- Mokdad, Ali. 2016. "Saudi Health Interview Survey Finds High Rates of Chronic Diseases in the Kingdom of Saudi Arabia." Institute for Health Metrics and Evaluation.
- Obermeyer, Carla M., Sarah Bott, and Anniebelle J. Sassine. 2015. "Arab Adolescents: Health, Gender, and Social Context." *Journal of Adolescent Health* 1.11: 1–11.
- Segran, Elizabeth. 2013. "The Rise of the Islamic Feminists." *The Nation*, December 4. Retrieved from <https://www.thenation.com/article/rise-islamic-feminists>.
- UNDP in Saudi Arabia. 2010. "Improve Maternal Health." United Nations Development Programme.
- UNDP (UN Development Programme). 2015. "Human Development Report." Retrieved from <http://hdr.undp.org/en/countries/profiles/SAU>.
- WHO (World Health Organization). 2015. "Trends in Maternal Mortality: 1990 to 2015." Retrieved from <http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en>.



Lebanon

Overview of Country

Lebanon is a small country in the Middle East on the Mediterranean Sea. It is bordered to the north and east by Syria and to the south by Israel. Lebanon has a total area of 4,015 square miles (10,400 sq. km) and has a coastline of about 140 miles (225 km) in length. The mountains in Lebanon cover more than half of the country.

As of July 2016, the population of Lebanon was 6,237,738 (CIA 2017). The UN Development Programme (UNDP) ranks Lebanon 67th out of 187 nations on the Gender Inequality Index (GII, 0.385) (UNDP 2016).

The land was previously part of the northern Ottoman Empire province of Syria until France took over after World War I. In 1920, France claimed Lebanon as a region. Lebanon was granted its independence in 1943. Although there were some political bumps in the road, Lebanon was economically successful until the civil war that raged from 1975 to 1991. During the 15 years of civil war, there were an estimated 120,000 fatalities (CIA 2017).

Refugees in Lebanon

For years, Lebanon has accommodated refugees from other countries; today, approximately 450,000 live in Lebanon's refugee camps. Lebanon took in 100,000 Palestinians

during the 1948 Arab-Israeli War. Syrian and Palestinian refugees are allowed residency for six months if they pay for a USD\$200 permit; however, they are excluded from work. Refugees earn less than the Lebanese minimum. Syrian refugees live in poverty and have little access to employment and education.

Girls and Teens

Young girls' lives in Lebanon are heavily influenced by their religion, schooling, location, and family traditions. Religion and tradition are a big part of children's upbringing, helping to shape their identities, and because several different types of religions are practiced in Lebanon, these experiences for young girls can vary. Education is another influence in the lives of young girls. Approximately two-thirds of Lebanese children attend a private school, which is usually religion based (USAID 2016). It is not uncommon for a girl to go to a private school that is based on a religion that is different from the one her family practices. For many homes in Lebanon, the parental control of a daughter does not end when the child becomes an adult, but only when she is given to her husband.

Refugee Girls and Teens

Many young girls have fled to Lebanon with their families as refugees. Women and girls comprise approximately 79

percent of Syrian refugees in Lebanon (Global Fund for Women 2015). Young female refugees are currently living in overcrowded refugee camps or on the streets. This put them in a vulnerable position for all kinds of gender-based violence, including sexual violence and trafficking. Those who live in the camps struggle for such necessities as water and electricity. Keeping up with traditions is difficult for refugees, but mothers often hold the families together.

Extracurricular

At some of the private schools, clubs and activities are offered to the students, but not all families feel comfortable allowing their children to participate. For students that do participate, most have high parental involvement. For girls, female sports programs to promote empowerment have become more available since 2011 (Petersen 2011).

Sex Education

As of 2015, there is no sex education for schools in Lebanon. Talking about sex is socially taboo, but organizations are working to convince officials that a sex education program is valuable and needed.

Education

Since the government began to focus on literacy in Lebanon, girls have been excelling in schools. Girls earn good grades in school and have shown to be less likely to drop out than their male counterparts. From 2008 to 2012, nearly 90 percent of girls are enrolled in primary school and 80 percent in secondary school (UNICEF 2015).

There are slight gaps in academic progress between private and public schooling. Public schools have been suffering from the poor quality of materials and building conditions since the civil war. Private schools in Lebanon have a preschool phase and accept students as young as three years old; public schools start accepting students at the age of five years old. Approximately two-thirds of Lebanese student attend school at a costly private college (USAID 2016).

Lebanon is committed to improving the education and learning process for girls and women. In 1998, Lebanon passed the Compulsory Education Act that made compulsory education free for both males and females. The literacy rate has steadily increased and, as of 2015, is 93.9 percent for Lebanon's total population; the female literary rate is now 91.8 percent and 96 percent for males (CIA 2017).

Primary, Intermediate, and Secondary Education

In 1998, Lebanon's educational curriculum was adapted to mirror several other countries. In this system, children (male and female) spend six years in primary education, three in intermediate education, and the last three years in secondary education (StateUniversity.com 2017). After finishing the secondary program, the student will have earned a baccalaureate certificate, the equivalent of a French school diploma. More girls are completing their education than before, but it is not uncommon to have a young woman leave school during her secondary years for traditional or socioeconomic reasons. Only 53 percent of adult women (compared to 55.4% of adult males) complete secondary education (HDR Briefing Notes 2016).

Education for Refugees

The Lebanese Ministry of Education has issued a memorandum opening all schools to refugees and waiving entry and book costs. In many areas, Lebanese students are vastly outnumbered by refugee students; meeting students' needs is a particular challenge across the different needs they bring to the classroom. In rural areas, the placement of some public schools can make it difficult for students to access them in harsh weather conditions. Refugee students have reported safety issues, harassment, and violence that lead to escalating dropout rates. Refugee students that continue to attend public schools tend to face problems such as language barriers, low teacher capacity, overcrowding, inappropriate infrastructure, and challenges understanding different and new curricula.

Health

The civil war resulted in many problems in Lebanon's health care system. In the Middle East and North Africa (MENA) region, Lebanon's health care is one of the most expensive. Due to the expense, the vast majority of Lebanese citizens are completely dependent on public health care; it is rare for people to be able to afford private insurance.

Access to Health Care

Health care access varies widely across the country. The utilization of the public sector's health service in Lebanon can be low due to the perception of low- or poor-quality care and the difficulty in gaining access to a health care facility. In Lebanon, there are 820 primary-level service

delivery points (managed primarily by nongovernmental organizations) that provide a range of health care services, including providing medications. There are 3.2 physicians for every 1,000 people, and the country spends 6.4 percent of its gross domestic product (GDP) on health care (CIA 2017). More than 87 percent of the population lives in an urban area, and access to improved drinking water and improved sanitation facilities is near 100 percent (UNICEF 2016).

According to a survey done by SWMENA, approximately half of men and women say that they are able to afford necessary medication and regular visits (SWMENA 2011). Lebanese women's ability to afford regular medical visits is not dependent on whether they are working; rather, the affordability of medical care is heavily based on whether the women have an employer that can provide health insurance. Forty-one percent of women who do not have health insurance from an employer are able to afford regular health visits and needed medication, but the women who are insured through an employer have a 71 percent chance of being able to afford medication and regular visits. When it comes to women's services, such as gynecologist and obstetrician visits, approximately 72 percent of Lebanese women have utilized these services at least once by the time they are 18 years old (SWMENA 2011).

Maternal Health

The fertility rate is only 1.5, and the majority of Lebanese women use health care services during pregnancy. Factors such as age, culture, educational attainment, religion, and economic status affect women's choice of where and how to give birth (WHO 2015). Younger women are more likely than older women to access prenatal care. For women 15–19 years old, 98.8 percent seek prenatal care, and for women 35–49 years of age, it is slightly lower at 91.7 percent. Women are more likely to seek prenatal care for a first pregnancy (99.2%). Reproductive health outcomes have improved in Lebanon over the past years, with 96 percent in 2000 and 98 percent in 2004 (UNDP 2016). Twelve out of every 1,000 babies are born to adolescent mothers, those aged 15–19 years (UNData 2016).

Though only 53 percent of Lebanese women use contraceptives, 95.6 percent attend at least one antenatal appointment (UNICEF 2016). Ninety-two percent of pregnant women are under supervision of a doctor, 5.5 percent are under the care of nurses or midwives, and 2.2 percent

are in the care of a wet nurse or a family relative (UN Women Watch 2004). Ninety-eight percent have a skilled birth assistant attend their births (UNICEF). According to the 2000 UNICEF perinatal survey, 9.5 percent of pregnant women were hospitalized for antenatal problems. Statistics indicate that 88 percent of births take place in hospitals (UN Women Watch 2004). Maternal morbidity reached 21 percent in 2002 (Chaaya et al. 2002). Lebanon has made great progress in reducing maternal mortality at regional and national levels. In 1990, 64 women per 100,000 died due to maternity-related causes; in 2013, only 16 per 100,000 did (WHO 2015). This progress is attributed to the increased awareness of the importance of prenatal care and the improved quality of reproductive health care packages available to pregnant women.

Infant mortality rates as of 2016 in Lebanon were 7.60 per 1,000 live births (CIA 2017). More than 90 percent of deaths in children under the age of five occur in the neonatal period or within the first four weeks of life (Samad 2008).

Abortion

Abortion is illegal in Lebanon, under Articles 539–546. Because it is illegal and religiously unacceptable, there are few to no abortion statistics. If a woman is found guilty for inducing her own abortion or if she receives an abortion by other means, she can be imprisoned for six months to three years. If a woman does have an abortion, it will likely be performed in nonhygienic conditions by an untrained or unscrupulous practitioner, making it incredibly unsafe.

Diseases and Disorders

HIV/AIDS

In Lebanon, HIV/AIDS cases are rare. The first of HIV/AIDS was diagnosed in 1984, and there have been 1,056 cases as of November 2007. However, according to the World Health Organization (WHO), an estimated 2,500 cases of HIV/AIDS go unreported. In 2006, adults 31–50 years of age comprised 52 percent of the cases diagnosed. Reports show that for every female there are four males infected with HIV/AIDS (UNDP 2016).

Forty-one percent of HIV/AIDS cases are contracted during travels outside the country. The number of locally transmitted cases has been increasing in recent years. The primary source of the infection is sexual, leading to 70 percent of all cases; 56 percent of the cases involved

heterosexuals. Only 2.2 percent of cases were transmissions of the disease from mother to child, and 5 percent of carriers contracted the disease from drug use (UNDP 2016). In 1993, 6.4 percent of patients receiving blood transfusions were infected. According to the National AIDS Program (NAP), studies show that awareness about HIV/AIDS and how it is transmitted is high. Unfortunately, this has not led to an increase in cautionary measures for individuals. The use of preventative measures, such as condom use, is still relatively low in Lebanon.

Tuberculosis

The National Tuberculosis Program's epidemiological data states that the number of tuberculosis (TB) cases decreased from 1993 (25 per 100,000) to 2006 (9.38 per 100,000). Treatment achievement rates are 92 percent (UNDP 2016). In Lebanon, the town with the highest rate of TB is Bekka, and the lowest is the Province of Nabatieh Mohafazats, in the southern part of Lebanon.

Malaria

Lebanon was announced to be free of malaria in 1963 by the World Health Organization. Only a few outbreak cases have appeared in the country since then. The few cases diagnosed in 1996 and between the years 1998 and 1999 were contracted in countries that have ongoing malaria outbreaks.

Health Care for Refugees

By the year 2015, Lebanon's refugee population had hit an all-time high. With this vulnerable population growing, international health assistance is necessary to provide health care for the refugees in Lebanon. Due to the current regional humanitarian crisis causing problems to the already unstable national health care system, the Lebanese government needs to adjust how Lebanon's Ministry of Health (Blanchet et al. 2016) provides health coverage to Syrian and Palestinian refugees.

Employment

Since the 1970s, women's contributions to the Lebanese workforce have been slowly increasing, from 21 percent participation by women in the workforce in 1980 to 27 percent in 2007 (Kelly and Breslin 2010). This rise in the number of Lebanese women in the workforce can be connected to societal and governmental commitments to women's education. As of 2010, 24 percent of employed

Lebanese women were working in such professions as business, government, law, and medicine (Tailfer 2010). Men are more likely to hold senior management positions, whereas women are more likely to occupy lower positions. Most women working in the labor force tend to be younger or single. Women often quit work or decrease hours when they get married or become mothers.

Maternity Leave

Before April 2014, women in Lebanon were eligible for only 7 weeks of paid maternity leave. Now, they are entitled to 10 weeks of paid maternity leave. This maternity leave can begin up to 4 weeks before the baby's due date. Some Lebanese women's employers will allow them to extend their leave an extra month without pay. Many women in Lebanon still believe 10 weeks is not long enough.

Unequal Pay

In Lebanon, women earn about 71 percent of the earnings that males make (Dah et al. 2006). Although women and girls are reaching higher levels of education, they are still paid notably less than their male counterparts.

Family Life

Lebanese families are usually patriarchal in family structure. It is common for families to live in the same area or building as their relatives. Although it is becoming more common for families to have both parents in the labor force, many still keep the traditional gender divisions, where the father joins the labor force for wages and the mother is responsible for housework. Even if a wife or mother works, she is still responsible for the housework and children (unless they are able to afford a housekeeper). In some rural regions, women are limited to gender-segregated work, such as housekeeper or wet nurse. Despite some areas or religions that limit women, since the 1970s, more women have entered into paid work and become more visible in society (Ghaziayman 1997).

Religion plays a big role in marriage and family expectations. Arranged marriages are rare in Lebanon today, but they are still practiced in some families. Child brides are more common with the increase of refugees in Lebanon, but law enforcement is addressing this problem. Access to divorce varies, depending on the couple's religions. Civil marriages are popular among couples from different faiths to avoid sectarian complications around different rules

for marriage contracts. The house and property of those getting divorced often go to the person whose name is on them, which is usually the husband.

LGBT and Sexuality

Because of significant religious influence, purity in women is still valued, and premarital and extramarital sexual relations are frowned upon by much of Lebanese society. Prostitution is legal in Lebanon, but it is socially looked down on. As of 2013, homosexuality was illegal and punishable by imprisonment. However, some areas demonstrate more leniency than others. Berirut, for instance, is less conservative about sexual relationships between men and women and between same-sex couples. This has led to a rise in LGBT rights activity there. Despite the criminalization of homosexuality, same-sex adoptions are legal.

Politics

In Lebanon, the different religious communities hold their own type of political power. Each religion can dictate its own personal status laws that address legal procedures regarding marriage, divorce, and inheritance. For Muslims, sharia courts handle these, with different hearings for Sunni and Shia followers. The ecclesiastical courts have jurisdiction over personal status issues for Christians. To avoid these types of systems, many people seek civil marriages, especially if the couple comes from two different religious backgrounds and there could be a conflict between the religious and legal systems.

The Lebanese legal system is progressive in regard to women's rights, especially compared to other Arab states. Unfortunately, Lebanese gender equity laws are not always applied in the ways they were designed and desired. Sexist patriarchal norms remain hidden within the penal code, sectarian control of the personal status laws, and nationality laws (Kelly and Breslin 2010). The many women's organizations in Lebanon have lobbied for improvements for women. Over time, the Lebanese government has moved to upgrade the legal status of women, but it has been unable to get approval for major reforms in the parliament. Women hold only 3.1 percent for the parliamentary seats (UNDP 2016).

Participation in Government

Over the years, Lebanese women have been able to make political progress. By 1952, they had achieved the right to

vote. In 1991, the first woman was elected into parliament. The lower house of parliament had 4 of the 128 seats occupied by women in 2011.

Women have earned law degrees since the 1930s and began serving as judges in the 1960s; however, the religious courts still prohibit women from serving as judges (UNICEF 2016).

Feminist Movements

The first wave of the feminist movement in the Middle East was active from 1940 to 1960. The majority of its creators and supporters were affluent and/or educated women and men. The focus for this wave was voting rights, education, and improvements for the representation of women and mothers. This period was influenced by religious reformists and liberal feminist ideology. Lebanese women's rights activists seized the opportunity of print culture to promote charity organizations, journalism, and educational programs.

In 1920, a women's advocacy group called the Lebanese Women Union was the first group founded to bring leftists and Arab nationalists together. Another advocacy group, the Christian Women's Solidarity Association, emerged in 1947 and was made up of haute bourgeoisie representatives and elite women. This second group wanted to create 20 Christian organizations all over Lebanon. By 1952, the Christian Women's Solidarity Association and the Lebanese Women Union had come together to form the permanent organization of the Lebanese Council of Women.

The second wave was active between 1960 and 1990. In the 1960s and 1970s, several committees for women were created within the political parties so they could raise awareness and discuss important issues (Stephan 2014). Some examples of these organizations are the League of Lebanese Women's Rights and the Women's Democratic Gathering. In 1975, the 15-year Lebanese Civil War broke out, and feminists turned their energy to ending the violence and negotiating peace. Throughout the second wave, activists did their best to promote women's rights and justice along with the need for peace.

The third wave started in 1990 and lasted until 2005. Feminists used amplified global attention on women's rights to promote gender-related issues and raise funds for the advancement of women's rights issues in Lebanon. In the 1990s, the women's organizations partnered with the Lebanese government to provide services for women and imagine the future of equality between women and men.

In March of 1999, the first coalition of the National Coalition to Eliminate All Forms of Discrimination against Women was founded. In 1995, two organizations were formed during the Beijing United Nations Conference on Women: the National Commission for Lebanese Women (NCLW) and the National Committee for the Follow Up of Women's Issues. The Lebanese Council of Women includes organizations that focus on rights, education, research, and international development projects for women. Finally, the Lebanese Council to Resist Violence against Women is a significant women's rights organization that was started in 1997 to address violence against women.

In March of 2005, civilians in Lebanon protested the assassination of former prime minister Rafik Hariri, which put pressure on Syria to pull its troops from the country. With the involvement of the United Nations, Lebanon was granted the right to complete national sovereignty. Individuals both inside and outside of Lebanon recognized the large part women had played in these events, and this led to a surge of political movement among women. A few feminists realized this was an opportunity for a renewed woman's rights movement, and many organizations, such as the Collective for Research and Training on Development-Action (CRTD-A) and KAFA, became the building blocks that continued the work of the previous waves of the women's movements. Many new organizations also appeared at this time that had the primary goal of raising awareness of domestic violence, stopping violence against women, and ending disrespect of female workers (Stephan 2014).

Many feminists began to advocate for rights to their own bodies, including positive self-image. The groups specifically fought for the right to choose a marriage partner, rights to abortion access for women who needed them, full citizenship rights, and the right to participate in politics. Other issues, such as protecting the environment and economic sustainability, are also addressed by feminist activists, and LGBTQ rights have more recently been incorporated into the movement.

Women's Associations, NGOs, and Nonprofits

Currently, Lebanon has an operating woman's rights movement that has been involved in drafting and advocating for amendments addressing discriminatory laws. Unfortunately, these movements have been slowed by the ongoing conflicts and wars. During the civil war, the movement focused on social and relief services. After

the war, the movement gained traction, and feminist activists focused their efforts on the renovation of the laws. Three groups were active in changing the laws; the Lebanese Women's Council, the National Focal Point for the Elimination of All Forms of Discrimination against Women, and the Lebanese Women's Network are primary members of the NGO alliance. One NGO, KAFA: Enough Violence & Exploitation, proposed a report to the 40th session of the CEDAW committee in 2008. This report focused on Lebanon's third periodic report, which outlined a position for migrant domestic employees and women in sex work. An auxiliary report on Palestinian refugee women was submitted with the original report (UNICEF 2016).

Citizenship and Nationality

In Lebanon, women who marry foreign spouses may not pass their Lebanese nationality to their children or spouse, but Lebanese men can. The only time that a woman can give her nationality to her children is if the father of the children is unknown. Children who are born to a Lebanese woman and a non-Lebanese man will not be granted citizenship, but they will be considered residents of the nation. A new law is being studied that would allow women to have the same rights as men to pass on their nationality to their children.

Religious and Cultural Roles

Fifty-four percent of Lebanese people are Muslim, 27 percent Sunni and 27 percent Shia. Christians make up 40.5 percent of the population, and another 5.6 percent of Lebanese follow the Druze faith. Very few are Jewish, Buddhist, or Mormon (CIA 2017).

Religious Laws

The discrimination of women is common in all of the religions practiced in Lebanon. According to Evangelical Christian rules, females at the age of 14 can be married and males at the age of 16. A woman who practices the Druze religion must have her male guardian's permission to marry if she is under the age of 21. For women in the Sunni and Shia communities, two women are equal to one man for witnessing a marriage. In Sunni Muslim families, a husband's children from a previous marriage can reside in his house without consent of his new bride, but the reverse is not true.

Issues

Forced Labor and Trafficking

Sex trafficking and forced labor are issues that women face in Lebanon. Women who have traveled to Lebanon with the assistance of a job recruitment agency for domestic service work often find themselves in forced labor situations. The employers often place restrictions on movement, withhold passports, verbally abuse, threaten arrest and deportation, withhold wages, and even commit physical assault on these workers. Some employers force foreign domestic workers to stay in their place of residences without permission to leave for any reason, and they often threaten workers with the loss of legal immigration status. It is not only domestic service jobs that are used to lure people to Lebanon, but employment agencies also make false lucrative job offers in other fields as well.

Sex trafficking is a growing problem in Lebanon. Some women enter Lebanon with a government's artist visa, which allows them to work in the adult entertainment industry, primarily as dancers. These visas put some of the women at risk for forced prostitution by means of withholding of passports or wages and physical and sexual abuse. The Lebanon government has done little to investigate or stop these abuses.

Refugees Forced Labor and Trafficking

Refugees in Lebanon are vulnerable to forced labor and sex trafficking due to their vulnerable financial situation. Some young Syrian refugee girls are being pushed into early marriage, which in addition to the dangers of child marriage can also put them at risk for sex trafficking or forced labor. Some refugees are forced into labor with little pay, or they incur debts of entry into Lebanon that they need to repay.

Gender-Based Violence

Women are often scared to speak about the violence committed against them for fear of shame or scandal. Male dominance and lack of legislation protecting women from violence are common reasons why women do not report violence they experience. Due to the pressures of war and the troubled economy, Lebanon has experienced a rise in the number of cases of violence against women. Several institutions not affiliated with the government counsel women to come forward and speak about the abuse that is happening to them (UN Women Watch 2004).

Lebanese Women in the Media

Although high numbers of women are graduating with media degrees, women are still missing from leadership positions within the media. Very few women work in political journalism. The discrimination that women face is often practiced during the recruitment phases.

Criminalization for LGBTQ

Lebanese penal law criminalizes homosexuality by outlawing sexual acts that go against the laws of nature; punishment can be up to one year in prison. However, in a recent landmark case, a judge declared that sexual acts between a transgender woman and a man are not unnatural. Activists in Lebanon hope that this ruling will eventually lead to the dismissal of this law. In 2013, it was affirmed that homosexuality is not a mental illness that can be cured; despite this finding, feelings and beliefs about homosexuality are still largely inhospitable.

Refugee Safety

In Lebanon, approximately 45,000 Palestinian refugees have joined the 300,000 Palestinian refugees already residing in the country. In addition, 1,143,000 Syrian refugees have gone to the UN High Commissioner for Refugees (UNHCR) to register as refugees. Registering can grant assistance but not legal status as a resident of the country. Refugees who cross an official border are given a six-month permit, which allows residency for the six months and includes one renewal possibility. Once this possible renewal has expired, a renewal fee is charged for additional renewals. If the refugee is found to have "absent legal status," there is a chance of prison time for being in the country illegally. This measure was produced in 2014 by the Lebanese government in hopes of eliminating or reducing the number of refugees in the country (HRW 2015). Note that at the time of this writing, the Syrian Civil War is in its sixth year and conflicts between Israel and Palestine have been ongoing since 1948, making these short time frames unhelpful in addressing the refugee crisis in the region.

JOANNA K. RASKAUSKAS

Further Resources

Blanchet, Karl, Fouad M. Fouad, and Tejendra Pherali. 2016. "Syrian Refugees in Lebanon: The Search for Universal Health Coverage." *Conflict and Health*, June 1. Retrieved from <https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-016-0079-4>.

- CIA (Central Intelligence Agency). 2017. "Lebanon." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/le.html>.
- Dah, Abdallah, Salah Abosedra, and Farouk Dabbourah. 2010. "Gender Pay Discrimination in Lebanon, Assessment of Recent Data." *Oxford Journal: An International Journal of Business & Economics* (November): 138–147.
- Ghaziayman, Ayman. 1997. "Lebanon's Culture: Society." Retrieved from <http://www.ghazi.de/society.html>.
- Global Fund for Women. 2015. "Refugee Rights for Women in Lebanon." Global Fund for Women, November. Retrieved from <https://www.globalfundforwomen.org/on-the-ground-in-lebanon-stepping-up-for-women-and-children-in-the-refugee-crisis>.
- Jacobsen, Laurie Blome. 2004. *Educated Housewives: Living Conditions among Palestinian Refugee Women*. Oslo, Norway: FAFO.
- Kelly, Sanja, and Julia Breslin. 2010. *Women's Rights in the Middle East and North Africa*. Lanham, MD: Freedom House.
- Petersen, Jens Juul. 2011. "Women Change Lebanon Society through Equality in Sports." Women News Network/WNN Global, October 4. Retrieved from <https://womennewsnetwork.net/2011/10/04/women-lebanon-equality-sports>.
- Samad, Abdul. 2017. "Millennium Development Goals: Lebanon Report 2008." Retrieved from http://www.undp.org/content/dam/lebanon/docs/MDG/Publications/MDG_en.pdf.
- StateUniversity.com. 2017. "Lebanon-Educational System Overview." *Education Encyclopedia*. Retrieved from <http://education.stateuniversity.com/pages/827/Lebanon-EDUCATIONAL-SYSTEM-OVERVIEW.html#ixzz4a6PTMh7b>.
- Stephan, Rita. 2014. "Four Waves of Lebanese Feminism." E-International Relations, November 7. Retrieved from <http://www.e-ir.info/2014/11/07/four-waves-of-lebanese-feminism/>. <http://www.swmena.org/en/report/90>.
- SWMENA. 2011. "Status of Women in the Middle East and North Africa." <http://www.swmena.net>. Retrieved from <http://www.swmena.org/en/report/187> and http://womeninscience.rasit.org/files/SWMENA_SocialAttitudes.pdf.
- Tailfer, Delphine T. 2010. "Women and Economic Power in Lebanon: The Legal Framework and Challenges to Women's Economic Empowerment." October. Retrieved from <http://www.crt-da.org.lb/sites/default/files/Women%20in%20the%20Lebanese%20Economy.pdf>.
- Thomas, Marie-Claude. 2013. *Women in Lebanon: Living with Christianity, Islam, and Multiculturalism*. New York: Palgrave Macmillan.
- UNData. 2017. "Lebanon." Retrieved from <http://data.un.org/CountryProfile.aspx?crName=LEBANON>.
- UNDP (UN Development Programme) HDR Briefing Notes. 2015. "Lebanon: Briefing Note for Countries on the 2015 Human Development Report." Human Development Report 2015 Work for Human Development. Retrieved from http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/LBN.pdf.
- UNDP (UN Development Programme). 2016. "The Millennium Development Goals 2008: Lebanon's Report." Retrieved from <http://www.lb.undp.org/content/lebanon/en/home/library/mdg/the-millennium-development-goals-2008--lebanons-report-.html>.
- UNICEF. 2011. "Lebanon MENA Gender Equality Profile Status of Girls and Women in the Middle East and North Africa." October. Retrieved from <https://www.unicef.org/gender/files/Lebanon-Gender-Eqaulity-Profile-2011.pdf>.
- UNICEF. 2015. "Country Statistical Tables." Retrieved from https://www.unicef.org/infobycountry/lebanon_statistics.html.
- UNICEF Emergency. 2017. "Gender-Based Violence: Main Forms of Violence." Retrieved from https://www.unicef.org/lebanon/emergency_8401.html.
- UN Women Watch. 2004. "Lebanon: Official Report on Follow-Up of the Implementation of the Beijing Platform for Action (1995) and the Outcome of the Twenty-Third Special Session of the General Assembly (2000)." National Commission for Lebanese Women. United Nations Division for the Advancement of Women. Retrieved from <http://www.un.org/womenwatch/daw/Review/responses/LEBANON-English.pdf>.
- USAID. 2016. "Lebanon Education." Retrieved from <https://www.usaid.gov/lebanon/education>.
- U.S. Department of State. 2014. "Lebanon: Office to Monitor and Combat Trafficking in Persons." Retrieved from <https://www.state.gov/j/tip/rls/tiprpt/countries/2014/226760.htm>.
- WHO (World Health Organization). 2015. "Lebanon Statistical Profile." Retrieved from <http://www.who.int/gho/countries/lbn.pdf?ua=1>.

Lesotho

Overview of Country

The Kingdom of Lesotho, originally known as Basutoland, was founded during the 1820s by King Moshoeshoe I (1786–1870). Its inhabitants are known as Mosotho (singular) and Basotho (plural). As Afrikaners and Boer trekkers began settler and territorial encroachment across South Africa during the 1830s, the king wisely invited missionaries to come live among his people as a means of protection. In the 1840s, a strategic alliance was agreed upon between the Basotho and the British Cape Colony, which was followed by a series of wars between the Basotho, the British, and the Afrikaners. In 1868, Basutoland became a British protectorate, and in 1871, the Basotho consented to annexation to the Cape Colony. Nearly 100 years later, with King Moshoeshoe II (1938–1996) at the helm, Lesotho gained its independence from the United Kingdom on October 4, 1966.

Territorially, Lesotho is surrounded by South Africa and has the distinction of being one of only two countries in the world to be surrounded by another country. It is a very poor nation, with about 40 percent of its inhabitants living below the international poverty line (the equivalent of USD\$1.25 per day). Ranked among the 49 least developed countries (LDCs), Lesotho continues to work hard to achieve political stability and improved economic performance, but the country continues to face challenges in achieving autonomy and self-sufficiency because of its heavy economic dependence on South Africa.

The people of Lesotho are ethnically homogenous. Almost 99 percent are Basotho, and the country has two official languages, Sesotho and English, although Zulu and Xhosa are spoken by a small percentage of its inhabitants. The country's population is nearing 2.1 million, slightly more than half of which are women (50.65%), and 80 percent of the population live in the lowlands and engage in agricultural pursuits (CIA 2017).

Education

Historically, education has played a large role in the lives of the Basotho. Ever since the mid-1800s, Lesotho has had the distinction of being one of the first African countries in which mission schools were established. By the time of its independence, nearly 1,100 primary schools, 21 secondary schools, 4 vocational schools, 7 teacher training colleges, and 1 university had been established throughout the country. As evidence of an ongoing commitment to education, Article 28(a) of the Lesotho Constitution states that the country "shall endeavor to make education available to all and shall adopt policies aimed at securing that education is directed at the full development of the human personality and sense of dignity and strengthening the respect for human rights and fundamental freedoms." In an effort to make education accessible to all, the government enacted legislation in 2010, which provides free education for all its citizens. This commitment works in tandem with the vision of the Ministry of Education and Training that the people of Lesotho "shall be a functionally literate society with well-grounded moral and ethical values." Primary school is compulsory for girls and boys between the ages of 5 and 13 years of age, and enrollments are high for both rural and urban learners. Learners may then go on to junior secondary school (ages 13–16), high school (ages 16–18), technical secondary school (ages 16–19), and teacher training or education in technical

subjects (ages 18–20). The country as a whole maintains a high literacy rate, and among youth, girls tend to be more literate and have higher retention rates than their male counterparts. This is largely because boys are often required to leave school to go to work as livestock herders or migrant laborers.

Even with high retention of girls in school, the education of youth of both sexes is challenged by poverty; health issues, including HIV/AIDS; low attendance; high failure and dropout rates; and student violence in school. A report on adolescent behavior notes that "only 36 percent of males and 57 percent of females complete primary school, with only some 6 percent of males and 11 percent of females completing secondary education" (Dugbaza and Nsiah 2002, 194). Increasing school violence, which includes verbal aggression, physical abuse or compulsion, mental cruelty, bullying, and more, also threatens the educational process (de Wet 2007, 673–675).

In addition to student-to-student violence, young learners may also encounter teacher-to-student violence because corporal punishment is permitted in Lesotho. It is not uncommon for some teachers to feel empowered to perpetrate violence against students. There have been reported cases of sexual and physical abuse of students by teachers as well as verbal abuses within the classroom setting. These have included dark sarcasm, insults, threats, hounding, put-downs, spiteful statements, branding students as troublemakers, and inflicting lengthy timeouts in the corner of the room (de Wet 2007, 676). Due to customary laws still being practiced, and the fact that gendered hierarchies are pervasive in this country, young girls are particularly vulnerable to school violence. This often results in psychological, sexual, or physical harm because of their subordinate status within Lesotho culture.

Lesotho youth under the age of 18 make up half the population, so overcoming challenges to effective and safe education for them is of vital importance in ensuring a positive and productive future for the country. To encourage completion of secondary school and to improve the long-term educational success of youth, the government now offers programs that provide training opportunities for postgraduation employment. The Ministry of Gender and Youth, Sports and Recreation, for example, piloted the Youth Volunteer Corps Project (LYVCP) in 2010 with 153 volunteers who were placed in internship-like positions in public-sector organizations and government ministries. The long-term hope of this program is for all secondary school graduates to participate in such programs. The goal

is to increase youth employment, to help fight the spread of HIV/AIDS among youth, and to help shape young people as civic-minded contributors to Lesotho's ongoing development. Nearly 800 students graduate annually from Lesotho secondary schools, and these emergent youth programs improve youth's chances for promising job opportunities as well as offering hope for leading healthy and productive lives.

Though most youths do not pursue higher education, those who wish to do so may attend the Lesotho Agricultural College, the National University of Lesotho, or the University's International School. In terms of growing efforts toward gender equality, it is significant that the UN Division of Statistics cites that Lesotho ranks among the highest of all sub-Saharan African countries with 55 percent of women enrolled in tertiary education. It is noteworthy that the faculty of the university is 43 percent women. In light of the observation that, in Africa, "the benefits of one educated woman, given the crucial roles she plays in society, are immense" (Azevedo and Nnadozie, 2003), these advances in the female presence in higher education bodes well for the future opportunities for young women in Lesotho. And for Lesotho youth in general, it appears that they are well positioned to benefit from increased attention to improvements in educational opportunities that range from curtailed school violence to increased youth-focused developmental programs and projects and other initiatives aimed at offering vocational training for them.

Health

Access to Health Care

Lesotho spent 10.6 percent of its gross domestic product (GDP) on health care in 2014 (WHO 2015). Life expectancy is only 55 years; women live about three more years than men. The life expectancy is increasing, but it is lower in Lesotho than in surrounding countries in the region. Thirty-six percent of the population is under the age of 15 (WHO 2015). Only 26 percent of the population lives in urban areas, and this impacts people's access to health care. While there are hospitals and facilities throughout the country, they are predominantly located in more urban areas, and aging buildings are increasingly an issue; one hospital had to close permanently due to the building being unsafe, and a replacement is not yet built. Three-quarters of the rural population does not live within walking distance of a health facility ("Healthcare" 2015). The Ministry

of Health is addressing retention of and the training of new health care workers. In 2013–2014, one-third of the doctors were sent to Zimbabwe for training, and 39 nurses were provided with midwifery training to address maternal and infant success rates. There are only 200 doctors and 4,000 midwives in the country. This is 1,300 too few doctors and 2,000 too few midwives, according to WHO recommendations ("Healthcare" 2015).

Improved drinking water is available to 77.7 percent of the population (WHO 2015), but the disparity between urban and rural areas is evident here as well; 90.8 percent have access to clean water in urban areas, compared to 72.7 percent in rural areas (UNICEF 2017). Only 26.3 percent have access to sanitation facilities (WHO 2015). Equity gaps continue to persist, especially in rural and remote areas.

Maternal Health

More than 47 percent of women in Lesotho use some form of contraception, and the fertility rate in 2013 was 3 per woman (WHO 2015). For a woman aged 15–49, there is a 20 percent probability that she will become ill or die from maternal causes. The maternal mortality rate was 490 per 100,000 in 2013. This is better today than in past years, but it remains higher than other countries in the region. More than 70 percent of women attend 4 or more antenatal appointments, and 62 percent are attended by a skilled birth assistant for delivery (WHO 2015). More than 58 percent of women give birth in a health care facility ("Healthcare" 2015). We again see a disparity by area, with 88.1 percent of urban women compared to 53.5 percent of rural women having a skilled birth attendant during childbirth. The mortality rate for children under the age of five is 98 per 1,000 children, which is higher than it was in 1990 at 86 per 1,000 (WHO 2015).

Abortion prohibitions follow common law adopted from Roman-Dutch law. It is prohibited except in cases of necessity, but there is disagreement as to what is considered a necessity. Little information about prevalence is available, but it is suspected that abortion is common. Unsafe abortions are dangerous and can contribute to lasting health issues for women.

Diseases and Disorders

Lesotho reports a 95 percent vaccination rate, including 92 percent of children receiving the measles vaccine (WHO 2015). A recent tuberculosis (TB) epidemic was

devastating. Lesotho is the fourth-highest country for incidences of TB in the world (“Healthcare” 2015). For women, cervical cancer is the most common cancer and the leading cause of cancer deaths (“Healthcare” 2015). Malnutrition remains a pervasive problem in the country.

Hypertension (or high blood pressure) is the most common noncommunicable disease risk (35.9%), followed by diabetes (12%) (UNICEF 2017). Hypertension accounts for 9 percent of outpatient visits to health facilities (“Healthcare” 2015).

HIV/AIDS

As with many African countries, HIV/AIDS has reached pandemic levels in Lesotho since its first appearance in a patient in the Butha-Butha district in 1986. Index Mundi ranks Lesotho 21st in regard to HIV/AIDS-related deaths among adults and children over a representative 10-year period. During this time, 16,000 cases were documented in 1999 and 14,000 cases in 2009.

HIV is the leading cause of death in Lesotho. In 2012, 582.9 per 100,000 people died from HIV (WHO). Twenty percent of children’s deaths are due to HIV (WHO 2015). Women who are living with HIV are four times more likely to develop cervical cancer (“Healthcare” 2015). TB is also a common coinfection with HIV and contributes to 46 per 100,000 deaths (WHO 2015); 80 percent of people with TB are also infected with HIV (“Healthcare” 2015). As of 2012, 190,000 people in Lesotho were living with HIV, and 38,000 were children (UNICEF 2017). A staggering 150,000 children have been orphaned due to parents dying from HIV/AIDS, compared to 70,000 children orphaned for other reasons (UNICEF 2017).

According to UNICEF, in 2012, there is an 8.4 percent prevalence rate of HIV; 10.7 female and 5.8 male for people in the 15–24 age range. When looking at 2008–2012, we see additional differences between young women and men in comprehensive knowledge of HIV and condom use when having sex with multiple partners. More young women had more comprehensive knowledge (38.6% to young men’s 28.7%), but more young men used condoms (60.3% compared to 44.9% of young women). Studies have demonstrated that it is more difficult for women to negotiate using condoms, even in consensual relationships. There is also disparity between urban and rural and the richest and poorest people in the country. Young people living in urban areas or from the richest 20 percent of the population have higher rates of comprehensive knowledge about

HIV than those from rural areas or from the poorest 20 percent (“Healthcare” 2015).

Presently, the female population continues to be hit very hard by HIV/AIDS. Causes of the rampant spread of the disease are varied and reflect the multiple ways girls and women are made vulnerable. These range from natural interest in expressing their sexuality and the desire for intimacy, to the harsh realities of sexual violence, marital rape, and the fact that women have no legal protections regarding relations with men.

This is especially true in rural communities where, according to common-law practices, upon payment of the *lobola*, or bride-price, a woman becomes the property of her husband upon marriage, and he is entitled to have sex with her anytime he wishes, even if it is against her will. This sense of male sexual entitlement creates a power imbalance that disempowers women, who are often considered as mere “blankets” for men. Because women have no say in sexual matters, their recourses for ensuring safer sex practices, such as the use of condoms as protection against the spread of HIV/AIDS, are limited. Equally challenging is the prevalence of stigmas and silence around sexual violence and marital rape, and because women are largely trapped in relationships within which they are economically dependent on males for financial support, they are often reluctant to speak out about the abuses they endure. Unfortunately, those women who do courageously speak out are often victimized by friends, family, and law enforcement as well as the legal system.

CARE International has worked to offset such challenges by providing education and assistance to women in Lesotho regarding HIV/AIDS and gender-based violence, and SHARP (Sexual Health and Rights Promotion) has been very helpful in advocating for gender and human rights by providing information and training focused on reducing the vulnerability of at-risk persons while increasing the safety of sexual contact between partners.

Employment

Although Lesotho maintains itself as an independent country, its economic dependence on South Africa has limited its ability to become self-sustaining in its own right. For many years, Basotho migrant laborers have crossed the border to seek factory, diamond mine, and farm work in South Africa. In the process, whites have benefited from hiring Basotho workers as cheap labor instead of employing indigenous South African blacks. Currently,

most migrant workers are male, but prior to enactment of the Aliens' Central Act of 1963, Basotho women also worked in South Africa as domestic workers and beer brewers. However, this act now requires travel documentation for a foreign African to enter the country. Then when the Black Laws Amendment Act was issued, the entry of migrant workers was further restricted to men specifically recruited to work on South African farms and in the mines.

Overall, Basotho men have more lucrative avenues for earning money than women, but within Lesotho village communities, women play prominent roles in agricultural production and serve as the center of the country's domestic economy. Within the community, none of the land is privately owned, and the main revenue crops are maize and sorghum. Peas, wheat, beans, and potatoes are usually harvested for household sustenance. Some women also raise chickens and pigs and brew and sell beer. Communally, village women participate in a form of sharecropping (known as *seaholo*), and they gather for clearing, planting, and harvesting the crops (called *matsema*). All aspects of this work are performed by women except plowing, which is done by sons or husbands who may be home from their migrant laborer jobs.

On the one hand, this work keeps village women very busy, but the output is rarely profitable because there is little to no market for the sale of cash crops in Lesotho. On the other hand, being at the center of agricultural production provides Basotho women leadership opportunities within their traditional communities, and this enables and empowers them by becoming involved in cooperative ventures together.

Family Life

Inevitably, because of the influx of wage-labor migration to South Africa, family life for many Basothos has been disrupted in ways that have changed the whole nature of family structure and marriage in Lesotho culture. The conjugal separation of wives and husbands for extended periods of time has offered women increasing opportunities for autonomy, agency, and empowerment in their rural households, but these migratory practices have undermined the stability of marriages and the long-term functionality of many households. Often, a wife has maintained the rural household alone for as many as 20 years or more, and when the husband returns from his laboring role as primary provider, he finds an unprofitable agricultural homestead. Many strains are put on familial relations, and

it is not uncommon for marriages and families to dissolve because of long-term migrant separation. Women faced with this reality are forced into situations where they must find work to support themselves and their children without any assistance from their former spouses.

Marriage

Although general and customary laws are typically applied side by side in Lesotho, the country remains strongly patriarchal, particularly in rural areas where traditional customary marriage laws are strictly followed. Prior to marriage, a Basotho woman is considered a perpetual minor, with her father considered as her guardian under customary law. Once she marries, guardianship transfers from father to husband, and if he dies, it transfers to the husband's male heir.

Although it is traditional under customary law that women's rights are limited in terms of property and inheritance, the Lesotho government has taken strides in its promotion of gender equality by enacting the Married Persons Equality Act of 2006. This act limits the marital power of a husband, and it also allows his wife to establish credit in her own name. The positive side of this act is that it offers empowering protections for Basotho women; however, the negative side is that many women in Lesotho do not yet know that such an act exists on their behalf.

While customary laws limit the choices and mobility of Basotho women in rural areas, there are women in urban areas who have begun to engage in more liberal relational practices. For example, due to the prominence of male labor migration to South Africa, it has become increasingly prevalent for marriage to be delayed, or bypassed altogether, in favor of cohabitation. Educated Lesotho women, in particular, tend to prefer not to marry migrant workers and are more likely to become involved in relationships with a series of multiple partners, each of which offers her different amenities. She may, for example, have one man who provides shelter, another food, another clothing, and others offering transportation, and so on.

Politics

The governance structure of the Kingdom of Lesotho is a parliamentary constitutional monarchy with two branches. In the executive branch, the king serves as a figurative head of state, while the prime minister functions as the true head of the government with executive authority. In the

legislative branch, the Parliament has two chambers. The National Assembly includes 120 members elected for five-year terms: 80 single-seat constituencies and 40 seats with proportional representation. The Senate has 33 members. The Lesotho Constitution ensures an independent judicial system that consists of the High Court and the Court of Appeal, with traditional courts found in rural areas, and it also protects basic civil liberties, which include freedom of religion, freedom of speech, freedom of the press, freedom of association, and freedom of peaceful assembly.

Regarding women in Lesotho politics, the first female parliamentarian was appointed in 1965 (CIA 2017), the same year Lesotho granted suffrage to women. And although the country overall remains deeply patriarchal, several laws have been enacted to increase the number of women decision makers in both the central and local spheres of governance. These include the National Assembly Elections (Amendment) Order (2001), the Local Government Elections (Amendment) Act (2004), the Local Government Elections (Amendment) Act No. 4 of 2011, and the National Assembly Electoral Act (2011). In effort to promote gender equality as a fundamental human right, the Southern African Development Community (SADC) Protocol on Gender and Development (2008/2010) was signed and ratified. As a registered member of the Independent Electoral Commission (IEC), the country is mandated to foster gender equality and to facilitate women's participation in the political arena.

The adopted SADC quota for more equitable female representation in public and political life sets a target of 30 percent for seats occupied in Parliament by women. Overall, Lesotho has taken strides to respond affirmatively to mandates from regional, national, and global influences to increase equal representation, but its first efforts have fallen short of the goal. When general elections were held in Lesotho in May 2012, for example, only 31 women were elected (representing just more than 25%). A year later, the SADC encouragingly reported that the country was positioned to make more rapid progress in increasing women's representation in Parliament.

Statistical information from the Inter-Parliamentary Union (2014) indicates that the country currently ranks 44th out of 189 countries worldwide in its percentage of women holding office in Parliament. In the lower house election held in May 2012, out of 120 seats, 32 women were elected (averaging just over 26%). In the upper house election held in June 2012, out of 33 seats, 9 women were elected (averaging just more than 27%). It is noteworthy

that 22 seats held in the upper house (or Senate) are hereditary, and the other 11 are nominated by the king; 9 of these seats are currently held by women.

Within the cabinet, women also hold leadership roles, and 5 women currently represent almost 24 percent of its 21 ministers (reflecting a drop from the 32% of women cabinet members in 2009). In the judiciary, 65 percent of the country's judges are women, 42 percent are magistrates, and 3 of its 7 deputy ministers are women. On the local level, 49 percent of the government is represented by women, and, with a ranking of 49 percent, Lesotho has the most women elected to rural councils of all sub-Saharan countries. Other distinctive representation by women includes a woman chairperson of the Independent Electoral Commission (IEC) as well as 40 percent of the directors in central government and the Central Bank governors being women.

In general, the effectiveness of female-influenced governance is defined by women politicians being able to promote women's issues while mobilizing empowered women's support in their parties. While gender equality has not yet been achieved, there has been an encouraging governmental commitment since 2005 to promote basic civil liberties for all Lesotho citizens—female and male—as well as to increase women's presence in politics.

Women's Movement

The Social Institutions & Gender Index (SIGI) provided rankings in 2012 that measured discrimination against women in more than 100 countries to assist researchers and policy makers in assessing gender-related inequalities reflected in the areas of education, employment, and more. Interestingly, Lesotho was not included because of missing data in one or more of the following variables among others, early marriage, discriminatory inheritance practices, violence against women, son bias, restrictions on access to public space and restricted access to productive resources (SIGI 2014). There is information on the status of women in Lesotho that has been tracked by the annual Global Gender Gap Index issued by the World Economic Forum. In 2014, Lesotho ranked 38th out of 136 countries with the following rankings in four key areas: health and survival (60th); educational attainment (first, along with 25 other countries); economic participation (32nd); and political empowerment (57th).

While this empirical data proves somewhat statistically helpful in assessing the overall status of Lesotho women,

it does not demonstrate the degree to which women have been active in women's movements in Lesotho. Ever since the country ratified the UN treaty on the Convention of the Elimination of All Forms of Discrimination against Women (CEDAW) in 1995, women's agency has increased, and the country in general has demonstrated a cultural commitment to seeking women's equality. Legislatively, action has been taken with the enactment of the Sexual Offences Act (2003) and the Gender and Development Policy, in addition to programs and policies being implemented to improve gender equity. While encouraging, progress in effecting sustained change and improvement has been slow, and Basotho women still suffer from gender discrimination because of their infantilization within the traditional patriarchal culture.

As Lesotho moves forward in achieving gender equality, it is incumbent upon women activists to continue to fight for the elimination of gender-based violence and to continue to develop advocacy-based nongovernmental organizations (NGOs) such as the Lesotho Women's Institute, Lesotho Young Women's Christian Association, and Voice of the Voiceless and projects such as Women's Ambitions for a Better Future.

Religious and Cultural Roles

Roughly 80 percent of Lesotho's residents have converted to Christianity. Catholicism predominates and has a large influence on education throughout Lesotho, with approximately 75 percent of all primary and secondary schools being owned and managed by the Catholic Church. Some Basothos are Anglican and Dutch Reformed, while approximately 20 percent of the population uphold indigenous beliefs. There is also a very small presence of adherents to Islam and Hinduism.

Issues

Sexual Violence against Women

The most influential organization in addressing gender-based violence in Lesotho is Sexual Health and Rights Promotion (SHARP), which was established in 2012 by CARE International, the global confederation of 14 member organizations that work together to end poverty. SHARP regional resource and information centers throughout the country are staffed by peer educators who help raise awareness and encourage open discussion about sexual violence. Useful in their advocacy work was

the establishment of a clarifying definition provided by the World Health Organization (WHO) in 2002 that sexual violence is "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work." While useful, however, the reality for many Lesotho women is that they are disadvantaged by cultural and systemic structural practices that cause them to be especially vulnerable to violent acts, some of which include sex roles as defined by customary laws, and economic factors associated with the perpetuation of poverty (especially in rural areas). There are also the facts that women remain dependent on men, they have limited educational opportunities, and there is a lack of employment, among other issues.

Typically, most acts of violence against Basotho women go unreported, and in rape cases, for example, when women have spoken out, penalties and sentences for perpetrators are not severe, even though the law stipulates that rape is a capital offense. A report on *Sexual Violence in Lesotho* notes that, unfortunately, "legal factors, such as the status of women, legal definitions of rape, and laws regarding divorce, child custody, maintenance, and inheritance; and political factors including the underrepresentation of women in government" (Brown et al. 2006, 270) limit women's ability to overcome and fight back against gender-based violence.

Sexuality and LGBT Issues

According to a recent International Lesbian Gay Bisexual Trans and Intersex Association (IGLA) report titled *State-Sponsored Homophobia: A World Survey of Laws: Criminalisation, Protection and Recognition of Same-Sex Love* (Itaborahy and Zhu 2013), even though sodomy is prohibited as a common-law offense, "homosexual acts in Lesotho are legal, probably since the entry into force of the Penal Code Act on 9 March 2012." In the past, same-sex relations between females have never been outlawed in Lesotho, but with the legalization of same-sex relations between men, more concerted advocacy efforts have recently developed. Notably, the *BTI 2014: Lesotho Country Report* states that "gays and lesbians have formed a number of organizations to fight for their rights. However, it has been reported that many have been expelled from their homes after disclosing their sexual orientation to families" (BTI 2014).

Annually, the Global Equality Fund through the U.S. Department of State issues a *Human Rights Report* that catalogs the ongoing range of abuses and discriminatory treatment directed at LGBT community members worldwide. The section on “Sexual Orientation/Gender Identity References” indicates that homosexual conduct continues to be taboo in Lesotho (U.S. Department of State 2017). Consequently, societal abuses, discrimination, and acts of violence based on sexual orientation and gender identity are rarely openly discussed, and even though it is known that violence against LGBT happens frequently, there are many incidents that go unreported by victims for fear of ridicule and further abuses.

In general, there is limited information regarding LGBT issues in Lesotho; however, a handful of publications have contributed to an understanding of same-sex relationships in this country. In 1998, Kathryn Kendall produced her frequently cited essay “When a Woman Loves a Woman’ in Lesotho: Love, Sex and the (Western) Construction of Homophobia,” in which she indicates that some women-to-women relationships among Basothos are culturally specific and do not always reflect traditional homosexual relationships. Such relationships are discussed in Judith Gay’s “Mummies and Babies’ and Friends and Lovers in Lesotho,” which offers an examination of practices of institutionalized friendships among young girls and women who engage in close relationships known as “mummy-baby” that involve important aspects of sexual intimacy. As explained, “Mummy-baby relationships not only provide emotional support prior to marriage, but also a network of support for married and unmarried women in new towns or schools, either replacing or accompanying heterosexual bonds” (Gay 1986, 1).

While such relationships appear acceptable within a specific context in Lesotho, the situation for espoused lesbians and gays is less accommodating. Due to discriminatory practices, members of the LGBT community may be refused health care, and victimization by violence continues to go unreported because of stigmatization and fear. However slow progress in advocacy and acceptance of lesbians and gays in Lesotho may be, there is the uplifting reality that the country held its first Gay Pride March on May 18, 2013. It was organized by Matrix Support Group (MSG), a first of its kind Lesotho-based NGO that operates freely in 10 districts in its advocacy of the rights of lesbian, gay, bisexual, transgender, and intersex (LGBTI) individuals in the country. MSG’s philosophy is founded

on a gradual approach to sensitizing the public to LGBT issues, and they have been a helpful resource.

While LGBT acceptance and inclusion as yet falls short of the goal of full equity and acceptance, a hopeful outlook positions South Africa, on the whole, as what has been called “an exemplar of a multi-ethnic, multiracial African society seeking to include sexual minorities in its body politic” (Murphy 2000, 11).

Trafficking

Lesotho is a country of origin for internal and international human trafficking, which flows triangularly because of traffickers, trafficked victims, and the users of trafficked victims. A UNESCO policy paper, *Human Trafficking in Lesotho: Root Causes and Recommendations*, explains that poverty is the main cause of the prevalence of trafficking in this country (Nkiwane and Muso 2007, 12). In recent years, there has been a rise of this crime, with women and children being forced into sex and labor trafficking. Women are often subjected to domestic servitude, while men are forced into labor in South Africa. Main factors that perpetuate trafficking include lack of information and gender discrimination as well as “poverty, family break-up, violence or other dysfunction, lack of job opportunities, low education levels or the wrong skills for the jobs that are available, family pressures or a sense of responsibility to provide for the family” (Kane and Saghera 2001, 5).

Limited knowledge about and silence around this issue make it difficult for women to protect themselves from the supply-and-demand realities of trafficking as a sex industry and business enterprise. While many females are trafficked unwittingly, there are also those who willingly subject themselves to being trafficked to escape their impoverished lives. It is common for poor people to migrate over the South African border in search of work and allow themselves to be trafficked and for women to enter into prostitution, which makes them especially vulnerable to being trafficked.

Although the above cited UNESCO report offered insights and recommendations in 2007, a study conducted in 2010, titled *Rapid Assessment of Trafficking in Persons in Lesotho*, indicates that there continues to be a paucity of empirical data regarding trafficking in Lesotho, particularly regarding trafficking women for sexual purposes (Kropiwnicki 2010). In conducting this study, secondhand, anecdotal, and retrospective accounts were acquired from

key informants and respondents who knew about victims of trafficking for specified purposes. Information gathered included the following numbers of known trafficked persons: sexual exploitation (16 persons), farm labor exploitation (4 persons), construction labor exploitation (1 person), cattle-herding exploitation (1 person), organized crime exploitation (1 person), unknown purposes (3 persons), mine labor exploitation (0 persons), domestic work (0 persons), organ removal (0 persons), and adoption (0 persons).

Clearly, these limited numbers do not reflect the prevalence of trafficking in Lesotho, but however scant the actual numbers, what is certain is that girls and women are particularly vulnerable to the threat of trafficking—a threat heightened by the fact that they are left in the country alone while their men are working in South Africa. On a more positive note and despite the seriousness of trafficking in Lesotho, however, Index Mundi reports that, in general, the country at present

does not fully comply with the minimum standards for the elimination of trafficking; however, it is making significant efforts to do so; the government has decreased its anti-trafficking law enforcement and victim protection efforts during 2012; authorities have initiated fewer prosecutions, ceased arresting suspected trafficking offenders due to a backlog of prosecutions, and stopped referring victims to NGO centers for care; the government has not implemented key portions of the 2011 anti-trafficking act, including failing to develop formal referral procedures, establish victim care centers, and complete a national action plan. (2013)

To combat trafficking in Lesotho, it has been recommended that “legislative, political and economic measures must be undertaken at national, regional and international levels to eradicate human trafficking,” in addition to exposing, prosecuting, and punishing the perpetrators (Nkiwane and Muso 2007, 12).

MARY-ANTOINETTE SMITH

Further Resources

- Adams, Kimberly S. 2011. “Rounding the Tables of Legislative Decision Making: Explanations for the Increased Presence of Women in Sub-Saharan African Politics.” *International Journal of Diversity in Organizations, Communities & Nations* 11.2: 45–66.
- Ask Me Am I Positive*. 2004. Directed by Teboho Edkins. Retrieved from <https://mubi.com/films/ask-me-i-am-positive>.

- Azevedo, Mario, and Emmanuel Nnadozie. 2003. *African Economic Development*. Amsterdam, The Netherlands: Academic Press.
- Brown, Lisanne, Tonya Thurman, Jeanette Bloem, and Carl Kendall. 2006. “Sexual Violence in Lesotho.” *Studies in Family Planning* 37: 269–280.
- BTI (Bertelsmann Stiftung). 2014. *BTI 2014: Lesotho Country Report*. Gütersloh, Germany: Bertelsmann Stiftung. Retrieved from https://www.bti-project.org/fileadmin/files/BTI/Downloads/Reports/2014/pdf/BTI_2014_Lesotho.pdf.
- Chaka-Makehooane, Lisebo. 2002. *Sexual Violence in Lesotho: The Realities of Justice for Women*. Maseru: Women & Law in South Africa.
- CIA (Central Intelligence Agency). 2017. “Lesotho.” *CIA World Factbook*. Retrieved from https://www.cia.gov/library/publications/the-world-factbook/photo_gallery/lt/photo_gallery_B1_lt_1.html.
- de Wet, C. 2007. “School Violence in Lesotho: The Perceptions, Experiences and Observations of a Group of Learners.” *South African Journal of Education* 27: 673–690.
- Dugbaza, T., and G. K. Nsiah. 2002. “Adolescent Behaviour.” *Lesotho Reproductive Health Survey* 1: 173–195.
- Gay, Judith. 1986. “‘Mummies and Babies’ and Friends and Lovers in Lesotho.” *Journal of Homosexuality* 11: 3–4 97–116.
- Goldwidows: Women of Lesotho*. 1991. Directed by Don Edkins, Ute Hall, Mike Schlomer. Retrieved from <https://mubi.com/films/goldwidows-women-in-lesotho>.
- “Healthcare.” 2015. *The Lesotho Review: An Overview of the Kingdom of Lesotho’s Economy—2015 Edition*. Umdloti Beach: Wade Publishing. Retrieved from <http://www.lesothoreview.com/healthcare-2015.php>.
- Hincks, Craig. 2014. “Education for Life: Statistics and Reality for Women in Lesotho.” Retrieved from <http://www.africafiles.org/atissueezine.asp?issue=issue1#art4>.
- Itaborahy, L., and Jingshu Zhu. 2013. *State-Sponsored Homophobia: A World Survey of Laws: Criminalisation, Protection and Recognition of Same-Sex Love*. Geneva, Switzerland: ILGA.
- Jewkes, Rachel, Loveday Penn-Kekana, Jonathan Levin, M. Ratsaka, and M. Schriber. 2001a. “Prevalence of Emotional, Physical, and Sexual Abuse of Women in Three South African Provinces.” *Social Science and Medicine* 55.9: 1603–1617.
- Kane, J. and J. Saghera. 2001. *Trafficking in Children for Sexual Purposes*. UNICEF, 5.
- Kendall, K. Limakatso, ed. 1995. *Basali!: Stories by and about Women in Lesotho*. Scottsville, South Africa: University of KwaZulu-Natal Press.
- Kendall, Kathryn. 1998. “‘When a Woman Loves a Woman’ in Lesotho: Love, Sex and the (Western) Construction of Homophobia.” In *Boy-Wives and Female-Husbands: Studies in African Homosexualities*, 223–242, edited by Stephen O. Murray and Will Roscoe. New York: St. Martin’s Press.
- Kropiwnicki, Zosa De Sas. 2010. *Rapid Assessment of Trafficking in Persons in Lesotho*. Health and Development Africa.
- Modo, I. V. O. 2001. “Migrant Culture and Changing Face of Family Structure in Lesotho.” *Journal of Comparative Family Studies* 32.3: 443–452.

- Mueller, Martha. 1977. "Women and Men, Power and Powerlessness in Lesotho." *Signs* 3.1: 154–166.
- Murphy, Timothy, ed. 2000. *A Reader's Guide to Lesbian and Gay Studies*. New York: Routledge.
- Murray, Colin. 1977. "High Bridewealth, Migrant Labour and the Position of Women in Lesotho." *Journal of African Law* 21.1: 79–96.
- Murray, Stephen O., and Will Roscoe, eds. 1998. *Boy-Wives and Female-Husbands: Studies in African-American Homosexualities*. New York: St. Martin's Press.
- Nkiwane, Victor, and Lydia Muso. 2007. "Human Trafficking in Lesotho: Root Causes and Recommendations." UNESCO. Retrieved from <http://unesdoc.unesco.org/images/0015/001528/152824E.pdf>.
- SIGI (Social Institutions & Gender Index). 2014. Retrieved from <http://www.genderindex.org/country/lesotho>.
- Ulicki, Theresa, and Jonathan Crush. 2007. "Poverty, Gender and Migrancy: Lesotho's Migrant Farmworkers in South Africa." *Development Southern Africa* 24.1: 155–172.
- UNICEF. 2017. "Statistics Lesotho." Retrieved from https://www.unicef.org/infobycountry/lesotho_statistics.html.
- U.S. Department of State. 2017. "Human Rights Report, Lesotho." Retrieved from <https://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/#wrapper>.
- WHO (World Health Organization). 2015. "Country Health Profile." Retrieved from <http://www.who.int/gho/countries/lso.pdf?ua=1>.

Liberia

Overview of Country

The Republic of Liberia, Africa's oldest republic, was established in 1847 by freed American and Caribbean slaves who had begun settling in the territory in the early 1820s. The country is now composed of just over 4 million people (UNDP 2015) and encompasses a landmass similar in size to the state of Tennessee. Liberia is located in the northwestern region of Africa along the Atlantic Ocean. It is bordered by Sierra Leone, Guinea, and Côte d'Ivoire. The tropical climate consists of warm temperatures and high rainfall. Iron ore, gold, diamonds, rubber, and timber are among the country's natural resources.

Though exact numbers vary, Liberia is home to approximately 16 to 28 ethnic groups. A vast majority of the population practices Christianity (85%), followed by Islam (12%), and then traditional African religions (less than 1%). English is the official language, though there are

16–24 other regional languages spoken, many of which have no written form (UNDP 2015).

In 2013, the UN Development Programme (UNDP) ranked Liberia 145th out of 187 nations on the Gender Inequality Index (GII). The country was ranked even lower on the Human Development Index (HDI), in which it placed 175th out of 187 nations. Despite low rankings, Liberia's gains on the HDI shows promise, with a continuous increase of approximately 2 percent gains annually since 2000 and a 3-point climb between 2007 and 2012. The country has been recognized as 1 of 14 in achieving the highest gains in HDI (UNDP 2015).

History

Founded by the American Colonization Society (ACS)—a philanthropic organization that sought to create a colony for free African Americans—Liberia's name originates from the Latin word *liber*, or "free," and translates to "Land of the Free." The mission of the ACS was to decrease racial tensions that saturated the United States because of slavery and emancipation. The ACS consisted of African Americans, both free born and emancipated, as well as white Americans, both abolitionists and slave owners. Members from both sides of the political spectrum believed that African descendants would not assimilate into white America. As such, the ACS determined that the best course of action was to assist African Americans in immigrating to what later became known as the Republic of Liberia (1824).

The ACS was not an entirely benevolent society; many white Americans approached this initiative so that they would not have to live side by side with the increasing number of free African Americans. The ACS raised funds and lobbied Congress for financial support to ship self-selected African Americans and people of the Caribbean to Liberia. The population of African Americans in Liberia became known as Americo-Liberian settlers. These new settlers managed the economy until Liberia's independence from the ACS in 1847. Americo-Liberians and their descendants made up the country's elite despite comprising only a small number of the populace.

Liberia is one of only a few African countries not colonized by a European country (although it did lose land that was abundant with resources to nearby British and French territories). However, the creation of a republic by freed slaves does constitute colonization, and rocky relations ensued between ACS colonizers and the indigenous people who had lived in the region before, and during, the

establishment of the republic. Though unsuccessful at the time, indigenous groups tried to resist and overturn the new establishment. Like the history of the United States, Liberia did not acknowledge or represent its indigenous groups, and they were not granted unimpeded enfranchisement rights until the 1960s. Indigenous descendants overthrew Americo-Liberian rule in 1980.

Liberia has both actual and symbolic ties to the United States. For example, Liberia's Constitution was modeled after the U.S. Constitution and operates on three branches of administration: executive, legislative, and judiciary. Liberia's capital, Monrovia, was named after U.S. president James Monroe who garnered funds for the ACS initiative. Liberia's flag is similar to the U.S. flag, but with Liberia's one star representing its "lone star" status as an independent republic.

Liberia has a complex political history that has operated at the expense of women's involvement in politics, women's rights, and the advancement of women's education, to name a few issues. However, in recent history, there has been a radical political shift initiated by women. As the sections that follow detail, women were responsible for ending Liberia's second civil war (1999–2003), and they have since occupied many political positions—including that of the first female head of state on the continent of Africa. These initiatives and others have helped advance the security and well-being of women, children, and families in the country.

Education

Christian mission schools introduced Western ("formal") educational institutions to Liberia with the intention of converting youth and community members. Most adolescent girls growing up in Liberia today have not received a formal education. Illiteracy rates are higher for women (60%) than men (30%) ages 15–49 years, with 42 percent of Liberian women having never attended school compared to 18 percent of men (Empowering Women 2015). In rural areas, literacy and school attendance rates are even lower. However, legislation under President Ellen Johnson Sirleaf (1938–) has mandated free primary education, resulting in the quadrupling of student enrollment in schools. As such, a majority of the students in Liberian primary schools are girls. Still, successful efforts to enroll girls have not yet translated to maintaining their enrollment statuses. In rural areas, only 8 percent of women have completed secondary and postsecondary school, while for males, the

Women's Voices

Leymah Gbowee

Leymah Gbowee is a Liberian peace activist known for leading the Women of Liberia Mass Action for Peace, which helped bring an end to the Second Liberian Civil War in 2003. The film *Pray the Devil Back to Hell* (2008) documents the peace movement and the influence that it had on ending the civil war. In 2011, Gbowee was jointly awarded the Nobel Peace Prize along with Ellen Johnson Sirleaf and Tawakkol Karman. They were recognized "for their nonviolent struggle for the safety of women and for women's rights to full participation in peace-building work" (Nobelprize.org 2011). Gbowee is also the author of *Mighty Be Our Powers: How Sisterhood, Prayer and Sex Changed a Nation at War* (2011).

—Haley Cawthon

Nobelprize.org. 2011. "The Nobel Peace Prize for 2011." October 7. Retrieved from http://www.nobelprize.org/nobel_prizes/peace/laureates/2011/press.html.

number more than doubles to 19 percent, according to the United Nations (UNDP 2015).

Several barriers may contribute to impeded access to education and high attrition rates for female learners, including traditional initiation practices, child marriage, teen pregnancy, and a limited number of schools available to youth in certain areas. Sexual abuse by male teachers is also said to contribute to high attrition and extended absences of female students.

Bush schools prepare rural youth for traditional Liberian society. Located in the bush territories of Liberia, Sierra Leone, and Guinea, the schools are headed by spiritual leaders known as *zoes* and offer initiation into two secret societies, or schools: the Sande for girls and the Poro for boys. Educational foci include local history and genealogy, among other subjects. Additionally, the Sande prepares girls for marriage, home management, husband care, traditional elder greetings, and elder respect as well as religious teachings. Both female and male circumcision take place at bush schools, which grew even more controversial amid the Ebola outbreak. More on female genital mutilation and cutting can be found in the health section of this chapter.

Bush schools, which offer teachings varying in length from one month to one year, depending on location, are also controversial because they are said to impede girls' exposure, enrollment, and continuance of formal education. In fact, attendance at bush schools is correlated to increased dropout rates at formal educational institutions. Families are often pressured to enroll their children in bush schools in exchange for greater communal influence. Conversely, families who do not send their children to bush schools are often shunned. Enrollment at bush schools has no minimum age, though the average age is usually between 4 and 12 years, and many girls are often married upon graduation. Because some girls are sent to the bush as young as 2 or 3 years of age, Mama Tormah, the executive director for Culture and Female Affairs at the Ministry of Internal Affairs and the head of female zoes, argues that girls entering the bush should be at least 18–20 years of age—an age when she contends that girls can reason for themselves.

Girls: Educating Communities about Ebola

First reported in March 2014, the Ebola virus disease (EVD) ravaged through multiple countries and claimed thousands of lives in Liberia, Sierra Leone, and Guinea. Liberia was particularly hard hit, with the Centers for Disease Control and Prevention (CDC) reporting over 10,000 cases and nearly 5,000 deaths from EVD.

As of 2014, a group made up almost entirely of teenage girls was responsible for educating more than 4,000 citizens about EVD in Monrovia's impoverished West Point neighborhood. The teen group, originally organized by UNICEF in 2012, was formed prior to the Ebola outbreak as an outreach service to teach girls how to protect themselves from sexual violence. Two years later, the Ebola virus spread to Liberia. Some Liberians did not believe that the virus existed but feared that government corruption had led to the fabrication of the disease in an effort to gain international monetary support. Following some local protests at an Ebola center that resulted in the looting of medical supplies and increased exposure to the disease, the aforementioned teen group reorganized into Adolescents Leading an Intense Fight against Ebola (A-LIFE). With the closure of schools in the country's capital, the enthusiastic group, consisting of teens ranging in age from 16 to 19 years of age, educated citizens on the reality of the virus, including facts about symptoms and prevention. A-LIFE's methods for engagement included singing messages to

the masses, knocking on doors of private residences, and passing out pamphlets to community members. UNICEF has provided A-LIFE participants with protective gear and hand sanitizer. The group convened between two and seven times per week and was accompanied by a UNICEF staff member.

Health

Civil wars in 1989–1996 and 1999–2003 decimated Liberia's already tenuous health care system. The World Health Organization (WHO) reports that 242 of the 293 public health facilities were looted and destroyed in the fighting. The collapse and extirpation of infrastructure—also resulting from the wars—continues to impede access to health care facilities. Liberian women's access to health care varies dramatically by geographic region, as women living in urban areas have greater access to care than women living in rural locations. International and religious organizations supplement much of the country's health care services, though some clinics and hospitals require payment before service. Health care costs in cities are handled in multiple ways, ranging from free hospitals to those requiring nominal fees. The country's goals for achieving the status of a middle-income nation by 2030 require emphasis on increased positive social and health care outcomes. As such, the country is focusing on long-term goals, including recovery and reconstruction of health care centers as well as the provision of health services within five kilometers of a majority of the communities.

Goals also include an increase of human resources from 8,000 to 15,000 by 2021 (WHO 2014a). Obstacles to achievement include resource shortages of health care workers and financial backing. Liberia's Country Cooperation Strategy (CCS) 2013–2017 includes prioritizing the health of mothers and children. One approach for ensuring this success includes increasing community participation in health care interventions aimed at supporting child and maternal health through the ages. Further, the strategy seeks to work collaboratively with stakeholders in the “prevention and management of gender-based violence, sexual gender-based violence and promotion of women's health and development, and healthy ageing” (WHO 2014a).

Maternal Health and Infant Mortality

Lack of professional health care is a major concern in Liberia. Women who live in rural areas have to walk as many as

eight hours to reach a clinic. Liberia is noted as having the second-highest birth rate for girls aged 10–14 (UN Foundation 2015). Despite declining numbers, maternal mortality rates in the country rank among the highest in the world. Approximately four pregnant women or girls die a day, making the maternal mortality ratio 760 for 100,000 births (AllAfrica 2013). Liberia has successfully reduced its infant deaths by 5.4 percent annually, making it the most successful reduction in all of Africa. Infant deaths hover at 58 per 1,000 live births (UNICEF 2012). According to WHO, the neonatal mortality ratio is approximately 27 per 1,000 live births, and just over 46 percent of births are attended by a skilled health worker, though numbers vary between rural and urban locations (UNICEF 2014). In particular, high maternal mortality rates are linked to limited reproductive health services, poverty, and poor infrastructure resulting from the civil wars. Once a child is born, infectious diseases, poverty, and war radically inhibit life expectancy rates, which are reported as 63 years for women and 61 years for men as of 2013 (WHO 2015).

Female Genital Mutilation and Cutting

Female genital mutilation or cutting (FGM/FGC), or female circumcision, is the full or partial removal of or injury to female genitalia for nonmedical reasons. While the process originated to ensure the chastity and marriageability of girls, it has more recently corresponded to cultural or religious identity. However, according to the Office of Women's Health in the U.S. Department of Health and Human Services, FGM/FGC is not supported by any religious texts “and is condemned by many religious leaders. [Still, the] practice crosses religious barriers. Muslims, Christians, and Jews have been known to support FGC on their girls” (UNICEF 2012).

Female circumcision methods vary dramatically by region, as does medical involvement. For example, while FGC in Egypt is mostly conducted by medical personnel, in Liberia, the process is frequently performed by elder tribal women or priestesses who do not have medical training and do not provide anesthesia.

The process is referred to as “female circumcision” and “female genital mutilation.” The latter term has been used to draw attention to FGM as a human rights violation; yet, it has also been problematized for the judgment it conveys when addressing women who have endured circumcision. Similarly, campaigns headed by Western nongovernmental organizations (NGOs) have been criticized when the

NGOs send Westerners to non-Western countries for educating against female genital “mutilation.” This act creates a boundary between public health workers and the women they are trying to reach because the language insults the very bodies that workers are intending to involve in the campaign. There has been a shift to more sensitive language to engage and mobilize more diverse populations (i.e., both those who have and have not experienced cutting). Conversely, critics have noted that the term “circumcision” paints broad strokes of similarities between male and female circumcision that are erroneous and do not expose the detrimental physical and psychological impacts of the procedure on women and girls. The term “female genital cutting” has been widely used, as it does not conjure judgment, nor does it mislead. Some international groups have employed the term “female genital mutilation/cutting” (FGM/C) as a mindful compromise. Unfortunately, news agencies as well as major health, governmental, nongovernmental, and intergovernmental organizations continue to fall back on the term “female genital mutilation.”

UNICEF reports that 66 percent of girls ages 15–49 have undergone female circumcision in Liberia, categorizing the country as moderately high (2014). Furthermore, socioeconomic statuses play a role in FGM/FGC in Liberia: girls from the poorest households are twice as likely to undergo FGC as their wealthy counterparts (UNICEF 2015). Education is also an indicator of who undergoes female genital cutting; those more highly educated are less likely to experience cutting. Many female circumcisions in Liberia are performed in the Sande schools where girls are reportedly silenced about their experiences through tactics of intimidation and threats. More on Sande schools can be found in the section on education.

Some of the widespread structural problems with cutting include the lack of sterility found in physical environments where the procedure is performed as well as the often crude, unsterilized tools utilized for cutting. A pocket knife, shards of glass, scrap metal, and other found objects have been reported as tools for performing the operation worldwide. Immediate and long-term medical complications include death, infection, severe bleeding, complications in giving birth, perinatal death, infertility, increased risk of sexually transmitted infections and diseases, sexual health issues, trauma, and posttraumatic stress.

Worldwide campaigns to end FGC have shifted from educating about associated health risks, which has led to increased medicalization in some parts of the world, to making it a human rights violation. FGC “became classified

as a form of violence against women” in the 1993 Vienna World Conference on Human Rights, as it is argued that “FGM/C violates the right to health and bodily integrity” (UNICEF 2015).

HIV/AIDS

The first AIDS-related death in Liberia (1986) was that of a woman. The Liberian government acted quickly to prevent and control the spread of HIV/AIDS by establishing the National Aids and STI Control Programme. Though successful, the program’s progress was impeded by civil wars. Despite the prevalence of HIV/AIDS in sub-Saharan Africa, the western region of the continent experiences relatively low rates of the disease and is categorized as a “low-level generalized epidemic” by the World Health Organization (WHO 2014b).

Liberian women experience higher rates of HIV/AIDS diagnoses than men. Additionally, a greater discrepancy between diagnoses is found between urban and rural settings in Liberia, with the latter experiencing lower rates. For example, Monrovia, the capital of Liberia, sees rates between 2.5 percent and 3 percent, while rural reports hover at approximately 0.8 percent (UNDP 2012). WHO reports that the greatest comprehensive knowledge of HIV/AIDS is among single and never married young women and men. Despite such promise, women trail behind men, sometimes by 10 or more percentage points, in their comprehensive knowledge of HIV/AIDS. Additionally, females with multiple partners aged 15–24 are less likely to use condoms than their male counterparts, at 16.2 percent and 27.8 percent, respectively (UNDP 2013).

Physiologically speaking, women and girls are at greater risk for exposure to HIV/AIDS than men and boys. Another explanation for the prevalence of the disease in females is transactional sex in which transmission of the disease is between older men and younger women or girls. Economic devastation from civil wars positioned females in need of goods for survival for themselves and their families. Older men have more situated power and can dictate the terms of encounters, including a refusal to use condoms. Postwar transactional sex continues to be a prevalent dynamic due to women’s and girls’ lack of access to food, education, employment, and economic stability.

Despite the country’s immediate and progressive efforts to quell the disease, HIV/AIDS comes with a hefty stigma in Liberia, particularly for women and girls who are diagnosed. Following many years of civil war and unrest,

Liberia’s social service structures are weak, thus lending more power and influence to families and communities. While familial and community support can make rich contributions to the well-being of a society, the power contained in these entities, particularly when they operate from oppressive patriarchal perspectives, can yield harmful outcomes for women and girls. Many women resist telling their families when they are living with HIV/AIDS for fear of ostracization, retribution, and shaming. In doing so, numerous women are not able to receive proper medical treatment or to attend support groups for fear of being publicly identified as HIV/AIDS positive. Some women also experience increased domestic violence because their HIV/AIDS-positive status renders them less valuable. Alternatively, some women disclose their status and are ousted from their families and social networks. Their risks for job loss, unemployment, high-risk employment, and homelessness increase exponentially, which can consequently lead to increased risk of poverty, street violence, and exploitation.

Employment

Poverty is rife in Liberia. The World Bank estimates that, as of 2007, 64 percent of Liberians live below the poverty level (World Bank 2015), and many more live in deficit of their basic needs. Women in Liberia are responsible for a majority of the labor (54%); yet, 90 percent of their work is relegated to agriculture and informal sectors (“Empowering Women” 2015). Informal work can be defined as that which is not legally regulated or noncontractual and is frequently negligent of fair wages, humane work hours, and safe working conditions. Formally educated women from urban areas typically have access to more diverse job opportunities than their rural counterparts who lack a conventional education.

Many women engage in the informal sector due to their lack of education, a lack of opportunities, and proximity to home and kin as well as the dire need to support their families. Women who work in the informal sector frequently earn lower wages than their male counterparts and risk increased exploitation. Common jobs for women who are not conventionally educated include agricultural work, trading, fishing labor, and vending. Mining, an industry that earns more than the aforementioned professions, is predominantly occupied by men.

Women who are considered “educated” by Western standards (that is, they have completed compulsory and

higher education) have careers as doctors, government officials, corporate executives, administrators, educators, and advocates. The advances of women in Liberian society can be tied in part to the tireless efforts of President Ellen Johnson Sirleaf and several other women in governmental and nongovernmental areas of leadership. Yet, despite advances, patriarchal dominance continues to pervade many aspects of society, threatening women's advancement in the workplace and access to and progress in education and health care. Though many initiatives have been put into place to continue the promotion of women in multiple sectors of society, some are concerned that the 2017 elections could halt advances in gender parity, depending on the agenda of the incoming president.

Several factors in both distant and recent history have played roles in the economic disparity of Liberia. Some of these factors include patriarchal attitudes that have advanced the security of men over women and children, civil war, and political representation that has historically favored Americo-Liberians, the minority elite, over the security and advancement of indigenous groups. Moreover, the exodus of elite and educated members of society (known as "brain drain") during times of war further amplified the country's fiscal hardship. Liberia experienced one of the most severe economic downturns ever recorded when it lost 90 percent of its gross domestic product (GDP) between 1987 and 1995, a time period that overlaps with the country's first civil war, which waged between 1989 and 1996 (Boley 2011). The UNDP estimates that, as of 2014, more than 56 percent of Liberia's population lives below the poverty line. This number is likely to have increased as a result of the economic impact of the Ebola virus disease outbreak. In 2014, the per-capita annual income was USD\$700 (UNDP 2015).

Despite such calamities, peace has advanced economic security, and as of 2008, agriculture had rebounded to 61 percent of the GDP (Boley 2011). Despite such steady gains, it is important to note that the side effects of the Ebola virus disease have reportedly upset economic growth. At the time of this writing, assessments and evaluation are still being administered and determined.

The *Liberia: Country Strategy Paper 2013–2017* (CSP), as outlined by the African Development Bank Group, seeks to promote jobs in the energy and road development sectors to jump-start tributary markets such as agricultural production that will work to create gainful employment for women, aging people, and indigenous groups. Specifically,

CSP goals work to promote inclusion and green markets that will positively impact the climate.

Child Labor

While moderate advancements have been made as of 2013, child labor, particularly in mining, agricultural, and service industries, continues to be a problem in Liberia. The minimum legal age for work is 16 years for the agricultural sector and 18 years for the industrial sector. While it is legal for youth under age 16 to work, as long as it does not impede school attendance, there are no penalties for employers that violate the law. According to the U.S. Department of Labor, almost 17 percent of Liberian children aged 5–14 work (U.S. Department of Labor 2013).

While laws exist to prohibit child trafficking and sexual exploitation, threats to child safety still prevail, as many youth are trafficked between Liberia, Sierra Leone, Guinea, Nigeria, and Côte d'Ivoire. Work by trafficked youth often includes "domestic work, street vending, commercial sexual exploitation, farming, and begging" (U.S. Department of Labor 2013). In 2013, 34 youth were rescued from trafficking by the Liberian government, and at the time of this entry, only two suspected traffickers are pending trial.

Family Life

Marriage and Divorce

Despite recent political gains made by women, Liberia remains a patriarchal society. The dominance of patriarchy can be seen in varying degrees within both the family and society—particularly in legal and economic structures. Marriages are often arranged in Liberia, and the groom is expected to pay a bride-price to his future wife's family. While the legal ages for women and men to marry are 18 and 21, respectively, some girls are married as young as 12 because the bride-price benefits her family's financial security.

While Liberian law recognizes both (heterosexual, biological) parents as "joint natural guardians," in the case of parental separation, the father is awarded custody of any minor children unless he is unable to care for them or is deemed unfit by a court of law. In the event of death or absence of the father, the mother is entrusted with the custody of her children unless she is unable or deemed unfit.

Gay and Lesbian Rights

In 2011, controversy emerged around gay rights issues in Liberia. The country's constitution penalizes same-sex

encounters with up to one year in prison. However, anti-gay and antilebian sentiment increased when the United States sought to bolster Liberia's "protection of gay rights." Subsequent to this announcement, rumors had amassed that the United States would cease international aid to Liberia if the country did not change its constitution on same-sex marriage. This fueled antigay sentiment and increased the proposal of legislative bills that would create harsher laws, including 5- and 10-year sentences for engagement in sexual acts and gay marriage, respectively.

The incident sparked discourse on the influence and power of the United States and the West on Liberia. Such attempts to influence the country were rejected by many government officials and civilians alike. President Ellen Johnson Sirleaf summarized common oppositional response when she stated, "We've got certain traditional values in our society that we'd like to preserve" (NPR 2012).

Politics

Many laws have been put into place to advance the rights of women in Liberia. However, the lack of access to updated laws often impedes advancements and security for women and girls and thus maintains their status quo.

War

In December of 1989, Charles Taylor (1948–) led a rebellion to overthrow Liberia's authoritarian ruler, Samuel Doe (1951–1990). Doe was eventually publicly tortured and murdered by an offshoot of Taylor's rebel group. Taylor's actions led to civil wars in Liberia (1989–1996; 1999–2003) and his own presidency, which was allegedly won under severe voter intimidation. Many human rights violations persisted, and more than 15,000 child soldiers fought in the wars. Taylor's political interferences and employment of massive violence were not limited to Liberia.

Throughout history, sexual and gender-based violence (SGBV), such as rape and the murder of women and girls, have been employed as tools of aggression to situate oppositional power and devastate communities. Lingering effects of war include severe and continued damage of the country's economy, a loss of foreign investors, brain drain, community violence, violence against women and girls, and the degradation of social services, health care, and education. For women and girls in lands of conflict, war frequently does not end when the fighting ceases. In Liberia, rape continues to be one of the most reported crimes,

with a gross majority of its victims under the age of 18 (Boley 2013).

Ramifications from war have also correlated with other increases in instability for women and girls. Such disequilibrium can lead to exploitive labor, sex work, or child marriage in exchange for a bride-price to the family. Furthermore, with the death or disappearance of men in combat, widows may be faced with caring for their families alone; they may have fewer opportunities for earning a dependable income, and children may be more vulnerable when mothers leave the home for work or other parental duties. In short, while war devastates people, communities, and environments, women, girls, and children are especially vulnerable, and they tend to suffer consequences long beyond the conclusion of battle.

Just following the second civil war in Liberia, the UN Mission in Liberia (UNMIL) deployed peacekeepers and international police to assist in the postconflict peace process. At that time, the Disarmament, Demobilization, Rehabilitation and Reintegration Program (DDRR) was initiated. The DDRR is a measure employed in some postconflict territories as a means for securing peace, stability, and relief. The process demobilizes combatants and connects them with rehabilitation initiatives that include education and skills training for reintegration into society. The initiative also serves armed civilians in Liberia. "According to Amnesty International, 73 percent of women over 18 who registered for DDRR reported some kind of sexual abuse. During the year, NGOs working in IDP camps reported incidents of rape, including the rape of children" (U.S. Department of State 2005).

Women End the Civil War

Women are credited with ending Liberia's second civil war (1999–2003) via multiple organized efforts, such as the Women of Liberia Mass Action for Peace (WLMAP). The campaign was initiated by social worker Leymah Gbowee (1972–) and began as a group of Christian women praying for peace. Efforts soon expanded to collaborate with Muslim women per the advocacy of Asatu Bah Kenneth, an activist who served with the Liberia National Police for more than two decades. Clad in all white, WLMAP initially demonstrated for one week at a fish market in Monrovia during the spring of 2003. This was a strategic location within sight of then Liberian president Charles Taylor's residence. Starting out with a few hundred women, the WLMAP initiative amassed more than 2,500 by week's

end. Other efforts for obtaining peace included sit-ins, radio addresses, marches, vigils, singing, dancing, and a sex strike. Liberian women withheld intimacy believing that doing so would prompt men, the perpetrators of the violence, to pray for peace and an end to the war.

After many efforts, the WLMAP successfully commanded peace talks between Taylor and various opposing rebel groups. Talks took place in June of 2003 in Ghana, and while significant, they were not conclusive of peace, as war broke out in Monrovia. The efforts that followed included talks in Sierra Leone between WLMAP constituents and opposing rebel groups, Liberians United for Reconciliation and Democracy (LURD) and Movement for Democracy in Liberia (MODEL); peace talks in Ghana between opposing rebel factions; and Taylor's indictment of war crimes in Sierra Leone. Despite fleeing back to Liberia to avoid arrest, Taylor resigned within weeks, and by summer's end, international peacekeeping troops had entered Liberia. This was followed by a disarmament initiative in December of that year, in which former soldiers were offered cash for weapons.

First Female President

Democratic elections followed war, and in 2005, Liberia elected Africa's first female head of state, Ellen Johnson Sirleaf, an economist. Johnson Sirleaf earned her presidential position over a popular male soccer star. The election of a woman to office signified a notable shift in political power as Liberian citizens questioned the values and use of power by male politicians. Johnson Sirleaf, Leymah Gbowee, and Tawakkol Karman would be corecipients of the Nobel Peace Prize in 2011 "for their non-violent struggle for the safety of women and for women's rights to full participation in peace-building network" (NobelPrize.org 2011).

Some postconflict initiatives drawn up by Johnson Sirleaf's administration reveal the government's "commitment to achieving gender equality and women's rights as a means to maintaining peace, reducing poverty, enhancing justice, and promoting sustainable development" ("Empowering Women" 2015). The National Gender Policy works to promote gender equity by creating systemic supports that ensure equal access to both control and benefit from the country's resources. The National Action Plan on Implementation of UN Security Council Resolution 1325 "highlights the agency of women and mandates governments to ensure their inclusion in all processes affecting

their peace and security" (Government of Liberia 2013). The government of Liberia and the United Nations are working collaboratively through joint programs to ensure the advancement of six interventions: food security and nutrition, sexual gender-based violence, gender equality and women's economic empowerment, youth empowerment and employment, county support teams, and HIV/AIDS. The joint programs are said to honor the priorities outlined at the National [Liberian] Women's Conference held in Monrovia in May of 2008. These initiatives can be attributed to the legacy of Liberian women's work during wartime to ensure peace.

Regarding contemporary politics, Liberia is a unique country that has both advanced women's visibility and credibility in public service and maintained a strong hold on patriarchal values that threaten the progress of women serving in public office. Under the appointment of President Johnson Sirleaf, women have occupied significant seats as county superintendents, county capital mayors, and cabinet members. The advancement of women in elected positions has been slower. As of 2014, less than 13 percent of women made up the legislature. The next Liberian presidential election is in 2017. This will be a significant election with outcomes that can optimize, slow, or negate the work done to advance the rights of women and girls.

Religious and Cultural Roles

Religion

There are up to 28 ethnic groups in Liberia. As such, religious beliefs and practices are abundant and diverse. While there is no official religion in the country, Christianity is the most practiced and is commonly seen in societal proceedings, such as governmental events in the capital. Because Christianity was introduced by the Americo-Liberians, it has Protestant leanings. Several other denominations are practiced as well. Furthermore, many Christian practices are also combined with indigenous religions.

Culture

Artistically speaking, Liberia is known for its carved masks, dance performances, and storytelling. While the masks are traditionally carved by men, the Sande society is the only known female group to utilize masks during their performances. Furthermore, the Sande is a great patron of

the arts; hundreds of their masks are located in museum collections.

Regarding international influence on the arts, freed slaves who settled in Liberia brought with them many artistic and cultural traditions both specific to the Southern United States as well as traditions culled from slave culture. For example, the Southern craft of embroidery and quilting blended with that of indigenous African art in the Liberian region, making embroidery and quilting part of the new culture. Needle arts are highly popular in contemporary Liberia, and the country hosts many fairs to highlight such works. Similarly, slave hymns and indigenous African music have amalgamated, adding another element to the song and music traditions of the region.

Issues

Domestic Violence and Legal Rights

Effective legislation needs effective reporting mechanisms that will protect its victims. While more laws are being written to advance the safety and status of women, they are rarely enforced, and conviction rates remain low. Many women do not report such abuses as domestic violence and spousal rape for fear of retribution, shaming, and humiliation. Thus, many crimes remain unreported by women as a means of protection for themselves and their children.

There are two sects of law to consider regarding marital rape and female circumcision in Liberia. As of 2014, criminal law clearly forbids marital rape and female circumcision on children, while civil law ambiguously states that 'bodily harm' is unlawful (Kvinna till Kvinna Slakthusplan 2013). The latter leaves too much to interpretation in court systems that may favor men. A woman who chooses to prosecute her perpetrating husband may do so by way of criminal or civil law, but, realistically, her options may be limited. Women (and their children) who depend on their husbands for financial security may not want their husbands to go to jail due to the loss of income, and some women may not feel safe prosecuting their husbands under criminal law for fear of retribution. Further, pressure from local communities may inhibit such pursuits, leaving civil law as the only viable option for prosecution. Civil law is often the compromise when families must remain intact. In such cases, the court attempts to create solutions, but, again, solutions may vary greatly from case to case because of the ambiguousness of laws and the predominance of male judges who might hold implicit or explicit biases against women.

Ebola Virus Disease

In March of 2014, the Ebola virus was discovered in Guinea and quickly made its way to Liberia and Sierra Leone and to other countries, though to a lesser degree. The virus has had a profound impact by claiming the lives of over 11,000 women, children, and men. While Sierra Leone had the most reported cases of Ebola, Liberia experienced the highest number of deaths during the pandemic, partly due to having few medical resources and the difficulty of dispersing accurate information to citizens. In 2014, UNICEF reported that women comprised 75 percent of Ebola infections in West Africa (UNICEF 2014). Women and girls are disproportionately affected by the virus because of their prevalence in the nursing field as well as cultural expectations of care that predominately rely on women and girls. Women and girls in Liberia are often responsible for delivering babies, caring for ill family and community members, and preparing bodies for burials. Therefore, they are at increased risk for exposure to the deadly virus, which is spread through bodily fluids.

Other inadvertent effects of Ebola on women include turning away pregnant and nonpregnant women at health care facilities in an effort to prevent spread of the disease. Women have reportedly died from noncontroversial medical issues that would have otherwise been treated.

Two organizations that have been credited with addressing the roles of women and girls in the fight against Ebola include Let Girls Lead (LGL) and the Young Women's Christian Association (YWCA). Both organizations worked to provide personal protective equipment to volunteers while also dispersing information specifically to women and girls to raise community awareness and prevent spread of the disease. One of the goals of prevention included informing communities to turn care over to health care workers to diminish exposure.

The Ebola epidemic has thwarted recent gains in Liberia's postwar economic security. Development has slowed due to worker and familial illness, job loss, the implementation of curfews, and the quarantine of neighborhoods in an effort to contain the spread of the virus. GDP, employment, household incomes, food security, and health care productivity have decreased since the outbreak, while food prices, food scarcity, poverty, and job loss have increased. Additionally, foreign and domestic investors have withdrawn or delayed support, which has further interrupted small but important advances in the country's economy. Financial drought often affects peacekeeping efforts when

poverty increases and the security and safety of citizens diminish. In response to the Ebola crisis, the 2003 UN Mission in Liberia (UNMIL) that was established to assist with postwar security extended its initial troop drawdown date from 2014 until 2015.

As of 2017, transmission of the Ebola virus disease had been declared over by WHO, though the country is still under intensive surveillance.

STEPHANIE GLICK

Further Resources

- AllAfrica. 2013. "Liberia: High Maternal Mortality Reported." Retrieved from <http://allafrica.com/stories/201307191544.html>.
- Boley, Tecee. 2011. "Liberia: Very Rich, or Very Poor." *World Policy Journal* 28.2: 22–25.
- Boley, Tecee. 2013. "Rapists' Nation?: Rape Still Stalking Liberia's Kids: 1 in 10 Victims Age 5 and Under—New Narratives." *New Narratives: Africans Reporting Africa*, February 5. Retrieved from <http://www.newnarratives.org/stories/tecee-boley/rapists-nation-rape-still-stalking-liberias-kids-1-in-10-victims-age-5-and-under>.
- Centers for Disease Control and Prevention (CDC). 2015. "2014 Ebola Outbreak in West Africa—Case Counts: Ebola Hemorrhagic Fever." Retrieved from <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html>.
- Central Intelligence Agency (CIA). 2015. "Liberia." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/li.html>.
- "Empowering Women." 2015. Fact sheet. A joint program of the government of Liberia and the United Nations. Retrieved from <https://undg.org/wp-content/uploads/2014/07/Liberia-Empowering-Women.pdf>.
- Government of Liberia. 2013. "National Action Plan for the Implementation of United Nations 1325." Retrieved from http://peacewomen.org/sites/default/files/liberia_national_actionplanmarch2009.pdf.
- Kvinna till Kvinna Slakthusplan. 2013. "Final Rounds for Liberian Domestic Violence Law." Retrieved from <http://kvinnatillkvinna.se/en/2013/11/25/final-rounds-for-liberian-domestic-violence-law>.
- NobelPrize.org. 2011. "Ellen Johnson Sirleaf—Facts." Retrieved from http://www.nobelprize.org/nobel_prizes/peace/laureates/2011/johnson_sirleaf-facts.html.
- NPR (National Public Radio). 2012. "Liberian LGBT Rights under Spotlight." *Tell Me More*, NPR.org. Retrieved from <http://www.npr.org/2012/04/09/150286293/liberian-lgbt-rights-under-spotlight>.
- Reticker, Gini. 2009. *Pray the Devil Back to Hell*. Documentary. Wide Angle Thirteen/WNET New York and Fork Films.
- UNDP (UN Development Programme). 2012. "Millennium Development Goal 6." Retrieved from <http://www.lr.undp.org/content/liberia/en/home/mdgoverview/overview/mdg6.html>.

- UNDP (UN Development Programme). 2015. "About Liberia." Retrieved from <http://www.lr.undp.org/content/liberia/en/home/countryinfo>.
- UN Foundation. 2015. "Liberia—Girl Up." Retrieved from <https://girlup.org/impact/focus-countries/liberia>.
- UNICEF. 2002. "Committee on the Rights of the Child." Convention on the Rights of the Child. United Nations. Retrieved from http://www.law.yale.edu/rcw/rcw/jurisdictions/afw/liberia/Lib_CRC.htm.
- UNICEF. 2012. "Committing to Child Survival: A Promise Renewed." Retrieved from http://www.unicef.org/liberia/Liberia-APRLaunchDocument2013_for_web.pdf.
- UNICEF. 2014. "Ebola Outbreak Response in West Africa." Retrieved from http://www.unicef.org/appeals/files/20140915_HAC_Ebola_Response.pdf.
- UNICEF. 2015. "Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change." Retrieved from http://www.childinfo.org/files/FGCM_Lo_res.pdf.
- U.S. Department of Labor. 2013. "Findings on the Worst Forms of Child Labor—Liberia." Retrieved from http://www.dol.gov/ilab/reports/child-labor/liberia.htm#ENREF_1.
- U.S. Department of State. 2005. "Liberia." February 28. Retrieved from <http://www.state.gov/j/drl/rls/hrrpt/2004/41611.htm>.
- WHO (World Health Organization). 2014a. "Country Cooperation Strategy at a Glance: Liberia." Retrieved from http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_lbr_en.pdf.
- WHO (World Health Organization). 2014b. "Liberia: Analytical Summary." Retrieved from http://www.who.int/profiles_information/index.php/Liberia:Analytical_summary_-_HIV/AIDS.
- WHO (World Health Organization). 2015. "Liberia." Retrieved from <http://www.who.int/countries/lbr/en>.
- Womenshealth.gov. 2012. "Female Genital Cutting Fact Sheet." Retrieved from <https://www.womenshealth.gov/publications/our-publications/fact-sheet/female-genital-cutting.html#e>.
- World Bank. 2015. "Liberia Data." Retrieved from <http://data.worldbank.org/country/liberia>.
- World Directory of Minorities and Indigenous Peoples. 2015. "Minority Rights Group International: Liberia Overview." Retrieved from <http://www.minorityrights.org/5235/liberia/liberia-overview.html>.

Libya

Overview of Country

Libya is a country in the North Africa Maghreb that has borders with Algeria and Tunisia to the west; Sudan, Chad, and Niger to the south; Egypt to the east; and the

Mediterranean Sea to the north. With a relatively small population of 6 million people inhabiting the fourth-largest country in Africa, Libya's large petroleum reserves allowed this former Italian colony to quickly transform an underdeveloped society to reach a midlevel position in the UN Development Programme's Human Development Index (HDI). Its current position is 55th with an HDI of 0.784. It is also 55th in the more specific Gender Inequality Index (GII), which scores it at 0.215.

Despite these significant gains in legislative, health care, and educational equality, achieved under the quirky rule of Colonel Muammar Qaddafi (1942–2011), who took initial power in 1969 and consolidated his revolutionary program in the 1970s, women continue to experience serious challenges and inequalities in the workplace and society because of persisting patriarchal norms.

Seventy-eight percent of Libya's population live in major towns and cities (World Bank 2015). The two key cities are Tripoli, the capital, in the west and Benghazi in the east. A range of demographic, economic, and political pressures led to a revolution and the downfall of Qaddafi in 2011. Despite efforts at a transitional government in 2012, the country descended into civil war in 2014, with two governments claiming sovereignty.

Girls and Teens

Literacy

The literacy rate for girls was 99.9 percent on average in 2011 (UNESCO 2013). Libya has been a young country. In 1996, half of the population was under 15 years of age. In 2012, adolescents aged 10–19 accounted for 17.9 percent of the population (UNICEF 2017).

Extracurricular and Family Roles

Traditionally, girls have had few extracurricular opportunities. Young girls cared for the infants in their mothers' houses and prepared themselves for marriage. In the remote Arabized Berber village of Augila, an ethnologist's report in 1975 noted that teenage girls "may leisurely stroll beyond the confines of the village to gather bundles of twigs[,] . . . but as soon as an adult male comes upon the scene they cease their singing and pranking and quicken their pace" (Mason 1975, 651). This paints a relatively common picture of life in traditional rural society, though urban and upper-class girls would have had different experiences.

After reforms by the Qaddafi regime in 1984, school-girls were forced to participate in military training sessions, leading many Libyan families to refuse to send their daughters to school. Qaddafi placed a great deal of focus on young people, seeking to shape their opinions to circumvent opposition from the established Libyan political and cultural mores. There are anecdotes of young school-girls who were noticed by the colonel and "encouraged" to become volunteers in his revolutionary committees and guards. After the 2011 civil war, allegations emerged of sexual abuse and brainwashing of such volunteers.

In modern Libyan society, girls' activities are generally restricted to relations with those of their own gender, though some of the urban higher class enjoys Western habits, such as café culture. Teenage pregnancy is very low by African standards. In the maelstrom of the postrevolution civil war, sexual relations have emerged as a key dividing fault line. For instance, Grand Mufti Sadiq Al-Gheriani called for the segregation of the sexes in schools in 2013.

Sports and Recreation

Women are generally discouraged from taking part in sports, though there are a few sports clubs for women in central Tripoli.

Education

In traditional Tuareg societies, women had a grasp of the Tiffinagh Berber script. However, the rest of the Libyan female populace was generally discouraged from pursuing an education. This situation persisted during the Italian colonization period (1911–1952) and to some extent during the Senussi kingdom (1953–1969). Education became compulsory in the 1970s. Current enrollment numbers are difficult to find because of the recent turmoil in the country. Fewer children attend due to the violence and the unstable infrastructure.

Primary Education

The Qaddafi reforms incurred undeniable improvements for girls' primary education. UNESCO statistics for 1990 found that, uniquely among Muslim countries, enrollment figures in primary education were near equal for boys and girls. Ninety-one percent of girls were enrolled for primary school in 2006. In contemporary Libya, preschool entrance begins at age 4 with graduation at the end of two years. Children are enrolled in primary school from ages 6–11.

Secondary Education

In 1975, Libya's women were first in the North Africa region to attend school. Between 2006 and 2012, the United Nations calculated that slightly more girls than boys were enrolled in primary and secondary schools. Secondary school lasts from ages 12–17. Despite the Qaddafi revolutionary rhetoric, the new regime was contradictory, instituting censorship of books deemed contrary to Islam and introducing compulsory Koranic instruction at school. Nevertheless, the UN's *Human Development Report 2000* noted that female secondary school participation was quasi equal to that of males, unlike other Middle East and North African countries. Girls report feeling under greater pressure to veil in the postrevolution period, according to women's rights activist Aicha Almagrabi. The ever-vocal grand mufti of Tripoli, Al-Ghariani, encouraged the veiling of women teachers if boys in their classes had reached puberty.

Postsecondary Education

In 1958, Fawzia Gharur was the first woman to graduate from university. One report found that there has been a great increase in women enrolled in higher education, from 87,752 in 2004–2005 to 101,537 in 2007–2008. In contrast, there was a drop in enrolled men, from 62,419 in 2004–2005 to 59,179 in 2007–2008 (Pargeter 2010, 16). Children born to a Libyan mother but a foreign father were not eligible to benefit from the right to free education at the tertiary level, though this law was revised in 2010 to allow for some exceptions. Libya is nevertheless noteworthy for having successfully instituted subsidized tertiary education for its citizens.

Training and Continuing Education

A unique feature of Libyan women's education was the Women's Military Academy. Founded in 1978, it had trained more than 7,000 women by 1986 in how to “fire Russian-made surface-to-air missiles [and] dismantle and reassemble Kalashnikov rifles” (Miller 1986). In the postrevolution environment, a reluctance to train women police officers has emerged, partly because of suspicions that Qaddafi used his “guards” for sexual favors.

Health

Access to Health Care

In the aftermath of the Arab Spring and civil warfare, Libya was judged by the World Health Organization (WHO) to

have “extremely bad water and sanitation . . . in the main cities” (WHO 2015, 12). Furthermore, WHO also judged the crisis to have led to the destruction of public health care facilities, overburdened hospitals, few functioning health care personnel, and supplies running out for communicable diseases and regular issues such as diabetes (WHO 2015).

Female Circumcision

Female genital cutting (FGC), sometimes referred to as female genital mutilation (FGM), is rarely practiced in Libya, with limited cases reported among Bedouin or migrant sub-Saharan African communities. There is no law prohibiting it, probably in reflection of its rarity. Libya was nevertheless one of only three African countries to ratify the Maputo Protocol of the African Union (AU) in 2003, which proposes sanctions to discourage FGM.

Contraception and Fertility

Some form of contraception was used by 41.9 percent of women in 2007, a slight reduction from 45.2 percent in 1995 (World Bank 2016). Abortion is taboo and illegal unless the pregnancy threatens the mother's life (Pargeter 2012, 23). The penal code continues to criminalize those undertaking an abortion, with a six-month sentence as a minimum. The sentence is reduced if the abortion occurred to “preserve the honor” of a man.

Maternal Health

Nearly 100 percent of women receive delivery care with a skilled attendant. In 2013, the maternal mortality ratio was 15 per 100,000 live births, a steady increase in outcome (WHO 2015).

Diseases and Disorders

HIV/AIDS rates were unavailable in the latest WHO and UN statistics, although the “Bulgarian Nurses Affair,” during which several medics were charged with intentionally infecting hundreds of children with AIDS, raised the profile of the disease in Libya. A 2012 study by the Liverpool School of Tropical Medicine found 87 percent of drug users, 15.7 percent of female sex workers, and 3.5 percent of males in same-sex relations have contracted HIV (UNODC 2012). In 2003, Qaddafi

made worldwide headlines for claiming that HIV/AIDS could not be transmitted by heterosexual activity. Libya nevertheless made good progress against nonsexually transmitted diseases. Most children receive full immunizations; measles vaccinations reached 98 percent in 2007 (WHO 2015).

Employment

Typical Jobs and Careers

A *London Times* article from the mid-19th century outlined some of the work its correspondent witnessed being done by women in Ghadames, the northwestern Libyan oasis town, and Tripoli. In the Ghadames watering holes, “women and female slaves . . . fetch water night and morning. . . . There are no native manufactures in this city, unless the women’s weaving woolen baracans and burnouses, and jubbahs, be designated native” (*London Times* 1845). A later account from the 1950s relates how the servants typically lived on the ground floor, the women on the top floor, and the men in between. Slaves were often European or West African women, captured by Barbary corsairs or traded from the south.

Such household slaves, and women in general, used their time in the household to craft the abayas and burnouses that were sold in the Western regions of the country, while the rarer kilim and marqum rugs, a specialty of Misrata, were renowned and sold all over the Middle East. After colonization, some Italians were left behind, including one farm owner who employed Arab and Fezzanese women to work on his farm. In urban life, domesticity was not exclusive to Islamic communities. Among the Jewish community in Tripoli, leaving your wife at home was a sign of commercial success, though some of the less well-off merchants were forced to travel frequently to secure their goods, leaving their wives with the job of peddling the existing stock on the street and in households.

Seven years after independence from Italy, in 1952, there were still no women in government or public office, no female doctors, and only a few female teachers, though the independent country had instituted a system of teacher training. The Qaddafi reforms did have a clear impact in opening some avenues of work to women. A few women even became airline pilots, and a few were included in the diplomatic delegation.

The Qaddafi regime nevertheless introduced quirky curbs on women’s roles, for instance, by closing down

hair salons in the early years. Today, despite the upheaval in the country, women make up 35 percent of the labor force, which is comparable to other midlevel nations in the region (World Bank 2015). Women do not work in some occupations, such as taxi driving, construction work, or as mechanics. On the other hand, food and decoration are largely a female preserve. Elderly urban women and rural women sell their intricate food covers for the popular *bazin* dish. A great deal of women’s working time also remains in the domestic sphere, preparing food and taking care of children.

By 2013, many more women were practicing law. Yet, it is interesting to note that a division of labor seems to have emerged among the lawyers; women are more likely to work on family cases, while men work the criminal cases. The institution of “people’s” lawyers was a Qaddafi project that has led to an interesting debate within the Libyan legal profession. One account quotes a female Libyan judge as defending the institution, despite its connotations with the Qaddafi regime, because it protects women and the poor through legal aid. The same account described the family court, presided by a female judge and with the overwhelming majority of lawyers and litigants being women, as a female space.

Discrimination and Income Disparity

The Qaddafi revolution did bring in new legislation that sought to ensure equal pay for women. A survey done in 2002 nevertheless found that “about two-thirds of the wage differential between [Libyan] men and women is due to discrimination. . . . This level is too high and implies that the existence of legislation is not enough” (Arabsheibani and Manfor 2002, 1016).

Labor Regulations and Working Conditions

The Qaddafi era saw the institution of the right to maternity leave. Qaddafi also signed Libya up to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1989. However, the regime maintained reservations about Articles 2 and 16, which pertain to inheritance, marriage, and divorce. There is generally a lack of day care and maternal responsibility infrastructure in Libyan workplaces. However, women are exempted from night shifts and heavy physical work. Libya is a signatory to various International Labor Organization (ILO) agreements protecting women.

Family Life

Marriage

In traditional rural society, such as in Augila, a married couple had little choice of a spouse beyond approving or refusing. The mothers had the key role in matchmaking. During the wedding ritual itself, the two sexes were kept separate for two separate preparations. The wedding included events that demonstrated the women's particular sexual role, including the groom testing and taking the bride's virginity, a morning tea party where the groom was alone amid all the women, and men and women dancing in each other's fashion as a mockery of one another's roles.

Urban traditional society also offered little freedom of choice for women. Among the Jewish community in Tripoli, there was a regular feature where, on the last day of Passover, the girls dressed up and waited for young men who would then indicate to their parents who they wanted to marry. Parents then negotiated a marriage, with the older generation knowing more about the proposed partners than the brides and grooms themselves.

Currently, the age of marital consent is 20 for both sexes. Child marriages are now rare in Libya, though the law is reportedly widely flouted in rural areas, thanks to fake birth certificates. Law 10/1984 states that a husband has the right to his wife's "concern with his comfort and his psychological and sensory repose" (Cotto, Carlisle, and Ibrahim 2013, 108). Article 18 of Law 10/1984 states that the wife is responsible for the "supervision of the conjugal house and organization and maintenance of its affairs." The wife was entitled by Article 17 of Law 10/1984 to financial support from her husband, control over her own wealth and the right to be free from mental or physical violence.

Court permission is required for anyone wishing to marry before the legal age, and a guardian (such as a parent) can neither force a young person to marry a particular person nor stop them from marrying someone of their own choice. Though care is taken by family courts to make sure that the young persons are freely choosing to marry, economic vulnerability, including refugee status, contributes to assents for the good of an individual or larger family.

The president of the National Liberation Council (NTC) indicated a reinstating of polygamy in his first speech after the downfall of Qaddafi. Nevertheless, women's activists drafted demands for amendments to the draft postrevolution constitution in 2015 that included specific injunctions against forced and early marriage.

Household Roles and Responsibilities

In a village community like Augila, the traditional order emphasized that each woman and girl had a specific role within the domestic sphere. Women largely stayed in the household, with some of them picking vegetables in the communally held gardens. Young girls took care of infants, and teenagers went out for firewood. Modern, especially urban, Libyan women may have gained employment and education opportunities, but the domestic roles are still performed by women. Cleaning, cooking, and child-rearing are all shunned by Libyan men in general.

Divorce

Traditionally, men were generally favored in cases of marital breakdown, as shown in the case of one male who went through five marriages with no children simply to disprove suspicions that he was infertile. The grounds for separation were adultery, false virginity, and, more commonly, infertility.

In his first decade in power, Qaddafi's government passed Law 172/1972 on "protecting some rights of women in marriage, divorce for prejudice and consensual divorce," which was judged to be a case of an increasing trend toward implementing sharia into Libyan law and the beginning of the end of the separation between sharia common law and less religiously influenced personal status law. The law did provide new protections, such as requiring women and men to reach maturity, at 16 and 18 years of age, respectively, before being able to marry. Yet, the law did not fully remove polygamy: it placed limits on foreigners marrying second wives if their first was foreign. Qaddafi spoke out vociferously against polygamy, even though it was not a common practice.

A further law on marriage and divorce in 1984 placed a strict requirement of judicial approval for any polygamous marriage. Article 36 of Law 10/1984 made provision for the wife to object to her husband's attempt at divorce. The court can appoint arbiters, ideally two men "of upright character" from each side of the married families. They would have one month to reconcile the couple, and this failing, the judge rules on whether the divorce proceedings should go ahead. Law 10/1984 also made legal provision for housing for divorced women.

There are three means for getting a divorce. The first is repudiation by the husband, which will require him to pay his wife's unpaid dower (*mahr*). A second route is negotiation, or *khul'*, whereby the two parties agree on a

financial arrangement. Finally, there is the possibility of a judicial divorce, which can only occur if one of the couple claims to have been harmed by the spouse. A wife can also ask for this divorce if the husband fails to financially maintain her, is absent from the household, is sick, or is impotent. In this case, the responsible party for the divorce bears the financial consequences. Other laws in 1991 and 1994 placed further controls on consent from the initial spouse. In 1998, Qaddafi's moves toward greater regulation of polygamy faced opposition when the General People's Congress passed a law removing the consent from the first wife. However, this was soon struck down by Qaddafi.

The judge in the family also hears issues pertaining to child custody and financial maintenance. One account found Libyan family court judges to agree that postmarital child maintenance was the biggest cause of problems in sharia courts. If the father is a state employee, the child maintenance can be directly deducted from his pay. The average awards hover around 100 to 150 Libyan dinars a month per child. Legally, women are also entitled to housing in which to raise their children, which should be provided or rented by the husband.

In practice, many women are bullied or threatened into reaching compromises. Another caveat was the restriction placed on a woman if she remarried, which could lead to her losing custody over children from her first marriage. Other accounts are less sympathetic of Qaddafi's changes for women's rights, noting that after his 1969 coup, women no longer had the right to initiate the divorce.

Inheritance

Traditionally, the Sunni law of a woman receiving one-half of the brother's share was followed in theory. In practice, women rarely inherited any of the landed property. This Sunni tradition was formalized in Libyan common law and personal statute that drew its source from Islamic law. With respect to the inheritance of national citizenship, women cannot transfer citizenship to their offspring, although Law 20/2010 granted specific circumstances for the transferring of citizenship by women.

Gender Roles and Family Structure

The importance of Libya's tribal demographics cannot be understated. Women have less status than men in the tribal hierarchies. It should be noted that women are excluded from paying into the tribal fund that is kept for

emergencies, though they are eligible to benefit from it. In his *Green Book*, Qaddafi expressed attitudes favorable to gender equality, though he also outlined biological differences between the sexes. Thus, he believed that although men and women were fundamentally equal in terms of rights, there is no absolute equality between them in regard to duties. The early attempts by Qaddafi to institute revolutionary change among women were admitted even by his admirers to have encouraged only slow change as a result of the resilience of the traditional family and tribal structure.

Thus, Libyan society in the early Qaddafi period remained marked by a triadic of urban, rural, and nomadic women. Traditionally, urban women had depended on Islamic laws and family-arranged marriages for their welfare and progress. Rural women had an increased degree of choice in courting their partners and were more involved in household and agricultural work. Nomadic women were the most independent, spending much of their time outside of the domestic sphere. Tuareg women are generally far more powerful than the norm as a result of matrilineally passed kinship ties. Instead of authority passing down from a chief's father to his son, in Tuareg society, the eldest son of the chief's eldest sister is the heir. This obviously demonstrates the limits to women's authority even though it can be perceived as a powerful role. The independence of the Tuareg women was documented by Ibn Battuta in his 19th-century travel accounts.

The Qaddafi reforms essentially had the impact of improving urban women's lot by introducing educational and employment opportunities as well as some degree of legislative protection while largely passing over the rural and nomadic women. Indeed, the increase in rural-urban migration had led to greater numbers of rural women becoming suburban wage laborers, while the government's sedentarization programs had forced nomadic women to lose their previously autonomous positions. A new pressure on the family structure has been the proliferation of new media, such as satellite television and radio. Libya's post-Qaddafi political debates have suggested a repealing of adherence to CEDAW because it is undermining the family structure.

Sexuality and LGBT

Libya's Penal Code states that young women who contravene "moral codes" or who were "prone to engage in immoral conduct" could be detained indefinitely in

centers for social rehabilitation. Article 375 of the code counted extramarital sexual relations as a mitigating circumstance if a man was found to have killed one of his relations or his spouse. In 2006, a Human Rights Watch (HRW) report denounced these centers, claiming that women and girls were being subjected to virginity tests. The report also found that Libyan justice was defining rape as an assault on the honor of a woman, rather than a criminal act against the person.

LGBT communities have no rights in Libya and are actively discriminated against by both the government and social mores. The penal code made any sexual activity deviating from the Islamic norm, such as male-on-male sexual acts or gender transformations, illegal and punishable by a maximum of the death penalty. In 1994, Qaddafi passed sexual purification laws that included the punishment of flogging for adultery and death for homosexuality. In 2012, a delegate of the postrevolution National Transitional Congress made comments condemning homosexuals as a threat to the human race at the United Nations.

Politics

Rights and Political Struggle

Well before the Qaddafi period, various Libyan women had struggled to establish basic rights, such as women's education and suffrage. The first generation, led by such women as Hamida al-Inizi, Salha al Madnai, Khadija Abdulqadir, and Khadija al Jahmi, fought for the education of women while under the shadow of the Italian colonial state. The 1969 coup by Qaddafi introduced a degree of uncertainty with respect to gender equality. A constitutional proclamation and the *Great Green Charter* declared men and women to be equal, but the informal *Green Book* sought to mix in Islamic notions that the genders could not be completely equal. Qaddafi signed Libya on to the African Charter on Human and Peoples' Rights, which requires its parties to fully include women in political realms.

Many women took an active part in the 2011 protests by filming atrocities while taking care of the children and wounded and cooking for the young fighting men. The postrevolution Law 71/2012 placed a punishment of the death penalty on anyone creating or participating in an unauthorized political party or association. Despite such setbacks, Libyan women have keenly exercised their newfound right to vote. "Six hundred and forty-seven brave women registered as candidates, more than 687,000 voted, and thousands of women participated as campaign

volunteers, polling station workers, and domestic election observers," and 33 women were elected (Doherty 2013).

Part of the electoral law allowed for 32 seats to be reserved for women, though this was out of 200 in the postrevolution General National Congress (GNC). Despite these limits, women's groups lobbied the GNC to include women in a general commission tasked with constitutional, legal, and political reforms. Despite heavy lobbying, only 6 seats were allocated to women. Some groups are calling for sharia law, which would roll back many of the gains of the past century. The GNC adopted a constitution in September 2014 that established basic human rights. However, it dropped references to sexual discrimination in Article 6 in its final form.

Armed Forces

Despite stiff opposition, Qaddafi allowed women to take part in the army on an equal basis and called for "Arab women to participate in life and politics, in war and peace" (Sammut 1994, 200).

Land and Property Rights

The Qaddafi government introduced Law 4/1978, which allowed tenants to claim property for themselves through a process of land and property reallocation. Article 1 of the law stated that every citizen had the right to own a house or land. Article 2 forced anyone with multiple houses or plots of land to choose what land to retain, while Article 3 transferred all excess properties, except those used for business purposes, to the state. Article 7 set the parameters for redistribution while retaining the right of the state to keep land in the public interest.

Though the law did allow for compensation of expropriated landowners, most did not receive any. One account discusses a case where a property owner lost the upstairs flat in her house to the tenant as a result of the law. When the owner asked the tenant to leave, the latter refused, safe in the knowledge that her proregime stance protected her. The UN High Commissioner for Refugees has estimated that three-quarters of Tripoli's people may be living in expropriated property. A women's association of property claimants was established postrevolution in Tripoli. Women also participate in the largest association aimed at regaining property expropriated by the Qaddafi regime, the Association of the Owners Harmed by the Ruling of the Tyrant.

Judicial System and Personal Status

The first woman judge was selected in 1991. By 2010, there were around 50 women judges, though none were included in the Supreme Court. The justice system is strongly rooted in Islamic law. Law 10/1984, for instance, was judged to have been largely derived from the Maliki school of thought. Law 87/1973 merged Libyan civil and sharia courts, with the latter retaining control over the personal status cases. It is noteworthy that in contrast to sharia courts in other Middle Eastern countries, Libyan courts are presided over by graduates of law rather than Islamic experts (ulama), thus allowing for female judges.

The scope of justice is governed by the legislature and the Supreme Court, which has the power to declare laws unconstitutional. This power was used in 2013, when the court undertook a review and struck down Article 13 of Marriage Law 10/1984, which had required the first wife's consent for any further marriages leading to polygamy. This demonstrated how the few progressive gains for women in the Qaddafi period are open to being reduced by a new government with interpretations rooted in Islamic law. The same can be seen in regard to consistent criticism of the legal aid provided to family courts, which mostly supports women and children as well as ultimately providing employment for the female majority of family court lawyers. Because of the neoliberal approaches of the international institutions involved in Libya's reconstruction, in conjunction with the conservative Islamic interests and expedited by its association with the Qaddafi regime, the legal aid is under pressure.

Participation in Government

At the heart of Qaddafi's early reforms was the Basic People's Congresses, which coalesced into Municipality People's Congresses. Qaddafi spoke in 1976 at Tawergha, a Berber city that became a ghost town after 2011, arguing that excluding women from membership of the basic congresses would not be acceptable, though he sought to placate traditionalists by allowing the separation of the sexes at the meeting halls. Yet, even by 1986, participation of women in the Basic People's Congress was very low. No woman was in a position of authority in government. Although initially hostile to the tribes, the Qaddafi regime warmed up to the tribal leaders in the 1990s to gain legitimacy during a period of instability. He sought to instrumentalize tribal ties for political gain by instituting the "popular social leadership." Women were excluded from

the leadership, though they did participate in campaigning, and women activists were part of the organization at the city level. Women working in these spaces still do the bulk of the reproductive labor in the home, especially for children.

In 1997, the Charter of Rights and Duties guaranteed women the right to participate in the national political institutions. By the 2000s, women had gained leading governmental posts, such as minister of education, deputy speaker of parliament, and ambassador. Women also played key managerial roles in skills and rural development programs, thus allowing them to feed into decisions. However, only four women reached ministerial posts during the entirety of Qaddafi's reign. At the 2009 elections, 30 women were elected to the General People's Congress, out of 468 representatives (Doherty 2012). It is worth noting that some of the women who rose in the regime's ranks were not particularly progressive figures; for instance, Huda Ben Amr, the mayor of Benghazi, allowed severe repression of the early protests in 2011.

After the fall of Qaddafi, the Libyan National Transition Council included only one woman: Salwa Al-Dighaily, a constitutional law professor from Benghazi. Al-Dighaily would later resign in protest at the cosmetic addition of women to the council. The postuprising elections in 2012 saw 640 women running for office, with 33 being elected (16%), yet only 2 of these became cabinet ministers (Doherty 2012). In January 2015, a coalition of women's activists met and put together demands for amendments to the proposed constitution that would establish statutory obligations for women's representation in government, administration, and legislation not lower than 45 percent of all positions. At least one-third of the seats on the Higher Judicial Council would be filled by women. During the inauguration ceremony of the interim government in August 2012, a woman presenting at the ceremony, Sarah al Mesallati, was heckled by a male member for not covering her head.

Feminism, Women's Associations, NGOs, and Nonprofits

Women were given the vote in April 1964. In 1965, the Libyan Women's Union was formed, and it published the magazine *Al Mar'ah* ("The Woman"). The Women's General Union was founded in 1970, and this became the Jamahiriya Women's Federation in 1977. In 1975, the Union of Libyan Women was formed. There is also the General Union of Women's Associations that acts as

an umbrella for women's interest groups. In the Qaddafi period, women's civil society organizations were banned, with the exception of sanctioned bodies such as the Aisha Qaddafi Foundation. Official groups could have ambassadorial duties and were therefore closely monitored. In January 1978, for instance, the Jumhuriya Women's Federation received a delegation of American women in Tripoli.

Women took up a place at the front of the struggle to rid the country of Qaddafi. During the 2011 Libyan Spring, women were active in revolutionary acts, such as instigating an assassination plot against Qaddafi's son Saif al Islam, which led to their torture. Other women participated by acting as weapons smugglers and makers, such as Inas Fathy, or as radio hosts critical of the regime, such as Fatima Ghandour. The revolt itself was first sparked when women took to the streets of Benghazi to protest the arrest of the lawyer who represented political prisoners massacred at the notorious Abu Salim prison. The Karama organization called for the post-Qaddafi Libya to respond to women's demands to eradicate the abuses and discrimination of the previous regime.

The Libyan Women's Platform for Peace gained prominence as Libya descended into civil war, making demands for greater women's representation. Another women's organization that emerged after the revolution was named Woman Scream, which sought to protect women from harassment and attacks, both domestically and in public. The Voice of Libyan Women and the Libyan Rights Organization both undertook protests against the low number of 32 seats reserved for women in the National Congress elections of 2012. In January 2013, the Voice of Libyan Women hosted a conference in Tripoli for women's rights activists and encouraged a compromised figure of 35 percent of women as members of the Constituent Assembly. Activist Salwa Bugaighis was shot dead in Benghazi in June 2014.

Religious and Cultural Roles

Religion

Islamic practice is diverse, with most Libyan Berbers being reported to practice the Ibadi form of Kharijite Islam, though other Berbers had adopted the majority Maliki Sunni orthodoxy. Among some traditional Islamic practices, when a girl reaches puberty, she is considered impure and is not allowed to participate in public religious activity. Interestingly, public displays and congregations of religious expression thus remained largely a male preserve in the past. The attendance of women in

mosques is a relatively new phenomenon in Tripolitanian and Libyan society.

Women's Cultural Roles

Jewish Libyan women participated in the educational and religious functions of the Alliance Israélite Universelle. By the early 20th century, Jewish women were receiving an increasingly modern, and Zionist-oriented, education. By the 1940s, Jewish Libyan women were benefiting from teacher training as Zionist Libyans advocated notions of a "new Jewish woman." Other Jewish Libyan women, however, were educated in the Italian schools, leading to their confronting their religious identity and sometimes even marrying non-Jewish men. Yet, there were episodes of Jewish-Muslim cooperation; for instance, Jewish women in Tripoli in the mid-19th century brought the *tfina* bread to be warmed in the ovens of Muslim houses for fear of accidentally putting out the eternal fires during the Sabbath. Italian women had an important role in the settler colonization of Libya, being represented in Italian discourse as a new woman facing the challenges of modernity. Tuareg women were described in the 1950s as gathering for women-only fetes in the evening, where they shared stories about their lovers.

In 1952, a Turkish correspondent for *Cumhuriyet* noted the influence of Egyptian culture on the newly independent country and decried the segregationist conditions of women. Women began to have an increasing role in the postindependence period. In the 1970s, the editor of the popular daily *Majalat al Bayt* was a woman. Women in Tripoli have participated in a growing number of artistic and literary movements, and some have excelled in broadcasting, theater, and journalism, though the majority of public figures remained male. Cultural activities such as poetry and the media were crucial among the first and second generations of Libyan feminists that secured basic rights for women. The Internet has been widely absorbed, though Libyan often ranks among the lowest in user penetration for social media, according to the *Arab Social Media Report*.

Issues

Violence, Assault, and Human Rights

Sexual violence in conflict occurred well prior to the current decade. During World War II, Italian settler women are documented to have been raped by Allied troops.

The highest-profile case of sexual violence during the revolution was that perpetrated against Iman al Obeidy, a Libyan woman from Benghazi who claimed to have been raped by members of the military. This was but one of several such cases, though Obeidy's case was particularly publicized because she bravely went public.

In the post-Qaddafi period, the lack of a centralized state authority has led to the possibility of violent retributions that can sometimes drag women into the mix. Cases have been documented of violent militias "retaking" land that they claimed had been unlawfully expropriated by Law 4 in the 1970s. After the descent into civil war in 2014, sexual attacks became commonplace as bands of armed militias roamed the country. Because of the breakdown of central government post-2011, tribal justice applied to cases of sexual violence has been on the rise. Although this can sometimes be beneficial in ensuring the protection of women and a negotiation between families of victims and aggressors, there is also evidence of regressions, such as the forced marriage of women to their rapists. Women who have been interviewed note that the tribal system generally discriminates against them, and getting access to tribal leaders' discussion groups is generally very difficult.

Domestic abuse is rife and goes largely unchallenged because of social norms that emphasize the value of marriage as sacrosanct. Libyan law does not even consider the possibility of marital rape.

Trafficking, Refugees, and Prostitution

Following the fall of Qaddafi, the rape and sexual assaults of various refugees and migrant workers was cause for concern. Libya has emerged as the preeminent departure point for African and Middle Eastern refugees and migrants seeking better fortunes in Europe. Amnesty International has documented sexual violence, harassment, and rape against Eritrean, Somali, and Syrian refugees and migrants at the hands of Libyan smugglers. Prostitution is illegal. A U.S. Department of State report found that Libya was a destination and transit country for trafficking of male migrant laborers and sex rings of sub-Saharan women.

Self-Image and Identities

Urbanization has had an important role in changing women's place in social life. Many "modern" urban Libyan women drive and walk in large towns without the need for the traditional male relative as a companion. Young

women listen to a range of music, from Egyptian pop to Western classical music. Satellite television has had a jolting impact on women's self-perceptions of their roles and images as well as men's expectations. Women in Tripoli often visit beauty parlors and go shopping unsupervised by a male relative. Beauty standards were noted even before the "Westernization" of the country. One English traveler in the 1920s noted that among the Senussi upper class, "A woman may adorn herself richly [with jewels] in order to keep the favor of her husband and thus ensure a large progeny to Islam" (Forbes 1921). However, other accounts noted that the strictness of the Senussi order meant that, by the 1960s, few women were unveiling and working outside the house. Libyan Berber women were reported in the 1950s to not cover their faces and bobbed their hair.

IDIR OUAHES

Further Resources

- Amnesty International. 2015. *"Libya Is Full of Cruelty": Stories of Abduction, Sexual Violence, and Abuse from Migrants and Refugees*. London: Amnesty International.
- Arabsheibani, G. Reza, and Lamine Manfor. 2002. "From Farashia to Military Uniform: Male-Female Wage Differentials in Libya." *Economic Development and Cultural Change* 50.4 (July).
- Azzuz, Intisar S. 2014. "Libyan Women: Past, Present and Future." In *A New Paradigm: Perspectives on the Changing Mediterranean*, edited by Sasha Toperich and Andy Mullins. Washington, D.C.: Brookings Institution.
- Cojean, Annick. 2013. *Gaddafi's Harem: The Story of a Young Woman and the Abuses of Power in Libya*. Translated by Marjolijn de Jager. New York: Grove Press.
- Cotto, Jan Michiel, Jessica Carlisle, and Suliman Ibrahim. 2013. *Searching for Justice in Post-Gaddafi Libya: A Socio-Legal Exploration of People's Concerns and Institutional Responses at Home and from Abroad*. Leiden, The Netherlands: Van Vollenhoven Institute.
- Doherty, Megan. 2013. "Women's Political Participation in Libya: Quotas as a Key Strategy for States in Transition." As prepared for delivery to the Global Gender Forum, February 28. Retrieved from <https://www.ndi.org/sites/default/files/Doherty-Libya-Remarks-022813.pdf>.
- Forbes, Rosita. 1921. "Guests of the Senussi: Life in Hospitable Libya." *Illustrated London News*, June 4.
- Graeff-Wassink, Maria. 1993. *Women at Arms: Is Ghadafi a Feminist?* London: Darf.
- Johansson-Nogués, Elisabeth. 2013. "Gendering the Arab Spring?: Rights and (In)Security of Tunisian, Egyptian and Libyan Women." *Security Dialogue* 44: 393–409. doi:10.1177/0967010613499784.
- London Times*. 1845. "The Saharah, or Great Desert." Issue 19076 (November 8).

- Mason, John P. 1975. "Sex and Symbol in the Treatment of Women: The Wedding Rite in a Libyan Oasis Community." *American Ethnologist* 2: 649–661.
- Miller, Judith. 1986. "Libya's Women: Era of Change." *New York Times*, February 3.
- Pargeter, Alison. 2012. *Libya: The Rise and Fall of Qaddafi*. New Haven, CT: Yale University Press.
- Sammut, Dennis. 1994. "Libya and the Islamic Challenge." *World Today* 50.10: 198–200.
- Selimovic, Johanna Mannergren, and Disa Kammars Larsson. 2014. *Gender and Transition in Libya: Mapping Women's Participation in Post-Conflict Reconstruction*. Stockholm, Sweden: Swedish Institute for International Affairs.
- Simon, Rachel. 1992. *Change within Tradition among Jewish Women in Libya*. Seattle: University of Washington Press.
- UNESCO. 2017. "Libya." Retrieved from <http://whc.unesco.org/en/statesparties/ly>.
- UNODC. 2012. "The Establishment of a UNODC Sub-Regional Office for the Maghreb Countries." Retrieved from <http://www.unodc.org/middleeastandnorthafrica/en/project-profiles/lbyu71.html>.
- WHO (World Health Organization). 2015. "Libya: WHO Statistical Profile." Retrieved from <http://www.who.int/gho/countries/lby.pdf?ua=1>.
- World Bank. 2015. "Labor Market Dynamics in Libya: Reintegration for Recovery." <http://dx.doi.org/10.1596/978-1-4648-0566-0>.
- World Bank. 2016. "Contraception Prevalence." Retrieved from <http://data.worldbank.org/indicator/SP.DYN.CONU.ZS?locations=LY>.

M

Malawi

Overview of Country

The Republic of Malawi is located in the southeastern region of Africa. It is landlocked between Zambia to the northwest, Mozambique to the southwest and southeast, and Tanzania to the northeast. Approximately one-fifth of the country's landmass is covered by Lake Malawi. The population of Malawi is estimated to be more than 17.7 million in 2016 (CIA 2016). The average life expectancy is 59 years. More than two-thirds of the country's population lives beneath the poverty line, and another quarter of Malawians live just barely above the poverty line. In 2014, the World Bank estimated Malawi's gross domestic product (GDP) at USD\$4.258 billion (World Bank 2015), and the UN Development Programme (UNDP) ranked Malawi 174th out of 187 nations on both the Human Development Index (HDI) and the Gender Inequality Index (GII, 0.447) (UNDP 2015).

Land and Water

Human inhabitants were drawn to the water supply and living conditions in the region around Lake Malawi about 50,000–60,000 years ago. Lake Malawi is the largest and central feature of the present-day country. This third-largest lake in Africa is called Lake Nyasa in the neighboring country of Tanzania and Lago Niassa in Mozambique, a country to

the east of the lake. The plains and rolling hills of Malawi are approximately 60 percent agricultural and 34 percent forested. Agriculture makes up about 33 percent of the GDP, which is the amount of labor and goods produced by a country. Crops and animals raised in Malawi to sell include tobacco, sugarcane, cotton, tea, corn, potatoes, sorghum, nuts, cattle, and goats. These account for nearly all the goods exported out of the country. Tobacco is the number one crop. The country still depends heavily on water to support the way of life. Malawi uses hydroelectricity as nearly its only source of electrical power.

Before the 1840s, the region around the lake was inhabited by a number of tribal villages. People who lived there fished and traded, and occasionally they argued and fought over the use of the waters. For hundreds of years, fishing boats have gone out at night, equipped with lanterns. The scene they create with many points of light on the lake caused David Livingstone—one of Malawi's early European explorers and writers about the region—to call it the Lake of Stars. Disputes about who can use the lake have continued over the centuries, even to the present day, as Tanzania and Malawi argue over who has the right to drill for oil under the lake.

History

Some tribal groups living in present-day Malawi have lived for centuries in the region around Lake Malawi. Others

migrated into the area over the last two centuries to escape tribal conflicts, wars between European colonial powers, and the growth of the slave trade in Africa. Many of the larger ethnic-tribal groups can trace their roots to the Bantu people (and language), who have dwelled in Southern Africa for more than four centuries. The largest ethnic tribal group in Malawi is the Chewa tribe. They speak Chichewa, which is also Malawi's national language, along with English. Three tribal groups (Chewa, Tambuka, and Yao) speak Bantu languages and account for about half the population in Malawi.

Europeans began trading in the region around Lake Malawi in the 17th century, when Portuguese explorers came into the area seeking goods to trade. The area now called Malawi was also part of a network of pathways on which people were carried into slavery in other parts of Africa and Europe. The British explorer and missionary Livingstone reached Malawi in 1859. In the next three decades, Europeans brought their religions (Anglican and Presbyterian), education, and trade to the region. The area that includes all of present-day Malawi was declared a colony of the British Central Africa Protectorate in 1891, partially as a way to keep the Portuguese traders out of the region.

As the British Empire softened, and then dissolved following World War II, Malawi became an independent member of the (British) Commonwealth in July 1964. Dr. Hastings Kamuzu Banda (1898–1997), a man who was born and grew up in Malawi and then studied in Europe to become a medical doctor, became the first prime minister (1964–1966) and then president (1966–1994) of an independent Republic of Malawi. In 2012, after eight years in office, President Bingu wa Mutharika died suddenly, and the way opened for Malawi's first female president, Joyce Banda.

Poverty and Gender Inequality

Many Malawians live at or near extreme levels of poverty, and they experience less than adequate health care, education, and employment and suffer from a very low standard of living. In 2010, 66.7 percent of the population was multidimensionally poor, meaning people not only lacked financial income but also experienced little access to health care, education, or other goods and services for living. Another 25 percent live just above the multidimensional poverty rate.

Between 1990 and 2013, the poverty, health care, and educational conditions improved so that Malawi's HDI increased from 0.270 to 0.414 (UNHDR 2013). Yet, Malawi

is still ranked 173th out of 187 countries evaluated by the UNDP. In addition to the poor conditions faced by all Malawians, gender inequality, or unfair differences between men and women, boys and girls, is also significant in Malawi.

Three factors go into ranking countries for the Gender Inequality Index (GII), which tries to measure how much human development is lost when equality between males and females is lacking. The GII is based on reproductive health, political empowerment, and economic activity. Reproductive health consists of the rate of mothers dying in childbirth (or soon after from complications) and the rate of adolescent girls giving birth. The maternal mortality rate was 510 deaths per 100,000 live births in Malawi in 2014, and approximately 145 out of every 1,000 girls aged 15–19 delivered babies the same year. Political empowerment is measured by the number and percentage of parliamentary seats held by women and how many girls and boys reach secondary school (high school) and college. In Malawi, only 11 percent of girls and nearly 22 percent of boys attended some secondary school in 2014. The final measure in the GII is economic activity, which is calculated by the number of women and men who work for pay. In 2014, 84.6 percent of females and 81.5 percent of males were part of the labor force in Malawi. When considered altogether, these factors indicate that Malawi gets a rank of 174th out of 187 countries, 0.414, which is considered to be a low human development category by the United Nations.

Girls and Teens

Nearly half the population of Malawi (45.9%) is presently under the age of 15. The major challenges for young and teenage girls in Malawi are to stay in school and earn an education, to avoid child labor and being trafficked, to avoid transactional sex and sexual violence, to delay pregnancy and giving birth before being able to support themselves financially, and to escape the pervasive cycle of poverty. These problems are social and systemic and cannot simply be solved by girls making better choices, although helping girls and women make different choices can make a very substantial difference.

Only about 62 percent of the total population of Malawi over the age of 15 can read and write. Fewer than half of the adult women (49%) and more than three-quarters of the men (76%) are literate. A number of girls each year between the ages of 15 and 19 give birth, accounting for approximately 1 out of every 100 births in Malawi.

Educating girls offers a cure to many ills in developing countries. When girls are educated, population growth and teen pregnancies slow, health and well-being in families increases, and financial stability grows. Yet, this crucial key to improving the lives of Malawians, keeping girls in school, remains a challenging goal.

Girls and Water in Malawi

Water is of crucial importance in every place on the planet. In Malawi, where 20 percent of the country is covered with Lake Malawi, the availability of safe, clean water for everyday life remains ironically difficult. In the last 10 years, Malawi has experienced long periods of time when rain has not come, and the droughts have compounded the water problems. A lack of infrastructure (pipes, roads and vehicles, rails, power, etc.) to deliver groundwater to villages means women and girls spend a lot of time carrying water in large plastic buckets to their homes and villages for drinking, washing, cleaning, cooking, and growing gardens. They may have to carry water as many as five or six times a day. The time it takes to carry water can prevent girls from being in school and adult women and mothers from having time for earning a better living. Additionally, the lack of wells and plumbing mean a lack of usable water for handwashing, which contributes to the spread of disease. As many as 3,000 children a year die of water-borne diseases that cause diarrhea and dehydration. Only about 2 in 10 people in Malawi have access to bathrooms with plumbing. The lack of water and public bathrooms in schools also make staying in school after girls reach puberty more challenging (WaterAid 2016).

The most effective solutions to the water problems faced by girls and women in Malawi are found in local organizing. For example, when the nongovernmental organization (NGO) Watering Malawi provides funds to place treadle pumps in villages, more people gain access to safe water for drinking, cleaning, cooking, and gardening. The pumps become the responsibility of local “mother’s clubs,” which educate and train women, oversee the maintenance of the pumps, and keep a fund for making repairs. These mothers also work together to raise better food in their gardens so that the nutrition for their children improves (Watering Malawi 2016).

Trafficking and Child Labor in Malawi

Children grow up quickly in Malawi. Some children work safely in family businesses. However, as many as one-third

of children under the age of 18 are forced into child labor, working in situations that are often unsafe and unpaid and that keep children away from school. As many as 1.5 million children become child laborers on farms (tobacco, tea, coffee, and sugar plantations); in the fishing industry; in livestock herding; as household servants; and by begging and selling wares on city streets. In some cases, children are forced into sex work and exploitation, which means using someone in a way that helps the strong person but is unfair or harmful to the other more vulnerable person (U.S. Department of State 2015).

In Malawi, it is illegal to force children to labor. In February 2015, parliament passed new antitrafficking laws and put in place more ways to convict those who traffic children and others for labor or sex work. Human trafficking involves the intentional treatment of people (including children) as possessions to be used and sold. In 2015, the government identified 242 trafficking victims. However, the government depends heavily on nongovernmental agencies to do on-the-ground preventative work with victims of trafficking. One effective program is the Support for the National Action Plan (SNAP), which combats child labor in Malawi. Begun in 2009, and funded by the U.S. Department of Labor, the program has worked with more than 5,500 children to withdraw them from forced labor.

The SNAP program formed local committees who meet regularly, inspect farms and businesses for child laborers, and collaborate with local village chiefs to change the understanding and to reject the acceptability of child labor in Malawi. The SNAP program works to redirect young children back to schools and older children in their teens to learn vocational and business skills so that they might be equipped to work legally for fair pay and to own businesses of their own. SNAP also provides training and support to families, helping them earn income that does not require using the forced labor of their own children.

Many teenage girls are forced into labor as domestic servants for cooking, cleaning, and caring for homes and children, with long hours and little or no pay. SNAP is changing their circumstances by making contracts available to girls old enough to work legally. The contracts protect the teenage girls by providing fair pay, reasonable hours, better working conditions, breaks for food, and time to spend in training with other teens who are also hoping to improve their lives and working skills. The contract is signed by the girl who works, her employer, the village chiefs, and representatives of the Community Child Labor Committee (CCLC). Older children and teens learn

carpentry, tailoring, and other business skills to make a more sustainable living.

Health

Health care in Malawi is challenged daily by the lack of resources and personnel to provide care as well as a very high birth rate and lack of available modern methods of birth control. Additionally, a number of communicable diseases such as tuberculosis (TB), malaria, HIV/AIDS, and other tropical diseases are major causes of death in a situation where the life expectancy is significantly lower than developed countries at 59 years (60 for females and 58 for males). In addition to socially transmitted diseases, there is also a rise in noncommunicable diseases—often associated with stress—such as diabetes, hypertension, and cancer. Although there has been a decline of malaria cases by nearly 30 percent between 2010 and 2014, for children under five years old, the disease remains deadly. For these young children, malaria, which is spread to people by infected mosquitoes, accounts for 34 percent of doctor and clinic visits, about 40 percent of the trips to the hospital, and approximately 40 percent of all child deaths while in the hospital (WHO 2016).

Because women give birth, the health care needs of girls and women are greater and more complex than the health care needs of men. Access to adequate contraceptives (ways to prevent or control birth and to protect females from sexually transmitted diseases) and delivery doctors or midwives are not sufficient in Malawi. Use of contraceptives to prevent pregnancy and disease increased from 7 percent in 1992 to 26 percent of married adult women in Malawi in 2000 (Heard et al. 2004). Still, more than half (54%) of pregnancies in Malawi were reported as unwanted in 2013.

Only 58 percent of women who want to prevent or delay pregnancy have access to modern and reliable birth control measures. Another 5 percent were using traditional methods of periodic abstinence (trying to anticipate fertility days and avoid sexual intercourse). And 38 percent were using no method of birth control at all. The most widely used form of birth control in Malawi is an injection of hormones that prevents the woman from becoming pregnant. Other modern methods of birth control include female surgical sterilization (21%), condom use (8%), medication taken daily by mouth (5%) (Vlassof and Tsoka 2014).

Aborting a pregnancy is illegal in Malawi, except to save the woman's life. However, as many as 78,000 women each

year receive secret and unsafe abortions, leading to many health complications for the women. Illegal and unsafe abortions cause as many as 18 percent of the recorded maternal deaths in the region of Southern Africa (Vlassof and Tsoka 2014).

Maternal Health

Nearly one-third of women in Malawi use modern birth control methods to control when they will have children and how many children they will have. Many more adult women say they do not have access to the contraception methods they need. Maternal health services must legally be provided to women regardless of their marital status. The Gender Equity Bill adopted in 2012 guarantees the availability of reproductive and other health care services to women; however, it is often ignored, and the availability of medical caregivers is less than adequate. Although no woman's spouse is required to be present while she makes health care decisions, many women (44.8%) report that their husbands make health care decisions for them. Women who work for pay are eligible for maternity leave of eight weeks with full pay (100%) when they deliver a child. This leave can be used once every three years, and employers must pay for the benefit to each worker (SIGI 2016). As noted above, the death rate for mothers in childbirth remains high (510 of every 100,000 births), and the number of girls giving birth between the ages of 15 and 19 (145 per 1,000) indicates that multiple concerns remain for the health of mothers in Malawi (UNDP 2015).

Disease and Injury

The leading diseases that threaten life and health and cause some lasting disabilities in Malawi include HIV/AIDS, lower respiratory infections, malaria, diarrhea-related diseases, pregnancy, tuberculosis (TB), traffic accidents, and heart disease. In the 10 years between 2001 and 2011, malnutrition, maternal deaths, and drowning dropped out of the top 10 leading causes of death.

Acquired immunodeficiency syndrome (AIDS) is a chronic health condition that remains the leading cause of early death in Malawi. AIDS is the full expression of the human immunodeficiency virus (HIV). The HIV virus is transmitted between humans by sexual contact or exchange of blood, for example, when hypodermic needles are used on multiple persons. HIV damages a person's immune system and hinders the body's ability to fight the organisms that cause disease. In 2014, the rate of HIV/AIDS in Malawi

was 10.3 percent of the population. It peaked at around 16.4 percent in 1999 and then began to decline (Wilson 2013). The rate for men and women is disproportionate; more women are contracting the disease, and more urban than rural women are testing positive for HIV.

The main way that HIV is transmitted in Malawi is through unprotected heterosexual sex. HIV affects women in greater numbers than men in Malawi. In 2010, 12.9 percent of women were HIV-positive, but only 8.1 percent of men had HIV. Young people under age 19 make up over half the new cases of HIV. As of 2014, girls were contracting HIV at much higher rates than boys. Among girls aged 15 to 17, 3.7 percent became HIV-positive as compared to only 0.4 percent of boys the same age (UNAIDS 2013).

According to the U.S. Centers for Disease Control and Prevention (CDC), which operates in Malawi, as of June 2013, there were 443,221 HIV-infected persons living in the country and currently taking antiretroviral therapy (ART) drugs. The access to ART medications is a major factor in the decline of HIV/AIDS in Malawi (Gupta and Tippet-Barr 2016). In particular, a new emphasis on treating pregnant mothers who test positive for HIV/AIDS is successfully reducing the number of babies born HIV-positive.

Education

The system of formal education in Malawi begins with eight years of primary education and continues with four years of secondary education (high school), followed by four years of university education. Students must pass an exam, the Primary School Leaving Certificate Examination (PSLCE), to enter secondary school. After two years of secondary school, they take the Junior Certificate Examination (JCE). Those who complete four years in secondary school take the Malawi School Certificate Examination (MSCE). Other kinds of education and training include teacher training colleges, technical and vocational training schools, and university colleges. To begin university, an MSCE is required. To enter teacher training colleges and technical schools, one must have either a JCE or a MSCE (Castel et al. 2010). The teacher-to-student ratio in primary schools is 1 teacher per 80 children.

Keeping girls in school and building literacy skills for girls and boys in Malawi is an enormous challenge. Schooling is available to children beginning around age 5. In 2010, surveys showed that less than 40 percent of the students eligible for school at age 5 were attending. Enrollment numbers grew for children up to ages 10 and 11, where the

peak of enrollment hit about 90 percent. After age 11, the percentage of young people in school drops dramatically, and even more dramatically for girls. Just over 51 percent of adult females (over the age of 15) in Malawi were estimated to be literate in 2010. By 2015, that number rose to 58.6 percent, indicating some improvements to education and literacy (Castel et al. 2010).

In addition to the problems of children being drawn into forced labor and the lack of infrastructure (buildings, teachers, teaching materials, etc.) to provide adequate schooling, girls face a very practical challenge regarding staying in school. When they reach puberty and begin to menstruate, girls frequently do not have adequate water or bathroom facilities at school to stay and care for their bodies. Instead, many of them stay home the week of their period rather than attend schools with no bathrooms. One of the most basic ways to improve education for girls in Malawi is to improve access to water by building more “loos.” A number of NGOs are working to provide more wells, access to hand-washing stations, and more loos for schools. This will help more girls stay in school in Malawi. Girls also drop out of school when they become pregnant or get married.

Employment

In Malawi, 88 percent of people get by on less than the equivalent of USD\$2 per day (UNHCR 2013). This does not mean they do not work. In fact, 85 percent of the female population and 82 percent of the male population work. A large percentage of Malawi’s women live in rural areas where they do as much farming as they do home care and child-rearing. They also sell their goods as vendors in local markets. Men, and especially those with multiple wives, work less. Yet, the vast majority of Malawians are the working poor. The UN Multidimensional Poverty Index (MPI) measures both poverty from a lack of income and poverty related to a lack of health care, education, and standard of living. In 2010, MPI results showed that fully two-thirds of Malawians, more than 10 million people, lived in multidimensional poverty, and another one-quarter, 3.7 million people, were living at the brink of multidimensional poverty (Kalinga and Crosby 2001).

One source of employment in Malawi is the making and selling of garments and special cloths used for religious and political occasions. More than a simple pragmatic task, printed cloth in Malawi is a part of the national dress and identity of Malawians, especially girls and women. The colorful dress style, which was imported from Europe

to East Africa in the 19th century, is available everywhere in 21st-century Malawi. When Scottish colonizers arrived in Malawi, they changed the economy and brought with them influences of mass manufacturing as part of the industrial revolution. Initially, they shipped in cloth for trade to the region, but Malawians and others soon learned how to make the new fiber technology their own.

Women and girls in Malawi often wear a style of dress made from *chitenje*, a brightly colored rectangular cloth, which is usually between two and four meters long and about one meter wide. These fabrics made in Blantyre, an industrial city in the south of the country, are printed in geometric and floral designs. The style is to wear the cloth as a skirt or as a fully wrapped dress. It is also worn as a head scarf and sometimes used as a sling for carrying babies.

Additionally, *chitenje* are also printed with patterns that include messages, images, and designs that convey the values of both religious and political groups. The cloths are also used in funeral services to commemorate public figures, such as presidents. The image of Bingu wa Mutharika was memorialized on thousands of cloths within two weeks of his death in 2012. Women and girls continue to wear those garments to keep his memory alive. Although men do not wear *chitenje*, the same political designs are printed on hats and T-shirts. The political dancers (nearly all women) also wear images of political candidates and officials printed on *chitenje* in their dances. Political rallies also include party symbols on cloths hung throughout the gathering spaces.

Sometimes new designs are commissioned by religious groups to commemorate events or to raise funds for churches or spiritual groups. Women are often involved in each stage of choosing events and dates for commissioning a new cloth. They help in the design and production of the cloth as well as its sale and distribution. A record of each creation by color and design is recorded in a log at the production factory. Researcher Sarah Worden explains that the church cloths are an “important statement of shared female identity within the church, often dressing many hundreds of women in thousands of meters of matching cloth . . . commissioned for church choirs, for church conference delegates, to commemorate anniversaries of church officials, buildings and events” (2014).

Family Life

Family life in Malawi is largely governed in rural areas by the traditional tribal cultures and rituals, which support

a worldview of people, spirits, and animals of the bush (forested areas around a village). While modern statistics tell one story of family life in Malawi, the Chewa people, who make up more than 10 percent of the population, provide a different kind of insight into the families of rural Malawi.

When the British colonized the region now called Malawi in the 19th century, the powers of tribal chiefs and the social organizations of villages were undermined by the Europeans who imposed their ways of life, religion, and organizing onto the people of the colony. Even when British colonial rule ended in the 20th century, the new Malawian government continued to thin out and undercut the economic and political powers of local village chiefs and turn them into mouthpieces for the central government rather than local leaders. While the chiefs (or headmen) lost some powers, they maintained their *ritual* power, including the village ceremonies for births, initiations, marriages, and death rites that maintain the social fabric and family life. For the Chewa people—the largest tribal group in Malawi—these ritual functions remain lodged in the Nyau dance (Kaspin 1993).

Among the Chewa, not only did the ritual powers of the village remain in the hands of the chiefs, the rituals themselves became a means to resist and poke fun at, first, the European colonizers and, later, the Malawian government officials. In the southern and middle regions of Malawi, the Chewa tribes and chiefs were stripped of political and economic powers in the 19th and early 20th centuries. At the same time, the European missionaries, both Presbyterian and Catholic, attempted to end the practice of *gule wamkulu*, or “great dance,” which was the central feature of social, family, and ritual life in Malawi. The efforts to remove the masks or drums or to demand an end to the dancing so that villagers would become Christian actually helped to set the stage for maintaining the rituals and keeping alive the traditions of precolonial life through the rituals, stories, and worldview tied to the dance. The improvisations to the great dance over time—changes based on new demands and new circumstances—resisted the religious and economic demands of the white colonizers.

The Nyau dance tradition separates the men and boys from the women and girls in the villages where it is practiced. The dance also represents the worlds of the flesh and the spirit, life and death, and male and female. The divisions are all complementary—each part is essential for completing the other. The result is an asymmetrical or unequal kind of power for males and females.

Most marriage relationships in Malawi are not based on shared or equal power. Men can often have relationships with other women while they are married, can commit rape (forced sexual engagement) with their wives, or prevent their marriage partners from accessing or benefiting from family property. Outright abuse remains acceptable to many: 35.7 percent of all women (38.2% rural and 22.4% urban) think it is acceptable to be beaten by their husbands. Often husbands marry more than one wife, and 17 percent of all women are part of polygamous unions (single males married to multiple females). The unequal power and normalization of violence means that as many as 70 percent of married women are not free or able to make critical personal decisions for themselves (Banda 2005, 19–20).

One organization and movement to counter gender inequality, begun in 1997, is the Malawi chapter of Men for Gender Equality, Now. The group works to eliminate gender-based violence and the spread of HIV/AIDS. In addition to training and workshops, the group sponsors local “rapid-response teams” that intervene in social situations to de-escalate domestic violence.

Homosexuality has been illegal in Malawi since 1930, based on laws put in place during the colonial period and adopted by the Republic of Malawi after 1964. The crime of having “carnal knowledge of any person against the order of nature” is punishable by up to 14 years in prison. Since 2010, the law has been a point of controversy and public debate. Foreign governments and nongovernmental funders of relief programs in Malawi have threatened to pull funds if the country continues to criminalize homosexuality. Several high-profile cases of arrest and jail time, as well as interventions by the United Nations, received extensive media coverage. In 2012, President Joyce Banda put a moratorium on enforcing the law. Other legal scuffles continue in 2016 in both religious and political venues over the future of the issue and laws surrounding it.

Child Marriage in Malawi

As was the case in traditional rural settings of Malawi, young girls could be taken in marriage by older men. However, the problem remains. Although child marriage is illegal in Malawi, it continues and usually prevents girls from completing secondary education, results in girls giving birth at early ages, and in effect keeps the poverty cycle in place. In 2014, the World Health Organization (WHO) rated Malawi among the top 10 countries in the world allowing child marriages. In Malawi, 12 percent of

children are married before age 15, and 50 percent are married before age 18. More girls than boys are married as children. Girls who are married early in Malawi are more likely to have no formal education (66%), but women who continue to secondary education are much less likely to be married as children (5%).

Sexual Initiation Rites and Dancing for Rights

In the central and southern regions of Malawi, sexual initiation rituals for adolescent children remain common. Among the Chewa people, the initiation rights are grounded in the long tradition of Nyau, in which boys are initiated to become predators and females are initiated to become the pursued, supporting unequal power roles for males and females. The secret societies for men and women pass on knowledge about village life and the worldview of Nyau, but they also train boys and girls on how to take on gender roles and participate in sexual activity in ways that fit that worldview. Generally, the female roles are passive, and the male roles are active.

For many girls in rural Malawi, the initiation rites operate like a camp. They are taken away from the village with other girls and initiated into womanhood through introductions to how they should engage in sexual relations with men. Traditionally, the initiation rites were customs that taught girls how to become respected and empowered in their communities. However, some girls are urged to practice what they learn in the initiation rites immediately upon leaving the camps. Girls are warned (falsely) that if they do not comply, they may have physical effects, such as becoming “dry and brittle,” that will last a lifetime. Unfortunately, the initiation rites do not teach the importance of protecting oneself from sexually transmitted diseases such as HIV/AIDS, which is still a major health threat, especially for young girls, or pregnancy. Additionally, girls who get married or become pregnant drop out of school, and without education, the cycle of poverty continues.

In extreme cases, girls are forced to undergo a “cleansing” by having sex with an older man, a “hyena” who travels through the villages having unprotected sex with newly initiated girls to rid them of the “dust of childhood.” These men are paid for their services. Hyenas are also paid to provide cleansing sex with widows so their dead husbands will not haunt them. The cleansing rituals are unsafe for both girls and widows, as the unprotected sex may expose them to HIV/AIDs or other sexually transmitted diseases (Ahmed 2014).

As a counterpoint to the female initiation traditions in Malawi, the Girls' Empowerment Network leads girls and women, as well as men and boys who are their allies, to challenge the traditions of initiation that lead to child marriage, pregnancy, disease, loss of education, and continued poverty. The network works to empower girls through education and advocacy, and they sometimes use drama and dance. By using the same cultural forms familiar to the people of southern Malawi, the Girls Empowerment Network is transforming the practices of storytelling, drumming, and dance into powerful messages about staying in school, avoiding unprotected sex, and saying no to child marriage. They are teaching girls to use their voices and to take action to use their own power and make better lives for themselves (Girls Empowerment Network Malawi 2016).

Politics

In the early 20th century, the Nyau dancers and the network of village chiefs worked with the Malawi National Congress to end colonial rule of the country and speed the transition to independence. Thus, the Nyau dancers remained affiliated with the new ruling party of Malawians. However, by 1980, the new independent rulers, feeling threatened by the local and traditional powers of the Nyau dancers and tribal headmen, further stripped the powers of the Nyau and removed their "animal" powers by exposing them as mere men in disguise rather than powerful embodied spirits. Nevertheless, at the local level, the worldview and politics of the village is still operational in many rural areas of Malawi. The schools, teachers, and government officials are associated with Christians, who maintain official power in the communities. However, the everyday power of decision making has been largely incorporated into the ritual and local worldview of the local chiefs and ongoing tribal traditions.

During the interim period between colonial rule and independence, Dr. Hastings Banda advocated for women's suffrage (right to vote). Banda and the women's right to vote were heavily opposed, and sometimes Banda was rebuked by other political officials. However, in 1961, during the transition period, Malawian women exercised their political voice and voted for the first time, but only if they had been married for up to 10 years. They made up less than 10 percent of the voters. In 1964, one of the few women elected to Malawi's parliament, Rose Chibambo, advocated for women's rights, and she was booed openly by male Malawian politicians. In 1993, Banda became ill,

and as he stepped aside after more than 30 years of leadership, the country voted by referendum to adopt a multi-party system.

Malawians elected Bakili Muluzi as president in 1994 and voted for a formal democracy. This was really only the second time women (or men) were able to vote for the party of their choice. Muluzi immediately freed political prisoners and restored freedom of speech. He led the country for 10 years. During that decade, the World Bank canceled half of Malawi's overseas debt, and a railway to the Indian Ocean was opened, creating more opportunities for trade. However, drought struck in 2002, and the president was forced to sell off many of the crops prematurely, throwing Malawi into another political and economic crisis.

In 2004, Bingu wa Mutharika was elected president, and despite a tumultuous term marked by famine, political turmoil, and accusations of high-level government corruption, he was reelected in 2009. In 2012, Mutharika died, and he was succeeded by Vice President Joyce Banda, making her the first female president of Malawi. At the time she was taking office, Peter Mutharika, a former foreign minister and professor and the brother of the deceased president Bingu wa Mutharika, was charged with treason, allegedly as part of an effort to prevent Joyce Banda from taking office. However, charges against him were dropped in 2014 when he was elected president. Elected peacefully in 2014, the current president of the Republic of Malawi is Professor Arthur Peter Mutharika, and the vice president is Saulos Chilima.

Current Legal Rights

Malawi has been a partner with the Millennium Challenge Corporation—an organization funded by the U.S. government—since 2005 (MCC 2016). Malawi and MCC currently have a five-year, USD\$350 million compact to improve the hydroelectric power system in Malawi. To assess the readiness of Malawi (and all of the 44 developing countries funded by MCC), the country is assessed annually for its current legal and economic rights and improvements. Three of the areas of assessment in Malawi are related to gender. The assessment includes these questions: Can women get a job, register a business, sign a contract, open a bank account, choose where to live, get passports, travel domestically and abroad, pass on citizenship to their children, and become heads of households? To indicate *yes*, a woman must be legally able to do each activity in exactly the same way as a man. If a woman cannot do these activities just like a man, then the indication

is *no*. Malawi's legal status for women has improved notably in recent years, and the assessment indicates a *yes* for women on all these rights except applying for a passport, which is still unavailable to married women in Malawi because their husbands must apply on their behalf.

Political Dance in Malawi

During President Hastings Kamuzu Banda's 30-year presidency (1964–1994), he led a single-party government organized by the Malawi Congress Party (MCP). The hierarchy in the party included a requirement that all women in the country of Malawi be trained and prepared for a form of political dance. The dances were modeled after ancient tribal dance forms and nationalistic resistance dances from when the British colonial powers were overturned in the 1950s and 1960s. However, the political dances of Banda's era included new features, such as women wearing political symbols and pictures of the president on their dresses, dancing in massive political events, and singing the praises of the president. Fear of punishment or imprisonment kept silent any public debate about using women as the president's cheerleaders.

In 1993–1994, unrest in Malawi led to a new multiparty system of elections. The new candidates for president promised not to force women to dance any longer. The promises led to a reduction in women's political dancing. Many in Malawi now claim that women are free to choose to dance or not. However, the forms of dance, the wearing of political symbols, and the praise of political candidates continued into the 21st century, much as it did during Banda's presidency.

Religious and Cultural Roles

The ancient tribes of Malawi were primarily animist, holding to a belief that God created every living thing. Among the Chewa people, the central religious and ritual act is the *gule wamkulu*, or "great dance." Those outside Malawi know the ritual mainly for its use by men and boys as they are initiated into manhood. However, both men and women participate in the dances, which are used for many rites of passage. Each dance is part of the male and female segregated secret societies. The men in particular wear elaborate costumes of animals, spirits, and even contemporary figures, including large colorful masks. The dances are performed at initiation rites, marriages, funerals, and the installations of tribal leaders. The masks worn in the dance represent various spirits of both life and death, often

fearsome in their size and presentation. The purpose of the dance is to express beliefs and a total sense of culture, religion, and ancient tribal practice, communicating messages from ancestors and animals in the bush. The great dance calls on the spirits to help with growth for crops and fertility for people and every aspect of ongoing life.

Islam entered the region now called Malawi from the east and along early trade routes toward the Indian Ocean. With the entrance of missionaries and colonizers like Livingstone and others in the 1850s, a new religion entered Malawi. In 2014, the religious affiliations in Malawi are 86 percent Christians and 13 percent Muslims. Other religious groups in Malawi include Jews, Hindus, Bahais, and atheists. The mostly Christian population is approximately 20 percent Roman Catholic and 16 percent Central Africa Presbyterians. Other Protestant groups include Seventh-day Adventists/Seventh-day Baptists, Anglicans, and non-denominational Christians (U.S. Department of State 2014). Some of these groups, particularly Presbyterians and Catholics, will excommunicate or exclude Malawians who continue to practice *gule wamkulu*. Because many Malawians still practice the great dance, the attempts at exclusion have the effect of driving it deeper into secrecy.

European Christian missionaries in the 1920s and later thought their call for ending polygamy would liberate Malawian women, but the idea did not work especially well, as women were forced to leave their families and came to reside in the Christian missions. Rather than being educated for survival skills, women and children became domestic workers in the missions of both Protestants and Catholics. In 1999, Martha Belida Mwale became the first woman ordained as a Presbyterian pastor in Malawi. That same year, women entered military training in the Malawian Army for the first time as well.

A recent study of the effect of religion on the spread or prevalence of HIV/AIDS showed no difference among women with HIV/AIDS from the various religious groups, from Protestant to Catholic to Muslim. One possible explanation of the lack of difference between groups may be a "lack of sexual network boundaries in Malawi, defined by religion" (Adamson 2009, 54).

EILEEN R. CAMPBELL-REED

Further Resources

- Adamson Sinjani Muula. 2009. "The Role of Religion among Women in the HIV Epidemic in Malawi." PhD dissertation, University of North Carolina at Chapel Hill.
- Ahmed, See Beenish. 2014. "Confronting a Sexual Rite of Passage in Malawi." *The Atlantic*, January 20. Retrieved from

- <http://www.theatlantic.com/international/archive/2014/01/confronting-a-sexual-rite-of-passage-in-malawi/283196>.
- Banda, Maggie Chipasula, Tinyade Kachika, and Seodi White. 2005. *Beyond Inequalities: 2005*. Limbe, Malawi: Women and Law in Southern Africa Research and Education Trust.
- BBC. 2016. "Malawi Country Profile." Retrieved from <http://www.bbc.com/news/world-africa-13864367>.
- Castel, Vincent, Martha Phiri, and Marco Stampini. 2010. *Education and Employment in Malawi*. Working Papers Series No. 110. Tunis, Tunisia: African Development Bank Group. Retrieved from <http://www.afdb.org/fileadmin/uploads/afdb/Documents/Publications/WORKING%20110%20PDF%20d%2022.pdf>.
- Centers for Disease Control and Prevention (CDC). 2016. "Global Health: Malawi." Retrieved from <http://www.cdc.gov/globalhealth/countries/malawi>.
- CIA (Central Intelligence Agency). 2016. "Malawi." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/mi.html>.
- Girls Empowerment Network Malawi. 2016. Retrieved from <http://www.genetmalawi.org>.
- Gupta, Sundeep, and Beth Tippet-Barr. 2016. "Malawi's Approach to Treating Pregnant Women with HIV Shows Success." Centers for Disease Control and Prevention blogs, February 16. Retrieved from <http://blogs.cdc.gov/global/2016/02/25/malawis-approach-to-treating-pregnant-women-with-hiv-shows-success>.
- Heard, Nathan J., Ulla Larsen, and Dairiku Hozumi. 2004. "Investigating Access to Reproductive Health Services Using GIS: Proximity to Services and the Use of Modern Contraceptives in Malawi." *African Journal of Reproductive Health* 8.2: 164–179.
- Kalinga, Owen J. M., and Cynthia A. Crosby. 2001. "Women." In *Historical Dictionary of Malawi*, 3rd ed. Lanham, MD: Scarecrow Press.
- Kaspin, Debra. 1993. "Chewa Visions and Revisions of Power: Transformations of the Nyau Dance in Central Malawi." In *Modernity and Its Malcontents: Ritual and Power in Postcolonial Africa*, edited by John L. Comaroff and Jean Comaroff, 34–57 and 54–55. Chicago, IL: University of Chicago Press.
- McCracken, John. 2012. *A History of Malawi: 1859–1966*. Rochester, NY: Boydell & Brewer.
- Millennium Challenge Corporation. 2016. "Gender in the Economy Indicator." Retrieved from <https://www.mcc.gov/who-we-fund/indicator/gender-in-the-economy-indicator#ref-3-a>.
- SIGI (Social Institutions & Gender Index). 2016. "Malawi." OECD Development Center. Retrieved from http://www.genderindex.org/country/malawi#_ftn88.
- UNAIDS. 2014. *The Gap Report*. Retrieved from http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf.
- UNAIDS. 2016. "Global AIDS Response Progress Report: Malawi Progress Report for 2013." Retrieved from http://files.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2014countries/MWI_narrative_report_2014.pdf.
- UNDP (UN Development Programme). 2015. "Human Development Report 2015: Malawi." Retrieved from http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/MWI.pdf.
- U.S. Department of State. 2014. "Malawi 2014 International Religious Freedom Report." Bureau of Democracy, Human Rights and Labor. Retrieved from <http://www.state.gov/documents/organization/238446.pdf>.
- U.S. Department of State. 2015. "Malawi." *Trafficking in Persons Report*. Retrieved from <http://www.state.gov/documents/organization/243560.pdf>.
- Vlassoff, Michael, and Maxton Tsoka. 2014. "Benefits of Meeting the Contraceptive Needs of Malawian Women." Guttmacher Institute, November. Retrieved from <http://www.guttmacher.org/pubs/IB-Malawi.html#14a>.
- WaterAid. 2016. "Malawi." Retrieved from <http://www.wateraid.org/where-we-work/page/Malawi>.
- Watering Malawi. 2016. Retrieved from <http://wateringmalawi.org>.
- WHO (World Health Organization). 2016. "Country Cooperation Strategy: Malawi." Retrieved from http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_mwi_en.pdf.
- Wilson, Anika. 2013. *Folklore, Gender, and AIDS in Malawi: No Secret under the Sun*. New York: Palgrave Macmillan.
- Worden, Sarah. 2014. "Chitenje: The Production and Use of Printed Cotton Cloth in Malawi." *Textile Society of America Symposium Proceedings*, Paper 888. Retrieved from <http://digitalcommons.unl.edu/tsaconf/888>.
- World Bank Group. 2015. *Women, Business, and the Law 2016: Getting to Equal*. Washington, D.C.: World Bank. Retrieved from <http://wbl.worldbank.org/~media/WBG/WBL/Documents/Reports/2016/WBL2016-Key-Findings.pdf>.

Mali

Overview of Country

Mali is a landlocked country in the interior of West Africa. It is the eighth largest country in Africa. The country borders Algeria to the north, Niger to the east, Burkina Faso to the southeast, the Ivory Coast to the south, Guinea to the southwest, Senegal to the west, and Mauritania to the northwest. Mali is roughly 770,619 square miles, and 65 percent of its land is desert or semidesert. As of January 2015, the population of Mali was 16,955,536 million, with slightly more than half (50.4%) of the population women (CIA 2016). Mali is a former colony of France that gained independence on September 22, 1960. In 2013, the Human Development Index (HDI) 2014, which considers income, literacy, education, and life expectancy, ranked Mali 179th out of 188 countries worldwide. Furthermore, UN

Development Programme's (UNDP) *Human Development Report* ranked Mali 143rd out of 146 countries in gender inequality (UNDP 2017).

Gendered structural inequalities in Mali are pervasive; as a result, women face different forms of discrimination, including limited access to education, employment, and the political arena. Women are exposed to violence, including rape, domestic violence, female genital cutting and mutilation (FGC/FGM), and early and forced marriages. International human rights law prohibits discrimination based on sex and includes guarantees for men and women to enjoy their civil, cultural, economic, political, and social rights equally; yet, systematic discrimination against Malian women is widespread and overlooked. Furthermore, Mali ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1985, but the government did not include a provision for domestic violence. Equally important, Mali sanctioned the Optional Protocol to CEDAW and the Protocol to the African Charter on Human Rights of Women in Africa; however, the provisions of these initiatives are widely ignored. Unless the Malian government acts appropriately, including creating legislation to outlaw gender discrimination, women will remain oppressed and the majority of the poorest population.

Education

Globally, education is considered the dreams and aspirations of families and their children that will lead them from poverty and to a happy life. As elsewhere in sub-Saharan Africa, education in Mali is characterized by extensive gender inequality. Women and girls are poorly represented at all levels of the education system. Article 26 of the United Nations' December 10, 1948, Universal Declaration of Human Rights clearly articulates that "everyone has the right to education," yet this fundamental right remains elusive for women in Mali. Furthermore, during the global conference on Education for All (EFA) in Jomtien, Thailand (1990), Mali committed to make primary education accessible to all children and to reduce illiteracy before the end of the decade. Nevertheless, more than 25 years later, Malian women have not benefited from this commitment. It is also noteworthy that world leaders committed to achieving universal primary education by the year 2015 as one of the Millennium Development Goals, but despite widespread support to achieve universal primary education by 2015, Mali failed to meet the target (UNDP 2017).

Education for women in Malian society is not promoted; as a result, there are pronounced gender gaps in literacy and levels of educational attainment between females and males. In 1960, when Mali became independent, only 7 percent of its population was educated. According to Marie-France Lange (2003), Mali experienced four main periods of growth for primary education after independence: 1960–1979 had a steady enrollment growth; 1980–1985 had decreased attendance; 1986–1990 was marked by a revival of huge enrollment; and that brought a big surge in enrollment in 1991–2001. Despite the large enrollment growth, the enrollment rate of girls did not grow as fast as for boys; hence, gender parity declined significantly in 1990–1991 and 1997–1998. Although the gender gap narrowed to 0.62 in 1993–1994, the progress remained uneven but significant, and in 2001–2002, the parity reached to 0.73. As reported by the UNDP, gross primary enrollment for girls was 74.9 percent, compared to 92.2 percent for boys (UNDP 2017). Moreover, CEDAW described primary school enrollment increases for girls: from 19.1 percent in 1988–1989, to 31.4 percent in 1994–1995, to 33.4 percent in 1995–1996, to 36.5 percent in 1996–1997, to 44.5 percent in 1999–2000. Despite the growth, corresponding figures for boys were higher: from 19.1 percent, to 33.1 percent, to 46.9 percent, to 51.3 percent, to 64.19 percent, respectively (2017).

Notwithstanding the high attendance record in primary school, parity remained an enormous problem. Nearly 900,000 children aged 7–12 were denied the right to an education, and the majority (60%) were girls, compared to 40 percent for boys. Yet, some segments of the female population still suffer from extreme educational exclusion; in northern rural regions of Gao, for instance, school attendance for females is 30 percent, and the dropout rates for primary education is alarming. One study reported low educational attainment for women in secondary school of 10 percent in 2006. Equally important, the study points to a low percentage of women with secondary and higher education at 7.1 percent; men had 15.2 percent, twice the rate of women (Kuepie, Dzossa, and Kelodjoue 2013).

A UN Educational Scientific and Cultural Organization (UNESCO) study of adult and youth literacy from 1990 to 2015, for 41 selected countries, placed Mali among three countries with the lowest Gender Parity Index (GPI) value, 0.47, in 2010. CEDAW found low levels of female youth literacy of 34 percent and 56.4 percent for males, making for a gap of 20.4 percentage points (UNESCO 2012). Another study postulated that poverty and discrimination are

some of the key determinants of girls' levels of educational attainment; fewer than 2 in 10 girls from poor households completes primary school, compared to 7 in 10 boys who come from affluent urban households (Pearce, Fourmy, and Kovach 2009). Kuepie, Dzossa, and Kelodjoue found the proportion of women over age 15 who were literate and could read a sentence in French (the national language) was only 17 percent in 2006 (2013). Mali is among seven countries, all in sub-Saharan Africa, with very low literacy rates.

Despite substantial gains in enrollments and access to school over the last two and a half decades, gender parity remains a grave problem; consequently, a large majority of the female population continues to be poorly represented at all levels in the education system and still suffers from educational exclusion. These large gender gaps demonstrate how far Mali has not come in addressing gender inequality and exclusion. To be successful in closing the gap and to reach equity, Mali must focus its efforts on being inclusive at all levels. Educated girls and women are likely to marry at an older age, have fewer children, find employment, and make the best health decisions for their children.

Health

Access to Health Care

Mali only spends 6.9 percent of its gross domestic product (GDP) on health care (WHO 2015). Life expectancy is only 53 years. This reflects the poor state of health care in the country and the high levels of poverty. About half the population lives in poverty (WHO 2015). There are few hospitals, and there is only 1 doctor for every 10,000 people in Mali; however, the hospitals are likely to incorporate effective traditional cures and treatments into their practices. Forty-seven percent of the population is under the age of 15. Improved drinking water is available to more than 60 percent of the population, but only 20 percent has access to sanitation facilities. Diseases such as cholera and meningitis are common due to sanitation issues (WHO 2015).

Maternal Health

Only 8 percent of women in Mali use some form of contraception, and the fertility rate in 2013 was 6.8. The situation is dire for women's reproductive health. For a woman between the ages of 15 and 49, there is a 44 percent probability that she will die from maternal causes. The maternal

mortality rate dropped from 1,100 per 100,000 in 1990, to 550 in 2013, but this number is still very high. Only 35 percent of women attend four or more antenatal appointments, and 58 percent are attended by a skilled birth assistant. The mortality rate for children under the age of 5 has also declined from 1990 to 2013 (WHO 2015).

Diseases and Disorders

Unlike many countries in Africa, HIV rates are very low—only 1 percent—but many children have been orphaned when their parents die (WHO 2015). Malaria rates are high and the subject of many interventions. Women are most likely to die from maternal, neonatal, and nutritional causes, followed by heart disease and diabetes.

Female Genital Cutting and Mutilation

In 1990, the Vienna World Conference on Human Rights classified female genital cutting (FGC), sometimes called female genital mutilation (FGM), as a form of violence against women. Furthermore, on December 31, 2012, the UN General Assembly passed a resolution to eliminate FGM worldwide. Female genital mutilation is the partial or total removal of the clitoris and other cutting in the female genitalia for reasons other than medical. As reported by the United Nations, FGM is widely practiced in 28 countries in Africa as well as countries in the Middle East, Asia, and other communities worldwide (UNESCO 2012). Although FGM is not illegal in Mali, it is illegal to perform the procedures in government-run health clinics. Opponents of FGM emphasize that the practice can have life-threatening consequences, including chronic infections, psychological trauma, and severe pain during urination, sexual intercourse, menstruation, and childbirth. Proponents argue that FGM is a cultural practice that is traditionally justified. Unfortunately, Mali has not yet set legislation outlawing FGM, as neighboring countries have. Thus, FGM is common in Mali and remains a deepening problem.

FGM is an integral part of Malian societies and is deeply rooted in tradition and culture. According to the United Nations, roughly 70 million girls and women in Mali have undergone FGM (UNESCO 2012). In 2014, the estimated prevalence of FGM in girls and women aged 15–49 years was 91.4 percent, a reported increase from 85.2 percent in the 2006 Demographic and Health Survey (DHS) (28 Too Many 2014). Furthermore, when FGM prevalence is

compared by faith, Muslims had a higher rate (92.8%) than Christians did (65.2%). Also important, a large proportion of women (76%) and men (69.5%) defended FGM as a justified traditional rite of passage. Other studies concluded that both FGC and FGM are particularly rampant in rural areas. A survey of 9,704 women aged 15–49 revealed that 93.7 percent had undergone either FGM or FGC (DHS 2015). Additionally, 96 percent of women and girls in rural regions had been circumcised compared to 92 percent of women and girls in urban areas. In 2013, they found similar results of FGM in rural areas (91.8%) compared to urban centers (90.5%) (DHS 2015). The Office of the Senior Coordinator for International Women's Issues also discovered an alarming surge of FGM in more than 95 percent of women and girls in the southern half of Mali, including Bambara, Soninke, Peul, Dogon, and Senoufo (2009). In 2014, the 28 Too Many Organization reported the highest rates of FGM in western and southern regions of Keyes, Skasso, Koulikoro, and Bamako and the lowest rates in the northeastern regions of Kidal and Gao.

It has been estimated that 94 percent of children in Mali have undergone FGM by the age of 4 years. A report by the Women's International Network News discovered widespread incidents of FGM in rural regions, where girls as young as 6 months to 6 years undergo the procedure. In 2014, 28 Too Many found the prevalence of FGM in girls aged infant to 14 at 69.2 percent. Similarly, the Office of Senior Coordinator for International Women's Issues found 37 percent of girls were circumcised before they reached school age (2009). Research studies continue to consistently demonstrate that FGM is a widespread and dangerous procedure. An article by Equality Now on FGM in Mali examined 1,980 girls and discovered 1,027 had undergone FGM, and 1.2 percent had been treated for FGM-related complications. Moreover, more than 1,116 girls and women had received medical care for FGM-related complications during this same period (Equality Now 2015). Fifty-two percent of women had experienced complications from FGM, including hemorrhage, and 34 percent of maternal deaths were related to hemorrhage from FGM (28 Too Many 2014).

The UN General Assembly adopted a resolution to eliminate FGM on December 21, 2012, but Malian women and girls are still subjected to this harmful procedure. In 2014, the Mali government set goals to bring FGM down from 69 percent to 64 percent for girls infant to 14 years, to ensure 95 percent of identified cases receive support, and to adopt policies to outlaw and criminalize FGM. Despite immense

challenges, Mali has great potential to outlaw this dangerous procedure, but for now, the fight to eradicate FGM continues. As reported by 28 Too Many, FGM is not unique to Mali; nearly 130 million women and girls worldwide have been subjected to this procedure (2014).

Employment

Women make up over half of the population in Mali, but they are less likely to enter the labor market and secure wage-paying positions or equivalent jobs to men. One report shows that Malian women's participation in the labor market is widespread in informal sectors and limited in the formal sectors. Approximately 48.4 percent of women are employed in agricultural sectors, where they perform hard labor; yet, women in rural regions live in abject poverty. The report further speculates that this can perhaps be explained by the fact that women employment is not highly regarded; consequently, women are relegated into the informal sectors. Additional education for women, however, does not translate into formal employment due to systematic institutional discrimination (Doumbia and Meurs 1998).

Malian women are disproportionately underrepresented in the paid labor market. As observed by the Millennium Development Goals, a high proportion of women in Mali worked in the informal sector: 84.7 percent in 2004 and 88 percent in 2007. Furthermore, women accounted for only 11.4 percent in the nonagricultural industries, but this number decreased to 3.6 percent in 2007 (UNDP 2017). The Social Institution & Gender Index (SIGI) found 52 percent of females of working age were part of the labor force in 2013, compared to 82 percent of their male counterparts (2014). Most troubling, in 2013, women represented 39 percent of the total labor force. As affirmed by the Permanent Household Survey, women's participation in the labor force in Mali was 75.7 percent, as opposed to 85.8 percent for men (UNDP 2017). The survey also indicates that although 51 percent of jobs were held by women, only 3.6 percent of these women earned wages, and the rest were self-employed.

Studies show that women with the same educational levels as men are less likely to secure wage-paying jobs and more likely to be paid less than men (Doumbia and Meurs 2003). Similarly, another study found that one year of additional education for females increases the chances of access to a high-quality job by about 1 percent; however, one year of additional education has twice that effect

for males (Kuepie, Dzossa, and Kelodjoue 2013). A survey conducted in Mali by the Employment and Training Observatory in the occupational category by sex indicates that women are overwhelming overrepresented in lower-paying positions and underrepresented in managerial and executive levels. In apprenticeships, women's participation is 43 percent, compared to 56.8 percent for men, and women held 19.2 percent of management positions and 16.4 percent of senior-level positions. Women occupied only 23.5 percent of junior executive levels. Furthermore, women accounted for only one-quarter of civil servants. An analysis of the employment sector and gender in Mali revealed similar results of women's underrepresentation in executive-level positions, including public administrations (CIA 2016).

Women in Mali are significantly less likely to hold positions with greater education requirements. For the senior executive positions, which require a master's degree or higher, women held 10.2 percent. For the junior executive level, which requires a postsecondary technical degree or equivalent qualification, there were 38.8 percent women. In category B1, which requires a diploma in technical discipline or equivalent qualification, women occupied 22.1 percent. In category C, which is equivalent to the level for a skilled worker (vocational training certificate), women occupied 36.2 percent. Finally, in category D, which consists of civil servants without any qualifications, women were in 35.3 percent of the jobs (CIA 2016).

The results of the survey highlight severe discrepancies between women and men employed in civil service. Because gender has a pronounced effect on human capital in Mali, educated women are relegated into low-wage positions. It is not surprising, therefore, that women continue to face inequality in the labor market and remain among the poorest population in the country. While some efforts have resulted in some improvements, thousands of Malian women still face obstacles in securing wage employment and leadership positions. The fight for equality for Malian women is more of a dream than a reality.

Family Life

Marriage

In Mali, child and forced marriages for girls are deeply rooted in tradition and the gender inequality and poverty that have existed for many centuries. Child marriage makes girls vulnerable to domestic violence and affects all aspect of their lives, including denying them the right

to their childhood and education. Researchers argue that child marriage is a form of sexual violence that is widespread in Mali. According to the SIGI, Mali has one of the worst records for child marriages in the world, and it is ranked 15th out of the 20 countries with the highest prevalence of child marriage (CIA 2016). As stipulated in the 2011 Family Code, a husband is the head of family; therefore, he has sole family and parental rights. Society expects a woman to adhere to the characteristics of a good wife by being submissive, faithful, and responsible for managing domestic life, including child care.

The marriage code is discriminatory in most aspects of family life and encourages marital inequality. For example, according to the Family Code, the legal age of marriage for girls is 15 years and 18 years for boys. Women and men in Mali are free to marry whom they want to marry; nonetheless, girls are allowed to marry before the age of 15 with parental consent and judicial authorization (CIA 2016). Forced marriages are illegal in Mali and punishable by 1–5 years of imprisonment or up to 20 years' imprisonment with 10 years' hard labor if the girl is under the age of 15; yet, forced marriages are rampant because the laws are not enforced.

Other discriminatory provisions in Malian legislation limit women's rights to decisions that affect their lives. For instance, women have no choice between a polygamous and a monogamous marriage, whether or not to work, or the choice of residence; rather, these decisions are left to the husband. The UNDP found that one out of every two women were married before the age of 16.5 years, while half of the men were married at the age of 26.1 years (UNDP 2017). Numerous studies have documented high levels of early marriages for Malian girls. Human Rights Watch (HRW) found that 22 percent of girls were married at the age of 15 and 93 percent before the age of 22, and 52.6 percent of girls aged 15–19 years were married, divorced, or widowed (2015). The Population Council revealed that 39 percent of girls aged 20–24 in Kayes were married before the age of 15, and 83 percent before the age of 18 (2006). Forced marriage is prevalent in some ethnic groups, including Foulani Kiriabe, Diaguinde and Kayes. Moreover, an article published by the Integrated Regional Information Networks (IRIN) indicated that early marriages are pervasive in Kayes, with the majority of girls 13–14 years old taken out of school to be married (2005).

According to the 2011 Marriage Code and the teaching of Islam, polygamy is legal and widespread in Mali; thus, women have limited legal protection. CEDAW found

almost 40 percent of women were in a polygamous union, including 20 percent of married girls aged 15–19 (2017). Other researchers have consistently demonstrated that illiterate women are twice as likely to be in polygamous unions as compared to women with education. Forty-four percent of women in polygamous unions had no education compared to 39 percent of women with primary education and 26 percent of women with secondary or higher education (DHS 2015). Polygamy was more prevalent in rural regions than in urban centers, with 45 percent of women in rural areas in polygamous unions in contrast to 34 percent of their female counterparts in urban regions (DHS 2015).

Other discriminatory practices limit a woman's right in inheritance; for instance, the sharia law postulates that both female and male surviving spouses have equal inheritance rights to property, including sons and daughters, yet daughters inherit poorer-quality land and receive half the share received by sons. Also noteworthy is that, under customary law, a wife is required to marry the brother of the deceased spouse, who also inherits all of the estate and custody of the children. In 2015, Mali launched a national campaign titled "Education for girls" to eradicate early child marriages. But the fight to save Malian girls is far from over.

Politics

Studies show that Mali has no restrictions on voting, but traditional perceptions of women as inferior to men prevail because the society upholds cultural practices that foster subordination of women. Thus, women have rare access to the public sphere and are underrepresented in a political system that remains a male domain. Consequently, these inequalities stand in the way of women's political development, thereby limiting their progress in the society. Mali created the Ministry of Women in 1997, but it does not effectively protect women's rights because it has limited legal protection. Furthermore, Article 2 of the 1992 Malian Constitution stipulates equality between women and men and prohibits discrimination based on gender; yet, discrimination against women in the Malian political system is endemic.

Despite global recognition of women's role in politics, Malian women's participation in the political process still plays a minimal role within decision-making bodies. Fewer than 10 percent of all elected officials, including ministers, general secretaries, and administrative directors, are

women (HRW 2015). The majority of decision-making positions in public service are occupied by men (OECD 2013). The National Democratic Institute (NDI) reported the following findings: women occupied 3 seats out of 129 in the National Assembly in 1992; 18 seats out of 147 in 1997; 15 seats out of 147 in 2002; and 15 out of 147 seats in 2007 (2016). Among mayoral corps, women held 7 out of 703 seats and, in 2013, only 14 out of 147 members elected to the National Assembly.

Most troubling is that among mayoral candidates in 2008, only 7 women were elected compared to 696 men. The following year, women gained one more mayoral position. Moreover, women were underrepresented in ministerial appointed posts, occupying 7 seats, while men held 20 seats in 2008. Nevertheless, the number of women holding ministerial seats increased slightly in 2009 to 8, while men occupied 23 seats. Sadly, out of 7 appointed members to the Supreme Court in 2008 and 2009, a woman held only one seat. Moreover, the UNDP reported that over 62 percent of the women employed by the public administration service were civil servants, but this number represents only 25 percent of the total number of civil servants and 17 percent of the total public service staff (2017). The underrepresentation signifies the barriers to political participation that women continue to experience. A few women have managed to climb the ladder to hold government ministerial posts and seats in the National Assembly; yet, women are largely absent from leadership and decision-making positions.

Religious and Cultural Roles

Mali is a predominantly Muslim nation. It has a history of being tolerant of a variety of religions and ways of practicing, but radical Islamic groups have increasingly contributed to unrest in the country. The aforementioned levels of illiteracy mean that not many people can read the Koran, and so they rely on others to interpret it for them. This often leads to the continued inequity of opportunity for women when leaders use religious texts to support ideas about women's subordination in family and society.

Issues

Violence

Violence against women is one of the most persistent and socially tolerated human rights violations in the world that has been ignored for many centuries. The UN Committee

on the Elimination of Discrimination Against Women has clearly stated that gender-based violence is a form of discrimination that inhibits women's ability to enjoy their rights and freedom on a basis of equality with men. Violence toward women in Mali, as it is globally, is a consequence of pervasive social systems that treat women as inferior because of their gender. In Malian society, gender-based violence (GBV), such as rape, sexual abuse, domestic violence, female genital mutilation, and early and forced marriages, exists on an unimaginable scale, and women encounter discriminatory obstacles in their efforts to access the justice system. Sadly, but not surprisingly, domestic violence, such as a husband beating a wife, is accepted and considered justified.

In 2001, Mali amended its penal code, but it did not include special provisions to outlaw domestic violence, thereby creating a legal vacuum in the law. Furthermore, domestic violence is not addressed in the *State Party Report* submitted by Mali, contrary to the request in general comment 28, paragraph 11, of the Human Rights Committee. Consequently, domestic violence continues to be endemic and accepted as a part of daily life. Violence affects women disproportionately and includes acts that inflict physical, mental, and sexual harm or suffering; threats; coercion; and other deprivations of liberty (CEDAW 2004). Violence violates, impairs, and prevents women and girls from enjoying their fundamental human rights and freedoms.

While researchers agree that gender-based violence is pervasive in Mali, women and girls have little access to the criminal justice system. Societal acceptance and tolerance of gender-based violence and lack of legislation and policies encourages the abuse and discourages the victims from reporting the crimes. Consequently, there is a large reservoir of underreported cases of gender-based violence; hence, statistics of this crime are underestimated and do not reveal the scope and severity of the problem.

Violence against women is a crime that occurs in many settings; however, much of it takes place at home, and the abuser could be a spouse, boyfriend, or an acquaintance. Studies have reported that violence in Mali affects many women, and the rate of pervasiveness of intimate partner violence is extremely high. The U.S. Agency for International Development (USAID 2014) reported alarming rates of violence against women from the age of 15, with nearly 4 in 10 women having been physically abused at home. Even more troubling, 65 percent of the incidents were inflicted by the husband, 20 percent by the mother or father of the mother, 14 percent by the father or husband

of the mother, and 15 percent by a sibling (USAID 2014). These statistics confirm that hundreds of Malian women continue to be violated in their homes. Sixty percent of Malian women who are not educated agreed that men are justified in beating their wives (CIA 2016).

Women in conflict-affected regions are more vulnerable to rape and other gender-related violence. For instance, during the 2012–2013 conflict in northern Mali, thousands of women and girls were violated, including rape, forced marriages, and other forms of violence.

NJOKI-WA-KINYATTI

Further Resources

- CEDAW (Convention of Elimination of All Forms of Discrimination against Women). 2017. Retrieved from <http://www.refworld.org/publisher,CEDAW,STATEPARTIESREP,MLI,,,0.html>.
- CIA (Central Intelligence Agency). 2016. "Mali." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/ml.html>.
- DHS (Demographic and Health Surveys). 2015. "Mali." Retrieved from <http://dhsprogram.com/what-we-do/survey/survey-display-487.cfm>.
- Doumbia, Salina, and Dominique Meurs. 2003. "Gender Equality at Work in Sub-Saharan Africa: A Case Study of Mali's Modern Sector." *International Labour Review* 142.3: 295–316. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/j.1564-913X.2003.tb00264.x/abstract>.
- Equality Now. 2015. "Mali: Renewed Call for a Law against Female Genital Mutilation." Retrieved from <http://www.equalitynow.org/node/517-updated>.
- HRW (Human Rights Watch). 2015. "Mali." Retrieved from <https://www.hrw.org/world-report/2016/country-chapters/mali>.
- IRIN (Integrated Regional Information Networks). 2005. "Mali: Prevalence of Forced Marriages and the Consequences of Refusing." Retrieved from <http://www.refworld.org/docid/469cd6a0c.html>.
- Kuepie, Mathias, Anaclet Desire Dzossa, and Samuel Kelodjoue. 2013. "Determinants of Labor Market Gender Inequalities in Cameroon, Senegal and Mali: The Role of Human Capital and Fertility Burden." Retrieved from <https://ideas.repec.org/p/irs/cepswp/2013-08.html>.
- Lange, Marie-France. 2003. "Gender Inequality and Education in Mali." Background Paper for EFA Global Monitoring Report 4. Retrieved from <http://unesdoc.unesco.org/images/0014/001467/146795e.pdf>.
- National Democratic Institute (NDI). 2016. "Mali." Retrieved from <https://www.ndi.org/sub-saharan-africa/mali>.
- OECD. 2013. "Mali." Retrieved from <http://www.oecd.org/countries/mali>.
- Office of the Senior Coordinator for International Women's Issues. 2009. "Mali: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)." U.S. Department

- of State. Retrieved from <http://2001-2009.state.gov/g/wi/rls/rep/crfgm/10105.htm>.
- Pearce, C., S. Fourmy, and H. Kovach. 2009. *Ensuring Education for All in Mali*. Bamako, Mali: Oxfam International.
- Population Council. 2006. "The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People." Retrieved from http://www.popcouncil.org/uploads/pdfs/PGY_AdolDataGuides/Mali2006.pdf.
- SIGI (Social Institutions & Gender Index). 2014. "Mali." OECD Development Center. Retrieved from <http://www.genderindex.org/sites/default/files/datasheets/ML.pdf>.
- 28 Too Many. 2014. "Country Profile: FGM Mali." Retrieved from http://www.28toomany.org/media/uploads/mali_final.pdf.
- UNDP (UN Development Programme). 2017. "Millennium Development Goals." Retrieved from <http://www.undp.org/content/undp/en/home/librarypage/mdg/mdg-reports.html>.
- UNESCO. 2012. "Adult and Youth Literacy, 1990–2015: Analysis of Data for 41 Selected Countries." Retrieved from <http://www.uis.unesco.org/Education/Documents/UIS-literacy-statistics-1990-2015-en.pdf>.
- USAID (U.S. Agency for International Development). 2014. "Gender-Based Violence (GBV) in Mali." <https://www.usaid.gov/sites/default/files/documents/1864/12.01.2014.%20Gender%20Based%20Violence%20English%20factsheet.pdf>.
- WHO (World Health Organization). 2015. "Our Africa: Mali." Retrieved from <http://www.who.int/gho/countries/mli.pdf?ua=1>.

Morocco

Overview of Morocco

Maroc, commonly called "Morocco" in Western English-speaking countries, hosts a population of roughly 32.9 million people who live within approximately 172,000 square miles (446,550 sq. km) on the northwestern portion of the African continent (High Commissioner of Planning 2010). Geographically, Morocco sits adjacent to the Atlantic Ocean to the west and the Mediterranean Sea to the north (CIA 2014). The nation of West Sahara borders the south, and Algeria forms nearly the entire eastern border. The border with Algeria closed in 1994, and the nations have since maintained only minimal diplomatic relations. The country's development of natural resources includes generalized prairie agriculture and fishing; mineral deposits such as iron, manganese, and lead; and a strong tourism industry due to its proximity to the Mediterranean. The majority of the country's labor force (44.6%) holds employment in some form of rural

agricultural production, mostly privatized; 19.8 percent of the population works in other facets of industry, and 35.5 percent in various public and private service jobs. As of 2012, the unemployment rate held steady at 9.5 percent.

Following its 1955 independence from rule by France as a colonial protectorate, Morocco reorganized into a constitutional monarchy in 1957. At present, King Mohammed VI (1963–) reigns over a substantially limited form of democratic government. The country ratified by accession the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) on June 21, 1993 (United Nations 2014).

The majority of the population identifies with Arab and Berber ancestry, and the primary languages spoken include Arabic, French, and Berber. Nearly 99 percent of the population identifies as Sunni Muslim, with less than 0.1 percent Shia Muslim. The remaining 1 percent of religious affiliations predominantly includes Jewish, Baha'i, and Christian faiths (United Nations 2014).

Girls and Teens

Education

Children usually begin primary school education around age 6, and the academic year runs from September through June. School classifications follow age ranges. Children ages 6–11 attend primary school, lower secondary school serves children ages 12–14 years, and ages 15–17 years attend upper secondary school (EPDC 2014). Multilingual education poses a challenge to continuing education in that students learn Arabic in primary and secondary schools, but university education is predominantly conducted in French.

On average, children spend 11 years in primary, secondary, and tertiary schooling, of which females spend 11 years and males spend 12 years on average. Literacy among youths aged 15–24 varies by sex, with a rate of 74 percent among females and 88.8 percent for males (UNICEF 2014). Throughout Morocco, many women have come to consider educational opportunities pivotal to fostering social and political equity. Beginning in the 1980s, traditionally rigid gender roles began to degrade due to changes in areas of law and cultural commitments (UNICEF 2014). As long-standing conservative and patriarchal sentiments have faded, opportunities for access to education have substantially improved, though this remains true mostly for women from wealthier classes. Compared to women living in and around urban areas, women in rural areas and those from poorer classes rarely

have access to advanced educational opportunities. Socioeconomic factors help to mitigate disadvantages among women in some cases, as family wealth permits access to university education.

Morocco hosts 23 universities—15 public and 8 private (Classbase 2014). Smaller educational institutes number around 221. Major universities reside in and around large urban centers, such as Marrakech, Fes, and Rabat. A historical matter of great pride for many Moroccans, the city of Fes claims the oldest university in the world, the University of al-Karaouine, or al-Qarawiyyin. Fatima al-Fihri (?–880 CE), a woman from a wealthy family, founded the institution in 859 CE. It has remained in continuous operation ever since, though the intellectual programs have changed over the centuries. At present, the curriculum primarily focuses on law, linguistics, and the study of Islam consistent with the teachings of a modern madrasa (educational institution) affiliated with the religion. Notably, at this point, males comprise the entire student population.

Between 2006 and 2012, roughly 4.7 percent of the total population graduated from tertiary educational institutions (universities or specialized institutes granting advanced degrees), of whom 4.2 percent are female and 5.3 percent are male. Those enrolled in postsecondary vocational and technical degree programs comprise 11.6–12 percent of the total population, within which roughly 9.7 percent are females and 13.6 percent males (UNESCO 2014).

At present, two leading problems confront women pursuing educational opportunities in Morocco: illiteracy among women in rural areas and generalized discrimination against women throughout the educational system overall. Problematic factors include familial and societal demands to contribute to domestic duties, long commutes between homes and schools, pressure on women to pursue work as “unskilled” labor (i.e., labor derived from skill sets learned outside of domestic settings), less prestigious opportunities as compared with men, and higher dropout rates. Governmental budget reductions in social services and education affect women detrimentally and substantially as compared with men. With nearly 50 percent of the population living in rural regions, older illiterate men from wealthier classes retain influence on governmental and social institutions, but older illiterate women from the same classes have little influence. Consequently, education as a means of improved equity among future generations remains limited, as many young, poor, rural women struggle to access education in a system preferential to and dominated by the interests of men (El Baggari 2013).

Health

Morocco’s centralized health care system is financed by the National Social Security Fund and administered by the National Sickness Insurance Agency. Overall, access to health care remains limited for most of the population because of the limited number of health care facilities that are, by and large, poorly maintained and understaffed by qualified professionals. Recent estimates show a disparity between roughly 24,000 available beds in care facilities and around 6 million patients seeking treatment (Library of Congress 2006). The average life expectancy among adults in 2012 was age 70.7, 72.5 for females and 68.9 for males (World Bank 2014). The overall infant mortality rate was 24.52 deaths per 1,000 live births (CIA 2014). By sex, the rates vary at 19.87 deaths per 1,000 births for females and 28.96 deaths per 1,000 births for males.

At present, among the estimated 30,000 overall population of HIV-infected individuals, around 11,000 women live with HIV (UNICEF 2014). As of 2013, 52 percent of new HIV infections in Morocco occur in women, 71 percent of these from infected spouses (Mumtaz et al. 2013). Among every 100,000 deaths, roughly 90.5 are men who die of cancer, and 74.5 are women who die of cancer. The most prevalent types of cancer afflicting women include breast cancer (39%) and cervical cancer (12%) (*Morocco World News* 2013). Use of tobacco is far less common among women (2%) than men (33%) (WHO 2011).

On the basis of Western medical standards, such as body mass index (BMI), obesity among Moroccan women is around 23 percent of the female population compared with 11 percent of males nationwide (WHO 2013). However, this may only apply to middle- and upper-class women. No identical reference to obesity seems relevant to all women as a familiar cultural construct. Rather, assessments of body image vary in regard to complexities of class, religious belief, tradition, region, and other factors.

Maternal Health

Women can find contraception options such as birth control pills, injections, diaphragms, IUDs, jelly, condoms, and sterilization widely available in cities, but there is less availability in rural areas. Predictably, contraception availability and use correlates with increased wealth and level of formal education. To obtain emergency contraceptives remains difficult for many. The nation’s Ministry of Health has coordinated national programs regarding family planning, the use of contraceptives, and mobile services for

maternal health and infant care. Approximately 1.5 midwives, nurses, and doctors per 1,000 people provide services in Morocco, and roughly 63 percent of births have an attending skilled professional (UNFPA 2011).

Data compiled in 2011 shows a range of countrywide childbirth circumstances that vary by locations, practices, and attendance by professionals with skilled clinical training. Skilled personnel attend 30 percent of births among the poorest 20 percent of the population, 70 percent of the births in the middle 20 percent of the population, and 95 percent of births in the wealthiest 20 percent. Prenatal and antenatal care is received by 40 percent of the poorest one-fifth, 71 percent of the middle one-fifth, and 93 percent of the wealthiest one-fifth. Home births occur at a rate of 5 percent among the wealthiest 20 percent, 32 percent among the middle 20 percent, and 71 percent among the poorest 20 percent of the population (Abdesslam 2011). Women have legalized access to abortion only when terminating a pregnancy will save the woman's life or to prevent permanent damage to physical or mental health. The law does not permit abortion of pregnancies resulting from rape or incest, nor for reasons related to fetal development.

Despite social stigmas, increasing numbers of young women do engage in premarital sex. This may indicate some gains in women's liberation and equity. However, with minimal access to educational resources regarding family planning, practices of unprotected sex and other high-risk nonintercourse sexual activities pose detrimental consequences for women in terms of sexually transmitted diseases and infections and unexpected and unplanned pregnancies. In 2011, an estimated 50,000 young women gave birth, and 12 percent of young women aged 15–24 have had an unplanned pregnancy (UNFPA 2013). Adolescent pregnancy rates garner intense stigma.

Employment

Women have a substantial role in the Moroccan economy as major contributors to most sectors of labor, service, and industry. Despite historical exclusion, in recent decades, women have made advancements in professional and government roles in the public, nonprofit, and private sectors. Consistent with patterns in other countries, the entry of women into employment sectors following exclusion has led to patterns of exploitation of women's labor, lowered pay when women gain representation, and disparities in protections through employment law. The expansion of neoliberal economic practices, instigated in large part by the influence

of Western, industrialized nations engaging in global development strategies, have caused concern about the treatment of women in Morocco's workforce. Some even contend that a stricter adherence to traditional Islamic practices offers better protections for women than the opportunities offered through capitalist economic development. Moroccan women face a substantial challenge given the dominant options requiring either adherence to conservative religious practices in the service of local patriarchies or subscribing to globalized economic systems designed around patriarchal norms exported by industrialized nations.

Morocco has ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and has adopted the UN Millennium Development Goals. Even with progressive moves in policy, female participation in the labor market declined from 30 percent in 1999 to 25 percent in 2012. Among those eligible to work, unemployment rates in recent years reflect a consistent disparity of 11 percent unemployment among males and 21 percent among females. On the Gender Inequality Index (GII), Morocco ranks 128th of 135 nations worldwide. Within the region, the nation ranks 12th out of 15 among the countries in the Middle East and North Africa (MENA) region (Achy 2013).

In types of employment, women mostly occupy roles in health, education, and lower-level services, with some recent gains in judicial and legislative professions. Women represent only around 13 percent of senior governance and public administrative roles (Achy 2013). Some estimates indicate substantial pay disparities, with women earning 17–25 percent less than men, depending on the type of employment (Sadiqi 2003, 195). Women face greater difficulties overcoming unemployment, a problem compounded by the fact that employers show discriminatory preferences for men when hiring for seasonal and noncontinuous employment.

Since at least the 1990s, women's advocacy groups have sought to establish laws protecting against sexual harassment in the workplace. While Article 503 of the Moroccan Penal Code identifies physical sexual harassment as a punishable crime, this has yet to result in practices that provide actual redress against workplace harassment. Evidence indicates that workplace, acquaintance, stranger, and public sexual harassment remain common problems such that few women bring forward official claims out of fear of retaliation.

National law makes a provision for maternity and paternity leave. Women can claim leave with pay at 100 percent

of their wages for a duration of 14 weeks and an additional year of leave without pay. Men can claim 100 percent of their wages for three days of paternity leave. This policy most likely benefits women working in middle- and upper-class professional and service-sector jobs, whereas women paid through informal and undocumented payments in cash likely have no recourse to make use of these provisions.

Family Life

The recent history of domestic slavery in Morocco helps set the context for understanding contemporary domestic labor conditions for women. The practice colluded with centuries of colonial slave trade controlled by European nations. Moreover, the selection of domestic slaves included a modern racial Manichaeism (“black” = “bad” = “inferior” plus “white” = “good” = “superior”). As a result, the majority of domestic slaves were black, typically West African females. Even though the French government had technically condemned slavery far earlier in the 20th century, the colonial protectorate government overseeing Morocco widely ignored or overlooked the matter. Many wealthy families kept women as domestic slaves until the mid-20th century, around the time Morocco established independence from France in 1956.

Marriage, age, and socioeconomic status influence women’s domestic labor roles. Married women face strong familial and social pressures to have children and adopt mothering roles that include preparing and cooking food, laundry, cleaning, child-rearing, and seeing to preparations for religious rituals. Age influences assignment of more energy-exerting tasks, such as cleaning to younger women while older women contribute to child care and more sedentary activities. Families with greater surplus wealth frequently employ maids and other domestic servants, transferring the domestic labor demands from women members of the family to hired labor, likely women as well. Given the sex-segregated conditions within many Moroccan homes, women serving in primarily domestic labor roles may have less access to quality food as compared with men who share the same household but who labor outside the home. Obesity rates are higher among women in domestic labor roles than among men of the same households working in public and for-profit labor settings, leading to speculation about the influences of domestic labor on women’s long-term health.

In 2004, Morocco adopted a new Family Code granting women equal legal rights within the family that provides

reciprocal rights for heterosexual married couples in terms of child-rearing, family planning, cohabitation, and other domestic concerns. The 2004 law provides women and men the same legal basis to initiate divorce proceedings, whereas previously men could unilaterally “repudiate” their wives, divorcing them without contest. However, pursuant to Islamic traditions, couples must participate in a court-mandated reconciliation process prior to any further pursuit of divorce. Women now retain primary custody of children by default, countering the prior law that required women to forfeit custody as a condition of divorce. Current marriage law also regulates polygamy in that men seeking to marry more than one woman must provide financial records to a judge demonstrating the ability to support multiple marriages, and men must attest to their intent to treat spouses equally. Gender roles within family divisions of labor and decision making remain relatively unchanged for married couples throughout most of the country, even in light of the changes in social policy.

Since 1962, Moroccan law has criminalized consensual sex between people identified as the same sex (ILGA 2014). Because administrative institutions consider it illegal to identify as lesbian, gay, bisexual, or transgender orientation, little to no government data provides a clear picture of concerns related to sexuality and gender identity (U.S. Department of State 2011). Punishments under these laws include financial penalties and prison time of up to 10 years. In some cases, individuals or groups target lesbians and gay men for violence and even honor killings, possibly including collusion with and participation by police.

Some girls and adolescent women endure forced child marriage. The state regulates child marriage, declaring age 18 the legal age of consensual marriage, but a substantial number of families, 11 percent of marriages in 2011, obtain court authorizations for girls under the age of 18 to marry (Kugle 2010). Various domestic and international organizations now advocate against child marriages.

Politics

As recently as 2011, organized activism, including prodemocracy protests and demonstrations, pressured Morocco’s ruler and government to introduce a new constitution with expanded citizen powers and increased electoral influence, particularly in local elections, though the king retains monarchical authority. Many consider February 20, 2011, the first day of massive demonstrations in Morocco inspired by other protests in the region, a decisive turn in

women's movements and overall movements for democracy, and some continue to refer to the current period of ongoing political change as a result of the "February 20th Movement."

Despite progress in social discourse about increasing citizen participation in governance, the country remains under scrutiny by international watchdog organizations for suppression of free broadcast media, particularly through state-sanctioned persecution and imprisonment of journalists. The turn toward more open democratic elections has technically opened opportunities for women to hold public office, but the primarily male-dominated realm of politics has only marginally changed, with conservative and regressive parties retaining a strong hold on national politics. The most widely documented and active women's movements in Morocco reflect international influences of liberal feminism emergent in Western, industrialized nations. Arguably, however, various forms of feminism and women's political interests continue to develop, including Islamic feminisms that modify and challenge liberal political platforms.

The legal and juridical system draws on aspects of Islamic and French law, a hybrid system following generations of intercultural blending of Islam with French colonial influences. Legislative acts remain subject to review by the Supreme Court, but with ultimate deference to the monarch. Citizens have a right to a fair trial under the legal system that grants presumption of innocence. However, the system does not use juries and predominantly relies on attorneys as arbiters of legal claims. Judges who preside over criminal and civil trials have training in sharia law as well as the Napoleonic tradition originating with French colonial influence.

Morocco implemented a quota system in 2002 that led to a boon in women's participation in elected government, particularly in the national parliamentary system. The previously male-dominated political system has slowly adjusted, and the fact of women's presence in such roles does not necessarily translate into widespread change; men still dominate political decision making in national representative governance. The effects of the 2002 legislation should not, however, be underestimated or overestimated. Women have held the right to vote and run for public office since 1962. Of the 17,174 persons who ran for political office in 1960, only 14 were women. In 1992, only 1,086 of the total 93,000 candidates were women. By 2003, the number of women candidates grew to 6,024 among a total of 122,658 candidates (Tahri 2003). Even with the

slow gain in women's representation in elected positions, a proliferation of women's political parties and pro-women advocacy groups continue following the 2002 law.

The heterogeneity of women in Morocco makes the accuracy of any generalized profile quite limited. Women enjoy various degrees of freedom as well as difficulty, depending on geography, class, economics, and traditions localized to different parts of the country. Within recent decades, women in urban and industrialized cities enjoy burgeoning participation in social and political aspects of Moroccan society. However, women in rural areas do not necessarily benefit from modern turns toward women's self-determination found in metropolitan areas.

As a result of the work of feminist organizations within and external to the country, women have gained substantial advancements in personal status law. Key issues facing women include discrimination based on sex and gender, underrepresentation or exclusion from policy making, illiteracy in some regions, poverty, and violence against women. Since the 1970s, feminist and women's organizations have made great advancements in reducing these and other problems, though many remain. However, the Moroccan government demonstrates overall weak commitments to the protection of women. Investigations, advocacy, and prosecution in the interests of protecting women from gender-based violence remain unreliable in most parts of the nation.

Labor laws do not explicitly protect against sexual harassment, nor do such laws make provisions for salary equity. Within recent years, these legal and political circumstances have led women to advocate for systematic equality, including quota-based representation in governance and political parties as well as strong encouragement for women to pursue appointments to government positions and election to public office. Some contend, however, that this appeal to conventional statist politics results in silencing the everyday "street politics" without which women's advancement in recent decades could not have occurred.

Religious and Cultural Roles

Visitors to Morocco's most popular tourist destinations, such as Tangiers, Marrakech, and Fez, may get a false impression of Moroccans as impersonal, *en masse*. Travel guides, for instance, profile public life in Morocco as rough, even profane, as compared with the relative tranquility of private home life. As with the centers of tourism

and trade in any country, much of the activity represents embellishments of Moroccan society. Cultural practices and norms among women vary widely throughout the country. Moreover, the growing base of women entrepreneurs contributes to changing social and cultural roles as women in middle and upper classes alter or reject conventional gender role assignment to unpaid domestic work and paid manual and service labor.

Because of the industrialized modernization of Morocco's major cities (Casablanca, Tangiers, Marrakech, Rabat, Fes), Moroccans in most areas of the country have access to some forms of media. An expansive state-run telecommunications network infrastructure continues to grow and expands the reach of global popular culture influences from industrialized European and North American nations into many parts of the country. In many ways, Moroccans interested in further industrialization and modernization refer to themselves culturally, economically, and politically as distinct from their geographical neighbors in the rest of Africa. Following the trend of industrialization in recent decades, technology use, including computers and cell phone use, is common among middle- and upper-class women. Most women in and near major cities and larger towns dress in clothing representative of European and American fashions. Women covering themselves, which is more common to other predominantly Muslim countries, is much rarer in Morocco, but it is quite frequent in rural areas and among older generations of women. Popular music, films, and other media follow the same trend as clothing and technology use. Films are a popular form of entertainment, and many cities and towns have modern theaters with digital equipment. Among the few films produced by Moroccan production firms, most are documentaries.

The combination of patriarchy, regressive interpretations of Islam, and widespread illiteracy among women have a silencing influence on most women in poorer and middle classes. Under these circumstances, men systematically relegate women to "listening" roles during religious ceremonies and cultural observances, except when women's labor proves useful for preparatory labors in advance of services. Arguably due to the influences of Berber cultures on dominant Islamic cultures, women maintain oral text traditions in which women's leadership and resistance continue to operate as a counterculture of persistence and endurance among patriarchal norms. Oral literature remembered and shared by generational chains of women functioned in defiance of colonialism for centuries, and

in the contemporary world, it even affords women some influence on the operations of male-dominated mosques. Women's oral texts have no official sanction or acknowledgment in Moroccan political and social institutions, and yet they comprise a substantial form of power whereby women use orality to bring changes through education, media, commerce, the arts, and other facets of life.

Issues

To understand the issues facing Moroccan women, it is important to take into account the intersecting complexities. These include poverty, illiteracy, limited access to health care, low levels of women's political representation in government, regressive religious and cultural practices, extremely limited economic mobility, and recent reforms to family law within the past two decades. The culmination of these factors has, despite recent formal progress in some aspects of public policy and economic redistribution, left women systematically subservient to men except where they can form practices of daily resistance. Women from wealthier classes, a minority who enjoy daily freedoms, education, and access to social services, find themselves uniquely poised to advocate for women in poorer classes. However, this also poses a burden by tethering solutions to women's problems within women as a class, thereby exempting men from the responsibilities and labors to assist with women's liberation.

Morocco recognizes rape as a criminal offense, but there is no specific provision against marital rape. Women endure discouragement from pursuing justice in response to sexual assault. Cultural mores labeling women as impure or unclean constrain women under norms that justify shaming and victim blaming. In particular, the obligation to protect family honor deters women from reporting and pursuing criminal charges against perpetrators. Those who do seek police intervention against unknown assailants and spouses face patriarchal conditions in law and criminal investigations requiring them to demonstrate evidence of abuses. If they are unable to garner police support, women who return to their domestic situations likely face additional violence out of retribution.

Legally, women who engage in extramarital sex face disproportionate burdens under a law that provides men with relaxed sentences for acts of violence toward women who are accused of adultery. Despite stereotypical profiling of predominantly Muslim countries in Western media, incidents of honor killings in Morocco are incredibly rare

as are practices of female genital cutting (FGC). When such incidents do occur, police continue to treat them as “family matters” of a type that does not warrant police intervention.

Trafficking and indentured exploitation of women pose a serious problem in Morocco. The country ranks high on a list of origin countries, low as a transit country, and very low as a destination country; Morocco is one of the main world sources of trafficked persons (Cullen-DuPont 2009, 239–244). Recent data primarily track trafficking into Spain, which likely serves as a transition country before traffickers move their captives to North America, the Caribbean, and South America. Various governmental and nongovernmental agencies have responded to attempt to mitigate the trade in women as sex slaves and indentured domestic workers.

Outlook for the 21st Century

Within the coming decades, Morocco may diminish affiliation with African, Arabic, and Mediterranean nations as the country engages in economic, cultural, and political shifts toward European interests. The pressure to sign on to the dominant interests of Western, industrialized nations may bring about overall prosperity in terms of the total financial holdings of the nation. However, the long-standing disparities between the poor and their wealthy, elite counterparts would perpetuate if not also exaggerate growing political unrest, even as the country aims to democratize, albeit slowly. Given that women comprise nearly 45 percent of the industrial laborers in the country, a strong contributing class, it seems an urgent need to expand their legal, economic, and political roles. In the coming century, Moroccan women may bring about domestic political advocacy movements in partnership with international NGOs (Tahri 2003). It remains questionable whether this will continue to advance narrow forms of liberal (and Western forms of) feminisms or help to proliferate feminisms unique to and, perhaps, more responsive to Moroccan women's interests. For a time, this may involve organizing women's caucuses within existing political parties and then perhaps expanding to develop organized coalitions with long-term interests in equity and shared rule.

CHRISTIAN MATHEIS

Further Resources

- Abdesslam, Boutayeb. 2011. “Social Determinants of Reproductive Health in Morocco.” *African Journal of Reproductive Health* 15.2: 57–66.
- Achy, Lahcen. 2013. “Morocco's Gender-Equality Laws Fail to Improve Situation.” *Al-Monitor*, April 2. Retrieved from <http://www.al-monitor.com/pulse/culture/2013/04/morocco-gender-equality-failed.html>.
- Boslaugh, Sarah E. 2013. *Health Care Systems around the World: A Comparative Guide*. Thousand Oaks, CA: SAGE Publications. Retrieved from <http://viva.ebib.com/patron/FullRecord.aspx?p=1652023>.
- CIA (Central Intelligence Agency). 2014. “Morocco.” *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/mo.html>.
- Classbase. 2014. “Education System in Morocco.” Retrieved from <http://www.classbase.com/Countries/Morocco/Education-System>.
- Cullen-DuPont, Kathryn, and Taina Bien-Aime. 2009. *Human Trafficking*. New York: Infobase Publishing.
- El Baggari, Yasmine. 2013. “Implications of Morocco's Bifurcated Educational System.” *Jadaliyya*, December 2. Retrieved from <http://www.jadaliyya.com/pages/index/15428/implications-of-moroccos-bifurcated-educational-syn>.
- EPDC (Education Policy and Data Center). 2014. “National Education Profile: Morocco.” Retrieved from <http://www.epdc.org/education-data-research/morocco-national-education-profile>.
- High Commissioner of Planning. 2010. “Population Demographics, National Population Survey.” National Documentation Center, Kingdom of Morocco.
- ILGA (International Lesbian, Gay, Bisexual, Trans, and Intersex Association). 2016. “Laws by Country: Morocco.” Retrieved from <http://ilga.org/what-we-do/maps-sexual-orientation-laws/>.
- Joseph, Suad Najmabadi Afsaneh. 2003. *Encyclopedia of Women & Islamic Cultures*. Leiden and Boston: Brill.
- Kapchan, Deborah. 2011. *Gender on the Market: Moroccan Women and the Revoicing of Tradition*. Philadelphia: University of Pennsylvania Press.
- Kugle, Scott Alan. 2010. *Homosexuality in Islam: Critical Reflection on Gay, Lesbian, and Transgender Muslims*. Oxford: Oneworld.
- Library of Congress. 2006. “Country Profile: Morocco.” Washington, D.C.: Library of Congress.
- Lulat, Y. G. M. 2005. *A History of African Higher Education from Antiquity to the Present: A Critical Synthesis*. Santa Barbara, CA: Praeger.
- Morocco World News. 2013. “Cancer Incidence in Morocco: 110 New Cases for Each 100,000 Inhabitants Annually.” February 4. Retrieved from <https://www.moroccoworldnews.com/2013/02/76919/cancer-incidence-in-morocco-110-new-cases-for-each-100000-inhabitants-annually>.
- Mumtaz, Ghina, Silva P. Kouyoumjian, Nahla Hilmi, Ahmed Zidouh, Houssine El Rhilani, Kamal Alami, Aziza Bennani, Eleanor Gouws, Peter Denis Ghys, and Laith J. Abu-Raddad. 2013. “The Distribution of New HIV Infections by Mode of Exposure in Morocco.” *Sexually Transmitted Infections*. 89.3: 49–56.
- Sadiqi, Fatima. 2003. *Women, Gender, and Language in Morocco, Woman and Gender, the Middle East and the Islamic World*. Leiden and Boston: Brill.

- Tahri, Rachida. 2003. "Women's Political Participation: The Case of Morocco." Retrieved from http://www.quotaproject.org/CS/CS_Morocco_tahri_27_7_2004.pdf.
- UNESCO. 2014. "Country Profiles: Morocco." UNESCO Institute for Statistics. Retrieved from <http://en.unesco.org/countries/morocco>.
- UNFPA (UN Population Fund). 2011. "Morocco Country Profile." Retrieved from <http://www.unfpa.org/transparency-portal/unfpa-morocco>.
- UNFPA (UN Population Fund). 2013. "Breaking the Wall of Silence: Women and Girls in Morocco Open Up about Adolescent Pregnancy." UNFPA Dispatch. Retrieved from <http://www.unfpa.org/news/breaking-wall-silence-women-and-girls-morocco-open-about-adolescent-pregnancy>.
- UNICEF. 2014. "At a Glance: Morocco." Retrieved from <https://www.unicef.org/infobycountry/morocco.html>.
- United Nations. 2014. *CEDAW States Parties: Ratification*. Edited by United Nations Treaties Collection, New York.
- U.S. Department of State. 2011. "Country Reports on Human Rights Practices 2011: Morocco." Retrieved from <https://www.state.gov/j/drl/rls/hrrpt/2011>.
- WHO (World Health Organization). 2011. "World Health Organization—NCD Country Profiles." Retrieved from <http://www.who.int/nmh/publications/ncd-profiles-2014/en>.
- WHO (World Health Organization). 2013. "Morocco: Health Profile." Retrieved from <http://www.who.int/countries/mar/en>.
- World Bank. 2014. "Data: Morocco." Retrieved from <http://data.worldbank.org/country/morocco>.
- World Economic Forum. 2011. "Global Gender Gap Report 2011: Morocco." Retrieved from http://www3.weforum.org/docs/WEF_GenderGap_Report_2011.pdf.

N

Namibia

Overview of Country

The Republic of Namibia is geographically bordered by Angola and Zambia (north), South Africa (south), Botswana (east), and the Atlantic Ocean (west). It is divided into 13 ethnic regions, in which more than 30 native dialects are spoken, with English serving as the official national language. The ethnic composition of the country has 10 groups, including Ovambo (50%), Kavango (9%), Herero (7%), Damara (7%), Nama (5%), Caprivian (4%), San (3%), Baster (2%), Tswana (less than 1%), and white (6%). The population is just over 2.3 million people, 52 percent of whom are women, and approximately 24 percent of the country's inhabitants live below the international poverty line equivalent of USD\$1.25 per day (NationMaster 2014).

The country's primary occupation is agriculture, and its indigenous rural inhabitants work as farmers, herders, and hunter-gathers. Many urbanites live in the capital city of Windhoek, which has a population of just over 300,000. It is the site of the country's governmental, social, economic, educational, and cultural enterprises, and its ethnic mix is blacks (67%), whites (16%), and Basters (an ethnic group comprised of descendants of European settlers and indigenous women), Coloureds (a term for people of mixed race heritage that includes Basters), and Asians (17%). Many

city dwellers are employed as civil servants, traders, industrialists, and other professionals.

More than 90 percent of all Namibians have converted to Christianity, with Lutheran and Catholic being the predominate denominations. A small percentage of inhabitants have retained their tribal religious beliefs and adhere to the customary laws of their ancestors.

Colonial History

During the 19th century international law permitted European powers to claim sovereignty over *territorium nullius* (man's lands) inhabited by indigenous peoples, and in 1884, the Republic of Namibia became a German colonial protectorate known as a *Schutzgebiet*. After South Africa defeated the Germans during World War I, the colony, called *Südwestafrika* (South West Africa), was claimed and administered as a League of Nations mandate territory from 1919 until the United Nations was established in 1946. Apartheid was instituted in the 1960s. It dispossessed many indigenous people of their land and separated Namibians into self-governed homelands wherein borders were strictly controlled and mobility restricted.

These divisions repressed and confined the Namibian people, whose individual and collective protests and nationalist sentiments developed over several decades into the establishment of nationalist organizations. The most prominent of these was the South West Africa People's

Organization (SWAPO), whose powerful influence led the United Nations to acknowledge them as the singular representative of all Namibians. After a 25-year struggle, Namibia gained independence from South Africa on March 21, 1990, with SWAPO becoming the country's first democratically elected ruling party. Their efforts were instrumental in the reorganization of the 13 existing homelands into newly defined administrative regions. Although some residual effects of colonialism and apartheid have persisted in Namibia since independence, overall, the country has remained stable in its own right.

Education

Colonial rule caused deep divisions in educational access for Namibians, who had been driven into 11 ethnically specified "homelands" as part of apartheid. Following independence, national enrollment goals sought equitable educational access for both girls and boys, as reflected in the Namibian Constitution, Article 20: (1) "All persons shall have the right to education," and (2) "Primary education shall be compulsory and the State shall provide reasonable facilities to render effective this right for every resident within Namibia, by establishing and maintaining State schools at which primary education will be provided free of charge." Schools are designated as pre-primary (expanded from one to three years); lower primary (grades 1–4); upper primary (grades 5–7); junior secondary (grades 8–10); and senior secondary (grades 11–12). Although this compulsory education is free, parents must pay out-of-pocket costs for books, school uniforms, boarding, and sustained improvements to the schools (Tjipueja 2001, 2).

Approximately 600,000 girls and boys attend one of the more than 1,500 primary and secondary schools in Namibia. In general, national enrollment patterns appear on the surface to reflect educational equity, but regional variations reflect inequities by which many female learners have decreased access to educational opportunities. And however healthy the enrollment statistics, quality of education remains a challenge because of teacher shortages and the limited educational backgrounds of teachers for all grade levels, most of whom have had just three years of tertiary education beyond the 12th grade (Sasman 2011, 1).

As the country continues to develop, it faces many difficulties concerning educating youth, especially girls. As a recent empirical study on *Youth and Adult Learning and*

Education in Namibia observes, "Clear policy, financing and good governance are needed to ensure that young people and adults alike receive access to education—as is their right" (Shalyefu 2012, 4). Efforts are being made to address and find solutions for challenges, however, including those stemming from pandemic levels of teen pregnancies, which often result from poverty, limited exposure to sex education, lack of ambition, and a dearth of successful role models for young girls.

An estimated 1,500 pregnancy-related dropouts were reported in 2007, which prompted the minister of education to observe, "The need to address the issue of learner pregnancy is critical. Action is required from national, regional, and local levels. Together we must work together to ensure that our children, and our children's children, are able to receive the education they need and deserve" (Iyambo 2008, 1). Members of the Ministry of Education consulted with adult and child representatives from all 13 regions (urban and rural) to mobilize efforts in decreasing pregnancy rates and to develop opportunities for teen mothers to complete their educations. In 2008, they issued a revised *Education Sector Policy for the Prevention and Management of Learner Pregnancy* (2008), which stipulates that complementary efforts should be taken both at home and at school in the management and prevention of teen pregnancies. This policy requires schools to support, rather than stigmatize and penalize, pregnant girls. It also acknowledges a range of contributing factors to high pregnancy rates, including alcohol and drug abuse, poverty, and forced sexual encounters, rather than assuming young girls are merely engaging in risky sexual behavior.

Because of space limitations at vocational schools and universities, it is uncommon for Namibian youths to pursue higher education beyond secondary school. However, some young women do go on to attend the University of Namibia (of which 42% of the faculty are women), the Polytechnic of Namibia, the International University of Management, the Police College, or a teacher training college.

Health

Access to Health Care

Life expectancy in Namibia is 67 years; women live a few more years than men. Thirty-six percent of the population is under the age of 15, and 45 percent of the population lives in urban areas (WHO 2015).

Improved drinking water is available to 93.4 percent of the population (UNICEF 2006). Only 32.3 percent has

access to sanitation facilities, but a significant gap between urban access (57.1%) and rural (16.9%) exists (WHO 2015). Equity gaps continue to persist, especially in rural and remote areas.

Maternal Health

More than 55.1 percent of women in Namibia use some form of contraception. The fertility rate in 2013 was 3 per woman (WHO 2015). For a woman between the ages of 15–49, there is a 5 percent probability that she will become ill or die from maternal causes. The maternal mortality rate was 130 per 100,000 in 2013. This is better today than in past years, when it was 320 per 100,000 in 1990. Both the under-5 and maternal mortality rates are decreasing and lower than other countries in the region. More than 70 percent of women attend four or more antenatal appointments, and 81 percent are attended by a skilled birth assistant for delivery, though this ranges from 72.5 in rural areas to 93.9 in urban areas (UNICEF 2006). More than 80.8 percent of women give birth in a health care facility (UNICEF 2006). The mortality rate for children under five years old is 50/1,000 children, which is lower than the 74 per 1,000 in 1990 (WHO 2015). Prematurity is the leading cause of death for children under the age of five.

Abortion is illegal except in extreme cases of rape, incest, or endangerment of the mother's life. Two other medical practitioners must sign off on one of the allowable reasons for seeking an abortion, and they may not participate in the medical procedure. Abortions must be performed in a state-controlled institution. Namibian reports of fetuses in the sewer system are common. Expensive trips to South Africa to procure an abortion are only available to the wealthiest of women. When abortions are illegal or difficult to obtain, the numbers of abortions do not decline, there are just more unsafe abortions. "In 1997 the nation legalized abortion, and the same year the annual number of abortion-related deaths fell by 91 [percent]" (Kenyon 2014). Unsafe abortions are dangerous and can contribute to lasting health issues for women.

Diseases and Disorders

Namibia reports 82 percent of children receive the measles vaccine (WHO 2015). Malaria rates are very low, and nearly every home has an insecticide-treated net (ITN). Hypertension (or high blood pressure) is the most

common noncommunicable disease risk (38.1%), followed by diabetes (9.6%) (WHO 2015). The leading causes of death for women in 2013 are cardiovascular disease and diabetes, followed by AIDS.

HIV/AIDS

HIV is the leading cause of death in Namibia, with 25 percent of deaths listing HIV as the leading cause. In 2012, 582.9/100,000 people died from HIV (WHO 2015). As of 2012, 220,000 people in Namibia were living with HIV; 18,000 were children (UNICEF 2006). A staggering 76,000 children have been orphaned due to their parents dying from HIV/AIDS, compared to 54,000 children orphaned for other reasons (UNICEF 2006).

According to UNICEF, in 2012, there is a 13.3 percent prevalence rate of HIV. When looking at 2008–2012, we see additional differences between young women and men in comprehensive knowledge of HIV and condom use when having sex with multiple partners. More young women had comprehensive knowledge (62.2%, compared to young men's 58.5%), but more young men used condoms (82.2%, compared to 73.7% of young women). Studies have demonstrated that it is more difficult for women to negotiate using condoms, even in consensual relationships. There is also disparity between urban and rural and the richest and poorest people in the country. Young people living in urban areas or from the richest 20 percent of the population had higher rates of comprehensive knowledge about HIV than those from rural areas or from the poorest 20 percent (UNICEF 2006). In February 2017, a three-day consultation was held in Namibia to focus on increasing HIV prevention interventions with adolescent girls. Three-quarters of new HIV infections are girls aged 15–19. AIDS-related illness is the number one cause of death in women of reproductive age (WHO 2015). More than half of those infected are female, and at least 10 percent are teens between the ages of 15 and 24.

To help reduce the prevalence of this disease, a nationwide public health campaign was recently launched recommending adoption of the ABCs—an acronym for "Abstinence, Be faithful, use a Condom." This campaign should be particularly useful in educating teen girls on how to protect themselves from HIV transmission through abstinence, monogamy, and the use of condoms, while also informing them of stigmas associated with the disease and where to seek assistance from testing sites and health care centers.

Employment

The *Namibia Labour Force Survey 2013* indicates that both women and men in the country hold wage-earning jobs outside of the home in “factories, business enterprises, farms, shops, service undertakings, and other economic units engaged in production of goods and services intended for sale on the market,” as well as jobs in hotels, restaurants, transportation, communication, government, politics, social and cultural institutions, medical fields, the law, and other professions. Home-based jobs include agriculture, hunting, milling and other food processing, handicrafts, construction and major repairs, fetching water, and collecting wood.

Urban women in Namibia are primarily in wage-earning professions, while rural women engage in home-based work, income-generating ventures, and non-wage-earning activities. Typically, rural women are less literate and educated than their urban counterparts, who hold professional jobs, primarily located in Windhoek, in which they are subjected to lower pay, given less management responsibility, and are often employed in female-dominated fields such as teaching and nursing. Many women are employed as domestic workers by middle- and upper-class urbanites; they have protections afforded by the Namibian Labour Act as well as the Namibia Domestic and Allied Workers Union (NDAWU).

An influential organization is the Namibian Farm Workers Union (WFWU), which advocates for the rights of both women and men for improved working conditions. However, for many rural women, such improvements rarely solve the problem of their agricultural production not providing sufficient subsistence for their families. To offset the deficit, many women engage in entrepreneurial ventures, such as sewing, needlework, basket making, running bakeries, and brickmaking. Sometimes these activities are successful in bringing additional cash income into their households, but because the women lack adequate training in finance and management, they are rarely able to turn these enterprises into sustained revenue producing businesses.

Family Life

Among the various ethnic cultures in Namibia, family life differs across the 13 regions, but the Ovambos are representative of how family structure, governance, and daily life function in general. Much emphasis is placed on traditional Ovambo society because it has “a great impact

on women’s lives and is an important factor in defining women’s position” (Soiri 1996, 18). Located in northern Namibia, the Ovambos are composed of seven groups that have similar cultural characteristics, although they speak different dialects. The entire social system revolves around the chief, who governs in consultation with his councillors. Families reside in individual homesteads, or gumbos, with a husband, his wife (or wives if polygamous), and their children. Although the man is the head of the household, the culture is matrilineal, with mothers responsible for supporting the children. The culture is agricultural, and each gumbo has a plot of land on which goats, cattle, and pigs are raised and millet, watermelon, sorghum, beans, and squash are harvested. Although these homesteads are autonomous units, the culture is traditionally communal, so it is customary for neighboring gumbos to assist one another with agricultural work.

Precolonial Ovambo women were well respected as holders of the sociocultural values. They were considered mothers of the nation, the clan, and the family. Since independence, these women have retained much of their empowerment within their customary practices and tradition, and their familial presence contributes to the wholesome well-being of their households. As mothers, they played key roles in the formation of their children while also assisting their husbands in harvesting the land. Traditionally, women did not view themselves as inferior to males in precolonial Ovambo because they were so integral, influential, and respected for their roles in the success and survival of their society.

As previously mentioned, women’s familial roles in the Ovambo culture are similar to those of other Namibian cultures, such as the Kavango (matrilineal); Herero (patrilineal and matrilineal, or double descent); Damara (patrilineal); Nama (patrilineal); Caprivian (patrilineal); San (patrilineal); Baster (patrilineal); and Tswana (patrilineal). Among these various tribes, daily family life centers around the women; they keep all aspects of the household in good working order by caring for children, cleaning, working in the fields, and more. While holding strong and respected roles within their families, many of the women in Namibia’s 11 distinct ethnic groups do not perceive that patriarchal rule is deeply entrenched in their customary practices and traditions. It is probable that most also do not know that there is a constitution in place that both protects and enhances their rights.

The Namibian Constitution (1990) is rare in its use of gender-neutral language and espousal of gender equality,

with Article 10 stating, “(1) All persons are equal before the law; and (2) No person shall be discriminated against on the grounds of sex, race, color, ethnic origin, religion, creed or social or economic status.” While ideal in theory, in praxis, many ethnic cultures remain patriarchal, with the man as head of the household and the woman recognized as his property. While the legal status of women has improved since independence, prolonged traditions of oppression have resulted in lowered self-esteem and disempowerment for both rural and urban female Namibians, despite their improved constitutional rights.

In the tradition of both patrilineal and matrilineal customary marriage, the union between a man and woman is arranged between kinship groups. A *lobola* (or bride-price consisting of both money and heads of cattle) is paid, which bonds the two groups and gives the man and his kin controlling rights over the woman, who remains subordinate in the domestic sphere. Such arrangements infer that a woman is being purchased as a saleable commodity, but a *lobola* is intended to represent security for the marriage and as protection in the event of divorce. Typically, reasons for divorce in customary systems include barrenness, child neglect, adultery by the wife, witchcraft, and acute alcohol or drug abuse.

Customary systems prohibit women from owning and inheriting property, and rural women are dependent on their husbands for money. This keeps them vulnerable to inescapable cycles of poverty, domestic violence, and other forms of exploitation. Namibian women continue to be challenged by gender inequality regarding land and property ownership due to a lack of awareness of their legal rights, prejudicial property laws, and discriminatory practices. While a wife's property ownership may be contingent upon the goodwill of her husband in the event of divorce, her rights in terms of provisions for her children are covered by the Maintenance Act (2003). This act ensures that both parents are equally responsible for supporting their children, and it is applicable even in customary systems that might otherwise not hold both parents responsible for child maintenance.

Sexuality and LGBT

While the majority of Namibians are heterosexual, there is an LGBT community that struggles for recognition and human and equal rights. At present, same-sex relationships are permissible between females; however, because the tradition of Roman-Dutch common law that has

remained in effect since independence, “sodomy” and “unnatural sexual offences” are criminal offenses between men. Advocates for repeal of this law believe that maintenance of these laws perpetuates homophobia against the LGBT community and inhibits the cultivation of tolerance, respect, and inclusivity.

Perhaps the leading advocate for LGBT rights is Sister Namibia, the pioneering feminist organization founded in 1989, one year prior to independence. Its sociopolitical agenda is all-inclusive in its promotion of women's human rights and gender equality in a world free from oppression, discrimination, and violence. In the late 1990s, Sister Namibia developed its 50/50 Campaign for Women's Political Empowerment as an outgrowth of the Namibian Women's Manifesto, and its efforts to be inclusive of lesbian rights caused the SWAPO party to withdraw support. Formal LGBT organizing surfaced in direct response to SWAPO's homophobia, and Sister Namibia garnered support from government leaders and ruling party members on the local, regional, and national levels that was instrumental in the retention of lesbian rights representation in the revised Namibian Women's Manifesto of 2004. In its proactivity, Sister Namibia developed the Rainbow Project (TRP) in 1997, and it also has a Lesbian Support Programme. Both programs defend the rights of LGBT members throughout the country. Overall, the good work of this organization strives indefatigably for gender equality and rights for lesbians and gays while stewarding a new generation of outspoken lesbian women.

Two women who have been highly influential in LGBT rights are Liz Frank and Elizabeth /Khaxas. Both are former directors of Sister Namibia and have held leadership roles within the Coalition of African Lesbians (CAL), an activist group that aims to achieve equality for all African lesbians by

[advocating and] lobbying for the political, legal, economic, cultural and sexual rights of African lesbians; engaging strategically with African and international structures and allies; building and strengthening the voice and visibility of African lesbians through research, media and cultural activities, and through participation in local and international forums; building a strong and sustainable lesbian coalition supporting the development of national organizations working on lesbian issues; building a strong and sustainable lesbian coalition, [and more]. (Frank and / Khaxas 2006, 85)

Finally, the Global Equality Fund through the U.S. Department of State issues an annual *Human Rights Report* that catalogs the ongoing range of abuses and discriminatory treatment directed at LGBT community members worldwide. The section on “Sexual Orientation/Gender Identity References” notes that politicians typically reflect opposition to legislation that would protect the rights of LGBT persons. An organization known as OutRight Namibia, which advocates for the rights of the LGBT community, finds that victims are often ridiculed and not taken seriously when complaints are registered with the local law enforcement (U.S. Department of State 2013). This causes many abuses to go unreported, including incidents of “corrective rape” perpetrated against lesbians as a means of “reversing” their sexual preferences.

Politics

The Parliament of Namibia is a bicameral legislative body with a lower and an upper chamber. Laws are initiated and approved in the lower chamber, or National Assembly, which is composed of 78 members (6 appointed by the president, and 72 selected through parliamentary election). The upper chamber, or National Council, serves in an advisory capacity to the National Assembly regarding changes to subordinate laws stemming from laws enacted by the lower chamber. Each of the 13 ethnic regions elects two representatives who serve regional councils in the upper chamber. All members of the cabinet are members of the lower house.

Ten years following Namibia’s independence, the New York City–based Women’s Environment and Development Organization (WEDO) launched the 50/50 Campaign to raise women’s global participation in politics and decision making. Namibia was one of several African countries to establish a national 50/50 Campaign, one that developed strategies for getting women elected to Parliament. Many women had participated in nationalist struggles to end colonial rule, and they wanted to ensure that women’s concerns were addressed in the legislature while enhancing the democratic process in rural as well as urban areas by increasing gender diversity. This, combined with the fact that women had been granted suffrage in 1989, made it possible for women to engage in serious strategies to put women in office. As political leaders, women would be able to bridge gender gaps, represent women’s specific issues as they pertain to justice and gender equality, and also serve as role models for other women.

By 2004, approximately 43 percent of Namibia’s local mayors, deputy mayors, and councillors in villages and towns were women, and when the fifth National Assembly took office in 2005, a large number of women were elected as members of Parliament (MPs), including a woman deputy prime minister, 4 (out of 20) women deputy ministers, and 5 (out of 27) women ministers. While still outnumbered by men in Parliament, women MPs over the years have been legislatively successful in contributing to the constitution, securing the adoption of gender quotas for local elections, eliminating discriminatory legislation stemming from apartheid, enacting legislation centered on the socio-economic development of girls and women, and more.

Statistical information from the Inter-Parliamentary Union (2014) indicates that the country currently ranks 51st out of 189 countries worldwide in its percentage of women holding office in parliament. In the lower house election held in November 2009, out of a total of 78 seats, 20 women were elected (averaging 26%). In the upper house election held in November 2010, out of 26 seats, 7 women were elected (averaging 27%). While representing a degree of success toward achieving gender equality in Namibian politics, these statistics reflect that there are challenges still to be overcome. Some of these are due to residual divisions stemming from the country’s colonial history as well as pervasive ethnic, racial, and geographical differences that continue to divide the country.

As women continue to gain momentum within the Namibian politics, it has become evident that relations are strained between women activists seeking gender equality and women politicians who are faced with the challenges of navigating a traditionally male-dominated political realm in a patriarchal country. On the positive side, among sub-Saharan African countries, Namibia’s women’s organizations are recognized as highly influential in pressuring political parties to include more female candidates as well as encouraging and providing training for prospective women candidates to stand for parliamentary seats.

In addition to Parliament, women also hold leadership roles in the Namibian cabinet. Thus far, the highest representation of women cabinet members was 27 percent in 2006 (which represented a 14% increase from 2000). More recently, in 2013, the Southern African Development Community (SADC) cited that out 25 cabinet members, 5 are women, representing gender equality, home affairs, finance, foreign affairs, and labor and social welfare.

In the Namibian judiciary, the highest role held by a woman is High Court judge, and currently 2 out of 12

(17%) are women. Of magistrates, 31 out of the 69 (45%) are women, and 33 out of 76 (43%) of the nation's prosecutors are women.

Finally, ever since Namibia's independence in the 1990s, women have remained consistent in having more than 40 percent representation at the level of local government. In 2010, 33 women mayors (27%) were elected to town and municipal councils, and on regional councils, which use single-member constituencies, 3 out of 13 (23%) governors were women in 2009, with 8 percent of women making up regional councils in 2010 (Namibia Statistics Agency).

The Women's Movement

The Namibian women's movement has a long and varied developmental history, which had sparse roots of resistance during the colonial period, when indigenous women suffered oppressive race, class, and gender issues because of apartheid. Some women participated in the struggle for independence, especially as moral and psychological supporters of the freedom fighters. When it became prudent in 1966 for the male-dominated South West Africa People's Organization (SWAPO) to lift oppressive constraints, women were allowed to serve as guerilla force combatants in their military wing, known as the People's Liberation Army of Namibia (PLAN). The establishment of SWAPO's Women's Council (SWC) followed in 1969, and it officially became a branch of SWAPO in 1976. Concurrently, a smaller liberation movement known as South West African National Union (SWANU) also established a women's wing. While recognizing the need to overcome women's oppression, the political agendas of these organizations sought to mobilize women primarily as aids to the struggle for independence. In light of the importance of this struggle, "it was only natural that the struggle for national liberation was accorded more prominence than the struggle for women's liberation in pre-independence Namibia" (Hubbard and Solomon 1994, 5). On the national front, these women's wings served productively and instrumentally in bringing gender-equity issues to the forefront and served as the foundation for future discussions of women's issues.

Two influential preindependence women's organizations are the Women's Desk of the Council of Churches in Namibia (CCN) which spoke out against apartheid, and the Namibia Women's Voice (NWV), which established 13 regional chapters within its first two years. The NWV had "a strong grassroots appeal in both urban and rural areas, but its membership also included educated women

in professions such as teaching, nursing and social work" (Hubbard and Solomon 1994, 6). Both organizations affected the lives of urban and rural women, and as efforts toward independence progressed, women in these areas became stakeholders in their own interests regarding gender issues. They organized on local levels to improve their daily lives as wives, mothers, caretakers, church members, harvesters, and more.

Following independence, the Namibian women's movement benefited from constitutional rights that specifically cited the importance of gender equality, and shortly thereafter, the Department of Women's Affairs (DWA) was formed. Operating out of the Namibian president's office, the DWA served a liaison between the government and women to develop a gender-equity agenda. Concurrently, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) gained traction as the first legally binding gender-specific legislation that recognizes equality between women and men. Namibia ratified the convention in 1992, and the women's movement began to gain traction as women were assured of their fundamental freedoms and human rights.

A National Gender Policy (NGP) was developed in 1997 that sought to close existing political, cultural, and economic gaps, and the following year, a National Gender Plan of Action was launched to ensure its implementation. This had timely alignment with the United Nation's establishment of its Millennium Development Goals (MDG) in 2000, the third of which advocates for the global promotion of gender equality and empowerment women. Other significant organizations have emerged, including the Department of Women's Affairs (DWA), which works tirelessly on behalf of both urban and rural women but is challenged by overwork, understaffing, limited resources, and other looming pressures; the Namibia National Women's Organization (NNWO); Women's Action for Development (WAD); the Namibia National Students' Organization (NANSO); women-focused nongovernmental organizations (NGOs); and teacher and domestic worker trade unions that serve as sites for growing solidarity around gender equality.

As the Namibian women's movement is still in its infancy, sustained political change and gender equality for both urban and rural women remain elusive. Despite the rights afforded women by the constitution, the strides made by these organizations, and the protections secured by policies aimed at gender equality, there are still many women who know little about their constitutional rights.

Despite opportunities for autonomy in their villages and communities, women have to overcome much subordination in the struggle for gender equity.

Although hurdles loom large, there are many positives to the women's movement in Namibia that are encouraging. Through experience, women's groups have developed wiser ways to proceed in increasing awareness and seeking gender equality. While the ultimate ideal is national women's solidarity and equity, the "decision to abandon the vision of an all-embracing unity in favor of the idea of strategic 'unity-in-diversity'" is proving to be more practical because of the "complex geographical and ethnic distinctions which complicate the nation's urban-rural divide" (Hubbard and Solomon 1994, 2–3).

The status of women is tracked by the annual Global Gender Gap Index, issued by the World Economic Forum; in 2014, Namibia ranked 40th out of 136 countries, with the following rankings in four key areas: health and survival (first, along with 35 other countries); educational attainment (first, along with 25 other countries); economic participation (38th); and political empowerment (62nd). Overall, and though progress is slow, it is prudent for Namibian women to work more intentionally on local levels on issues relevant to their particular lives and regional circumstances.

Religious and Cultural Roles

Most Namibians are Christian, with the Lutheran and Catholic faiths predominating. There are also Dutch Reformed and Anglican churches, along with a small percentage of Namibians who still engage in traditional religious practices. Religion plays a large role in the lives of women, and in light of the emphasis on women's empowerment in UN Millennium Development Goal #3, there seem to be advantages in Christianity over customary religious practices in improving the status of Namibian women. These include opportunities to improve (1) the percentage of school-aged girls in school, (2) female adult literacy rates, (3) the female share of nonagricultural employment, and (4) female representation in government (Njoh and Akiwumi 2012, 1). While these practical opportunities have clear advantages for urban women, there is less direct impact on rural women. Nevertheless, Christian rural women are deeply entrenched in their faith traditions, and their churches serve dual purposes as sites for faith gatherings as well as civic meeting spaces, where they meet to develop co-ops, to encourage solidarity, and to seek ways to overcome gender disparities.

As women continue to assert their autonomy and seek gender equity, particularly as women of faith, a primary obstacle that challenges their progress is the patriarchal rule that characterizes the country as a whole. While urban Namibian women must actively fight for gender equality in both their private and public lives, it could be argued that their rural counterparts who still practice indigenous African religions enjoy a somewhat ideal form of gender equity. Because these women continue to follow the traditions of their precolonial ancestors, they play very active roles in both the domestic and public spheres of their villages.

Issues

Domestic Violence

In recognition of the wide-ranging types of incidents of abuse in Namibia, the Combating of Domestic Violence Act was established in 2003. It provides legal protection for victims of domestic violence, and it covers religious and customary marriages as well as other types of relationships. The term *domestic violence* is intentionally drawn in broad terms within the act and is inclusive of sexual, physical, emotional, psychological, and verbal abuse and harassment and intimidation. In courts of law, acts of domestic violence are judged as individually distinct cases.

Despite these legal safeguards, however, domestic violence is underreported for a variety of reasons, from shame to believing that it is a private matter. There is even less information about domestic violence against men, the elderly, and those in LGBT relationships. For women who are victimized by domestic violence, there are influential organizations such as Concerned Women against Violence against Women that work on behalf of women caught in this cycle of violence. There is still much work to be done, though, to improve the self-esteem for women who undervalue their worth and remain unaware of their constitutional and legal rights. Rural women are particularly vulnerable because they are undereducated, male-dominated, dependent, and often bound by customary traditions.

Sexual Assault and Rape

In the five years following passage of the Combating Rape Act 8 of 2000, an average of 60 rapes per 100,000 Namibians were reported, which does not account for those that

went unreported in both urban and rural areas. This act was revised in 2003 to include key changes and more specificity. For example, rape is defined in gender-neutral terms to include boys and men as potential victims; rape within marriage is included; the term “sexual acts” is made more explicit; children are provided more protection against sexual abuse; bail and minimum sentences for offenders were made more rigorous; rape victims may not be asked irrelevant questions about their sexual histories to protect their privacy; penalties were added for rapists who offend while knowing they are HIV-positive; and more.

The report *Rape in Namibia* notes that most rapes “were committed by partners, family members or acquaintances, with only about 12 percent of all rapes being committed by strangers. About 11 percent of the rape cases examined involved multiple perpetrators. The vast majority of perpetrators (more than 99 percent) were male, and about 13 percent of the perpetrators were young men under the age of 18” (GRAP 2006). Police statistics indicate that more than a third of all victims of rape and attempted rape were under the age of 18, and while Woman and Child Protection Units (WCPUs) have been developed within the police force, rape victims often endure unsympathetic responses when they report offenses (GRAP 2006).

Trafficking

In the mid-2000s, Namibia’s WCPU officials brought an awareness of sexual and human trafficking to the forefront in a country where the concept was virtually unknown. This general lack of awareness was confirmed in a report by the U.S. Department of State’s Office to Monitor and Combat Trafficking in Persons annual report (U.S. Department of State 2016), which identified Namibia as “a special case” in which the prominence of sexual exploitation and the trafficking in persons was not being researched or documented. In 2009, the *Baseline Assessment of Human Trafficking in Namibia* was prepared by the Ministry of Gender Equality and Child Welfare, which noted that trafficking includes sexual and labor exploitation as well as forced marriage and sale for body parts and organs. The assessment attributed the rise of trafficking in Namibia to the nation’s economic and unemployment situations and the victims’ belief in the promise of jobs and better educational opportunities.

Sometimes family members will knowingly traffic their children due to poverty, and sometimes they are

deceived into believing they are improving the lives of their offspring by trafficking them. Women are especially vulnerable to being trafficked, particularly school dropouts and unemployed young women. They may find themselves abandoned, homeless, and harmed by physical violence, and they are exposed to health hazards such as HIV and other sexually transmitted diseases. It is clear that many hurdles still need to be overcome, and “prostitution and sex trafficking in Namibia are social, economic and gender-inequality issues that require urgent attention by relevant authorities and development agencies in terms of prevention and protection interventions at policy, legislative and service levels” (Kiremire 2012, 1).

MARY-ANTOINETTE SMITH

Further Resources

- Ambunda, Lotta, and Stephanie de Klerk. 2008. “Women and Custom in Namibia: A Research Overview.” In *Women and Custom in Namibia: Cultural Practice versus Gender Equality?*, edited by Oliver C. Ruppel, 43–81. Windhoek: Macmillan Education Namibia Publications.
- Bekhouch, Y., R. Hausmann, L. D. Tyson, and S. Zahidi. 2013. *The Global Gender Gap Report 2013*. Geneva, Switzerland: World Economic Forum.
- Currier, Ashley. 2012. *Out in Africa: LGBT Organizing in Namibia and South Africa*. Minneapolis: University of Minnesota Press.
- Ferrara, Merissa, and Kimm Witte. 2011. “Trusting Practitioners and Trusting Partners: A Test to Determine Whether HIV Prevention in Namibia Is as Easy as Saying the ABCs.” *Journal of Communication in Healthcare* 4.3: 169–177.
- Frank, Liz, and Elizabeth /Khaxas. 2006. “Sister Namibia: Fighting for All Human Rights for All Women.” *Feminist Africa: Subaltern Sexualities* 6 (September): 83–87.
- Geisler, Gisela. 2008. “A Second Liberation’: Lobbying for Women’s Political Representation in Zambia, Botswana and Namibia.” *Journal of Southern African Studies (Women and the Politics of Gender in Southern Africa)* 32.1: 69–84.
- GRAP (Gender Research and Advocacy Project). 2006. *Rape in Namibia: An Assessment of the Operation of the Combating of Rape 8 Act of 2000*. Legal Assistance Centre. Retrieved from http://prevent.gbvafrica.org/wp-content/uploads/2013/10/rape_in_namibia.pdf.
- Hubbard, Diane, and Colette Solomon. 1994. “The Women’s Movement in Namibia.” Unpublished Mimeo. Date and year unknown. Windhoek.
- Hubbard, Diane, and Collette Solomon. 1995. “The Many Faces of Feminism in Namibia.” In *The Challenge of Local Feminisms: Women’s Movements in Global Perspective*, edited by Amrita Basu and C. Elizabeth McGrory, 163–186. Boulder, CO: Westview Press.
- Inter-Parliamentary Union. 2014. “Women in National Parliaments.” Retrieved from <http://www.ipu.org/wmn-e/classif.htm>.

- Iyambo, Abraham. 2008. "Education Sector Policy for the Prevention and Management of Learner Pregnancy." Retrieved from https://www.moe.gov.na/files/downloads/99b_Learner%20Pregnancy%20policy%20final%202010-10-18.pdf.
- Kenyon, Jack. 2014. "The Abortion Discussion." *The Namibian*, August 8. Retrieved from <http://www.namibian.com.na/index.php?id=126629&page=archive-read>.
- Kiremire, Merab Kambamu. 2012. "Trafficking in Namibia." *Journal for Studies in Humanities & Social Sciences* 1.2: 217–231.
- Namibia Maintenance Act. 2003. Retrieved from <http://www.lac.org.na/laws/pdf/maintenance.pdf>.
- Namibia Statistics Agency. 2013. "Namibia—Namibia Labor Force Survey." Retrieved from <http://nsa.org.na/microdata1/index.php/catalog/20>.
- NationMaster. 2017. "Namibia Government Stats." Retrieved from <http://www.nationmaster.com/country-info/profiles/Namibia/Government>.
- Njoh, Ambe J., and Fenda A. Akiwumi. 2012. "The Impact of Religion on Women Empowerment as a Millennium Development Goal in Africa." *Social Indicators Research* 107.1: 1–18.
- Sasman, Catherine. 2011. "Quality, Shortages, and Concerns of Teachers." *The Namibian*, June 28. Retrieved from http://www.namibian.com.na/index.php?archive_id=81736&page_type=archive_story_detail&page=2200.
- Shalyefu, R. K. 2012. "Youth and Adult Learning and Education in Namibia." *Johannesburg: Open Society Initiative for Southern Africa et DVV International*. Retrieved from <http://www.osisa.org/open-learning/education/namibia/youth-and-adult-learning-and-education-namibia>.
- Soiri, Iina. 1996. *The Radical Motherhood: Namibian Women's Independence Struggle*. Sweden: Motala Grafiska.
- Supreme Court of Namibia. 2007. "Constitution of the Republic of Namibia." Retrieved from <http://www.superiorcourts.org.na/supreme/docs/NamibiaConstitution.pdf>.
- Tjipueja, Gerald Erich. 2001. "Provision of Equal Access to Boys and Girls in Formal Schooling in Namibia." *Reform Forum: Journal for Educational Reform in Namibia* 14: 1–9.
- UNICEF. 2006. *The State of the World's Children 2007: Women and Children: The Double Dividend of Gender Equality*. Vol. 7.
- UNICEF. 2017. "Statistics Namibia." Retrieved from https://www.unicef.org/infobycountry/lesotho_statistics.html.
- U.S. Department of State. 2013. "Namibia." Retrieved from <https://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/#wrapper>.
- U.S. Department of State. 2016. "Combat Trafficking in Persons Report, Namibia." Retrieved from <https://www.state.gov/j/tip/rls/tiprpt/countries/2016/258828.htm>.
- WHO (World Health Organization). 2015. "Country Health Profile." Retrieved from <http://www.who.int/gho/countries/lso.pdf?ua=1>.
- WHO (World Health Organization). 2017. "Working Together to Address HIV Prevention in Eastern and Southern Africa." February 13. Retrieved from <http://www.who.int/reproductivehealth/topics/linkages/hiv-prevention-namibia-meeting/en>.

Nigeria

Overview of Country

Located on the western edge of Africa, the Federal Republic of Nigeria is a large country composed of a diversity of populations, cultures, religions, and complex socioeconomic and political structures. Its capital city is Abuja, and the country is bordered by the Atlantic Ocean and the nation of Benin to the west. The country of Niger borders Nigeria in the north, and the countries of Chad and Cameroon border it in the east. The country contains approximately 356,669 square miles of landmass, which is currently divided into 36 states, which contain 371 traditional ethnic groups. While many ethnic groups exist, the majority of people are Hausa Fulani, Igbo, and Yoruba.

Nigeria's large population is approximately 168.8 million (World Bank 2012) divided equally between rural and urban areas (UN Data 2014). People under the age of 18 comprise roughly half the population. Little differentiates the rural and urban areas in terms of population growth. The average life expectancy in Nigeria is 52 years, with women living 53 years and men living to 52 (UNICEF 2013; UNDP 2014).

A history of colonialism and foreign involvement colors Nigeria's political and economic climate. From 1914 until its independence in 1960, the territory that would become modern-day Nigeria existed as a British colony. In 1890, European and African converts introduced the first Western-influenced cash crop of cocoa. Interest changed to oil extraction in the early 20th century, and by the 1950s, the country had become a major producer for what is now known as the Shell Oil Company.

Nigeria's economy remains troubled by foreign investment and ethno-political conflict. Since independence from the British in 1960, the country has experienced a series of political and religious conflicts. One of the most noteworthy is the Nigerian-Biafra War, which was fought from 1967 to 1970 between the Igbos and the Hausa Fulani. The era after the war was characterized by swings between civilian rule and military dictatorship. In 1999, the people elected Olusagun Obasanjo as president, and in 2011, the people elected the current president, Mr. Jonathan Ebele Goodluck. The election and governance of these leaders mark the longest period of civilian rule in the country's history.

Reflecting a history of political turmoil, the current state of economic affairs in Nigeria is slow to improve. The

national currency is the naira (NGN). The main sources of gross domestic product (GDP) include agriculture, forestry, fishing, and mining. The mining industry includes production of oil, one of the nation's main sources of income, making Nigeria one of the world's largest oil producers. However, in the face of relative economic affluence, mismanagement of resources by the economic elite and stiff regulatory policy leave 68 percent of the country's population living on under USD\$1.25 per day (UNICEF 2013). The UN Development Programme in Nigeria estimates that the average per capita income rests at approximately USD\$1,280 per household (2014).

Much of Nigeria's colonial and postcolonial existence has been affected in some way by conflict between the country's two major religious groups, Christianity and Islam. Recent census data suggests an Islamic majority of 50 percent, Christians comprise 40 percent, and indigenous beliefs and practices 10 percent (Pew Research Center 2014; CIA 2017). The majority of Christians live in the south, and the majority of Muslims reside in the north. The two major sects of Christianity are Catholic (24.9%) and Protestant (74.1%) (Pew Research Center 2014). The majority of Muslims are Sunni.

Education

In recent years, Nigeria's state of affairs in specific sectors continues to improve, and one of these sectors is education. Between 2008 and 2011, more than half of Nigeria's children were in primary school, with near equal numbers of boys and girls enrolled and attending. Attendance is higher in urban areas. Rates of attendance dip for secondary education, but the gender gap decreases by a small margin during this phase of education. Disparities overall remain, and fewer than half of the country's children are actually attending school. By adulthood, literacy rates rest at 72.1 percent for men and 50.4 percent for women (CIA 2017). The gendered gap in attendance and literacy suggest that while all people suffer from poor education, women are disproportionately underserved by the country's struggling educational system (UNICEF 2013).

This trend continues as students graduate high school, with approximately 10 percent of students enrolling in tertiary or college-level education in 2005 (UNESCO 2012). Despite low enrollment rates, Nigerian university system has continued to expand from the single University College in 1948 to 128 colleges in 2011 (Clark and Ausukuya 2013). Higher education in Nigeria is presided over by the

Federal Ministry of Education. Low rates of student enrollment are attributed to a lack of general education funding and high unemployment, even after graduation. The unemployment rate among college graduates rivals that of those who only graduate high school. Data illustrate that while high unemployment is a national phenomenon, students with postsecondary degrees who seek employment in urban areas fair better than those in rural areas.

In addition to being split between urban and rural lines, divisions in education are also gendered. More men are enrolled in college than women. In 2005, the total number of women with any form of postsecondary degree, from bachelor's through doctoral, is just over one-third of the total degrees earned. Men and women also pursue scholarship along gendered lines, and less than 25 percent of women in Nigeria hold research positions at a master's or PhD level (UNESCO 2012). Starting early in socialization and education, girls are encouraged to seek training and jobs deemed "feminine," such as teaching, nursing, or clerical work. These fields pay less than more masculine fields, such as science and technology. Despite inadequacies in the system, acquiring an education is the best determinant of success for women in Nigeria. Scholar Tinuke M. Fapohunda states, "A woman's education beyond primary school is a reliable route to economic empowerment and long-term change in the status quo, as well as a determinant of a family's health and nutrition" (Tinuke 2012, 21–22). Made evident in statistics and scholarship, the educational success of young women exists as symbiotic relationship between the economy and the educational system from primary school through postsecondary education.

Health

Maternal Health

The state of maternal health in Nigeria reflects the prevalent attitude toward women and female sexuality. In 1990, the maternal mortality ratio (MMR) rested at 1,000 deaths per 100,000 live births. By 2012, the ratio had dropped to 350 deaths per 100,000 live births. The recent Midwife Services Scheme, which trains birth attendants and performs maternal care, serves as a positive force in decreasing the MMR. This organization works in conjunction with the Community Health Extension Workers Program and local branches of the Safe Motherhood Program, all presided over by the Nigerian government. Estimates indicate that the use of skilled birth

attendants during delivery rose from 38.9 percent in 2008 to 53.6 percent in 2012 (UNDP 2014).

Decreased fertility rates, increased focus on family planning, and increased rates of contraceptive use reflect changing attitudes toward childbearing and have led to improvement in the country's maternal health. The Nigeria Demographic and Health Survey (NDHS) refers to family planning as an effort by families to "limit or space the number of" their children via contraceptives. Modern methods include female sterilization, male sterilization, the pill, intrauterine devices (IUD), injectables, implants, male condoms, female condoms, the standard days method (SDM), and the lactational amenorrhea method (LAM). Traditional methods include rhythm (periodic abstinence) and withdrawal. According to data from 2013, 15 percent of all married women use a contraceptive as part of family planning.

Rates of contraceptive use are highest among women and in urban areas (27%) versus rural areas (9%) (NPC 2014, 14). Differences in region also contribute to varying rates of contraceptive use. The NDHS divides Nigeria into six regions: north central, northeast, northwest, southeast, south, and southwest. The survey noted the highest rates of use in southern Nigeria and the lowest rates in northern Nigeria. In addition, data on education suggests that the more education a woman possesses, the more likely she is to engage in some form of family planning (NPC 2014, 17).

Women are systematically denied the right of reproductive choice in terms of both female genital cutting (FGC), sometimes called female genital mutilation (FGM), and legal and safe abortion. First, the high prevalence of FGC stems from the traditional notions of womanhood placed on Nigerian women. Much importance is placed on a woman's domestic capacity to bear children and maintain her status as the ideal wife and partner. While the practice of this procedure varies in severity across villages, cities, and states, ideologies driving this practice remain consistent. Many believe that cutting female genitalia will reduce the potential for promiscuity in women after it is performed. It is believed that it will protect her potential for marriage, making her less likely to engage in premarital and extramarital sex.

Due to the young age at which girls undergo FGC, they are often not told about the operation until it is about to take place, nor are they given the opportunity to consent to or decline the procedure. The girls are often lured and tricked into the area and then are physically restrained by elders who perform the cutting, often without a painkiller.

The health risks associated with FGC make it a pressing human rights issue. The procedure is often performed in rural areas with poor medical tools, putting girls at risk of infection, hemorrhage, and even death. A poor legal framework exists to protect Nigerian women and girls from FGC. While norms are shifting in urban areas, few states even possess legislation to punish those who commit the act, and states that do have statutes largely fail to enforce them. Overall, FGC represents the discriminatory dynamic of the traditions of patriarchal patterns reinforced by fundamental culture in both Islamic and Christian societies across Nigeria.

Similar to the phenomenon occurring with FGC, women are culturally and systematically being denied the right to reproductive choice regarding their pregnancies. Nigerian women suffer from a lack of access to safe and legal abortions. Abortion is legal only to save the life of the mother, and in the southern states, it is also legal for physical or mental health reasons. Two physicians are required to confirm the threat to the woman's life. This does not prevent thousands of women from seeking out abortions, however, and unsafe abortions are performed by unqualified practitioners and are more likely to cause illness or death. According to the Society of Gynecologists and Obstetricians of Nigeria, 760,000 induced abortions are performed each year, and about 20,000 women die, leading to one of the highest rates of death from unsafe abortion in Africa (CIA 2017).

Diseases and Disorders

Due to the country's overwhelming poverty, many suffer from poor health and substandard health care. Malnutrition, a lack of immunizations, and significant rates of disease afflict the population. Between 2007 and 2011, approximately 23 percent of children were determined to be either moderately or severely underweight from poor nutrition, and 41 percent of children suffered from stunting, defined as low height for the child's age (UNICEF 2013). In addition, in 2011, only 58 percent of the population had access to clean sources of drinking water, and in rural areas, the figure dropped to only 43 percent. A similar pattern replicates itself with sanitation facilities. In urban areas, 35 percent of people have access to facilities, and a mere 27 percent have access in rural areas (UNICEF 2013).

The country's tropical location and a lack of knowledge about disease by the general population contribute to the ill health of the Nigerian people. First, the country's

tropical location near the Niger River Delta contributes to an environment ripe for the breeding of mosquitoes, the prime culprits of the propagation of malaria. As one of the Millennium Development Goals (MGDs), the United Nations has worked to distribute methods of malaria control that include doses of antimalarial drugs and millions of insecticide-treated nets (ITNs) (UNDP 2014). UNICEF reports that between 2007 and 2012, 42 percent of households possessed at least one ITN, and 29 percent of children had access to one or more. However, malaria is often deadly, especially in youth, as fewer than half of children displaying malaria symptoms get treatment.

Second, a lack of knowledge about the nature of disease contributes to the spread of sickness. Common immunizations against diseases such as diphtheria, hepatitis B, and tuberculosis (TB) are rare. The more education Nigerian parents obtain, the more likely they are to have their children vaccinated. In 2008, the overall rate for immunization of children for measles increased twofold from 15.8 percent to more than 30 percent when the child's father or mother had a secondary education. In addition, figures remain similar when mothers had secondary education and the fathers only primary (Rammohan, Awofeso, and Fernandez 2012, 3). Across Nigeria, preventable diseases often lead to widespread vectors of mortality because children do not receive vaccinations (UNICEF 2013).

In addition to other communicable diseases, HIV/AIDS influences the health of Nigeria's people with great force. Some states still struggle to reduce rates of the disease and generate awareness (UNDP 2014). Studies show that younger women ages 15–24 in urban areas are more likely to have an awareness of the virus than older women in their thirties and beyond. Data also suggest that younger women are more likely than older women to use protection when having sex. Data also suggest that reported rates of condom use for men ages 15–24 fell below reported rates of usage for women of the same age group. In addition, the relationship between education and prevention seen in women replicates itself across the male demographic (NDHS 2013, 40–42). More than 10 million cases of HIV are female (Tinke 2012, 18). A relationship exists between education and prevention. Education serves as sexual empowerment for the Nigerian people, especially women.

Employment

While the proliferation of education across Nigeria contributes to the empowerment of women, it also leads to

increased employment and economic stability for the country. For women in particular, secondary and post-secondary education have the power to transform their financial lives. Education puts women on a path to sound employment, economic stability, and financial independence, facilitating a workforce that includes both genders. Greater numbers of women working in leadership positions, in politics, as professors, and as the primary breadwinners are evidence of this phenomenon. While a greater percentage of men than women are working, the rates of employment for both groups continue to increase (UN Data 2014).

Despite the improvement in women's participation in the labor force, only 3 out of 10 women in the labor force are in paid employment, and women have a two-thirds lower chance than men of obtaining a consistent hourly wage (UNDP 2014). Contributing to the wage gap, men dominate the country's industrial sector. Only 5 percent of the female labor force works in industry, 6 percent in "professional, technical, administrative, or managerial positions," 20 percent in services, and 23 percent in sales (NBS 2016). Such low numbers of women in industrial, management, and professional positions partially explains the gender pay gap.

In addition to wage inequality, Nigerian law fails to include provisions that guarantee equal pay for equal work or maternity leave. Work in the trading and home-based business sector provides little for women in terms of protection or monetary gain, and often serves as one of the last bastions to stave off unemployment. In addition, to combat poverty, some women turn to sex work to support themselves. Women of all educational backgrounds serve a productive role in the economy; however, political and economic instability and gaps in the legal system leave much to be desired by many.

However, the upward employment trend from 2005 to 2011 remains a result of postcolonial Structural Adjustment Programs (SAPs) that have problematic legacies and detrimentally impact the economic mobility of women. The economic, religious, and political conflict that plagued Nigeria during the first two decades of independence led world powers such as the United States and the United Kingdom to implement these programs in 1983. While put in place to create a capitalist infrastructure and improve the living conditions in the country, the policies' emphases on export economies and high efficiency proved detrimental to the social welfare state. Policies of free trade were matched by cuts in social spending and privatization

of state services. This contraction of the state created a scenario that put tremendous financial burden on families. Between 1985 and 1990, 2.5 million women lost their jobs due to the aftereffects of SAPs. An overwhelming majority of women continue to take responsibility for informal and unpaid work, such as caring for those who fell between the cracks with the shrinking of social welfare benefits (Tinuke 2012, 18–21). The effects of SAPs further exacerbated the gendered and economic challenges Nigerian women face.

Despite the role of SAPs in dampening the rise in the number of women in the formal economic sector, informal, underpaid, and unpaid female labor remains strong in rural and agrarian Nigeria. Agriculture employs approximately 80 percent of Nigeria's women. In addition, these women are responsible for 70 percent of food production, 50 percent of domestic food storage, 100 percent of food processing, 50 percent of animal husbandry, and 60 percent of agricultural marketing. SAPs have also contributed to the increased dominance of men in the agricultural labor force. The focus on the export economy encouraged by SAPs created a gendered divide between agriculturalists. This system hurts the nation's women because most female farmers do not generate enough revenue from their lower-demand yields to purchase and obtain the acreage needed to support higher-revenue types of export crops that men own (Tinuke 2012, 20).

Family Life

The empowerment of women in the public and domestic sphere is crucial to ensuring gender equality. While no direct correlation connects marriage and the disempowerment of women, scholars point to social norms as the primary factor in the perpetuation of detrimental marital traditions in the Nigerian state. Igwesi explains that families socialize girls into domestic roles via chores, such as sweeping, washing, and cooking, while encouraging boys to take on manual labor, such as cutting grass and washing cars (Igwesi 2012, 219–220). Igwesi notes that socialization begins at a young age.

Such an early gendering of children is matched by the strong tradition of marriage, which is supported by Nigerian laws. Following tribal practices, such laws create the current structure and reinforce cultural norms of headship and patriarchy. Both traditions and the law reinforce the conception that those in the domestic sphere of men hold the position of “household head” and maintain primary authority over the family. However, recent statistics suggest

that things are slowly beginning to change. Women head 31 percent of households in rural and urban areas. A “double burden,” otherwise known as women working both in the home and outside the household to earn a secondary income, affects the lives of many (Okome 2005, 6). Such terminology suggests that while women still adhere to tradition, their role is expanding based on the economic needs of their families. The economic activity of a woman is indicative of her household's welfare because “women spend more of their increased earnings on food, medicine, and education for their children and other dependents” (Tinuke 2012, 18). As evidenced above, women are often tasked with both providing for the family at home and in the workforce. However, this added responsibility rarely comes with an extension of rights for women in marriage.

Scholars define marriage in Nigeria as “exogamous,” meaning that daughters must marry outside of their village community. Such a practice forces a daughter out of her traditional village and into the village and home of her husband's family. According to tradition, families strip their newly married-off daughter of “rights of succession,” denying her any claims to wealth through her father's lineage. In addition, fearing the possibility of divorce, she is also denied any wealth or property rights under her husband's family. Child marriage rates are high; 40 percent of girls are married before the age of 18 and 20 percent by the age of 15. With the exclusion of women before the law in terms of inheritance and property and the young age of marriage, the Nigerian state does little for women when they enter into marriage (UNFPA 2004).

In addition to the practice of exogamous marriage, Nigerian society practices polygyny. This practice of men taking on more than one wife was originally designed to provide women with the ability to be more fully engaged in contributing to larger society, and some argue it frees women to pursue trade, politics, and religious leadership. However, the influx of colonial powers constricted the role of women in society and thereby failed to enfranchise most women, regardless of marital status. In reality, the practice creates a situation that most often disempowers women due to the practice's emphasis on male-dominated elements of society. (Okome 2005, 8).

Reinforced by an unequal and lacking legal system influenced regionally by fundamental Islam, the northern regions of the state afford women little legal protection against violence, rape, and child marriage. Culture and religion see a wife as the property of her husband. Because she is legally interpreted as his property, a husband has the

“moral right” to beat her if he perceives she has committed “insubordination or perceived wrong doing.” The Nigerian Penal Code of the Northern States goes so far as to support wife beating, stating, “A wife can be beaten with ‘a stick not bigger than the husband’s thumb’” (294). The former minister for women and social developments Mrs. Hajo Sani suggests that low rates of reporting violence are due to two factors: (1) a fear of retaliation from her husband and extended family, and (2) the seemingly innocent offense of “two people fighting” when cases are reported (Makama 2013, 125). Specifically, in northern Nigeria the penal code legalizes any action by a husband “for the purpose of correcting his wife” as a “lawful form of correction.” Such policies follow traditional dictates of sharia law and the concept that in marriage the wife is regarded as property. Violence against women is rampant and difficult to prosecute (Ozo-Eson 2008, 293).

Similar logic governs rape, widowhood practices, and child marriage. Currently, no provision exists to protect women from marital rape, and Nigerian law fails to recognize the concept even when women are physically and visibly injured in rape. In the rare cases where a woman seeks redress, she must prove that she did not consent. The penal code specifically excludes “sexual intercourse by a man with his own wife.” In addition, if a woman reports rape, she is considered to have committed *zina*, otherwise known as sex outside of marriage, as no conception of marital rape exists within the legal system; thus, she must have committed adultery. In addition, Muslim law discounts female testimony as less relevant than that of a man, making any attempts to fight difficult for Muslim women or women in areas of sharia law.

The plight of widows is also ignored by society’s unequal structures. Traditional widowhood practices are harmful to the physical, psychological, social, and cultural health of women. These practices include drinking the water used to wash her husband’s corpse, washing her with the decomposed body of her spouse, cutting her hair to humiliate and shame her, and, in the worst of cases, blaming her for the death of her husband. In addition, due to a woman’s lack of property rights, a wife often loses any land she held with her former partner. Work by the Rural Widows and Orphans Foundation (RUWOF) has created a bill to help protect widows and their children. Again, structural inequality in Nigeria continues to disenfranchise the women of the country.

Girls are often victims of the patriarchal structures that marriage perpetuates. They are often pulled from school at

early ages because tradition sees them as the next wives, mothers, and caretakers. Some girls are even forced into marriage as part of a transaction to better the financial situation of their parents. Such structures of oppression begin while these girls are young, and the law does little to protect them as they take on the responsibilities of womanhood as children.

The same logic used to justify wife beating, rape, widowhood abuse, and child marriage replicates itself in a culture that attempts to regulate female sexuality. This mentality extended to the creation of recent laws that attempt to regulate a woman’s appearance and reproductive rights. In the northern states of Zamfara and Kano, efforts to police women include forcing them to sit only in the back of motor vehicles, imposing a midnight curfew, and imposing a strict and conservative dress code. These efforts were made public in the Bill on Public Nudity, Sexual Intimidation and Other Related Matters. In 2008, Senator Eme Ekaette presented the bill to the National Assembly, where she argued that both Christianity and Islam mandated its necessity. Her bill sought to make “public nudity,” otherwise called “indecent dressing,” a crime for the women of Nigeria. This bill did not become law, but it still shows that the sexuality of women is subject to a heightened scrutiny that men in Nigeria do not face.

Politics

Set against its history of colonialism and structural adjustment, over the last two decades, Nigeria has made significant strides toward achieving democracy. However, legacies of violence and government disorganization from development practices continue to affect the current political system in the country. Patterns of disorganization, disenfranchisement, violence, and human rights abuse leave the country’s women and children in a precarious position.

Women have been systematically denied political rights throughout Nigeria’s history. As late as 1975, women lacked the right to vote in Nigeria’s north. The efforts of collective organizing by women culminated in the enfranchisement of women in the east in 1954, in the west in 1958, and in the north in 1976. Throughout history, Nigeria’s women have organized against political discrimination, and the tradition continues with such organizations as the National Council of Women’s Societies (NCWS) and Women in Nigeria (WIN).

Despite its struggle for rights and political autonomy, the country has been making progress since its successive

ratifications of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1984, 1985, and 2001. While progress on the rights of women and children occurs in terms of political agreements, much work needs to be done in terms of real-world action.

Groups such as BOABAB for Women's Human Rights, Women Living under Muslim Laws (WLUML), and Women's Rights Protection and Advancement Alternative continue to address issues impacting the rights of women and their status as citizens. Recently, BOABAB for Women's Human Rights and the Women's Rights Protection and Advancement Alternative have fought against sharia law and its punishment of *zina*. Other cases involving BOABAB include successfully challenging the public morality and indecency bill that they defeated in 2008. Such cases exemplify the effective work done by these organizations and suggest that the rights of women will expand in Nigeria.

In addition to contributing as activists and organizers, the number of women in formal leadership roles continues to increase at the village, local, and state levels. Despite recent increases, women only hold 7 percent of parliamentary seats in Nigeria, despite comprising 49.1 percent of the country's population (World Bank 2017). According to the Independent National Electoral Commission, of the 7,160 total candidates that ran for the presidency, Senate, House of Representatives, and governorships, women made up only 628 of the candidates. Out of the 25 candidates for president, only one was a woman. When women reach positions of authority, they often experience a lack of support. Patriarchal systems, difference in political viewpoints, and a lack of financial support often hinder women in office. Despite the difficulties women face in politics, the National Gender Policy exists to ensure that women's political participation is at least 35 percent. This goal has yet to be met (Makama 2013, 123–124).

LGBT

Many Nigerians see nonheterosexual marriage and LGBT rights as less important than heterosexual marriage. Many look to traditional Christian and Islamic doctrines that condemn gay and lesbian sexuality and marriage. Due to this mind-set, the public may ignore discrimination based on sexual orientation when it does occur. A recent law, the Same Sex Marriage Prohibition Act, made gay marriage

and membership to gay clubs, societies, and organizations illegal and punishable by jail time.

Religious and Cultural Roles

Historically, religion has been a major source of conflict in Nigeria. Religious power is often a stepping-stone to political power, and religious community leaders leverage both. The 1970s marked an era of religious insurgency by both Christians and Muslims in Nigeria. In the predominately Christian south, during this era, scholars point to the rise of the "Charismatic Movement" among youth possessing a postsecondary education. The Nigerian Charismatic Movement existed as part of the global Pentecostal Movement, with fundamental Christian ideals. While a colonial legacy of Pentecostalism persists, this movement of Charismatics belonged to the educated elite.

Women's Voices

Chimamanda Ngozi Adichie

Chimamanda Ngozi Adichie is a Nigerian feminist writer. She studied medicine and pharmacy at the University of Nigeria. Adichie left Nigeria to study communications at Drexel University in the United States at 19. She received her bachelor's degree in communications and political science from Eastern Connecticut and her master's degree in creative writing from Johns Hopkins University. She is best known for her books *Purple Hibiscus* (2003), *Half of a Yellow Sun* (2006), and *Americanah* (2013). Her writing highlights the importance of ethnicity in Nigerian society as well as the struggles of Nigerian immigrants. Her 2014 essay "We Should All Be Feminists" is adapted from a TEDx Talk of the same name in which she discusses what it means to be a feminist. Recently, this essay was distributed to every 16-year-old in Sweden in an effort to open the discussion about gender equality (Flood 2015).

—Lauren Brown

Flood, Alison. 2015. "Every 16-year-old in Sweden to Receive Copy of We Should All Be Feminists." *The Guardian*, December 4. Retrieved from http://www.theguardian.com/books/2015/dec/04/every-16-year-old-in-sweden-to-receive-copy-of-we-should-all-be-feminists?CMP=fb_gu.

During early independence from Great Britain, the same period saw an increase in Islamic practice and fundamentalism. Similar to the appeal of Pentecostalism in the south, Islamic fundamentalism (*Izala*) gathered many young followers disenfranchised by the nation's political climate in the 1970s and 1980s. In the 1970s and 1980s, the country experienced numerous attempts by religious leaders to install sharia law. Efforts were long-lasting, as northern Nigeria still bears the affects and customs of Islamic law, which was made constitutional in 1978. In October 1999, the state of Zamfara instituted "the first Shari'a based system of government." Proponents of such a system sought to curb corruption and decadence through laws strictly interpreting the Koran's teachings into practice.

Most noteworthy from Pentecostalism and sharia law are the implications for the autonomy of women. Bastions of traditional gender roles, both forms of religious extremism limit the rights of women by reinforcing traditional roles of domesticity. While the legal implications of Pentecostalism mainly limit themselves to domestic roles and student movements, sharia law has gone as far as to regulate "morality and decency" through the penal code. Such law codes criminalize women for participating in sex outside of marriage (while not prosecuting men), make rape nearly impossible to prosecute, and have attempted to legislate the dress of the country's women. In a country with a history of political turmoil, religious groups grapple for power to institute some form of stability, and many measures routinely infringe on the rights of women and girls. In addition, since independence from colonial rule, fundamental Christianity and Islam have perpetuated bloody conflicts in the nation. Religious and political conflicts exasperate already difficult situations for women.

Issues

Violence

While a multitude of issues affect the women of Nigeria, specific issues include violence tied to environmental exploitation and human trafficking of girls and women. Both issues have a tremendous effect on Nigeria and play a disproportionate role in the lives of women and girls.

First, due to its location on the Africa's western coast, Nigeria boasts habitats of environmental diversity that include minerals that comprise petroleum-based products. Nine states in Nigeria produce crude oil: Rivers, Bayelsa, Delta, Edo, Imo, Abia, Akwa-Ibom, Cross-River,

and Ondo. While comprising only a small sliver of the GDP, oil provides over 80 percent of the government's annual revenue. Stemming from its historical monopoly on the continent, Shell owns nearly 50 percent of the country's oil produced. Because of this partnership, Shell and the Nigerian government work as a singular unit and a driving force of environmental destruction. With Shell controlling the use of oil fields for profit, the environment regularly pays the price of such extraction (Ibeanu 2000, 21).

Oil production hurts the people of Nigeria in terms of environmental destruction and issues of land rights. Studies suggest that the extraction of oil has created severe consequences on the land from which companies pull the mineral. Because of the state's profit from the oil business, the government fails to act in the interests of citizens and promotes the nation's economic interests over the rights of its citizens. In addition, such practices disproportionately affect women, as studies indicate that the majority of Nigeria's agricultural work is performed by women (Tinuke 2012, 19). The government's favoring of the oil business has generated protests. Beginning in the early 1990s, oil-rich communities started to mobilize against the government, forming organizations such as the Movement for the Survival of Ogoni People (MOSOP), the Movement for the Survival of Ijaw Ethnic Nationality (MOSIEN), and the Ijaw Youth Council. Resistance to government efforts began with legislative tactics, such as the drafting of a Bill of Rights by MOSOP in October 1990. Ogoni leaders found the lack of government response to the bill unsatisfactory, and violence ensued. Similar patterns replicated themselves with the Ijaw people, leading to violence in the late-1990s. Periodic violence has continued through the last decade, and scholars suggest that national and local leaders will find a solution only with the removal of the emphasis on fiscal compensation and agreements with residents in the affected areas. Scholars suggest that the government must rid itself of corrupt bureaucratic policies, and oil companies must act as "responsible corporate citizens." Action such as this would reprimand a system that currently serves to advantage government officials and oil companies and that promotes the destruction local communities and habitats.

Trafficking

Stemming from similar economic conditions that perpetuate oil extraction, human trafficking is also a pressing issue. Nigeria serves as source, transport, and destination country

for trafficking. While the government has attempted to mobilize against trafficking, its restriction of information regarding the crime creates a stagnant situation. Trafficking in Nigeria falls into two categories: human trafficking for general labor and sex trafficking for prostitution. Due to the dire need for agricultural labor on the African continent, according to UNICEF, out of the approximately 330,000 children employed in the cocoa industry, 12,000 out of the 230,000 working in Ivory Coast possessed no family connection to the cocoa farmer. In addition, 2,500 of these children were reportedly recruited by outside intermediaries in Nigeria and Ivory Coast. While trafficking for farm labor affects both genders, women and girls are more frequently affected by this practice due to the country's gendered dynamics and women's agricultural labor (Makama 2013, 128).

In addition to exploitation for agricultural labor, it is common for a girls and women to be trafficked internationally for the purpose of sex work. In contrast to trafficking for farm labor, in the last 10 years, adolescent girls and young women have been trafficked to Europe for work in the sex industry. Often lured into the industry on false premises by employers promising them good jobs, these women are dropped into the hands of pimps and handlers upon arrival. Largely from poor areas, many families see their daughter leaving to work abroad as a means to escape poverty. However, they will likely not benefit from her labor.

In the last decade, Nigeria has made an effort to stop trafficking and the exploitation of the labor of women and girls. In 2003, the country passed the *Trafficking in Persons (Prohibition) Law (Enforcement) and Administration Act 2003*. In addition to creating legislation, this act created the National Agency for Prohibition of Trafficking in Persons and Other Related Matters (NAPTIP). Known as the NAPTIP Act, its provisions criminalize crimes related to human trafficking, and it serves as a major resource for addressing and protecting women and girls from trafficking and violence. The act prohibits the export or import of girls and women. In girls under the age of 18, it prohibits their procurement, seduction, and indecent treatment; and in women over the age of 18, it prohibits their procurement, import, export, and exploitation. In addition, the act provides women and girls the legal grounds to gain back their rights and sue their perpetrators. In 2005, the act was amended to increase penalties for trafficking offenders and to prohibit all human trafficking. Perpetrators face a fine of USD\$670 and 10 years in jail for labor

trafficking, 10 years' imprisonment for trafficking of children for forced begging or hawking, and a sentence of 10 years to life for sex trafficking.

Despite the strictness of these policies, they have yet to really help curb sex trafficking in Nigeria. Part of the issue is the numerous channels used by traffickers and trafficking victims. This issue is twofold. First, a lack of coordination between police, customs, immigration, and NAPTIP officials prevents enforcement. Due to the multiple entities of this bureaucracy, women are consistently falling through the cracks despite efforts by law enforcement to protect them. The second major factor in the difficulty of enforcing anti-sex trafficking measures is the long-standing national corruption and collusion with traffickers. Scholars suggest that government organizations, nongovernmental organizations (NGOs), and human rights activists must work together to close these gaps to eradicate human trafficking.

Evidence demonstrates the fact that while the situation of women in Nigeria may be slowly improving, much work needs to be accomplished to further their position as enfranchised citizens. Policies aiding women on the issues of employment, education, violence, and sex trafficking must be implemented and strengthened by the Nigerian government to empower present and future generations of women. To quote scholar Tinuke M. Fapohunda, "It is clear that there are interconnections between women's inequitable gender relations, and their poverty and powerlessness in society. There must be a frontal assault on all of these issues. Enabling women to protect themselves involves improving their social and economic status; and providing a method over which they have sufficient control" (Tinuke 2012, 26). Fapohunda advocates that change on all levels, especially in social and economic settings, *must* be made to improve the rights of women in Nigeria and around the world. Change is not optional; it is necessary for survival.

CHLOE TULL

Further Resources

- African Economic Outlook. 2014. Retrieved from <http://www.africaneconomicoutlook.org/en/about-us>.
- Akinyemi, Samuel, and Ofem Igot Bassey. 2012. "Planning and Funding of Higher Education in Nigeria: The Challenges." *International Education Studies* 5.4: 86–95.
- Bowcott, Owen. 2012. "Nigeria Arrests Dozens as Anti-Gay Law Comes into Force." *The Guardian*, January 14. Retrieved from <https://www.theguardian.com/world/2014/jan/14/nigeria-arrests-dozens-anti-gay-law>.
- CIA (Central Intelligence Agency). 2017. "Nigeria." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/ni.html>.

- Clark, Nick, and Caroline Ausukuya. 2013. "Education in Nigeria." *World Education News and Reviews*, July 1. Retrieved from <http://wenr.wes.org/2013/07/an-overview-of-education-in-nigeria>.
- Falola, Toyin, and Saheed Aderinto. 2010. *Nigeria, Nationalism, and Writing History*. Rochester, NY: University of Rochester Press.
- Ibeanu, Okechukwu. 2000. "Oiling the Friction: Environmental Conflict Management in the Niger Delta, Nigeria." *Environmental Change & Security Report* 6 (Summer): 19–32.
- Igwesi, B. N. 2012. "Enhancing Women Participation in National Development through a Change in the Gender System of Nigeria." *Asian Social Science* 8.1: 217–223.
- Lergo, Tunga. 2011. "Deconstructing Ethnic Politics: The Emergence of a Fourth Force in Nigerian Political Discourse." *International Journal of Humanities and Social Science* 1.15: 87–94.
- Lubeck, Paul. 2011. "Nigeria: Mapping the Shar'a Restorationist Movement." In *Shari'a Politics: Islamic Law and Society in the Modern World*, edited by Robert Hefner, 244–279. Bloomington: Indiana University Press.
- Makama, Godiya Allananana. 2013. "Patriarchy and Gender Inequality in Nigeria: The Way Forward." *European Scientific Journal* 9.17: 115–144.
- NBS (National Bureau of Statistics). 2016. Retrieved from <http://www.nigerianstat.gov.ng>.
- Nnadi, Ine. 2013. "Sex Trafficking and Women—The Nigerian Experience." *Journal of Politics and Law* 6.3: 179–188.
- NPC (National Population Commission [Nigeria] and ICF International. 2014. Nigeria Demographic and Health Survey (2013). Abuja, Nigeria, and Rockville, Maryland: NPC and ICF International. Retrieved from <https://dhsprogram.com/pubs/pdf/FR293/FR293.pdf>.
- Okome, Mojbol Olfnk. 2002. "Domestic, Regional, and International Protection of Nigerian Women against Discrimination: Constraints and Possibilities." *African Studies Quarterly* 6.3: 33–63.
- Okome, Mojbol Olfnk. 2005. "The Nature of the State, Gender Politics, and the Empowerment of Women in the Twenty-First Century." In *Nigeria in the Twenty-First Century: Strategies for Political Stability and Peaceful Coexistence*, 91–112, ed. Emmanuel Ike Udogu. Trenton, NJ: Africa World Press.
- Ozo-Eson, Philomena I. 2008. "Law, Women, and Health in Nigeria." *Journal of International Women's Studies* 9.3: 284–299.
- Pearce, Tola Olu. 2012. "Reconstructing Sexuality in the Shadow of Neoliberal Globalization: Investigating the Approach of Charismatic Churches in Southwestern Nigeria." *Journal of Religion in Africa* 42: 345–368.
- Pereira, Charmaine. 2009. "Setting Agendas for Feminist Thought and Practice in Nigeria." *Signs* 34.2: 263–269.
- Pereira, Charmaine, and Jibrin Ibrahim. 2010. "On the Bodies of Women: The Common Ground between Islam and Christianity in Nigeria." *Third World Quarterly* 31.6: 921–937.
- Pew Research Center. 2014. "Nigeria." Retrieved from <http://www.pewglobal.org/respondents/nigeria>.
- Rammohan, Anu, Niyi Awofeso, and Renae C. Fernandez. 2012. "Paternal Education Status Significantly Influences Infants' Measles Vaccination Uptake, Independent of Maternal Education Status." *BioMed Central Ltd.*, 12:336.
- Tinuke, M. Fapohunda, 2012. "Gender and Development: Challenges to Women Involvement in Nigeria's Development." *International Journal of Academic Research in Business and Social Sciences* 2.6.
- UN Data. 2014. "Nigeria." Retrieved from <http://data.un.org/CountryProfile.aspx?crName=NIGERIA>.
- UNDP (UN Development Programme). 2014. "UNDP Nigeria Annual Report 2014." Retrieved from http://www.ng.undp.org/content/nigeria/en/home/library/human_development/undp-nigeria-annual-report-2014.html.
- UNESCO. 2012. "World Atlas of Gender Equality in Education." Retrieved from <http://www.uis.unesco.org/Education/Documents/unesco-world-atlas-gender-education-2012.pdf>.
- UNICEF. 2013. "At a Glance: Nigeria: Statistics." Retrieved from https://www.unicef.org/infobycountry/nigeria_statistics.html.
- World Bank. 2017. "Nigeria." Retrieved from <http://www.worldbank.org/en/country/nigeria>.

P

Palestine

Overview of Country

Palestine is located in the Middle East between the Jordan River and the Mediterranean Sea, and it is separated into the West Bank and the Gaza Strip. The West Bank is bordered by Israel and Jordan, and the Gaza Strip is bordered by Israel, Egypt, and the Mediterranean Sea. The West Bank is approximately 2,263 square miles (5,860 sq. km), with a mostly rugged terrain. The Gaza Strip is approximately 139 square miles (360 sq. km), with a mostly flat terrain and sandy dunes on the coastline. The climate is mild, with hot, dry, humid summers and cool, wet winters. As of July 2014, the population of the West Bank was estimated to be 2,785,366, and the population of the Gaza Strip was estimated to be 1,869,055 as of July 2015 (CIA 2017).

In 2014, the UN Development Programme (UNDP) ranked the State of Palestine 107th out of 187 nations based on human development. The United Nations gave Palestine a gender inequality Human Development Index (HDI) of 0.686 in 2013, which placed it in the medium human development category. Between 2005 and 2013, its HDI increased at a rate of 0.70 annually, indicating that the level of inequality in Palestine is increasing. This can partially be attributed to the rising levels of violence against women, which may be due to women becoming

more involved in activism while segments of Palestine are becoming more conservative and returning to traditional values.

Historically, there have been tensions and outright conflict between Israel and Palestine over land that was given to Israel following World War II. Most of the conflict has been a result of disagreements over where Jews and Muslims can live. A peace settlement was made in 2005, which resulted in the two states of Israel and democratic Palestine. The Jewish people moved to Israel, and the Palestinian Arabs moved to Palestine. A truce declared in August 2014 left Hamas (an Arabic acronym for “Islamic Resistance Movement”) in control of the Gaza Strip and the Palestinian Authority in control of the West Bank. Most of the people who live in Palestine are Palestinian Arab and follow the Sunni branch of Islam. The most common languages spoken are Arabic, Hebrew, and English.

Girls and Teens

Extracurricular

In Palestine, it is common practice for girls to visit each other to converse, usually with tea, coffee, and sweet desserts being shared. There are many centers available for girls to play music, join clubs, and take classes. Schools usually do not provide extracurricular activities.

Literacy

Most girls in Palestine attend school and receive a formal education. This is because most children receive a free kindergarten through 12th grade education. Schools are usually divided based on gender. Girls in the West Bank and Gaza Strip spend an average of 14 years in school. These rates are slightly higher than they are for boys, which may be because boys stop attending school to begin working.

Family Roles

It is considered unacceptable by most Palestinian men for women to work outside of the home, so most women and girls spend their lives doing homemaking or working in small home-based businesses. It is frowned on for females to wear Western-style clothing, with a preference for females to wear the traditional *jilbab*, a dress with a headscarf. Girls are obedient to their fathers and other men in their lives because of the patriarchal system present in Palestine. Mothers usually cook the meals for the family. Older sisters frequently care for younger siblings. Male children typically help their fathers with outdoor labor.

Education

The adult literacy rate in Palestine from 2008 to 2012 was 95.3 percent. In the same period, the youth (15–24 years) literacy rates were 99.3 percent for males and 99.4 percent for females (UNICEF 2016). Conflict in Palestine has left hundreds of schools damaged, including many that are beyond repair. The UN Relief and Works Agency (UNRWA) has built schools in refugee camps so refugee children are also able to access education.

Primary Education

Palestinians consider education extremely important because it is a means to improve standards of living and employability. Primary education is compulsory and free for Palestinians for the first 10 years. From 2008 to 2012, the primary school net enrollment ratio was 89.6 percent for females and 89.9 percent for males (UNICEF 2016). Special needs and disabled students have equal rights to education as nondisabled students. Most schools are divided for males and females. The educational system is divided into two stages: preparatory, which covers grades 1 through 4, and empowerment, which covers grades 5 through 10. Children start their primary education when

they are six years old. Many of the schools in Palestine experience overcrowding and have poor sanitation.

Secondary Education

Secondary education is for grades 11 and 12. It is not compulsory or free for Palestinians. From 2008 to 2012, the net enrollment ratio was 85.3 percent for females and 77.5 percent for males. More than 90 percent of students who complete their primary education enroll in secondary school (UNICEF 2016). Students who plan to attend a postsecondary education enroll in secondary education. Upon completing their secondary education, students must take an examination, *Tawjihi*, which they must pass to obtain their secondary education certificate.

Postsecondary Education

Many Palestinians enroll in postsecondary education after completing their secondary education. These students usually enroll in 1 of the 43 different postsecondary institutions that are located in Palestine. More women than men are enrolled in colleges.

Job Training

Job-specific training required for employment is typically provided and paid for by the employer.

Health

In general, Palestine has a well-developed health care system. Palestinians have limited access to the specialized hospitals located outside of Palestine. Health care is hardest to access for Palestinians living in the rural portions of the territory. Health care in the Gaza Strip has been affected by a lack of electricity, unmaintained medical equipment, and a lack of necessary drugs. Smoking is common in Palestine, and the rates are continuing to grow. This has resulted in predictions that increasing numbers of Palestinians will die from tobacco-related diseases. A survey conducted by the World Health Organization (WHO) in 2010 and 2011 found that among adults 15–64 years old, 37.6 percent of males and 2.6 percent of females currently smoke tobacco, with a cumulative percentage of 20.2 percent of the population. The same survey found that 57.8 percent of the population was overweight, and 26.8 percent of the population was obese. Raised blood pressure was also found to affect a large proportion of the population, with 35.8 percent of

the population taking medication, and 24.7 percent of the population having raised blood pressure for which they are not taking medication (WHO 2016).

The conflicts in Palestine have affected water quality. Organizations such as UNICEF are working to rehabilitate water sanitation so that it is safer and healthier for Palestinians to drink. Additionally, UNICEF is providing hygiene supplies to improve health and reduce the spread of illness. In 2012, the life expectancy at birth was 73 years (UNICEF 2016).

Access to Health Care

Health care is hardest to access for Palestinians living in the Gaza Strip or in rural areas. The public health care system is well developed but poorly maintained. There are health care centers in the West Bank and Gaza Strip; however, many specialists are located outside of Palestine. If specialized health care is deemed necessary for a patient, it is common for Palestinians to be referred outside of the territory, but restrictions prevent many patients from leaving the territory for their care.

Gender, Power, and Sexual Dynamics of HIV/AIDS

Palestine has low reported levels of AIDS and is thus considered by WHO to be a low-prevalence country. Due to Palestine having few people with AIDS, those diagnosed receive their health care at no cost to themselves. HIV cases started being reported in 1989, and since that time, only 72 cases have been reported (WHO 2016). Most of these cases have been men. However, this may not accurately reflect the actual number of people that have or had HIV/AIDS, as testing and diagnosis remains an issue. Many physicians in Palestine are not familiar with HIV and its pattern of symptoms, and many people do not or cannot seek health care in the first place. Additionally, HIV cases had to be diagnosed and treated in Israel because the infrastructure was not in place in Palestine, which likely reduced the number of diagnosed cases.

The most common causes of HIV infection in those diagnosed are heterosexual contact with an infected person and exposure to contaminated blood or blood products. Stigma remains a problem in Palestine, as it does elsewhere in the world. Antiretroviral (ARV) therapy is beginning to be used in Palestine, after WHO introduced it to the territory. This therapy will help prolong life span and improve quality of life for those with the disease. WHO introduced the first HIV clinic, in Ramallah, to provide care and monitor CD4

levels to detect treatment potential in patients. It also introduced the “rapid test” HIV test, which can be administered by anyone, to increase test compliance.

A large portion of the population is still uneducated about HIV/AIDS and its transmission. From 2008 to 2012, only 7.2 percent of young people (aged 15–24) had comprehensive knowledge of HIV (UNICEF 2016). Comprehensive knowledge is defined as being able to correctly identify the two major ways of preventing the sexual transmission of HIV, rejecting the two most common local misconceptions about HIV transmission, and knowing that a healthy-looking person can have HIV. Rates of HIV/AIDS in Palestine are increasing, with most of those diagnosed being heterosexual males. This has been attributed to a lack of awareness as well as poor access to safe-sex materials, such as condoms.

Diseases and Disorders

Mental Disorders

The many conflicts in Palestine leave half of Gaza’s children suffering from psychological distress due to violence, seeing their neighborhoods turned into rubble, and losing their schools (WHO 2016). Organizations such as UNICEF are working to provide counseling and psychological services to children experiencing distress.

Cardiovascular disease, in addition to cerebrovascular diseases and cancer, is one of the main causes of death among adults in Palestine. Heart disease was the leading cause of death in Palestine in 2004, with 56.8 percent of deaths being attributed to the disease. Cancer affects many people in the Palestinian population. Breast cancer is the most prevalent type, with 16.4 percent of all cancer cases being that form, and 31 percent of female cases were for breast cancer. Lung cancer is the most prevalent type of cancer in men, composing 12.7 percent of the male cases. From 2000 to 2004, the annual average mortality rate from cancer was 26.8 per 100,000 people.

Diabetes mellitus has a high prevalence in Palestine, and is expected to continue increasing. Studies have found diabetes mellitus rates in Palestine of 9–18 percent of the population. Between 2000 and 2004, 3.6 percent of population deaths were attributed to diabetes mellitus (WHO 2016).

Childbirth and Maternal Health Care

Most Palestinian women have access to maternal health care. From 2008 to 2012, the percentage of women aged

15 to 49 using contraception was 52.5 percent (UNICEF 2016).

Most women receive health care during the course of their pregnancies. However, an estimated 80 percent of women do not receive postnatal care. A UNRWA survey in 1999 found that 97–99 percent of women are immunized for tetanus during pregnancy. The UNRWA also found 95–99 percent of births are attended by trained personnel. The maternal mortality rate in Palestine is 45 deaths per 100,000 live births (WHO 2016). UNICEF is in the process of rehabilitating neonatal units throughout Palestine, with the hope that it will improve newborn survival rates. In 2012, the infant mortality rate (under the age of one) was 19 per 1,000 live births, and the neonatal mortality rate was 13 per 1,000 live births. In 2010, the lifetime risk of maternal death was 1 in 330. Women are covered for antenatal care as well as skilled attendance at birth (UNICEF 2016).

Employment

The workforce in Palestine predominantly consists of men. In 2013, the workforce included more than 1.1 million people. However, only 16.6 percent of Palestinian women are in the workforce, while 68.7 percent of men are. The labor force participation of Palestinian women is one of the lowest in the world. Many Palestinians are out of the workforce due to high unemployment rates. In 2013, the unemployment rate in Palestine was 24.5 percent—and growing. The high unemployment rates can be attributed to stagnant gross domestic product (GDP) growth, increasing political instability, restrictions on economic activity, and military conflict. Women face extreme barriers to employment in upper-level positions. Only 1.2 percent of the firms in Palestine have a female top manager. Gender-based violence in the workplace is also beginning to be recognized. In a survey conducted by the International Labor Organization (ILO), nearly 23 percent of women have experienced violence in the workplace (ILO 2016).

Typical Jobs and Careers

Palestine has traditionally had an economy based on agriculture, with many Palestinians working as farmers, growing olives, sesame seeds, and cotton. After Europeans came to Palestine in the 19th century, Palestine shifted to a market-based economy focused on importing and exporting. Oranges and other citrus fruit are their primary exports, along with sesame seeds, barley, and durum wheat.

Discrimination and Income Disparity

According to the Palestinian Labor Law, it is prohibited to discriminate in employment based on someone's gender.

Pay Equity

In Palestine, there is a significant gender pay gap. Women's median daily wage is 84 percent of men's. In the manufacturing sector, there is an even greater pay gap, with women being paid only 57 percent of the median wage of men. The gap is also seen in recent graduates starting their first private-sector jobs, where there is a 20 percent gender pay gap (ILO 2016).

Maternity Leave

Women in Palestine are entitled to 10 weeks of paid maternity leave. Most employed women use the full maternity leave period.

Family Life

Family plays an important role in the lives of Palestinians. Members of a household typically work in the same economic fields and participate in social activities together. Three distinct family types have been found in Palestine: the extended family, the nuclear family, and the transitional family.

The extended family is the most common family type and is the traditional family form in Palestine, with multiple generations of a family all living within one home. The extended family consists of three or more generations, usually consisting of the descendants of a grandfather and their wives and kids. This family type is based on communal cooperation, with all members of the family household playing an important role in family life. The extended family form is common in both the West Bank and refugee camps in the Gaza Strip.

The second family type found in Palestine is the nuclear family. The nuclear family consists of a married couple and their unmarried children. This is an emerging family form in Palestine that is becoming more common, particularly in the West Bank.

The third family type in Palestine is the transitional family. This family type shares characteristics of both the extended and nuclear family types. The transitional family consists of a married couple and their unmarried children, as well as some members of the extended family. The

transitional family type can be found in rural portions of the West Bank as well as in the Gaza Strip.

Sexuality

Sexual education takes place in primary and secondary schools and is based on a curriculum created by the Ministry of Health. Sexuality and sexual health are considered taboo subjects. It is common for adolescents to be punished if they are discovered talking about them. Women are expected to be virgins until marriage, so teenage pregnancy is not common. If it is found that a young woman has “disgraced” her family through having sexual affairs outside of marriage, an honor killing may be performed by the woman’s family.

Marriage and Fertility

Traditionally, marriage has been between young men and women that are related, frequently being parallel cousins. This type of marriage is still common in villages and refugee camps. Marriages have traditionally been arranged by the fathers of the bride and groom, and the weddings are often quite elaborate. The ceremony typically involves the families, extended relatives, and others from the village. Traditional wedding ceremonies take place over three or more days, with celebrations at both the bride’s and groom’s homes. Weddings are joyful and include dancing, food, and celebration.

Many Palestinians marry at young ages; however, the prevalence of youth marriage is declining. From 2002 to 2012, 20.6 percent of children were married by the age of 18. In the West Bank, the legal age for marriage is 15 for females and 16 for males. In Gaza, the legal marrying age is 17 for females and 18 for males. Polygamy is legal but rarely practiced. The total fertility rate in Palestine is 4.9 according to 2009 estimates (WHO 2016).

Divorce

Divorce is allowed in Palestine in instances where a spouse has failed to fulfill his or her duties. Muslim men are able to divorce their wives without reason, while women can only initiate divorce under limited circumstances. If a woman seeks divorce without providing evidence, she must return her dowry and give up any financial rights, but the divorce is only possible if the husband agrees. Divorce is not socially acceptable and is frowned upon in Palestine, which causes many couples to remain married

when they no longer wish to be. It is rare for a woman to remarry because of the cultural tradition that a woman is a virgin at marriage. The father is the legal guardian of any children. In cases of divorce, women may be given custody of their daughters until they turn 12 and their sons until they turn 10.

Household Roles and Responsibilities

It is the duty of women and girls to care for the house, while men contribute by working outside the home. Women cook, keep the house clean, and care for children. Men contribute to the family’s financial well-being. Children help their parents as the parents see fit.

Inheritance

Females usually receive a smaller inheritance than males. This can be attributed to both tradition and Islamic sharia law. According to Islamic law, if a husband dies childless, the wife is entitled to a fourth of the husband’s estate. If he had children, the wife is entitled to an eighth of his estate. Daughters receive half the inheritance that their brothers do. If the father just had daughters, the daughters’ inheritance would be equally divided among them. If a daughter marries, it is expected that she will relinquish her portion of the inheritance to her brothers.

Gender Roles and Family Structure

Palestine has many different gender roles in the form of both laws and traditions. Many of these roles are based on Islamic law. Girls are expected to keep themselves covered, only showing themselves to their families, based off teachings in the Koran. Because of this, girls generally stay at home and participate in few public activities. Required covering is followed more strictly in rural villages and refugee camps, where many girls do not even attend school. Young Palestinian children typically have unstructured daily schedules.

Contraception

Contraception is widely known about in Palestine, with an estimated 98 percent of women familiar with the different methods. In 1999, the Ministry of Health estimated that 54.8 percent of women use contraception. Abortion is only legal if the life of the mother is in danger.

LGBTQ+ Rights

Most Palestinians are not supportive of people identifying as LGBTQ+. Most LGBTQ+ Palestinians do not reveal their sexuality to their families, frequently choosing to stay closeted and marry a heterosexual partner. Many LGBTQ+ Palestinians will marry cisgender heterosexual spouses, even if they do not love the person, because homosexuality is strongly opposed in the territories. There are no laws criminalizing homosexuality in Palestine, but there are no laws to protect LGBTQ+ people. No legislation is in place to protect people from being fired due to their sexual orientation or gender identity, nor are there any laws saying hiring discrimination for that reason is illegal. In addition, there are no laws prohibiting violence against LGBTQ+ people. There is little documentation for LGBTQ+ Palestinians being victims of violence or killings, but that is likely due to most of these people living closeted lives. Same-sex marriage is not legal in Palestine.

Politics

Judicial System

Women are present in the judicial system, but there are few of them. According to a 2010 World Bank report, 12 percent of judges and 11 percent of general prosecutors are women. Female lawyers face discrimination when entering both state institutions and private legal practices.

Participation in Government

Under the Palestinian Basic Law, both men and women in Palestine have equal voting rights and the same right to stand for election. Women were first able to exercise this right in 1996, in the first election to the Palestinian Legislative Council. Following the 2006 elections to the Palestinian Legislative Council, women occupied 14 percent of the seats (World Bank 2010). Women's rights groups in Palestine have organized training for women to support their political participation.

Women's Associations, NGOs, and Nonprofits

The Women's Affairs Technical Committee (WATC) is an active women's rights group that was formed by multiple women's organizations in Palestine. The WATC, along with other women's groups, has been lobbying the Palestinian Legislative Council for gender equality and to reform discriminatory laws. These groups have also lobbied for an

increase in women's representation in decision-making bodies.

Suffrage

All Palestinians over age 18 are allowed to vote. Women first voted in Palestine in 1920, following a highly active suffrage movement.

Personal Status Laws

In the West Bank, the Jordanian personal status law of 1976 applies, and in Gaza, the Egyptian personal status law of 1954 is used. The laws are based on Islamic teachings. These laws have been amended over time to remove some of their discriminatory aspects. However, the laws still say that a woman is only worth half that of a man in inheritance, marriage, divorce, and child custody cases.

Citizenship and Nationality

Citizenship is governed by the laws that were in effect prior to the Israeli occupation in 1967. The Jordanian nationality code is applied in the West Bank, and the Egyptian nationality code is applied in Gaza. Women do not have the right to pass their nationality to their children and spouses. Palestinians living in Israel or who are Israeli citizens have additional citizenship challenges. Palestinians from the occupied territories who are married to Palestinians who are permanent residents of Israel or are Israeli citizens are not allowed Israeli citizenship or residency, forcing many Palestinian families to live separately.

Religious and Cultural Roles

Women's Roles

Women have highly defined roles in Palestine's Islamic community. Women are responsible for supporting their husbands and families and running the home, while men are expected to provide for their families financially. It is expected that women will dress modestly so that their beauty will only be exposed to their husbands or families. Many women choose to cover themselves because it allows them to enter public spaces freely. However, fewer women are covering their heads and faces now than they did in the past. There are no laws to punish women who choose not to cover themselves. Women are expected to follow the sharia law, particularly as it pertains to personal status laws.

Issues

Violence

Violence is a reality of life for many Palestinians. The high prevalence of violence is due to the ongoing conflict and war, high unemployment, overcrowding, overpopulation, the high fertility rate, and other social pressures. Witnessing and experiencing violence has caused many Palestinians to develop detrimental physical and psychological health effects. There are many organizations in Palestine that provide mental health services due to this.

Impact of Conflict on Women's Lives

Ongoing conflict in Palestine has had a huge effect on women's lives. Most women have had family, friends, or others they know be killed or harmed as a result of the conflict. In many instances, it was witnessed firsthand. Many women and children are held as prisoners, beaten, or shot due to being Palestinian. Women are particularly targeted by Israeli aggressors. There have been documented cases where women were not able to cross checkpoints to go to hospitals or medical facilities, which has resulted in women dying. Women are increasingly becoming more involved in conflict as well, as seen by women suicide bombers and hijackings.

Domestic Violence

Violence is a regular occurrence that Palestinians, especially women, encounter. Husbands frequently beat their wives. This form of domestic violence is common, likely because it is supported by the gender roles and expectations that are present in marriage in the Palestinian society. There are currently no laws in Palestine that protect women from domestic violence or that make it illegal. The penal codes in Jordan and Egypt allow leniency in sentencing for men who kill their wives due to the wife committing adultery. In the West Bank, there are three shelters for women who are victims of domestic violence, while there are none in Gaza.

Sexual Assault and Rape

The only law in place against rape states that rape is a crime, but the perpetrator can avoid punishment by marrying his victim. There are no laws in Palestine against spousal rape. Rapes often go unreported due to social pressures against women having premarital or extramarital sexual contact.

Many rapes go unacknowledged because doing so would reflect poorly on the woman's family.

Gender-Based Violence

Gender-based violence has been particularly apparent during the conflicts between Palestine and Israel. Palestinian women are frequently held as prisoners in Israel in dire conditions that violate the women's basic rights.

Sexual Harassment

At present, there is no legislation to protect women from sexual harassment, either in the workplace or outside of it.

ASHLEI EDGEMON

Further Resources

- Abdeen, Hani. 2006. "Chronic Diseases in Palestine: The Rising Tide." Retrieved from http://www.abudis.net/chronic_diseases_in_palestine.htm.
- CIA (Central Intelligence Agency). 2017. "Gaza Strip" and "West Bank." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/resources/the-world-factbook/>.
- HIV InSite. 2016. "HIV/AIDS in Palestinian Authority (West Bank and Gaza Strip)." Retrieved from <http://hivinsite.ucsf.edu/global?page=cr06-we-00>.
- ILO (International Labour Organization). 2016. "Occupied Palestinian Territory." Retrieved from http://www.ilo.org/beirut/countries/occupied-palestinian-territory/WCMS_532917/lang--en/index.htm.
- Regional Office for the Eastern Mediterranean (EMRO). 2015. "Noncommunicable Diseases in Occupied Palestinian Territory." Retrieved from <http://www.emro.who.int/pse/programmes/ncds-pal.html>.
- Spring Forward for Women. 2015. "Palestine." Retrieved from <http://spring-forward.unwomen.org/en/countries/palestine>.
- UNICEF. 2016. "Occupied Palestinian Territory: Status of Girls and Women in the Middle East and North Africa." Retrieved from <http://www.unicef.org/gender/files/oPT-Gender-Equality-Profile-2011.pdf>.
- WHO (World Health Organization). 2014a. "Health Cluster in the Occupied Palestinian Territory: Gaza Strip Joint Health Sector Assessment Report." Regional Office of the Eastern Mediterranean. Retrieved from <http://reliefweb.int/report/occupied-palestinian-territory/gaza-strip-joint-health-sector-assessment-report-september>.
- WHO (World Health Organization). 2014b. "Right to Health: Crossing Barriers to Access Health in the Occupied Palestinian Territory 2013." Retrieved from http://www.emro.who.int/images/stories/palestine/documents/WHO_-_RTH_crossing_barriers_to_access_health.pdf?ua=1.
- WHO (World Health Organization). 2016. "HIV/AIDS Tuberculosis Programme." Retrieved from <http://www.emro.who.int/pse/programmes/hiv-aids-tb-programme.html>.

R

Republic of the Congo

Overview of Country

The Republic of the Congo, also referred to as Congo-Brazzaville, is a Central African country that borders the South Atlantic Ocean, between Angola and Gabon. It is sometimes confused with the neighboring Democratic Republic of the Congo, but the two are distinct countries with their own unique histories. Recurrent civil wars have affected the country, but the Republic of the Congo is not exclusively defined by the legacy of this conflict.

Although the Republic of the Congo covers an area of 132,047 square miles, approximately 60 percent of the more than 4.6 million inhabitants live in urban areas. Much of the population is concentrated in the capital city of Brazzaville, the coastal city of Pointe-Noire, or along the railroad between them. This highly urbanized country had a population growth rate of 1.94 percent in 2014, the 55th highest in the world (CIA 2014).

The population of the Republic of the Congo is young, with children under 14 years of age making up 41 percent of the Congolese population, adults between ages 55–64 making up 3 percent, and adults over 65 years of age making up just 2.7 percent of the population. At 40.1 births per 1,000 in 2012, Congo ranked 10th highest in the world; however, life expectancy is among the 30 lowest in the world at an average of 55.27 years at birth. Life expectancy

is slightly higher for Congolese women, at 59.7 years, compared with 57.38 years for men (CIA 2014).

French is the official language of the Republic of the Congo. Other main languages include Lingala and Mono-kutuba, and there are many additional local languages and dialects (CIA 2014). The country is also home to many refugees from the neighboring Democratic Republic of the Congo as well as from Rwanda and Burundi, among others.

There are four major ethnic groups, with the Kongo people—a Bantu ethnic group—representing 48 percent of the population. Additional ethnic groups include the Sangha, the M'Bochi, and the Teke (CIA 2014). The Congo Basin is also home to the indigenous group historically referred to as “Pygmies,” although some consider this term imprecise or pejorative. With such a high percentage of the population concentrated in urban centers, the Republic of the Congo's indigenous and rural populations can encounter difficulties in accessing goods and services.

Catholicism is the dominant religion in the Republic of the Congo. In 2010, 33.1 percent of Congolese were Roman Catholic, followed by Awakening Churches/Christian Revival and Protestant for a combined just more than 40 percent. Approximately 2 percent of the population is Muslim, and the remaining Congolese cite indigenous African beliefs or no religious affiliation (CIA 2014).

Civil unrest, civil wars, and militia conflicts have plagued the Republic of the Congo and affected the

position of women. For the 2014 Gender Inequality Index (GII), the country received a score of 0.617, placing the Republic of the Congo 135th out of 152 countries with data (UNDP 2014). Although the country became a party to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1982, its place in the GII suggests that gender inequalities in such measures as reproductive health, empowerment, and labor market participation persist.

Girls and Teens

According to Congolese law, women and men have equal rights in education, employment, political participation, and family relations. However, there is evidence to suggest that women have yet to realize full equality in all aspects of economic, social, and public life. The disparities can be further emphasized for rural and indigenous women and children. Ethnic and political unrest have left Congolese women in a tenuous position, although the overall situation does appear to be improving for girls and teens who are somewhat further removed from the direct effects of the conflicts. To some extent, particularly in rural areas, the weight of tradition appears to continue to influence the development of girls and their eventual ability to be full participants in decision-making processes.

The structure of Congolese society has been such that it was common for girls to spend much of their early lives around other women. Under this relationship, girls acquire their knowledge about sex and sexuality through their networks of sisters, mothers, and women in their extended families and communities. However, some educational needs may not be met effectively through family networks if accurate or comprehensive sexual and reproductive health information is limited. For example, complete knowledge of and access to options for protection from sexually transmitted infections or to family planning resources can vary greatly across networks.

Female genital cutting (FGC) is illegal, but the practice is still known to occur in some immigrant communities and indigenous populations (U.S. Department of State 2014). The practice is a concern for some nongovernmental organizations (NGOs) interested in addressing human rights and ending violence against women. In its 2012 report, CEDAW made a strong statement, calling for the Congolese government to address what is described as the “harmful traditional practice . . . [of] female genital mutilation” (CEDAW 2012, 5). Despite this call, there has not

been a systemic effort to address ongoing concerns about the practice, especially in rural areas.

Education

Education is compulsory and universal until the age of 16. There is no cost for tuition, but families are responsible for the indirect costs of education, such as books, uniforms, and school fees. Enrollment is higher in urban areas, as rural youth may be lacking their required birth certificates. Registration is necessary for school enrollment; however, parents must request birth registration for a child, and office locations are limited to provincial capitals. This has a particularly negative impact on the indigenous minority and rural populations.

All Congolese children have access to free public education; however, many of the country's schools were destroyed during the 1997 civil war. Where schools have been rebuilt, persistent structural and cultural barriers to education can still exist for girls and young women.

Girls and boys attend primary school in approximately equal numbers, but disparities begin to emerge at the high school level. At the primary level, the overall ratio of girls to boys ranges between 84 to 100 and 96 to 100, but by the upper secondary level, the range is between 43 to 100 and 55 to 100. At the university level, the ratio is 19 to 100 (CEDAW 2010). Recent data indicate that 43.8 percent of women have completed at least a secondary education, compared with 48.7 percent of men (UNDP 2013).

Trend data suggest that the number of women entering into and graduating from higher education is increasing, but they still lag behind men. A variety of family and social reasons may explain why women do not pursue higher education or why they drop out before completing their degrees. For example, women may marry and begin to have children at an early age. Additionally, some parents are unable or unwilling to support their daughters' pursuit of higher education. Particularly among families with limited resources, the educational advantages may be afforded to sons over daughters (CEDAW 2010).

Literacy

The total literacy rate for the country is 83.8 percent; however, 89.6 percent of males over the age of 15 can read and write versus 78.4 percent of females in 2003 (CIA 2014). Disparities in literacy rates are even more pronounced in rural areas.

Health

Access to Health Care

The Congolese Association for Family Well-Being opened in 1987 as a small operation focused primarily on the sexual and reproductive health needs of the urban poor. The association is a full member of the International Federation for Family Planning, and over the past nearly 30 years has grown to a network of more than 100 community-based distributors providing a range of services, from family planning and prenatal care to prevention and management of HIV/AIDS. Their mission focuses on promoting and protecting individual rights as well as improving access to quality services (IPPF 2014).

Maternal Health

The Act of 31 July 1920 prohibits both abortion, except when pregnancy poses a danger to the mother, and the advertising of contraception. The contraceptive prevalence rate is 44.7 percent in 2011, which indicates that less than half of women considered to be of reproductive age, or between the ages of 15 and 49, who are married or in a union are using or have sexual partners who are using contraception (CIA 2014). There are no legal restrictions on the right to access contraceptives, and the availability of free contraceptives has been a particular focus of the anti-HIV efforts of NGOs. However, cultural taboos and concerns about the negative long-term impact are cited as reasons why use is not more widespread.

The persistence of this law criminalizing abortion can have the effect of leading women to seek unsafe and illegal methods of terminating a pregnancy (CEDAW 2012). However, efforts are underway to address the customs that some point to as restricting women's access to health care, the impact of poverty and illiteracy on understanding risks and resources, and the uneven distribution of health clinics and health workers (CEDAW 2010).

The mean age of Congolese mothers was 19.8 in 2011, and the total fertility rate was 4.73 children born per woman in 2014 (CIA 2014). The infant mortality rate was 74.22 per 1,000 live births in 2012, and the maternal mortality rate was 580 per 100,000 live births in 2008, both of which are considered quite high by global standards (Boslaugh 2013, 110). However, the Government of the Congo has started the process of enhancing the provision of quality health services with the aim of reducing maternal and infant mortality. This includes ensuring that

women have access to resources and services regardless of their income. Additionally, medical monitoring for pregnant women by doctors, nurses, and midwives has helped to reduce the infant mortality rate from 900 deaths per 100,000 live births in 2002 to 781 deaths per 100,000 live births in 2005 (CEDAW 2010). In 2006, approximately 75 percent of pregnant women received at least four prenatal visits, and nearly 94 percent of births were attended by skilled health personnel (Boslaugh 2013, 109). A majority of these births took place in a health care institution with a skilled birth attendant, although women living in rural areas more frequently give birth at home than women living in urban locales.

HIV/AIDS

The human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS) epidemic directly affects the lives of Congolese women, whose social status can put them at particular risk of infection. The number of people living with HIV/AIDS is approximately 74,500 in 2013, ranking the Republic of the Congo 52nd in the world (CIA 2014). Individuals who are infected may continue to experience social stigmatization and discrimination. In 2001, HIV/AIDS was estimated to be the leading cause of death among 19- to 45-year olds (Reproductive Health Response in Crises Consortium 2001). In its 2012 report, the Committee on the Elimination of Discrimination against Women cites the number of women infected with HIV/AIDS as disproportionately high, making the epidemic a prominent social issue for women (CEDAW 2012).

As part of the country's proactive efforts, anti-HIV/AIDS campaigns have been developed to create greater access to free or low-cost antiretroviral therapy (ART) for those Congolese who are living with the disease. The Republic of the Congo is also home to a National Anti-AIDS Council and has a number of NGOs working to reduce transmission and increase services.

Employment

With 68.4 percent of women aged 15 and older participating in the labor force in 2012, compared to 72.9 percent of men, the gender disparities in labor force participation rates are minimal (UNDP 2012). However, data do not appear to be readily available to determine whether there are any disparities in participation rates by ethnicity.

The overall unemployment rates are relatively high, and women in rural areas are particularly limited in their access to wage employment. In 2012, the unemployment rate was 53 percent, placing the Republic of the Congo 196th out of 203 countries worldwide (CIA 2014).

Although there are laws setting 16 as the minimum age for employment, child labor practices persist, particularly in rural areas and in the informal sectors of the economy that operate outside of formal government oversight. Human rights reports estimate that more than half of child laborers are girls engaged in domestic work under harsh conditions for little or no pay (U.S. Department of State 2014). Reports indicate that, in many of these situations, girls from rural areas leave their homes to find work with urban families.

Job and Career Opportunities

The labor market in the Republic of the Congo remains segregated by sex, with women concentrated in teaching, health, and agriculture. The Congolese economy is mainly based on oil and timber, and with few other well-developed resources, the economy is not considered very stable or diversified. The Republic of the Congo is one of the region's main oil producers and is ranked the fifth largest in sub-Saharan Africa, although the abundance of offshore oil has been both a source of wealth and conflict.

While the country's gross domestic product (GDP) has seen slight improvement since 2002, due in part to rising oil prices, overall economic growth has been in decline, as has the per capita income (CEDAW 2010). A decade of conflict leading to a postwar increase in the number of women-headed households left Congolese women and children particularly vulnerable to the effects of widespread poverty. In 2001, per capita income for women was at just 54 percent of that of men, and an analysis of food assistance distributed in Brazzaville indicated that women-headed households were the primary recipients of aid (Reproductive Health Response in Crises Consortium 2001). In 2005, the Republic of the Congo was identified as "severely indebted" (Seager 2009).

In addition to oil, agriculture is another important economic activity, making up approximately 11 percent of the country's GDP. Main crops include cassava, sugar, rice, corn, coffee, and cocoa; however, agricultural production is insufficient to meet the country's needs, which requires that foods such as meat, dairy products, and grain be

imported. Women and children play a significant role in agriculture, from planting through harvesting and selling agricultural products. While some of women's agricultural labor focuses on the sustenance of their children, husband, and extended family members, Congolese women are also engaged in market transactions. In 2010, the agricultural sector was made up of approximately 70 percent women, although they own only approximately 25 percent of the land (CEDAW 2010).

Yet, because of the low pay associated with agricultural work, Congolese women remain impoverished. Such poverty is one of the main reasons why women are less likely than men to have ownership of and access to land. The primary means by which women do have access to land include inheritance and marriage, but without those paths to ownership, women often face difficulties in obtaining the credit necessary to purchase property on their own. In instances of shared property, when a woman's husband dies, the property will be divided in half, with the wife retaining 50 percent and the remaining land distributed between children and other family members (CEDAW 2003).

While there is growing demand for technical and vocational skills, the education system is not yet well-developed, and women's participation in the opportunities that are available lags behind their male counterparts. While girls make up 58.55 percent of the total attendees in technical secondary school, their participation rate drops to 43.37 percent in the upper secondary cycle. Women are better represented in vocational training schools, particularly in the fields of health and education, where they account for 70.9 percent of the total students (CEDAW 2010). Congolese students in rural areas are at a particular disadvantage because over half of the schools are concentrated in the more populous urban centers of Brazzaville and Pointe Noire.

Pay

The Republic of the Congo has legal provisions providing for equal pay for equal work. However, while laws prohibiting discrimination based on gender include the right to equal pay, human rights reports point to continued economic discrimination. Part of the gendered wage gap can be attributed to the concentration of women in the informal sector of the economy, where they may work as street vendors or in other unregulated environments and where

the lack of government oversight also means they have little or no access to employment benefits.

Women also face barriers in accessing formal financing. Instead, they are turning to microfinancing institutions with greater frequency. Women have an increasing number of options for accessing low interest rate loans through savings and credit banks aimed exclusively at women. Some data indicate that 93–99 percent of these loans are paid back (CEDAW 2010). Such organizations along with the Congolese government also aim to improve the capabilities of women by providing training in areas that will support their income-generating activities.

Sexual Harassment

In its 2012 report on the Republic of the Congo, the Committee on the Elimination of Discrimination against Women cited as problematic the prevalence of sexual harassment in the family, at school, and at work. Further, the report called for the adoption of legal provisions prohibiting sexual harassment (CEDAW 2012). Although the phenomenon is not unique to the Republic of the Congo, the lingering effects of periods of conflict combined with the country's consistently low rank in the GII may warrant particular attention to the persistence of sexual harassment.

Maternal Leave

The Republic of the Congo has provisions allowing paid maternity leave. By law, women have access to paid maternity leave of 105 days, to be paid at 100 percent of wages (International Finance Corporation 2014). Despite these benefits, Congolese women who experience frequent absences from work because of their reproductive role may find themselves with unequal access to employment opportunities because employers consider absenteeism a sign of decreased commitment to the workplace.

Child Care

Structural support for working Congolese women who have children is limited. The provision of child care has been described as inadequate, and many women have limited resources to pay for the support their families need. Instead, women who are able to do so often rely on the support of extended families and communities. Support for mothers and children is an important component of improving the lives of women, and more research is needed about the particular challenges working Congolese

women may face in also effectively managing their responsibilities as mothers.

Family Life

Marriage

The legal age for marriage is 18 years for women and 21 years for men. These age limits are set by the Congolese Family Code (Article 128). While the law prohibits child marriage, both sets of parents can give permission for marriage at an earlier age; no minimum age is specified for such cases (CEDAW 2010). Described as “pre-marriage,” the practice of promising marriage allows for cohabitation and a sort of de facto marriage before the individuals involved reach the minimum age. Levirate is also practiced in the Republic of the Congo, which is an arrangement through which a widow is obligated to marry her deceased husband's brother. In its 2012 report, CEDAW cites both of these traditional Congolese practices as harmful to women and children who may lack legal protections against violence and exploitation in the context of marriage, and the committee calls for legal prohibitions against pre-marriage and levirate (CEDAW 2012).

The Republic of the Congo is described as allowing for the practice of polygamy, but the practice in the country is more accurately characterized as polygyny. That is, Congolese men may marry more than one woman, but that option is not open to women. However, Congolese women in or entering into monogamous unions have the legal right to decline to give their consent to additional wives not agreed to before the marriage. A revision to the original marriage contract is required in instances when the first wife does consent to additional wives (CEDAW 2003).

While Congolese law extends equal rights to a divorce to men and women, women in rural areas can be impeded by interpretations of dowry and inheritance laws that make divorce difficult in practice (Reproductive Health Response in Crises Consortium 2001). Additionally, there are disparities with regard to laws governing adultery. As of 2003, Congolese women accused of adultery were subject to imprisonment, often for a period of a few months to over two years. However, men accused of adultery were simply ordered to pay a fine (CEDAW 2003). This is an example of some of the inequalities that persist despite an overall commitment to ensuring gender equality.

Within the context of Congolese society, marriage is typically not seen as an end in itself; rather, an emphasis is placed on bearing children. Particularly for women, social worth and long-term security are acquired and maintained through motherhood. Although in wealthier countries the average number of people per household has declined to 2.8, in the Republic of the Congo, the average as of 2006 was over 6 people per household (Seager 2009). Given the emphasis on large families, it is not surprising that to some Congolese not having children is considered socially and potentially economically devastating for women and could be considered grounds for a divorce (Martin 2009).

Sexuality

While it is legal to be gay in the Republic of Congo, there are no legal protections against discrimination against gay individuals. Marriage between same-sex couples is not legal, and social stigma about homosexuality prevents reporting and collecting accurate information about this community and the challenges it faces.

Household Roles and Responsibilities

The contributions of Congolese women to the household economy have historically focused on work, including cultivating and preparing food, such as rice and cassava, to sustain their families; transporting water and firewood; and raising children. The labor associated with men has included such work as hunting, clearing land, and growing crops such as tobacco and sugarcane. While some women and men engage in collaborative work, much of the perpetuation of a division of labor has been based on cultural beliefs about gender (Martin 2009). Gender divisions of labor are also perpetuated through matrilineal succession, where mothers acquire knowledge of cultural practices from older women and then pass on this practical knowledge to their own daughters.

Politics

Middle Congo, as it was known then, is a former French colony that gained independence in 1960. Fulbert Youlou (1917–1972) became president of the newly independent Republic of the Congo, but he resigned three years later amid worker unrest.

Subsequent leaders experimented with the ideas of Marxism, and the Congolese Workers Party was declared the sole legitimate party in 1970. Marxist theories were

abandoned in the early 1990s amid the difficult economic times following the Cold War, and the initial transition from a single-party state was peaceful as a democratically elected government took office in 1992 with Pascal Lissouba (1917–) as president. However, civil unrest began almost immediately after he assumed power, in part due to perceptions about his approach to leadership and ability to unify the country and also due to concerns about the overall strength of the economy.

Five years later, in 1997, ethnic and political tensions became heightened and led to civil war, during which time an estimated 800,000 Congolese citizens were displaced (Reproductive Health Response in Crises Consortium 2001). The civil war lasted just four months, ending when Lissouba fled and former single-party president Denis Sassou-Nguesso (1943–) resumed the presidency. Sassou-Nguesso, who was previously president from 1979 to 1992, remains in the position today, making him one of Africa's longest-serving leaders.

In 2009, Sassou-Nguesso was reelected to a seven-year term by 78 percent of the vote, but some opposition candidates and NGOs expressed concerns about whether the election was in fact free, fair, and credible (U.S. Department of State 2014). Sassou-Nguesso's party, the Congolese Labor Party, currently holds most of the senior government positions, and the World Bank's 2012 Worldwide Governance Indicators cite corruption as a severe problem within the country.

While the participation of women in formal government positions may be limited, Congolese women are active in shaping the political landscape of their country. For example, the lingering impact of economic and political instability along with civil unrest has led to the creation of active peace movements. In 1998, thousands of women participated in a demonstration for peace in the capital city of Brazzaville, and subsequent efforts have included planning conferences and creating peace organizations (Martin 2009).

Many of the women involved in movements for peace are drawn to these efforts both through their identity as mothers and through their involvement with the Catholic Church. However, their work has not always been met with encouragement by political leaders, including President Sassou-Nguesso. His closing comments at a conference for Catholic mothers involved in peace movements in Central African countries left some participants feeling discouraged by a message they thought relegated them to the domestic sphere rather than encouraged to engage in political movements (Martin 2009).

Rights

In addition to becoming party to the CEDAW, the government of the Republic of the Congo has attested to the importance of equality by ratifying the Optional Protocol to CEDAW, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, the Convention on the Rights of the Child, and the Solemn Declaration on Gender Equality in Africa. The Republic of the Congo has taken steps through various forms of legislation to mitigate gender inequities.

Additionally, gender equality is formalized in Article 8 of the Constitution approved in 2002, which states, "All citizens shall be equal before the law. Women shall have the same rights as men." A related article on political parties calls for the advancement and representation of women in political, elected, and administrative offices (CEDAW 2010). The law establishes full legal capacity for women, whatever their marital status. Gender is also identified as a protected status in prohibitions against discrimination, but *de facto* inequalities persist by way of cultural practices that favor men and create barriers to the advancement of women. Where they exist, harmful cultural norms, practices, and traditions and deep-rooted stereotypes serve to limit the full empowerment of Congolese women. Presently, the law does not prohibit discrimination based on sexual orientation or gender identity.

The Congolese government established a national body responsible for the advancement of women, the Ministry for the Advancement of Women and the Integration of Women in Development. The ministry works closely with partners such as NGOs on a wide variety of work related to the advancement of women, including supporting funding, promoting the development of organizations, and publishing statistics. The ministry also works with other ministries to ensure the consideration of the lives and needs of women in other ministries' programs. The actions of the Ministry for the Advancement of Women and the Integration of Women in Development have included such topics as developing women's professional skills, addressing violence against women, and preparing women candidates for elected positions (CEDAW 2010). Additionally, in a 2012 report, CEDAW noted that one significant need is to enhance women's own awareness of their rights. Another need is to increase the percentage of the national budget allocated to the empowerment and advancement of Congolese women (CEDAW 2012).

Participation in Government

Congolese women's participation in government has progressed slowly at all levels, from city-level positions to national decision-making bodies. In its 2010 report, CEDAW identified such barriers to more equal representation of women as social and cultural prejudices, sufficient economic power, and persistent violence against women (CEDAW 2010).

The current institutional framework includes a presidential system and the separation of powers into three branches of government. There are few women in leadership positions in the Republic of the Congo's political system. The positions of chief of state and head of government have never been held by a woman, and the Council of Ministers appointed by the president is predominately composed of men. The two-chamber legislature is made up of the National Assembly and the Senate. In 2007, an electoral law was adopted establishing a 15 percent quota for women in the Senate and National Assembly (CEDAW 2012). After the 2012 elections, women held 7.2 percent of the seats in the Senate and 10.7 percent of the seats in the National Assembly. From 2002 to 2006, Congolese women held approximately 14 percent of the seats on the Supreme Court and 8.55 percent of the seats on local councils (CEDAW 2010).

Religious and Cultural Roles

A significant portion of Congolese are Catholic, which exemplifies the lingering influence of colonial Congo. However, the church is also a site of both spiritual and social fulfillment for Congolese women, and now Catholic women outnumber men in the postcolonial church (Martin 2009).

Issues

The U.S. Department of State and Amnesty International have both reported on such human rights abuses as discrimination against women, sexual and gender-based violence, and trafficking in persons (U.S. Department of State 2014). In 2012, the Republic of the Congo was ranked 142nd out of 186 for the Human Development Index (HDI) (UNDP 2012). This measure evaluates long-term progress in regard to life expectancy and health, access to education, and per capita gross national income. While at certain points in the country's history such issues could be

linked with recurrent civil wars and civil unrest, the problems do not occur exclusively within times of war.

Domestic Violence

According to the 2013 County Report on Human Rights Practices, domestic violence against women is widespread, but it is rarely reported because of cultural taboos (U.S. Department of State 2014). There are no specific legal prohibitions against spousal battery, and matters are most frequently addressed through extended families and villages. At the national level, the Republic of the Congo appears to lack an effective strategy to address violence against women. In its 2012 report, CEDAW made a strong statement in favor of a comprehensive national law on violence against women. This recommendation includes training for police, legal counsel, and health workers who can be engaged to raise awareness about as well as effectively respond to individual and systemic violence (CEDAW 2012).

Rape and Sexual Assault

NGOs estimate rape to be common but note that only a fraction of rapes are reported, largely due to cultural barriers. The government does not provide national figures, so the full extent of the problem is unknown. Additionally, many of the resources are concentrated in the Brazzaville region, which can limit the ability of survivors in rural regions to access adequate resources (Reproductive Health Response in Crises Consortium 2001).

Rape, including spousal rape, is illegal, with the law prescribing 5–10 years in prison for violators. However, human rights reports indicate that the government does not effectively enforce the law, and the penalties for rape more frequently include several months' imprisonment. Sexual harassment is also illegal, but it is similarly rarely reported and ineffectively enforced (U.S. Department of State 2014).

Periods of sustained conflict and instability have increased the prevalence of rape and sexual violence in the region. A period of civil war in the 1990s was particularly devastating, as an estimated 60,000 young women aged 12–15 were raped and forced into service (Houlihan 2011, 328). Yet, comprehensive and reliable data on sexual violence is limited in the Congo as with other conflict-affected regions that have limited infrastructure as well as cultural disincentives to seeking support or making reports. Although the country is not currently experiencing conflict, the effects of sexual violence committed

during previous civil unrest and civil war can linger. For example, years of conflict have displaced many women and girls and led to an increase in the percentage of women-headed households, leaving these populations impoverished, isolated, and more vulnerable to sexual violence.

Trafficking in Women and Children

Despite legal provisions for equality, the Republic of the Congo lacks laws on trafficking. In its 2012 report, CEDAW made a strong statement in favor of a comprehensive national law to address this gap (CEDAW 2012). The Republic of the Congo has been identified as a source country for women and girls who are primarily moved in the global sex trade to South Africa (Seager 2009).

Prostitution is prohibited under the country's Criminal Code, and in 2005, a bill was adopted approving adherence to the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution, and child pornography. However, prevention measures can be inadequate, and enforcement can be difficult. For example, the strength of the prohibition on establishing brothels is diminished by limited means of effectively prosecuting offenders (CEDAW 2010). The Ministry for the Advancement of Women and the Integration of Women in Development has been working with NGOs to address prostitution, particularly in the populated capital of Brazzaville. Both impoverished and indigenous women and girls are often the most vulnerable to sexual exploitation and trafficking and the least likely to have access to adequate resources (CEDAW 2012).

In its 2010 report, CEDAW outlined a number of strategies the country might take to address the problem of prostitution and support those affected. Proposed measures include studying the extent of prostitution in the Democratic Republic of the Congo, developing enhanced education and communication about the impact of prostitution, and strengthening measures to enforce violations of the Criminal Code (CEDAW 2010). Additionally, there have been specific efforts by NGOs to address the vulnerability to HIV/AIDS for individuals engaged in prostitution. In 2003, the incidence of HIV/AIDS among this population was reported as being as high as 25 percent (CEDAW 2003).

Outlook for the 21st Century

Women in the Republic of the Congo continue to face inequalities in various contexts. For example, family

pressures to enter into marriage at a young age and difficulties in accessing inheritance because of property arrangements that favor men can differentially affect women's lives. Additionally, women remain vulnerable to gender-based violence, and they are subject to discrimination in the workplace. However, the outlook for women is also improving in some areas.

One of the most promising developments for the Republic of the Congo is the increased access to health care for children and pregnant women. For example, the Congolese government has dedicated resources to extending prenatal services to women who previously encountered financial barriers to access. Additionally, in 2013, the World Bank approved funding to enhance health care services for babies and children, including complete immunizations, growth monitoring, and treatment for malnutrition. The investment in improving the lives of children offers some promise for the future of the country.

JENNIFER M. ALMQUIST

Further Resources

- Boslaugh, Sarah E. 2013. *Health Care Systems around the World*. Thousand Oaks, CA: Sage Publications.
- CEDAW (Convention on the Elimination of All Forms of Discrimination against Women). 2012. "Concluding Observations of the Committee on the Elimination of Discrimination against Women: Congo." Retrieved from <http://www2.ohchr.org/english/bodies/cedaw/docs/co/CEDAW-C-COG-CO-6.pdf>.
- CEDAW (Convention on the Elimination of All Forms of Discrimination against Women). 2003. "Press Release: Republic of Congo Responds to Questions Raised in Women's Anti-Discrimination Committee." Retrieved from <http://www.un.org/News/Press/docs/2003/wom1383.doc.htm>.
- CEDAW (Convention on the Elimination of All Forms of Discrimination against Women). 2010. "Consideration of Reports Submitted by States Parties under Article 18 of the Convention on the Elimination of All Forms of Discrimination against Women: Congo." Retrieved from www.iwraw-ap.org/resources/pdf/51_official_documents/Congo.pdf.
- CIA (Central Intelligence Agency). 2014. "Republic of the Congo." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/cf.html>.
- Clark, John Frank, and Samuel Decalo. 2012. *Historical Dictionary of Republic of the Congo*. 4th ed. Lanham, MD: Scarecrow Press.
- Houlihan, Meggan A. 2011. *Encyclopedia of Women in Today's World*. Vol. 1, 328, edited by Mary Zeiss Stange, Mary Zeiss, Carol K. Oyster, and Jane E. Sloan. Thousand Oaks, CA: Sage Publications.
- International Finance Corporation. 2014. "Women, Business, and the Law: Creating Economic Opportunity for

Women." Retrieved from <http://wbl.worldbank.org/data/exploreconomies/congo-rep/2013#getting-a-job>.

IPPF (International Planned Parenthood Federation). 2014. "Association Congolaise Pour Le Bien-Etre Familial." Retrieved from <http://www.ippf.org/our-work/where-we-work/africa/congo>.

Martin, Phyllis M. 2009. *Catholic Women of Congo-Brazzaville: Mothers and Sisters in Troubled Times*. Bloomington: Indiana University Press.

Reproductive Health Response in Crises Consortium. 2001. "Country Profiles from Africa: Republic of Congo, Rwanda, Sierra Leone." Retrieved from <http://www.rhrc.org/resources/gbv/gbvafrica.pdf>.

Seager, Joni. 2009. *The Penguin Atlas of Women in the World*. 4th ed. New York: Penguin Books.

UNDP (UN Development Programme). 2014. "Human Development Report 2014, Table 4: Gender Inequality Index." Retrieved from <http://hdr.undp.org/en/content/table-4-gender-inequality-index>.

U.S. Department of State. 2014. "2013 Country Reports on Human Rights Practices: Republic of the Congo." Retrieved from <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport>.

Republic of Yemen

Overview of Country

The Republic of Yemen is located in the Arab region on the southwest tip of the Arabian Peninsula. Saudi Arabia borders it to the north, and Oman is to the east. The Gulf of Aden and the Arabian Sea are to Yemen's south, and the Red Sea is the coastline to the west. Yemen's coast is approximately 1,500 miles long (2,400 km). The coastal plains rise rapidly into the Al-Surat Mountains, which extend north and east in an L shape. Amid these mountains is the capital of Yemen, Sana'a. To the east and north of the Al-Surat Mountains are highlands that gradually descend to the Empty Quarter. The Empty Quarter (or Rub' al-Khali, "the quarter of emptiness") is a desert that occupies 225,000 square miles (583,000 sq. km), one-fifth, of the Arabian Peninsula. The desert is largely uninhabited, except along the edges. Yemen also has over 200 islands along its coastline, most in the Red Sea.

Yemen has an area of 203,796 square miles (527,829 sq. km). The country is divided into 21 governorates and 1 municipality. The population is 26,737,317, as of July 2015; 99 percent of the people are Muslim, and most speak Arabic. Sunni Muslims are about 65 percent of the Muslim

population, and Shia Muslims are around 35 percent. All the other religions in the country constitute the remaining 1 percent of the total population. These minority religions include Bahá'is, Christians, Jews, and Hindus. There are also a few Muslim minorities, such as Zaidi Shia, Ismailis, and Sufis (CIA 2016).

The UN *Human Development Report* placed Yemen at 160th out of 188 for the Human Development Index (HDI, 0.498). Each of the three indicators has shown improvement (life expectancy, mean years of schooling, and Gross Nation Income (GNI) per capita). The Gender Inequality Index (GII) places Yemen at 155th out of 155 countries because of very few parliamentary seats being held by women (0.07%), few women reaching a secondary level of education (8.6%), and the low rate of women participating in the labor market (25.4%). High rates of maternal mortality and adolescent birth rates also contributed to Yemen's ranking for GII (UNDP 2015). LGBT rights in Yemen are nonexistent. Homosexuality is illegal and punishable with imprisonment. There are no protections for LGBT people.

The markers for human development and gender inequality are only expected to worsen due to the current conflict in Yemen. Since March 2015, Yemen has been in active conflict with Houthi insurgents from within their country and a Saudi-led campaign to stop them from outside the country.

Present-day Yemen was two countries for most of the last century: the Yemen Arab Republic in the north and the People's Democratic Republic of Yemen in the south. These countries were united into the current Republic of Yemen in 1990. Because of unequal access to resources and power, there was a civil war in 1994 and many uprisings in both the north and the south since then.

Currently, the Houthis are seeking to take over the country, and they have taken control of some of the largest cities in Yemen, including the capital, Sana'a. Houthis are part of the Zaidi Shia minority and are named for Hussein Badr al-Din al-Houthi, who led the first uprising in 2004. He was killed, and his family went on to lead several additional uprisings. The Houthis support the prior president, Ali Abdullah Saleh. These forces caused the current president, Abdrabbuh Mansour Hadi, to flee the capital and resign his presidency in February 2015. He quickly rescinded his resignation and asked for Saudi Arabia's help to squelch the insurgency. That campaign began in March 2015 and has since caused an estimated 8,100 casualties, with 2,800 deaths. The people that have been displaced

in their own country by this conflict (internally displaced people, or IDP) is estimated at 2.4 million by the UN Refugee Agency (Al Jazeera 2016). The IDP face significant food insecurity, lack of sanitation, and lack access to health care. Aid organizations are being driven out by deadly airstrikes on their facilities and ground forces that prevent access to those in need.

The contemporary issues for women in this country are exacerbated by the current conflict in Yemen. Primary needs such as food, water, and health care are not being met due to the war. Many schools and hospitals have closed. When families are displaced because of bombing or other violence, these issues worsen, and housing security becomes an issue. Women in combat zones are particularly vulnerable, as rape is a common tool of war. It is not uncommon for girls and women to be taken as sex slaves to service the men fighting. Education and labor force participation was problematic for women in Yemen even before the war. The chance of a woman having a seat at the table with those making decisions, parliamentary seats, is now almost nonexistent.

Girls and Teens

Life for girls and teens has often been ruled by cultural and religious roles. Now it is also affected by destabilized housing, lack of access to such basic resources as food and water, and heightened tensions on the streets and at home—all due to the conflict.

The UN *Global Gender Gap Report 2015* (which looks at the data for 2014, before the war started) ranks Yemen at 145th out of 145 countries (a score of 0.484 where 1.0 is the grade for equality). Several factors contribute to this low rating.

Everyday Life

There is not much information currently coming out of Yemen. Girls and teens in Yemen do not experience the same luxuries as Americans. Schools, hospitals, and government offices are generally closed because of the violence in the country. Living in a conflict zone makes girls and teens more vulnerable to violence in the home and outside of it. Inside the home, there is the stress of not having enough food, water, and medicine. Concerns about safety and security often lead to stress, which contributes to the domestic violence rates. Outside the home, girls are sometimes taken to service armed forces on both sides of the conflict.

The Iron Woman

In 2011, 32-year-old Tawakkol Karman was the first Yemeni, first Arab woman, and second Muslim woman, as well as the youngest person at that time, to win the Nobel Peace Prize. Karman, also called the Iron Woman and Mother of the Revolution, won the prize for spearheading the peaceful struggle for human rights, the safety of women, and contributions toward women's efforts in peace building in Yemen for many years. These efforts snowballed into part of the Arab Spring revolution, which was occurring in several countries at the time.

Karman is a journalist, human rights activist, politician, and mother of three. She founded the organization Women Journalists without Chains (WFWC), which advocates for freedom and rights for the press and provides media skills for journalists. The organization also tracks and produces reports on human rights abuses in Yemen that target journalists. In 2013, Karman was appointed to a United Nations committee to develop Millennium Development Goals (MDG) in the post-2015 period (the year the previous MDGs were to have been met, but weren't).

For Karman's Nobel Peace Prize, she was awarded \$500,000. She donated the full monetary award to the Aid Fund for Families of Martyrs and Wounded in the (2011) Peaceful Revolution. This organization provides aid to people wounded and the families of those killed in Yemen's Arab Spring uprising.

—ReGina E. Kaylor

In general, dress style is limited for Yemeni girls and teenage girls; they must dress conservatively because of Koranic interpretations. There is no dating, and arranged marriages are common. Girls are often married by the time they are 15 years old and have children by 19 years old. LGBT girls and teens are not given the freedom to be who they are. If they do not suppress their sexuality, they can easily become victims of violence by family and society. They do not have legal protections, and their liberty can be taken away for not being heterosexual.

Education

Yemeni girls attend school for a few years but not as long as most boys in Yemen or girls in the United States. Even

for males, only about 50 percent make it to high school, and 14 percent of males go to college, compared to 6 percent of females (World Economic Forum 2015). Girls are pulled out of school to work at home. Only about 35 percent of girls go on to high school, compared to just more than 50 percent of boys. Only 6 percent of teenage girls make it to college. Female literacy rates in Yemen are 55 percent, compared to 85 percent for males. Because of this and cultural gender roles, girls cannot look forward to financial independence. Female participation in the labor force is severely limited; only about 12 percent of women work outside the home in nonagricultural jobs.

When in school, boys and girls sit separately, but they study many of the same subjects that Western students study. In fact, school is structured similarly, with primary grades progressing to high school for a total of 12 years of school. Few students receive the full 12 years of education. Poverty has always been a factor in this.

Education in Yemen is unstable because of the active conflict between the rebels and the Saudi-led coalition. Currently, many of the schools have been closed because of bombings or other violence since the conflict began. IDP are usually not able to participate in school or other systems of social support while they are refugees (World Economic Forum 2015).

Gender is not the only factor affecting who receives an education in Yemen. Yemen is one of the poorest countries in the Arab region. As in many countries, that poverty is worse for some populations than for others. Minorities are more likely to be poor; thus, they are more likely not to receive an education. Rural children also tend to be poor and lack access to educational opportunities. In fact, half of Yemen's population lives in poverty (UNDP 2015).

Even before the conflict intensified in 2015, there were many problems with the educational system in Yemen, from primary level to university level.

Primary and Secondary Schooling

There are several problems with the educational system in Yemen. It is poorly funded, poorly regulated, and has little oversight. Only 40 percent of teachers in Yemen have a bachelor's degree (this degree plus a teaching certificate is the minimum requirement needed to teach in the United States). Teachers sometimes do not show up to teach, and this is not tracked due to lack of local oversight. The conflict affects the attendance of both teachers and students. It is estimated that 1 million children are not attending

school in Yemen; 63 percent of those missing primary school are girls. Lack of funding means that 30 percent of the children who make it to school do not have a desk to sit at. With all these issues at play, only 62 percent of students in the fifth grade were able to read a simple sentence (Guyler 2016).

Most of this information was gathered in 2011–2012, before the conflict intensified in Yemen in 2015. Since that time, schools have been bombed, more families have been displaced, and poverty has increased. The impact of this significant deterioration of the education of Yemen's youth will lead to increased and sustained poverty of the nation. The longer this lapse in education occurs, the deeper the ramifications will be for the country.

College

Universities in Yemen came into being in the 1970s. The first college was built in the Sana'a in 1972, Sana'a University. In 1975, the large southern city of Aden got Aden University. Yemen now has nine universities and a number of private colleges, but they face some of the same issues that the lower levels of education do. Reform is needed to improve and update the academic standards of these educational institutions. Teaching style can be stale and formal, lacking in critical give-and-take discussions that occur in educational institutions in more stable countries. Funding is also needed to improve the limited student capacity of the universities and equip them as necessary. For example, one university science program had to suspend lessons because the laboratory was not equipped with necessary supplies. Textbooks are often out of date, and the libraries can have extremely limited hours (i.e., open two hours a day during class times).

Health

As is the case worldwide, access to and education about health care is not equally distributed over the country's population. Yemen's health care system and health education varies greatly between three main categories: rich and poor, urban and rural, and educated and uneducated. In addition, women are often not free to make their own decisions about their health care; 36 percent of women have their health care decisions made by their husbands, with no say in the matter themselves. Approximately 2.5 percent of women are free to make their own health decisions without interference from a male authority in their lives (Smithson Riniker 2012).

Female genital cutting and mutilation (FGC/FGM) is a common but challenged practice in the Arab and North African regions. This practice is the cutting of a girl's outer genitalia with a blade or scissors, usually in the first month of life. The cutting is rarely done by a medical professional and is illegal. Yemen was one of the first nations where the harm of this practice was recognized. There have been efforts to curtail this tradition and educate the public about the harm that comes from the practice of FGC. Knowledge about FGC has increased in Yemen, but the practice still occurs. FGC is considered a matter of family honor by raising a daughter properly and ensuring she is able to marry. Forty percent of women in Yemen have had FGC (World Economic Forum 2015). The majority of those women live in less-populated areas of the nation, such as the Red Sea and Gulf of Aden coastlines.

Access to Health Care

For the poor living in Yemen, health care is extremely limited. The system is underfunded, with the government only spending 5.6 percent of its budget on health; that is less than USD\$20 per person each year. People in Yemen purchase 95.2 percent of their personal health care from out of pocket, and there are many who cannot afford it. Poor funding of health care also leads to a lack of health care professionals. There are approximately three doctors and seven nurses per 10,000 people (Smithson Riniker 2012).

There are specific organizations that work to offer health care services to the underserved in Yemen. The Akhdam Clinic focuses on the Akhdam minority, which is considered the lowest caste in Yemen and the poorest of the population. The clinic primarily deals with family planning and pregnancy, dehydration and hypertension due to lack of water, and malnutrition.

The Women's Health Care Center is a small private clinic in Sana'a. The for-profit clinic is run by a Yemeni woman and serves mostly upper-class clientele. Contraceptives, family planning, malnutrition, and complications from pregnancy are some of the main issues they handle. The clinic also has a spa connected to it that earns more than the health facility does. This speaks to the financial concerns that keep people from pursuing health care as a career in Yemen.

Marie Stopes International is a nonprofit organization that focuses on women's health, reproductive health, and family planning. It provides contraceptives, pregnancy and postnatal care, and abortions. Abortion is only permitted

in the case of rape, to protect the life of the mother, or in the case of severe fetal congenital abnormalities. Abortion procedures are not taught in medical schools. Marie Stopes offers medical care to those who suffer from suboptimal abortions due to this lack of education.

Doctors without Borders had clinics throughout much of the country, but bombings of these clinics by the Saudi-led coalition has led to the withdrawal of this needed resource.

Maternal Health

The UN Millennium Development Goals (MDG) are set as markers for countries to aspire to in order to improve the lives of their people. Many of the goals apply to maternal and infant health. The MDG for maternal mortality rate is 87.8 deaths per 100,000 live births. Yemen has 385 deaths per 100,000 live births (2015 estimate). The MDG regarding children under five years old is 40.6 deaths per 1,000 children, but Yemen is at 51 deaths per 1,000 children. Infant mortality is at 49 deaths per 1,000 live births (World Economic Forum 2015; CIA 2016). Discrepancies between urban and rural women are significant. By the age of five, rural children are 1.3 times more likely to die than urban children. For poor children, that difference rises to 2.2 times more likely to die by five years old. The reason these rates are so high is the lack of competent medical attendance during childbirth. Only 45 percent of births are attended by health professionals. When location, wealth, and education are taken into consideration, the number of attended births for those who are less privileged decreases significantly. Few women (only 14%) have more than four postpartum medical visits (Smithson Riniker 2012).

The specific clinics listed above provide a great deal of female health care, including prenatal care. Many of the clinics in Yemen are located in urban areas, leading to greatly reduced access for rural women. Also, as discussed, health care is largely an out-of-pocket expense; poor women cannot afford it. Education is also a large factor in women's health, especially concerning family planning and contraceptive use. These two elements of reproductive justice are greatly affected by education, and they are the two elements that most contribute to the health and well-being of women. Fertility rates are a measure of well-being and equity in society. When gender inequity and lack of education are addressed, fertility rates drop, and the health of mothers and children improves.

Diseases and Disorders

According to the *CIA World Factbook*, the risk for contracting a major infectious disease in Yemen is high. These can include schistosomiasis from being in water; malaria and dengue fever from mosquitos or other similar insects; and bacterial diarrhea, hepatitis A, and typhoid fever from ingesting tainted food or water. Cardiovascular disease has a high mortality rate, with 327.1 female and 431.1 male deaths per 100,000 people each year. More men die from HIV/AIDs each year than women, at 5.4 to 3.1, respectively. More men also die from malaria, tuberculosis, malnutrition, cancer, and diabetes. At 51.4 deaths per 100,000 people, women are more likely to die from chronic respiratory disease than men, with a death rate of 47.4. Overall, women tend to live longer than men in Yemen, 67.41 years for women as opposed to 63.05 years for men. Currently, though, many men and boys are being killed and injured in the war, as they are often taken and forced to fight (CIA 2016).

Employment

Given that girls are pulled out of school earlier than boys to work in the home, the clear implication is that work outside of the home is not a female endeavor in Yemen. This is a cultural and religious stance. Of the women who work, most work in agriculture. Women are only 26 percent of the labor force, and they earn merely 27 percent of what men earn when they can work. In the nonagricultural sector, women only hold 12 percent of the wage employment. The number of unemployed women (those who want to be a part of the labor force) is approximately 55 percent. Male unemployment is 12 percent. Only 2 percent of women have accounts at financial institutions; but only 11 percent of men have accounts, so one can view this as a cultural tendency or indicative of the extreme poverty in Yemen (World Economic Forum 2015).

Women in top corporate positions are very few. Two percent of firms have women in top positions. Seven percent have females that participate in ownership of the business. There is a likely connection between the educational level women are allowed to achieve and the level of labor market power they can reach. The women who do work in the labor market are given a mandatory maternity leave of 70 days that is paid by the employer. They receive 100 percent of their wages during this time (World Economic Forum 2015).

Family Life

Many women in Yemen marry young. Approximately 12 percent of girls are married by the age of 15 and 32 percent by the age of 18. Many girls have babies before they reach their 19th birthday (80%) (UN Women 2015). This high fertility rate of 4.1 children per woman explains why girls are pulled out of school to help in the home with housekeeping and sibling care (World Economic Forum 2015). Girls are taught early in life to perform the culturally dictated roles of obedient wife and domestic servant. Nearly 50 percent of marriages in Yemen are between family members, most often first cousins (Smithson Riniker 2012). Polygamy is legal in Yemen, but few men can afford to have multiple wives.

Women are considered to be in charge of the home, but many decisions and rights are denied them. The constitution does state that men and women are equal, but Islamic law is the source of legislation. Islamic law seriously infringes on the rights of women in Yemen. Men can divorce their wives at will. Women have few circumstances that allow them to seek divorce. There are no laws regarding domestic abuse, and marital rape is not against the law.

Few women earn their own wages, and many of those women do feel they have some freedom in determining how to use the money. Inheritance is complex and based on the relationship to the deceased, but women are only allowed to inherit a small portion of what male relatives inherit. Due to a lack of information and education, many women sign off the rights of their property to their husbands or other male relatives.

Within the marriage, men are in charge of the children, and women are merely caretakers. Women have no legal rights regarding their children. In the case of divorce, women may be awarded custody of younger children, but when they get older (12 years for girls and 9 years for boys), they are given to the father's family.

LGBT women are not allowed to marry, to adopt children, or to live an open life as queer. There are no laws protecting them from discrimination or abuse. They can be imprisoned for being openly gay. Their choices can be extremely limited. If they are born into a wealthy family that can provide an education for them, they may be able to achieve financial independence, but this will not give them the ability to live and love in Yemen as heterosexual people do.

Politics

Women in Yemen received the right to vote in 1967 and 1970. These rights were given separately by the Yemen Arab Republic in the north (1970) and the People's Democratic Republic of Yemen in the south (1967) when Yemen was still two separate countries. It is difficult to get recent data on women's voter participation, but in 2003, women were estimated to be 40 percent of the votes. At that time, there were 11 women and 518 men running for office: 1 woman and 300 men were elected (al-Sabeh 2012).

Women are a rarity in government positions in Yemen. The number of parliamentary seats held by women is 0.7 percent (UNDP 2015). There has been no female head of state in the last 50 years.

Yemeni women have been very participatory in political activism, even to the point of placing themselves in front of men facing gunfire from those trying to quell rebellion. Women participate in protests, sit-ins, and voting. Some women courageously pursue investigative journalism to shine a light on the plight of the Yemeni women and families. One such woman is Tawakel Karman, who won the Nobel Peace Prize in 2011. At that time, she was the youngest person to win the award as well as the first Yemeni, the first Arab woman, and the second Muslim woman. Karman wrote about the abuses against journalists in Yemen. She participated in and organized nonviolent protests, and she encouraged journalists to write about the injustices in Yemen. She created Women Journalists without Chains to further her objective to bring peace to Yemen and its people.

Another activist, Amat al-Aleem al-Asbahi, was shot and killed by two motorcyclists in Tai on December 25, 2016. Al-Asbahi was an activist in Taiz for women's literacy. She, along with other women in the area, was limited in her ability to work for what she believed in due to religious fundamentalism. An imam in Taiz issued a fatwa in September 2016, saying women activists were not to mix with men in their efforts. Many women were forced to limit their activist work or do it in secret. Some believe that this fatwa was a factor in the death of al-Asbani. There have been no arrests made in this case, and reporters are not writing about the assassination due to fear of reprisal.

Religious and Cultural Roles

Religious and cultural roles are extremely limiting for the women and girls of Yemen. While the women may be said to be in charge of the home, they have no true

decision-making power. Decisions about finances and the children are made by the husband or, in the absence of a husband, the closest male relative, such as a father or brother of the woman. One of the main roles of a wife is to take care of the husband, physically, emotionally, and sexually.

Religion dictates law in Yemen, and Islam has stringent rules about women's behavior. For Muslims, the main religious day of the week is Friday. On Fridays, men go to the mosque to pray. Women may pray in the mosque in separate quarters from the men or they may pray at home. Modesty is also a main tenet in Islam. Women must be covered from head to toe (often including their faces, except for their eyes), and that is accomplished in different ways, depending on the branch of religion and the region. For many women, this is not accompanied by a feeling of oppression; the covering is considered a demonstration of her faith.

As previously discussed, Yemeni women have little involvement in the world beyond the walls of their homes. There is little employment available for women outside of agriculture. A girl can be married by the time she is 15 years old and start having babies soon after. Culturally, it is expected that the woman will stay in the home, raise her children, and serve her husband. Education can help women rise out of this oppressive system. Currently, most women in Yemen do not learn about sex, family planning, or about their bodies before they are in a marriage bed. When women obtain education in these and other areas, fertility rates are shown to decline. High fertility rates lead to overpopulation and are harmful to infant and maternal health.

Both religion and culture in Yemen are highly heteronormative; any desires outside of heterosexuality are prohibited. LGBT people have fewer choices in pursuit of their happiness than straight people do. People who do not want children also fall outside the teachings of Islam.

Issues

The level of poverty in Yemen cannot be overstated, nor can its severe impact on the people of the country. Beyond poverty, there are further issues that need addressed.

War

The current state of Yemen is not merely one of severe poverty but also conflict. Many of the IDP households

are led by women because many men and boys have been recruited to fight or have been killed or injured in the war. These households are in greater humanitarian crisis due to the almost complete lack of power that women possess in Yemen. These women need to provide food, housing, water, and health care to their families despite being displaced from their homes, and they do not have access to needed resources. They lack access to information about how to acquire the needed resources, about what is going on in their country, and about how to gain the aid they need. Women and girls are also more vulnerable to sexual violence during war, especially when they are displaced from home and family.

The fallout for children is equally dire in the absence of education, which they desperately need. This void in the education of the large school-age population of Yemen will affect the country for decades in its pursuit of equal economic footing with the rest of the world. With an uneducated populace, Yemen will be at a significant global disadvantage. Yemen is already one of the poorest nations in the Arab region, and this conflict is keeping them mired in place.

Refugees fleeing the violence in Yemen go to Oman, Saudi Arabia, Djibouti, Somalia, Ethiopia, and Sudan; some of these countries are facing their own internal wars, straining resources further.

Water

There are no perennial lakes or rivers in Yemen. During seasons of higher rainfall, there are basins and riverbeds that fill up with water, but they are gone again quickly with the hotter summer months. The lack of these perennial bodies of water is just one reason for why Yemen is running out of water. The collection of rainfall has become less common as other methods have been developed for collecting water, such as drilling for groundwater. Poor government handling of water systems is a large issue, and it especially affects rural families. Populous cities, such as the capital of Sana'a, are also suffering. Some have predicted that Sana'a could run out of water as soon as 2017; it will be the first national capital to do so. As it is, households only get running water a few hours a week, and only about 40 percent of the households are connected to a water source at all. Taiz, an industrial city in the southern highlands, may only get water from the taps once a month. In rural areas, girls and women can spend as many as five hours every day retrieving water for the family's needs.

Lack of access to clean water contributes to the death of 14,000 Yemeni children each year (Whitehead 2015).

International Aid

As the conflict has continued, more and more humanitarian aid has been pulled from Yemen because of the danger for international workers. The Saudi-led coalition has frequently bombed clinics, schools, and hospitals that are not supposed to be military targets. Houthi rebels block aid to areas that need it or simply divert it to their own people. It is very difficult to get people or supplies into Yemen because of land and sea blockades. The Yemeni humanitarian crisis is one of the worst the world has seen; yet, aid cannot get to the people who desperately need it. Compounding the problem is that international news sources rarely report on the war in Yemen nor the resultant humanitarian crisis.

As a separate issue, it is very important to remember that people from the international community who want to help the women of Yemen need to understand and respect their traditions and beliefs. It is inappropriate to attempt to turn the people of Yemen to Western ways of viewing the world. For example, pursuit of equity for the women of Yemen need not focus on their religious clothing. A focus on education would take the women much further toward equality than invalidating their faith. Working with the people instead of colonizing their minds would go further toward aiding the people of this ailing nation.

Hope

With all the tumult that Yemen has been through currently and in the past, the women of Yemen continue to pursue change in their country. They show up to vote in increasing numbers. They pursue activism for women's rights. They organize and protest for what they believe is best for themselves and their families. All of this can be stymied by local traditions and beliefs, but they continue to persevere. As women are largely in charge of the wellness of their families, they seek to make the future brighter for those they love. They were active in the Arab Spring and continue to be active despite the current conflict. Yemeni women have hope for the future of their country, and we can see it in their actions.

REGINA E. KAYLOR

Further Resources

Al Jazeera. 2016. "Key Facts about the War in Yemen." August 1. Retrieved from <http://www.aljazeera.com/news/2016/06/key-facts-war-yemen-160607112342462.html>.

al-Sabeh, Dr. Souad. 2012. "Yemeni Women at the Front Lines for Change." *Al-Monitor*, March 26. Retrieved from <http://www.al-monitor.com/pulse/culture/2012/03/yemeni-women-hope-from-pain.html>.

CIA (Central Intelligence Agency). 2016. "Yemen." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/ym.html>.

Guyler, Kristen. 2016. "Education in Yemen Continues to Face Hardship During Internal Conflicts." *Borgen Magazine*. Retrieved from <http://www.borgenmagazine.com/education-in-yemen/>.

Smithson Riniker, Kristy. 2012. "Women's Health in Yemen: Factors Influencing Maternal and Infant Health, Fertility Rates, the Public Health Care System, Education, and Globalization." *Journal of Global Health Perspectives*, October 30. Retrieved from <http://jglobalhealth.org/article/womens-health-in-yemen-factors-influencing-maternal-and-infant-health-fertility-rates-the-public-health-care-system-education-and-globalization-2>.

UNDP (UN Development Programme). 2015. *Human Development Report 2015: Yemen*. Retrieved from <http://hdr.undp.org/en/countries/profiles/YEM>.

UN Women. 2015. "Spring Forward for Women Programme." Retrieved from <http://spring-forward.unwomen.org/en/countries/yemen>.

Whitehead, Frederika. 2015. "Water Scarcity in Yemen: The Country's Forgotten Conflict." *The Guardian*, April 2. Retrieved from <https://www.theguardian.com/global-development-professionals-network/2015/apr/02/water-scarcity-yemen-conflict>.

World Economic Forum. 2015. *Global Gender Gap Report 2015*. Retrieved from <http://reports.weforum.org/global-gender-gap-report-2015>.

Rwanda

Overview of Country

With a population of 12 million and only 10,188 square miles, Rwanda is a densely populated, landlocked country in east-central Africa (CIA 2017). It is surrounded by Uganda, Burundi, and the Democratic Republic of Congo and sits just south of the equator. Full of mountains, plateaus, and river valleys, Rwanda has been inhabited since 8000 BCE.

Rwanda is one of the ancient inhabitations in Africa. Present-day Rwanda was settled by hunter-gatherers in the earliest times, later followed by Bantu peoples. As the population swelled, a clan structure was established that evolved into kingdoms by the 15th century. The primary kingdom of Tutsis steadily adopted anti-Hutu policies that

would prove catastrophic in later centuries. Germany and Belgium colonized Rwanda and continued the pro-Tutsi policies that led to a Hutu revolt in 1959. The Hutus established an independent Hutu state in 1962, and in 1990, the Tutsis retaliated with the beginning of a civil war. The internal strife grew into what the world now recognizes as full genocide; Hutus killed approximately 500,000 to 1.3 million Tutsi and moderate Hutu. Recovery and healing have been hampered by the deep economic trouble the years of civil war and genocide have exasperated.

Rwanda is ranked among the poorest countries in the world and is 163rd out of 187 nations with a Human Development Index value of 0.483 (UNDP 2014). Rwanda has a low Gender Inequality Index (GII) value of 0.400, ranking it 80th out of 155 countries in the 2014 index. After the genocide of 1994, women started actively participating in nation-building activities and asserted their right to share power with men. The government has also put in place many institutions and mechanisms that enhance gender equality, with the hope that it will “lead to ‘meaningful participation’ of women in the long term” (Burnet 2008, 361).

The first local elections were held in 1999, and presidential and legislative elections followed in 2003. In 2009, Rwanda joined the Commonwealth and held a nonpermanent seat on the UN Security Council in 2013–2014. Women have been critical in the reconstruction after the war and genocide, and the Family and Women’s Affairs Ministry was established to encourage women in governmental positions from local to national levels. Rwanda continues to confirm the importance of women to recovery, reconstruction, and the prevention and resolution of conflicts, with peace building as a primary aim. The women’s caucus in parliament was crucial in the making of the constitution, and they were able to incorporate gender equity into not only the laws but the budget as well. National Women’s Councils were established and protected by law, and these councils are instrumental in establishing gender issues departments at all levels of government. Despite this noted gender equity priority, women continue to experience violence, including domestic violence, which many Rwandans accept as normal—just the way things are.

Tea, coffee, and banana farming form the base of the economy, with many citizens participating in unpaid subsistence agricultural work. Today, Christianity is practiced by 95 percent of the population, of whom 50 percent are Catholic, 40 percent Protestant, and 5 percent other Christian denominations (CIA 2017). Rwandans

speak Kinyarwanda, French, and English. In 2008, English replaced French as the language of instruction.

Girls and Teens

The female population is 52 percent. The Rwandan population is largely rural (83%) and young; approximately 43 percent are under the age of 15. The mean age is 22.7 years, and 52 percent are in the economically active age group of 15–65 years (CIA 2017). In the aftermath of the genocide, Rwanda was 70 percent women. Many men died or fled to neighboring countries, and many of the men who remained were imprisoned for war crimes.

In the days prior to genocide and national reconstruction, Rwandan children received a traditional education where boys received vocational training to be helping hands in their families and girls were mostly taught by their mothers at home to become housewives; domestic chores were considered more important than formal education for girls. However, the scenario has changed in post-genocide Rwanda. Education is attainable for many more girls. Women can inherit property, and child marriage is being restricted. Seventy-one percent of the Rwandan population is literate, with higher literacy levels among the males (73%) than females (68%). In primary and secondary levels, equal numbers of girls and boys are enrolled (UNESCO 2017).

Family and Kinship

Rwandans place high value on family and kinship as a means of continuing their culture and customs. Family ties are also a source of political, economic, and social empowerment in Africa. Africans do not promote individualism; rather, they are predominantly a family- and community-oriented society. The family unit is the center of activities as a social organization in Rwanda. Socialization for Rwandans, therefore, is based on the African practice of “it takes a village to raise a child.” In Rwanda, a patriarchal system is practiced, and inheritance passes from father to son.

In traditional Rwandan culture, as in other African countries, men are permitted to practice polygamy—to have more than one wife. Having more than one wife is considered a status symbol because women are considered economically beneficial. Rwandans give great respect to the practice of bridewealth because the parents receive a bride-price when girls get married.

Making Rape a War Crime

In 1994, Hutu extremists in Rwanda slaughtered 800,000 Tutsis. Although Tutsis only accounted for about 15 percent of the Rwandan population, they had dominated the country until the 1959 Hutu rebellion that overthrew the Tutsi monarchy. Many Tutsis fled to other countries, and a group of exiles formed the Rwandan Patriotic Front (RPF) that began fighting in Rwanda in 1990 until a peace accord was reached in 1993. In early 1994, the president of Rwanda, a Hutu, was killed when his plane was shot down. Hutu extremists blamed Tutsis and began a highly organized campaign to kill Tutsis. Eventually, the RPF prevailed and took the capital city of Kigali. Many Hutus fled to the Democratic Republic of Congo (BBC News 2014).

In 1994, the United Nations established the International Criminal Tribunal for Rwanda to prosecute people accused of genocide and other serious violations of international law. Although sexual violence against women and rape had long been associated with genocide, these offenses had never been declared war crimes. In Rwanda, perpetrators had systematically used rape as a weapon of war. Between 250,000 and 500,000 girls and women were raped during the 100 days of genocide. The two lawyers tasked with arguing the first Rwandan genocide case decided to argue that rape should be classified as a war crime and as part of the genocide (Jeltsen 2014). The defendant was Jean-Paul Akayesu—the mayor of Taba during the genocide—who had allowed and even incited atrocities against Tutsis in his community. He was found guilty of genocide and crimes against humanity, which for the first time included rape (United Nations 1998).

BBC News. 2014. "Rwanda Genocide: 100 Days of Slaughter." April 7. Retrieved from <http://www.bbc.com/news/world-africa-26875506>.

Jeltsen, Melissa. 2014. "A Look Back at the Trial That Made Rape a War Crime." *Huffington Post*, July 29. Retrieved from http://www.huffingtonpost.com/2014/07/29/rwanda-genocide-rape_n_5602108.html.

United Nations. 1998. "Rwanda International Criminal Tribunal Pronounces Guilty Verdict in Historic Genocide Trial." September 2. Retrieved from <http://www.un.org/press/en/1998/19980902.afr94.html>.

Education

Rwanda's education system is still uncompetitive despite significant increased government allocations to the education sector over the last two decades. The quality and the capacity of the education system have failed to keep pace with rising school enrollment rates. Only a minuscule percentage of the labor force has been educated up to secondary school or tertiary education levels. This contributes to a stark lack of skills in the labor force.

Prior to 1900, education was primarily delivered by the family and community. Children were also trained in war skills, ironsmith, poetry, and the like. In 1933, a Belgian census divided the Rwandan population by race and ethnicity. Tutsis were given opportunities the Hutus were not. This history also contributed to the genocide in 1994. Making education accessible to more Rwandan children and improving access to education in rural areas was the postindependence focus.

In 1966, a national curriculum was introduced with a scheme of conducting double shifts in the schools to maximize the limited capacity of available school

infrastructure. In 1977, Rwanda introduced Kinyarwanda as the language of instruction for primary classes up to eighth standard and then French for the remaining secondary education years. Postgenocide, the focus has been on investing in human capital and increasing the enrollment rates. In 1996, French and English became the languages of instruction in the upper secondary years. More money was allocated to education from 1996 to 2001, but it was disproportionately applied to secondary and tertiary education; therefore, primary education suffered. School costs are prohibitive for many students, and fee-free schooling has become prioritized. In 2008, English became the teaching language for all but the first three years of primary school.

The government of Rwanda continues to expand the capacity and quality of the education system, which will increase the education levels of the labor pool in the long term. In 2014, the human resources (3,432,441 learners and staff) in education sector represented 31.2 percent of the whole population, with 3,345,277 learners (30.4%) and 87,164 staff (0.8%). This demonstrates how the education sector plays a critical role in the development of every nation. There are more men in vocation training centers,

but more women are in adult literacy programs (Ministry of Education 2015).

Surprisingly, more girls than boys have never been to school in urban areas, but the reverse is true in rural areas. Nearly 28 percent of women have never been to school; it is 23 percent for men (UNICEF 2017). For youth 15 and older, the literacy rate is around 65.3 percent (UNESCO 2015).

Most of the jobs are in agriculture and are low paying. Rwanda aims to add more nonagricultural jobs to help usher it into the middle-income country status by 2020. Nearly half of Rwandan youth are out of work. Without skills to meet the needs of the current job market in Rwanda's rapidly growing cities, girls especially struggle to escape poverty. In the 2015–2016 budget speech, the government of Rwanda continued to demonstrate its resolve to enhance the education system and increase the skills in the local labor markets.

Health

The aftermath of the genocide had long-lasting health effects. As many as 250,000 women were raped in January–March of 1994, and many became HIV positive (United Nations 2014). Refugee camps were rife with disease, including a cholera outbreak. Three-quarters of children in 1994 were not vaccinated against measles and polio. Rwanda had the highest under-5 mortality rate and the lowest life expectancy in the world (WHO 2016).

When global assistance for the HIV crisis arrived, Rwanda was able to build its primary health care system alongside HIV treatment, and the right to health was written into the new constitution. Health is community-based, with the government supporting local community health care workers with training, equipment, and phones. “Today 97 percent of Rwandan infants are vaccinated against ten diseases, and rates of under-5 mortality, maternal mortality, and deaths due to tuberculosis and malaria, have fallen alongside the burden of HIV—although major challenges remain, including tackling the malnutrition of 44.7 percent of the children” (Binagwaho et al. 2014). Family planning, the availability of contraceptives, decreasing family size, girls' education, and social media exposure have all contributed to overall health. Even so, the birth rate is still high, and the number of people entering reproductive age creates challenges for this new government far beyond health care.

Access to Health Care

What health care systems were in place before the genocide were destroyed in the massacres and fighting. Rebuilding has taken significant time and resources. The training of health care workers is not fast enough to keep up with the needs of the population. HIV/AIDS and malaria remain ongoing crises. Only 7.5 percent of the gross domestic product (GDP) is allocated for health (WHO 2016). A combination of health insurance and out-of-pocket payments are how patients pay for their care. By 2012, Rwanda had one doctor for every 16,000 people and one nurse for every 13,000. There are now 45,000 trained community health workers for primary care in villages.

Maternal Health

The prioritizing of maternal and child health following the genocide has had a significant impact. Trained midwives increased from zero in 1996 to 1,000 in 2013 (Rwanda Ministry of Health 2014). Sixty-nine percent of birthing women are attended by a skilled birth attendant, and women face fines if they do not attend antenatal appointments or give birth outside of health facilities (WHO 2016). Between 2007 and 2011, the maternal mortality rate was 480 per 100,000 live births and has fallen each year since 2000; today, it is estimated between 249 and 584 per 100,000 live births (WHO 2016). Adolescent pregnancy is rising, however, and is currently 7.3 percent (NISR 2015). Skilled birth attendants and increased contraceptive use are positively affecting the maternal mortality rate. Over 10, Rwanda saw modern contraception use rates go from 4 percent to 45 percent (Worley 2015). The fertility rate has decreased, but it was still 4.0 in 2013, which is higher than the goal (Worley 2015).

To reach the 95 percent skilled birth attendance goal, Rwanda needs 586 more midwives. A gap between rural and urban access also needs to be closed; 40 percent of women live more than an hour from a facility (Rwanda Ministry of Health 2014). Even with the challenges still facing the country, Rwanda is one of few countries expected to meet the Millennium Development Goals for maternal and child health.

The period of the genocide had a direct impact on infant mortality and under-5 mortality rates; in 2012, the rates were 39 per 1,000 and 55 per 1,000, respectively (WHO 2016). Malnutrition rates are high, and many children are underweight or have stunted growth.

Diseases and Disorders

Though health markers are improving in Rwanda, people's lives are still affected by preventable diseases. Infectious diseases, HIV/AIDS and tuberculosis, and cardiovascular disease are the most common diseases in Rwanda. Though the numbers are down for tuberculosis and malaria, malaria still affected 208,858 people in 2010 (WHO 2016). Bacterial diarrhea, hepatitis A, and yellow fever are also prevalent. Posttraumatic stress disorder is commonly diagnosed and affects 29 percent of Rwandans (Rieder and Elbert 2013).

About 3 percent of the population is living with HIV, 130,000 children have been orphaned by HIV/AIDS, and an additional 56,000 have lost one or both parents to the genocide or other causes (UNICEF 2017). HIV prevalence has declined from 5.9 in 1990 to 2.9 in 2012 (WHO 2016). More than half of the 123,317 people living with HIV are taking antiretroviral therapy, which is bringing down the incidence rate overall (Mills 2014). There does seem to be a difference in prevalence rates in urban versus rural areas; rates are declining in urban areas, but stable or rising in rural areas. Rwanda's government is monitoring to assess more accurate data about prevalence and new infection rates in the near future.

Employment

Rwanda now has one of the fastest-growing economies, but the high birth rate and large numbers of dependent children disproportionately affect women's ability to engage in the paid workforce. More women work for wages in urban areas than in rural areas. Following the genocide, women were active behind the scenes to advocate for women's rights to inheritance and property. In 1999, "the inheritance law" was ratified. The constitution includes explicit equality language, including quotas in government representation. Many Rwandans, however, still live below the poverty line, and the country itself remains a low-income country.

Family Life

The Rwandan Family Code was adopted in 1988. The adoption of the family law aimed at ending the dual legal framework that governed the family unit in Rwanda. Originally, the rules governing the family in Rwanda were drawn from the Belgian system, so the endeavor was to adopt a

unified system. Article 98 of the Constitution holds that "customary law remains in force only to the extent that it has not been superseded by legislation and that it contains nothing that is contrary to the constitution, to legislation, to regulations, to public order or to public decency."

Tradition and Civil Code

In Rwandan tradition and culture, the family is linked by blood relationships. People in the family at one point have shared a common ancestor. The family is recognized from the male side. Relatives of the wives of the male members of the family are excluded from the family. Males are free to marry several women, and this negates the possibility of divorce. A marriage is traditionally seen as an alliance of two families, which are seen to represent two lineages, and therefore cannot be dissolved. In case of any misunderstandings, the family elders first try to reconcile the partners before the husband decides to marry another woman. Any separation has to be agreed upon by the families to ensure that family relations are not harmed in any negative sense.

However, the Civil Code in Rwanda clearly outlines the grounds for divorce: if one of the spouses is at fault, one spouse is absent for 12 months, there has been a separation lasting up to three years, or there is mutual consent between the spouses. The code demands that divorcing spouses must hand over half of their assets to their children. Children customarily stay with the father's family. In a divorce, the mother only retains very young children.

LGBT Rights

According to Article 26 of Rwanda's Constitution, "Only civil monogamous marriage between a man and a woman is recognized. No person may be married without his or her free consent. Parties to a marriage have equal rights and duties upon and during the subsistence of a marriage and at the time of divorce. The law determines conditions, forms, and effect of marriage." Homosexuality is not illegal, although it is treated as if it is. LGBT individuals can be arrested under public morals penal codes. After an attempt to codify this discrimination in the constitution, activists intervened, and it was dropped. Criminalizing homosexuality is in direct violation of the Rwandan Constitution's Articles 16 and 22(1), which reads, "All human beings are equal before the law. They shall enjoy, without

any discrimination, equal protection of the law.” Rwanda was one of only five African countries to sign the UN Joint Statement titled “Ending Acts of Violence and Related Human Rights Violations Based on Sexual Orientation and Gender Identity” in 2011.

Politics

Rwanda is a leader in women’s participation in politics and government and has won the African Gender Award and the international Women in Parliament Award. Rwanda and Bolivia are the only two nations that have more women than men serving in governmental office. Rwanda’s Chamber of Deputies is 64 percent women; the global average is only 23 percent (United Nations 2013). Of the 14 Supreme Court judges, 7 are women, and women serve in positions at every level of government. Women occupy 26 percent of provincial executive council posts (Izabiliza 2003). The Ministry of Gender and Family Promotion ensures representation of women’s interests at the national level. The constitution states that women need to occupy 30 percent of government bodies, but precise mechanisms are not outlined. Women were critical in the development of the constitution and the postgenocide restructuring and healing.

Increasing the number of female parliamentarians has two very important benefits. The symbolic impact of seeing women in the parliament on the remainder of the population is very great. It creates a sense of pride and belonging and a psychological support system where women feel secure that sufficient numbers of women in the corridors of power will protect their interests. These women also become role models for larger aspirations and expectations for the rest of their class.

The second significant impact is the presence of women’s issues actions and the emergence of a broader gendered perspective in the legislature. Rwandan women have demonstrated their ability and willingness to exercise power in the legislature to make their substantive representation effective. This has also been possible because of many women having played prominent roles in Rwandan Patriotic Front (RPF) and thus attained and imbibed the necessary leadership traits and requisite discipline. Studies suggest that all this has led to the slow but steady erosion of the patriarchal culture of the legislature in Rwandan polity. Additionally, it has improved women’s working relationships with their male counterparts.

Another smart move that Rwanda has made to empower women is to move toward removing quotas and

allowing them to contest directly. This has empowered them in a real sense compared to women in neighboring Uganda and Tanzania, where women legislators in office as a result of quotas are seen as “second-class parliamentarians.”

The women’s movement has been influential in the establishment of this new constitution and government, but, ironically, they are now less active because many of the leaders of the women’s movement are now serving in the legislature. Nevertheless, women’s rights work continues to be done for women and by women. Women were crucial in drafting and passing a bill on combating gender-based violence in 2008.

Religious and Cultural Roles

Rwandans practice traditional religion, or animism (view that spirits inhabit natural places, beings, and things in the everyday world), as well as faiths that outsiders have brought in. *Imana* is Rwandan animism’s Supreme Being, and *abazimu* are the spirits of ancestors.

Rwanda has several existing religions. This is the effect of a constitutional provision for the freedom of religions and religious practices. The Roman Catholics who came to Rwanda through their missionaries in 1880 developed the so-called Hamatic theory of race origins, which taught that the ethnic group of Tutsis was a superior race compared to the Hutus, a teaching that led to a racial division between the two ethnic groups.

This racial division culminated in a collision between the two groups in the 1994 genocide that also involved the Roman Catholic and other minor religions. Three Roman Catholic priests and two nuns were convicted of active participation in one of the most shocking massacres in human history. Because of that participation, attendance in Roman Catholic ceremonies dwindled, while the Muslim population increased due to the protection it extended to both Tutsis and Hutus wanting to not be identified with the genocide’s perpetrators. In the commemoration of the horrific event in 2007, the government invited only a Lutheran representative to offer a prayer because of strained relations with the Catholic Church over the role of church officials in the genocide. An Interfaith Commission for Rwanda has been activated with the hope of reconciling the people, especially the genocide survivors and prisoners and the families of the genocide detainees.

KRYN FREEHLING-BURTON AND TAMANNA M. SHAH

Further Resources

Binagwaho, Agnes, Paul E. Farmer, Sabin Nsanzimana, Corine Karema, Michel Gasana, Jean de Dieu Ngirabega, and Fidele

- Ngabo. 2014. "Rwanda 20 Years On: Investing in Life." *The Lancet* 384.9940: 371–375.
- Burnet, Jennie E. 2008. "Gender Balance and the Meanings of Women in Governance in Post-Genocide Rwanda." *African Affairs* 107.428: 361–386.
- CIA (Central Intelligence Agency). 2017. "Rwanda." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/rw.html>.
- Index Mundi. 2015. "Rwanda Demographics Profile 2014." Retrieved from http://www.indexmundi.com/tunisia/demographics_profile.html.
- Izabiliza, Jeanne. 2003. "The Role of Women in Reconstruction: Experience of Rwanda." UNESCO. Retrieved from <http://www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/SHS/pdf/Role-Women-Rwanda.pdf>.
- La Mattina, Giulia. 2012. "When All the Good Men Are Gone: Sex Ratio and Domestic Violence in Post-Genocide Rwanda." Institute for Economic Development DP223, Boston University.
- Mills, M. 2014. "Nation-Wide Evaluation of HIV/AIDS Prevention Strategies in Rwanda: A Multisectoral Time-Trend Analysis." Treatment as Prevention Workshop, Vancouver, abstract 6027, 2014.
- Ministry of Education. 2015. *2014 Educational Statistical Yearbook*. Republic of Rwanda. Retrieved from http://www.mineduc.gov.rw/fileadmin/user_upload/pdf_files/2014_Education_Statistical_Yearbook_.pdf.
- Ministry of Finance and Economic Planning. 2010. *Rwanda Vision 2020*. Republic of Rwanda. Retrieved from <http://www.sida.se/globalassets/global/countries-and-regions/africa/rwanda/d402331a.pdf>.
- NISR (National Institute of Statistics of Rwanda, Ministry of Health, and ICF International). 2015. "Rwanda Demographic and Health Survey 2014–2015." Rockville, MD.
- Rieder, Heide, and Thomas Elbert. 2013. "Rwanda—Lasting Imprints of a Genocide: Trauma, Mental Health, and Psychosocial Conditions in Survivors, Former Prisoners, and Their Children." *Conflict and Health* 7.1: 6.
- Rwanda Ministry of Health. 2014. *Success Factors for Women's and Children's Health*. Geneva, Switzerland: Partnership for Maternal, Newborn, & Child Health and World Health Organization.
- Scherrer, Christian P. 2002. *Genocide and Crisis in Central Africa: Conflict Roots, Mass Violence, and Regional War*. Santa Barbara, CA: Praeger.
- UNICEF. 2017. "Rwanda." Retrieved from https://www.unicef.org/infobycountry/rwanda_statistics.html.
- United Nations. 2013. "Women Secure 64 Percent of Seats in Rwandan Parliamentary Elections." Retrieved from <http://www.rw.one.un.org/press-center/news/women-secure-64-cent-seats-rwandan-parliamentary-elections>.
- United Nations. 2014. "The Justice and Reconciliation Process in Rwanda." Outreach Program on the Rwanda Genocide and the United Nations. Department of Public Information. Retrieved from <http://www.un.org/en/preventgenocide/rwanda/pdf/bgjustice.pdf>.
- UNESCO. 2015. "Youth and Adult Literacy." Regional Office for Eastern Africa. Retrieved from <http://www.unesco.org/new/en/nairobi/education/youth-and-adult-literacy>.
- UNESCO. 2017. Institute for Statistics. Retrieved from <http://data.worldbank.org/indicator/SE.XPD.TOTL.GD.ZS?locations=RW>.
- WHO (World Health Organization). 2016. "Rwanda: WHO Statistical Profile." <http://www.who.int/countries/rwa/en>.
- World Bank. 2017. "Rwanda." Retrieved from <http://www.worldbank.org/en/country/Rwanda>.
- World Economic Forum (WEF). 2017. "Rwanda." Retrieved from <http://reports.weforum.org/global-gender-gap-report-2015/economies/#economy=RWA>.
- Worley, Heidi. 2015. "Rwanda's Success in Improving Maternal Health." Population Reference Bureau. Retrieved from <http://www.prb.org/Publications/Articles/2015/rwanda-maternal-health.aspx>.

S

Senegal

Overview of Country

Senegal is a lower middle income, developing country located on the westernmost part of Africa. It is bordered by the Atlantic Ocean, Mali, Gambia, Guinea, Guinea-Bissau, and Mauritania. Its population is approximately 14 million (World Bank 2015), and its capital, Dakar, is located in the northwest region of the country.

Senegal became fully independent (from France) on June 20, 1960, merging with French Sudan to become the Mali Federation. However, due to a range of domestic political challenges and difficulties, the federation dissolved on August 20, 1960, with Senegal and French Sudan (which was renamed the Republic of Mali) each proclaiming their independence. Senegal's first president was Leopold Sedar Senghor, who served from 1960 until being succeeded by Abdou Diouf in 1980. The country's current president, Macky Sall, was elected in 2012.

Since gaining independence, Senegal has come to be regarded as one of Africa's model democracies. It has an established secular, multiparty system and a tradition of relative stability and civilian rule. Senegal's economy is mostly based on commodities, construction, and natural resources. However, as with many other countries across sub-Saharan Africa, agriculture constitutes a key sector of its economy. Tourism is also a significant source of foreign

exchange, and with many Senegalese migrating abroad, the money they send home (remittances) represents another important source of revenue.

The population of Senegal is quite diverse, and there are numerous ethnic groups within the country, including the Wolof, the Fula, the Serer, the Jola, the Mandinka, the Soninke, and many other smaller groups and subgroups. There are also a small number of Europeans and Lebanese within the country.

Islam is the predominant religion within Senegal, being practiced by approximately 92 percent of the country's population, with the vast majority of followers being adherents of the Sunni branch. Christianity (predominantly Roman Catholic and several Protestant denominations) is practiced by approximately 2 percent of the population, and about 6 percent of the population have animist, traditional, or other beliefs (Leichtman 2009, 115).

More than 30 languages are spoken in Senegal. While French is considered the official language, it is mostly spoken by the educated elite; a larger percentage of the population actually speak Wolof. Several other widely spoken languages in Senegal are Pulaar, Diola, Sereer, Mandinka, Malinke, and Soninke.

Girls and Teens

More than half of Senegal's population is female, and a large percentage of the country's population consists of

youth (PRB 2013, 6). The social status and role of females within society is largely shaped by traditional patriarchal, conservative local customs and the predominant religion, Islam. Women in Senegal typically do most of the household chores, such as cooking, cleaning, child-rearing, fetching water, and tending the fields. Girls generally learn to be women by observing and emulating their mothers, older sisters, or other elder women. From a young age, girls participate in a range of household and agricultural tasks, while some are also engaged in various types of employment outside the home.

Education

The country's education system is based on the French system (owing to Senegal's long history as a former colony of France), featuring primary, secondary, and advanced levels. The Senegalese Constitution (revised and adopted in January 2001) guarantees access to formal education for all children; yet, the law is not fully enforced, and implementation has faced various challenges. Islamic Koranic schools can be found across Senegal, and many young girls (as well as boys) are enrolled in these schools instead.

Although gender parity has been achieved within formal primary education (for every 100 boys enrolled, there are approximately 104 girls), girls' enrollment rates decrease sharply at higher levels of education. For girls, leaving formal education is very common, both in the shift from primary to secondary levels as well as within secondary education. The prominent factors leading to girls dropping out include scarce resources, limited school facilities, sexual abuse in schools, and early marriages or pregnancies. Girls are also often forced to work to financially support their families. In 2009, girls' enrollment in secondary education was 27 percent, and for every 100 boys enrolled in secondary education, there were approximately only 79 girls. Throughout Senegal, women's illiteracy remains a persistent problem, with only 39 percent of women aged 15 years and over being literate, in contrast to 62 percent of men (OHCHR 2015; UNESCO 2012; Vaughn n.d.).

Employment

Women in Senegal generally work in agriculture or informal employment outside the home. Female employment is important because it is a strong instrument for empowering women, and it reduces fertility rates. Employed

women have a significantly higher age at marriage and at first childbirth, and they also have fewer children.

While there are no formal barriers to women's participation within the economy, Senegalese women still face many different challenges. Regarding workplace rights, there are no national laws mandating nondiscrimination in hiring based on gender, nor are there laws that penalize or prevent the dismissal of pregnant women. In comparison to men, Senegalese women have higher unemployment rates, and they generally earn less pay within similar positions. Although women tend to do the large majority of agricultural work, they have very limited access to land, and they struggle to access capital or obtain loans.

A major handicap for Senegalese women is their generally low level of education and skills training. As they are less likely to have formal education, training, or skills, and because they remain responsible for a range of familial and domestic duties, Senegalese women are at a considerable disadvantage when competing for wage jobs. Within the informal sector, many women (as well as girls and teens) sell food items in marketplaces (e.g., fish, peanuts, fruit, honey, gum, etc.) or become street vendors (selling arts, crafts, jewelry, or other items), while some women also work as domestic housekeepers or cleaners. Prominent challenges for Senegalese women working within the informal sector include low pay, the risk of employer abuse, long hours in substandard or dangerous conditions, a lack of access to basic social services or benefits (e.g., overtime pay or maternity leave), and limited prospects for economic advancement.

Importantly, in many villages and towns across Senegal, women often establish cooperative groups that pool savings, resources, or credit. These grassroots groups also help women and villages or communities organize efficient production and distribution networks, thus improving women's and communities' economic and living standards.

Health

Although women's health has improved tremendously in the decades since Senegal's independence, much remains to be done so that they can fully realize their right to health. Inequality remains a prominent problem, and there is a high disparity in the quality and extent of health services available between urban and rural areas. A large percentage of Senegalese women continue to live below the poverty line, and this has direct negative implications

on their health and well-being. Women in Senegal remain at considerable risk of preventable diseases and sexual infections and diseases. Senegalese women often continue to endure poor hygienic conditions and constraints in access to clean water, and they are afflicted with HIV/AIDS as well as many other noncommunicable diseases at a much higher rate than men (OHCHR 2015; USAID 2014; WHO 2014). More people die from malaria than any other cause in Senegal (PATH 2013).

Maternal Health

Additionally, Senegalese women often lack access to information about or control over their sexual and reproductive rights and health, thus resulting in pregnancies at an early age, sexual infections or diseases, or closely spaced births that can be quite detrimental to women's health. For example, nearly one in three Senegalese women report that they would like to avoid or delay pregnancy, but they cannot access modern contraceptive methods and do not currently use any method of family planning. Conservative community and religious leaders often frown upon the use of contraceptives, and many women remain dependent on their husband's approval to use modern family planning methods.

Furthermore, women in Senegal are faced with highly restrictive abortion laws, with abortion being legally permitted only when a pregnant woman's life is in danger. As a result, many pregnant women will turn to clandestine, dangerous abortions that can lead to death or serious injury. Senegal's abortion laws have been widely criticized by an array of human and women's rights groups, and there have been calls to expand the availability of abortion for women, especially in cases of rape and incest (OHCHR 2015; PANA 2015; PATH 2013; USAID 2014; WHO 2014).

While maternal mortality has improved, Senegalese women still face considerably high maternal mortality rates due to a lack of spacing births and unsafe abortions (PATH 2013). Approximately 68 percent of babies are born in a public hospital and 26 percent at home (WHO). Mothers have 4.9 children. The perinatal mortality rate has dropped significantly, but safety and good outcomes for mothers and babies vary substantially by region (WHO). Two examples of this are the cesarean birth rate and access to postnatal care, both of which are higher for wealthier women (WHO). In 2014, there were far more nurses, midwives, and auxiliary nurse-midwives (6,992) than physicians, generalists, or obstetricians and gynecologists (1,171; WHO).

Female circumcision, also referred to as female genital cutting (FGC), female genital mutilation (FGM), or excision, is practiced in Senegal and has a long history within the country. Currently, estimates suggest that between 25 percent and 30 percent of Senegalese women undergo the practice. FGC, usually organized by the women in the family or extended community and performed by traditional practitioners, is seen as bringing social status and is a prerequisite for marriage. Girls that have not undergone the practice are often ostracized, shunned, and suffer from discrimination. There are some variations in prevalence rates, with the practice being slightly more common in rural areas, among Muslims, and within the Soninke and Pular ethnic groups (UNICEF 2013).

FGC, which is increasingly regarded as a global child, women's, and human rights issue, poses numerous health problems for girls and women, including significant pain, trauma, shock, depression, hemorrhaging, incontinence or difficulties passing urine, chronic infections, ulceration of the genital region, cysts and abscesses, disability, infertility, scar formation, sexual dysfunction, painful sexual intercourse, and possible HIV transmission, and it also increases the risk of labor complications and newborn or maternal deaths. Senegal enacted legislation criminalizing FGC in 1999, and many women's and rights groups advocate across the country to eliminate the practice. As a result, a growing number of communities and villages have declared that they will no longer practice FGC.

Notably, Tostan (which means "breakthrough" in Wolof)—a nongovernmental organization (NGO) in Senegal that has worked to combat FGC—received the 2007 Conrad N. Hilton Humanitarian Prize for its efforts to bring about social change by empowering communities to transform lives and alleviate human suffering. Tostan utilizes a holistic, multidimensional approach to development and positive social transformation based on respect for human rights. It is also active within communities in Guinea, Guinea-Bissau, Gambia, Mali, Mauritania, and parts of East Africa.

Family Life

Polygyny, a narrow form of plural marriage in which a man has more than one wife, is legal and quite common in Senegal, particularly in rural and urban areas. It has a long historical influence in the country as a result of both Islam and local traditional customs. Within Senegalese society,

polygyny represents a potential economic benefit. A family with more women typically receives greater contributions to the household, and an increased number of children are viewed as potential contributors (e.g., children are able to work on the family farm). Senegalese law allows couples to choose polygyny at the time of marriage, and many women often accept or support the practice due to the lower social status that is given to unmarried women. Additionally, the practices of levirate, in which a man is obligated to take as his wife the widow of a deceased brother, and sororate, where a woman is obligated to marry the spouse of her deceased sister, are also common in Senegal. Generally, Senegalese women with higher levels of education are less likely to be in polygynous marriages than women with lower levels of education.

Societal norms in Senegal place strong expectations on women to get married, establish a household, and have children. For a woman, bearing children secures her place as a member of her husband's family and acceptance from her in-laws. For some young women, marriage is viewed as a way to change their challenging circumstances or improve their dire financial conditions. In rural areas, they may seek marriages that will take them to urban areas. According to Senegal's Family Code, the legal age for girls to marry is 16 years old; yet, many girls (particularly in rural areas) are married before the legal age. Overall, nearly one out of three girls marries as a child in Senegal (i.e., before 18 years of age). Several factors that considerably influence the age at which Senegalese women marry include level of education, wealth, and region. Specifically, Senegalese women with more education, from higher income households, and those living within urban areas tend to marry later, and Senegalese girls from the poorest households (which are generally located within rural areas) are most likely to be married as children (UNFPA 2012; Woodfork 2004, 214).

Female virginity is generally highly prized in Senegalese society. Sexually active girls are frequently ostracised and viewed negatively, and not being a virgin can restrict a girl's marriageability (e.g., nonvirgins cannot legally have a Muslim wedding). In this regard, the practice of FGC is often seen as necessary for gaining social acceptance; preserving purity, femininity, and cleanliness; and offering girls or women better marriage prospects (UNICEF 2013; van Eerdewijk 2009; Woodfork 2004, 215).

Homosexuality is punishable by imprisonment and a fine; same-sex marriage is not legal. Discrimination based on sexual orientation is not prohibited, and violence

against LGBT individuals is common. It is, however, legal to change legal gender.

Politics and Religious or Cultural Roles

Senegalese women have held an influential role in the country's society and politics. Historically, across several different regions and ethnic groups within Senegal, older women have been regarded as special guardians of tradition, and they often serve as priestesses or other spiritual figures. Senegalese women also fulfill important roles as mediators within social conflicts, and their highly regarded sociopolitical status is evidenced through matrilineal succession or inheritance (i.e., passed down through the mother's line) in some ethnic groups, such as the Serer.

One of Senegal's most highly respected historical figures is Aline Sitoé Diatta (1920–1944), who was a royal priestess, labor organizer, spiritual leader, and preacher. Diatta was also a key figure during Senegal's anticolonial era, and she sparked a civil resistance movement against French colonialism across the whole of the Casamance region (located in the southwest of Senegal). She was eventually imprisoned in 1943 and deported to Timbuktu (located in neighboring Mali), where she died shortly afterward. Diatta is now cherished as a symbol of resistance and cultural pride, both in Senegal and throughout West Africa. Across Senegal, schools, public buildings, a passenger ferry, and a large multisport athletic stadium proudly bear her name.

Women in Senegal enjoy full political rights to vote and stand for election. Nationally, they form a large percentage of the electorate, and they have long organized at the local level, establishing cooperatives and various associations to improve the availability of and access to public services or opportunities. Despite this, however, they have not gained tangible power at the parliamentary level. Senegalese women have not formed a separate women's party, and they have not often held important decision-making positions within the patronage structure of Senegalese parties.

One prominent grassroots women's sociopolitical organization is the Fédération des Associations des Femmes du Sénégal (FAFS). FAFS works to promote the interests of women and girls in education, health, and the economy and also to improve women's opportunities and representation within the political sector. In recent years, considerable progress has been made in terms of women's participation in political life. For example, partly as a result of the country's 2010 Law on Parity, Senegal has significantly increased the

number of women in its national parliament, and it now boasts one of the greatest proportions of women in national parliament in the world (OHCHR 2015).

Notably, shortly after his victory in the 2000 presidential elections, Abdoulaye Wade appointed Mame Madior Boye, a well-respected lawyer and politician, as prime minister of Senegal, making her the first woman in the country's history to hold the prestigious post. She served from March 2001 until November 2002. After her brief stint as prime minister, Boye has remained politically active, and she has worked for a variety of prominent international organizations. In September 2004, the African Union Commission appointed Boye as the special representative for the protection of civilians in armed conflicts. She also often acts as a mediator in different African conflicts.

Within Senegalese society, sports are quite popular, particularly football (soccer), basketball, traditional wrestling, and athletics. Many women and girls are involved in a number of sports at school, within clubs, and through community programs. However, Senegalese girls and women often face significant challenges to their full or equal participation in sports. There is often a lack of funding and resources for training or equipment, and many families and communities frown upon women's involvement in sports. Generally, conservative and patriarchal societal and cultural attitudes in Senegal promote the concept that women and girls should not participate in sports, often claiming that sports can jeopardize a woman's femininity and fertility or conflict with a woman's traditional roles and responsibilities within the home.

Although many women's sports are faced with significant obstacles in Senegal, in recent years, women's basketball has grown considerably. Senegal has developed a national women's basketball league, and different Senegalese women's teams have achieved notable successes within various regional competitions.

One of the most successful athletes in Senegalese history is the short-distance runner Amy Mbacké Thiam. As a child, Thiam was fond of running and also passionate about football (soccer). Her athletic talent was recognized early on by a Senegalese coach, and she began to compete and succeed in various local running competitions. Thiam's talents would eventually see her move on to more challenging competitions, and during her career, she has competed in numerous prestigious competitions, including the Olympics, the All-Africa Games, the African Championships, and the Golden League. In 2001, Thiam won the 400-meter gold medal at the International Association of

Athletic Federations (IAAF) World Championships, held in Edmonton, Canada. Thiam's gold medal was the first world championship in any sport, male or female, in Senegal's history. After her impressive victory, Thiam became a national heroine and celebrity in Senegal. She endorsed a variety of commercial products, was regularly featured on radio and television, and, in 2014, she was appointed as a special adviser to the president of Senegal.

Issues

Senegalese women are affected by human trafficking, with the country regarded as a source, transit, and destination country for children and women. Trafficking within Senegal often involves women and children being subjected to forced labor or sex trafficking. For example, young Senegalese girls (and also boys) are subjected to domestic servitude, forced labor in gold mines, and exploitation within the lucrative sex trade. Generally, internal trafficking is more prevalent than transnational trafficking. Senegalese women and girls are trafficked to neighboring countries, Europe, or the Middle East, mainly for domestic servitude, while women and girls trafficked for sexual exploitation through prostitution or sex tourism typically remain within Senegal. According to the annual *Trafficking in Person's Report*, the government of Senegal does not fully comply with the minimum standards for the elimination of human trafficking, although it is making significant efforts to do so (U.S. Department of State 2014).

Senegal has ratified the main international and regional women's rights documents (such as the Convention for the Elimination of Discrimination and Violence against Women), but violence against women remains a widespread, pervasive problem. A large majority of Senegalese women have been victims of violence, with violence tending to be domestic based or within the family. Many cases of violence against women in Senegal are related to rape (spousal rape is not legally recognized in the country), aggression, incest, pedophilia, and sexual harassment or exploitation.

While violence against women is against the law in Senegal, with the Penal Code of 1999 integrating measures that punish those who commit violence against women, Senegalese women face obstacles in accessing justice. Laws against violence are rarely enforced in Senegal; the country has an ineffective legal system, with authorities rarely intervening and few cases of violence against women actually reaching trial or conviction. As well, many Senegalese

women are unaware or not fully aware of their rights, while patriarchal attitudes, conservative values, and long held social norms in the country tend to condone or accept violence against women by members of the family, such as husbands or fathers (OHCHR 2015; PANA 2015).

FIKREJESUS AMAHAZION

Further Resources

- Bass, Loretta E. and Fatou Sow. 2006. "Senegalese Families: The Confluence of Ethnicity, History, and Social Change." In *African Families at the Turn of the 21st Century*, 83–102, edited by Yaw Oheneba-Sakyi and Baffour K. Takyi. Santa Barbara, CA: Greenwood.
- Creevey, Lucy. 2004. "Impacts of Changing Patterns of Women's Association Membership in Senegal." In *The Power of Women's Informal Networks: Lessons in South Asia and West Africa*, 61–74, edited by Bandana Purkayastha and Mangala Subramaniam. Lanham, MD: Lexington Books.
- Leichtman, Mara A. 2009. "The Authentication of a Discursive Islam: Shi'a Alternatives to Sufi Orders." In *New Perspectives on Islam in Senegal: Conversion, Migration, Wealth, Power, and Femininity*, 1–20, edited by Mamadou Diouf and Mara A. Leichtman. New York: Palgrave Macmillan.
- OHCHR (Office of the High Commissioner for Human Rights: United Nations). 2015. "Women in Senegal: Breaking the Chains of Silence and Inequality." April 17. Retrieved from <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=15857&LangID=E>.
- PANA. 2015. "Senegal: Violence against Women a Major Social Problem." *PanaPress*, March 8. Retrieved from <http://www.panapress.com/Senegal---Violence-against-women,-a-major-social-problem-in-Senegal---12-630427179-25-lang2-index.html>.
- PATH. 2013. "PATH in Senegal: Improving Women's and Children's Health in Senegal." Dakar, Senegal: PATH. Retrieved from http://www.path.org/publications/files/ER_senegal_fs.pdf.
- PRB. 2013. "The World's Youth: 2013 Factsheet." Population Reference Bureau, Washington, D.C. Retrieved from <http://www.prb.org/pdf13/youth-data-sheet-2013.pdf>.
- Shell-Duncan, B., Y. Hernlund, K. Wander, and A. Moreau. 2013. "Legislating Change?: Responses to Criminalizing Female Genital Cutting in Senegal." *Law and Society Review* 47.4: 803–835.
- UNESCO. 2012. "UNESCO Global Partnership for Girls' and Women's Education—One Year On: Senegal." Retrieved from http://www.unesco.org/eri/cp/factsheets_ed/SN_ED_FactSheet.pdf.
- UNFPA. 2012. *UNFPA Child Marriage Country Profile: Senegal*. New York: United Nations Population Fund. Retrieved from <http://www.girlsnotbrides.org/reports-and-publications/unfpa-child-marriage-country-profile-senegal>.
- UNICEF. 2013. *Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change*. New York: United Nations Children's Fund. Retrieved from http://www.unicef.org/cbsc/files/UNICEF_FGM_report_July_2013_Hi_res.pdf.

USAID (U.S. Agency for International Development). 2014. "Senegal: Global Health Factsheet." Retrieved from <http://www.usaid.gov/documents/1860/senegal-global-health-fact-sheet>.

U.S. Department of State. 2014. *Trafficking in Persons Report: Senegal*. Washington, D.C.: U.S. State Department. Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/countries/2014/226807.htm>.

van Eerdewijk, Anouka. 2009. "Silence, Pleasure and Agency: Sexuality of Unmarried Girls in Dakar, Senegal." *Contemporary Islam* 3: 7–24.

Vaughn, Viola M. n.d. "20 Years—The Convention on the Rights of the Child: Senegal." UNICEF. Retrieved from http://www.unicef.org/rightsite/364_611.htm.

WHO (World Health Organization). 2014. "Senegal—Country Cooperation Strategy: At a Glance." Retrieved from http://www.who.int/countryfocus/cooperation_strategy/ecsbrief_sen_en.pdf.

Woodfork, Jacqueline. 2004. "Senegal." *Teen Life around the World: Teen Life in Africa*. Edited by Toyin Falola. Santa Barbara, CA: Greenwood Press.

World Bank. 2013. "Women, Business and the Law: Creating Economic Opportunities for Women." Retrieved from <http://wbl.worldbank.org/data/exploreeconomies/senegal/2013>.

Sierra Leone

Overview of Country

Sierra Leone is a small country in West Africa that borders the North Atlantic Ocean between Guinea and Liberia. The population of 5.6 million inhabitants is composed of two major tribal ethnic groups, Temne (35%) and Mende (31%); multiple smaller tribal groups (Limba, Kono, Krio, Mandingo, and Loko); and small numbers of Europeans, Lebanese, Pakistanis, and Indians (CIA 2014). English is the official language of Sierra Leone, but its regular use is limited to the literate minority. Mende, Temne, and other tribal languages are spoken in the rural regions, while Krio (the language of freed Jamaican slaves) is understood by 10 percent of the overall population and is the primary language in the capital city of Freetown.

Twenty-nine percent of the population is urban dwellers, with the majority living in Freetown. The age structure of Sierra Leone shows a young population, with 42 percent under the age of 15. The male-to-female population ratio is nearly equal with the under 24 age group, but the older age categories have almost 12 percent more females than males (CIA 2014). This can be attributed

to the 11-year war that ravaged the country from 1991 to 2002 and killed many male heads of household and young men.

The majority of Sierra Leoneans are Muslim (60%), particularly in the rural regions (CIA 2014). Thirty percent of the population continues to practice indigenous belief systems, and 10 percent have been converted to Christianity. Rural populations commonly practice a blend of Muslim and indigenous beliefs that overlap with a culture rich in traditions of kinship and community passed from one generation to the next through song, dance, and storytelling.

Sierra Leone is one of the world's poorest countries with tremendous inequality in income distribution; 53 percent of the population lives below the international poverty line of USD\$1.25 per day of income (CIA 2014). Sierra Leoneans are largely rural dwellers (71%) living in traditional villages, where they rely on subsistence farming with few opportunities for economic stability. The mineral wealth of the country is exported; the local miners and communities see little of the benefit. Multinational corporations perpetuate the poverty of the local farmers by controlling agricultural exports.

Sierra Leone has a long history of slavery, colonization, and conflict. Export slavery began in the late 15th century and continued until the mid-19th century. The British incorporated the country as a colony in 1792, and Sierra Leone became a home for freed American slaves. Following its independence as a British protectorate in 1961, Sierra Leone formed a constitutional democracy. The most recent 11-year war (1991–2002) caused mass destruction and disruption to the lives of the people. Rural areas were most affected because of the lack of trained soldiers who could have possibly stopped the rebel forces.

The legal system is a mixture of English common law and customary law. Sierra Leone has a unicameral Parliament of 124 seats, with 112 of those members elected by popular vote and 12 filled with paramount chiefs chosen through a separate election process. In 2014, only 12.5 percent of the total number of parliamentary seats was held by women (CIA 2014). Women over age 18 have voting rights, but due to patriarchal customs, low female literacy rates, and limited opportunities to participate in the political process, few women exercise their right to vote.

Girls and Teens

Young children usually live with their mothers, where they are raised with the help of co-wives and extended family.

Grandmothers are instrumental in the rearing of children, and it is not uncommon for a grandmother to be raising several grandchildren, particularly if a mother has died. When a child, male or female, reaches the age of seven to nine years, his or her father or a male relative has the authority to make all decisions relative to education, fostering, and entrance into secret societies. For girls, this also includes marriage choices. An agreement may be negotiated with her future husband and his family while she is still a young girl. However, the frequency of these practices is declining countrywide and is even less common in urban areas.

Girls are reared under a dependency-training model whereby they are taught to comply with behavioral expectations that include performance of assigned tasks and reliance on the domestic group rather than on oneself. Independence is not a strong cultural value promoted within the society. The training received during years of instruction with gendered secret societies also plays an important role in teaching girls to be good wives and mothers. The training period is followed by initiation rituals that usually include female genital cutting, a prerequisite to marriage for girls in particular. These traditional customs are prevalent in rural regions but are practiced with less frequency in urban areas. However, according to UNICEF, in 2011, 88 percent of adult women had completed initiation, but only 10 percent of their daughters were fully initiated. Despite this apparent trend to no longer complete initiation, the practice continues to be supported by 72 percent of the population (UNICEF 2013).

Education

The school system in Sierra Leone is based on a British educational model, and English is the language of the educated. Most children in the villages attend school, but their attendance is sporadic because of the cost of uniforms and school supplies and the need for their help at home. Primary education in the rural regions is conducted in substandard school structures with mostly untrained and uncertified teachers. One school will serve numerous surrounding villages, adding another barrier to consistent attendance for students who must travel long distances on the bush roads. The rates of secondary school attendance drop dramatically throughout the country for both genders, but for girls, school attendance drops from 76 percent (primary) to 33 percent (secondary) versus 73 percent (primary) to 40 percent (secondary) for males (UNICEF 2013).

Girls begin to assist their mothers at an early age with cooking, caring for younger siblings, laundry, and farming or working in the family business. These conditions, combined with patriarchal family structures, have led to lower literacy rates for females (32.6%) than males (54.7%) (CIA 2014). For many girls, pursuing a secondary school education is not possible because of the poverty of their families, early marriage, and urban locations of the secondary schools. Because the cost of secondary education is beyond the capacity of many parents, some children are fostered to relatives who live in the larger towns and cities. This custom of fostering children to other relatives is also based on the belief that children should come to know their other relatives and that fostering strengthens kinship bonds within the extended family.

Health

The African continent as a whole includes some of the poorest countries and worst health statistics in the world. But the citizens of Sierra Leone suffer more than even most other African countries. Women specifically endure gendered inequity and inequality that reduces their access to limited resources, education, health care benefits, and economic opportunities. Access to the limited resources of the country is reduced by their marginalized position within the patriarchal society.

Access to Health Care

The infrastructure of Sierra Leone was destroyed during the war, including road networks, health care facilities, and trained medical personnel. The current strategy for improved health care for Sierra Leoneans is focused on building facilities and training medical professionals; however, this will take years to complete and will leave most villagers without adequate health care options for some time to come. In the meantime, the Ministry of Health and Sanitation has created programs to train community health workers (CHWs) who serve as health educators and promoters, vaccinators, and malaria treatment providers. CHWs are a valuable local resource, but they are not paid, which places an additional burden on local communities to compensate them in some way for their service to the community.

Maternal Health

The biggest risk to women's health in Sierra Leone is pregnancy; 1 in 23 women will die as the result of a pregnancy- or

Women's Voices

Delivery on the Bush Road

From Sudy Storm's Field Notes, 2007

Fati labored through the night with no progress. With the first light of dawn, the midwife knew it was time to send her on the long walk down the bush road to the hospital with the hope that she and the baby would survive. As two of the strongest men in the village prepared to carry her by hammock, the midwife did a final check, hoping for a miracle. There was no progress, only the steady rhythm of a fetal heart and agonized moans of a laboring mother. Two days later, the midwife received word that Fati had survived the journey, but her baby had not. Somewhere along the bush road, the tender heart had gone silent.

—Sudy Storm

childbirth-related complication, placing Sierra Leone in the fourth position worldwide for its maternity mortality rate (MMR) ranking in 2010 (adjusted MMR, 890/100,000 live births) (CIA 2014). The infant mortality rate (IMR), 11th worldwide, and death rate for children under the age of five (185/100,000) have also continued to position Sierra Leone as one of the highest-risk countries in the world for the health of its women and children.

In an attempt to improve the health of its most vulnerable populations, the government passed a Free Healthcare Initiative (FHI) in 2010. This initiative provides free prenatal, labor and delivery, and postpartum care to women as well as free health checks and immunizations for all children under five years of age. Though this is a noble effort, the infrastructure needed to support such a program is still inadequate. Many village health posts are not staffed with well-trained personnel, particularly maternity care providers, or the drugs and vaccines necessary to meet the needs of the populations these health posts serve. The FHI also mandates that all deliveries take place in facilities, and traditional midwives are no longer trained or allowed to conduct deliveries in their villages. This has created distrust between the villagers, health post staff, and the Ministry of Health and Sanitation. It has also left remote villages, at times unreachable due to impassable

road conditions, without trained traditional midwives to handle village deliveries. This puts women at even greater risk for poor maternity outcomes.

Countrywide, 47.9 percent of young women are married, and 38 percent have had a child by the age of 18 (CIA 2014). Early marriage and birth prior to age 18 increase the risks for poor maternity outcomes, obstetric fistula, and premature death. In 2012, only 11 percent of the country's women had access to contraceptive options (UNICEF 2013). This is partially a result of cultural customs that consider children a blessing and a testament to the prowess of a man. Also adding risk to the health of women in Sierra Leone are the patriarchal customs of male authority whereby a woman must first gain permission from male family members prior to seeking contraception or medical treatment for herself and her children. In the event of an emergency in the remote villages, this can mean delays in getting women to care facilities in time to save their lives.

Women are also victims of economic inequalities and limited access to health care resources within Sierra Leone. For example, attendance at births by a skilled attendant for the poorest 20 percent of women is only 44 percent, but for the wealthiest 20 percent it is 85 percent (UNICEF 2013). This is in part due to the remoteness of some villages and a lack of road networks that prevent women from getting to a care facility, but more importantly, health care resources are clustered in Freetown and the larger cities where the wealthy reside.

Diseases and Disorders

Women in Sierra Leone have endured a long history of gender inequality and, more recently, prolonged conflict in their country. Current economic, political, and environmental conditions have placed them into the highest world rankings for infant and maternal mortality rates. A 2011 estimate indicates that only 57.5 percent of the population has a source of safe drinking water, and only 12.9 percent have access to sanitation facilities (CIA 2014). The lack of safe water and frequent exposure to standing water during farming activities place women at increased risk for vector and waterborne diseases. Some of these diseases, such as malaria, pose even higher risks to women and their infants during pregnancy. The life span of Sierra Leonean women is 10 years less than the life span of other African women, half that of women in developed nations, and the lowest in the world (Berhane-Selassie 2009). Because 70 percent of the population lives in rural regions where

poverty and limited access to resources are the norm, the life span of women in Sierra Leone will continue to be one of the world's worst until these determinants of health are improved.

Ebola

After the outbreak of Ebola in early 2014, Sierra Leone quickly became the country with the highest rate of transmission of the deadly disease. Years of conflict had decimated the health care infrastructure and created the country's desperate need for health workers. The World Health Organization (WHO) is focusing attention on the country and neighboring Guinea and Liberia to provide support for the ongoing control and eradication of Ebola. The disease has a particular devastating effect for birthing women who are at increased risk for transmitting and contracting the disease when seeking health care.

Employment

Limitations in the local economic system do not allow most households to create economic stability. Although villagers practice a kinship mode of production, subsistence farming, research has shown that most male heads of household do own coffee, cocoa, and palm fruit plantations that, prior to the war, were profitable. Since the end of the war, these plantations have sat overgrown in the bush because the landowners must devote their energy to subsistence farming and are therefore unable to hire laborers to repair and maintain the plantations. Landownership continues to follow patrilineal descent patterns despite the passage of the Registration of Customary Marriages and Divorce Act in 2007, which empowers men and women to both acquire property. Despite this act, few women actually own land, leaving them few options to achieve economic stability. Demographic data from southeastern Sierra Leone show that women attempt to subsidize their household income by selling cigarettes, condiments, soap, and surplus produce from the farms they are allowed to work. But these small markets do not provide adequate income to move the women out of poverty.

For the small percentage of village women who are educated, there are jobs available as office staff for the multinational corporations that export the natural mineral and agricultural resources from the rural regions. For those women with little or no education, there may be work in the mines or on the corporate plantations, but these jobs

are often seasonal and do not always pay livable wages. In the cities, educated women may find work as secretaries, office staff, or laborers for governmental and nongovernmental agencies or for the foreign businessmen who own much of the commerce in the country. Other women attempt to support their families with small businesses in the local marketplaces.

Family Life

In Sierra Leone, 44 percent of all girls are married at an early age despite the Registration of Customary Marriages and Divorce Act that prohibits marriage before age 18 (UNICEF 2013). Enforcement of this act, particularly in the rural regions of the country, has been minimal and without legal consequences for men who marry these young women. The cultural customs, poverty of the villagers, and limited opportunities for education and jobs for girls make early marriage one of the only solutions to some of these problems. Families negotiate a bride-price for their daughters that provides much-needed income to the family. Because cultural customs of residency are patrilocal, the new husband and his family gain another laborer for their households and farms.

Polygamy is common in Sierra Leone and follows ancient traditions of combined Muslim and indigenous belief systems. A man can have up to four wives, according to Muslim custom, and as many as he can provide for, according to customary law. Polygamy is more common in rural regions versus the urban areas, where the cost of living makes it difficult to support a large family. In polygamous households, women are expected to earn their own income and provide for their children. Divorce is uncommon in Sierra Leone due to traditions of community support and mediation and the potential refund of the bride-price to the husband's family. However, the passage of the Registration of Customary Marriage and Divorce Act makes dowries nonrefundable, making it easier for wives to leave an unhappy or abusive marriage without fear that her bride-price must be repaid to the husband's family.

Politics

Positions of chiefdom and village leadership (males and females) are inherited through male lineage and then elected by the residents. Community leaders are also elected by the residents, with the exception of the village chief's advisers, who are appointed by the village chief.

Women's Voices

Before My Eyes

From Sudy Storm's Field Notes, 2007

During a survey of the households in a remote village of southeastern Sierra Leone, I met a woman who had survived the destruction of her village during the war. Hers is one of many such stories I have heard in my years as a midwife, and it shows the strength of the human spirit to survive unspeakable atrocities. The old woman stared at the ground in silence as I interviewed her son about who lives in his household. As I prepared to move to the next house, she raised her eyes and looked off in the distance. Slowly, she began to speak of the war and her husband. "The rebels came to the village before we could escape their wrath. They rounded everyone up and forced us into the center of town. As a rebel raised his gun and aimed it at me, my husband stepped in front of me. The bullet intended for me hit my husband, killing him before my eyes." The old woman lowered her eyes to the ground once again and grew silent.

—Sudy Storm

Chiefs are the guardians of the land, arbitrators of disputes, and influential in the economic development of the chiefdoms and villages. Sierra Leone has only a handful of female chiefs, particularly at the paramount chief level. One reason for the lack of female participation in civic and collective activities is the demands of agricultural and household duties placed on women. Furthermore, because of the patriarchal nature of the society, those women who are chiefs may not be allowed to exert their authority in matters of particular importance but be required to rely on resolutions determined by members of the male secret societies.

Village and chiefdom leaders and elders primarily handle legal matters and justice in the villages. When a crime has been committed, which is rare, or someone has a grievance against someone else, a committee of local leaders and elders is called, and the matter is resolved immediately through a mediation process. Women are included in these

village councils and may be asked for their opinions, but the male members make the final decisions. If one or both parties are not satisfied with the outcome of the mediation, they may go to the police or to local courts that will hear their case. The court may pass down a different judgment, but the decisions of the village council are usually upheld. In the urban areas, crime rates are much higher, and legal matters are handled by the police, military, and court system. A woman is free to bring a case against her husband if he is abusive or neglectful. Likewise, a man may seek justice and punishment for a wife that is disobedient or fails to fulfill her duties as a wife. The party found to be at fault might be required to pay restitution to the victim and a fine to the chiefs.

Despite the gendered inequality and inequity the women of Sierra Leone face, they have been instrumental in bringing peace and social change to their country. Their solidarity has historically been expressed through female cultural associations, such as the secret societies that organize and advocate for respect and recognition of female identity. Women's market associations have influenced trade and commerce in Freetown. The Women's Forum, a network of over 50 women's organizations, was established in 1994 to put an end to the war and move toward democracy. In August 1995 and February 1996, women showed their solidarity in two demonstrations calling for the military regime to step down. This Women's Movement for Peace played a leading role in the successful establishment of democratic elections at a time when the military government was attempting to maintain its power by postponing the elections.

During the war, women of all economic classes, educational levels, and ethnic groups came together to march and protest against the military government and rebel factions, sometimes putting themselves in danger. Today, these women's organizations are largely influenced by the nongovernmental organizations (NGOs) that seek to promote their international agendas for Sierra Leone. They are coalitions of well-educated, elite women advocating for inclusion in the political realm rather than inclusive grassroots organizations focused on the good of the nation as a whole. To some, this may appear to be progress, but for the poor and uneducated women of Sierra Leone, it does not advance their cause.

Religious and Cultural Roles

The vast majority of Sierra Leoneans are Muslims (60%) who primarily belong to one of three sects: Sunni, Shia, or

Ahmadiyya. The majority of the Christians in Sierra Leone are Protestants (Methodists and Evangelicals) and Catholics (CIA 2014). Indigenous animistic traditions are practiced by roughly 2 percent of the population, though they are combined with Muslim and Christian practices, particularly in the rural regions. Belief in evil spirits and witchcraft is prevalent and may be blamed for death or illness.

There is strong adherence to traditional gender roles that are based on patriarchal systems of dominance. Women are expected to obey all men, including husbands, fathers, uncles, brothers, and male coworkers. One woman told this author, "Women have to have men tell them what to do because they are not smart enough to know what is best. Men have to be in charge." Even in social, religious, and civic women's groups, men hold positions of power and authority.

Between the ages of 6 and 12, girls are placed into peer group secret society cohorts where they maintain lifelong membership. It is in these societies that girls are prepared for marriage and mothering. They are taught cooking and farming skills, appropriate marital behavior, and the stoic character expected in childbirth. Also included in their training are traditions of status within the family. For example, the first wife, called a Big Woman, has authority over subsequent wives and may even assist her husband in choosing additional wives. She is also responsible for training new wives in the customs and traditions of her particular family. Subsequent wives work under the supervision of the first wife and may be responsible for cleaning the first wife's room or doing her laundry. Co-wives assist each other with the household duties, farming chores, and raising of all children. If a husband is abusive or neglectful, wives may stand in solidarity to present their case to local chiefs who may force the husband to change his treatment of his wives if they believe he is not fulfilling his duties as a husband.

Women of Sierra Leone have strong traditions of gendered socialization. Members of secret society cohorts become lifelong friends and provide support networks for one another. These cohorts consist of Muslim girls, beginning around five to eight years of age, living in rural villages or urban neighborhoods. After the cohort is formed, they meet regularly with the respected elder women of their village or neighborhood, who train them in the ways of being a woman. A final initiation, which usually includes genital cutting, follows first menses and indicates a young woman's readiness and availability for marriage.

Co-wives form marital family bonds, and younger wives often care for older wives during the later years of their

lives when they are no longer able to work. Likewise, older wives assume a motherly role when a new, very young wife is brought into the family. The endless duties of household chores, farming, and child-rearing are shared among co-wives but also within village communities. Women will travel great distances to assist new mothers or care for sick relatives. The solidarity among the women of Sierra Leone is evident in their daily lives and strength of their kinship bonds. However, in urban areas, these traditions and customs are less pronounced, as families may seek a more independent, Westernized lifestyle.

Issues

Subsistence

Because of long-standing cultural customs of land inheritance, when husbands die, the land is given to their sons or brothers who, by custom, are responsible for providing for their female relatives. The Devolution of Estate Act of 2007 makes this illegal, but, to date, there has been little enforcement of the act or protection of women's rights to land. Because women are reliant on male family members to grant them permission to farm, it is difficult for single female heads of household to provide for themselves and their children. In one village survey, it was discovered that 25 percent of the heads of household were single women responsible for children and grandchildren. This high percentage of female heads of household is due in part to the deaths of husbands and male family members during the war. Sierra Leone is a very poor country in general, but women are the poorest citizens, particularly in the rural areas.

Additional challenges to women are the farming customs whereby the husband, brother, uncle, or father is responsible for making a farm for the women under his care. This means it is the man's duty to prepare the land for planting and then the women take over the plowing, planting, weeding, and harvesting of the crops. If a woman has no man willing to prepare a farm for her, she may not be able to provide for herself and her children, placing them all into a high-risk category for poverty, poor health, and lower life expectancy.

Gendered Violence

Women's experiences during armed conflict are often overlooked in the global discourse and human rights discussions. How forms of gendered violence affect them is

rarely researched or understood. The war that ravaged Sierra Leone was particularly brutal for women. Of those displaced within and outside of the country, 75–80 percent were women who had also suffered abandonment, widowhood, sexual violation, and living in flight or in camps for years. Young women and girls were kidnapped by rebel forces and forced into slavery, marriage, and motherhood. To survive, these women and girls did unspeakable things and witnessed horrendous atrocities. Many of them became the “bush wives” of rebel soldiers, living with them for several years and having their children. The Special Court of Sierra Leone was the first in the world to convict those responsible for these human rights violations of women and children.

When the war ended, women attempted to return to their villages and families only to be outcast and ostracized for their relationships with the rebels. It was believed that they were “polluted,” causing the loss of their social acceptance and rendering them unqualified to marry, unable to access their farms, and not allowed to achieve positions of social status within their communities. Many of these women and their children who were left destitute are beginning to make demands of access to the lands owned by their families and, in the case of widows, their deceased husbands. This social movement by the women was instrumental in the passage of the Devolution of Estate Act in 2007 that requires equal distribution of property between a deceased husband's wives and children. It is now a crime to expulse a widow from her home upon the death of her husband. This author has witnessed attempts by the leadership of village communities in southeastern Sierra Leone to not only abide by this law but to ensure that every man and woman over the age of 25 owns land. It would appear that progress toward gender equality is making strides in some village communities.

A Hopeful Future

The government of Sierra Leone has issued its “Agenda for Prosperity (AfP)—Road to Middle Income Strategy Paper for 2013–2018.” Pillar eight of this strategy is gender and women's empowerment. The paper states that discriminatory customs exacerbate institutionalized gender inequalities, particularly relating to marriage, property rights, and sexual offenses. Limited access to education, justice, health care, employment, and decision making are causal factors, and the government has committed to increasing gender equality and women's empowerment by signing a number

of policy declarations and enacting legislation. The goal of AfP “is to empower women and girls through education, reducing socio-economic barriers and supporting formal and non-formal education; increasing their participation in decision-making in public, private, and traditional institutions, and access to justice and economic opportunities; strengthening prevention and response mechanisms to violence against women and girls; and improving the business environment for women, with access to finance and capacity development” (Countdown 2013). Furthermore, the government plans to enact gender equality legislation; coordinate gender awareness and action within its ministries, departments, agencies, and civil society; and set up a National Women’s Commission. However, it has been difficult to translate these goals into developmental policy and practice due to infrastructure inadequacies and widespread corruption.

The women of Sierra Leone have a long history of struggle. They have survived the effects of colonialism and slavery and the tragedies of war and endured gendered oppression. But they persevere in improving their status and the living conditions of their communities through social change. National leadership is making progress in promoting equity for its female citizens, as evidenced by their recent legislative actions to empower the women of Sierra Leone. However, the Ebola epidemic that began in 2014 will place the health and lives of the women and children of Sierra Leone at risk as the national government and international health community struggle to provide services and resources to battle this deadly disease. The strength of the women will again be an important resource in the recovery of the republic of Sierra Leone.

SUDY STORM

Further Resources

- Berhane-Selassie, Tsehai. 2009. “The Gendered Economy of the Return Migration of Internally Displaced Women of Sierra Leone.” *European Journal of Development Research* 21.5: 737–751.
- CIA (Central Intelligence Agency). 2014. “Sierra Leone.” *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/sl.html>.
- Countdown. 2013. “Countdown to 2015: Maternal, Newborn & Child Survival.” Retrieved from http://www.countdown2015mnch.org/documents/2013Report/Sierra_Leone_Accountability_profile_2013.pdf.
- Coulter, Chris. 2009. *Bush Wives and Girl Soldiers: Women’s Lives through War and Peace in Sierra Leone*. Ithaca, NY: Cornell University Press.

Day, Lynda R. 2008. “‘Bottom Power’: Theorizing Feminism and the Women’s Movement in Sierra Leone (1981–2007).” *African and Asian Studies* 7: 491–513.

Ferme, Mariane C. 2001. *The Underneath of Things: Violence, History, and the Everyday in Sierra Leone*. Berkeley: University of California Press.

Government of Sierra Leone. 2013. “Agenda for Prosperity: Road to Middle Income.” Sierra Leone’s Third Generation Poverty Reduction Strategy Paper (2013–2018). Retrieved from <http://www.sierra-leone.org/Agenda%204%20Prosperity.pdf>.

McPerson, Hazel M. 2012. “Women and Post-Conflict Society in Sierra Leone.” *Journal of International Women’s Studies* 13.1: 46–67.

UNICEF. 2013. “Country at a Glance.” Retrieved from http://www.unicef.org/infobycountry/sierraleone_statistics.html.

World Health Organization (WHO). 2013. “World Health Organization World Health Statistics—2013.” Retrieved from http://www.who.int/gho/publications/world_health_statistics/EN_WHS2013_Full.pdf.

World Health Organization (WHO). 2014. “World Health Organization African Region: Sierra Leone Statistics Summary (2002–Present).” Retrieved from <http://apps.who.int/gho/data/node.country.country-SLE>.

Somalia

Overview of Country

Somalia is a coastal country in East Africa that rests on the Gulf of Aden and the Indian Ocean and borders Djibouti, Ethiopia, and Kenya. The country, which is slightly smaller than the state of Texas, covers approximately 389,809 square miles (627,337 sq. km) and consists of mostly flat desert terrain that rises to plateaus and hills in the northern regions (CIA 2016). The population of Somalia is about 10,428,043; however, it is important to note that population counting in this country is complicated because of the large number of nomadic people and refugee movements in response to famine and clan warfare (CIA 2016).

Somali society has often been considered ethnically (nomadic, pastoralist clans); religiously (Sunni Islam); and linguistically (Somali language) homogenous and egalitarian between classes and clans. New scholarship in the area of minority ethnic groups and castes has since come to light and revealed that Somali society, both historically and presently, is not as homogenous as was originally assumed. Politics and the economy throughout more

recent history have typically been controlled by majority clan leaders. During the time period of the civil war (1991 onward), majority group militias marginalized, oppressed, and exploited those of minority clans. With international aid and human rights work being undertaken in Somali in recent years, minority groups have started to assert themselves in Somali society and band together to create new group identities. The clan remains a large part of Somali social organization, but it is important to note that there are other relevant social identities that many Somalis identify with in response to ongoing oppression, marginalization, and exploitation.

Somalia was not listed in the UN Development Programme's (UNDP) Human Development Index (HDI) in 2014 due to lack of crucial data needed to accurately analyze HDI. The most recent year that Somalia was included in the HDI was 2012. Somalia's HDI was 0.285, ranking 165th out of 170 countries (UNDP 2014). Somalia also ranks low on the Gender Inequality Index (GII) at 0.775 out of 1 (complete inequality) and is in the fourth-lowest position globally (UNDP 2014). Some of the leading causes of gender inequality in Somalia are child marriage, widespread violence against women and girls, lack of educational opportunities, a high prevalence of female genital cutting (FGC), and low labor market participation for women and girls. Additionally, traditional and local laws are generally discriminatory against women.

Also contributing to Somalia's inequality and current state of conflict is its tumultuous history caused by colonialism. In 1960, British Somaliland, to the north, and Italian Somaliland gained independence from their colonial rulers. The two territories joined to form the Somali Republic, and on July 20, 1961, the Somali people, by popular referendum, ratified the new constitution. In 1969, the president was assassinated, and a military government took over by coup d'état. A military dictatorship ruled Somalia until 1991, when southern and northern clan forces ousted it; in the same year, Somaliland, in the north, seceded from the federal government and declared its independence. A civil war ensued, which disrupted agricultural production and food distribution and devastated the capital city of Mogadishu. These events led to a famine that killed 300,000 people.

In 1992, the United Nations deployed peacekeeping troops to the area, though it was a limited operation. By December 1992, the United States had formed a military coalition to create security for humanitarian operations

in southern Somalia as the humanitarian crisis worsened. This military intervention ultimately resulted in significant casualties, and the United Nations withdrew in 1995 with government rule still not restored.

In 2004, a Transitional Federal Government (TFG) was established and internationally recognized, though it did not garner widespread support in Somalia. In 2006, the United States backed the Ethiopian military in its intervention to drive out the Islamic Courts Union in Mogadishu. In 2007, the United Nations authorized the African Union to deploy a peacekeeping mission to support Somalia's fledgling federal government. The goals of this peacekeeping mission are to bring peace and stability to Somalia and to support the federal government's commitment to a fair electoral process. The election held on February 8, 2017, however, was heavily influenced by corruption and security concerns in a country beset by violence; no women ran for president. "A joint statement by the United Nations, the U.S., European Union and others warned of 'egregious cases of abuse of the electoral process.' Examples included violence, intimidation and men taking seats that had been reserved for female candidates, the joint statement said" (Tribune News Service 2017).

According to the United Nations, women and girls suffer disproportionately during and after conflict due to the breakdown of social and family networks, the magnification of existing inequalities, and the higher risk for physical and sexual violence and exploitation (UN News Center 2003). The colonial history of Somalia, which has resulted in protracted conflict into the present day, is a major contributing factor to the challenges and inequities that women and girls face in this country.

Girls and Teens

Somali women, especially girls and teens, are often viewed by many, particularly those in the Global North or Western world, as voiceless victims of conflict, culture, violence, and oppression. While Somali women face some of the most harrowing circumstances for women around the globe, it is imperative to acknowledge their resilience, their resistance, and their voices. It is the aim of this chapter to not only raise awareness and inform about the lives of Somali women and girls but also to amplify their stories as more than just the cries of helpless victims. This is a challenging task due to the political instability in the region, which contributes to a lack of official record keeping by both

the Somali government and entities such as the United Nations. However, there are other sources of Somali women's voices that can be examined to inform about the lives of Somali women and girls, such as poetry, novels, artwork, and oral traditions.

Oral Traditions

Somali women and girls have a strong, long-standing tradition of oral storytelling and poetry, particularly in the northern pastoral regions. Somalia, like many other countries around the world, including the United States, continues to be structured by patriarchy. Patriarchy is the sociopolitical system of male supremacy whereby men in the family, community, and at the state and legal levels control a disproportionate share of wealth and power. Even within this system of patriarchy, women and girls in Somalia have been making their voices heard through oral poetry and storytelling for many generations.

One of the ways in which scholars classify Somali oral poetry is by dividing it into time-free and time-bound categories. A historical narrative or poem connected with a known event or person would be considered time-bound, as it can be placed on the time scale in some way. Time-free poems consist of animal fables, a poem sung as a work song, or fictional narratives that cannot be placed anywhere specifically along the time scale. Popular love songs from 1944–1980, just before the fall of the centralized Somali government and toward the end of British colonialism, are of particular interest. The songs were written by Somali women and girls during this period of time, when major shifts were occurring within society. One love song, “In the Old Days,” provides a glimpse into the struggles of womanhood in Somali society during this time frame:

He (Maxammed Jaamac Jaaf): In the old days it was custom / that a girl perfumed her hair / and braided it. / She wrapped around her waist / a wide cloth belt with fringes and an ornamental cord / and wore a white dress. / But something has changed. / Something weird with long horns / they wear as hats on their heads / and run all over the market. / [Refrain] You, women, have destroyed our culture. / You have overstepped the religious law / and destroyed our religion. / Girls, won't you behave?

She (Mariam Mursal): What was custom in the old days / and a hundred years ago / and what has been left behind / don't make us go back on that well-worn road / for we have turned away from it with effort. / Now we

expect to run and compete / for the sun and the moon / and to lead people. [Refrain] First get some education and learn how to read and write. / Don't try to turn back, you country hick, people who have woken up.

He: In the old days it was custom / that a girl would not address you / for one or two months / and the men went out looking / would not see her for days. / But something has changed. / In the evening a whole group of them goes out/ carrying fat purses / wandering about outside like robbers. [Refrain]

She: God allayed the waters / of sea and river / and made them come together / and He put in order / the wide earth and the mountains / and created his human beings / each in a different way. / You are a loser. / No one is asking you to come along. [Refrain]

He: In the old days it was custom / to pay as bride-wealth for a girl / a whole herd of camels / and the most exceptional horse / and a rifle on top of that. / But something has changed. / You are self-absorbed / and ignore the advice / of your family of birth. [Refrain]

She: Girls used to be exchanged / for a herd of camels and short-legged goats. / But the religion we learned / and the Qur'an have not allowed this. / Today we have no need for / those who deal in what they do not own / and for this old-fashioned dividing up of women. [Refrain] (Kaptejins 1999, 59)

By uncovering the oral works of women and girls in Somalia, one can begin to piece together the ways in which gender norms and “traditions” have been embedded in and resisted by Somali society.

Education

Education in Somalia is managed and split between three different administrations: the Ministry of Education and Higher Education (MoEHE) of Puntland; the Ministry of Education and Higher Education (MoEHE) of Somaliland; and the Ministry of Education of the Federal Government of Somalia of Central South Somalia. Many of the schools established before the civil war have been destroyed or closed with little interest in state intervention to revitalize and rebuild them. For primary schools, the average teacher to student ratio is 33 to 1; however, this fails to take into account the disparities across the region because of the large population that lives a nomadic, rural lifestyle (UNICEF 2015). Although data coming from Somalia has been scarce, reports show that currently less than half of

students enrolled in grade one progress to grade five, and literacy rates, especially among school-age girls, are particularly low at 37 percent (UNICEF 2015). School-age girls face particular challenges specific to gender, such as menstruation, early marriage, and the need to drop out of school to help with farming and livestock.

There are programs that aim to reverse the trend in Somalia by bolstering the confidence of young women and girls and addressing circumstances that might prevent them from enrolling. The Puntland and Somaliland Ministry of Education (MoE) have established “Gender Units” to actively engage the community and help to mainstream issues of gender throughout the country. These units facilitate community outreach programs that broadcast issues of gender and education throughout Somalia’s radio and television services. They also educate teachers on the specific needs of young women and girls, such as menstruation, early marriage, and pregnancy. The units are funded through the Accelerated Female Participation in Education (AFPE) fund that allows for the distribution of sanitary kits and the sponsorship of scholarships for female students (UNICEF 2015). Other organizations include the Somali-based Daryeel Women Organization (DAWO), which addresses the topic of education as intersectional with other issues, such as health care access, financial stability, and food sovereignty and security as well as the participation of women in the political sector.

Health

According to the World Health Organization (WHO), life expectancies at birth in Somalia remain low at 51 years for males and 55 years for females, with infant mortality rates improving slightly from 134–224 per 1,000 births in 1999 to 86–135 in 2006 (WHO 2014). Maternal mortality rates in Somalia are among the highest in the world, with 1,044 deaths per every 100,000 live births (WHO 2014). Around 59 percent of the population practice a nomadic lifestyle and routinely have no access to social services; they also have a high rate of malnutrition and disease (Qayad 2007). Often, the stories of those who live a nomadic lifestyle or who are displaced are not included in these statistics, nor is the extent of their suffering well documented. The current health care status in Somalia has been aggravated by the ongoing internal conflict and the continued displacement of the population, especially in the South-Central zones. Several administrations utilized different strategies in regard to the formation of a health care system in Somalia,

and this discrepancy, lack of communication, and leadership stifled any further efforts to expand health services to the citizens. Other issues also affect the status of health throughout Somalia. Incidences of environmental degradation, droughts, famine, poor governmental organization, high rates of population growth, and urbanization make it difficult to organize a centralized health care system.

Access to Health Care

For women in Somalia, access to health care has been limited by the internal conflict; however, there are organizations started by Somali women that provide health care services to women and children throughout the country. Organizations established for and by women within Somalia and other countries in the region include Horn of Africa Relief and Development Organization (Horn Relief); Galkayo Education Center for Peace and Development (GECPD); WAWA (We Are Women Activists) Network; and Daryeel Women Organization (DAWO). In local Somali language, *Dawo* means “remedy,” and this organization aims to accomplish this through grassroots organizing and pooling of capital. DAWO’s mission is to help women and children attain self-sustainability and peace within their communities to facilitate health improvement and environmental protection without the need for foreign intervention. WAWA is a network that established itself with the principal belief that they could not succeed without the involvement and continued activism of Somali women (WAWA 2015).

Maternal Health

Only 9.4 percent of live births in Somalia are attended by a skilled health care worker; the density of nurses and midwives per 1,000 women is 0.1 percent (WHO 2014). What these statistics do not include, however, are the number of traditional midwives who have received little to no formal training but who have extensive knowledge in traditional childbirth care. Traditional birth attendants (TBA) in Somalia are women who assist mothers before and during childbirth who have acquired their knowledge through participating in deliveries themselves or through completing an apprenticeship through other TBAs. A TBA has social ties with the community and works closely with the mother throughout her pregnancy, often residing near or in the mother’s household. Although the mothers are aware that childbirth can be safer at health care facilities,

they routinely choose the service of a TBA, especially in the poor rural regions (Pyone et al. 2014).

With Somalia currently lacking a central government since 1991, the main threat to the lives of women is not the consequences of war, but the process of childbirth and the lack of antenatal and postnatal care. Lack of knowledge and isolation also contributes to the high rate of infant mortality, as women do not have the resources or connections needed for them to have access to care. However, many women consciously select not to rely on modern postnatal facilities by choice rather than lack of access. Many Somali women choose not to seek postnatal care after experiencing few or no complications after giving birth, resulting in only one in four mothers seeking treatment (Deyo and Bartlett 2012). Mothers in Somalia often have a distrust of government and nongovernmental organizations (NGOs), which are regularly structured with high fee rates, poor service, unskilled staff, and a lack of supplies. Given the reputation of these facilities and the improving but still dismal maternal and infant mortality rates, women are making conscious, informed decisions regarding maternal health care.

Diseases and Disorders

Major diseases of concern in Somalia include but are not limited to tuberculosis (TB), hepatitis A and E, typhoid fever, malaria, dengue fever, HIV/AIDS, acute watery diarrhea (AWD), and cholera. Of these health concerns, there are three that emerge as major threats to the population of Somalia, especially women and children: tuberculosis, HIV/AIDS, and AWD. Continued instability in the country has led to the degradation of the sanitation of water and safe water infrastructure that existed prior to the internal conflict. It is estimated that only 10 percent of the rural population and 63 percent of the urban population have access to improved sanitary water conditions (Brown n.d.). These circumstances culminate to produce an environment that supports the reproduction and distribution of waterborne parasites that carry disease to the human population as well as to their livestock.

The Centers for Disease Control and Prevention (CDC) reports that, in 2005, the estimated rate of tuberculosis was 224 per 100,000, and in 2004, 1.4 percent of new TB cases were resistant to multiple drugs, with 56 percent of cases presenting as extrapulmonary (CDC 2008). Drug use throughout Somalia, especially use of a narcotic leaf called “qat,” which is traditionally chewed by men, contributes to

the spread of TB. Qat-chewing sessions are a social activity that often takes place in rural areas in small confined huts with several men packed tightly together. Men who contract TB through these sessions can, often without knowing, spread the disease to their wives and sexual partners. According to the CDC’s report, women are less likely to contract the disease through substance abuse, but they are continually at risk of infection through their male sexual partners or male relatives (CDC 2008).

Employment

Employment for women in Somalia varies from region to region. A 2011–2015 UNDP Gender Brief states that female participation in specifically nonagricultural jobs is 33 percent in South Central Somalia, 36 percent in Somaliland, and 40 percent in Puntland (UNDP 2015, 2). Due to near constant conflict in and outside Somalia, more and more women have had to step forward as leaders within their families. Women are “increasingly tak[ing] on roles as providers of basic needs—particularly as these are often extracted from scarce natural resources (land, water, vegetation, etc.)” (UNDP 2015, 4). The largest industries across Somalia are agriculture and pastoralism.

Many high-paying jobs rest within these industries, but success in these areas remains crushingly unattainable for women. This is largely due to the prevalence of a clan system of decision making called *siya*. These clans are run by groups of elders to whom all problems are brought and by whom they are resolved. These groups are exclusively male and go so far as to forbid women from attending or going near meetings. One career that women have been drawn to, as the main breadwinners of their families, is work as street vendors and small shop owners. But they generally lack the skills and capacity to grow their businesses (UNDP 2015, 4). No evidence of laws that protect women in the workplace can be found.

Family Life

Women in Somalia are central to the family unit, which presents as a well-organized kinship network of relatives and social ties throughout the community. The family goes beyond the nuclear unit and often includes elder relatives, cousins, uncles, aunts, and family friends who are close to the husband (Somaliland Cyberspace 2015). Being a patrilineal society, domestic units usually consist of a man at the head of the household, his wife or wives, and

their children. When there is the need for a separation or divorce, the children remain with their mother and retain inheritance rights through their father. Polygyny is commonplace in rural Somalia. Each wife resides in her own home with her children, separate from the other wives. Women in polygamous relationships form close bonds with one another and often pool their resources and share in the care of children, livestock, and personal costs. Many men were killed during the armed conflict and have died from diseases such as tuberculosis and HIV/AIDS. In their absence, women began to self-organize unions that handle matters of family business and property management; they have even created credit unions for times of hardship.

Power dynamics within the family in precolonial times left women in a submissive role, though not without great influence on the family unit. Today, women continue to be responsible for all the labor of farming, raising livestock, delegating responsibilities to children, and, often, educating the children. Women hold more power as a sister or daughter than as a wife or daughter-in-law. As daughters, they hold claim to half of their father's inheritance, and brothers are fiercely protective and accommodating to sisters (Somaliland Cyberspace 2015).

Marriage

In precolonial Somalia, traditional wedding ceremonies, called *nikaah*, were less about the union of two people and more centered on the union of two family or clan kinship networks. Organized as a large party, the *nikaah* is attended by the entire extended family and friends and is not completely focused on the bride and groom. As some women partake in traditional singing and dancing, other women work to prepare the traditional dishes and treats to be served. The ceremony is presided over by a Muslim sheikh, keeping in observance of Islamic law in a symbolic union and contract between the two families. Traditionally, there is a bride-price, or dowry, paid to the bride's family by the family of the groom that consists of a dozen or so female camels. In modern times, however, the dowry remains but cash is preferred, with fine gold jewelry given to the bride by the groom's family as insurance in case of divorce (Visual Peace Media 2013).

LGBTQ Justice

LGBTQ rights in Somalia are not protected by law. Currently, same-sex relationships are illegal in Somalia, and same-sex relationships and sexual acts are punishable by

imprisonment. In some parts of Somalia, any sexual orientation that is not considered heterosexual is punishable by death (Amnesty International 2014). Unfortunately, information about the LGBTQ community in Somalia is scarce because of the harsh penalties in place for identifying outside of heteronormative sexual or gender identities.

Under Article 409 Homosexuality, the law states, "Whoever has carnal intercourse with a person of the same sex shall be punished, where the act does not constitute a more serious crime, with imprisonment from three months to three years. Where the act committed is an act of lust different from carnal intercourse, the punishment imposed shall be reduced by one-third."

Article 410 Security Measures reads, "A security measure may be added to the sentence for crimes referred to in Articles 407, 408, and 409."

The political climate in Somalia is still complicated due to the fall of the government in 1991; therefore, the enforcement of the national penal code can be questioned. Somaliland, in the north, has declared itself an independent state and continues to enforce the Somali Penal Code about same-sex relationships.

Politics

In Somalia, there are two semiautonomous states, South-Central Somalia and Puntland, which fall under the Somali Provisional Constitution drafted in 2012 (USIP 2017). In addition, there is another state called Somaliland, which seceded from Somalia and declared its independence in 1991 (UNDP 2015, 9). Somaliland has its own constitution that varies slightly in its stances on women's rights; it also recognizes various international human rights instruments that the provisional constitution of Somalia does not (6).

The federal government of Somalia has ratified three out of the four international bills on human rights as well as the African (Banjul) Charter on Human and Peoples' Rights. The provisional government's constitution reflects some positive and some negative implications on women's rights. Articles 3, 11, and 22 guarantee female inclusion in national institutions (particularly in regard to elected positions within the government), equality before the law, and the right of political participation (5).

However, the federal constitution is often not followed. When Somaliland seceded from the government in 1991 and Puntland became a semiautonomous state within the Somali federal structure in 1998, the entire country

reverted to clan-based government. Using customary law alongside sharia and *Xeer*, both of which are systems of belief and law based in Islam, the country's most commonly practiced religion. Sharia law actually contains many laws that could benefit women, most revolving around a woman's ability to inherit land and livestock from her male family members (5). But once again, these aspects of law are rarely applied. The men lead the clans and interpret the laws. Women are not even allowed to attend hearings that involve them; therefore, the interpretations of law almost always fall in favor of the men involved.

Religious and Cultural Roles

The overwhelming majority of the population of Somalia is Sunni Muslim (99.8%) (PEW 2012, 49). Therefore, Somali women are expected to live according to the tenets of traditional Islam, albeit with certain beliefs incorporated from tribal religions that predate Islam (LOC 2017). Most citizens believe in Allah as the one true God, though most still hold beliefs regarding ancient spirits that can possess the body and cause many illnesses.

Issues

Women in Somalia face hardship at every turn. Civil war and conflict put more and more pressure on women to take care of their families. The return to clan-based politics shut women out of any kind of political participation. Misinterpretations of Islam and misguidance of clan leaders allow traditions such as the practice of female genital cutting and mutilation (FGC/FGM) to continue, even with the knowledge that it provides no benefit to a woman's health and can in fact cause health issues. An FGM advocacy paper by UNICEF presents several case studies, each one showing the various stages of abolishing FGM in Somalia. Many Somali are beginning to understand the devastating effects FGM has on women in their community. With an FGM rate of 95 percent in Somalia, according to UNICEF, it is clear how widely accepted the practice is. UNICEF hopes to end FGM through the education of Somali mothers, daughters, medical practitioners, and religious leaders. With time and patience, the people of Somalia will accept that the practice is not necessary and will abolish it themselves.

The continuous conflict inside Somalia has internally displaced its own citizens since the fall of the state in 1991 (Hammond 2013, 1). Between 1990 and 1994, 2 million

Somali and 75,000 external refugees were displaced into camps throughout Somalia. In these refugee camps, there is little to no governmental supervision. As a result, they quickly became hostile places for anyone to be, but especially women and children. Physical, mental, and sexual abuse, including rape, are common, though statistics are difficult to find due to the lack of oversight. Currently, there are still more than 2 million internally displaced women in Somalia (USIP 2017).

Somalia is rife with sexual abuse. According to the UNDP, "During the month of September 2012, UN partners registered 277 cases of sexual violence in Mogadishu alone—237 of which were rapes" (UNDP 2015, 1). Statistics outside of major cities are difficult to come by, but if Mogadishu is any indication, the situation is dire across the country, particularly in internally displaced persons camps, where a majority of sexual assaults are committed by men in uniform (1).

TAMI FAWCETT, NYKIA STEGER, AND WILLIAM LUKE
BURTON

Further Resources

- AMISOM. 2015. "Brief History." Retrieved from <http://amisom-au.org/about-somalia/brief-history>.
- Amnesty International. 2014–2015. "The State of the World's Human Rights." Retrieved from https://www.amnestyusa.org/pdfs/AIR15_English.PDF.
- Barnes, Virginia Lee, and Janice Patricia Boddy. 1994. *Aman: The Story of a Somali Girl*. New York: Pantheon Books.
- Brown, Bryson. n.d. "Beyond the Brink: Somalia's Health Crisis." Retrieved from <http://www.du.edu/korbel/hrhw/researchdigest/mena/HealthCrisis.pdf>.
- CDC (Centers for Disease Control and Prevention). 2008. "Promoting Cultural Sensitivity: A Practical Guide for Tuberculosis Programs That Provide Services to Persons from Somalia." Retrieved from <http://www.cdc.gov/tb/publications/guidestoolkits/ethnographicguides/somalia/chapters/chapter3.pdf>.
- CIA (Central Intelligence Agency). 2016. "Somalia." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/so.html>.
- Deyo, Nancy S., and Anne Bartlett. 2012. "Cultural Traditions and the Reproductive Health of Somali Refugees and Immigrants." Master's thesis, University of San Francisco.
- Hammond, Laura. 2013. "Somali Refugee Displacements in the Near Region: Analysis and Recommendations Paper for the UNHCR Global Initiative on Somali Refugees." Retrieved from <http://www.unhcr.org/en-us/events/campaigns/55152c699/somali-refugee-displacements-near-region-analysis-recommendations-paper.html?query=Somalia>.

- Hoehne, Markus V. 2015. "Continuities and Changes Regarding Minorities in Somalia." *Ethnic and Racial Studies* 38.5: 792–807. doi:10.1080/01419870.2014.901547.
- Kaptein, Lidwien, and Maryan Omar Ali. 1999. *Women's Voices in a Man's World Women and the Pastoral Tradition in Northern Somali Orature, c. 1899–1980*. Portsmouth, NH: Heinemann.
- Korn, Fadumo, and Sabine Eichhorst. 2006. *Born in the Big Rains: A Memoir of Somalia and Survival*. New York: Feminist Press at the City University of New York.
- LOC (Library of Congress). 2017. "Somalia." Retrieved from <http://countrystudies.us/somalia>.
- PBS Frontline. 2014. "Women and Islam." Retrieved from <http://www.pbs.org/wgbh/pages/frontline/shows/muslims/themes/women.html>.
- PEW (Pew Research Center). 2012. "The Global Religious Landscape: A Report on the Size and Distribution of the World's Major Religious Groups as of 2010." Retrieved from https://web.archive.org/web/20130309232303/http://www.pewforum.org/uploadedFiles/Topics/Religious_Affiliation/globalReligion-full.pdf.
- Pyone, Thidar, and Sunday Adaji, Barbara Madaj, Tadesse Woldetsadik, and Nynke Van Den Broek. 2014. "Changing the Role of the Traditional Birth Attendant in Somaliland." *International Journal of Gynecology & Obstetrics* 127.1: 41–46.
- Qayad, Mohammed. 2007. "Health Care Services in Transitional Somalia: Challenges and Recommendations." *Bildhaan: An International Journal of Somali Studies* 7: 190–210.
- Somalia Human Development Report 2012. "Empowering Youth for Peace and Development." 2012. Retrieved from http://hdr.undp.org/sites/default/files/reports/242/somalia_report_2012.pdf.
- Somaliland Cyberspace. 2015. "The Culture and Tradition of Women in Somalia." Retrieved from <http://www.mballi.info/index.html>.
- Tribune News Service. 2017. "Former prime minister, a U.S. citizen, wins Somalia presidential election." Chicago Tribune. February 8. Retrieved from <http://www.chicagotribune.com/news/nationworld/ct-somalia-elections-20170208-story.html>.
- UNDP (UN Development Programme). 2014. "Gender in Somalia." Retrieved from [http://www.undp.org/content/dam/rbas/doc/Women's percent20Empowerment/Gender_Somalia.pdf](http://www.undp.org/content/dam/rbas/doc/Women's%20Empowerment/Gender_Somalia.pdf).
- UNDP (UN Development Programme). 2015. "Gender Inequality Index: Human Development Reports." Retrieved from <http://hdr.undp.org/en/content/gender-inequality-index>.
- UNICEF. 2015. "Somalia." Retrieved from <http://www.unicef.org/somalia/education.html>.
- UNICEF. 2017. "Eradication of Female Genital Mutilation in Somalia." Retrieved from https://www.unicef.org/somalia/SOM_FGM_Advocacy_Paper.pdf.
- UN News Center. 2003. "Women Suffer Disproportionately during and after War." Retrieved from <http://www.un.org/press/en/2003/sc7908.doc.htm>.
- USIP. 2017. "The Current Situation in Somalia." Retrieved from <http://www.usip.org/publications/2017/01/21/the-current-situation-in-somalia>.
- Visual Peace Media. 2013. "The Nikaah: A Somali Wedding Tradition." Retrieved from <http://www.visualpeacemedia.org/the-nikaah-a-somali-wedding-tradition>.
- WAWA (We Are Women Activists). 2015. "The WAWA (We Are Women Activists) Network." Retrieved from <http://www.tucacas.info/somalia/wawa/wawa.html>.
- WHO (World Health Organization). 2014. "Country Cooperation Strategy—Somalia." Retrieved from http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_som_en.pdf.
- WHO (World Health Organization). 2016. "Female Genital Mutilation." Retrieved from <http://www.who.int/mediacentre/factsheets/fs241/en>.

South Africa

Overview of Country

South Africa is located on the southernmost tip of Africa and borders Botswana, Limpopo, Mozambique, Namibia, Swaziland, and Zimbabwe. It is the 25th-largest country in the world, covering 471,011 square miles (1,219,090 sq. km). It is topographically diverse and has access to both the Indian (west) and Atlantic Oceans (east). As of July 2015, the population of South Africa was 54,960,000, with approximately 28,070,000 (51%) of the population being female. The racial profile of women in South Africa was as follows: 80.4 percent African (black), 8.9 percent colored (mixed race), 2.4 percent Indian, and 8.3 percent white (Statistics South Africa 2015d). Indigenous South Africans are from multiple tribes throughout the nation, and South Africa has 11 official languages.

South Africa has a history of violence and segregation. Apartheid was a system of racial segregation enforced by the ruling political party through legislation and violence between 1948 and 1994. This system affected access to basic services as well as economic opportunities for black, colored, and Indian South Africans as well as other ethnic minorities. The legacy of this structural system of inequality and violence continues to affect the ability of women to access equality.

Gender equality is enshrined in the South African Constitution (1996), and South Africa has extensive legislation furthering gender equality and preventing discrimination on the grounds of sex, gender, and sexual identity.

Despite this, the legacy of apartheid socioeconomic inequality, high levels of violence against women, and widely held patriarchal values create a context of inequality for women. In 2014, the UN Development Programme ranked South Africa 83rd out of 187 nations based on the Gender Inequality Index (GII, 0.407).

High levels of violence against women prevail, with more than 1 million contact crimes against women (e.g., assault, assault with the intention to do grievous bodily harm, sexual offences, murder) reported to the police between 2007 and 2013 (South African Institute of Race Relations 2013). Women in South Africa are more likely to be poor, unemployed, and HIV positive than men. Yet, at the same time, the representation of women in government and parliament is among the best in the world (Inter-Parliamentary Union 2015).

Girls and Teens

As of 2015, the population of adolescent females between 15 and 19 years old was 2,559,030, with a further 8,252,643 girls under the age of 15 in South Africa (Statistics South Africa 2015d). Thus, just over one-third of all women in South Africa are under the age of 19.

Adolescent Fertility

The World Health Organisation (WHO 2015) estimated that for the period of 2007 to 2012, South Africa's adolescent fertility rate was 54 births per 1,000 girls aged between 15 and 19 years old. Births to adolescent mothers made up less than 10 percent (8.9%) of all births in 2009. This percentage varies by region and was highest in the Eastern Cape, Northern Cape, and Mpumalanga and lowest in Gauteng.

The General Household Survey also examined the extent of teenage pregnancy in South Africa (Statistics South Africa 2015b). The survey found that the prevalence of pregnancy increased with age, from 0.8 percent for females aged 14 years to 11.9 percent for females aged 19 years.

A contributing factor to adolescent pregnancy is the lack of condom use during sexual activity. A 2010 Medical Research Council Survey found that 17.9 percent of learners between grade 8 (13 years old) and grade 11 (17 years old) who had already had sex did not use any contraception at all. Pregnancy is not the only negative consequence of sexual activity during adolescence, and this type of activity puts young women at risk of contracting HIV, especially when their partner is older (i.e., transactional sex).

A challenge to addressing adolescent fertility and teenage pregnancy is the lack of a national standardized policy on the matter. Adolescents are legally allowed to access sexual and reproductive health services; however, community and social norms often create stigma around this access. Similarly, pregnant teens are sometimes prevented from continuing with their education despite this being a legal right in the constitution. In 2008, 13 percent of all girls between the ages of 13 and 19 who dropped out of school in South Africa did so because they were pregnant (UNICEF 2013).

Education and Literacy

At a primary school level, the gross enrollment ratio is slightly higher for boys (104%) than for girls (99%). However, the net enrollment ratio is slightly higher for girls (91%) than boys (90%). Overall, these figures indicate that South Africa is on target for parity in education. It is of concern that 10 percent of all children of primary school age are not in school (UNICEF 2015a). While enrollments are good, information on the number of children who remain in the system to complete their education is not readily available. In addition, in 2015, the World Economic Forum ranked South Africa 140th in the world in terms of the quality of schooling, and 144th in terms of the quality of mathematics and science education (World Economic Forum 2015).

In terms of the youth (15–24 years) literacy rates, the average youth literacy rate was 99.2 percent, with the female youth literacy rate slightly higher than the average at 99.5 percent (UNESCO 2013).

Education

The right to education is enshrined in Section 29 of the Constitution, which states, “Everyone has the right to a basic education, including adult basic education; and to further education, which the state, through reasonable measures, must make progressively available and accessible” (Constitution of the Republic of South Africa 1996). Primary and secondary education are discussed in the section on girls and teens; therefore, this section focuses on postsecondary education.

Undergraduate University-Level Education

In 2015, a number of student protests took place around the affordability of tertiary education under the campaign

#feesmustfall. Many young people in South Africa do not receive strong enough results in their secondary education testing to enter tertiary education at all. Of those who do qualify for tertiary education, many struggle with the financial means to access such education.

In terms of tertiary education, by 2012, women made up 58 percent of all enrollments (South African Department of Higher Education and Training 2014). Of the 457,387 women who enrolled for undergraduate courses in 2012, 65.54 percent enrolled for degrees, and the remaining enrolled for diplomas. And 55.4 percent were enrolled in contact learning, with 44.6 percent enrolled in distance learning. Similarly, female graduates were more likely to be enrolled in contact learning than distance learning. Of female students who achieved an undergraduate qualification in 2012, 57.69 percent earned a degree; the others earned a diploma or certificate. In terms of course success rates, women performed slightly better than men, with 78 percent of women and 74 percent of men completing their courses in 2012.

The highest number of women's enrollments was in the business and commerce fields (29%), followed by humanities (26%), education (23%), and science, engineering, and technology (SET) fields (22%) (Council for Higher Education 2014).

University-Level Education (Postgraduate)

At the postgraduate level, women outnumbered men in enrollments up to honors level; thereafter, men outnumbered women. Despite women outnumbering men at universities, men remain more likely to get a doctoral degree than women.

Literacy

UNESCO (2013) estimated that by 2015, South Africa would have an adult overall literacy rate of 94.2 percent, with the female adult literacy rate slightly lower than the average at 93.2 percent. It was further estimated that women make up 58.7 percent of the adult illiteracy population.

Health

Health Care Access and Overview

The right to health is included in South Africa's Constitution in Chapter 2, which states that "everyone has the right to have access to health care services including reproductive health care; and no one may be refused emergency medical treatment" (Constitution of the Republic of South Africa 1996).

Women's Voices

Nadine Gordimer

Nadine Gordimer was a South African writer and political activist. The subject matter for her novels and short stories was the violence and negative impact of apartheid on the people of South Africa. Through her writings, she became a bold campaigner against racism and an outspoken promoter of free speech. Several of her books were banned by the government, including *The Late Bourgeois World* (1966) and *Burger's Daughter* (1979). She was a leading member of the African National Congress and fought for the release of Nelson Mandela. In 1991, she was awarded the Nobel Prize in Literature. The Nobel Committee honored Gordimer's writing as having been "of very great benefit to humanity" (Nobelprize.org 2014). In her later years, she became active in HIV/AIDS causes.

—Karen G. Massey

Nobelprize.org. 2014. "Nadine Gordimer—Facts." Retrieved from http://www.nobelprize.org/nobel_prizes/literature/laureates/1991/gordimer-facts.html.

Public health expenditure made up around 14 percent of the South African government's expenditures in 2015. Only 16 percent of the population is on medical aid, and the likelihood of being on medical aid remains determined by race. African South Africans are least likely to be on medical aid (11%), and white South Africans are most likely (76%) (South African Institute of Race Relations 2016). This discrepancy speaks to the lasting effects of racial apartheid.

There are five categories of public hospitals in South Africa: district, regional, tertiary, central, and specialized. Each category offers different levels and types of services. Most hospitals in the country are district hospitals (65%). Clinics provide primary health care services in many communities, but they are only open during the day for about eight hours. They are run by professional nurses with training, and are supported by visiting doctors from the district. There were 407 public hospitals and 3,182 clinics in South Africa as of 2014 (Health Systems Trust 2015). In addition, there were a further 203 private hospitals across the country. This translates to 116,429 hospital beds in the country.

Although health care facilities of some form are thus available for many South Africans, there remain challenges to achieving good maternal health coverage, and challenges with diet and other health factors have a significant impact on women's health in South Africa.

Life Expectancy and Death

As of 2015, South African females have a higher life expectancy than males at birth; the life expectancy of females as of 2015 was 64.3 years, and for males, it was 60.6 years (Statistics South Africa 2015d). Life expectancy has been steadily increasing over the past decade.

Where cause of death is specified, the leading cause of death among females was tuberculosis, followed by diabetes mellitus and cerebrovascular diseases. Transport deaths were the leading specified cause of nonnatural deaths among females in 2013 (13.3%) (Statistics South Africa 2014b). Assault and medical and surgical care complications are the other leading nonnatural causes of death for women. However, "other external causes of accidental injury" represented 57.6 percent of nonnatural causes, amounting to 6,369 deaths.

Maternal Health

Although health care facilities of some form (clinic, hospital, general practitioner rooms) are available for many South Africans, there remain challenges to achieving good maternal health coverage, and the number of maternal deaths remains high.

Prenatal and Postpartum Care

South Africa's high maternal mortality rate has been linked to poor uptake of prenatal care. High HIV infection rates require good prenatal care to ensure that women are able to participate in the Prevention of Mother to Child Transmission Programme, whose aim is to reduce the transmission of HIV in South Africa. In addition, prenatal care can save lives by identifying risk factors such as hypertension and diabetes.

The 2014–2015 Department of Health targets for prenatal care included a goal of 65 percent of pregnant women in that year having their first visit before 20 weeks of pregnancy; however, only 53.9 percent of women met this target. The Department of Health attributes this low uptake to multiple factors, including cultural beliefs. However, between 2013 and 2015, there has been an increase in the proportion of women accessing this service (South African Department of Health 2015a).

Many rural women face challenges in returning to facilities for postnatal care, including a number of traditional customs that require women to stay indoors for a specified period after birth. Attempts to address this include ward-based outreach teams who follow up with new mothers and link them to postnatal care.

Childbirth Attendants and Practices

UNICEF (2015b) estimated that by 2008, 94.3 percent of all births were attended to by a skilled attendant in South Africa. An estimated 95 percent of all births took place within a health care facility.

Breastfeeding and Infant Feeding

The most recent data on breastfeeding was from 2003 and noted that 81.5 percent of infants had been breastfed. However, only 11.8 percent of babies under four months had exclusively been breastfed. Of babies under six months, this dropped to 8.3 percent. It should be noted that the sample sizes for these surveys were small (WHO 2010).

Maternal Mortality Rate (MMR)

South African women have a 1 in 300 risk of maternal death (UNICEF 2015b). More maternal deaths occurred between 2008 and 2010 than in any previous years. The five leading causes of maternal death were nonpregnancy-related infections (largely caused by HIV infection complicated by illnesses such as tuberculosis or pneumonia); complications caused by hypertension (high blood pressure) during pregnancy; obstetric hemorrhage; pregnancy-related sepsis; and medical and surgical disorders. The top three causes account for almost 70 percent of all deaths (South African Department of Health 2012).

Maternal deaths are often avoidable or preventable. The fifth report on the confidential inquiries into maternal deaths in South Africa notes that maternal deaths due to obstetric hemorrhage were possibly and probably preventable in 81 percent of cases, and deaths caused by hypertension were possibly and probably preventable in 61 percent of cases. In 53.4 percent of all deaths, different management might or would reasonably have been expected to make a difference to the outcome (South African Department of Health 2015a).

In 2014, the Department of Health launched the Mom-Connect project to try to improve the uptake of prenatal and postpartum care. The project uses cell phone technology to register pregnant women in public and private

health care and sends them regular alerts and instructions related to their health care prior to birth. For one year after delivery, the messages contain information about the health needs of newborns. In the first eight months, the department registered 383,354 pregnant women on the system (South African Department of Health 2015a).

Access to Termination of Pregnancy

The South African Constitution makes provisions for women to make choices relating to their reproduction. In Section 12 of the Bill of Rights, it states that everyone has the right to bodily and psychological integrity, including the right to make decisions concerning reproduction. Consequently, the Choice on Termination of Pregnancy Act 92 of 1996 was passed.

Diseases and Disorders

HIV

As of 2015, an estimated 11.2 percent of the total South African population was HIV positive; 16.6 percent of the adult population is HIV positive. The median time from HIV infection to death was 10.5 years for men and 11.5 years for women. For every two men aged 15 to 49 years infected with HIV, three women are infected with the virus. In addition, as of 2015, almost one-fifth of South African women in their reproductive ages are HIV positive (Statistics South Africa 2015d); women aged 15 and older living with HIV represent 57.35 percent of the people living with HIV in South Africa (UNAIDS 2014).

In 2012, more men than women indicated that they had used a condom in their last sexual act (Shisana et al. 2014). Condom use at first sex increased from 18 percent in 1992 to 66 percent in 2012 (South African Institute of Race Relations 2013). Research indicates that people who use condoms during their first sexual experience are more likely to use them throughout their lives; thus, it is important that condoms continue to be distributed throughout the public health system and that sexual education programs focus on condom use.

Given unequal gender relations that can make it difficult for women to negotiate the use of male condoms during sex, women should be empowered to choose a female condom if they would like to. Condom distribution, particularly of female condoms, could be increased. In the 2014–2015 period, only 28 percent of these condoms were female condoms (South African Institute of Race Relations 2016). Gender-based violence is extremely prevalent in

South Africa, and this contributes to the spread of HIV by increasing the risk of transmission.

Other Health Issues

In 2014, the primary chronic conditions diagnosed by a medical practitioner or nurse were hypertension, diabetes, and HIV/AIDS (Statistics South Africa 2015b). As of 2004, men were far more likely than women to have an alcohol or drug abuse disorder. South African females were less likely than males to smoke. Only 8.2 percent of females smoked at the time of the survey. Women are less likely than men to commit suicide, with the adult suicide rate of 1.1 females per 100,000 as of 2012 (WHO 2016). In terms of access to mental health care, there is a 75 percent probability that those who cannot access private health care will not receive the professional attention they require (Health Systems Trust 2015).

Disability

About 7.5 percent of people in South Africa are living with disabilities. Of those with disabilities, 1,682,071 (58.61%) were female. Sight disabilities were the most prevalent form of disability among women in South Africa. Disability has an impact on education, income, and likelihood of employment. Males with disabilities were more likely to attend secondary school than females (Statistics South Africa 2014a).

Disparities between women and men with disabilities in employment exist. Males with disabilities earned double that of females with disabilities, regardless of the severity of the disability (Statistics South Africa 2014a).

Employment

Labor Force Participation and Unemployment

As of April 2015, there were 18.3 million women of working age in South Africa (South African Department of Women 2015). Between 2009 and 2014, the number of employed persons in South Africa increased; however, there was also an increase in the number of unemployed persons (Statistics South Africa 2015c). South Africa ranked 84th out of 144 countries in the Global Competitiveness Index for female participation in the labor force in 2015, a slight improvement from the 2013 position of 88th out of 148 (World Economic Forum 2015).

The unemployment rate for women has been consistently higher than the national unemployment rate. The expanded definition of unemployment includes discouraged work seekers and those who could be economically active but are not. Using the expanded definition, the female unemployment rate was as high as 34.9 percent, whereas the male unemployment rate was 31.1 percent. Thus, using this definition, the female unemployment rate is 3.8 percent higher than the male unemployment rate (Statistics South Africa 2015c).

Employment by Industry and Occupation

Most employed women in 2014 were involved in trade or in community and social services (including government). Men outnumber women in every sector of industry except community and social services and “other,” where they are in equal numbers. The industry with the highest percentages of women was private households (77.4%), likely indicating domestic cleaning work.

The sectors that women are employed in have a significant impact on their earnings. Between 2010 and 2014, earnings increased in all industries except community and social services, where a decrease was observed. This is the category where almost one-third of all employed women work. The largest increases in earnings were observed in mining and utilities, where women are least likely to be employed.

Women make up the majority of technicians, clerks, and domestic work. In all other occupations, men are dominant. Women make up less than one-third of all managers in South Africa. Grant Thornton International (2015) notes that there has been very little change in terms of senior roles held by women in South Africa since 2004. When salaries are considered, this has significant impact.

Earnings

The average monthly earnings of employees in the formal nonagricultural sector was 16,461 rand (USD\$1263) (Statistics South Africa 2015e). Women earn 900 rand (USD\$69) less per month than men in general, but this varies depending on the sector. In sectors such as utilities and transport, women earn more than men.

Employment Equity

South Africa has a state entity, the Commission for Gender Equality, that seeks to evaluate the level to which gender equality is enforced in all sectors. The latest reports (2014)

indicate that men, especially white men, are most likely to be in positions of senior and top management.

Access to Family and Maternity Leave

Only about half of South Africans had access to maternity or paternity leave at their workplace (Statistics South Africa 2015c). By law, employees are entitled to at least four consecutive months of unpaid leave, and employers are not required to pay them during this time, although many do. Slightly more women than men have access to these benefits. Benefits are most likely to be provided in the mining and electricity sectors, and they are least likely to be provided in private households and agriculture sectors. Because women are more likely to be employed in these sectors, this has a significant impact on women's ability to enter and remain in these careers while raising children.

The Department of Women (2015) notes that the female labor force is slightly older because women are more likely to exit the labor force during their childbearing ages and return later on.

Family Life

Marriage and Divorces

There are three ways of getting married in South Africa: civil marriage, customary marriage, and civil union. Civil unions are for same-sex marriages. Each of these types of marriage is recorded differently because they apply under different laws. In 2014, registrations took place for 150,852 civil marriages, 3,062 customary marriages, and 1,144 civil unions (Statistics South Africa 2015a). The number of civil unions in 2014 was the highest on record since 2003. In contrast, both the number of civil marriages and the number of customary marriages recorded in 2014 were the lowest recorded since 2003 (Statistics South Africa 2015a).

Age at the time of first marriage is considered an indicator for the status of women's rights and experience of equality worldwide. A later age reflects the possibility of women having alternative life options (e.g., education, employment). South Africa still allows marriages for children under the age of 18, but with restrictive conditions. Minors under the age of 18 must have the consent of a parent or guardian or the commissioner of welfare. In addition, boys under 18 years old and girls under 16 years old require the consent of the minister of home affairs. Despite these restrictive conditions, marriages of young

brides still occur far more often than marriages of young bridegrooms. For example,

- In 2012, 9 bridegrooms and 206 brides under the age of 18 were registered; 2 of the bridegrooms, and 13 of the brides had been married before.
- In 2013, 14 bridegrooms and 172 brides under the age of 18 were registered; 1 bridegroom and 12 brides had been married before.
- In 2014, 10 bridegrooms and 131 brides under the age of 18 were registered; 6 of the brides had already been married before. (Statistics South Africa 2015a)

Positively, the number of brides under the age of 18 is decreasing each year, but it is still of concern.

In 2014, there were 24,689 divorces, 51.7 percent of which were initiated by women. It is positive to note that women are economically and emotionally able to exit relationships they are not happy in. Most divorces occurred in marriages that had lasted less than 10 years. A total of 22,218 children under 18 years of age were affected by divorces that took place in 2014 (Statistics South Africa 2015a).

Fertility

South African fertility has declined since 2001, with the 2011 data indicating a fertility rate of 2.67 per woman in South Africa. This rate varies by race, with the levels of fertility among African (2.82) and colored (2.57) population groups higher than those of white (1.70) and Indian (1.85) population groups (Statistics South Africa 2015a).

The proportion of women who indicated that they were childless was highest among the 15- to 19-year-old age category (86.1%) and declined thereafter. In the 20–24 age category, 50.9 percent of women were childless. This decreased to 29.5 percent for the 25- to 29-year-old category and further declined thereafter. This mirrors the patterns described by the birth statistics in the health section. After the age of 25, more than two-thirds of women had children (Statistics South Africa 2015a).

The most common age for women when they first give birth is between 18 and 20 in the 2011 census. Fewer than 5 percent of births occurred after the age of 30 years of age. The mean age at first birth was 21.8 years (Statistics South Africa 2015a).

These figures are important in South Africa because the earlier women start giving birth, the more children they are likely to have. Women who had first given birth at an

age younger than 15 years had a mean number of children of 4.18. In contrast, women who had given birth at 25 or older had an estimated 2.55 children. The proportion of women aged 45 to 49 years of age who only had one child was highest when women had first given birth at age 25 and above (Statistics South Africa 2015a).

Education levels continue to influence the likelihood of having children and the number of children a woman will have. Higher educational attainments are linked to lower average number of children. The average number of children born to women who had given birth when they were younger than 15 was highest among women who had no education (4.4 children) and lowest among women with higher education (2.9 children) (Statistics South Africa 2015a).

Household Roles and Responsibility

Despite legislative gains in terms of gender equality, household roles and responsibilities remain traditional, regardless of whether women are employed. Women are more likely to do the housework than males, and they likely to spend more time on caring for family and children. A gendered analysis of time allows governments to understand the impact and benefits derived from certain policies. It is a good indication of where women face barriers to entering and remaining in the workforce and to the social norms that reinforce gendered inequality. Statistics South Africa notes that “in general the responsibility of household work and caring for children and the elderly lies with women more than it does with men” (Statistics South Africa 2013b).

The most recent information on use of time is the 2010 Survey of Time Use prepared by Statistics South Africa, which provides a good indication of the gendered division of labor within homes. These participation rates indicate how likely the respondents were to participate in that type of activity. Personal care includes activities such as sleeping and eating, hence the high participation rates. A significant difference emerges between the participation rates in household maintenance and care of persons, with women 18 percent more likely to perform household maintenance than men and 21.1 percent more likely to take care of others (Statistics South Africa 2013b).

For women, household maintenance was the second-highest rate of participation, whereas men were more likely to participate in mass media use or social and cultural activities than household maintenance. In contrast, men’s participation rate was higher for work in establishments,

primary production, and learning than women's. On average, women spent 107 more minutes per day on household maintenance than men, and men spent 54 more minutes at work establishments than women (Statistics South Africa 2013b). Men spent 34 more minutes than women on average on social and cultural activities and 14 more minutes on mass media consumption.

Women spent 24 more minutes than men per day on the care of persons. Overall, female respondents were three times more likely to participate in the care of persons than male respondents. When a child under the age of seven was living in the household, males spent a mean of 13 minutes on child care per day, whereas women spent a mean of 80 minutes (Statistics South Africa 2013b).

Household Heads

As of 2008, most households indicated that a male was the decision maker and head of household, with only 39.8 percent of households surveyed headed by women. The likelihood of a household being female-headed was influenced by race. Only 22.3 percent of white households were headed by women, whereas 43.8 percent of African households were headed by women (Statistics South Africa 2013a).

As of 2015, female-headed households were more likely than males to receive a housing subsidy from the government as a result of a policy that targets the provision of households to vulnerable groups (Statistics South Africa 2015b).

Sexuality and LGBTI Rights

South Africa's Constitution protects the right to be free from discrimination on the grounds of sexual orientation, and South Africa was the first country in Africa to legalize same-sex marriage through the Civil Unions Act in 2006. Other legislation that protects and promotes the rights of LGBTI persons is discussed below. However, South Africa remains a patriarchal society, and LGBTI persons remain extremely vulnerable in terms of access to health care services and justice.

The Protection of Equality and Prevention of Unfair Discrimination Act (2000) protects against harassment on the grounds of sexual orientation. The Domestic Violence Act (Act 116 of 1998) provides legal protection from violence in same-sex partnerships. The Alteration of Sex Description and Sex Status Act (Act 49 of 2003) provides

legislative recognition of the separation between biological sex, gender identity, and sexual orientation. The act allows for application to the Department of Home Affairs for a change of sex description on birth records. The Civil Union Act (Act 17 of 2006) provides for same-sex marriages and provides individuals within civil unions the same rights as those under the Marriage Act. Each Department of Home Affairs office is required to have at least one marriage officer to perform same-sex marriages. However, the act does allow marriage officers to object on the grounds of conscience, religion, or belief to solemnizing a civil union if they write to the Minister of Home Affairs. In such cases, the department must deploy an alternate marriage officer to perform the service. The Criminal Law (Sexual Offences and Related Matters) Act (Act 32 of 2007) (Sexual Offences Act) sets uniform ages of consent, and it repealed previous legislation that limited protections against sexual offenses for homosexual individuals.

"Corrective rape," or the rape of lesbians to "correct" their sexuality, has been frequently reported, as have a number of other hate crimes against LGBTI people, including assault and murder. In 2011, following a number of violent rapes, the government established a national task team to investigate the attacks, to deal with violence against LGBTI persons, and to consider the development of legislation related to hate crimes. The section on marriages indicates the use of the Civil Unions Act for same-sex marriage. In 2016, after several years of sustained activism by LGBTI organizations, the Department of Justice published a draft bill to deal with the issues of hate crimes, including those against LGBTI persons.

Although the Alteration of Sex Description and Sex Status Act was passed in 2003, a number of challenges still arise when people wish to alter their sex description and register in the gender identity of their choice. Long delays at the Department of Home Affairs as well as a lack of clarity around the procedure for implementing the legislation continues to hinder meaningful access to the rights this piece of legislation provides.

Several nongovernmental organizations (NGOs) in South Africa work exclusively to promote LGBTI rights, including, but not limited to, the Triangle Project, Gender Dynamix, Out, and Gay and Lesbian Memory in Action (GALA).

Contraception

South Africa measures contraceptive use by the couple protection rate, examining the rate at which couples

(specifically women within couples) are protected against pregnancy by using contraception methods (including sterilizations). Women between the ages of 15 and 49 are considered for this rate. As at 2014, the couple protection rate was 46.8 percent. While this is low, it is important to note that the 2000 figure was 25.3 percent, and the proportion has grown each year (Health Systems Trust 2015). Interestingly, the rate is the lowest in Gauteng Province, which is the most urban and highly populated province with possibly the best access to health facilities.

POLITICS

Participation in the Executive and Parliament

National Government

Between 1994 and 2014, great strides have been made in increasing the representation of women in the National Assembly (NA, the upper house of Parliament) and National Council of Provinces (NCOP, the lower house of Parliament). As of the 2014 national elections, 41.9 percent of all National Assembly members are women, and 35.2 percent of all National Council of Provinces permanent delegates are women. In addition, the speaker of the National Assembly and the chairperson of the National Council of Provinces are both women. As of September 2015, South Africa was ranked eighth in the world in terms of gender representation at a parliamentary level (Inter-Parliamentary Union 2015).

At an executive government level, in 2009, 13 of 34 ministers were women, representing 38.2 percent. As of June 2014, 15 of 35 national ministers were women, representing 42.8 percent of all ministers and a marked increase from the 2009 figures. In 2009, 15 of the 32 deputy ministers were women (46.8%). In 2014, out of 37 deputy ministers, 17 were female, representing 45.9 percent, which is a slight decrease in women's representation at this level (Levendale 2015).

Provincial Government

South Africa has nine provinces, each with a premier (head of the executive branch), executive council (provincial cabinet), and provincial legislature. Members of the executive council (MECs) are appointed by the premier.

The representation of women as a member of the executive council and member level varies. As of 2014, only two of nine premiers were women, whereas the majority of speakers were female. On average, women make up more than 30 percent of all members of provincial legislatures.

Table 1 Women's Representation in Provincial Government

Eastern Cape Province			
Premier	Speaker	MECs	Members
M	F	6/10 are women (60 percent).	27/63 are women (42.7 percent).
Free State Province			
Premier	Speaker	MECs	Members
M	F	5/10 are women (50 percent).	13/30 are women (43.3 percent).
Gauteng Province			
Premier	Speaker	MECs	Members
M	F	4/10 are women (40 percent).	27/73 are women (36.9 percent).
KwaZulu-Natal Province			
Premier	Speaker	MECs	Members
M	F	5/10 are women (50 percent).	31/80 are women (38.7 percent).
Limpopo Province*			
Premier	Speaker	MECs	Members
M	F	5/9 are women (55.55 percent).	43/77 are women (55.8 percent).
Mpumalanga Province			
Premier	Speaker	MECs	Members
M	F	6/10 are women (60 percent).	13/30 are women (43.3 percent).
Northern Cape Province*			
Premier	Speaker	MECs	Members
F	M	3/10 are women (30 percent).	12/29 are women (41.4 percent).
North West Province			
Premier	Speaker	MECs	Members
M	F	5/10 are women (50 percent).	14/32 are women (43.7 percent).
Western Cape Province			
Premier	Speaker	MECs	Members
F	F	2/10 are women (20 percent).	15/42 are women (35.7 percent).

Table 1 provides information on the breakdown of women's representation at a provincial government level as of 2015 (Thorpe 2015).

The Western Cape performs most poorly with respect to gender equality at the level of MECs and members; Mpumalanga performs best in terms of women's representation with a range of 20–60 percent representation by women in the country's provinces.

Local Government

The Local Government Gender Policy Framework (2007) provides an implementation plan to ensure that gender equality is promoted at the local government level (South African Department of Provincial and Local Government 2007). South African local government administers cities and smaller regions (municipalities). There are three categories of municipality—metropolitan, district, and local—each with varying functionality and power. Metropolitan municipalities have exclusive municipal executive and legislative authority within their boundaries. Local municipalities share municipal executive and legislative authority with a district municipality in its area (SouthAfricaInfo.gov 2016).

In addition, municipalities are made up of wards, with councillors that seek to address community-level issues. Wards are geopolitical subdivisions of municipalities for electoral purposes. After 2011, there were 4,277 wards (SouthAfricaInfo.gov 2016).

In October 2015, 39.48 percent of local government representatives were female. The provinces with the best representation by women were Mpumalanga (51.95%) and North West (47.44%). The worst-performing province was the Western Cape, with only 37.08 percent of proportional representation candidates being female as of October 2015 (SouthAfricaInfo.gov 2016).

In 2000, 38 percent of proportional representation councillors were female, and by 2015, this had increased by 45.24 percent. At a ward council level, the increase in women's representation between 2000 and 2011 was more substantial. However, there is certainly room for improvement. In 2000, 17 percent of ward councillors were female. By 2011, 33.01 percent of ward councillors were female (Independent Electoral Council 2015). The local government elections that took place in 2016 will provide a critical look at how the government enforces some of the existing regional commitments in relation to gender parity.

At a ward level, the gender representation is far lower, with most provinces having less than 40 percent female representation. Of significance, KwaZulu-Natal had the

lowest representation, with only 18.12 percent of ward councillors being female as of October 2015. The best-performing province at a ward council level was Limpopo, with 40.70 percent of all ward councillors being female (Independent Electoral Council 2015).

Participation in the Judiciary

Transformation of the judiciary is essential to gain a balanced perspective on the application of the law. As of October 2015, transformation of the judiciary remained poor. Of the 10 constitutional court judges, only two were female. At the supreme court of appeals level, 6 of the 24 judges were female. At the labor court level, only 3 of 11 judges were female (Thorpe 2015).

At the high court level, 30.65 percent of judges were female (61 out of 199). Females made up 50 percent of the judges on the high court in only one province—the North West (Office of the Chief Justice of South Africa 2015).

South African magistrates' courts are lower courts that hear less serious criminal cases. As of February 2014, 1,649 magistrates were appointed in South Africa. Of these, only 677 were female, representing 40.45 percent (Whittle 2014).

Laws That Support Women or Further Gender Equality 1994–2015

The Constitution of the Republic of South Africa (Act 108 of 1996) enshrines the rights to equality and human dignity and prevents discrimination on the basis of gender. In addition, it prescribes that cultural rights may not conflict with the basic human rights enshrined in Chapter 2, and it established the Commission for Gender Equality.

The Labor Relations Act (Act 66 of 1995) is the main act that deals with sexual harassment in the workplace. It has a Code of Good Practice on Sexual Harassment that sets out the best ways to deal with complaints about sexual harassment.

The Commission on Gender Equality Act (Act 39 of 1996) formerly established the Commission for Gender Equality, which aims to promote gender equality and women's rights in South Africa.

The Choice on Termination of Pregnancy Act (Act 92 of 1996) is widely consulted and was one of the first legislative processes in the history of the South African Parliament to encompass wide-ranging public debate and public participation. The act repealed the restrictive and inaccessible provisions of the Abortion and Sterilization Act (Act 2 of 1975). It promotes reproductive rights and

extends freedom of choice by affording every woman the right to choose whether to have an early, safe, and legal termination of pregnancy according to her individual beliefs.

The Criminal Procedure Second Amendment Act (Act 85 of 1997) effected further amendments to the bail laws to ensure that persons who are accused of committing serious offences are not released and relates particularly to offenses where women and children are the victims.

The Employment Equity Act's (Act 55 of 1998) purpose is to achieve equity in the workplace by promoting equal opportunity and fair treatment in employment through the elimination of unfair discrimination. It also speaks to the implementation of affirmative action measures to redress the disadvantages in employment experienced by designated groups and to ensure their equitable representation in all occupational categories and levels in the workforce. Considering the large numbers of women who are in informal and casual employment, there is a need for better implementation and enforcement of the Employment Equity Act.

The Maintenance Act (Act 99 of 1998) deals with challenges with previous maintenance laws that often negatively affected women. It made provisions for maintenance to automatically be deducted from a person's salary and placed a duty on the state to trace people who failed to pay maintenance.

The Domestic Violence Act (Act 116 of 1998) is the primary legislation aimed at protecting women against violence in the home. It constitutes a substantial broadening of the limited scope of its predecessor, the Prevention of Family Violence Act of 1993. In its preamble, this act recognizes that domestic violence is a serious social evil and an obstacle to achieving gender equality.

The Recognition of Customary Marriages Act (Act 120 of 1998) went into effect in November 2000 and gives full legal recognition to customary marriages for the first time in the history of South Africa. Prior to the commencement of the act, customary marriages, (better known as customary unions) did not enjoy the same status as civil marriages concluded under the Marriage Act (Act 25 of 1961). This act prescribes that both partners must consent to a marriage and must be over the age of 18, and it governs practices such as *ukuthwala* (abducting girls and forcing them to marry). It also provides that women have equal rights to acquire and dispose of property in a customary marriage.

The Promotion of Equality and Prevention of Unfair Discrimination Act (Act 4 of 2000) (PEPUDA) aims to give effect to the constitutional requirements to equality and to

facilitate compliance with international law obligations. It prohibits discrimination by the state and by private organizations and individuals based on gender, sex, pregnancy, or marital status. This also relates to the inheritance of property.

The Traditional Leadership and Governance Framework Act (Act 41 of 2003) defines traditional communities as those that are subject to traditional leadership and that observe customary law. It requires that 40 percent of traditional councils be democratically elected, and a third of all members must be women.

The Civil Union Act (Act 17 of 2006) provides for females in same-sex relationships to marry and receive the same protections as spouses married under the Marriage Act of 1961.

The Criminal Law (Sexual Offences and Related Matters) Amendment Act (Act 32 of 2007) expanded the definition of rape and created a number of new crimes to cover the extent of violence against women in South Africa. The act removes the cautionary rule, where rape survivors' testimony is regarded with suspicion, and ensures that rape within marriage is classified as rape. In addition, the act specifies minimum sentences for categories of sexual violence, unless substantial and compelling circumstances exist.

The Reform of Customary Law of Succession and Regulation of Related Matters (Act 11 of 2009) did away with the rule of primogeniture, which prevented women from inheriting land. It also provides that spouses in polygynous marriages may inherit the equivalent of a child's share of their husband's estate.

The Protection from Harassment Act (Act 17 of 2011) protects women from harassment and provides for them to apply for protection orders in this regard. This act also applies to online harassment. It defines harassment to include direct and indirect conduct as well as sexual harassment.

The Prevention and Combating of Trafficking in Persons Act (Act 7 of 2013) introduces trafficking as an offense and sets up mechanisms to offer support to victims of trafficking. It also establishes harsh sentences for those involved in trafficking in persons.

In addition, the Women's Empowerment and Gender Equality Bill was introduced; however, this bill has not yet been signed into law because of criticisms from civil society groups (Mail and Guardian 2014).

Overarching Policy and Its Commitments to Women

South Africa has extensive policy supporting gender equality. It is important to note that key departments such as education and health administer their budget, policies, and programmes at a provincial level. Thus, the application of policies is based on provincial context. While the complete list is too extensive to include, it is worth noting South Africa's key policy document, the National Development Plan, and its relation to women.

The National Development Plan (NDP)

The National Development Plan (NDP), South Africa's primary policy document on development up to 2030, makes particular commitments in relation to women's rights and issues in a number of sections (National Planning Commission 2013). The section on "Women and the Plan" in the overview of the NDP summarizes the recommendations in relation to women, two of which specifically relate to the roles of women in government. The first is that the role of women as leaders in all sectors of society should actively be supported. The second is that social, cultural, religious, and educational barriers to women entering the job market should be addressed. Concrete measures should be put in place, and the results should be evaluated over time. Access to safe drinking water, electricity, and quality early childhood education, for example, could free women from doing unpaid work and help them seek jobs. The NDP thus recognizes that both legal and nonlegal barriers to women's involvement in government exist, and it commits South Africa to addressing them.

The Commission for Gender Equality (CGE)

The Commission for Gender Equality (CGE) is an institution supporting democracy that was established in Section 187 of the South African Constitution. The purpose of the CGE is to promote respect for gender equality and the protection, development, and attainment thereof. It undertakes research, public education, policy development, legislative initiatives, and monitoring and evaluation of South African commitments to gender equality.

The Department of Women

Between 2009 and 2014, championing women's rights within government was allocated to the Department of Women, Children and People with Disabilities. Both the

department and the minister of the department were criticized for inefficacy as well as spending their budget on nonessential activities (Thelwell 2014). Following the 2014 national election, the department was dismantled, and issues for children and people with disabilities were assigned to the Department of Social Development.

The new Department of Women falls under the ambit of the presidency and explicitly focuses on women's issues (South African Department of Women 2016). This department is consistently allocated the smallest budget of all the departments in the government, with half of its budget being made up of a financial transfer of funds to the CGE. Therefore, the department has limited ability to enact meaningful change in the lives of women. In addition, the department's focus is heavily on economic equality rather than addressing the broader issues of women's equality.

Issues

Violence against Women

Gender-based violence is a significant problem in South Africa. Between 2006 and 2013, more than 1 million contact crimes were committed against women, including murder, sexual offenses, and assault (South African Institute of Race Relations 2013). Sexual and domestic violence are extremely prevalent. An estimated three women per day are murdered by their intimate partners (Carte Blanche 2015). Hundreds of thousands of applications for protection from a partner are made each year under the terms of the Domestic Violence Act.

Women in Conflict with the Law

The most recent statistics on the number of women in the South African prison system indicate that women continue to represent a minority of prisoners, at 2.3 percent of the prison population. Female inmates were imprisoned for the crimes of murder, armed robbery, theft, child abuse, and fraud. As at March 2013, there were 3,029 sentenced female prisoners in South Africa, of which the majority were over the age of 21. In addition to these offenders, there are a further 1,089 remand detainees (ongoing trials) and other unsentenced inmates (state patients, deportation cases, persons awaiting extradition). This brings the total number of women in prison to 4,118. In some cases, this results in the overcrowding of facilities (Judicial Inspectorate for Correctional Services 2015).

In South Africa, Section 20(1) of the Correctional Services Act 111 of 1998 (as amended by the Correctional

Services Amendment Act 25 of 2008) determines that children may accompany their mothers in prison up to the age of two years, after which time they must be removed from the prison environment. As of March 2015, there were 81 babies living in correctional facilities (Judicial Inspectorate for Correctional Services 2015).

The Role of Women in the Abolition of Apartheid

Women in South Africa played an important role in challenging and protesting against the apartheid regime. The Federation of South African Women (FEDSAW) was one of the key mobilizers of women, uniting them against the apartheid regime and toward building a nonracist, non-sexist society. FEDSAW developed the Women's Charter, which called for the enfranchisement of men and women of all races and for equal rights for men and women. Many of these demands were incorporated into the Freedom Charter of the South African Congress Alliance.

One of the key moments celebrated in South African society is August 9, 1956, when an estimated 20,000 women marched to the Union Buildings in South Africa to protest the extension of pass laws to women. This day is now celebrated each year and known as National Women's Day. Women were organizers and active participants of the Defiance Campaign to exert pressure on the government to end apartheid.

Current Race Relations and How They Impact Women and Girls

Despite significant legislative and policy commitment to promote race relations in South Africa, in many instances, the intersection of class, race, and gender continues to make black women the most vulnerable members of South African society. In 2016, school protests arose around the stigmatization of black hair in schools, and in many instances, women were the leaders of the #feesmustfall campaign, which focused on equal access to tertiary education for all South Africans. The South African Constitution commits all South Africans to the values of nonracism and nonsexism, but the lived realities of many South African women do not necessarily correlate with those ideals. Black women continue to be the most likely to be poor and unemployed, and they struggle to access decent basic and other state services.

JENNIFER THORPE

Further Resources

- Carte Blanche. 2015. "Shocking SA Femicide Statistics." Retrieved from <http://carteblanche.dstv.com/shocking-sa-femicide-statistics>.
- Council on Higher Education. 2014. *VitalStats Public Higher Education 2012*. Pretoria: Council on Higher Education.
- Grant Thornton. 2015. "Women in Business: The Path to Leadership." Grant Thornton International Business Report 2015. Retrieved from <http://www.grantthornton.be/Resources/IBR-2015-Women-in-Business.pdf>.
- Health Systems Trust. 2015. "South African Health Review 2014/15." Retrieved from <http://www.health-e.org.za/wp-content/uploads/2015/10/HST-SAHR-2014-15-Complete.pdf>.
- Independent Electoral Council. 2015. "Electoral Commission of South Africa." Retrieved from <http://www.elections.org.za/content/default.aspx>.
- Inter-Parliamentary Union. 2015. *Women in National Parliaments. Situation as of 1 December 2015*. Geneva, Switzerland: IPU.
- Judicial Inspectorate for Correctional Services. 2015. *Annual Report 2014/15: Treatment of Inmates and Conditions in Correctional Centres*. Pretoria: JISC.
- Levendale, C. 2015. *Women's Challenges on the Road to Parliament, Obstacles to Equal Participation, Cultural and Economic Obstacles, Institutional Obstacles, Psychological Barriers, Looking Ahead and an Overview of Women in Parliament within the South African Context*. Cape Town: Parliament of the Republic of South Africa.
- National Planning Commission. 2013. *The National Development Plan: 2030*. Pretoria: National Planning Commission.
- Office of the Chief Justice of South Africa. 2015. "The Judiciary." Retrieved from <http://judiciary.org.za/backup/about-jud.html>.
- Shisana, O., T. Rehle, L. C. Simbayi, K. Zuma, S. Jooste, N. Zungu, D. Labadarios, and D. Onoya. 2014. *South Africa National HIV Prevalence, Incidence, and Behaviour Survey, 2012*. Cape Town: HSRC Press.
- SouthAfricaInfo.gov. 2016. "Local Government." Retrieved from <http://www.southafrica.info/about/government/govlocal.htm#.VtMi8JN97wc>.
- South African Department of Health. 2012. *Saving Mothers 2008–2010: Fifth Report on the Confidential Enquiries into Maternal Deaths in South Africa*. Retrieved from <http://www.hst.org.za/publications/saving-mothers-2008-2010-fifth-report-confidential-enquiries-maternal-deaths-south-afri>.
- South African Department of Health. 2015a. *Annual Report 2014/15*. Pretoria: Department of Health.
- South African Department of Health. 2015b. *Update on Progress and Achievements in 2014/15*. Pretoria: Department of Health. Retrieved from <http://www.gov.za/issues/health>.
- South African Department of Higher Education and Training. 2014. *Briefing on Gender and Racial Transformation in South African Higher Education*. Presentation to the Select Committee on Cooperative Governance and Traditional Affairs, November 11, 2014.
- South African Department of Provincial and Local Government. 2007. *Local Government Gender Policy Framework*. Pretoria: South African Department of Provincial and Local Government (Now the Department of Cooperative Governance and Traditional Affairs).
- South African Department of Social Development. 2015. *Fifteen Year Progress Review of the Implementation of the Population*

- Policy for South Africa (1998) and the International Conference on Population and Development Programme of Action (1994), 19 February 2015.* Retrieved from <http://www.population.gov.za/index.php/documents/download/126-population-policy-plus-fifteen/573-fifteen-year-progress-review-of-the-implementation-of-the-population-policy-for-south-africa-1998-and-the-international-conference-on-population-and-development-icpd-programme-of-action-1994-20>.
- South African Department of Women. 2015. *The Status of Women in the South African Economy*. Pretoria: Department of Women.
- South African Department of Women. 2016. *Vision, Mission and Values*. Retrieved from <http://www.women.gov.za/index.php/about-us/vision-mission-and-values>.
- South African Institute of Race Relations. 2013. *South Africa Survey 2013*. Pretoria: South African Institute of Race Relations.
- South African Institute of Race Relations. 2016. *South Africa Survey 2016*. Pretoria: South African Institute of Race Relations. Retrieved from <http://irr.org.za/reports-and-publications/south-africa-survey/south-africa-survey-2016>.
- Statistics South Africa. 2013a. *Men, Women, and Children: Findings of the Living Conditions Survey, 2008/9*. Pretoria: Statistics South Africa.
- Statistics South Africa. 2013b. *A Survey of Time Use, 2010*. Pretoria: Statistics South Africa.
- Statistics South Africa. 2014a. *Census 2011: Profile of Persons with Disabilities in South Africa*. Pretoria: Statistics South Africa.
- Statistics South Africa. 2014b. *Mortality and Causes of Death in South Africa, 2013: Findings from Death Notification*. Retrieved from <http://www.statssa.gov.za/publications/P03093/P030932013.pdf>.
- Statistics South Africa. 2015a. *Census 2011: Fertility in South Africa*. Pretoria: Statistics South Africa. Retrieved from <http://www.statssa.gov.za/publications/Report-03-01-63/Report-03-01-632011.pdf>.
- Statistics South Africa. 2015b. *General Household Survey 2014*. Pretoria: Statistics South Africa.
- Statistics South Africa. 2015c. *Labour Market Dynamics in South Africa, 2014 report*. Pretoria: Statistics South Africa.
- Statistics South Africa. 2015d. *Mid-Year Population Estimates, 2015*. Pretoria: Statistics South Africa.
- Statistics South Africa. 2015e. *Quarterly Employment Statistics, March 2015*. Pretoria: Statistics South Africa.
- Statistics South Africa. 2015f. *Recorded Live Births 2013*. Pretoria: Statistics South Africa.
- Thelwell, E. 2014. "Women's Issues under Presidency's Watchful Eye." *News24*, June 2. Retrieved from <http://www.news24.com/elections/news/womens-issues-under-presidencys-watchful-eye-20140602>.
- Thorpe, J. 2015. *Selected Statistics Related to Women, 2015*. Cape Town: Parliament of the RSA.
- UNAIDS. 2014. "HIV and AIDS Estimates." Retrieved from <http://www.unaids.org/en/regionscountries/countries/southafrica>.
- UNDP. Retrieved from <http://hdr.undp.org/en/content/gender-inequality-index-gii>.
- UNESCO. 2013. *Adult and Youth Literacy: National, Regional and Global Trends 1985–2015*. Retrieved from <http://www.uis.unesco.org/Education/Documents/literacy-statistics-trends-1985-2015.pdf>.
- UNICEF. 2013. *South Africa Annual Report*. Pretoria: UNICEF.
- UNICEF. 2015a. "The State of the World's Children 2015." Retrieved from http://www.unicef.org/publications/files/SOWC_2015_Summary_and_Tables.pdf.
- UNICEF. 2015b. "Trends in Maternal Mortality: 1990 to 2013." Retrieved from http://data.unicef.org/corecode/uploads/document6/uploaded_pdfs/corecode/MMR2013_117.pdf.
- Whittle, P. 2014. *Number and Demographics of Magistrates and Judges, 18 July 2014*. Cape Town: Parliament of the RSA.
- WHO (World Health Organization). 2010. "Global Data Bank on Infant on Young Feeding: Country Profile: South Africa." Retrieved from <http://www.who.int/nutrition/databases/infantfeeding/countries/zaf.pdf?ua=1>.
- WHO (World Health Organization). 2015. "World Health Statistics 2015." Retrieved from http://www.who.int/gho/publications/world_health_statistics/2015/en.
- WHO (World Health Organization). 2016. Global Health Observatory Data Repository. Retrieved from <http://apps.who.int/gho/data/node.home>.
- WHO (World Health Organization). 2017a. Mental Health Service Availability: Facilities" Retrieved from <http://apps.who.int/gho/data/node.main.MHFAC?lang=en>.
- WHO (World Health Organization). 2017b. "Prevalence of Drug Abuse Disorders." Retrieved from <http://apps.who.int/gho/data/node.main.A1214N?lang=en>.
- WHO (World Health Organization). 2017c. "Prevalence of Tobacco Use." Retrieved from <http://apps.who.int/gho/data/node.main.TOB1249?lang=en>.
- WHO (World Health Organization). 2017d. "Suicide Rates, Crude." Retrieved from <http://apps.who.int/gho/data/node.main.MHSUICIDE?lang=en>.
- World Economic Forum. 2015. "Global Competitiveness Rankings 2014/15." Retrieved from http://www3.weforum.org/docs/WEF_GlobalCompetitivenessReport_2014-15.pdf.

South Sudan

Overview of Country

South Sudan is Africa's newest nation, obtaining independence from the north of former Sudan on July 9, 2011. It is located in Northeast Africa, bordered by Sudan to the north, Ethiopia to the west, the Central African Republic to the east, and the Democratic Republic of Congo (DRC)

and Kenya to the south (SSNBS 2014). Juba, the capital, is the largest city in South Sudan, located in the state of Central Equatoria. The country is divided into 10 states, the other 9 being Western Equatoria, Eastern Equatoria, Lakes, Jonglei, Upper Nile, Unity, Warrap, Northern Bahr el Ghazal, and Western Bahr el Ghazal. The total population is 8.26 million, 52 percent male and 48 percent female. The average household has a family of seven. Largely due to years of civil war and ongoing conflict, 51 percent of the population is under the age of 18 (SSNBS 2014).

South Sudan is composed of expansive grasslands, swamps, and tropical rainforests and is traversed by the large White Nile River. This river provides one of the country's major sources of livelihood, fishery, especially for the Mandari tribe, who fish the river with nets and spears. With 83 percent of the population inhabiting rural locations, 78 percent of households depend on crop farming or animal husbandry for their primary source of income (SSNBS 2014).

History

Originally under joint British and Egyptian rule, the former country of Sudan established independence in 1956. Since then, the country has experienced two devastating civil wars. Much of the tension sparking the first war arose from disputes between the government, located in the capital of Khartoum in the north, and the people of the south. While under British-Egyptian rule, Egypt largely controlled the north of Sudan, while Great Britain ruled the south. As a result, the north became predominantly Muslim. After independence, the Sudanese government, based in the north, sought to expand national policies imposing an Islamic and Arabic identity, clashing with the southern people who predominantly followed indigenous traditional beliefs and practices (BBC 2014). This disagreement, combined with the capital's unfulfilled promise of creating a federal system of government after independence, sparked the first civil war between the south and the Sudanese government. The war endured until 1972, with the establishment of the Addis Ababa Peace Agreement that allowed the south some autonomy. These arrangements, however, were canceled by the Sudanese government prior to implementation, leading to the second civil war in 1983 (BBC 2014).

Led by the Sudan People's Liberation Movement (SPLM) and its army, the Sudan People's Liberation Army (SPLA), the south conducted 22 years of guerilla warfare

that wreaked havoc on Sudan's infrastructure, economy, and citizens. This war has been the longest-running civil war in African history and is responsible for the displacement of thousands. The second civil war ended in 2005, with a comprehensive peace agreement that guaranteed the south representation in a power-sharing national government as well as regional autonomy (BBC 2014).

Sources of Conflict

Despite South Sudan's newly established independence, major sources of conflict still exist between Sudan and South Sudan. The Abyei region, a small disputed territory that lies on the border between the north and south regions, covers 4,000 square miles and contains rich oil reserves, which has led to military invasions by the armies of both Sudan and South Sudan, displacing thousands of local residents. Its border location also lends to the clashing of many different ethnic groups, cultures, and languages that contribute to conflict. In drawing up the peace agreement in 2005, the governments of South Sudan and Sudan agreed to let the Abyei people decide for themselves which country they would belong to with a referendum that would redraw the borders (Zapat 2013). Scheduled to occur in 2011, along with South Sudan's independence, the referendum has been delayed several times due to disputes over the definition of "resident" and other voter-eligibility issues. The status of the Abyei region has yet to be established (BBC 2014).

Tensions exist within South Sudan, especially within the SPLM, over a perceived Dinka domination of the government. Fears arose in December 2013 that such tensions would erupt in a civil war, but it was subdued by peace talks. Many rebel armies opposing the SPLM government have emerged, including the South Sudan Liberation Army (BBC 2014).

Deadly cattle raids by rival ethnic groups within South Sudan continue to kill and displace hundreds of thousands of people, mostly women and children (BBC 2014). In 2012, one of the most violent raids occurred in the village of Pibor, in which 6,000 armed Lou Nuer warriors attacked residents of the Murle tribe, killing possibly thousands and abducting women and children. The village was razed to the ground, and tens of thousands were left homeless (Onyiega 2012).

Cattle raids by rivaling ethnic groups in Sudan have occurred for more than 100 years due to disagreements over access to water and land grazing. Cows represent

wealth, a source of food, dowry, and property—one cow can be worth hundreds of dollars (BBC 2012). While such raids used to be fought with sticks and spears, 23 years of civil war have caused an influx of small arms and other automatic weapons into the region that have made these attacks increasingly fatal since independence in 2011 (Onyiega 2012).

Education

A staggering 91 percent of South Sudan's population has no educational qualifications, and 71 percent of the population has never been to school. The adult literacy rate is 27 percent; however, this rate increases among young people to 44 percent for males aged 15–24 and 30 percent for females (SSNBS 2014), perhaps signifying a change in infrastructure and cultural values. Regardless, a significant gap exists between urban and rural literacy rates: 53 percent of the adult urban population is literate and only 22 percent of rural adult citizens.

Only 10 percent of women age 15 and older have completed secondary education, compared to 15 percent of men. Postsecondary completion rates shrink to 2 percent for women and 3 percent for men. Despite such low rates, enrollment in primary schools has been increasing by 20 percent each year since 2005. But with little improvement in infrastructure, this increase has led to increased pupil-teacher ratios and overcrowded classrooms (Oxfam Canada 2013, 5–6).

Health

Access to Health Care

The situation in South Sudan is dire. The conflicts of past decades have led to massive population displacement. Other factors contributing to poor health include lack of infrastructure, inadequate transportation, long distances to health facilities, and harmful social practices, such as female genital cutting and mutilation (FGC/FGM) and early child marriage (Koyok 2013). About 40 percent of girls marry while still children (Koyok 2013); the average age of first marriage is 19 years (SSNBS 2014). Organizations such as the United Nations Children's Fund are working with the South Sudanese government to improve maternal and child health (Koyok 2013).

Maternal Health

South Sudan has the highest maternal mortality rates in the world at 2,054 per 100,000 live births. Women have

a one in seven chance of dying due to pregnancy-related complications (UNDP 2014). This is a result of many factors, such as insufficient traditional birth attendants (TBAs). Most women give birth in their homes under the supervision of a TBA. TBAs and laboring women may have low or no access to health care facilities (Koyok 2013). There is only one qualified TBA per 30,000 people (UNDP 2014). About 90 percent of women give birth without the assistance of a skilled professional (Oxfam Canada 2013). Only 17 percent of women have more than 4 antenatal visits, and 17 percent of women are attended by a skilled birth attendant. The chance that women will die from maternal causes is 42 percent (WHO 2015).

Contraception Use

The usage of contraception is low among South Sudanese women. Among married women and those in a relationship, only 4 percent reported using any form of contraception in 2011 (Oxfam Canada 2013). Women have access to various forms of contraception, the most common method being lactational amenorrhea—an induced infertility caused by breastfeeding for the first six months after childbirth—and less common methods, such as condoms, diaphragms, and oral contraceptives. Abortion is a highly unpopular solution, due in part to the 2008 Penal Code Act's law that makes it punishable by imprisonment for up to seven years. However, if it is determined a woman proceeded with abortion to avoid shame, the term of imprisonment is lowered to a maximum of three years (Oxfam Canada 2013).

Diseases and Disorders

The health situation in South Sudan is deteriorating rapidly. Health services have been severely disrupted, and with massive population displacement leading to overcrowding and worsening environmental conditions, disease outbreaks are rampant. Reports of cholera, meningitis, hemorrhagic fever, measles, and malaria have been reported, and the World Health Organization (WHO) recommends more rapid response to contain infectious diseases (WHO 2017).

Employment

Economy

The unemployment rate for those aged 15 and older is 12 percent. Sixty-three percent of those 15 and older work in

agriculture, fishery, or animal husbandry. While this may seem optimistic, only 13 percent of this population is paid employees, the rest being unpaid laborers for families or self-sustenance (SSNBS 2014).

Poor infrastructure, especially access to clean water and sanitation, continues to be an issue that the new government will have to work toward resolving. Only 48 percent of households have access to improved drinking sources, such as mechanical boreholes, filtering stations, or hand pumps, and only 24 percent have sustainable access to a pit latrine or flush toilet. Nine percent of households own a mobile or landline phone, and 98 percent use solid fuels (SSNBS 2014).

Though South Sudan is one of Africa's least-developed nations, strong investments in infrastructure and utilities since the 2005 peace agreement have dramatically boosted its economy (BBC 2014). The current economy is highly dependent on oil and likely to benefit most from Sudan's oil wealth, as the country contains 75 percent of the former Sudan's oil reserves. However, the pipeline to the Red Sea and the refineries are located in present-day Sudan, which has caused ongoing border conflicts over revenue sharing that actually led to a halt in oil production in 2012; production has since resumed with an agreement to create a demilitarized zone on the shared border (BBC 2014).

At all levels of income, women earn lower wages than men. The main source of livelihood in households headed by women is crop farming, and only 10 percent of female-run homes earn wages or salaries (Oxfam Canada 2013, 6).

Family Life

There are many ethnic groups living within South Sudan. The second-largest group is the Nuer tribe, composed of 1.5 million South Sudanese. Men and women both hold important roles in family life and society, but they often differ in authority. These differences are reflected in various cultural traditions and values.

Cattle are central to daily life in South Sudan and often a family's most valuable possession. Many people take on a "cattle name"—the name of their favorite cow or oxen—and prefer to be greeted by this name. Cattle play pivotal roles in religion and traditional ceremonies, as well; a cow or oxen is sacrificed at every Nuer ritual. During the menstrual cycle, women are prohibited from drinking milk, eating food prepared in a kettle used for boiling milk, or visiting the cattle area; such actions are viewed as potentially harmful to the cattle (Gatkuoth 2010).

When a death occurs in Nuer culture, the mourning period for men is 5–6 months. Mourning for women lasts only 2–3 months (Gatkuoth 2010).

Traditionally, women are mainly responsible for managing the household and raising children, while men are expected to protect the tribe and care for the cattle. However, women are consulted on community affairs and contribute largely to mediating family and community disagreements and disputes (Gatkuoth 2010).

Gender roles have been influenced by new conditions imposed by two civil wars. With many men absent from family life because of fighting in war or being killed in such efforts, women began to take on male roles and responsibilities in addition to their original tasks, acquiring education, skills, and work experience. Though women continue to take leadership roles in society, sexist and patriarchal cultural norms still persist (Gatkuoth 2010).

Marriage

Marriage stands as the primary ambition for children and the ultimate life goal. A girl typically marries at age 17 or older (Gatkuoth 2010); however, there are cases of forced marriage among younger girls despite the Child Act of 2008 that criminalizes early marriage and the Transitional Constitution that prohibits forced marriage (Oxfam Canada 2013). Child marriage often inhibits or prevents education for girls and results in injuries, disabilities, or even death for the mother or child due to physical complications in childbirth, as the young girl's body is not yet developed adequately for childbirth. A girl is three times more likely to die from childbirth than to enter the eighth grade (UNDP 2014).

The marriage process includes a dowry, or payment, to the groom's family by the bride's family in the form of cows. This may consist of anywhere from 40 to 100 cattle, depending on the education level and physical beauty of the bride. Several rituals are also carried out prior to the final wedding ceremony, serving to foster a strong relationship between the two families. A marriage is considered incomplete until the birth of the couple's first child. Once the child is born, the mother is given her own hut as well as gifts, such as cooking sets, butter, and other provisions, to aid in caring for her husband and family. If a man impregnates a woman, he is expected to marry her and sometimes may suffer cattle raids by the girl's family (Gatkuoth 2010).

In the case of relational problems, a husband and wife may physically separate themselves by staying in relatives'

homes while males from either family meet to discuss the best solution for the problems. Usually, the couple will follow the advice of the families. Divorce may be granted to men or women for many reasons, such as drunkenness, unfriendly relationships with a mother-in-law, incompatibility, adultery, and impotence or barrenness. However, if a woman divorces her husband, child custody goes to the male (Gatkuoth 2010).

Politics

Government

The Republic of South Sudan is led by President Salva Kiir Mayardit, who is both head of the government and chief of state (CIA 2014). South Sudan has a bicameral national legislature, which consists of the National Legislative Assembly, with 332 seats, and the Council of States, with 50 seats. The three main political parties are the Sudan People's Liberation Movement (SPLM) (currently in power), the National Congress Party (NCP), and the Sudan People's Liberation Movement for Democratic Change (SPLM-DC). The judicial system is headed by a Supreme Court of seven justices, and there are subordinate courts at state, county, and customary levels (CIA 2014).

Participation in Government

South Sudan grants universal suffrage rights to both men and women over the age of 18. Compulsory and voluntary military service is now limited to citizens age 18 and older because of a reversed action plan signed with the United Nations in 2012 to demobilize the recruitment and training of child soldiers in the Sudan People's Liberation Army (SPLA) (CIA 2014).

Though the constitution gives equal rights to both men and women, equality is hardly enforced in rural settings where traditional practices still influence attitudes and behavior. The constitution states that 25 percent of political seats must be held by women across all levels of government (Meintjes 2012). However, women are still largely underrepresented in government. Overall, females hold 26.5 percent of the seats in the national parliament, represent 1 of 6 presidential advisers, 4 of 29 cabinet ministers, 4 of 27 undersecretaries, and 2 of 20 heads of commissions. In an effort to improve women's participation in politics and public services, South Sudan's Development Plan for 2011–2013 included

policies addressing harmful customs and practices that can inhibit women from fully taking part in capacity-building programs and the political process (Oxfam Canada 2013, 4–5).

Obstacles for women accessing the political sphere exist in the form of a lack of formal education, technical knowledge, experience, and language, as most positions require a fluency in Arabic and English. Also, because it is the males who traditionally control women's finances and own property, most women do not have the resources needed to afford election campaigns and nomination fees. Prevailing attitudes that leadership positions should be reserved for men pose a challenge for women in gaining votes and the trust of the public. Such attitudes also expose many women in political positions to verbal and sexual harassment in the workplace, further hindering their advancement in politics. Regardless, a passion to fix the nation's poor state of education and public health, both of which affect women daily, has pushed many women to become politically involved (Meintjes 2012).

Religious and Cultural Roles

Religion

South Sudan society is patriarchal, and the practice of polygyny (having multiple wives) is still common, though beginning to dissipate, likely due to globalization and development (Beswick 2001). The major ethnic groups, ranked by size, are the Dinka, Nuer, and Shilluk. While there are many ethnic groups inhabiting South Sudan, the majority follows traditional animistic religions, with a minority following Christian practices (BBC 2014). The Nuer people, the second-largest ethnic group in South Sudan, believe in the all-encompassing god *Kuoth* that is associated with the sky and spirits and present in all things living and nonliving. This god is viewed as the creator and origin of the ancestors (Gatkuoth 2010).

The Nuer have great reverence for the deceased. It is believed that through death, people become powerful and godlike spiritual beings. Ancestors are a significant aspect of religion, as they are considered active members of society that hold great authority and power to influence the well-being of the living or to change the course of events. They are considered an intermediate between the living and the gods. It is believed that the living communicate with their ancestors through possession and dreams. Worship of one's ancestors is necessary to avert illness, drought, famine, and other adversities (Gatkuoth 2010).

Issues

Violence against Women

Militarization and concurrent efforts to forge women's roles in the liberation struggle as mechanisms of reproduction to replenish the nation have increased violence against women (VAW). During the war, VAW was viewed as an inevitable occurrence; young male soldiers came to expect their sexual demands to be met as a form of payment for their military contribution. The nationalization of the wombs of women served to permit young men to assume rights over women's sexuality, creating an atmosphere conducive to VAW.

Such social attitudes have caused an increase in marital rape, as it is viewed as a husband's right to his wife's sexual services to produce offspring. Male sexual demands are seen as a woman's reproductive task that tradition requires her to fulfill (Jok 1999). In times of militarization, civilians living in areas of conflict often find themselves victimized by rival factions or the very military controlling that area. For example, in western Dinka, anti-SPLA troops raided several villages, killing the people, looting, and raping the women, including children and the elderly. Once they left, the controlling factions continued these atrocities on their own civilians to punish them for associating with the enemy (Jok 1999).

Traditional attitudes also encourage sexual violence against women by creating the image of the "good," or sexually pure, woman, and the "bad," or promiscuous, woman. Sexual violence is viewed as a discipline or given consequence to the latter. Many Dinka songs attempt to discourage sexual promiscuity of women by portraying rape and other sexual coercion as punishment for the "bad" women. They portray women as having an insatiable appetite for sex and deserving of such punishment because of their socially unacceptable sexual behavior. Soldiers have used this reasoning to justify committing acts of sexual violence against women (Jok 1999).

Domestic violence is the most commonly reported form of violence against women and is traditionally viewed as socially acceptable behavior. Nearly 80 percent of women in a study on the intermarital violence reported being battered several times throughout their married life for refusing sex. Militarization increases domestic violence by causing the displacement of women, which scatters people and changes social structures (especially gender roles), rendering women dependent on male leaders for protection and economic support. Such dependency can put

women at high risk for sexual exploitation and violence justified by women's reproductive roles (Jok 1999).

Militarization and displacement also create shifts in traditional gender roles, especially the provision of resources for the family. What was once the husband's duty falls to his wife when he can no longer provide due to joining the military or a loss of income from displacement. These shifts can cause tensions between genders, and men who feel their masculinity is being challenged may use violence against their wives and children to outlet their frustrations. Many women face the challenge of balancing their commitment to ensure reproductive continuity, their role as guardian of cultural identity, and protecting their own health and well-being (Jok 1999).

Since the 2005 Peace Agreement was signed, physical and sexual violence against women has increased due to the provision of small arms, increased alcohol consumption in the region, and the socialization of soldiers that encourages a hypermasculinity. However, South Sudan has no laws specifically regarding violence against women (Oxfam Canada 2013).

The SPLA has issued the death penalty for rape, and some soldiers have in fact been convicted of the crime; however, there remains no legal or cultural definition of rape. In the Penal Code Act of 2008, which criminalizes physical assault, such violence is classified as "gender offense." Rape is classified as a criminal offense, but the definition of rape excludes forced sex within a marriage (Oxfam Canada 2013). The lack of a clear definition of sexual violence paired with cultural notions of a woman's sexual role may serve to perpetuate violent acts against women, especially wives, in the region.

Law enforcement and justice systems have not effectively addressed cases of domestic abuse. Women have reported local police as unhelpful or uncooperative toward reported cases of domestic violence. Thus, most women and their families turn to a customary justice system instead of the police. Such systems are composed of tribal chiefs and clan heads that typically favor negotiation and restorative settlements versus punitive actions. Because of this custom, many cases of domestic violence go unpunished, and women are left vulnerable to repeated and increased violence (Oxfam Canada 2013).

Violence against women has a significant impact on a woman's emotional and physical health, specifically in the form of sexually transmitted diseases (STDs), reproductive health, unwanted pregnancy, adolescent fertility, maternal morbidity and mortality, and mental health.

Forming a National Female Identity

A women's issue that has arisen in the wake of Sudan's independence is the misrepresentation of women's contributions to the recent civil war by the government and popular media. Women are often portrayed as having fought as combatants alongside male soldiers, when in actuality, the majority of women contributed to the war effort as camp followers, members of women's associations, refugees, and even SPLA soldiers involved in noncombat support tasks (Pinaud 2013, 153).

Camp followers served troops as cooks, sources of support tasks, and sexual comforters. Oftentimes, these women joined as a means of survival for them and their families, or they were abducted in regions through which the troops had traveled. Sometimes, women of other nationalities were even uprooted from their communities and forced to marry soldiers. The marriages between soldiers and camp followers usually did not entail the traditional bridewealth typical to traditional marriage, and thus were not recognized as legitimate marriages. Because of this, these women were often viewed as unrespectable prostitutes and drunkards who left their homes and families to follow the armies. This absence of a bridewealth exchange became the most significant determinant of the status of camp followers (Pinaud 2013, 156–157).

A minority of women did in fact serve as combatants in the second civil war, in a female battalion called the Ketiba Barat. Most of them were under 20 years of age and belonged to the Dinka tribe, the largest and wealthiest ethnic group in South Sudan. Many were highly educated and went through a military training program at the University of Juba before joining the SPLA soldiers (Pinaud 2013, 154–155). As 90 percent of women in South Sudan were illiterate at the time, and the majority of them contributed as camp followers, this group of women is not representative of women involved in the war at that time. These women were married into the SPLA's ruling elite, to commanders and officers who paid bridewealths, creating a status division between Ketiba Barat women and camp-follower women (Pinaud 2013, 155).

Nevertheless, the SPLA advertises the Ketiba Barat women as symbols of South Sudanese women's efforts in the war, silencing the more realistic and somewhat controversial history of the camp followers. Denying this more negative side of the struggle for independence makes this group of women invisible. Valorizing the Ketiba Barat

members enhanced the social status of these women, giving them high-ranking positions in the government after independence, while most camp-followers did not even receive intended benefits from the government's Disarmament, Demobilization, and Reintegration Program, repaying them for their service. Such silencing has perpetuated social inequalities between South Sudanese women. This usurping of the national collective memory of women in the war serves to consolidate the power of the Dinka elite and contributes to the creation of a national identity of the "good" South Sudanese woman as the patriotic girl, wife, and mother, as opposed to single women and prostitutes represented by camp-followers (Pinaud 2013).

Many of these camp-followers are still held behind locked gates in the barracks, in forced servitude of the troops. Efforts by the United Nations to interview these women during the demilitarization period were refused by barrack guards claiming the women inside were only prostitutes (Pinaud 2013, 162). The hiding of these women from the public and international community inhibits the access of these women to political power, as acknowledged military contribution can justify the representation of women in political institutions, especially in a conservative and militarized society (Pinaud 2013, 153–154).

Human Trafficking

South Sudan continues to be placed on the United Nations' Tier 2 Watch List for not complying with the minimum standards for eliminating human trafficking. While the government has begun implementing a UN-backed campaign to eradicate the trafficking of child soldiers for military exploitation, other forms of trafficking, such as forced labor and sex work, have yet to be addressed (CIA 2014).

The country continues to be a major source and destination for men, women, and children sold into forced labor and sex work. South Sudanese women and girls from rural villages, especially those internally displaced by conflict, are often promised jobs in urban areas only to be forced into the sex trade. Currently, there are 708,900 internally displaced persons and 212,755 refugees living in South Sudan, mainly due to ethnic conflict, flooding, and drought (CIA 2014).

The government's strategy for handling situations of trafficking may contribute to its perpetuation. Individuals in prostitution are often arrested and sentenced to prison, including children trafficked for sex work, instead of delivering victims to organizations where they can find

treatment and care. There is currently no legal discrimination between voluntary and forced sex work (CIA 2014).

Land/Property Ownership

In 2011, the Southern Sudanese Land Commission developed a Land Policy encouraging government agencies and traditional authorities to not only recognize but also protect equal land and property rights for men and women. Included in their strategy is the development of programs to train, mentor, and recruit women for land administration roles and the establishment of rural paralegal organizations to provide legal advice and assistance to women regarding inheritance and land issues (Jok 1999).

Activism

Women's roles in society have been shifting to holding positions of greater political power. Strong desires to improve the poor state of public health and education have motivated many women to take a stronger role in politics, advocating for women's and girls' rights and challenging oppressive systems, such as unequal property ownership laws, wife inheritance, and violence against women (Meintjes 2012).

Women's grassroots activism was established long before South Sudan's independence. After the second civil war, women, exhausted from the adverse impacts of war on their health, social, political, and economic well-being, began to organize. Increasing discontent with their marginalization led to the formation of women's groups, including Women Empowerment for Peace Development, Numba Women for Peace, the National Democratic Alliance, and Sudanese Women in Nairobi, among others, that all promoted women's involvement in political rights and the peace process (Zaynab 2011). These women faced many obstacles to their efforts, including a lack of international recognition, limited mobility due to hostile travel conditions resulting from the political and military situation, lack of funding, and harassment. Eventually, the Royal Netherlands Embassy rendered support and facilitated the further organization of women's grassroots activism under the initiative the Sudanese Women Empowerment for Peace (SuWEP) (Zaynab 2011).

SuWEP formed nine committees, each representing different political parties or communities of Sudan, that received training in conflict resolution and mediation. These committees created a constituency of women's groups from the north and south, including the Sudanese

People Democratic Front (SPDF), SPLM United, Nonpartisan Women's Group, and the SWVP group in the north, and the Sudanese Women Civil Society Network for Peace, the National Democratic Alliance, the National Working Committee for Peace, and the Southern Women Group for Peace in the south. These member groups, composed of more than 1,000 directly involved Sudanese women, meet annually and are governed by democratically elected committees (Zaynab 2011).

Where SuWEP's original goal was to stop war by promoting negotiation to resolve conflict, it currently focuses its efforts toward empowering women to participate in peace-building and development processes and ensuring recognition and realization of women's rights (Zaynab 2011).

Other Grassroots Activism

Sudanese Women's Union (SWU)

Established in 1951, the Sudanese Women's Union (SWU) began by publishing a magazine called *The Women's Voice*, which spoke out against specific women's issues, such as facial scarification, polygyny, colonialism, genital mutilation, maternity benefits, unequal pay, and rights. The organization was banned from 1958 to 1964. In 1964, one of the SWU founders, Fatimah Ahmed Ibrahim, led the first women's demonstration in response, several hundred women strong, hastening the women's suffrage movement. In 1971, the organization was made official by the Sudanese government, but this meant the SWU could no longer challenge the government policies. The original organization, with 750,000 members in all provinces, was forced to work underground to implement projects on literacy, price controls, family welfare, savings unions, handicraft skills training, market development, and women's work co-ops. They currently work with both local and international women's organizations (Immigration and Refugee Board of Canada 2002).

Sudanese Women's Voice for Peace (SWVP)

The Sudanese Women's Voice for Peace (SWVP) was started in the mid-1980s by a group of refugee women from Sudan, and it has led community-building projects for Sudanese women refugees living in Uganda and Kenya to teach skills for reconciliation and trauma healing. Most refugees are currently returned to South Sudan, so SWVP mostly works with them in the villages. They help refugee women in rebuilding their lives after conflict by organizing efforts to bring them out of poverty. They collaborated

with Mercy beyond Borders, an international organization, to fund a women's tea café in Loa, South Sudan, and gave bicycles to women in 10 rural villages (Mercy beyond Borders 2013).

MEGHAN FITZGERALD

Further Resources

- BBC. 2012. "South Sudan Horror at Deadly Cattle Vendetta." January 11. Retrieved from <http://www.bbc.com/news/world-africa-16575153>.
- BBC. 2014. "South Sudan Profile." January 8. Retrieved from <http://www.bbc.com/news/world-africa-14069082>.
- Beswick, S. 2001. "We Are Bought Like Clothes: The War over Polygyny and Levirate Marriage in South Sudan." *Northeast African Studies* 8.2: 35–61. doi:10.1353/nas.2005.0023.
- CIA (Central Intelligence Agency). 2014. "South Sudan." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/od.html>.
- ElSawi, Zaynab. 2011. "Women Building Peace: The Sudanese Women Empowerment for Peace (SuWEP) in Sudan." *Changing Their World*. 2nd ed. Toronto, Ontario: Association for Women's Rights in Development [AWID]. Retrieved from https://www.awid.org/sites/default/files/atoms/files/changing_their_world_2_-_sudanese_women_empowerment_for_peace.pdf.
- Gatkuoth, Peter R. 2010. "The Nuer Traditional Time: Social Life and Culture." South Sudan News Agency, November 17. Retrieved from <http://www.southsudannewsagency.com/index.php/2010/11/18/the-nuer-traditional-time-social-life-and-culture>.
- Immigration and Refugee Board of Canada. 2002. "Sudan: The Sudanese Women's Union (SWU) Including Activities, Roles, Organization, and Problems Faced in Sudan." Retrieved from <http://www.refworld.org/cgi-bin/texis/vtx/rwmain?docid=3df4bea84>.
- Jok, Jok Maduk. 1999. "Militarization and Gender Violence in South Sudan." *Journal of Asian and African Studies* 34.4: 427–442.
- Koyok, M. 2013. "Maternal Mortality, a Big Challenge for the World's Newest Nation." UNICEF. Retrieved from http://www.unicef.org/southsudan/reallives_13025.html.
- Meintjes, Cara. 2012. "South Sudan Women in the Spotlight [part 6]." *The Niles*, March 11. Retrieved from <http://www.theniles.org/en/articles/society/1487>.
- Mercy beyond Borders. 2013. "About South Sudan." Retrieved from <http://mercybeyondborders.org/about-us/south-sudan/>.
- Onyiego, Michael. 2012. "South Sudan Tribal Violence Reportedly Kills Hundreds." *Huffington Post*, January 13. Retrieved from http://www.huffingtonpost.com/2012/01/13/south-sudan-tribal-violence-kills-hundreds_n_1204994.html.
- Orville Jenkins. 1996. "The Dinka of South Sudan." Retrieved from <http://orvillejenkins.com/profiles/dinka.html>.
- Oxfam Canada. 2013. "Country Profile: South Sudan." Retrieved from <http://www.oxfam.ca/sites/default/files/imce/country-profile-south-sudan.pdf>.
- Pinaud, C. 2013. "Are 'Griefs of More Value Than Triumphs': Power Relations, Nation-Building, and the Different Histories of Women's Wartime Contributions in Postwar South Sudan." *Northeast African Studies* 13.2: 151–175. doi:10.1353/nas.2013.0016.
- SSNBS (Republic of South Sudan National Bureau of Statistics). 2014. Retrieved from <http://ssnbs.org>.
- UNDP (UN Development Programme). 2014. "Millennium Development Goals: Improve Maternal Health." Retrieved from http://www.undp.org/content/south_sudan/en/home/mdgoverview/overview/mdg5.
- WHO (World Health Organization). 2015. "South Sudan." Retrieved from <http://www.who.int/gho/countries/ssd.pdf?ua=1&ua=1&ua=1>.
- WHO (World Health Organization). 2017. "WHO Partners with South Sudan's Government to Strengthen Disease Surveillance and Outbreak Response to Save Lives." February 3. Retrieved from <http://www.afro.who.int/en/ssd/news/item/9354-who-partners-with-south-sudans-government-to-strengthen-disease-surveillance-and-outbreak-response-to-save-lives.html>.
- Zapata, Mollie. 2013. "Enough 101: What Is the Abyei Area and Why Is It Disputed?" Enough Project, January 15. Retrieved from <http://www.enoughproject.org/blogs/enough-101-what-abyei-area-and-why-it-disputed>.

Sudan

Overview of Country

Sudan received independence from the joint British-Egyptian rule in 1956, yet the liberation was short-lived when General Ibrahim Abboud led a military coup against the civilian government elected in 1958 (BBC 2015; UNICEF 2009). General Abboud's coup is an example of the omnipresent alternative forms of government, authoritative and democratic, the Sudanese people have experienced. Sudan's periods of conflict, specifically 1955–1972 and 1983–2005, are the most extensive in Africa's postindependence history. Sudan was once the largest and most geographically diverse state in Africa. Southern rebels signed a comprehensive peace deal with the government to end the civil war in January 2005. Yet, another war ensued in the western region of Darfur, which has contributed to the country's inequities. In July 2011, people of South Sudan seceded. Regardless of the secession from Sudan, the territory continues to be plagued with issues of oil revenue and precise border demarcation. South Sudan's independence vastly affected the economy of Sudan

because more than 80 percent of Sudan's oil fields are in the southern part of the country. The situation between the countries intensified because of their inability to reach an agreement over transit fees from oil in South Sudan.

Sudan is the third-largest country on the African continent, with a total area of 1,882,000 square kilometers. Sudan's capital is Khartoum, and the country is bordered by seven states: Egypt, Eritrea, Ethiopia, South Sudan, Central African Republic, Chad, and Libya. The Nile River, the largest river in the world, passes through Sudan and South Sudan, while the Red Sea washes up on the eastern coast. The population in Sudan is approximately 38,800,000 people. Sudan is made up of individuals of Arab descent, particularly Fur, Beja, Nuba, and Fallata, as well as indigenous African groups. The official language is Arabic; however, Nubian, Ta Bedawie, and Fur are also spoken. The UN Development Programme (UNDP) estimates that more than 97 percent of the population of Sudan is Sunni Muslims. Christians are a small minority.

The UNDP ranked Sudan 167th out of 187 based on the Gender Inequality Index (GII) of 0.479 (UNDP 2015). The comprehensive economic growth in Sudan has not guaranteed equal human development improvements in the area. The continued differences between the urban and rural areas are apparent, contributing to an increasingly urban informal sector that accounts for more than 60 percent of Sudan's gross domestic product (GDP). In fact, investments and services are concentrated in and around Khartoum. This has encouraged a rural-to-urban migration that weakens the agricultural productivity and deepens poverty in both urban and rural areas (UNDP 2015).

More than 46 percent of the population lives in poverty in Sudan and experiences only 2.8 percent real GDP growth (UNDP 2015). Particularly as it pertains to Sudanese women, the role and positionality of women has been heavily influenced by the historical conflict and changes in the political system. Because of the internal and external conflict in the region, Sudanese women have been subjected to significant levels of violence from state and nonstate actors.

Girls and Teens

Education

Access to Basic Education

Traditionally, girls' education was one of the most underdeveloped systems in Sudan. It was frequently provided

by the khalwa, or religious school, where Koranic studies were the primary studies of girls. Schools did not prepare girls to be a part of the mainstream educational sphere, where their exclusion was even more prominent. Because of the work of Shaykh Babikr Badri, the Sudanese government established five elementary schools in 1920. While the establishment of the girls' elementary schools was a success, the further development of these educational institutions for Sudanese girls was slow. This was a result of the prejudice for boys to obtain a higher education, as girls' education was restricted to the elementary level until 1940. In 1940, the Omdurman Girls' Intermediate School was opened, and by 1955, 10 intermediate schools for girls were developed. In 1960, the Omdurman Girls' Secondary School for Girls was the only girls' secondary school operated by the government. The secondary school enrolled approximately 265 students. By 1960, 245 elementary schools for girls had been established; however, only 25 junior secondary or general school and two upper-secondary schools were established for girls. Although there were no vocational schools for girls, there was a Nurses' Training College with only 11 students. Nursing is not seen as a respectable occupation for Sudanese women.

It was in the 1960s and 1970s that girls' education made significant strides, and 1,086 primary schools, 268 intermediate schools, and 52 vocational schools for girls were established by 1970. Sudanese resources for girls' education claimed approximately one-third of the total resources available. Although the number of educational institutions increased in the north, in war-torn South Sudan, the number of schools remained the same.

The underdevelopment of girls' education is Sudan's tradition; parents of Sudanese girls tended to look upon girls' schools with suspicion and fear that schools would ruin the morals and ethics of their daughters. Preference is given to males because it is believed that males need to have the ability to advance themselves and their earning potential for their families. Sudanese females' values are measured by their adherence to domesticity to prepare for marriage and dowry that accompanied the ceremony. Sudanese females are thought to be a more valuable asset in the home until marriage, where they are primarily positioned in the kitchen.

The lack of access and development of schools has discouraged Sudanese parents from educating their daughters. Although there have been vast improvements for Sudanese girls, Sudanese educational institutions continue to face low enrollment rates among girls and high levels of

illiteracy. Nongovernmental organizations (NGOs) such as UNICEF have taken on the challenge of encouraging more children into the classrooms in Sudan. UNICEF has committed itself to enhancing the learning environment and quality of teaching for all levels of retention and matriculation. Its goal has been to support access and quality of education by “enabling 5.2 million children and young people to access quality basic education and other forms of learning; assisting 250,000 nomadic children to move from primary to secondary education; and ensuring 1 million children currently out of school have access to alternative forms of education” (UNICEF 2012).

To expand the access to education for Sudanese young people, specifically for Sudanese girls, UNICEF supports the expansion of school construction and the enhancement of school supplies. In addition, UNICEF promoted the “Alternative Learning Approaches,” which includes vocational training, adult education, literacy programs, teacher training, and social mobilization to promote the education of the entire Sudanese community. UNICEF supports child-friendly school environments where water and sanitation facilities are advanced beyond basic conditions. Efforts are underway to ensure that Sudanese educational facilities provide a comprehensive, child-focused education, with a strong focus on improving teaching and learning skills, and including issues such as HIV/AIDS awareness, life skills, literacy, and numeracy and psychological development (UNICEF 2012). Partnerships and government-sponsored initiatives assist the educational sustainment of Sudanese individuals, including, but not limited to, the establishment of the support for administrators to train teachers and manage financial and human resources (UNICEF 2012).

Higher Education and the Legacy of Secularization for Sudanese Girls

After the Euro-Egyptian army decisively defeated the Sudanese nationalist forces, a young Sudanese man named Babiker Badri traveled up the Nile and settled in the village of Rufu’a. It was in the village of Rufu’a that Badri opened a secular school, instead of a religious school, for boys. Badri was a very religious man and respected for his knowledge of the Koran. However, he had a radical notion that the girls should receive at least a minimum education so that they could be more compatible with their husbands. Badri’s radical idea to educate Sudanese girls equally to Sudanese boys was influenced by his large family, 13 girls and some sons. In 1904 and

1906, he requested British authorities’ permission to open an elementary school for girls, but the request was denied. His determination to open the school ultimately proved to be successful, and in 1907, Babiker began his secular school for girls in a mud hut with 9 of his own daughters as well as neighbors’ daughters. By the time Babiker Badri died in 1954, he was hailed as an educational pioneer in Sudan and given the honor of being addressed as Sheik Babiker.

It was from these humble means that the Badri family nurtured the private education in Sudan for over three generations. In 1966, Badri’s son Yusuf carried on his father’s work by establishing the Afhad University College for Women in Omdurman, across the Nile from Khartoum and next to the site where Badri had fought as a young Sudanese soldier. Afhad University began with only 23 students and 3 faculty members, including Yusuf. The university now has an enrollment of more than 5,000 students and occupies a new and modern campus. Professor Yusuf Bedri died in 1995 and was recognized as a pioneer in the education of Sudanese women. His son, Dr. Gasim Badri, has continued to expand Afhad’s curriculum and teaching innovations.

The Afhad University College for Women was granted full university status in Afhad in 1995. The university is the oldest and largest private university in Sudan and may be the only private women’s university in Africa. “Afhad,” in Arabic, means for “our grandchildren.” Currently, Badri’s grandchildren are among the leaders and faculty of the Afhad University for Women. Afhad University College for Women continues toward its objective of preparing women for more responsible roles, personally and professionally.

Teacher Education for Sudanese Girls

In 1898, there was an underwhelming amount of education, especially for girls. However, the education of boys was planned immediately and appropriately to fit the needs of the country’s male-dominated objectives. However, it was in 1920 that the growth of education in Sudan rose when Miss J. D. Evans was appointed by the government to organize a system of elementary schools and teacher training for half the country. By the year of 1939, in the northern and Muslim sections of Sudan, the education of girls was not universally accepted in the country. J. D. Evans was joined by her sister Dora Evans to provide a foundation for training schoolmistresses to engage in a more enlightened curriculum. While J. D. Evans’s goal of educating schoolmistresses beyond conforming to household duties faced

great objection, parents began to realize that a girl's salary was a useful addition to the family income. Although parents struggled with the idea of young women earning money, teaching became a respectable occupation for them.

Effects of Childhood Marriage

Compulsory childhood marriage is a significant issue in Sudan, although information about its prevalence is not documented. National childhood legislation introduced in 2010 does not include protection against early or forced marriage in Sudan. A large household survey, including data from Sudan and South Sudan, conducted by the government of South Sudan in 2006, found that 36 percent of women in Sudan were married before the age of 18. The survey also found that 12 percent of women were married before the age of 15. Early marriage is more prevalent in rural areas. Sudanese females are more often to experience domestic violence and less likely to take action against their mates in a child marriage. Sudanese child brides are more likely to believe their partners are justified in beating them.

Health

Access to Health Care

Sudanese hospitals, both public and private, are unequipped to serve its population. The hospitals have scarce resources. Their health care professionals are exhausted and continue to sacrifice their own time and resources. Sudan's weak public health care infrastructure is a significant consequence of the economic policies of President Omar al-Bashir's National Congress Party (NCP). His attempt to privatize the health care system has largely failed. Consequently, millions of Sudanese citizens have been left without access to health care and insurance, especially without a large NGO presence. As Malik (2014) discovered, doctors have been known to spend their last financial resources to buy their patients lifesaving medications. A person in a Sudanese hospital will always find a doctor that is stretched beyond his limits. Public and private hospitals face problems of scarce resources and health care professionals. As the gaps between the rich and poor proceed to widen, patients are burdened with the cost of medications, injections, and basic scans. Patients "carry their subscriptions scribbled by the specialists who charged them the last of their money, and hobble from car to bystander to pedestrian, asking for help in paying

for their medicine and scans" (Malik 2014). It is common for parents to be unable to pay for their children's medical bills. Even families with the most comprehensive insurance plans have limited means and must pay out-of-pocket costs for prescriptions.

The overwhelming reelection victory of President Bashir reinforced that Sudanese citizens cannot bring change through their vote. In an attempt to combat some of the financial pressures, some doctors have resorted to the use of social media. Doctors promote funding or the transportation of patients to hospitals through social media, specifically on WhatsApp groups and Facebook pages. Sharià-al-Hawadith, a three-year-old initiative, aims to meet Sudan's child health insurance gap by gaining support for medical care online. Sharià-al-Hawadith is named after the street where it was founded, which translates into "Accidents Lane," and it is the largest organization in the new wave of Internet-based initiatives that addresses the inaccessibility to Sudan's health care infrastructure. Doctors treating children can call volunteers that are available around the clock and fulfill requests for medicine that children's parents cannot afford. Volunteers post requests on Facebook, and individuals can send their donations by phone or directly to curbside teams found in all of Sudan's 18 states. Sharià-al-Hawadith's initiative sustains itself by not labeling itself as an NGO and existing only online. The initiative is rooted in traditional Sudanese self-help groups that assist communities in their times of need. While the initiative faces critiques from the government about having a communist agenda, a member of Sharià-al-Hawadith states the authorities will not close in on them "because we are providing and helping a huge number of patients" (Pantinkin 2015).

Maternal Health

Sudan has 10.6 million women of reproductive age who give birth to 5–6 children each (UNFPA 2016). Contraceptive use is low; only 9 percent of women access some form, compared with 46 percent in the larger region, and contraceptive use is lowest in rural areas. The most commonly used form is oral contraception (70%) (WHO 2016). Condoms are rarely used for family planning, and UNFPA reports that supplies are often out. Only 20 percent of births are attended by a skilled birth professional (UNFPA 2016). In rural areas, it is common for not even basic midwifery services to be available. One in 32 Sudanese women dies due to pregnancy- or birth-related causes. More than

60 percent of these deaths were easily prevented. The complications could have been easily treated if the women had had access to skilled birth attendants or fully staffed hospitals with medical resources, including medications, blood supplies, and surgical equipment. UNFPA is assisting with training for village midwives and technicians in underserved rural areas. Though 75 percent of pregnant women have at least one antenatal appointment, only 47 percent receive the recommended four visits that are directly connected with good birth outcomes for mother and baby (UNFPA 2016). Mortality rates for children under five years old have dropped from 128 per 100,000 in 1990 to 77 per 100,000 in 2013.

The civil war and continued violence in Sudan have led to reduced access to education as well as health services, which contributes to these poor outcomes. A woman who is literate and has had more education is more likely to use contraception and to seek out information that improves her health and the health of her family. She is also more likely to be older when getting married and having her first baby. Ten percent of girls 12–14 years old and 38 percent of those 15–19 years old are married. “Of these married girls, 1 percent aged 12 to 14 years and 16 percent ages 15 to 19 years have begun childbearing, and yet 95 percent of them have no access to family planning” (UNFPA 2016).

Diseases and Disorders

As in any country with a recent history of civil war and violence, Sudan is at greater risk for treatable diseases due to the lack of health care infrastructure and the tenuous education system that leads to a shortage of health care and medical professionals as well as an underinformed population. Malaria remains a critical issue for the country and, along with communicable, perinatal, and nutritional conditions, contributes to 53 percent of deaths. Death due to injuries is at 13 percent, and noncommunicable diseases such as cardiovascular, cancer, chronic respiratory diseases, and diabetes are the most common (WHO 2016).

Female Genital Cutting

Female genital cutting (FGC), sometimes called female genital mutilation (FGM), is a practice that originated in the Pharaonic times in Egypt and Sudan. It refers to “all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons” (UNICEF 2016). There are

three forms of practice in FGC, and a significant majority of Sudanese women have been subjected to one of the most severe forms. Although the British administration created legislation against FGC in 1946, it affects more than 88 percent of women in Sudan, or 9 out of 10 Sudanese women aged 15–49 (Abbas 2013; Simonsen 2013). The majority of the women have undergone a procedure known as infibulation, or pharaonic circumcision, in which all or part of the inner and outer labia and usually the clitoris are removed. The operation is usually performed by a traditional birth attendant. The procedure has no benefits but significant detriments. Fatema, a Sudanese woman, states, “It creates so many problems. It affects a woman during her period. It causes infections. It is a problem early in the marriage, and during pregnancy and delivery” (Simonsen 2013). Kassala, a town in Sudan, has the third-highest prevalence of girls and women who have been cut, approximately 78.9 percent (Simonsen 2013). However, there has been a shift in attitudes toward discontinuing the practice of FGC.

In 2007, UN organizations, civil society groups, and other institutional agents came together to create a campaign to end FGM in Sudan. A campaign named Saleema, a word that translates “to complete, to signify that a girl should remain the way that she was born,” was created (Abbas 2013). The campaign has increased its fight against FGC and FGM and utilizes extensive media outreach to foster discussion around the once taboo issue in Sudan. Saleema’s message encourages parents to allow their girls to remain “whole,” “intact,” and in her “God-given condition” (Simonsen 2013; Abbas 2013). Celebrities and other respected individuals are plastered across billboards with the saying, “Let every girl born Saleema grow Saleema” (Abbas 2013).

While the name Saleema is being shared with the citizens, individuals such as Sarah Osman, believe the message of the detriments of FGC is not getting across. With a greater aim to promote discussion about FGM, messages of Saleema are disseminated through the radio and television as well as in health facilities, such as the Saudi Hospital in Kassala, that educate pregnant women on the benefits of not cutting. The ability to counsel and discuss with Sudanese females the benefits of not cutting their children helps dismantle the attitudes of “women, not men, who are most reluctant to abandon the practice of cutting girls” (Simonsen 2013). Aziza, a 30-year-old mother of three girls and three boys states, “None of my three daughters have been cut, I myself am convinced that cutting is bad—I have suffered its consequences when giving birth. But my mother

and grandmother are not supporting my decision” (Simonsen 2013). However, in an attempt to decrease family conflict, Aziza suggests that her daughters be cut in a “less intrusive procedure” (Simonsen 2013).

Although Saleema is a nationwide initiative that is supported by state institutions, FGC is not criminalized by law in Sudan. In 2010, activists and the international community were surprised to discover that an article to ban FGM was taken off from the much-awaited Child Law. A bill that prevents FGC and requires a maximum 10-year imprisonment of the parents if the daughter dies has been reviewed by the parliament since 2007; yet, there have been no improvements in the practice of FGC. Civil rights groups such as Babiker Badri Scientific Association for Women’s Studies, based at Ahfad University for Women in Omdurman (the twin city of the capital Khartoum), work to combat FGC by fostering dialogue on the negative consequences of the practice. Mahasin Ali, the coordinator of Babiker Badri Scientific Association, stated, “We used to talk about the harmful sides of FGM and for the longest time, no real change was observed in attitudes and in practice. Then we changed our approach and began selling the positive aspects, what is positive about not carrying out FGM on a girl” (Abbas 2013). The discussion about carrying out the practice of FGM across the different communities in Sudan assisted the organization in developing a more inclusive approach and campaign. The Babiker Badri Scientific Association is having group discussions about the negative consequences of FGC with women, men in sports, and cultural clubs in Sudanese communities. These discussion-oriented approaches have aided in redeveloping the Saleema campaign, which has broadened its efforts in reaching more people and being more transparent in its approach.

Abdelraouf Elsiddig Ahmed, a UNICEF child protection specialist notes, “If we compare the 2006 and 2010 Sudanese Household Surveys, we see a notable decrease in the practice of cutting. For instance, in the 5 to 9 age bracket, 34.5 percent had been cut in 2010, compared to 41 percent in 2006. In the next Household Survey, we expect to see a further decrease. That is when we will see the impact of the Saleema program” (Simonsen 2013).

Family Life

Marriage and Sudanese Women Rights

The 1991 Personal Status Law for Muslims governs the marriage between men and women. Currently, all northern-

based political parties, as well as the Sudanese Communist Party, advocate for their interpretation of the family law and sharia law (laws based on Islamic interpretations of the Koran). The political parties are in opposition to the Muslim Personal Status Act of 1991 that allows Sudanese males to marry four wives, but he has to treat them all fairly. The minimum age for marriage is defined as both the Sudanese male and female having reached puberty. Both parties need to give consent to marry; however, the Sudanese female must obtain permission from a male guardian, or wali, to validate the marriage. The male is responsible for providing a dowry, which is the property of the wife, and the man is the financial provider for the family. A husband has the capability of denying that his wife can work outside of the home, even if he fails to provide sufficient financial resources.

Women’s ability to initiate divorce varies according to the variety of laws in Sudan. While men have the capability of divorcing women unilaterally just by saying, “I divorce you,” women only have the right to file for divorce in particular circumstances. These situations include the following: “if the husband fails to fulfill his financial obligation to support her; if her husband has more than one wife and she can prove that her husband does not treat all his wives equally; if the husband has a defect she did not know about before marriage; if the husband suffers from an incurable mental illness; if the husband is impotent; if he behaves cruelly; if he is abroad for more than one year; and if the husband is sentenced to prison for more than two years” (Tonnessen 2007; SIGI 2016). Although Sudanese women experience these rigid divorce policies, there have been two improvements: a woman may obtain a divorce if her husband had a defect she was not aware of before the marriage and, after divorce, the wife is not required to return to the principle of the “house of obedience,” or maintain occupancy in the same household, as the husband.

Parental authority is granted solely to the fathers, and men have the legal status as the head of the family. A divorce under Islamic and Coptic family law specifies that the mother has custody of a female child until she is nine years old and male child until he is seven years old. Once the children reach these ages, the courts can order custody arrangements that would be more sufficient for the child, but Sudanese men automatically obtain custody if the woman remarries. “Islamic family law women have inheritance rights. However, under the rule of *tāʿseeb*, or inheritance by filiation, the share for women and daughters is generally half of that to which men are entitled”

(Tonnessen 2007; SIGI 2016). Women do not have any inheritance rights under the customary law. In addition, under the customary law, widows are mandated to marry another man in the husband's family. While Christian and Muslim women share the same parental authority rights, Christian women and men have equal rights in regard to inheritance (SIGI 2016).

Politics

Economics and Politics

Sudan has an abundance of rich natural resources, such as natural gas, gold, silver, zinc, iron, uranium, copper, cobalt, aluminum, and others. While agriculture has served as the primary source of income and employment for the Sudanese people, oil production drove the majority of Sudan's post-2000 economic growth. In 2012, the industrial and service sectors decreased because of the oil loss, and the agriculture sector saw positive growth. The Sudanese government attempts to diversify its cash crops; yet, limitations in major agricultural exports, transportation, and irrigation deter Sudan from obtaining a dynamic agricultural economy. To combat these issues, the government engages in strategic relationships with domestic and global actors to increase agricultural exports. These relationships have been essential to help with the lack of equivalent human developments and poverty reduction initiatives.

Sudanese women are given at least 25 percent participation in Parliament based on the 2008 Electoral Law, and women currently make up 28 percent of the Parliament seats. However, while gender equality may be central, women continue to "shoulder the burden of displacement and poverty associate with conflict, and in rural areas, less than a third of women have had access to any form of education" (SIGI 2016).

Under Article 32 of Sudan's Interim Constitution, women and men had equal entitlement to all civic, political, economic, social, and cultural rights. Article 32 also specified the state "shall promote woman rights through affirmative action [and] . . . shall combat harmful customs and traditions which undermine the dignity and status of women" (Government of Sudan 2005, 14). According to Article 15 of the Sudanese Interim Constitution, "The state shall emancipate women from injustice, promote gender equality, and encourage the role of women in family and public life" (8). However, after the Sudanese president Omar Hassan al-Bashir announced South Sudan's

secession, he introduced a new constitution that would be based on sharia law. Consequently, women are subjected to negative social and cultural perceptions that fuel discrimination and harassment.

According to a new report by the Human Rights Watch (HRW), there has been abuse of and repression against female activists and human rights supporters in Sudan (HRW 2017). Specifically, Sudanese women are subjected to harsh policies that affect what they wear, where they can work, and uses of infrastructure. The HRW uncovered several cases of alleged rape and sexual violence by authorities. One activist said men surrounded her and then beat and raped her while she was distributing pamphlets. These tactics, as well as attacking women's reputations to silence them, occur while authorities repress civil society groups, especially those that are dedicated to women's rights.

LGBT rights are not protected in Sudan. Same-sex relationships are illegal and punishable by death; a man's first offense is punishable by lashing. Rooted in conservative and religious ideas, the Sudanese rarely talk about sexual identity, and the first organization to work on LGBT rights, Freedom Sudan, was formed in 2006. A second organization, Bedayaa, was formed in 2010 to serve Sudanese and Egyptian people.

ISSUES

Resistance and Violence against Sudanese Women

Women and girls in Sudan are constantly faced with detriments imposed by the public order regime that prevents their freedom and ability to make personal choices. Sudanese women are confronted with initiatives and laws that impose corporal punishment for what is deemed immoral behavior. Specifically, Sudan's Criminal Penal Code of 1991, Article 152, or the Society of Safety Code, calls for the punishment of

Whoever does in a public place an indecent act or an act contrary to public morals or wears an obscene outfit or contrary to public morals or causing an annoyance to public feelings shall be punished with flogging which may not exceed forty lashes or with fine or both. The act shall be contrary to public morals if it is regarding as such according to the standard of the person's religion or the custom of the country where the act takes place. (End Corporal Punishment 2017)

In 2009, the Sudanese government faced international outrage following the arrest of UN officer Lubna Hussain and 13 other Christian women who were threatened with 40 lashes for wearing pants. In 2012, 70 percent of the 43,000 cases sent to the public order courts involved women. Amal Habbani, a civil and human rights advocate with the group No to Women's Oppression Initiative, argues there are 40,000–50,000 women arrested and flogged every year because of their clothing (Mutiga 2014). Eight out of every 10 women charged were drawn from vulnerable groups, including those internally displaced by civil war (Mutiga 2014). Meriam Ibrahim was sentenced to death for converting to Christianity from Islam, but Ibrahim was eventually allowed to leave Sudan. In 2013, civil engineer Amira Osman Hamed faced a public flogging after her arrest by 10 police officers for “indecent dressing” because her hair was not covered (Mutiga 2014). After a global outcry, she was not flogged.

President Omar al-Bashir enacted his tolerance toward Christians and gender equity through language and implementation of the sharia (Islamic law) for over 25 years. He infamously stated in a 2010 speech, “We don't want to hear anything about diversity—Sudan is an Islamic and Arabic country” (Salih 2015). While President al-Bashir has been charged with war crimes in Darfur by the International Criminal Court, he has maintained power and control through his relationship with the ruling National Congress Party and security forces.

Women are held to a different standard than men, and Christians in particular are targeted by the state. Fardos Al Toum, a 19-year-old Sudanese Christian woman, was arrested for indecency with 11 other women in June 2015, in front of a church in Khartoum, by the “morality police.” The women, between the ages of 17 and 23, were originally from the Nuba Mountains region on the border with South Sudan. In 2015, Saadia Rajab, 22 years old, was charged with adultery and sentenced to death by stoning (Ahmed 2015). Article 146 of Sudan's Criminal Act of 1991 specifies that death by stoning is the punishment for adultery by a married person. Based on Saadia's plea of not guilty and withdrawal of the complaint by her husband, the charges were dropped. Human rights groups state the continued overpolicing and overgovernance of Sudanese Christian females is demonstrative of the government's intolerance to its minority female and Christian populations. The group of women gained a significant amount of support from international organizations such as Amnesty International and the United Nations, who called for the charges

against the women to be dropped: “The public order law is imposed in a way which is hugely discriminatory and totally inappropriate and violates women's rights” (Salih 2015). While women's rights activists face tremendous consequences for their determination, Sudanese women and organizations such as Amnesty International and No to Oppressing Women Initiative (NOW) aim to dismantle these discriminatory policies.

Amira Osman Hamed and other women's rights activists are hoping to increase the international support to overturn Sudan's public order laws. Rights activists state, “These laws are arbitrarily enforced and used as cover to oppress vulnerable groups, particularly women, who face long spells in jail for infractions such as dancing with men or operating a hair salon before the age of thirty-five” (Mutiga 2014). These laws have a “women-are-the-devil” mentality, and therefore women's daily life activities need to be policed and controlled. A 2014 report by London-based Equal Rights Trust and in partnership with the Sudanese Organization for Research and Development, *In Search of Confluence—Addressing Discrimination and Inequality in Sudan*, accuses the government of mass rights violations embedded in the law (Mutiga 2014). The report relied on oral testimonies from more than 260 people and includes an analysis of Sudan's laws. One of the most interesting findings, according to Equal Rights Trust executive director Dimitrina Petrova, was the number of government critics and journalists imprisoned. Fifty-five out of 60 civil society activists had been arrested in the past three years because of this work (Mutiga 2014). The report addresses issues across a range of intersections, such as race, ethnicity, religion, political opinion, health, and sexual identity. It also included the first testimony from Sudan's gay community, which the report notes is highly oppressed. Women continue to face a disproportionate burden of abuses in the highly male-dominated society of Sudan.

TIFFANI J. SMITH

Further Resources

- Abbas, Reem. 2013. “Female Genital Mutilation Campaign in Sudan Slammed For ‘Not Getting Message Across.’” *Huffington Post*, August 19. Retrieved from http://www.huffingtonpost.com/2013/08/19/female-genital-mutilation-sudan_n_3779524.html.
- Ahmed, Hikma. 2015. “Women and Morality Laws in Sudan: Flogging and Death by Stoning Sentences Continue.” Retrieved from <http://www.weldd.org/blogs/weldd/women-and-morality-laws-sudan-flogging-and-death-stoning-sentences-continue>.

- BBC. 2015. "Sudan Profile—Long Overview." Retrieved from <http://www.bbc.com/news/world-africa-14095114>.
- End Corporal Punishment. 2017. "Corporal Punishment of Children in Sudan." Retrieved from <http://www.endcorporalpunishment.org/assets/pdfs/states-reports/Sudan.pdf>.
- Government of Sudan. 2005. "Constitute." Retrieved from https://www.constituteproject.org/constitution/Sudan_2005.pdf?lang=en.
- HRW (Human Rights Watch). 2017. "Sudan." Retrieved from <https://www.hrw.org/africa/sudan>.
- Malik, Nesrine. 2014. "Failing Hospitals and Private-Public Fiefdoms: What Healthcare Reveals about Sudan." *African Arguments*, November 13. Retrieved from <http://africanarguments.org/2014/11/13/failing-hospitals-and-private-public-fiefdoms-what-healthcare-reveals-about-sudan-by-nesrine-malik>.
- Mutiga, Murithi. 2014. "Sudan's 'Morality' Laws Used to Punish Women, Report Finds." *The Guardian*, October 2. Retrieved from <http://www.theguardian.com/world/2014/oct/02/sudan-morality-laws-women-report>.
- Pantinkin, Jason. 2015. "For Sudan's Uninsured, a Dose of Facebook Is the Cure." *Sudan Vision Daily*. Retrieved from <http://www.csmonitor.com/World/Africa/2015/0528/For-Sudan-s-uninsured-a-dose-of-Facebook-is-the-cure>.
- Salih, Zeinab Mohammed. 2015. "Outrage as Nine Sudanese Women Face 40 Lashes for Wearing Trousers." *The Guardian*, July 14. Retrieved from <http://www.theguardian.com/world/2015/jul/14/sudan-christian-women-40-lashes-trousers>.
- SIGI (Social Institutions & Gender Index). 2016. "Sudan." OECD Development Center. Retrieved from <http://www.genderindex.org/country/sudan>.
- Simonsen, Sven G. 2013. "In Sudan, Taking a Stand against Female Genital Cutting." UNICEF. Retrieved from http://www.unicef.org/protection/sudan_71891.html.
- Tonnessen, Liv. 2007. "CMI Working Paper: Gendered Citizenship in Sudan: Competing Perceptions of Women's Civil Rights within the Family Laws among Northern and Southern Elites in Khartoum." Retrieved from [http://bora.cmi.no/dspace/bitstream/10202/27/1/Working percent20paper percent20WP percent202007-4.pdf](http://bora.cmi.no/dspace/bitstream/10202/27/1/Working%20paper%20WP%202007-4.pdf).
- UNDP (UN Development Programme). 2015. "Sudan." Retrieved from <http://hdr.undp.org/en/countries/profiles/SDN>.
- UNFPA (United Nations Population Fund). 2016. "Maternal Health: Stepping Up to Save Mothers' Lives." Retrieved from https://countryoffice.unfpa.org/filemanager/files/sudan/facts/maternal_health.pdf.
- UNICEF. 2009. "State of the World's Children." Retrieved from <http://www.unicef.org/sowc09/statistics/statistics.php>.
- UNICEF. 2012. "Basic Education." Retrieved from http://www.unicef.org/sudan/education_4226.html.
- UNICEF. 2016. "Female Genital Mutilation/Cutting." Retrieved from http://www.unicef.org/protection/57929_58002.html.

Syria

Overview of Country

Syria is located in the western Mediterranean between Turkey, Lebanon, Israel, and Iraq. It is roughly 84,172 square miles (185,180 sq. km), with 83 miles of coastline. From the mountainous border it shares with Lebanon, Syria's topography descends to a fertile valley that runs from south to north, and then east along the Euphrates River. Most of Syria's geography is high desert, with mountainous areas in the north. In 2014, the UN Development Programme (UNDP) ranked Syria 119th out of 187 nations based on the Gender Inequality Index (GII, 0.533) (UNDP 2014).

Syria's population is approximately 23 million, about half of whom live in the major cities of Aleppo (3 million), Damascus (2.5 million), Homs (1.4 million), and Hamah (1 million). For several decades, Syria was experiencing rapid population growth through persistently high birth rates. Between 1970 and 2010, its population tripled from 6 million to 22 million. Nearly a third of the population is under the age of 15, creating greater demands on Syria's educational system and opportunities for employment. Since the beginning of the civil war in 2011, Syria's overall population has experienced negative growth through the exodus of refugees into neighboring Jordan, Lebanon, Turkey, and Iraq. The United Nations estimates that nearly one-third of the population will be refugees by the end of 2017; more than 4.5 million having fled to neighboring countries, and 6.5 million live as displaced citizens within Syria's own borders (UNHCR 2016).

Religion

Syria's religious and cultural groups trace their beginnings back to the Roman Empire. Jews and Christians as well as Greeks, Romans, and other religious and ethnic groups lived in the cities of Damascus, Homs, and Aleppo from the first century CE. When Muslim armies conquered the area in the seventh century, many of these communities converted to Islam, and much of Syria was absorbed into an expanding Umayyad empire whose primary language was Arabic. Today, Syria is a multiethnic, multireligious country with diverse religious and cultural groups. The state guarantees freedom of religion (albeit with restrictions on interfaith marriage and religious conversion) and allows workers leave for religious holidays. State offices are

closed on Friday, the Muslim day of rest, and Christians are provided time off for Sunday worship and other holidays.

The majority of Syrians are Sunni Muslims (74%). Approximately 10 percent identify with Shia Islam, including offshoots of Shiism many conservative Sunni's consider to be different enough that they are no longer within Islam, including Ismailis and Alawis (the religion of the current president). Nine percent of Syrians are Christian (mostly from Syriac, or Eastern Christianity, as well as Armenian Christians and smaller minorities of Roman Catholics and Protestants). Three percent of the population is Druze (an offshoot of Islam), and a very small number of Jewish residents continue to live in Damascus and Aleppo. The population of religious minorities has rapidly declined since the civil war devastated the city of Homs (where the Christian population has dwindled from 160,000 to approximately 1,000 in the past three years) and the Yezidi communities in the northeast and in Aleppo.

Different sects see the relationship between religion and government differently. For example, Sunnis believe God can be known through regular worship and indirectly through ritual specialists and the Koran and that law should be shaped by religious principles. Alawis, on the other hand, have more of a sense that God is known mysteriously but directly through religious authorities (or "gates" that are available in every age) and that religion and politics are complementary but separate spheres of life.

Ethnicity

The majority of Syria's population is Arabs (90%) with smaller groups of Armenians, Kurds, Turkmen, Circassians, and Chechens. Ethnicity and religion often, but do not always, overlap, so while most Muslims are also ethnically Arab, Christians may be Arab, Armenian, or Palestinian ethnically. Ethnic and religious groups tend to live in separate urban neighborhoods or villages, exacerbating cultural and economic divisions across groups. Children of women married to non-Syrians take on the nationality of the father.

Education

Hafiz al-Asad (president between 1971 and 2000) and his son Bashar al-Asad (president since his father's death in 2000) have had tremendous influence over Syria's educational system. The elder Asad credited his rise to power in part to the education he received in village schools

established by the French between World War I and World War II. He was a great advocate of education and invested in elementary and secondary schools across the country. His son, Bashar, was an active promoter of the Syrian Computer Society prior to becoming president and has gone on to create the first private universities and programs in online education (both of which remain very expensive and relatively small in terms of enrollments).

Education is considered the right and responsibility of all Syrians, and primary school is mandatory until age twelve. The vast majority of girls attend public school, although elite families are likely to send their children to private schools or foreign schools for their education. Only 4 percent of all students are enrolled in private schools. Education is free; however, families must purchase supplies and school uniforms in the lower grades and pay for books and supplies at public universities. Under Hafiz and Bashar al-Asad, girls as well as boys have been encouraged to attend military-style summer camps beginning at age nine. Attendance is not mandatory; however, participation in the camps and membership in the youth Baath Party student association provides bonus points on mandatory university entrance exams. This baccalaureate exam is taken at the end of a student's final year of high school—the score of which determines both the university a student may attend and the topic they may study. Those who score very high on the baccalaureate exam may study medicine, engineering, or pharmacy, while those whose scores are lower may only be admitted to programs of study in the social sciences or English language and literature.

Compared to other Arab states, Syria's comparatively higher investments in education have produced higher enrollments, lower illiteracy, and greater access to a range of fields for women. Since the mid-1970s, literacy among women has risen from 50 percent to 78 percent (well above the regional 51% average in other states). Among younger women (ages 15–25) literacy is even higher, around 93 percent. Primary school enrollment is mandatory and stands at about 98 percent for girls, compared to a regional average of 78 percent. Women are just under half of all university students at the state's flagship university in Damascus (with most women concentrated in teaching (75%); literature and humanities (64.7%); pharmacy (61%); architecture (52%); and sciences (41%) (CBS 2014). Young women may also enroll in vocational schools for training in education, computers, foreign language, sewing, or business.

Despite these gains in basic education, dropout rates remain a significant problem, especially for girls. Nearly 30 percent of all girls leave school with less than a ninth grade education, and another 30 percent never go beyond a high school diploma. Most leave to help care for siblings at home or go to work (either out of economic need or because they fail the exams necessary to advance to the next level). Enrollments are lower in rural areas than in urban areas as children leave school to work in agriculture or family businesses.

Recreation

Athletic clubs in urban areas have been popular venues for girls' athletics since the 1950s. Participation in coeducational sports is limited, particularly as girls reach adolescence and families become more concerned about public appearance and interactions with nonrelated men. Syria's General Union of Sports promotes sports in rural areas, and schools provide training and recreational activities for girls and boys in combined classes in younger grades and separate classes in school facilities or in sport clubs nearby for students in high school and university. The General Sport Federation promotes recreational activities through more than 300 sports clubs throughout the country (Karfoul 2010); however, women make up less than 10 percent of club membership. The hijab, or headscarf, is not required for Muslim girls and women athletes; however, the practice is increasingly popular as a sign of personal and religious identity. Gymnastics, swimming, basketball, track, and, more recently, soccer are popular recreational sports.

While organized sports are increasingly popular, particularly within urban areas, it is more common for women and girls to participate in informal recreational activities with family and friends. Hiking, excursions to the mountains and seaside, and picnicking are inexpensive social activities that allow girls from lower incomes opportunities for physical activity and socializing.

Family Roles

Syria remains quite traditional in terms of domestic roles. Girls in both urban and rural areas are often involved in helping their mothers at home, caring for younger siblings and, in middle-income households, doing chores. Village girls may be given responsibility for caring for younger siblings, working in the fields, or helping as vendors in

family businesses. As they approach later adolescence, girls may complain about a lack of things to do as their outside activities become more limited because of parents' concerns about preserving their daughters' reputations. It is not uncommon for girls to begin to feel they are simply sitting and waiting to marry in the years between finishing high school and becoming engaged. Marriage is assumed to be the role girls (and boys) will inevitably take on as they enter adulthood. Girls who do not eventually marry remain with their parents or in a brother's or other relative's home throughout adulthood. It is very unusual for Syrians to live apart from family, especially in the case of women and girls. In old age, widowed women also commonly live with relatives, whether brothers or adult sons, rather than live alone.

Health

Health Care Access

Health and health care access is in severe crisis due to the ongoing Syrian Civil War. As of January 2016, the World Health Organization (WHO) reported that more than 640 health care workers had been killed since the conflict began, representing a 45 percent drop in available health care professionals in the country. A staggering 58 percent of public hospitals and 49 percent of primary health centers are just partially functioning or have closed completely; some have even been deliberately bombed. The loss of basic utility services has had a disastrous impact on the existing health facilities. Locally produced pharmaceuticals are 70 percent less available, and there is a severe shortage of skilled birth attendants. Diseases, including cholera, diarrheal diseases, typhoid, and hepatitis A, are surging, particularly in areas housing displaced persons within Syria. Malnutrition is rampant. Severe mental illness is impacting at least 600,000 Syrians, and it is estimated that one out of every four children is at risk for mental illness (WHO 2016a).

"In Syria today, there are 15 besieged areas where up to 700 000 people, including an estimated 300 000 children, still remain trapped. Nearly 5 million people, including more than 2 million children, live in areas that are extremely difficult to reach with humanitarian assistance due to fighting, insecurity, and restricted access" (WHO Joint Statement on Syria 2017). In December 2016, WHO responded to the fighting in Aleppo by medically evacuating 200 patients from East Aleppo, and 94 with traumatic injuries were treated immediately. Common injuries

include eye and brain damage as well as complications of chronic conditions such as diabetes that had gone untreated during the siege. Many more people in Aleppo were in need of medical attention than could be evacuated (WHO 2016). UNICEF estimates that 6 million Syrian children are in need of humanitarian aid.

Before the civil war began, Syria spent 3.2 percent of its gross domestic product (GDP) on health care, and life expectancy was 70 years for women and 60 years for men (WHO). Thirty-five percent of the population was under the age of 15, and the median age was 22 years old, with 57 percent of the population living in urban areas. The government was able to finance complete vaccinations for children. Now, humanitarian aid is supplementing immunization needs. The most common cause of death for children under 5 years old was prematurity, and the mortality rate was 15/1000 in 2013 (WHO).

Maternal Health

Fifty-eight percent of women used some form of contraception. Most birthing women were attended by a skilled birth attendant (96.2%) and had attended at least four antenatal appointments (63.7%) (UNICEF). The maternal mortality rate was 49/100,000, and Syrian women had only a 2 percent likelihood of dying from maternal causes (WHO).

Diseases and Disorders

HIV rates are very low, and comprehensive knowledge about HIV/AIDS is low. Elevated glucose levels and high blood pressure were the leading risk factors for women in 2008 (WHO). The leading cause of death in Syria is the conflict. In 2012, 43.7 percent (59,000) of Syrians died because of the civil war (WHO). The number two cause of death was heart disease at 23 percent (WHO).

Employment

Syria's economy rests on agriculture; manufacturing (primarily cotton textiles, although these jobs are fading through competition from China); raw materials, such as phosphates for fertilizer; and moderate levels of oil production. Most manufacturing jobs are seen as inappropriate for women, and agricultural work and domestic service are considered unattractive or unacceptable by many families because they are physically demanding or bring women into too much contact with nonrelated men.

The careers available to women are shaped by their location, education, ethnicity, and marital status. If necessary, young women in rural areas are likely to work on small farms as unpaid agricultural workers or, more often, limit their work to helping within the home. Opportunities for paid employment for women in urban areas are more varied, but they are similarly affected by education and the degree to which a woman's male relatives support her working for pay, particularly outside the home.

Urban women in poorer households, especially those with high school or lower levels of education, have few opportunities for employment. They may work in a small family business (especially if they may do so from home) or do sewing, make crafts, set up a hairstylist shop at home, or sell extra produce to neighbors. Some work as housekeepers for families in wealthier parts of the city, but they do so clandestinely, as families generally disapprove of this type of work because it creates the impression that the family is desperate for income and that husbands, fathers, or brothers are not good providers. These types of informal-sector employment account for nearly half of entry-level employment in rural areas (ILO 2010).

Women in urban areas with higher levels of education have greater opportunity, although those opportunities are still shaped by the preferences of male relatives. Young women most frequently work in retail shops, offices, banking, tourism, or education. Having more education broadens the types of jobs that women can do and also provides rationale for convincing male relatives that they seek employment not out of economic need but as a way to develop personally and give back to the community. Although they lag behind male counterparts in engineering and sciences, women are employed at comparable rates within agriculture, the arts, and some clerical white-collar jobs. Elite women are often involved in voluntary philanthropic, cultural, and artistic activities. A small but growing handful of women entrepreneurs have emerged over the last decade, opening shops for women's clothing, crafts, and household goods. These women struggle with patriarchal assumptions of the business community, often having to have husbands come along to sign contracts or negotiate purchase of retail space.

Women's experiences with employment reflect a number of tensions between the values and policies of the Baath Party and gender ideals around women's dependency and men's responsibilities for the household. Managing these two sets of values is made more complicated by the stagnation of Syria's economy, the decline of international aid,

the uneven political and economic reform under President Bashar al-Asad, and the persistent regional tensions with Israel, Turkey, Lebanon, and Iraq as well as the West. The constitution guarantees women “all opportunities availing them to fully and effectively participate in the social, cultural and economic life [and] removes the restrictions that prevent women’s development and participation in building the socialist Arab society” (Syrian Constitution, Article 45).

Although women’s economic independence has a long history of support within Islam, men are perceived as primary providers—often working two or three jobs to keep families afloat. A survey done by the Syrian Central Bureau of Statistics in 2009 showed that more than 40 percent of Syrians believed women and girls should not be employed under any circumstance. Eighteen percent approved of women’s employment only when economically necessary, 11 percent only if it did not interfere with other responsibilities, and 2 percent only if the workplace was gender segregated. Less than a quarter believed women’s employment was acceptable under any circumstance (ILO 2010).

Social class, education, and Syria’s changing politics and economy also play important roles in shaping women’s employment. For centuries, rural women and girls worked in agriculture and as shepherds on land owned by tribal leaders. During the second half of the 19th century, these occupations dwindled as small farming shifted to larger scale cotton production managed by urban landowners and, later, by state-owned and managed mega-farms modeled after those in the Soviet Union. In the first decade of the 21st century, the state returned large tracts of agriculture to rural resident control, and rural women began to have greater opportunities to work in smaller scale farm production again.

In 1995, 46 percent of employed women were counted as “unpaid family workers” working on farms in rural areas or at home for small family businesses; 27.7 percent of employed women and 25.2 percent of employed men worked in the public sector. Since then, the distribution of employment has remained relatively stable for men, but more and more women have been moving into the public and informal (paid but not regulated or counted) sectors of the economy. By 2010, 60 percent of employed women worked in the public sector, and only 11 percent of women workers remained counted as unpaid family labor (CBS 2010). Retirement from public-sector jobs is at age 60, and while bloated bureaucracies and overemployment in manufacturing leave some workers with very little actual work to do during the day, job security and

long-term retirement benefits make these jobs attractive, especially when there are few alternatives. Approximately 20 percent of urban women in their midtwenties are in the labor force, while among middle-aged women (those more likely to be married with children), labor force participation is about 15 percent (about double what it was in 1990).

Even with these increases, women’s employment is generally seen as something most appropriately done for personal development or contribution to society rather than a way to help support a family. Most young women withdraw from the labor force once married to focus their energies on supporting husbands and being the primary parent at home. Only 25 percent of all Syrian women are employed within two years of leaving school. Nearly the same number of women have transitioned in that same time to full-time housework as wives and often mothers. (By comparison, two-thirds of Syrian men are employed within two years of finishing school, with men’s employment overall standing at about 80 percent.) Rates of employment among women in rural areas are even lower.

Pay and Benefits

According to the Constitution, work is a “right and duty of every citizen” (Article 36). The state has responsibility to determine working hours, provide social security, and regulate leave time and compensation. Within the private and informal sectors, wage disparity is much greater than in government positions, with many women working for very little in small businesses or as unpaid family laborers in rural areas.

In government positions, pay for women is equal to men for performing similar work. Women working in government jobs also benefit from relative job security, paid maternity leave, and the availability of public nursery schools. Government employment is made easier for women because of extensive and generous maternal and child care leave policies. Women working in companies employing 100 or more persons are guaranteed paid leave around pregnancy and delivery, including 60 days of maternity leave, unspecified leave before delivery, sick leave during delivery, and 40 days of obligatory leave following delivery. A total of six months is allowed, all at full salary. In addition, nursing mothers are allowed two half-hour periods per workday for breastfeeding for up to a year and a half following delivery.

These policies, as beneficial as they may be, are only available to a small proportion of Syria's working women.

Family Life

Across ethnicity and religious background, family connections and relationships are central to women's lives. Personal identity (for men as well as women) is embedded in networks of relationships with immediate and extended family. For women, this is heightened by general dependency on fathers, uncles, husbands and brothers for material and social support.

In urban areas, parents and children are on their way to work or school by seven in the morning. Businesses are generally closed between two and five for lunch, after which men return to work for a second shift or second job. Leisurely evenings are spent visiting relatives or at home with a light but late meal, around ten or eleven is the preferred ideal. As prices for basic goods and services have skyrocketed over the past decade, particularly since the start of the civil war, family time has dwindled as households struggle to maintain family wages. Men's absence from the household because of second and even third shifts of work increases the burden on wives and mothers to manage household and children on their own, making even married women's lives more like those of single parents. Participation in networks of exchange with extended family as well as trusted neighbors help women bridge income and expenses. Exchange both redistributes resources and reinforces alliances that are especially important for women for whom opportunities for economic and social independence are limited.

Marriage

Across class, it is still fairly common for parents to be highly involved in the selection of a marriage partner for their children. Parents provide connections, screen candidates, and negotiate the material goods each party will bring to the marriage for nearly 70 percent of all marriages. By law, girls may marry as young as 16 years old and boys as young as 18 (although with parental permission, a judge may allow boys to marry as young as 15 and girls as young as 13 years of age). A generation ago, it was common for girls to marry around age 14 or 15. Girls in villages may still be married off by their parents as soon as they reach puberty. In urban areas, girls in very conservative religious families may marry in their late teens; however, most marry in their early twenties, after they have completed

high school or some university study. Their husbands are often 5–10 years older because men delay marriage until after they have completed their mandatory military service, become established in a job, and, ideally, purchase and furnish a home. Marrying against parents' explicit wishes can jeopardize women's long-term well-being, as parents and extended family are the safety net to which women turn in cases of abuse, abandonment, or divorce.

By law, parents and guardians are forbidden from forcing daughters (or sons) to marry without their consent. Parents do not typically sign contracts for their children's future partners at birth, nor are most young people forced into marriages against their will. In practice, the notion of "semiarranged" gets closer to the reality of the experience for most young women. Sons who are economically established and ready to marry will ask their mothers for help in identifying a prospective bride, offering their own suggestions in addition to those their mothers believe are from suitable families. Young women approached by their parents with the offer of marriage from a family friend or close cousin are asked what they think of potential suitors and given multiple opportunities to turn down those they find unacceptable.

In the best-case scenario, parents who love their children and are not faced by the need to marry off a child as a matter of survival are keenly interested in helping children locate and screen suitable partners. In many households, marriage between cousins account for about 27 percent of all marriages in urban areas and 36 percent of all marriages in rural areas (Othman and Saadat 2009); cousins are well-known, and the marriages strengthen family ties. High expectations are placed on children to fulfill their religious duty to please their parents, and the notion that one's own children will treat you the way you have treated your own parents encourages young women to respect their parents' good judgment. Brothers are often active in the process, intervening both before and after a marriage to protect their sisters from men who do not appear to have their best interests in mind; sisters help coach young brides as they become integrated into new networks of kin. When things do not go well, parents, siblings, cousins, and close family friends all may intervene to help couples resolve difficulties and live amiably together (Gallagher 2012).

Sexuality

Syria is a reserved society when it comes to demonstrations of affection in public. Girls may link arms and young men

hold hands while walking together. However, this type of physical affection is reserved for same-sex friends. Across religious and ethnic groups, Syrians are very conservative when it comes to sexuality and sexual intimacy. Within the majority Muslim population, physical contact is prohibited between nonrelated individuals. These restrictions are relaxed somewhat during engagement, when couples begin to have time alone in public and while visiting family. Engaged couples may hold hands, and a prospective bride may begin to spend time with her fiancé without covering her hair. After the ceremony in which the names of the couple are written in the marriage registry, additional intimacy is allowed. However, couples are expected to refrain from intercourse until after the wedding when the bride moves into her husband's home. Homosexuality is outlawed, and openly gay men and lesbians are ostracized by family and may be imprisoned for up to three years. As with heterosexual intimacy outside of marriage, same-sex intimacy places individuals at risk of being victims of an honor killing by relatives.

Household Responsibilities

The division of household responsibilities in Syria is quite gender-based. In many households, men shop for groceries and other household items on their way home for a midday meal, but the labor-intensive work of meal preparation, child-rearing, and housework are women's jobs. Wives, daughters, and sisters spend much of their days cooking, cleaning (assuming they have no other paid domestic help), and visiting with relatives and neighbors. The amount of time devoted to each is shaped by social class as well as proximity to relatives. As urban areas have become more densely populated, younger families have moved into outlying areas where housing is less expensive but customary daily trips to visit parents are considerably more difficult.

Politics

Rights and Participation

Syrian women received the right to vote in 1953, and all female citizens over the age of 18 have the right to participate in elections. Elections up until recently have been limited to candidates from the president's Arab Socialist Baath Party, with the president himself being consistently reelected by over 90 percent of the vote. Records are not

available for what percentage of women actually casts ballots.

A strong internal security service has long dampened political debate within Syria. The country was under an official state of emergency for nearly 50 years (1963 to 2011) because of conflict with Israel over the Golan Heights. This state of emergency allowed the government to restrict assembly, establish special security courts, and maintain broad powers for security personnel. These were removed during the early phases of the current civil war; however, dissent remains very dangerous. The government continues to control and heavily censor both public speech and the media, including television and the Internet. Nevertheless, a small but growing number of women are active in explicitly political associations seeking to bring about reforms that protect and enhance women's rights vis-à-vis the government and conservative religious extremists.

Women make up approximately 12 percent of all members of Parliament. Syria's Women's Union is the official association sponsored by the government. It is a forum for mobilizing activists on behalf of equal employment and child care facilities for career women, and it provides a voice for popular concerns within Parliament as well as a venue through which the state may channel sentiment around social change. Women are increasingly active in civil unrest, protesting and demonstrating both in favor and in opposition to the government and occasionally engaging in military efforts to overthrow the regime.

Religious and Cultural Roles

Across religious communities, formal and informal practices and beliefs are blended in women's everyday experience. Women are expected to fulfill the same religious duties as men in terms of prayer, giving to the poor, fasting, and upholding a high standard of personal moral behavior that demonstrates respect for oneself and others. Women from Muslim backgrounds are expected to pray five times daily (with missed prayers made up at a later hour) and often rise before dawn to pray before preparing an early meal for husbands and children. Muslim women may also go on pilgrimage to Mecca with male relatives and be leaders of informal religious discussion groups. In addition, women visit religious shrines and participate in informal religious practices. Invoking the name of God for protection when getting in or out of a microbus, greeting a mother and child with a blessing to ward off a spirit of jealousy, drinking from a special cup to calm fears that a

reputation might have been harmed by some inappropriate behavior, or picking up a piece of bread fallen in the street and placing it on a wall or windowsill are all as salient expressions of religious values as daily prayers, fasting, and giving to the poor.

The practice and styles of women's head covering is complicated in that the Koran is interpreted differently in different communities and the veil (as a symbol of modesty) is understood as form of political resistance as well as accommodation by different sects, regions, and social classes. In fact, in 2010, the burqa and niqab were banned at universities, eliciting outrage that was mitigated over the next year for schoolteachers who had refused to uncover. In 2014, militant fighters demanded that all woman wear the veil, but it is unclear what effect this has had on actual practice in the country.

While the law prohibits discrimination on the basis of religion, religious minorities face day-to-day discrimination and are victims of violence in areas of social unrest. The burning of minority places of worship, forced eviction, confiscation of property, rape, and acts of violence are on the rise, especially in areas controlled by radical Islamist groups such as the Islamic State (IS). The threat of rape, enslavement, or death is a particular danger for women and girls living in these areas.

Issues

Family laws codified in the early 20th century synthesized several schools of Islamic law with pre-Islamic patriarchal and tribal customs that preserved specific rights for women. Among the most important of those are the right to contract for their own marriages, receive a dowry, retain control over their own property, receive basic income "maintenance," and receive a share of inheritance. Within this same legal system, however, personal status laws legalize numerous forms of discrimination against women. These laws provide easier divorce for men, lenience for honor crimes, and more severe penalties for adultery for women, and they allow men convicted of rape to avoid penalty if they agree to marry their victim. Muslim women are restricted in their ability to marry non-Muslim men and to own property or start their own business without a husband's approval, and they are unable to pass their nationality on to their children if they marry non-Syrian men. Because the government tightly regulates the formation of groups and meetings of individuals who might oppose its policies, efforts to change these laws are limited

Refugees of the Civil War in Syria

According to the United Nations, nearly 6.5 million people have been displaced due to the Syrian civil war that began in the spring of 2011. Almost 50 percent of the 4,799,677 registered refugees that have fled Syria are women, and almost half of these women are between 18 and 59 years of age. Syrian refugees in Turkey number 2.7 million, in Lebanon 1 million, in Jordan 655,000, and in Iraq 239,000; Egypt has an additional 135,000 that was absorbed by North Africa. Germany and Serbia (with Kosovo) have taken in 64 percent of the refugees in Europe, followed by Sweden, Hungary, Austria, the Netherlands, and Denmark with 24 percent.

The refugee crisis has elicited political controversy in Europe and around the world. Underfunding across the region affects the following areas identified by the United Nations as critical for refugees: protection, food security, education, health and nutrition, basic needs, shelter, hygiene, and livelihoods. Poverty rates are high in refugee communities, and when basic needs are not met, education rates go down. Resilience is a key marker for transition success for refugees, and education and jobs are important to sustainability and hope.

—Kryn Freehling-Burton

to online discussions or an occasional article in a woman's magazine or newspaper opinion piece.

Violence

While ostensibly protected by both religious and civil laws, women and girls are subject to male authority within households. Fathers, brothers, and uncles may restrict their movement and may use emotional or physical intimidation to restrict women's and girls' behavior. While there are no official statistics available on domestic violence, a United Nations study in 2006 estimated that one-quarter of Syrian women are victims of physical violence (Roumani 2006). Women themselves describe the problem as widespread, and few have resources to detach themselves from abusive relationships.

The most extreme cases of violence against women are "honor killings," where a woman is killed by a male relative

on the grounds that he was “provoked” by discovering her in an “illegitimate sexual act” (e.g., being sexually intimate with anyone other than a husband) or “suspicious state.” Prior to 2009, the law exempted perpetrators of honor killings from punishment on the grounds that the perpetrator acted unintentionally (unpremeditatedly) in a blind rage in an effort to purge the family honor. In 2009, President Bashar al-Asad replaced the existing law with one that required a sentence of at least two years for such crimes.

Violence against women has been exacerbated by Syria’s civil war. Women are victims of assault, harassment, rape, beating, and torture from fighters from all parties (e.g., violence is not limited to government forces or religious extremists, see HRW 2014). In 2014, the United Nations estimated that 145,000 Syrian refugee families (nearly one out of every four) were headed by mothers whose husbands had been killed or captured or had disappeared or otherwise become separated. Many women struggle with violence against themselves and their children (UNHCR 2014). Only a handful of shelters exist in Syria: one in Damascus sponsored by an unregistered nongovernmental organization (NGO), a second sponsored by the state specifically for trafficked women, and a third also sponsored by the state for victims of domestic abuse in Aleppo.

Refugees of the Civil War

According to the United Nations, nearly 50 percent of the 4,799,677 registered refugees that have fled Syria are women; almost half of these women are 18–59 years of age. Nearly 6.5 million people have been displaced. Syrian refugees in Turkey number 2.7 million, in Lebanon 1 million, in Jordan 655,000, and in Iraq 239,000. Germany and Serbia (with Kosovo) have taken in 64 percent of the refugees in Europe, followed by Sweden, Hungary, Austria, the Netherlands, and Denmark with 24 percent. The refugee crisis has elicited political controversy in Europe and around the world. Underfunding across the region impacts the following areas identified by the United Nations: protection, food security, education, health and nutrition, basic needs, shelter, wash, and livelihoods.

Inequality

While patriarchy is meant to provide women protection, provision, and connectedness, it also limits women’s experience in significant ways. In Syria, women’s lives are

governed by civil and religious laws that codify the legal and social subordination of women to men within families. Divorce, inheritance, and child custody are examples of social and economic inequality that figure large in the minds and experience of Syrian women.

Divorce

According to official statistics, Syria’s divorce rate is approximately 13 percent (Central Bureau of Statistics 2010). By law, a man may divorce his wife by repudiation—by saying “you are divorced” three times. In the past, husbands could unilaterally divorce their wives by repeating the phrase three times in one session, leaving wives susceptible to instantaneous divorce by a husband angered by some offense or failure, whether large or small. This changed under the Baath Party rule, so the law now requires pronouncement of divorce to take place at three different times so as to allow greater opportunity for reconciliation and to prevent divorce in cases where a husband’s judgment was temporarily impaired by anger, intoxication, sickness, or psychological distress. The law also requires that application for divorce be made through the courts and that wives be notified of the proceedings.

Syria was the first state in the region to allow the courts to require husbands to pay maintenance to former wives for up to three years. A woman who is divorced is entitled by law to the unpaid portion of her dowry as well as maintenance payments for as long as she retains custody of any children age two or younger.

Women may also file for divorce, but only under specific circumstances. These include a previously unknown defect in the husband that prevents him from having sexual intercourse, insanity, abandonment, a greater than three-year prison sentence, and failure to pay his wife’s maintenance. Either spouse may apply for divorce on the grounds of discord that causes such harm that they can no longer live together. In the latter cases, divorce is granted only after the court and appointed family members have attempted and failed to bring about reconciliation. Women may file for divorce for adultery only if they are able to document that sexual intercourse took place within the family home, whereas there is no such requirement for men. Overall, while divorce law strongly favors men, recent reforms have begun to provide greater protection for women, although protections are still thinly and unevenly applied.

Although the law allows for equal division of property acquired during a marriage, women generally have no

documentation of purchases made with their own money. When people shop, they pay cash. There are typically no receipts given with a purchase, and because credit purchases are rare, if a woman buys a coffee table, or dresser, or refrigerator, or other items for the household, she has no way to document the purchase. Women are entitled to ask that they be registered as owner of a house or its contents when they marry, but most are reluctant to do so because men resist or accuse women of planning divorce. Women are deeply worried about divorce because the feeling is that when a woman divorces, she leaves the house with nothing but the clothes on her back.

Inheritance

Inheritance law for Syria's Muslim majority is shaped mostly by Hanafi legal principles applied through Syria's Personal Status Laws. According to the Koran, sons inherit twice as much as daughters, while a surviving wife inherits only a fraction of the family estate. If a man dies leaving a wife and two boys and two girls, his wife inherits an eighth of his estate, his sons a third, and his daughters each a sixth. The application of this principle under various family configurations is much more complicated than saying a daughter's inheritance is half that of her brothers. For example, women are entitled to financial support from their male relatives because the law recognizes that women inherit less. Thus, an adult son is obligated to financially support an unmarried sister who has no husband once their father dies. If he fails to do so, she has the right to sue him for that support. (The underlying principle is that wealth should remain the property of male heirs within the family of origin, rather than flow to the family of a spouse or to children.) Yet, in many cases, women are not aware of their rights, and so they turn over property to male relatives. While changes in women's status and rights under the law and educating women about those changes would improve women's independent access to resources, that independence runs against the grain of mutual interdependence that is foundational to the sense of self, social, and economic security in Syrian society.

Child Custody

In 2003, family law was revised to allow divorced women to retain custody of their daughters up until they are age 15 (rather than age 11) and sons until they are age 13 (rather than age 9). While advocates argued this change was beneficial to women, the practice shifted child-rearing

responsibilities to fathers at the age when children were closer to completing their education and becoming able to contribute to the household economy. Moreover, it created greater inequities in the remarriage market because men were reluctant to marry divorced women and even more reluctant to marry divorced women with children. In practice, mothers generally continue to retain custody of their children until they are grown, serving as caregiver but not legal guardian (e.g., mothers may not change residence with the children or register them for school). Most often, men remarry as soon as possible following a divorce, and new wives are reluctant to care for children from a previous marriage. Should a woman remarry, she may lose custody of her children, while men who remarry retain custody as long as they wish.

Trafficking

Although President Bashar al-Asad has signed the International Declaration of Human Rights, the political uncertainty and violent unrest of the civil war have created conditions in which women and children are increasingly at risk of trafficking. Prior to the civil war, Syria was primarily a destination for trafficking in women brought from the Philippines, Somalia, or Ethiopia to work as domestic servants (U.S. Department of State 2013).

Syria is a country of contrasts in terms of women's rights. Government policies keep prices for basic necessities within the reach of most households, and programs of child care, education, and equal earnings in similar public-sector jobs are more substantial than those in many other nations in the region. The current civil war, on the other hand, increases the vulnerability of women and girls to violence, rape, and displacement. Yet, these disruptions also create opportunities for women (many of whose traditional providers and protectors are absent or deceased). Women are now more likely to be earning income, navigating bureaucracies, and exercising control over their own lives as they struggle to rebuild their country.

SALLY GALLAGHER

Further Resources

- Amnesty International. 2013. *Amnesty International Report 2013: The State of the World's Human Rights*. New York: Amnesty International.
- Antoun, Richard, and Donald Quartaert, eds. 1991. *Syria: Society, Culture and Polity*. New York: SUNY Press.

- Batatu, Hanna. 1990. *Syria's Peasantry: The Descendants of Its Lesser Rural Notables, and Their Politics*. Princeton, NJ: Princeton University Press.
- CBS (Central Bureau of Statistics). 2010. "The Transition from Education to Work in Syria: First Results of the Syrian Youth Transition Survey 2009." Retrieved from <http://www.cbssyr.sy/index-EN.htm>.
- CBS (Central Bureau of Statistics). 2014. "Statistical Abstract (Al-Majmu)at al-(Ihsa(iyat)." Damascus, Syrian Arab Republic: Office of the Prime Minister. Retrieved from <http://www.cbssyr.sy/index-EN.htm>.
- Espósito, John L. 2001. *Women in Muslim Family Law*. 2nd ed. Syracuse, NY: Syracuse University Press.
- Gallagher, Sally K. 2012. *Making Do in Damascus: Navigating a Generation of Change in Family and Work*. Syracuse, NY: Syracuse University Press.
- George, Alan. 2003. *Syria: Neither Bread nor Freedom*. New York: Zed Books.
- Hinnebusch, Raymond. 2002. *Syria: Revolution from Above*. New York: Routledge.
- Hitti, Philip Khoury. 1959. *A Short History of Syria*. New York: Macmillan.
- Hitti, Philip Khoury. 2002. *A History of the Arabs*. Revised 10th ed. New York: Palgrave Macmillan.
- HRW (Human Rights Watch). 2009. "Syria: No Exceptions for 'Honor Killings.'" July 29. Retrieved from <http://www.hrw.org/print/news/2009/07/28/syria-no-exceptions-honor-killings>.
- HRW (Human Rights Watch). 2014. "We Are Still Here." In *Women on the Front Lines of Syria's Conflict*. New York: Human Rights Watch.
- ILO (International Labor Organization). 2010. "Gender, Employment, and the Informal Economy in Syria." *Policy Brief 8*, Beirut. Retrieved from http://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_144219.pdf.
- ILOSTAT Database. 2014. International Labor Organization, Syrian Arab Republic.
- Karfoul, Nor El-Houda. 2010. "Women and Sport in Syria." In *Muslim Woman and Sport*, edited by Tansin Benn, Gertrud Pfister, and Haifaa Jawad, 138–153. New York: Routledge.
- Kedar, Mordechai. 2005. *Asad in Search of Legitimacy: Messages and Rhetoric in the Syrian Press under Hafiz and Bashar*. Brighton, U.K.: Sussex Academic Press.
- Khoury, Philip S. 1983. *Urban Notables and Arab Nationalism: The Politics of Damascus 1860–1920*. New York: Cambridge University Press.
- Khoury, Philip S. 1987. *Syria and the French Mandate: The Politics of Arab Nationalism, 1920–1945*. Princeton, NJ: Princeton University Press.
- Khuri, Fuad I. 1991. "The Alawis of Syria: Religious Ideology and Organization." In *Syria: Society, Culture and Polity*, edited by Richard Antoun and Donald Quataert, 49–62. New York: SUNY Press.
- Lesch, David. 2005. *The New Lion of Damascus: Bashar al-Asad and Modern Syria*. New Haven, CT: Yale University Press.
- Leverette, Flynt. 2005. *Inheriting Syria: Bashar's Trial by Fire*. Washington, D.C.: Brookings Institute.
- Middle East Watch. 1991. *Syria Unmasked: The Suppression of Human Rights by the Asad Regime*. New Haven, CT: Yale University Press.
- Moghadam, Valentine M. 2007. *From Patriarchy to Empowerment: Women's Participation, Movements, and Rights in the Middle East, North Africa, and South Asia*. Syracuse, NY: Syracuse University Press.
- Othman, Hasan, and Mostafa Saadat. 2009. "Prevalence of Consanguineous Marriages in Syria." *Journal of Biosocial Science* 41.5: 685–692. doi:10.1017/S0021932009003411.
- Perthes, Volker. 2006. *Syria under Bashar Al-Asad: Modernisation and the Limits of Change*. New York: Routledge.
- Pollard, Lisa. 2005. *Nurturing the Nation*. Berkeley: University of California Press.
- Roumani, Rhonda. 2006. "Study Reveals Domestic Abuse Is Widespread in Syria." *Christian Science Monitor*, April 25. Retrieved from <http://www.csmonitor.com/2006/0425/p04s01-wome.html>.
- Salamandra, Christa. 2004. *A New Old Damascus: Authenticity and Distinction in Urban Syria*. Bloomington: Indiana University Press.
- Salamandra, Christa. 2007. "Chastity Capital: Hierarchy and Distinction in Damascus." In *Sexuality in the Arab World*, edited by Samir Khalaf and John Gagnon, 152–162. San Francisco, CA: SAQI.
- Seale, Patrick. 1988. *Asad of Syria: The Struggle for the Middle East*. Berkeley: University of California Press.
- Shaaban, Bouthaina. 1988. *Both Right and Left Handed*. Bloomington: Indiana University Press.
- Tergeman, Siham. 1994. *Daughter of Damascus*. (Taken from Ya Mal al-Sham. English version and Introduction by Andrea Rugb.) Austin: Center for Middle Eastern Studies, University of Texas at Austin.
- Total, Faedah Maria. 2014. *Preserving the Old City of Damascus*. Syracuse, NY: Syracuse University Press.
- UNHRC (UN High Commission on Refugees). 2014. "Woman Alone: The Fight for Survival by Syria's Refugee Women." Retrieved from <http://womanalone.unhcr.org>.
- UNHCR (UN High Commissioner for Refugees). 2016a. "Regional Refugee and Resilience Plan 2016–2017: In Response to the Syria Crisis." Retrieved from <http://www.unhcr.org/afr/partners/donors/570668e36/regional-refugee-resilience-plan-2016-2017-response-syria-crisis-january.html>.
- UNHRC (UN High Commissioner for Refugees). 2016b. "3RP: Regional Refugee & Resilience Plan 2016–2017: In Response to the Syria Crisis." Retrieved from www.3rpsyr.org.
- UNICEF. 2015. "Country Statistical Tables." Retrieved from https://www.unicef.org/infobycountry/syria_statistics.html.
- U.S. Department of State. 2013. "2013 Trafficking in Persons Report: Syria." Retrieved from <http://www.refworld.org/docid/51c2f38518.html>.

WHO (World Health Organization). 2015. "Syria Statistical Profile." Retrieved from <http://www.who.int/gho/countries/syr.pdf?ua=1>.

WHO (World Health Organization). 2016a. "Member States Briefing on the Syria Response [Humanitarian Response Plan (HRP), Regional Refugee and Resilience Plan (3RPs), Neighbouring Countries]." Retrieved from <http://www.who.int>

[/hac/crises/syr/releases/syria_who_statement_12january2016.pdf?ua=1](http://www.who.int/hac/crises/syr/releases/syria_who_statement_12january2016.pdf?ua=1).

WHO (World Health Organization). 2016b. "WHO Calls for Urgent Resumption of Medical Evacuations from Besieged East Aleppo." Retrieved from <http://www.who.int/mediacentre/news/statements/2016/aleppo-medical-evacuation/en>.

T

Tunisia

Overview of Country

Tunisia is a North African country located on the southern shore of the Mediterranean Sea, across from Italy. It occupies a strategic position at the straits that separate the eastern part of the sea (between Africa and the Middle East) and the western part (between Africa and Europe). Tunisia's position as a crossroads between three continents (Africa, Asia, and Europe) has, since the founding of Carthage by Queen Dido in 814 BCE and Hannibal's battles with the Roman Empire, given the country a complex historical and cultural depth. It is small, geographically (63,169 square miles or 163,610 sq. km), and the population is around 11.2 million (CIA 2015).

Tunisia is a majority Muslim country (99% Sunni). The population is mainly Arab at 98 percent, European at 1 percent, and Jewish at 1 percent. Black activists estimate the black population at 10–15 percent, but Tunisian demographic authorities do not use skin color as a parameter. The official language is Arabic, with French being used often in commerce and Berber (Tamazight) still being spoken in a few communities. In 2014, the UN Development Programme (UNDP) ranked Tunisia 90th out of 187 countries, placing it in the “high human development” category (CIA 2015).

Topographically, the country is divided into three distinct regions: the fertile northern region, which explains

why the country has been known historically as “Tunisia, the Green”; the central region containing arid steppes in the interior and extensive olive groves in the *sahel*, or coastal region; and the south, with its spectacular date palm oases, its iridescent salt flats, and the Sahara Desert, which covers the bottom third of the country and boasts a bit of oil, but not much.

Since winning independence from the French colonial occupiers in 1956, Tunisians have experienced three periods of governance: the government of President Habib Bourguiba (1956–1987), the government of President Ben Ali following a bloodless coup (1987–2011), and the transition to democratic governance after the January 2011 revolution marked by the flight of the dictator Ben Ali and the initiation of the Arab Spring in the region. In all three periods, the governments strongly supported progressive policies on women's rights, from the initial Code of Personal Status developed by Bourguiba in 1956 and instituted even before the Tunisian Constitution, to the continued strengthening of those rights under Ben Ali, to the post-revolutionary transition governments that wrote the new Tunisian Constitution (2014), which states in Article 21:

All citizens, male and female, have equal rights and duties, and are equal before the law without any discrimination.

The state guarantees freedoms and individual and collective rights to all citizens, and provides all citizens the conditions for a dignified life.

Having promulgated legislation and instituted practices to address the three deficits identified by the Arab Human Developed Reports (AHDR) that afflict the Arab region—empowerment of women, knowledge acquisition (education), and freedom as defined by human rights and good governance—Tunisia is considered as one of the most progressive Arab countries. A historical overview of Tunisia since independence (1956) shows that measures to address women's empowerment and to strengthen education were taken from the start (after France left), but freedoms guaranteeing respect for human rights and good governance only began to become a reality following the January 2011 revolution. Tunisia's Code of Personal Status, which went into effect in 1957, embodied significant measures affecting the lives and well-being of women and girls: it forbade polygamy and repudiation (divorce based on a verbal statement by the husband), instituted legal divorce proceedings, promoted consensual marriage based on the free choice of the two spouses, and set legal ages for marriage for both males and females. When Bourguiba instituted a National Family Planning Program in 1964, providing increased access to contraception, sterilization, and abortion and encouraging the norm of small families, it was the first such program in the Arab world and in Africa. On a 1966 visit to Tunisia, the chair of the Population Council Board of Trustees, John D. Rockefeller III, asked Bourguiba how he came up with these progressive ideas. Bourguiba replied, "I've got a lot of brains" (Brown 2007, 67).

Although measures to empower women, improve literacy, increase access to education and health care, and improve working conditions were top-down, they have been widely embraced and accepted by Tunisians. As the "father of nation," Bourguiba commanded respect, but his autocratic approach to governance led to a severe weakening of the system in the mid-1980s. Ben Ali removed him in the November 1987 coup. However, Ben Ali himself quickly became a dictator feared and despised by the people.

While women's empowerment and access to knowledge have progressively increased over the decades, it took a revolution to achieve good governance. Women and young people were deeply involved in this revolution. Tunisia went through an extremely rocky period during the 2011–2013 transition to a democratic system. Tunisians struggled with economic instability, institutional reforms, the establishment of the cornerstones of good governance, and the reconciliation needed for those who had suffered human rights abuses. Part of that transition included a

What Is the Arab Spring?

In December 2010, a fruit vendor in a small Tunisian town was refused the right to earn his living without the proper permit. In anger and humiliation, Mohamed Bouazizi went to a government building and set himself on fire. This was the beginning of the Arab Spring. People immediately joined in the revolt, documented it with their phones, and posted photos and videos on social media. As the world watched, the dictatorship of Tunisia was successfully overthrown in January 2011. This success spawned several revolutions in the Middle East and North Africa region (MENA). Egypt's dictator of 30 years, President Hosni Mubarak, stepped down in February 2011.

Women were on the front lines as the people of Libya, Syria, Yemen, Algeria, Iraq, Jordan, Kuwait, Morocco, and Oman all revolted against leaders they believed unjust. There were varying levels of success. In fact, many of these revolutions are ongoing. Some have mired the countries in war for all these years, largely due to third parties that wish to gain power in the vacuums left by collapsed governments. MENA's revolutionary change will be a long-term process, but assured women will continue to fight for justice for themselves and their families.

—ReGina E. Kaylor

point in 2013 when widely divided politicians and general social unrest led to a mediation of differences by four civil society groups (nongovernmental organizations, or NGOs)—the Tunisian General Labor Union; the Tunisian Confederation of Industry, Trade and Handicrafts; the Tunisian Human Rights League; and the Tunisian Order of Lawyers. For their role in establishing good governance, this group, known as the Tunisian National Dialogue Quartet, was awarded the 2015 Nobel Peace Prize.

While the legalization of women's rights in Tunisia has a strong foundation, reaching the goal of gender equality is an ongoing process with need for improvements both in governmental policies and in customary practices, which lag behind the progressive laws. Numerous civil society organizations have kept attention focused on women's rights in Tunisia. The International Planned Parenthood Foundation (IPPF) office for the Arab region is in Tunis,

as is the Center of Arab Women for Training and Research (CAWTAR), which monitors women's status in the Arab world and advocates for gender equality. The Center for Research, Studies, Documentation and Information on Women (CREDIF) conducts research on women and their status in Tunisian society as well as on their contributions to the development of society, under the auspices of the Ministry of Women, Family and Childhood. The Association of Tunisian Women for Research and Development (AFTURD) founded by Tunisian university women, has, since the mid-1980s, done research to understand and explain the obstacles to women's effective participation in social, economic, and political life. The Tunisian League of Human Rights, and the Tunisian Association of Democratic Women carried out courageous defense action in favor of women's rights, despite harassment under Ben Ali. One of the oldest women's organizations in Tunisia is the National Union of Tunisian Women (UNFT), which was formed in 1956 and was, until the revolution, state-sponsored. UNFT had outreach in every region and many cities but was closely tied to the repressive regime that funded it. Postrevolution, the UNFT faced legal challenges and bankruptcy, and the current government (2015) is looking into the case.

Before the 2011 revolution, the majority of Tunisians suffered from lack of free speech and from the threat of severe punishment for those who did speak out, including Islamic activists (who went into exile or prison), minorities, and LGBT people. The postrevolutionary period has seen a flood of organizations exercising free speech and advocating for the rights of minorities. Examples include the Association for Equality and Development (ADAM, founded in 2012); the "Equality Caravan" organized by black Tunisians protesting racial discrimination in daily life; and various organizations advocating for LGBT citizens, such as the Tunisian Association in Support of Minorities, Tunisian Association for Justice and Equality (DAMJ), and the SHAMS association to decriminalize homosexuality in Tunisian law. In October 2015, the prime minister sacked the minister of justice who stated that Article 230 of the Constitution, criminalizing consensual sex between men, was one of several laws that are inconsistent with the country's new Constitution, especially Article 21 (Middle East Eye 2015; Constitute 2014).

Girls and Teens

The sex ratio at birth in Tunisia is 1.07 males/females, and it remains relatively balanced throughout the life cycle,

with the exception of the age group 25–54 years, where the ratio is 0.95 males/females (largely due to male migration for work) and the group 65 years and over, 0.96 males/females (Index Mundi 2015). Attendance in primary school shows parity between boys and girls. Girls begin to outnumber boys at the secondary level, and the World Economic Forum's 2015 Global Gender Gap Index ranks Tunisia first out of 145 countries for enrollment of women in higher education (1.62 females/males). The literacy rate for youth 15–24 years of age is 98 percent for males and 96 percent for females.

Tunisia was the first country in the Middle East and North Africa (MENA) region to introduce information on reproduction and family planning into its school curriculum (early 1960s). The National Office for Family and Population has posted information online specifically addressed to youth in a changing world. The site has sections on AIDS and sexuality, youth and celibacy (chosen or imposed), tobacco use, and domestic and social violence. Question-and-answer sections address premarital consultations, contraceptive methods, infertility, sexually transmitted diseases, cancer, and menopause. Tunisians on average marry relatively late (age 27 for females and 32 for males): only 1 percent of youth 15–19 are married, and 14 percent of those aged 20–24 are married.

Family is central to most Tunisians, whether their worldview is liberal or conservative. It has been the institution that has served as a support network when other institutions—economic, political, or social—fail. Much socializing is done within the family network, and a significant number of young people live with their families until they marry. Within many families, gender dictates the tasks boys and girls do, and male children are still generally privileged compared to females and given more freedom of expression and circulation. Even for families who have migrated to cities, identification with place of origin is strong, and family reputation is an element of identity for all members of the family.

Today, girls and teens must navigate a contradictory set of expectations. Given their level of education, access to global information via the Internet and television, positive attitudes about family planning, and the progressive laws about women's rights, Tunisian girls and teens have many opportunities and advantages in life. Coming from a tradition where identity is strongly other-centered and family loyalty is a primary concern, Tunisian girls experience the contradictions that arise where patriarchal attitudes are still prominent, customary divisions around gender

structure behavior, and youth reach maturity long before they reach the average marriage age. Tunisian young people participate in youth centers, civil society organizations, and organized sports.

Health

After independence, President Bourguiba took a number of steps to improve health care. At the end of the French Protectorate in 1956, Tunisian life expectancy was 47 years, the mortality rate 25 per 1,000 inhabitants, and the population growth rate 3.0 percent. Of a population of almost 4 million, 46.5 percent were under the age of 15. Today, Tunisian life expectancy is around 74, the mortality rate is 6 per 1,000, and the population growth rate is 0.92 percent. Of the 11.2 million, 23 percent are under age 15, and 7.5 percent over age 65 (Index Mundi 2015).

The remarkable progress Tunisia made in improving these key indicators can be tied to the early policies Bourguiba implemented concerning health care, many of them focused on women's health needs, and universal education. As he had done with the Code of Personal Status, Bourguiba initiated changes by using his abilities as a consummate politician. Bourguiba had vastly expanded women's rights by having the Code of Personal Status be instituted first as a Beylical Decree by Tunisia's outgoing Bey (King) in 1956, before Tunisia became a republic and Bourguiba took over as president. Thus, he established shared responsibility for this unprecedented change in women's rights between the traditional system and the new government. In addition, he obtained the approval of influential Islamic judges concerning the content of the code by framing these rights as reinterpretations that were consistent with Islamic law. For example, while religious law may allow polygamy, saying a man may have up to four wives, the additional requirement is that they be treated absolutely equally. This, Bourguiba maintained, was a human impossibility, thus the texts were reinterpreted as being arguments for monogamy (Riddell 2009, 82). Instituting a progressive family planning program followed this same pattern of Islamizing modernization by demonstrating that health care goals were consistent with Islamic teachings and Muslim society. While religious views did not support birth control as prevention, they did support "planning" as a benefit to family and society. Although socioeconomic conditions improved for Tunisians in the late 1950s, the fertility rate remained high at 7 births per woman.

In 1961, Tunisia became the first former French colony in Africa to abolish a 1920 French law that forbade the promotion and use of contraceptives and outlawed abortion. In 1962, Bourguiba spoke out about family planning with an eye to the well-being of future generations: "With our rapidly growing population, the rising generations are exerting pressure on us. If we are not careful now, in ten to twenty years' time, there will be a marked disproportion between the national income and the number of people we have to feed" (Winkler 2005, 119). Thus, planning population growth became a national duty and involved improving health care and education for women, two factors tied to lower birth rates.

As soon as contraception became available and free in 1963, Dr. Tewhida Ben Sheikh opened a family planning clinic at Charles Nicole Hospital where she was head of the Gynecology Department. Ben Sheikh was the first woman doctor from the Arab world, graduating from medical school in Paris in 1936. She was the first Tunisian woman to receive a baccalaureate (high school) degree. By 1964, Tunisia had adopted a national family planning program. Among the strategies to limit population growth were access to abortion during the first trimester and if the couple already had four children. In addition, government subsidies for children were limited to only the first four children. Family planning had become an openly discussed topic, and there was no religious objection to it. In 1966, abortion was legalized for any reason (within gestational limits) and without requiring the husband's approval.

Dr. Ben Sheikh, with others, started the first family planning clinic of the Tunisian Family Planning Association, Mont Fleury clinic, which became a model clinic and trained doctors from around Francophone Africa in family planning. Tunisia's health care system continues to be considered one of the very best in Africa and the Middle East because of its integrated approach to reproductive rights, its expansion of health coverage from the bottom-up (having started with coverage for the poor and vulnerable rather than in a trickle-down fashion), and the commitment of the government to cover health care expenses. The massive social unrest that led to the January 14, 2011, revolution was due, in part, to the unequal distribution of goods and services to various regions of the country. The Tunisian health care sector, while scoring 6 out of 7 for its performance by the World Economic Forum in its 2015 *Global Competitiveness Report*, nonetheless illustrates the challenges that face the effort to provide equal care. Article 38 of the 2014 Tunisian Constitution states that "health is

a right for every human being.” Thus, “The state shall guarantee preventative health care and treatment for every citizen and provide the means necessary to ensure the safety and quality of health services.” And further, “The state shall ensure free health care for those without means and those with limited income. It shall guarantee the right to social assistance in accordance with the law.”

In the MENA region, women’s access to health care can be hindered by traditions—religious and cultural—that insist on gender separation. This was not the case in postindependence Tunisia. Although this separation is a deeply rooted societal feature, Tunisia largely succeeded in transcending it. After 65 years of universal coed schooling and vigorous extension projects targeting adults, women’s and girls’ health care became easier with the acceptance of practitioners regardless of their gender. At the same time, the number of female doctors increased significantly. Tunisia went from one small faculty of medicine in 1965 to six major medical schools in 2015, including a pharmacy school and a dentistry school. All these schools are gender neutral both for student admission and for teaching careers. In Tunisia, 40 percent of doctors and 70 percent of pharmacists are female (Sidiqi and Ennaji 2013, 8).

After the 2011 revolution, the Islamic Party (or Ennahdha), formerly banned and persecuted by the Ben Ali regime, won a relative majority in October 2011 and became the dominant member of the ruling “Troika” (of parties) during the transition. This political makeup led to legitimate fears among women and secular activists that gender gains might be rolled back. They resisted and protested Ennahdha’s attempts to write into the new constitution such a rollback. This was one of the key factors that led to the standoff between the Troika government and civil society. Mass protests in the summer of 2013 led to the process initiated by the Tunisian National Dialogue Quartet, a mediation which literally brought the country back from the brink of civil war and was responsible for both Tunisia’s additional achievements in women’s empowerment and the peaceful transition to a democratic system of governance.

Access to Health Care

Tunisia’s health care system includes both public state-owned facilities and hospitals and private-sector medical care. State-owned facilities and hospitals provide free services to all Tunisian citizens and residents, with costs reimbursed for those seeking care at primary care health

centers, district and regional hospitals, and university hospitals. Health insurance is managed by the National Health Insurance Fund. The public sector, which in 2014 included 2,085 public health care clinics and 109 district hospitals, covers two-thirds of consultations and 90 percent of hospitalizations. Private medical services may also be covered if the condition is chronic or severe, as is hospitalization and surgery in some cases. Most dentists and opticians work in the private sector, and three-quarters of the pharmacists are in the private sector. Medical tourism is an aspect of the Tunisian economy, with the private sector offering affordable high-quality cosmetic surgery, spas, and thalassotherapy to foreigners, many from the European Union.

For many years, Libyans have sought health care in Tunisia that was lacking at home. In 2009, for example, 100,000 Libyans traveled to Tunisia for medical care. Following the Libyan revolution in 2011, Tunisians opened their homes and provided services to more than 300,000 Libyan refugees. In 2013, over half the clinic beds in Tunisia were occupied by Libyan patients, and the clinics were full to capacity, stretching the system to its limits and racking up multimillion-dollar medical bills that a failed Libyan state has not paid (Joyce 2013).

The Tunisian health care system illustrates the uneven distribution of resources that was one cause of the Tunisian uprisings in 2011. In 1956, Bourguiba established a national health care system as one of his immediate reforms to encourage the idea of social solidarity. Through the 1980s, services were improved, and health insurance was established for the employed. In the 1990s, investment in the system lagged, causing deterioration of services and infrastructure, and regional and class inequalities increased. The poorer, more rural regions of Tunisia have less access to medical professionals and the health infrastructure, have twice the rate of poverty (almost 30% more), and have higher maternal mortality. Other indicators of inequality, such as exposure to pollutants and high unemployment, have traditionally made these regions more at risk of negative health outcomes. Under the government of Ben Ali, environmental activism and worker protests were brutally repressed, especially in the neglected central region.

Following the 2014 revolution, Tunisia’s new social contract mandates improving the social inclusion of vulnerable areas, and the government has taken several steps to encourage transparency in health care coverage. A 2013 World Bank study of Tunisia’s program to provide Free Medical Assistance for the Poor (FMAP) was

conducted to assess the strengths, weakness, and opportunities for improvement in this health care sector. The poorest households are exempt from all medical fees, and vulnerable households receive health care at reduced fees. While the medical system, in general, would benefit from an increase in skilled nonmedical personnel, equipment, and information systems, the regional inequalities are found in the quantity and quality of health care. The doctor/patient ratios in the governorates of Tunis, Sfax, and Médenine (3.5 doctors per 1,000 patients) are equal to those of Denmark or Ireland and better than in the United States. But the number of doctors in the neglected, central governorates can be as low as 0.4 and 0.2 doctors per 1000 patients. In addition to formal external studies on how to improve health care equality and delivery conducted by organizations such as World Bank and the World Health Organization (WHO), Tunisia has also taken a people-centered approach to universal health care improvement by engaging citizens in the policy-making process through the Citizens' Jury for health (100 volunteers from a pool of 3,600); using evidence-based research, coupled with workshops, focus groups and town hall meetings, the jury gathered perspectives from cross-sections of people from all regions about how to reform the health care system (WHO 2014a).

Maternal Health

The minimum marriage age for Tunisian women and men is 18, but the mean age for marriage is 27 for women and 32 for men. Just over 98 percent of Tunisian mothers have one antenatal visit, and 85 percent have at least four antenatal visits. Around 99 percent give birth with a skilled attendant and deliver in an institutional setting. Tunisia has placed women's reproductive rights within the general framework of women's rights and gender equality. Around 65 percent of Tunisian women practice contraception. Women who work have a right to 67 percent of their salaries when on maternity leave. UNICEF reported Tunisia as having the highest exclusive breastfeeding rate in the MENA region, at 47 percent in 2000, but recent UNICEF reports state that the rate had fallen to 6.2 percent by 2010. Mothers have the right to breastfeeding breaks and separate space.

While maternal health care is accessible and affordable in Tunisia, the inequities between regions also have their impact on maternal health. While 75 percent of urban women have four antenatal visits, only 55 percent of rural

women do. The maternal mortality rate is 27.9/100,000 in the northeast region but rises to 37/100,000 in the northwest. The maternal mortality rate is more than three times higher in rural areas such as Kasserine (central west) than Sousse (central east/coastal). Studies indicate that 75 percent of maternal mortality was due to avoidable causes: monitoring, postnatal follow-up, and the like (Logan 2015).

Diseases and Disorders

While Tunisia has achieved remarkable results in communicable disease control, with measles, polio, and neonatal tetanus nearly eradicated, noncommunicable diseases such as respiratory and metabolic diseases and cancer are now the main sources of death. The highest cause of death among youth 15–20 years old is traffic injuries. While statistics are lacking about mental health disorders, concerns have been raised about stress, anxiety, violence, substance abuse, and depression, especially among youth. Tunisia introduced sex education in schools in the 1970s, but the courses targeted only baccalaureate students. In the 1980s, health clubs were introduced for secondary school students in general. While Tunisian youth are in general better informed about sexual and reproductive health and have more access to health care than many youth in other MENA countries, there are gaps in this coverage and differences in attitudes about discussing sexuality. HIV indigenous cases remain stable and low (1/100,000), and are concentrated in key populations, according to a 2014 WHO report, mainly men who have sex with men and injecting drug users. Tunisia is host to the International Conference on AIDS and STIs and has been recognized for its leadership role in responses to AIDs, ratifying the Arab Convention on HIV Prevention and Protection of the Rights of People Living with HIV—adopted in March 2012 by the Arab Parliament.

The primary users of tobacco in Tunisia are male, almost 50 percent of adult males as opposed to only 8 percent of adult females. Tunisia offers cessation programs, advertises the health risks on mass media, bans tobacco ads, and levies high taxes on tobacco. Tunisia has only recently begun banning smoking in a few public buildings (such as airports), but there are few smoke-free zones in Tunisia, monitoring them is minimal and health warnings on cigarette packages rare (WHO 2014a). Access to improved drinking water and sanitation are almost 100 percent in urban areas, but not in rural ones. Environmental pollution by state-owned industries, especially phosphate mines and

refineries, has been, according to some experts, the source of unusually high rates of cancer, infertility, and asthma.

Education

When the French left Tunisia in 1956, the illiteracy rate among Tunisians was 85 percent, with the majority of the literate being male. Between 1956 and 1960, 12,000 French public employees returned to France, and President Bourguiba was faced with substantial challenges in rebuilding institutions. His policy was to address human development first, focusing on education and poverty eradication along with women's rights and universal health care. With a poverty level at 33 percent for families in 1966, government resources were turned to supporting universal basic education and improvement of the basic conditions of life. In homes with no access to running water or electricity in a largely agricultural society, girls and women spent much of their time maintaining subsistence-level survival. Under the new plan, education was free and compulsory to age 16, and child labor was prohibited.

While the educational system has continued to improve each decade, with fewer students repeating academic years, more students transitioning from one level to the next, and girls achieving parity or better with boys at all levels, there remain inequities between regions of the country, between urban and rural areas, and between age groups. The 2015 estimate for the total literacy rate for men and women (15 years and older) is 81 percent, with 90 percent of men being literate and 75 percent of women. The relationship between the educational system and youth unemployment remains a concern as do teaching conditions and stagnating salaries for teachers at all levels (Boughzala 2013).

Primary, Secondary, and Postsecondary Education

Today more than 98 percent of boys and girls complete their primary education, and the universal primary education goal has been reached, with variables such as social environment, educational level of the mother, and class not being significant factors. After primary school, factors such as region, urban or rural, and male or female become significant. About 90 percent of males and females (with the female rate slightly higher) complete (junior) secondary school. Looking at the rates for high school and university education, 69 percent of males and close to 77 percent of females have reached these levels of education. Today, the literacy rate for youth aged 15–24 stands at 98

percent. Looking at how many students go on to enroll in high school and university, Tunisia finds a 21 percent difference between those from rural areas (59%) and those from urban ones (81%). In addition, cities in disadvantaged areas enroll considerably fewer students: Kasserine in the central west has 55 percent enrollment, and Tunis in the northeast has 81 percent going on to study.

Secondary school attendance in every region, except Sidi Bouzid on the central steppe, indicated that the number of girls equaled or exceeded the number of boys. The overall comparisons for the country (69% boys and 77% girls); rural areas (56% boys and 65% girls); and urban areas (76% boys and 85% girls) show that girls are more likely to stay in school than boys, but they tend to study humanities (73%) rather than technical sciences (20%). While girls have many courses of study open to them, that diversity is not reflected their employment opportunities (Gribaa and Depaoli 2014).

Job Training

Historically, there is a long tradition of apprenticeship between a *ma'alle*m (master) and *saana'* (apprentice) in the handicraft professions in the old sectors of several Tunisian cities. In the mid-1970s, a new government portfolio dedicated to professional training and employment was added to the government structure. Through numerous government adjustments (notably, the reforms of 2002, 2007, 2010, and 2013), job training is now administered at the ministerial level, separately from education, although both government ministries focus on improving the employability of their respective constituencies. During the first three decades after independence, the apprenticeship tradition was formally expanded into vocational programs to train skilled workers in new industrial fields, including automotive, textiles, welding, carpentry, HVAC, and other mechanical skills. For this, Tunisia invested heavily in vocational schools, with the assistance of several foreign aid programs from France, Switzerland, and the United States, as well as from some development banks. In the mid-1980s, the World Bank gave assistance to establish a nationwide network of two-year technical colleges called ISET. In addition, a network of schools for nursing and other health professions were established.

Job training takes place through a complex network of public, private, and international organizations. In the most recent reform (2013), the final report, titled *Réforme du dispositif national de la formation professionnelle*,

2014–2018 (Plan of Action for the Reform of the National Job Training System, 2014–2018), reveals the complexity of the job training system of the country. This report has a built-in structural problem: of the team of 11 experts who wrote it, only one was a woman. It acknowledges the participation of no fewer than 16 national public bodies as well as 5 international aid organizations. It also identifies serious deficiencies in the overall performance of this system, such as insufficient governance and lack of adequate needs assessments. It identifies 136 training institutions in 13 industry sectors run by the Training and Employment Ministry, 39 training schools run by the Ministry of Agriculture, 12 run by Defense, and 18 by Public Health, while the private sector has 930 full-fledged vocational education schools and 1,700 periodic training programs made available to private industry clients.

Although, there is no gender-based separation per se in education and training, job-training institutions tend to cater to different self-selecting groups of trainees. For example, in the textile industry, few males train to become seamstresses, and hardly any females train to become mechanics and welders. Mechanical and other construction skills are informally, by customary practice, exclusively male. This most recent reform seems to ignore the gender dimension, a major deficiency, given that the segment most affected by unemployment and lack of opportunity is woman, notably college graduates.

Adult Literacy Programs

There are two categories of adult literacy programs in Tunisia: 3-R basic literacy (age 15 and above “can read and write”) and special skills literacy postgraduation (New Technologies of Information and Communication (NTIC), English, etc.). Tunisia made great strides in the 3-R field in the first two decades after independence. However, adult education programs were abandoned or neglected in the 1980s under the pressures of the Structural Adjustment Plans pushed by the International Monetary Fund (IMF) and other international financial institutions. The 1992 session of the International “Education for Everyone” Conference took place in Tunisia. There was strong momentum to adopt a new strategy to improve literacy in Tunisia. Unlike Morocco, where civil society organizations took on most of these literacy programs, Tunisia used a top-down, government-controlled method. While conducting field research on literacy and gender in North Africa, the authors observed that close to 100 percent of the learners

were female in Southern Tunisia (field visits in Gabès and Tataouine Provinces, March 2002). National-level officers of the literacy program were majority male, while most teachers were female. In 2014, the national literacy rate was 79 percent, with a gender gap of about 17 points in favor of males. During the Ben Ali period, several skill enhancement programs were also launched, for example, the “21-21 Program” for postcollege training in English and computer skills—a laudable initiative seriously diminished by corrupt practices and fund misappropriation. Despite the difficulties, the 21-21 programs benefited substantial numbers of both males and females.

Employment

It is a symptom of the weakness of the Tunisian economy that most job reports talk about unemployment crises and failures to create opportunities. The weakness of the Tunisian economy has been the rising unemployment, mainly among the youth. The fall of Ben Ali in 2011 may be partially explained by the failures of his successive government teams to make a dent in the galloping unemployment figures, particularly among college graduates (unemployment rates higher than 40% in 2010). In conjunction with tax incentives and vocational education, several employment schemes were attempted without much success. In 2010, 61 percent of job seekers had been unemployed for more than three years. In the 15–25 age group, the unemployment rate was above 40 percent in 2011. The SIVP recruitment mechanism (*Stage d'Insertion à la Vie Professionnelle*)—a 12-month employment arrangement cofunded by industry and the public sector, had been set up by the Ben Ali government in early 2000 and continued after 2011.

Today, the postrevolution governments have not had much better success in creating more job opportunities. Tunisia is ranked 130th out of 142 in the *Gender Gap Report* (equal economic opportunity and empowerment). In 2012, the overall unemployment rate among women was nearly double that of men (24% to 14%). An additional problem is the unacknowledged, underpaid, and at times unsafe work done by women in the informal sector (agriculture, domestic help, etc.). Even when women are gainfully employed, they still are expected to do over 90 percent of the household tasks. Tunisia has a respectable maternity leave policy, but hidden obstacles are often thrown at women at the prime of their career potential when they start families at the same time. Sexual

harassment and violence have been identified as serious issues facing women in public transport, on job sites, and also in the domestic sphere. This gender inadequacy in employment in Tunisia is puzzling given the progressive gender laws instituted and recent amendments.

Family Life

After independence from France in 1956, and due to the institution of universal free education and of women's rights, the Tunisian family underwent rapid and radical transformation. Despite die-hard traditions in several pockets in hinterland Tunisia (often the head of the household is still the husband or father), the average family is nuclear and strives to sustain itself through dual income from salaried work. Article 234 of the Labor Code stipulates full equality under the law and calls for penalties for violations. Extended family networks are still strong today. Despite the transformation over the past two generations, traditional domestic roles persist. Women do most of the household work in addition to their jobs.

Premarital sex is common, but the law still may punish sex out of wedlock, as confirmed by a case in 2015 of a Tunisian woman and a German man arrested by the police at a hotel. Laws concerning marriage (still considered heterosexual), children born out of wedlock, orphans, inheritance of nationality, and children's rights developed in response to shifting historical conditions. For example, in the 1950s, in newly independent Tunisia and as an effort to check polygamy, children were required to have their fathers' name and to provide birth certificates to enter school, and children born out of wedlock had no civil status. Today, children can take their mother's name if she is a single parent, must take the father's name if he is known, and both mothers and fathers can pass national identity to their children. All parents, whether married or not, have the same responsibilities toward children and have civil status under the law. While prostitution is legal in Tunisia, sex trafficking is illegal, and sex tourism is discouraged.

Marriage is a major life event for most Tunisians, involving significant investments for the future spouses in preparing a home and showing evidence of ability to support a family. Most wedding celebrations last at least three days and involve entire neighborhoods. Many brides-to-be seek hymenoplasty (hymen restoration surgery) to become "virgins again" for their wedding night (*Al Arabiya News* 2014).

Despite progressive laws empowering women, conservative attitudes persist. Single women living alone are still a rarity in many places. To increase their chances of getting married and building a family, women are forced to yield to social pressure (Kelly and Breslin 2009). A woman's right to choose her husband is enshrined in the constitution. However, instances of parents' interference are frequent. Inheritance rights, still ruled by religious tradition, also play a role in the well-being of families. Women face legal and societal hurdles, including breaches of personal freedom, while struggling to fulfill their roles in society. Today, the divorce rate in Tunisia is the highest in the Arab world, and women initiate about half of them. Divorce is a legal and not a religious matter. Couples seeking divorce are required to meet three times with judges in an effort to encourage reconciliation. The high cost of divorce on the lives of children in this family-centered society is a major concern today. Social attitudes toward LGBT people are negative, and the Penal Code criminalizes sodomy (Article 230) and outrages to public decency (Article 226).

Politics

In 2009, women's representation in parliament was the highest in the Arab region (27.6%). Tunisia is the poster child of democratic transition and gender equality laws. It is true that the country shines when compared to failed experiments, such as Egypt's aborted democratic transition, and failed states, such as Libya, Syria, and Yemen, as well as when compared to the gender backwardness evident in Saudi Arabia and in several other Arab countries. After the two authoritarian periods of Bourguiba (benevolent, visionary) and Ben Ali (paranoid, corrupt), the new democratic regime instituted in January 2015 is full of promise, but it is too early to breathe a sigh of relief because the process is still far from a safe harbor of stability. In the first postrevolution elections (October 2011), the revolutionary High Commission succeeded in requiring party election lists for parliament to have gender parity. Decree 35, Article 16, of the 2011 Election Rules states, "Candidates shall file their candidacy applications on the basis of parity between men and women. . . . Lists shall be established in such a way as to alternate between men and women" (Dahlerup and Danielsson 2012).

In the fall of 2015, the dominant party (Nidaa Tunis) in the current government was severely damaged by a schism at the leadership level that led to the abrupt desertion of 32 members of parliament. In consequence, the

Islamist Ennahdha Party, which ranked second in the popular vote in the late 2014 elections, has become a de facto majority party, waiting in the wings for the further disintegration of its opponent. The current government has lost its mandate, and it is only a matter of time before it falls. In gender terms, that is not positive news. Ennahdha leadership has been quite astute by being flexible and by assuaging the fears of civil society activists over the perceived conflict, at times advocated by Ennahdha political literature, between religious edicts and the CSP Family Law. Currently, there is a risk that future Tunisian government coalitions, dominated by an Islamic party, might eventually lead to a backlash against gender equity through a revival of the concept of “complementarity” rather than equality between genders. The vigor with which civil society opposed such backlash in 2011–2013 is likely to be alive and well. It will continue to be a buffer against gender rights slippage. On the other hand, Tunisians will have to struggle much more in the coming years to secure a more gender-balanced participation in the political sphere.

Religious and Cultural Roles

Most women practice their religious rituals at home. All imams (Friday sermon and prayer leaders) are men. However, even before the 2011 revolution, an increasing number of women started going to mosques, particularly during Ramadhan *taraweeh* evening prayers. Islamic culture and practices in Tunisia resisted the puritanical push by the Salafi/Wahhabi movement in the late 18th and early 19th centuries. Thousands of *waly salih* (saint) *marabout* shrines dot the country, with some being led by female *hafidhs* (caretakers) who inherited their leadership roles from their male relatives (Dermenghem 1954.).

Today, Tunisian culture shows continued vigorous resistance to Wahhabism. After the revolution, the religious revival continued apace during the two-year transition led by the Islamic Ennahdha Party. After the coup d'état in Egypt in July 2013 forced the Muslim Brotherhood out of power, Ennahdha chose a tactical retrenchment in politics, gave up power voluntarily, and participated in a multiparty dialogue led by civil society arbiters—a process that led to a government of technocrats for about one year. Female circumcision is not practiced in Tunisia. Religious schools proliferated anew after 2011, but the trend was affected by the recent retrenchment of Ennahdha, the fight against terrorism that intensified after the 2013 political

assassinations, and the recent (2015) string of mass killings in Bardo, Sousse, and Tunis.

Tunisian society and culture are predominantly Muslim. Women's roles in religion are affected by enlightened innovations that would be frowned upon as illegal *bid'a* (a divisive trend) in more conservative societies. There is an ongoing conflict between patriarchal religious practices and the efforts of civil society to consolidate the empowerment of women and the protection of their rights. Early 20th-century Tunisian feminist Tahar Haddad studied religion at the famous Zaytuna mosque university, graduating in 1920 with a license to practice as a notary public. He based his 1930 book on women's rights on innovative arguments concerning the interpretation of Islamic texts for a modern society. Bourguiba's revolutionary attitudes toward women's empowerment are rooted in Haddad's arguments for women's rights in Islam.

The fact that the current minister of culture is a woman is more than tokenism. Tunisian women have had a substantial presence in cultural creation in all fields of creative arts.

Issues

Migration

A reflection of recent migration trends is the dearth of marriageable young men in certain regions of Tunisia. Very few young women choose to do *harga* (cross the ocean to Europe). In addition to the eligible males who do *harga*, with the help of criminal *passeurs*/traffickers, another substantial group of local eligible males use social media to hunt for spouses from abroad. Based on the authors' own observations of the use of social media by youth in the summer of 2015, an informal analysis of Facebook accounts of young males from the Tunisian hinterland shows a number of repeat features (modern-looking selfies, education and professional skill claims, and modern cultural statements) that are designed to appeal to European females. The demographics are skewed by these trends.

Tunisian youth seek to migrate mostly for economic reasons, but underpinning this economic migration is the double-standard that makes Tunisian currency nonconvertible; makes the visa process difficult, expensive, and humiliating; and continues colonial policies favoring the West in matters of finance, transportation, and goods and services long after the end of colonialism. Many Tunisian youth are extremely proud to be Tunisian, but they are frustrated at the lack of economic opportunity available

to them at home. Since the intensification of the crisis of the Syrian and other refugees in recent years, European target/host countries have adopted new measures to limit refugee status to people fleeing civil war. Tunisians had started joining those cohorts by traveling through Turkey. A certain number of Tunisian young women have chosen to travel to Syria to join their loved ones and other family relations in the civil war. Many more have fallen victim to human trafficking to the same and other destinations.

Violence against Women

Violence against women is another issue that concerns feminist activists in Tunisia. Legislation about and research regarding violence against women has lagged behind other forms of gender equality. The International Federation for Human Rights (FIDH) notes that it was only in 2010 that

Tunisia conducted the first national survey of violence against women. The official study found that 47 percent of women ages 18–64 had been subjected to at least one form of violence once in their lives, with little variation between urban and rural areas. At 31.7 percent, physical violence was the most common form of violence, followed by psychological violence at 28.9 percent and sexual violence at 15.7 percent. These figures raise a question: what explains the high rate of violence against women in a country considered a leader in women's rights? The answer is multifaceted. (FIDH 2014).

Under the dictatorship of Ben Ali, the discourse about women's rights was loud, but the reality of violence against women was, at best, ignored or, at worst, perpetrated by regime police and thugs. Feminist researchers continued to write about violence as a gender issue, but the state did little about it. While rape is a criminal offense (Article 227 of the Penal Code) as is sexual harassment (Article 226 bis, starting in 2004), FIDH notes that the Tunisian legislator “fails to define sexual violence in line with international standards and does not distinguish between public or private violence. The legislator is also silent on numerous types of violence, such as symbolic and economic violence.” FIDH points to Tunisian laws, based on religious or social mores, that actually reinforce rather than prevent gender violence, but it sees Tunisia as moving “from denial to dawning recognition” in the postrevolution period, citing the new Tunisian Constitution and the withdrawal of reservation about CEDAW as examples: “This is evidence of the importance

of civil society for promoting civic and democratic awareness and engaging in real time with every attempt to undermine women's rights. Tunisian civil society is a force for pressure and lobbying, as well as documenting, monitoring, and exposing violations of women's rights.” As a result, researchers consider Tunisia “the gift of civil society.”

KARIM HAMDY AND LAURA RICE

Further Resources

- Al Arabiya News*. 2014. “Like a Virgin: More Tunisians Get Pre-Marriage Ops.” April 10. Retrieved from <http://english.alarabiya.net/en/perspective/features/2014/04/10/Tunisia-women-restore-virginity-ahead-of-summer-wedding-season.html>.
- Arab Human Development Reports (AHDR). 2017. *Arab Human Development Report (AHDR) 2016: Youth and the Prospects for Human Development in a Changing Reality*. UN Development Programme (UNDP). Retrieved from <http://www.arab-hdr.org>.
- Arfa, Chokri, and Heba Elgazzar. 2013. “Consolidation and Transparency: Transforming Tunisia's Health Care for the Poor.” World Bank. Retrieved from <http://documents.worldbank.org/curated/en/2013/01/17207923/tunisia-consolidation-transparency-transforming-tunisia-health-care-poor>.
- Boughzala, Mongi. January 2013. *Youth Employment and Economic Transition in Tunisia*. Global Economy & Development Working Paper 57. Washington, D.C.: Brookings Institute. Retrieved from <https://www.brookings.edu/research/youth-employment-and-economic-transition-in-tunisia>.
- Brown, George F. 2007. “Tunisia: The Debut of Family Planning.” In *The Global Family Planning Revolution: Three Decades of Population Policies*, edited by Warren C. Robinson and John A. Ross, 59–69. Washington, D.C.: The World Bank.
- Charrad, Mounira. 2001. *States and Women's Rights: The Making of Postcolonial Tunisia, Algeria, and Morocco*. Berkeley: University of California Press.
- CIA (Central Intelligence Agency). 2015. “Tunisia.” *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/ts.html>.
- Constitute. 2014. *Tunisia's Constitution of 2014*. Retrieved from https://www.constituteproject.org/constitution/Tunisia_2014.pdf.
- Dahlerup, Drude, and Elin Danielsson, et al. 2012. “Gender Equality Policy in Tunisia.” European Parliament. Retrieved from http://www.europarl.europa.eu/RegData/etudes/note/join/2012/462502/IPOL-FEMM_NT_percent282012_percent29462502_EN.pdf.
- Dermenghem, Emile. 1954. *Le culte des saints dans l'islam maghrébin* [The cult of saints in Maghreb Islam]. Paris, France: Gallimard.
- FIDH (International Federation for Human Rights). 2014. “Sexual Violence in Tunisia: From Denial to Dawning Recognition.” Retrieved from <https://www.fidh.org/en/region/north-africa-middle-east/tunisia/15425-sexual-violence-in-tunisia-from-denial-to-dawning-recognition>.

- Gribaa, Boutheina, and Giorgia Depaoli. 2014. *Profil Genre de la Tunisie*. Report funded by the European Union. Retrieved from https://eeas.europa.eu/sites/eeas/files/rapport_national_genre_tunisie_2014_version_courte_fr.pdf.
- Haddad, Tahar. 2007. *Muslim Women in Law and Society*. Translated by Ronak Husni and Daniel L. Newman. London and New York: Routledge.
- Huston, Perdita. 1992. *Motherhood by Choice: Pioneers in Women's Health & Family Planning*, 95–106. New York: CUNY Feminist Press.
- Index Mundi. 2015. "Tunisia Demographics Profile 2014." Retrieved from http://www.indexmundi.com/tunisia/demographics_profile.html.
- Joyce, Bridget. 2013. "Libyan Medical Tourism in Tunisia." Retrieved from <http://www.stimson.org/spotlight/libyan-medical-tourism-in-tunisia>.
- Kelly, Sanja, and Julia Breslin. 2009. *Women's Rights in the Middle East and North Africa: Progress Amid Resistance*. Lanham, MD: Rowman & Littlefield.
- Logan, Andrew. 2015. "Strengthening Tunisia's Healthcare System." *Borgen Magazine*, August 16. Retrieved from <http://www.borgenmagazine.com/strengthening-tunisias-healthcare-system>.
- Middle East Eye. 2015. "Tunisian Justice Minister Sacked Over 'Differences.'" Retrieved from <http://www.middleeasteye.net/news/tunisian-justice-minister-sacked-over-differences-70955608>.
- Réforme du dispositif national de la formation professionnelle, 2014–2018*. 2013. Retrieved from http://www.emploi.gov.tn/fileadmin/user_upload/Formation_Professionnelle/PDF/Reforme_FP_Tunisie-Fr.pdf.
- Riddell, Katrina. 2009. *Islam and the Securitisation of Population Policies: Muslim States and Sustainability*. Farnham, Surrey, U.K.: Ashgate.
- Roudi-Fahimi, Farzaneh, and Shereen El Feki. 2011. *Facts of Life: Youth Sexuality and Reproductive Health in the Middle East and North Africa*. Population Reference Bureau Report. Retrieved from <http://www.prb.org/Publications/Media-Guides/2011/facts-of-life.aspx>.
- Sidiqi, Fatima, and Moha Ennaji, eds. 2013. "Introduction." *Women in the Middle East and North Africa: Agents of Change*. New York: Routledge.
- WHO (World Health Organization). 2014a. "Transforming Health Care in Tunisia with Community-Driven Programmes." Retrieved from <http://www.who.int/features/2014/tunisia-citizens-jury-health/en>.
- WHO (World Health Organization). 2014b. "Country Cooperation Strategy at a Glance, Tunisia." Retrieved from http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_tun_en.pdf.
- Winkler, Onn. 2005. *Arab Political Demography*, vol. 1, *Population Growth, Labor Migration and Natalist Policies*. Eastbourne, U.K.: Sussex Academic Press.
- World Health Report. 2015. "WHO Report on the Global Tobacco Epidemic, 2015: Country Profile Tunisia." Retrieved from http://www.who.int/tobacco/surveillance/policy/country_profile/tun.pdf.

U

United Arab Emirates

Overview of Country

The United Arab Emirates (UAE) is located between the countries of Oman and Saudi Arabia in the Middle East. The UAE is also bordered to the north by the Persian Gulf and to the east by the Gulf of Oman. The country is approximately 32,278 square miles (83,600 sq. km), and the entirety of this surface area is land. This total area includes an archipelago of about 2,278 square miles. Positioned to the east of the Arab world, the UAE is considered to be in a strategic location for the security and stability of the region as well as for the transit of the world's crude oil. As of midyear 2014, the United Nations estimates the total country population to be approximately 9,445,624, with more than 80 percent of the population consisting of immigrants (CIA 2016).

The United Arab Emirates is a federation of seven different states, or emirates: Abu Dhabi, Dubai, Sharjah, Ra's al-Khaimah, Umm al-Qaiwain, Ajman, and Fujairah. Six of these emirates officially combined to form the UAE on December 2, 1971, with Ra's al-Khaimah joining on February 10, 1972. Sheikh Zayed bin Sultan Al Nahyan was the nation's founder and first president; he is affectionately referred to as the "father of the United Arab Emirates." After his death on November 2, 2004, his eldest son, Sheikh Khalifa bin Zayed Al Nahyan, became president.

The Federal Supreme Council, made up of the rulers from each of the country's seven emirates, is the nation's highest executive and legislative body. These seven leaders choose the country's president and vice president. The president then chooses a prime minister and appoints a cabinet. The UAE also has a 40-member advisory body called the Federal National Council, half of which was elected for the first time in 2006. There are no political parties in the UAE.

The official religion of the UAE is Islam, and the majority of the UAE's population, approximately 76 percent, is Muslim. Six percent of the population is reported to be Christian, and 15 percent is declared as "other," primarily Hindu and Buddhist but also including Parsi, Baha'i, Druze, Sikh, Ahmadi, Ismaili, Dawoodi Bohra Muslim, and Jewish. Of the total population, only 15 percent of people are Emirati; 23 percent are other Arab or Iranian, 50 percent are South Asian, and 8 percent are other expatriates (CIA 2016). Arabic is the official language of the UAE.

The UAE has some of the largest oil and natural gas reserves in the world. According to the World Economic Forum, the UAE's estimated gross domestic product (GDP) in 2014 was approximately USD\$400 billion, a value indicative of the UAE's high global competitiveness. The UAE also offers free trade zones with zero taxes and 100 percent foreign ownership, which encourages foreign investment. The GDP growth rate was determined to be 4.6 percent in 2014 (CIA 2016).

In 2015, the UN Development Programme (UNDP) ranked the UAE 47th out of 188 nations based on the Gender Inequality Index (GII, 0.232). The GII considers achievement in reproductive health as assessed by maternal mortality and adolescent birth rates, female empowerment as assessed by the number of parliamentary seats held by women and women's attainment of secondary or higher education, and the labor market as assessed by its female participation. The UAE's ranking, the highest of all Arab nations, is thus indicative of very high human development in the country (UNDP 2015).

The role of women in Emirati society continues to develop and advance, as women in the country are represented in all components of society, including business, the military, and the government. In 2014, the UAE announced the opening of a regional office for UN Women in Abu Dhabi to review and promote the advancement of women in the nation. In 2014, the UAE also became the first country in the Arab region and the second country in the world to mandate women's appointment to the boards of all government institutions and companies. Women are given equal opportunity in education and employment, and more women than men are pursuing advanced education.

However, the UAE also faces several challenges involving women. One of these more common issues is sex trafficking, as the government works to fight and prevent an underground prostitution system operating in the country. Another issue migrant women in the UAE face is the abuse and exploitation of migrant workers. These challenges are connected to and, in some ways, stem from the lack of rights female domestic workers are given once recruited into the UAE. Conflicts involving domestic abuse and rape are also a current issue in the country, as is the ongoing struggle for women to compete with ever-heightening beauty standards.

Girls and Teens

Approximately 35 percent of the UAE's total population is under 24 years of age, with an approximate 1-to-1 boy/girl ratio under the age of 14 and a 1.5-to-1 ratio between ages 15 and 24. Based on 2005 estimates, the infant mortality rate is 10.59 deaths per 1,000 live births, with a lower female infant mortality rate than male. Out of 224 nations, the UAE's total infant mortality rate ranks 131st. The female life expectancy at birth (80 years) is approximately five years higher than men (CIA 2016). Girls are thus an

important and equally present part of Emirati youth. The recognition of teen girl's issues in the nation is also increasing. Teens Talk Middle East is the only established youth program working to empower and educate youths in the region. On October 18, 2014, this organization held a Teen Confidence Day for Girls in Dubai, teaching young women to love who they are and how to take care of themselves. The event was deemed a great success.

Extracurricular

Girls and teens in the UAE can engage in a multitude of extracurricular activities outside of the classroom; participation in sports such as tennis, karate, rugby, skateboarding, basketball, swimming, yoga, and many others is open to those who desire to join. For those girls looking to explore the arts, classes in theater, dance, painting, and music are also available. Girls and teens in the UAE can also enroll in cooking camps or kids' gyms. There are many clubs, teams, and classes for girls to explore in their free time.

Literacy

Although the literacy rate for both boys and girls has increased over time in the UAE, the female literacy rate has shown greater improvement. As of 2015, there are more literate women than men in the country. According to the UNESCO Institute for Statistics, in 1975, less than 40 percent of girls over age 15 were literate, compared to a literacy rate of approximately 60 percent for boys over 15. The youth literacy rate (ages 15–24) as compared between females and males leveled off around 2010, with both gender populations averaging rates of more than 90 percent. As of 2015, females over age 15 have a reported literacy rate of approximately 96 percent, compared to 93 percent for males. The increased literacy rate for girls in the UAE is reflected in the increased number of women pursuing higher education (UNESCO 2014).

Health

The UAE has a highly developed health care system. As the country has some of the best health care in the region, it is considered a designated medical tourism hub and has little need to send patients abroad for treatment. The health care system in the UAE developed significantly over a short amount of time. In 1971, when the federation was first established, the country had only 7 hospitals and 12 health

centers. In less than 50 years, the number of public and private hospitals in the UAE increased to more than 70, not including more than 150 established primary care health care centers and clinics. A number of regulatory authorities administer public health care in the country, such as the Ministry of Health, the Health Authority–Abu Dhabi, the Dubai Health Authority, and the Emirates Health Authority. Health care reformations in the country remain significant and ongoing.

Access to Health Care

All UAE citizens have socialized health care that is paid for by the government. Companies sponsoring residents of the UAE to work in the country are also required to provide employees and their dependents with health insurance. In 2006, Health Authority–Abu Dhabi mandated health insurance for all workers, covering almost 3 million people by 2013. The Dubai Health Authority also implemented insurance regulations for both residents and nationals (UAEInteract 2016). There are two free health care zones in Dubai. One is Dubai Healthcare City (DHCC), which was established in 2002. It has 2 hospitals, more than 120 medical centers and diagnostic laboratories, and more than 4,000 licensed medical professionals. The second is Dubai Biotechnology and Research Park, the world's first free zone dedicated to life sciences (Embassy 2015).

The UAE boasts first-class hospitals and has several partnerships with renowned global institutions. The Cleveland Clinic Abu Dhabi opened in 2015, with more than 80 percent of its physicians coming from the United States. Johns Hopkins Medical School is in affiliation with the UAE's Tawam Hospital, and the Susan G. Komen Breast Cancer Foundation works with the UAE government regarding breast cancer education (Embassy 2015).

Maternal Health

Prenatal and postnatal care in the UAE meet the standards of the world's most developed nations. The maternal mortality rate in the country is down to 6 deaths per every 100,000 live births. The total infant mortality rate is 10.59 deaths per 1,000 live births. The male infant mortality rate is 12.35 deaths per 1,000 live births, and the female infant mortality rate is 8.75 deaths per 1,000 live births. The UAE also averages a total fertility rate of 2.35 children born to every woman in the country. The current life expectancy for men is 74.67 years. Women's life expectancy in the UAE is higher than that of men's, averaged at 80.04 years (CIA 2016).

The UAE remains committed to protecting and improving the health of mothers and children both within the country and worldwide, particularly through the work of such organizations as the Supreme Council for Motherhood and Childhood, General Women's Union, and Family Development Foundation. In February 2015, Abu Dhabi hosted a meeting of representatives from UN agencies, governments, civil society, academia, and foundations to work on an updated Global Strategy for Women's, Newborn's, Children's, and Adolescent's Health. In a statement delivered at this meeting, Her Highness Sheikha Fatima bint Mubarak, an avid supporter of women's rights, stressed the need to provide for every woman and child in every setting, a cause recognized in the global initiative titled *Every Woman Every Child*. Her Royal Highness Princess Sarah Zeid is also a supporter of this initiative.

Diseases and Disorders

Although infectious diseases such as malaria, measles, and poliomyelitis were once prevalent in the UAE, they have since been eradicated. More than 90 percent of newborns are vaccinated, and vaccination campaigns are currently underway for chicken pox, pertussis, and rotavirus (Embassy 2015).

However, many women in the UAE today are facing a battle with obesity. The *CIA World Factbook* reveals that, as of 2016, 34.5 percent of the UAE's population was determined to be clinically obese. Moreover, according to the World Health Organization's (WHO) *World Health Statistics 2015* report, more females in the country are overweight than men; approximately 45 percent of women are overweight, compared to about 34 percent of men. Therefore, almost half of Emirati women are overweight, which is the seventh-highest ranking of obese women in the world. This makes Emirati women at greater risk of diseases such as heart disease, diabetes, stroke, and high blood pressure. Obesity in Emirati women is attributed to several factors, such as being more sedentary, having an indoor lifestyle, and having children at a younger age (WHO 2016).

Education

According to the UAE Embassy in Washington, D.C., the education system in the UAE is relatively new; in the 1950s, there were few official schools in the country. However, the UAE has made quick and vast improvements in

its education system, with approximately 1,200 established public and private schools as of 2015. Education remains a top government priority and is allocated a substantial portion of the federal budget each year. Government schools are free to UAE citizens; however, the majority of Emirati families choose to send their children to private schools. About 305,000 students attended 685 public schools during the 2013–2014 school year, whereas 605,000 students were sent to 489 private schools (UAEInteract 2016).

The education system in the UAE is composed of four levels: pre-primary, primary, secondary, and tertiary. The official school ages are typically divided as follows: children ages 4–5 make up the pre-primary school level, ages 6–10 are primary, 11–17 are secondary, and adults ages 18–22 make up the tertiary level. Emirati youth are required to attend school until grade 9; however, there have been talks by the government to require schooling until grade 12.

Pre-Primary, Primary, and Secondary Education

In 2014, the gross enrollment of children in pre-primary education was approximately 90 percent, with slightly more (about 1%) females than males. In 2014, the gross enrollment of children in primary education was approximately 106 percent, again with an average of 1 percent more female students than males. The primary to secondary transition rate in 2014 was approximately 100 percent for both boys and girls (UNESCO 2014). (Gross enrollment is the *total* number of students that make up a school level, regardless of age. Because the total number of students may include children outside of the typical age range, gross enrollment at a particular school level may exceed 100%.)

The UAE Ministry of Education is also working on a plan called Education 2020 to reform and improve the education system, which entails better preparation, greater accountability, higher standards, and improved professionalism. Education reform in the UAE includes the implementation of e-learning in the classroom, with the objective to provide every student with a smart tablet and access to high-speed 4G networks by 2017. Health education workshops are also being developed to promote the awareness and skills necessary for children to lead healthy lifestyles (UAEInteract 2016).

Tertiary Education and Job Training

According to UNESCO, in 2014, the gross enrollment in higher education in the UAE was approximately 22 percent. Of the students enrolled in tertiary education

institutions, female students substantially outnumber the males; UNESCO reports approximately 35 percent female gross enrollment as opposed to about 15 percent male gross enrollment (2014). Women account for about 72 percent of the student population in public tertiary institutions, and about 50 percent in private tertiary institutions (Embassy 2015).

There are a number of both private and public institutions for higher education in the UAE. Some public universities include UAE University, in which women make up 79 percent of the student body; Zayed University, which began as an all-women's institution that later expanded to include men; and Higher Colleges of Technology, the largest university in the country. Some of the UAE's private institutions include the American Universities of Sharjah and Dubai, which are both accredited in the United States; Sharjah University; and Abu Dhabi University.

There are also a number of vocational and technical education centers in the UAE. Students may receive training for a variety of different careers at these institutions, which include the Petroleum Institute, the Dubai School of Government, the Emirates Institute for Banking and Finance, and the Emirates Aviation College for Aerospace and Academic Studies.

Special Education

The UAE is also making strides in attending to the needs of special needs students. In 2008, the Ministry of Education established the Department of Special Education. A partnership was also formed between the government of Abu Dhabi and the New England Care Center for children to both establish an education program for special needs students as well as to train UAE nationals to provide these services in Arabic. Noteworthy measures are also being taken to integrate special needs students into the mainstream education system; there are 114 integrated education schools in the country equipped with assistive technologies to cater to the needs of special needs students.

Employment

The UAE government endeavors to provide women the opportunities to work indiscriminately in all occupations and professional levels. The Constitution of the UAE guarantees women the rights not only to practice the same professions as men, but to receive an education and to inherit property. However, overall female employment in

the nation does not reflect women's accomplishments in education, particularly in the private sector. According to statistics supported by the UAE National Media Council, women over age 15 account for only about 47 percent of the labor force, whereas men consist of 91 percent. This difference, however, is attributed more to personal choices, employment conditions, and cultural norms than government policy (UAEInteract 2016).

Jobs and Careers

Women's occupation of the labor force is particularly evident in the public sector. Many women are in the public-sector workforce. Emirati women work in all sorts of employment settings, including, but certainly not limited to, engineering, science, health care, media, computer technology, renewable and nuclear energy, the oil industry, and commerce. Women also serve in the armed forces, customs, and police. Emirati women can similarly be seen competing in high-level sports both at home and internationally.

Moreover, women are able to ascend to higher positions. Four women in the armed forces work as fighter pilots, and 30 more are with the country's special security forces. As of 2016, 8 women work in the UAE cabinet, which is 2 more women than the cabinet of the United States. Seven women work for the Federal National Council, accounting for 20 percent of the council's total body. Also, in 2015, Dr. Amal Al Qubaisi became president of the Federal National Council, the first woman to head a national assembly in the region. Four women have been appointed as judges for the UAE court system. Two women have been appointed as public prosecutors, 17 as assistant public prosecutors and marriage officials, and one as a marriage registrar. Furthermore, women occupy 20 percent of the country's diplomatic corps positions, including several female ambassadors. Thirty percent of women working in the public sector are in senior positions, and more than 14,000 UAE businesswomen run approximately 20,000 private companies (Embassy 2015).

Labor Regulations and Pay Equity

Her Highness Sheikha Fatima bint Mubarak has recently launched the Strategy for the Empowerment of Emirati Women 2015–2021, which focuses on empowering women in education, health, the economy, lawmaking, the environment, the social domain, information, political participation, and decision making. The UAE also acceded to the Convention for the Elimination of All Forms of

Discrimination against Women (CEDAW) in 2014 and signed all international treaties that work to protect women's rights, such as the Child Protection Convention, the Hours of Work (Industry) Convention, the Equal Remuneration Convention, and the Convention Concerning Night Work of Women Employed in Industry. According to a CEDAW report on the UAE from July 2014, the UAE has increased women's labor force participation rates by passing flexible human resource laws, thus allowing women to reconcile their commitments to family and employment. Wives and daughters of sponsored male residents in the UAE are also eligible to obtain work permits. Moreover, as of the 2014 CEDAW report, there were 38 government enterprises providing child care for mothers at their places of work (CEDAW 2014).

Under Article 32 of the Labor Law, women in the UAE are guaranteed the same wages as men for equal work. Pay equality for men and women in the UAE by law is applied to bonuses, allowances, and severance pay. Women are also granted the right to fully paid maternity leave. In 2008, the Ministry of Labor formed the initiative to establish a Wage Protection Office. After studying the records from the office, CEDAW reports zero observed or recorded cases of wage inequality or discrimination. The Ministry of Labor has also established nine labor offices in areas of the country with the highest concentration of foreign workers to resolve any labor disputes between employers and workers.

In 2010, the Federal Authority for Government Human Resources formed the Committee for Women Working in the Federal Government. This committee studies and provides for the needs of the women who work for the federal government and analyzes regulations and legislation regarding all women's affairs. Furthermore, the committee works to raise awareness of the importance of women in the nation, proposes initiatives to support working women, and promotes the establishment of women's committees for female workers in government institutions and authorities (CEDAW 2014).

Family Life

Islam permits a man to marry up to four wives as long as he is able to treat each wife equally. However, polygamous marriages have become much less common in the UAE. The family structure and gender roles of Emirati society are changing. Young women are becoming more focused on education and career than marriage and children.

Given the high number of foreigners in the country, men are often marrying non-Emirati women. A cultural shift between tradition and modernism can thus be observed within the country.

Family Structure and Gender Roles

The majority of Emirati households are made up of nuclear families, meaning a couple and their dependent children. However, with divorce becoming more commonplace, single-parent households are also becoming more of a cultural norm. In the past, marriage in a young woman's mid to late teen years was common. However, in recent years, it has become more popular for Emiratis to finish high school and even college before contemplating marriage. Emiratis are permitted to marry whomever they choose, but arranged marriages by family are still common. Because marriages are arranged, families often start the search for potential marriage mates within the extended family before searching elsewhere. It is a cultural norm for people to marry their first cousins in the UAE. However, due to an increase of children being born with birth defects, the country is encouraging genetic testing before family members marry.

Children are an essential part of an Emirati marriage. A marriage is considered incomplete without children. In years past, Emirati families were very large; however, today many women are choosing to have fewer children. By attending college or joining the workforce, some women have chosen to delay having children or have limited the size of their family so that they may pursue both motherhood and a career. Also, the majority of Emirati families have live-in nannies to help with child care. According to the World Health Organization (WHO), 20 years ago, Emirati women had an average of approximately six children per woman; as of 2015, this average has fallen to two children per woman.

Emirati households have commonly had strict gender roles. Women are often seen as the caretakers of the home and of the children. Men serve as the financial providers and are required to materially provide for the family. Emirati women also generally seek their husband's and family's approval to work outside of the home.

Divorce

The UAE has the highest divorce rate in the country's region, and the number of divorces in the country is increasing every year. Many factors are said to be attributed to the

rising divorce rate, such as lack of communication, infidelity, financial hardship, and religious or cultural differences.

The most common types of divorce are *talaq* and *khula*. The *talaq* divorce is initiated by the husband, in which he must say to the wife, "I divorce you," three times. A *talaq* divorce may also be initiated by the husband via text message, e-mail, phone call, or letter. A woman, however, may not initiate a *talaq* divorce; a wife may seek a divorce called *khula*. In a *khula* divorce, a wife must return to her husband all of the dowry and gifts given to her upon her marriage; the *khula* divorce is difficult for women because it may impose financial hardships on them, particularly the ones who do not have jobs. A woman can also seek a divorce from the courts based on factors such as alcoholism or abuse.

Also, it is important to note that joint custody of children does not occur in the UAE. If a divorce occurs, the custody of any young children goes to the mother, and the father is assigned a role as guardian. If the mother should remarry, custody is lost and transferred to her female next of kin. When a boy reaches around age 8 and a girl around age 13, custody may be transferred to the father or the father's family. Furthermore, a divorced mother cannot leave the country with her child without permission from the child's father, even if she holds custody. The father is also entitled to put a stop order on the mother and child to ensure this does not happen.

Politics

In the UAE, women are playing an active role in both the formulation of government and law as well as its execution. The current political climate of the country is indicative of substantial change and progress for women since the country's formulation in 1971. As discussed above, women serve in the UAE cabinet and work as judges, ambassadors, and public prosecutors as well as make up approximately 20 percent of the Federal National Council. The significant progress being made in terms of women's rights becomes particularly apparent when considering that women in the UAE were only granted the right to vote as recently as 2006. Only 10 years later, women are serving acting roles in government and politics, making the UAE one of the region's pioneers in women's progress.

However, in comparison to women's rights that are being advanced worldwide, the UAE is also found lacking in certain freedoms. Same-sex relationships in the UAE are illegal and punishable by flogging, jail time, and

deportation. Also, outside of certain free media zones in Dubai, Abu Dhabi, and Ra's al-Khaimah, the government regulates and censors all aspects of the media. Freedom of speech continues to be an ongoing struggle for citizens, residents, and journalists. Any criticism of the government is punishable by jail.

Judicial System

The Constitution of the UAE gives independence to the judicial branch of the government. In the UAE, all emirates are part of the federal judicial structure except Dubai and Ra's al-Khaimah, which have their own court structures. The Supreme Court consists of five judges appointed by the Supreme Council. There are three main branches within the country's court structure: civil, criminal, and sharia, or Islamic, law.

Women's Associations, Nongovernmental Organizations (NGOs), and Nonprofits

In 2015, the Gender Balance Council, a federal body designed to increase the role of women in leadership positions, was established. Organizations that monitor and promote the advancement of women's issues, such as rights, labor, and education, are often headed by Her Highness Sheikha Fatima bint Mubarak, who is the president of the Supreme Council for Motherhood and Childhood, chairwoman of the General Women's Union, and supreme president of the Family Development Council.

The General Women's Union was first established in 1975, four years after the formation of the UAE. This organization is accredited with support for women's education, literacy, and health, including playing a large role with a globally competitive increased life expectancy rate for women, decreased mortality rate during childbirth, and assistance by a professional at all births in the country.

Other organizations promoting women's equality include the Dubai Women Establishment (DWE), which is headed by Her Highness Sheikha Manal bint Mohammed bin Rashid Al Maktoum. DWE aims to create opportunities for women to contribute to the nation's development and progress, such as the launch of a UAE Women Leadership Programme to train potential Emirati women to become leaders.

However, according to findings from Freedom House, a U.S.-funded NGO that monitors global democracy, political freedom, and human rights, women in the UAE may face certain challenges in the establishment of their

organizations by only being allowed to participate in state-sanctioned feminism. Freedom House reports difficult restrictions, regulations, and censorship during and after the establishment of NGOs in the UAE, which also must first be registered with the Ministry of Social Affairs.

Religious and Cultural Roles

Islam is the official religion of the UAE. Islam has five pillars, or requirements: (1) faith, acknowledge that there is one God and his Prophet is Muhammad; (2) prayer, pray five times a day; (3) charity, giving to the needy; (4) fasting, observe the holy month of Ramadan; and (5) hajj, make a pilgrimage to Mecca once in one's life, if financially and physically able.

There are two main schools of thought in Islam, Sunni and Shia. Most UAE citizens are Sunni, with a small percentage being Shia. Muslims worship at local mosques. In an effort to prevent Islamist extremism, the UAE government regulates all mosques. The government reviews the weekly *khutbah* (sermon), and each mosque gives the same khutbah at the Friday prayers.

Religious Laws

The UAE is governed by sharia (Islamic) law. There is no separation of religion and state. Sex outside of marriage, prostitution, and adultery are all punishable by flogging and jail time. Among the requirements of Islam are an abstinence from alcohol and pork and an adherence to modest dress. In the UAE, pork can be purchased by non-Muslims. Liquor can also be purchased by non-Muslims at a liquor store with a liquor license or at hotels. There is no mandated dress code for Muslim men or women in the UAE, although respectful and modest dress is expected. Emirati men traditionally wear a *kandura* (long white robe) and a *keffiyeh* (type of headscarf). In public, Emirati women traditionally wear a black *abaya* (long robe) and *shayla* (type of headscarf). Some women also wear a niqab, which covers the nose and mouth, leaving only the eyes exposed.

The UAE is very tolerant of other religions, and the government has donated land to religious groups to build their places of worship. However, proselytization of non-Islamic beliefs is illegal. It is also illegal for Muslims to convert to another religion. Muslims may marry non-Muslims, but they may not change their faith. An Emirati's religious beliefs are noted on their passport and all legal documents. Aside from these restrictions, the UAE government

is tolerant to most religious beliefs; however, any religious or spiritual practices they deem as black magic or sorcery are punishable by jail and deportation.

Women's Roles

The role of women in Islam is interpreted differently from culture to culture, and many women face restrictions and oppression in the name of Islam. However, the Koran, the religious text of Islam, advocates equality between men and women, which the UAE is working to uphold. In the UAE, the role of women in Islam is recognized and celebrated with events, such as a 16-day program that culminated on International Women's Day in March 2013. Islamic Emirati women are also seen as important tools in combating terrorism. In 2014, the UAE hosted a panel discussion on "The Role of Women in Countering Violent Extremism," which recognized the equality of women and men as well as the need for women to successfully combat terrorism. This includes women's contributions on a business level, helping to develop strategies to combat extremism, and embodying a positive image of Islam at home for their families and communities.

Issues

Domestic Violence, Sexual Assault, and Rape

Rape and domestic violence are an ongoing human rights issue in the UAE. Though UAE law criminalizes rape, which is punishable by death under the penal code, spousal rape is not recognized. Furthermore, those women raped by persons other than their spouses are faced with being charged for consensual sex outside of marriage, which carries a penalty of flogging, jail, and possible deportation, not to mention social stigma from family and community members. Due to the severe consequences of reporting rape, many women choose to suffer in silence, leading to a low report rate. Foreign workers, particularly those who are employed as domestic help, are at high risk for sexual assault because they often have the least access to resources and help. If migrant workers are able to report a sexual assault, the case often never goes to court and has a very low conviction rate for perpetrators when it does. In sharia court, rape is very difficult to prove.

Domestic abuse is also highly underreported. According to the 2015 World Report conducted by Human Rights Watch (HRW), Article 53 of the UAE's Penal Code gives

men the right to use physical violence as discipline for the women and children in their family as long as the abuse does not cross the limits dictated by sharia law, such as not leaving physical marks.

Victims of domestic abuse may file complaints with the police units located at public hospitals. Public hospitals and police stations also provide social workers and counselors, usually female, for women to talk to. The UAE also has domestic abuse centers in Abu Dhabi, Dubai, Ra's al-Khaimah, and Sharjah. There is also a national hotline to report domestic abuse. However, women often feel uncomfortable or unsafe reporting the abuse for social, cultural, and economic reasons. The UAE government is currently working to raise awareness about domestic abuse via seminars, programs, conferences, and the like.

Furthermore, sexual relations outside of marriage is illegal, and bearing a child out of wedlock is punishable by imprisonment and deportation. Abortion is also not permitted in the UAE, with exceptions for when pregnancy endangers the life of the mother. Female genital cutting (FGC) is very rare, largely seen in foreign residents, and is prohibited in hospitals and clinics by the Ministry of Health.

Trafficking and Prostitution

The U.S. Department of State ranked the UAE as a Tier 2 country in its *Trafficking in Persons Report 2015*, a level that describes countries "whose governments do not fully comply with the TVPA's [Trafficking Victim Protection Act's] minimum standards, but are making significant efforts to bring themselves into compliance with those standards" (UNHRC 2013).

Part of the trafficking operation in the UAE functions by misleading women from around the world to come to the country thinking they are going to be offered employment in positions that include salespersons, domestic workers, hotel receptionists, waitresses, and beauticians. They are then subjected to passport-withholding, threats, and physical or sexual abuse. It is difficult for such victims to escape, as they often do not have the funds and are accompanied and watched at all times. It has been reported that more vulnerable women are often targeted for sexual trafficking, such as those who are younger or who have disabilities (UNHRC 2013).

The government of the UAE takes the practice of sexual trafficking very seriously, and it is implementing new measures to prevent its occurrence. CEDAW's 2014 report

discusses several ways prevention and awareness of sexual trafficking and prostitution are occurring in the UAE. For one, federal law mandates punishment of traffickers, particularly those who traffic women and children. This law was amended in 2012 to provide even greater protection for victims. The National Committee to Combat Human Trafficking has also developed a four-part strategy to address this issue, which entails protection and prevention, prosecution and punishment, the strengthening of international cooperation, and protection of the victims. The committee also launched a media campaign at several airports in the UAE to strengthen awareness and prevention of this issue. The government has established five shelters in Abu Dhabi, Dubai, Sharjah, and Ra's al-Khaimah that provide psychological, social, health, legal, and rehabilitation services to victims as well as follow-up services and hotlines.

Domestic and Migrant Labor

As noted, the majority of the UAE's population consists of migrant workers. The United Arab Emirates has no required minimum wage for employees, making human exploitation a problem in the country. The average construction worker or domestic helper can make as little as USD\$200 per month. Many workers come from Southeast Asia to work as domestic help in Emirati homes, including gardeners, nannies, cooks, and drivers. Domestic workers are predominantly female. They often work seven days a week with no set days off and do not have scheduled breaks throughout the day. Some suffer from physical abuse, confinement, and confiscation of their passports. They may be denied basic rights, such as decent food, living conditions, or medical treatment. Some domestic helpers have reported that their wages were not paid to them. There have also been reports of domestic workers being subjected to forced labor or trafficking. In 2014, a standard contract for domestic labor was issued to combat this problem. This contract mandates a minimum of eight hours of rest for the domestic worker per day as well as days off per week. However, domestic workers are still not covered under labor law (HRW 2015).

Workers from Pakistan and neighboring countries are often employed in construction and are forced to work outside in the extreme temperatures of the country. In recent years, the UAE government has restricted outside labor when the temperature is 122°F (50°C) or higher, limited outside summer working hours, and imposed mandatory

breaks. However, many workers can still be seen working in extreme heat throughout the summer.

Furthermore, should workers face such abuse and exploitation, it is very difficult for them to change employers in the UAE. Most workers are strongly dependent on their employers via the *kafala* sponsorship system, which operates in all Gulf Cooperation Council states. Through this system, employers have the right to revoke a worker's sponsorship at any time, which would in turn revoke his or her right to remain in the country. Though some migrant workers covered under labor law may be able to change employers in special cases, domestic workers, whom these laws do not protect, cannot change employers before their contract ends or the employer gives his or her consent (HRW 2015). Therefore, despite efforts made by the UAE government, the abuse of migrant labor is still a big issue in the country.

Beauty Standards

Social constructions of beauty in the UAE have been heavily influenced by Western media, and beauty standards in the country have been set very high. Body image issues have been a popular topic in the UAE media, as both adult and young women struggle with eating disorders and self-esteem. The beauty and cosmetics market is flourishing as women in the UAE strive to fulfill these high standards, and the consumption of cosmetics and perfume ranks globally among the highest per capita (*Al Bawaba* 2008). Plastic surgery has also become very commonplace in the country; the UAE has become a medical tourism hub for plastic surgery, with people from all over the Middle East flocking to the UAE for various cosmetic procedures. The plastic surgery procedures that can be done in the UAE include, but are certainly not limited to, breast augmentation, liposuction, rhinoplasty, vaginoplasty, and hymen replacement. Laser hair removal and professional skin bleaching have also become very common among Emirati women.

NATALIE G. EL-EID

Further Resources

Al Bawaba. 2008. "Middle East Cosmetics Market Worth More Than AED 7.70 Billion." April 14. Retrieved from <http://www.albawaba.com/business/middle-east-cosmetics-market-worth-more-aed-770-billion>.

CEDAW (Convention of the Elimination of All Forms of Discrimination against Women). 2014. "CEDAW/C/ARE/2-3." Retrieved from http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fARE%2f2-3&Lang=en.

- CIA (Central Intelligence Agency). 2016. "Middle East: United Arab Emirates." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/resources/the-world-factbook/geos/ae.html>.
- Embassy (Embassy of the United Arab Emirates). 2015. "About the UAE." Washington, D.C. Retrieved from <http://www.uae-embassy.org/about-uae>.
- Emirates Woman. 2013. "Know Your Rights." October 7. Retrieved from <http://emirateswoman.com/know-your-rights-uae-law>.
- Gender across Borders. 2010. "The United Arab Emirates: Women's Rights in Progress?" Retrieved from <http://www.genderacrossborders.com/2010/05/29/the-united-arab-emirates-women%E2%80%99s-rights-in-progress>.
- HRW (Human Rights Watch). 2015. "World Report 2015: United Arab Emirates." Retrieved from <https://www.hrw.org/world-report/2015/country-chapters/united-arab-emirates>.
- Metz, Helem Chapin, ed. 1993. "United Arab Emirates." *Persian Gulf States: A Country Study*. Washington, D.C.: GPO for the Library of Congress. Retrieved from <http://countrystudies.us/persian-gulf-states>.
- UAEInteract. 2016. Retrieved from <http://www.uaeinteract.com>.
- UNDP (UN Development Programme). 2012. "About UAE." Retrieved from http://www.ae.undp.org/content/united_arab_emirates/en/home/countryinfo/#Challenges.
- UNDP (UN Development Programme). 2015. "United Arab Emirates." In *Human Development Report 2015*, 224–227. New York: UN Development Programme. Retrieved from http://hdr.undp.org/sites/default/files/2015_human_development_report.pdf.
- UNESCO. 2014. "Teen Confidence for Girls—United Arab Emirates." Retrieved from <http://en.unesco.org/aspnet/globalcitizens/act/actions/teen-confidence-girls-united-arab-emirates>.
- UNESCO Institute for Statistics. 2014. "United Arab Emirates." Retrieved from <http://uis.unesco.org/country/AE>.
- United Nations. 2014. "UAE Hosts Panel Discussion on 'The Role of Women in Countering Violent Extremism.'" Retrieved from <https://www.un.int/uae/news/uae-hosts-panel-discussion-role-women-countering-violent-extremism>.
- United Nations. 2016. "Every Woman Every Child." Retrieved from <http://www.everywomaneverychild.org>.
- U.S. Department of State. 2005. "The UAE Court System." Retrieved from http://dubai.usconsulate.gov/emergency_uae_court.html.
- U.S. Department of State. 2015. "Trafficking in Persons Report 2015." Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/2015/index.htm>.
- WHO (World Health Organization). 2016. "United Arab Emirates: Country Profiles." Retrieved from http://www.who.int/gho/countries/are/country_profiles/en.
- "Women in the United Arab Emirates: A Portrait of Progress." 2008. Retrieved from http://lib.ohchr.org/HRBodies/UPR/Documents/Session3/AE/UPR_UAE_ANNEX3_E.pdf.
- World Economic Forum. 2015. "United Arab Emirates." In *The Global Competitiveness Report: 2015–16*, edited by Klaus Schwab, 356–357. Retrieved from <http://www3.weforum.org/docs/gcr/2015–2016/ARE.pdf>.

Z

Zimbabwe

Overview of Country

Zimbabwe is a landlocked country located between the Limpopo and Zambezi Rivers in southern Africa. It borders South Africa to the south, Botswana to the west, Namibia to the northwest (through the Caprivi Strip), Zambia to the north, and Mozambique to the east. It has a surface area of approximately 149,305 square miles (386,700 sq. km); about 1 percent of it is water bodies (lakes and dams), and 20 percent is low-lying, below 2,952 feet (900 meters) above sea level. Zimbabwe's topography is defined by a mineral-rich plateau, also called "the watershed," which transverses the country, running diagonally from the southwest to the northeast of the country. The plateau defines major river systems and also influences climate. Its higher elevation is comparatively cooler, malaria and tsetse fly free; hence, it attracted colonial settlers who established urban settlements at intervals along the plateau. Major towns and cities are Bulawayo, Gweru, Kwekwe, Harare (the capital), and Mutare, and they are connected by roads, railways, the electricity grid, and telephone networks. With the exception of tourist resorts, the low-lying areas are economically less developed and constitute rural areas. They receive comparatively less rain.

Zimbabwe's population is estimated at 13.7 million; 33 percent live in urban areas and the rest in rural areas.

The population density is sparse at about 100 persons per square mile. Forty percent of the population is younger than 15 years of age, and 91 percent of youth are literate (World Bank 2014; ZimStat 2012). Zimbabwe has 16 official languages, including English; Shona is the most commonly spoken language.

According to the UN Human Development Index (HDI) for 2015, Zimbabwe is classified as a low HDI country and is ranked 155th, between Mauretania and Madagascar. As will be discussed, since 1990, poverty and social inequality are increasing, while access to social services has been declining considerably, with negative effects on women and girls.

Education

Zimbabwe's education system comprises seven years of primary school with an exam at the end of the seventh year. Some schools use primary school exam results to allocate places for secondary education. Secondary school has two phases. The first four years lead to an examination called the General Certificate in Education (GCE), or Ordinary Level (O Level). Students must pass five subjects, including mathematics and English language, with a C or better to be considered to have a full certificate. Successful students can proceed to Advanced Level, a preuniversity two-year course in which students choose three to four related subjects in science, humanities, or business subjects. The choice of subjects influences the choice of degree

at the university or other post-high school training. Officially, there is automatic promotion from primary school to the fourth year of secondary school. However, some school administrations select students on merit by using school exam results; others set their own tests to assess students' language, numeracy, and mathematical skills.

Girls' Performance in Primary and Secondary Education

Zimbabwe has had universal primary education (UPE) since 1980. In the first decade, primary education was free. When Zimbabwe adopted neoliberal market reforms in 1990, legislative changes making fees compulsory were triggered. By 1990, there was near parity in girls' and boys' enrollments in primary school (CSO 1998, 22). When one follows a cohort through primary school, more girls dropped out. For example, in 1990, there were 194,700 boys and 192,900 girls in grade 1; by 1996, when they reached grade 7, there were 162,931 boys and 157,235 girls (CSO 1998). Thus, girls' primary school completion rates were comparatively lower than those of boys. In the first four years of secondary school, girls' enrollments were 43–47 percent between 1990 and 2000 (CSO 1998, 34). In the two years of preuniversity courses, girls' enrollments went down to 30–43 percent, with considerable differences between the first year and second year of the courses (CSO 1998). Girls dropped out of school because they lacked resources; were needed for domestic chores, including caring for siblings and sick relatives; or had become pregnant.

Because of patrilineal descent, in which resources are accessed and inherited through males (father to son, brother to brother), with women benefiting as dependent relatives (wives, daughters, mothers), when poor families are forced to choose between spending on daughters' or sons' education, many opt to educate the boys. Girls are expected to marry into other families. Thus, educating girls is tantamount to dispersing limited resources and potentially enriching other families, while spending on boys is an investment with future returns, thereby concentrating resources within the lineage/family. Over the years, there have been many campaigns to improve girls' access to secondary and higher education. However, in a fee-paying dispensation where poverty is endemic, these arguments remain stubborn.

Tertiary Education

Between 1990 and 2000, female students constituted a third of university enrollments at the oldest university

(University of Zimbabwe) and had much lower enrollment at newer state-funded and private universities whose statistics were submitted to the statistics office. In technical colleges, a third of enrollments are female (CSO 1998, 47). In nursing colleges, females dominate, and in teachers' colleges, the enrollment of females increased through the 1990s to outnumber males in 2000, when it reached 54 percent (47). In general, the comparatively low female enrollments are influenced by secondary school completion rates. Until the conspicuous girls' attrition rates are dealt with, it will not be easy to reach parity in tertiary enrollments. Furthermore, tertiary education enrollments point to gender biases in the professions, with women funneled into care-related work such as nursing and teaching (in primary and secondary school). In Zimbabwe today, these professions are characterized by wages below the poverty line of USD\$500 per month for a household of five (ZimStat 2015).

Sex Education

Sex education was controversially introduced in 1993 in response to HIV/AIDS and the especially high prevalence rates among youths. Controversy emanated from "cultural sensitivities" and concerns about how much detail about sex should be in the curriculum. However, conservative funding and international gag rules on comprehensive sexuality education, especially under U.S. President George W. Bush's administration, bolstered this stance. Consequently, sex education has been restricted to abstinence-only messages, making it impossible to discuss contraceptives and details of sex and sexuality. This apparently complies with prevailing cultural and religious sensitivities—a convergence of both Christianity and African beliefs.

These cultural sensitivities have fanned several cycles of moral panics whenever organizations that advocate for HIV prevention suggest making condoms available to teens through the schools. Teachers resist comprehensive sexuality education because it is perceived as diminishing their respectability as professionals and as adults. Still, the abstinence-only curriculum lacks teaching aids, teachers lack support and training in the subject, and in many schools, it is marginalized and treated as an extracurricular activity. Abstinence-only sexuality education has merely produced distortions in information and not done much to empower young women about reproductive health or to reduce teen pregnancy. For instance, the Zimbabwe

Department of Health Services (ZDHS) 2010–2011 shows that 24 percent of 15- to 19-year-olds were either pregnant or had had a baby (ZimStat and ICF International 2012, 67) at the time of the survey. Rural teens are more likely to become pregnant than urban teens. The rural-urban divide shows inequities—in access to information and technologies—borne by many poor teens.

The average age of sexual debut is 18 years, but it is lower in rural areas (ZimStat and ICF International 2012). This clearly points to the fact that teenagers are having sex but yet are denied access to information and technologies to manage the outcomes of sex.

Teenage girls who get pregnant suffer at the hands of their relatives who force them, by chasing them from home, to declare their partners or browbeat them into marriage to restore family honor. Becoming pregnant outside of wedlock brings shame to the family. Thus, many young women suffer humiliation repeatedly from not being allowed to control their reproduction through denial of access to full information and to contraceptives and then being blamed for outcomes of unprotected sex, such as out-of-wedlock childbirth. If their partners evade paternal responsibilities (including marriage and child maintenance), the young women have to care for their babies. Such pregnancies reduce chances for marriage in the future because the young women are seen as untrustworthy.

Teen pregnancy also often entails dropping out of school. This prejudices future employment opportunities, thus locking young women into low-income and insecure employment, such as in the informal sector, and susceptible to hand-to-mouth existences. Clearly, adolescents' access to full information and to contraceptive technologies is strategic for women's well-being, empowerment, and gender equity.

Health

Access to Health Care

As a low-income country, Zimbabwe has faced challenges of equitable access to health care despite commitments to principles of equity. Health insurance is virtually nonexistent. Less than 1 percent of the population (those in formal wage work) is covered (Osika et al. 2010). There are various service providers of health care, including the government, Christian missionaries, mines, companies, local authorities, and private for-profit facilities. However, the persistence of urban bias in the distribution of available financial, material, and human resources when more

people live in rural areas skews access. This bias has implications for women's access to health care because more women live in rural areas, and high staff turnover during economic crises affect remote rural areas more.

In 2010, the Ministry of Health observed that only 33 percent of villages had access to ideal health care facilities: a clinic with two nurses (including one with midwifery qualifications) (Osika et al. 2010). Furthermore, there was a nationwide shortfall of community-level auxiliary staff trained in basic knowledge about malaria prophylaxis, family planning (and distribute prophylactics), and health promotion. With the emergency of HIV/AIDS, home-based caregivers (HBCs) also emerged as another category of auxiliaries. In most instances, the latter are volunteers, while other volunteers receive some remuneration.

Rural areas have to contend with long distances to facilities; most people walk more than 10 kilometers to the nearest facility (about two hours). These conditions impede health-seeking behavior. Resources permitting (availability of vehicles, fuel, and staff), mobile clinics are provided for voluntary counseling and testing (VCT) for HIV and AIDS, child immunization, and antenatal care. In this regard, The Ministry of Health and Child Welfare (MOHCW 2010, 11) notes that, in 2010, 58 percent of villages had access to a static or mobile VCT, and 60 percent had access to child immunization services and antenatal care. Treatment in rural and local authority facilities is free. Urban clinics have a nominal fee of USD\$5. Still, some families cannot afford it. For maternity care, higher fees and registration in advance are expected. Often, there are baby care provisions that women are expected to bring, such as clothes, blankets, and, increasingly, disposable diapers. Home deliveries happen at the hands of birth attendants with uncertified training and experience.

Clearly, this is far from universal access to health care, even at such a primary level. Indeed, by 2010, the MOHCW acknowledged that Zimbabwe was not going to meet the Millennium Development Goals (MDGs) in 2014, as health indicators show. Child malnutrition is 11.2 percent. Child mortality rates for children under the age of five is 80 per 1,000 live births, and the maternal mortality rate is 470 per 100,000 births (World Bank 2014).

Women and children continue to be vulnerable to preventable conditions and diseases because of growing poverty that precludes their ability to pay for health care. HIV deaths, 39,000 per year according to UNAIDS, show that access to antiretroviral drugs (ARVs) is not yet universal (2014).

Staff Shortages

Despite policy commitments to equity, access to health is also compromised by staff shortages because of poor working conditions (relatively low remuneration, lack of equipment and facilities in institutions, staff shortages leading to work pressure), especially since the 1990s. These conditions led to nurses and doctors immigrating to neighboring countries as well as the English-speaking global north. Where there are professionals still in Zimbabwe, distribution of staff does not follow population needs. Qualified professionals are mostly concentrated in urban areas where higher-tier facilities are located.

Reproductive Health Rights

Zimbabwe participated in both the International Conference on Population and Development (ICPD) held in Cairo, Egypt, in 1994 and the Fourth UN Women's Conference in Beijing, China, in 1995, from which the global women's movement sharpened focus on human rights approaches to women's issues, including health. These conferences highlighted the need to respect women's bodily integrity and to allow autonomy in decision making on matters involving sex, sexuality, sexual orientation, reproductive wellness, information, access to treatment, and whether and when to have children. However, the translation of these principles into policies is a veritable challenge across much of sub-Saharan Africa. Researchers point to challenges with human rights perspectives' assumption about "the individual" as bearers of rights, autonomous and capable of making decisions based on self-interest. In reality, relationships and propriety emphasize intersubjective connections between people.

In other words, decisions to have or not have sex are not as personal as one might wish. They are connected to social obligations and are socioculturally situated. Thus, in Zimbabwe, notions of "cultural sensitivity" have been deployed to determine who can have access to which reproductive technologies and for what reasons. In general, access by single women is despised, especially because, ideally, sex is best had within heterosexual marital unions. Outside of such unions, sex remains illicit. Likewise, reproductive and sexual health concerns of menopausal women fall into a policy blind spot.

Contraceptive Use

In the colonial era, contraception was viewed negatively as a racist ploy to limit population growth among Africans,

a means to undermine African culture, and a male prerogative to control women's sexuality and fertility. These arguments are echoed in an ethnographic study of a rural district in 1989–1990 (Chikovore et al. 2002), which found that men were anxious about losing control of women's sexuality and fertility through the use of contraceptives and illegal abortions. Most of the men were migrant laborers. They feared that contraceptive use would enable women to conceal evidence of extramarital affairs. Of course, women who used contraceptives did so secretly for fear of either being accused of infidelity or disobedience. Thus, contraceptive use was sensitive in as far as it gave women autonomy over their bodies.

Following independence, contraceptive use increased because of campaigns by the Zimbabwe National Family Planning Council (ZNPFC) and its international and local partners. Messages changed in tone to "family planning" and "child spacing," thus inviting men and women to take control in deciding the size of their families and intervals between births. The terms in quotation marks also suggest that only persons with families can plan them or those with children can space them. They have implications for those without families and those not socially approved as childbearers, such as unmarried and single persons. Hence, teenagers face challenges in accessing contraceptives, as discussed below.

Knowledge about contraceptives is "almost universal," according to the ZDHS 2010–2011; female respondents knew of at least six methods (ZimStat and ICF International 2012, 77). Contraceptive use is on the increase among married women in Zimbabwe; 59 percent use at least one modern method. Use of contraceptives is higher among educated professional women and those in urban areas and less so in rural areas and among the less educated. It is higher among unmarried, sexually active women, at 62 percent. The contraceptive pill (several brands are available) and condoms are the most commonly used contraceptives. They are sourced from public institutions and socially marketed through affiliates of the U.S.-funded Population Services International (PSI).

Teenage Sexuality and Reproductive Health Concerns

The high teenage pregnancy rate of 24 percent for 15- to 19-year-olds shows either preference for early marriage or an inability to control the outcomes of sex (ZimStat and ICF International 2012). Given limited sex education, as discussed above, one can surmise that there are gaps in

access to both information and technologies to control conception. As previously noted, cultural and religious concerns prevent comprehensive sexuality education. As married women, teens are allowed to “space” their children or “plan” their families. However, early marriage undermines future opportunities, as it cuts short schooling and precludes vocational training.

Customarily, pregnancy before marriage brings shame to the family of the pregnant girl. Often the shame is resolved through marriage to the male partner if he acknowledges paternity. According to the ZDHS 2010–2011, 2.8 percent of women were married by the time they were 15 years old (ZimStat and ICF International 2012, 50). This suggests “child marriage” is a phenomenon against which there is growing condemnation in the media. In many cases, because of poverty and unemployment, a young man evades commitment because of the economic pressure it brings to his family and the personal shame it brings to the offending young man when he is unable to look after his wife and children. Still, pregnant girls risk being chased away from home to extract bride-wealth from their offending boyfriends or being pressured into marriage because their own families do not wish to carry the burden of caring for a child with unemployed parents. The resulting structural violence visited on young women under these circumstances is yet to be documented as human rights violation. At a popular level, the shame of pregnancy out of wedlock should be a deterrent. When it is not, young women are blamed for a lack of self-restraint.

Abortion Rights

Abortion is illegal in Zimbabwe except for rape, incest, or medical reasons, such as a risky pregnancy. However, backstreet abortions often take place at the risk of women’s lives. According to Population Reference Bureau (PRB) estimates, there were 36 unsafe abortions per 1,000 women aged 15–44 years in 2011 in Zimbabwe (PRB 2011). An estimated 70,000 abortions took place in 2014 according to media reports. This points to unmet contraceptive needs or lapses in contraceptive use. In either case, there is a need for alternative courses of actions, such as better access to morning-after pills. Postabortion care is universally accessible to all women, without criminalization, when they present at health facilities. When deliberate and intentional actions to terminate a pregnancy are discerned, such as when relatives make reports, women run the risk of prosecution. Chikovore et al.’s study suggests

that unmet contraceptive needs among unmarried and married women along with men’s propensity to evade obligations when pregnancies occur are at issue (2002). This is often the reason why some women end up as single parents. For unemployed women, single parenting means a life of reduced opportunities for themselves and their children.

Access to HIV/AIDS Treatment

An estimated 1.5 million Zimbabweans are HIV positive, 830,000 and 150,000 of whom are women and children, respectively (UNAIDS 2016). This constitutes 4 percent of global HIV infections (UNAIDS 2014). More than half of HIV positive persons (63.4% of adults and 54.6 % of children) are on lifelong antiretrovirals. HIV treatment sites have increased from 530 in 2010 to 1459 in 2014 (UNAIDS 2014).

With the HIV prevalence rate at 15 percent, it is a considerable decline from what it was in the 1990s. Children most likely become infected from untested mothers, either during birth or later during routine care, such as breastfeeding. Since 1995, when antiretrovirals became widely used, there are protocols for the prevention of mother-to-child transmission (PMTCT) of HIV. These protocols entail counseling pregnant women while attending antenatal care and encouraging them to voluntarily test for HIV. Women who test positive are given, with their consent, antiretrovirals that reduce their viral loads, thus reducing the transmissibility of HIV to the baby during labor, birth, or breastfeeding. According to UNAIDS, there has been a 50 percent decline in child infections in Zimbabwe (UNAIDS 2014, 10).

The success of the PMTCT has encouraged pregnant women to test for HIV. However, the stigma of HIV/AIDS is such that testing comes with heavy burdens of ostracism on disclosure to male partners and relatives. Women often risk being accused of sexual impropriety (such as infidelity) in contracting HIV. Relatives, such as mothers-in-laws, who have an interest in nurturing babies (their grandchildren) to maturity, may insist on feeding babies gruels and herbal preparations, when in fact doctors recommend exclusively breastfeeding for the first six months, weaning, and then baby foods thereafter without mixed feeding as a way of ensuring that babies do not contract HIV. Despite the decline in HIV prevalence and new infections, young women and girls remain among the most vulnerable to infection because of cultural preferences for hypergamy,

poverty, and men taking advantage of young women and girls from poor families. (UNAIDS 2014, 20). Furthermore, the criminalization of sex work makes HIV prevention more difficult.

Tuberculosis has also become a major public health concern because it is an opportunistic infection in most (82%) HIV-infected persons (UNAIDS 2014). Screening and treatment is available free of charge.

Gender-Based Violence (GBV)

According to the ZDHS 2010–2011, 30 percent of women surveyed experienced gender-based violence (GBV) a month before the survey (ZimStat and ICF international 2012). Susceptibility to violence by a male partner increased with marriage, childbirth, and employment. However, the study also noted differences in prevalence of GBV by region, the education level of women, and marital status (never married women reported no violence). There are nongovernmental organizations (NGOs) concerned with gender violence, such as Musasa Project and Zimbabwe Women Lawyers' Association, who give counseling and legal advice, among other services. Shelters for survivors of violence are rare on account of limited resources.

Following the passage of the Domestic Violence Act, Makahamadze et al. (2012) did a study to find out awareness of the act and its provisions among Christian women of diverse denominations. Their respondents were wary about reporting spouses for violence, arguing that it would deprive them and their children of breadwinners and plunge them into worse economic difficulties. Indications are that GBV is underreported because of dependence, respect, and propriety calculus that women have internalized. Victim-friendly courts and desks at police stations are available though. It is not clear whether refresher courses are available for the police and court officials given changes in the economy.

Female Genital Cutting (FGC) and Female Genital Mutilation (FGM)

Zimbabwe lies in a region where Type IV female genital cutting (FGC), sometimes called female genital mutilation (FGM), is practiced. Type IV FGM includes pricking, piercing, incising, cauterizing, stretching/extending, or elongation of genitals for nonmedical reasons. FGM is an example of harmful cultural practices against women that epitomize patriarchal imperatives on women's bodies. Often, these practices have a range of public health

problems for women, including fistulae, obstruction of the birth canal, and urine retention, among other problems. However, there is a paucity of research data on harmful effects of Type IV FGM, as above. The most salient infamy of labia elongation is that it is done for male pleasure and makes women desirable as wives. Its practice went underground in colonial times, forestalling debate on it in Zimbabwe. Perhaps this is why Zimbabwe does not feature in WHO maps as an FGM country.

Studies show that Type IV FGM is controversial given growing trends toward genital cosmetic surgery and modifications (including piercings and tattooing) among girls and women in developed Western countries (Braun 2005; Johnsdotter and Essen 2010). The "harm" of genital modifications for nonmedical reasons in this instance has become scrambled. These studies raise questions about sexuality, eroticism, and choice in the context of sexual and reproductive health rights.

In Zimbabwe, the secrecy surrounding the topic does not enable open academic or activist discussion or comparison of marital stability between those with elongated labia and those without. Anecdotal reports show that even when women have complied with expectations by elongating their labia, they still remain susceptible to violence and infidelity through which men express their displeasure or dissatisfaction with women and their power over them. Unorthodox strategies in marriage counseling, including by some Pentecostal Church founders' wives, claim that labia elongation is a key part to fidelity, marital stability, and sexual satisfaction. It is important to note, though, that Pentecostal interventions in marriage often come with behavior changes based on Pauline doctrines found in the letters of St. Paul in the Christian New Testament. It may be that the latter is more potent to changes in marriage than labia elongation per se. From a feminist point of view, it is clear that the women the world over may be influenced by the male gaze or male perspectives about what is attractive and desirable in their bodies. Pending studies on the matter, one can surmise that the prevailing silence on Type IV FGM belies reality.

Virginity Testing

In 2001, in the wake of high HIV prevalence rates among youth, one traditional leader advocated for virginity testing of all girls in his area. Virgins would be given certificates, and apparently such certificates were supposed to be a source of pride for parents of the girls. This raised a lot

of controversy about the violation of girls' bodily integrity and privacy when their virginity was publicly declared in certificates. There were problems raised about the lifelong humiliation of those declared "nonvirgins." There was also the glaring problem that given an HIV pandemic that was spreading through heterosexual sex, virginity testing reinforced the idea that women and girls are gatekeepers of sexuality and morality because boys and men were not tested for virginity.

The notion of women and girls as gatekeepers renders them blameworthy for perceived social ills of sexuality in total disregard of the power relations and dynamics under which sexual relations take place, including the facts that coercion and flagrant sexual violence are common. It is part of the tool kit of patriarchal controls of women. Virginity was traditionally highly valued in Southern African bridewealth cultures. Virgins attracted higher bridewealth (more cattle) and ensured wealth and prestige for their families, while also assuring their husbands of chastity and fidelity. Chastity was the assumed foundation for fidelity.

Some media report incidents of virginity testing before girls are given away in arranged marriages to older men in some churches (Chibaya 2013; *The Zimbabwean* 2012). There are no academic studies on virginity testing in these conservative and closed sects. However, many are founded and dominated by men and embrace aspects of "African traditions" as part of their teachings.

In parts of South Africa, where virginity testing surged in the wake of HIV/AIDS, there were questions raised about folk science and its methodologies in virginity testing, with many activists concluding that the practice is a violation of children's rights as it entailed visual and physical examination girls' genitals by older women (Scorgie 2002). These discussions did not arise in Zimbabwe but are also applicable.

Employment

With 67 percent of the population living in rural areas, Zimbabwe's economy is agro-based. Women dominate in the rural economy. Beyond this, employment statistics in Zimbabwe remain controversial. Government statistics say that unemployment is 11 percent (ZimStat 2012), but using methods recommended by the International Labour Organization (ILO), unemployment is 5 percent (ILO 2017). However, these statistics do not bode well with ordinary Zimbabweans living under chronic economic and political crises and deepening poverty who have been laid

off or have been unable to find wage work since leaving school in the late 1990s. This is why the public, including the media, prefers to say that unemployment is more than 80 percent (for example, Osika 2010). Thus, while international organizations count informal-sector work as "active economic activity," many Zimbabweans see informal-sector work as less than ideal and more for survival, under conditions of despair, insecurity, and harassment by law enforcement agencies. Workers do not have fringe benefits, such as time off when sick, pregnant, or simply to rest, and no pensions. Thus, when international organizations use official statistics, they are seen as aiding the discursive minimization of unemployment challenges in Zimbabwe and doing public relations work for the government.

Notwithstanding the foregoing, the ZDHS 2010–2011 shows that 57 percent of women had not worked in the 12 months preceding the survey, 37 percent were in formal work, and the rest were self-employed (ZimStat and ICF International 2012, 35). In rural areas, the dominant activity is agricultural work; in urban areas, it is sales and services.

The government is the largest employer, but it is also notorious for low wages. Since dollarization, many government workers earn less than USD\$500 per month, which is the total consumption poverty line (TCPL). Calls and strikes for wage increases have come to naught, in part because the economy cannot support higher wages. These conditions have increased tensions and calls for political changes.

From the foregoing, it is clear to see that while Zimbabwe has made strides toward gender equality, conservative interests constantly tug and claw at the progress on gender equality. The conservative interests have a voice and leg room to reverse gender equality in part because of the domination of one political party that opportunistically appeases and punishes different groups as part of cementing its own legitimacy. In this respect, it remains to be seen how well the new constitution lives up to its promises.

Culture and Family Life

Culturally, Zimbabwe is largely neopatrilineal, that is, influenced by cultures in which identity is conferred by fathers (so children take their fathers' surnames); post-marital residence is virilocal (women relocate to their husbands' place of residence). In urban areas, the impact of virilocality is less pronounced. In rural areas, the impact of virilocality includes isolation typical of learning a new

culture and living among strangers. Kinship norms and practices combined with practices of virilocality could be the basis of marginalization of married women, who are seen as strangers or outsiders (albeit desirable) in their husbands' villages and families. Consequently, married women are blamed for mishaps and not entitled to a share of resources of their husbands' lineage, such as land, cattle, and other items. Meanwhile, unmarried women are seen as transient in their own lineages because they are expected to marry into other families.

Historically, wives could use land as secondary users (dependent on their husbands' primary access) and had access to draught animal power, milk, and other products, again, as secondary users. This means married women had no power of disposal of the property nor could they inherit in the event of widowhood. These cultural practices emanate from distortions of cultural practices in the colonial era under what are broadly referred to as "customary laws," which cannot be discussed here due to limitations of space.

Bridewealth continues as the cornerstone of Zimbabwean family life and is the foundation of marriage. Its payment defines social adulthood and responsibility for the paying young men and dignity and respect for the women for whom it is paid and their families. Its payment in full precedes white weddings and the court registration of marriages. It is not mandatory in the law to pay bridewealth, but families insist. A refusal to pay it is seen as deviant and stokes the wrath of ancestral spirits, which apparently wreak havoc for generations. Churches also support bridewealth payments.

Bridewealth payment is not benign; it is fraught with meaning and symbolism about gender roles and relations. The payment of bridewealth symbolizes an acknowledgment of the loss of a woman's labor contribution because of virilocality. It serves as compensation for this loss. In turn, bridewealth signifies acceptance of transfers of returns of a married woman's labor (both economic and reproductive) to her husband's family. In this sense, then, children belong to the husband, and all property accruing to a married woman also belongs to him, except for domestic utensils or appliances in some modern interpretations. Furthermore, wives could not inherit from their husbands because of not being members of the same lineage. Inequality between spouses also emanated (and still does) from the fact that men are expected to be older than women and to have better economic potential or better-paying jobs.

Because bridewealth payment is tied to the prestige of all parties—the payee and his family as well as the receiving family and their daughter—these payments are passionately defended in many quarters. The passion belies gender injustices tied to bridewealth. Anticipation of bridewealth payments could be linked to child marriages among poor families as well as the abuse of women and children. By promising to pay bridewealth, rapists and pedophiles can evade prosecution by marrying their victims. The prevalence of such cases is hard to establish, but it is an accepted practice that a man can offer to marry a woman or a girl he "seduced" by paying or promising to pay bridewealth. If the marriage eventually breaks up, its demise is not linked to its beginning. It could be attributed to the woman's conduct, such as failure to please or obey her husband. Anecdotal reports also show that after paying bridewealth, some men expect total obedience from their wives and respond with abuse when they feel shortchanged. The reality, though, may be that men use bridewealth to claim their rights because violence occurs in societies that do not pay bridewealth.

Since independence, reforms to personal and family laws have chipped away at some aspects of gender inequality in marriage by promoting and ensuring procedural safeguards for spousal inheritance, no-fault divorces, child custody, equality in conferring identity to children, and child maintenance, allowing the possibility of equality between spouses. However, there are no campaigns against bridewealth per se because it seems to be sacrosanct. Androcentric discourses of nationalism of the 1990s filtered into the courts, leading to rulings against gender equality, such as the *Magaya v. Magaya* case in 1999. This was an inheritance dispute between a half-brother and half-sister (children of the same father but with different mothers). The female plaintiff was the older of the two and born of the first wife. She had been denied the right to inherit her father's estate by lower courts that had argued that under African customs daughters could not inherit their fathers' estates ahead of sons. Her half-brother won. The Supreme Court (the highest court in Zimbabwe) upheld this decision to international outcry about gender discrimination.

Colonial social engineering, which privileged male labor migration, wage earning, and urban residence and was supported by Christian missionaries, left an indelible imprint on the Zimbabwean family and cultural ideals. Until independence in 1980, the Zimbabwean family was ideally composed of a male urban migrant and wage

earner (relatively better educated) married to a woman who lived in a rural area, where she occupied herself as a farmer, working on land that belonged to the male migrant or his family. She was less educated and also responsible for domestic work and child care. As strenuous as these arrangements were to marital and family relations, they created fathers and husbands who were distant authority figures with unilateral control of resources.

Historically, women went to urban areas and sought out men (husbands, fiancés, or boyfriends) for accommodation and protection. In anthropology, as well in the popular imagination, “town women” became a reference for anomalous women. Women in urban areas were suspected of being sex workers, vagrants, nuisances, or otherwise deviant for apparently eschewing rural life. Rural women were seen as more trustworthy, decent, and marriageable because they remained accountable to rural patriarchs. Over the years, family migration to urban areas has been tolerated. However, derogatory notions of town women persist to this day as an undercurrent that seems to condone wanton harassment of women on suspicions of engaging in sex work or being un-African if fashionably dressed (high heels, makeup, tight or short clothes, see-through fabrics, etc.).

Nonrecognition of Same-Sex Relationships and Families

The 2013 constitution says Zimbabweans who are 18 years old and older are free to legally marry and voluntarily start families in the absence of coercion. However, same-sex marriages are prohibited. Consequently, in Zimbabwe, the family is defined as heterosexual. However, with men evading responsibilities under the weight of economic challenges, living arrangements are taking many configurations. According to the 2012 census, 65 percent of households are headed by a male; the rest are likely headed by a female or child or have another configuration (ZimStat 2012, 13).

The average household size has 4.2 persons. In general, female-headed households have a higher propensity for poverty because of male biases in access to such resources as land and credit and also because of a long history of male-biased access to education and labor markets.

There are no legal protections for LGBT individuals; discrimination is not banned. Individuals may change gender, but it requires surgery. Procreation is so prominent in society that these prohibitions are perceived to be more about protecting it than an actual sexual relationship or

activity with someone of the same sex. Researchers found that even though there was strong Christian influence on the views that led to the formalization of these laws, young boys and girls do engage in same-sex sexual activities, but this remains invisible and, in the case of girls, unimportant (Shoko 2010).

Marriage and Fertility

The majority of women between 15 and 49 years old are married (60%); another 2.8 percent are cohabiting; and the rest are single, divorced, separated, or widowed (ZimStat and ICF International 2012). Women marry earlier, at an average age of 19.9 years. By contrast, only 51 percent of men between 15 and 49 years old are married. Men marry later in life, at around 24 years of age. This makes men dominant partners in most marriages. On average, Zimbabwean women have 3.4 children in their lifetimes. The population growth rate has stalled (less than 1%) because of the effects of HIV/AIDS (World Bank 2015).

Politics

Zimbabwe gained independence from Great Britain in 1980, following about two decades of armed struggle. The war ended after a negotiated settlement called the Lancaster House Agreement in 1979. This agreement allowed elections by universal suffrage for the first time and created a constitution. The Lancaster House Constitution remained in use, albeit with more than 15 amendments, until 2013, when a new constitution came into effect.

The Zimbabwe African Nationalist Union–Patriotic Front (ZANU-PF) emerged victorious in the 1980 elections. It has since dominated Zimbabwean politics by intimidating rivals and monopolizing the media and through biased constitutional amendments. Immediately after independence, ZANU-PF followed socialist policies, but it abandoned socialism as the Cold War ended in 1989 and then pursued neoliberal market reforms from 1990 to 1995.

The rapidness of constitutional amendments intensified calls for constitutional reforms. This was followed by drawn-out reforms from 1999 to 2013, when a new constitution was finally signed into effect. The period of constitutional reforms was also a time of socioeconomic and political crises with far-reaching effects on the status of women and relations between men and women. Due to limitations of scope, these crises cannot be discussed

here in detail save to mention that by end of the 1990s, Zimbabwe was isolated in international relations following a radical, defiant, and unplanned land reform program against the advice of donors. Donors withdrew aid, and service delivery was severely incapacitated. Poverty grew to 77 percent of the population by 2013 (ZimStat 2015); strong opposition to ZANU-PF hegemony emerged, but so did contestations over electoral laws, party funding, and election results, leading to long periods of political stalemate, violence, mutual suspicion, and polarization. By 2015, the opposition had been disorganized by infighting, poor funding, and, perhaps sabotage by its nemesis, if past events are anything to go by.

Political Economy and Implication for Gender Policies

Zimbabwe's independence was in the middle of the first UN Decade for Women (1975–1985). The decade was characterized by assumptions that women were *excluded* in economic development, the so-called Women in Development (WID) approach. This influenced Zimbabwean policies on women and led to a number of legislative reforms, such as legal majority at 18 years; equal pay for equal work; nondiscriminatory labor relations, including three months of maternity leave on reduced pay for women in wage work; no-fault divorce; and spousal inheritance between 1980 and 1985.

These changes did not actively seek to change living arrangements or beliefs about male-female and generational relations. It is no surprise there was a growing undercurrent against gender equality; it was perceived as un-African and antifamily. Despite women's participation in the war as combatants and auxiliaries and claims of pursuing socialism, there was no clear definition of gender equality, commitment, or agenda for the transformation of gender relations. For example, extending legal majority at 18 to women was criticized for undermining male authority (Ranchod-Nilsson 2006, 61). These masculine arguments persisted until constitutional reform consultations in 1999 and again between 2009 and 2012.

The Lancaster House Constitution had “claw-back clauses,” such as Section 23, which allowed discrimination against women on “cultural grounds.” Despite the creation of the Ministry of Community Development and Women's Affairs (MCDWA) in 1981 to accolades of progress, Women's Affairs was subsequently reduced to a department shunted back and forth between marginal portfolios under male ministers. Its longest and revelatory sojourn has been

in those ministries that are domiciled at ZANU-PF headquarters and concerned with mobilizing party support, lending credence to the argument that most socialist governments see youth and women's wings as means of mobilizing support rather than as empowering marginalized sections of society.

In the economic crises of the 1990s, conservative voices gained strength by arguing for a return to tradition in response to HIV/AIDS as well as the informalization of the economy, which saw growing numbers of women becoming economically independent, albeit through low-income informal-sector activities. This saw the passage of the Traditional Leaders Act (of 1999) that affirmed the role of traditional leaders as “custodians of culture.” However, what is referred to as “Zimbabwean culture” is male-biased and imbued with expediencies of colonial crises and concerns about controlling women encapsulated in what is called “customary laws.” Thus, two decades into independence, despite talk of change in male-female relations, patriarchal controls were preferred.

Women's Access to Land

Land reform took place in waves with one thing in common—bias against women. In the 1980s, land redistribution was part of poverty alleviation. The program targeted internally displaced persons because of the war, returning refugees, the landless, and other destitute people. Redistribution was slow at first, but it stalled in 1983 because of budgetary challenges. Of the families that were given land, few female-headed households benefited because women were not recognized as “heads of households” much less as breadwinners. This misrecognition emanated from distortions of African customs during the colonial era. Among male-headed households that benefited from land, women's rights to land were still insecure on divorce or widowhood. Inheritance and property laws changed later.

In the 1990s, land redistribution targeted elites because of demands for proof of income and the ability to invest in the land. Most beneficiaries were men. In 2000, when “fast-track” land reforms were launched, still only 12–18 percent of beneficiaries were women (Moyo 2011, 504). This limited access is attributable to technocrats' limited appreciation of gender issues and the need appeal to tradition; thus, land is given to “the family,” which in many instances is understood as male-headed. In a study of land recipients engaged in sugar production, Mate (2001) found

that inheritance was male-biased (given to sons) because of pressure from local farmer organizations and compliance to patrilineal norms. However, sons were more likely to spend on personal leisure and their own needs, risking the existences of their siblings and mothers.

Women's Activist and Advocacy Movements

Because of WID approaches, Zimbabwe, like most governments worldwide, had a WID unit in the manner of MCDWA headed by a female ex-combatant, Joyce Mujuru (who later rose to become vice president). Other than the usual weaknesses endured by WID units, such as not questioning relations between men and women, limited funding, lack of staff, and lack of technical expertise on women's issues because of the novelty of the approach, MCDWA was not powerful, in that it had no mandate to change laws nor to monitor other ministries for compliance. MCDWA worked closely with the ZANU-PF women's wing, thus pursuing party policies ahead of women's concerns. Initially, MCDWA was accepted as offering a platform for action. Things changed in 1983 when in response to moral panics fanned by the media about "wayward women" who apparently brazenly practiced prostitution, divorced their husbands, and wantonly abandoned or killed newborn babies (locally called "baby dumping"), spurred by a raft of pro-women legislative changes, the government authorized a cleanup operation against vagrants. The crackdown ended up targeting women seen walking alone in the evening in Zimbabwean cities. The moral panics point to anxiety in some sections of society vis-à-vis legislative changes on gender relations and becoming pro-women.

Pundits incited the government to rein in female mobility, much like had happened in the colonial era. Six thousand women were rounded up and deported to remote resettlements because they were assumed to have nothing to occupy themselves with; hence, they were believed to be threatening societal norms and morals by walking alone in the evening. However, because there had been a major drought in 1981, the 1983 land resettlement had stalled because of lack of , and women were bypassed as beneficiaries. These things went unnoticed. The abandonment of babies points to failures of male-headed families and implies abandonment by male partners, gaps in contraception, and other social challenges that made men evade responsibility. Blaming women points to age-old patriarchal tricks of making women gatekeepers of

sexuality and morality while men have final say. The fact that women who could prove that they were married were released sooner while those of unverifiable marital statuses had a harder time being freed was indicative of the misogynistic tendencies in sections of government and the ruling party.

The MCDWA's silence irked feminist activists. MCDWA's protest that it was neither consulted on the operation nor approved fell on deaf ears. The cozy relationship between the MCDWA and feminist activists ended when it became clear that MCDWA was under the guidance of an androcentric party whose government had authorized the misogynistic "cleanup." This led to the formation of women's nongovernmental organizations (NGOs). Women's Action Group (WAG) was the first in 1983. It was formed by professional women who were not party activists. The women were immediately condemned by top MCDWA officials as "elitist" (unlike the party that claims to stand with the masses) and under the influence of donors. By 1995, there were 25 registered women's organizations (Essof 2013, 38). Differences in strategy on gender issues were seen on many subsequent occasions, such as land reforms, when the government did not want to clarify women's land rights, preferring "family units," and parliamentary debates on domestic violence, in which male prerogatives as heads of households, including disciplining family members, were defended and challenged.

The 14th constitutional amendment, in which officials reacting to a Supreme Court ruling that Zimbabwean women could confer citizenship to their non-Zimbabwean spouses and children, sought a backdoor reversal, arguing patrilineal exogamy (women marrying out of their lineages thus out of their country) or, conversely, that male members of the patrilineage conferred identity to wives and children among others. These differences culminated in a coalition of women's NGOs campaigning for the "No vote" in the referendum on the first draft constitution of 1999. The "No vote" won, much to the dismay of the government and ZANU-PF. The win opened floodgates of mutual distrust and political harassment that widened the chasm between government and NGOs in general, which were seen as instruments of donors and foreign governments.

The New Constitution and Implications for Gender Equality

A new constitution came into effect in 2013. Its tenets are yet to be tested in the courts, and effects on people's

lives are yet to be assessed. The constitution has “gender balance” and a need to ensure “the full participation of women in all spheres” of society, politics, and the economy as guiding principles. It has an elaborate bill of rights in Chapter 4, Part 3, and Sections 48 to 78, including the right to freedom of expression, assembly, thought, and privacy and freedom from discrimination. Part 4 of the same chapter is titled “elaboration of certain rights.” It lists constitutional rights of specified groups, such as women, children, the elderly, persons with disabilities, and war veterans. Concerning women, not only does it emphasize “equality with men in all areas of life,” it also refers to equality in child custody. In Section 80, subsection 3, it states that where cultural beliefs or practices lead to discrimination, the constitution will take precedence. Despite these principles, bridewealth payments continue, and their explicit and implicit meanings remain. The new constitution establishes independent commissions to deal with gender, human rights, and other issues. The impact of these institutions is yet to be felt.

Despite the guiding principles of the new constitution, women’s performance in the 2013 elections fell short of gender balance. There are currently only 36 women members of Parliament (MPs) in the National Assembly (the lower house), with 270 seats, and 16 female senators in the Senate (the upper house), with 80 seats. However, the presence of these women and advocacy groups that lobby parliamentarians has seen significant changes, especially through the nonpartisan Women’s Caucus. The caucus is concerned with gender mainstreaming in law and decision making. Its Web site says that it lobbied traditional leaders and other stakeholders to support the Domestic Violence Bill in 2007; it also managed to have marital rape included in the Sexual Offences Act. In parliamentary and media debates on the Domestic Violence Bill in 2007, Christiansen (2009, 179–182) notes that there were concerns about the bill being “Eurocentric,” undermining men’s prerogative to control and discipline their wives, and that it would lead to increased marital discord and divorce. The bill was seen as antithetical to Zimbabwean “culture” and “traditions.”

Furthermore, marital rape is seen by many men as inconceivable by virtue of the fact the payment of bride-wealth entitles men to exclusive rights to have sex with their wives. Women are socialized into believing that once married they cannot deny their husbands sex. Sex is seen as a marital duty to be performed diligently as part of

sustaining a conjugal union. Consequently, getting marital rape included as a crime is an achievement. It allows women to talk about gender-based violence more broadly than just physical, emotional, or economic abuse. It can also be matrimonial sex. However, since the passage of the act, there are no known reported cases of marital rape. Perhaps, this shows that women too have internalized the idea that marital rape is inconceivable.

REKOPANTSWE MATE

Further Resources

- Bratton, Michael. 1987. “The Comrades and the Countryside: The Politics of Agricultural Policy in Zimbabwe.” *World Politics* 39.2: 174–202.
- Braun, Virginia. 2005. “In Search of (Better) Sexual Pleasure: Female Genial ‘Cosmetic Surgery.’” *Sexualities* 8.4: 407–424.
- Chibaya, Moses. 2013. “Compulsory Virginity Tests Condemned.” *The Standard*, December 22. Retrieved from <https://www.thestandard.co.zw/2013/12/22/compulsory-virginity-tests-condemned>.
- Chikovore, Jeremiah, et al. 2002. “The Hide-and-Seek Game: Men’s Perspectives on Abortion and Contraceptive Use within Marriage in a Rural Community in Zimbabwe.” *Journal of Biosocial Science* 34: 317–332.
- Christiansen, Lene B. 2009. “In ‘Our Culture’—How Debates about Zimbabwe’s Domestic Violence Law Became ‘Cultural Struggle.’” *NORA—Nordic Journal of Feminist and Gender Research*: 175–191.
- CSO (Central Statistics Office). 1998. *Education Statistics Report*. Harare, Zimbabwe: CSO.
- Essof, Shereen. 2013. *She-Murenga: The Zimbabwe Women’s Movement 1995–2000*. Harare, Zimbabwe: Weaver Press.
- ILO (International Labour Organization). 2017. “Spot Check: ILO’s Zimbabwe Unemployment Figures Unreliable.” Retrieved from https://africacheck.org/spot_check/ilos-zimbabwe-unemployment-figures-unreliable.
- Johnsdotter, Sara, and Birgitta Essen. 2010. “Genitals and Ethnicity: The Politics of Genital Modifications.” *Reproductive Health Matters* 18.35: 29–37.
- Kuper, Adam. 1982. *Wives for Cattle: Bridewealth and Marriage in Southern Africa*. London: Routledge and Kegan Paul.
- Makahamadze, Tapson, et al. 2012. “Examining the Perceptions of Zimbabwean Women about the Domestic Violence Act.” *Journal of Interpersonal Violence* 27.4: 706–727.
- Mate, Rekopantswe. 2001. “Land, Women and Sugar in Chipiwa.” In *Women, Men and Work: Rural Livelihoods in South-Eastern Zimbabwe*, 37–60, edited by Paul Hebnick and Michael Bourdillon. Harare, Zimbabwe: Weaver Press.
- MOHCW (Ministry of Health and Child Welfare). 2010. *The Zimbabwe Health Sector Investment Case (2010–2012): Accelerating Progress toward Millennium Development Goals: Equity and Equality in Health: A People’s Right*. Harare, Zimbabwe: Ministry of Health.
- Moyo, Sam. 2011. “Three Decades of Agrarian Reform in Zimbabwe.” *Journal of Peasant Studies* 38.3: 493–531.

- Osika, John, et al. 2010. *Zimbabwe Health System Assessment 2010*. Bethesda, MD: Health Systems 20/20 Projects, Abt Associates.
- PRB (Population Reference Bureau). 2011. "Abortion Facts & Figures." Retrieved from <http://www.prb.org/pdf11/abortion-facts-and-figures-2011.pdf>.
- Ranchod-Nilsson, Sita. 2006. "Gender Politics and the Pendulum of Social Transformation in Zimbabwe." *Journal of Southern African Studies* 32.1: 46–69.
- Scorgie, Fiona. 2002. "Virginity Testing and Politics of Sexual Responsibility: Implication for AIDS Intervention." *African Studies* 61.1: 55–75.
- Shoko, Tahoma. 2010. "'Worse Than Dogs and Pigs?' Attitudes toward Homosexual Practice in Zimbabwe." *Journal of Homosexuality* 57.5: 634–649.
- UNAIDS. 2014. "The Gap Report." Retrieved from <http://www.unaids.org/en/resources/campaigns/2014/2014gapreport/gapreport>.
- UNAIDS. 2016. "Zimbabwe." Retrieved from <http://www.unaids.org/en/regionscountries/countries/Zimbabwe>.
- World Bank. 2014. "World Development Indicators 2014." Washington D.C.: World Bank.
- The Zimbabwean*. 2012. "Investigate Zimbabwe's Virginity Tests." Retrieved from <http://thezimbabwean.co/2012/04/investigate-virginity-testing>.
- ZimStat. 2012. *Census 2012 National Report*. Harare, Zimbabwe: ZimStat.
- ZimStat and ICF International. 2012. *Demographic Health Survey 2011*. Calverton, MD: ZimStat and ICF International.

Index

Note: Numbers in **bold** indicate volume number.

- Abbott, Tony, **3:2**
- Abboud, Ibrahim, **1:322**
- Abdullah, Abritty, **3:21**
- Abdullah bin Abd al-Aziz Al Saud (king, Saudi Arabia), **1:164**, 169, 170
- Abe, Shinzo, **3:284**
- Aboriginal Australians, **3:1**, 2
 - deaths in custody of, **3:5**
 - health of, **3:4**
 - housing for, **3:7**
 - religious beliefs of, **3:10**
 - removal of children of, **3:11–12**
- Abortion
 - in Albania, **4:3–4**
 - in Algeria, **1:12**
 - in Argentina, **2:5**, 6
 - in Belarus, **4:28**
 - in Belgium, **4:34**, 35
 - in Brazil, **2:55**
 - in Brunei, **3:301**
 - in Bulgaria, **4:53–54**
 - in Central African Republic, **1:45**
 - in Chile, **2:93**
 - in China, sex-selective, **3:63**
 - in Croatia, **4:68–69**
 - in Czech Republic, **4:74**
 - in Democratic Republic of Congo, **1:54**
 - in Denmark, **4:82**
 - in Ecuador, **2:142**, 148, 149
 - in El Salvador, **2:155**
 - in Eritrea, **1:75**
 - in Estonia, **4:94–95**
 - in France, **4:108–109**
 - in French Caribbean, **2:167**
 - in Georgia, **4:124**
 - in Ghana, **1:95**
 - in Greenland, **2:185**
 - in Guam, **3:74**
 - in Guatemala, **2:196**
 - in Iceland, **4:157**
 - in Iran, **1:105**
 - in Ireland, **4:170–171**
 - in Israel, **1:123**
 - in Ivory Coast, **1:129**
 - in Jamaica, **2:242**
 - in Kosovo, **4:186**
 - in Lebanon, **1:176**
 - in Lithuania, **4:207**
 - in Macedonia, **4:265**
 - in Malawi, **1:213**
 - in Mexico, **2:251**
 - in Myanmar, **3:198**
 - in Namibia, **1:236**
 - in Netherlands Antilles, **2:269**
 - in New Zealand, **3:217**
 - in Nicaragua, **2:278**, 280
 - in Nigeria, **1:245**
 - in Norway, **4:235**
 - in Pakistan, **3:242–243**
 - in Peru, **2:321**
 - in Poland, **4:247–248**
 - in Republic of the Congo, **1:262**
 - in Romania, **4:277**
 - in Russia, **4:292**
 - in Slovakia, **4:311–312**
 - in South Africa, **1:305**
 - in South Korea, **3:280**
 - in Spain, **4:322**
 - in Suriname, **2:348–349**
 - in Taiwan, **3:307**
 - in Thailand, **3:323**
 - in Trinidad and Tobago, **2:340**
 - in Tunisia, **1:345**
 - in Turkey, **4:359**
 - in Ukraine, **4:369–370**
 - in United States, **2:364**
 - in Uruguay, **2:376**
 - in Venezuela, **2:389**
 - in Yemen, **1:271–272**
 - in Zimbabwe, **1:368**
- Abu Dhabi, **1:354**, 356
 - See also* United Arab Emirates
- Abyei region (Sudan), **1:315**
- Académie Française, **4:113**
- Acid attacks, in Cambodia, **3:47–48**
- Adichie, Chimamanda Ngozi, **1:249**
- El-Adl, Doaa, **1:72**
- Adolescent fertility, **1:302**
- Adoption
 - in Canada, **2:72**
 - of Korean children, **3:286**
 - in Kosovo, **4:191**
 - in Norway, **4:238**
 - in Sweden, **4:338**
- Adult education
 - in Denmark, **4:84**
 - in Latvia, **4:200**
 - in Norway, **4:236**
 - in Serbia, **4:300**
 - in Sweden, **4:334**
 - in Tunisia, **1:349**
 - in Venezuela, **2:387**

- Afghanistan, 1:1–10
 Constitution of, 4:414–415
 United States war with, 2:370
- Afghanistan Multiple Indicator Cluster Survey (AMICS), 1:2
- African Americans, 1:190
- African Charter on Human and Peoples' Rights (Banjul Charter), 1:205, 266, 4:396–397
- African Union (Organization of African Unity), 1:80
- Afro-Belizeans, 2:27
- Afro-Brazilians, 2:51, 61
- Afro-Colombians, 2:97, 105–106
- Afro-Cubans, 2:120, 124, 126, 127
- Afro-Mexicans, 2:257–258
- Afro-Nicaraguans, 2:279
- Afro-Peruvians, 2:326
- Afro-Uruguayans, 2:381–382
- Afro-Venezuelans, 2:394
- Afworki, Isaías, 1:74
- Age discrimination, 4:222–223
- Aguigui Reyes, Rosa, 3:72
- Aguiñaga Vallejo, Marcela, 2:147
- Ahmadinejad, Mahmoud, 1:108, 111
- Ahmed, Abdelraouf Elsidig, 1:327
- AIDS. *See* HIV/AIDS
- Aisha (princess, Jordan), 1:141
- Akayesu, Jean-Paul, 1:277
- Akhdam Clinic (Yemen), 1:271
- Al Khalifa, Sabeeka bint Ibrahim (princess, Bahrain), 1:23
- Al Khalifa, Shaikh Isa bin Salman, 1:19
- Al Nahyan, Sheikh Khalifa bin Zayed, 1:354
- Al Nahyan, Sheikh Zayed bin Sultan, 1:354
- Al Qaeda, 1:118–119
- Al-Ali, Nadej Sadig, 1:115, 118
- Al-Asad, Bashar, 1:331
- Al-Asad, Hafiz, 1:331
- Al-Asbahi, Amat al-Aleem, 1:273
- Al-Awadhi, Lulwa, 1:24, 115
- Albania, 4:1–7
 conflicts between Macedonia and, 4:268–269
 Kosovo and, 4:193
- Albanians, 4:184, 193, 268–269
- Albayrak, Tuğçe, 4:133
- Alcohol consumption
 in Argentina, 2:6–7
 in Bolivia, 2:46
 in Denmark, 4:83
 in France, 4:109
 in Russia, 4:283
 in Ukraine, 4:372
- Alemu, Reeyot, 1:89–90
- Alfonsin, Raul, 2:2
- Algeria, 1:11–18
- Ali Bhutto, Zulfikar, 3:238, 244
- Ali, Salma, 3:20
- All-India Muslim League, 3:237, 243–244
- All India Women's Conference (AIWC), 3:86
- Allyne, Sheanna, 2:342
- Alston, Philip, 2:191
- Alvarado Carrión, Rosana, 2:147
- Álvarez, Griselda, 2:254
- Álvarez, Olga, 2:104
- Alvarez, Oscar, 2:236
- Alyokhina, Maria, 4:293
- Alzheimer's disease, 2:363
- Amafo, Alice, 2:351
- Amaya, Carmen, 4:329
- Amdaen Muen (queen, Thailand), 3:328
- American Colonization Society (ACS), 1:190
- American Samoa. *See* Samoa
- Americo-Liberian settlers, 1:190–191
- Amin, Qasim, 1:69
- Ananda Mahidol (king, Thailand), 3:321–322
- Anglican Church (Church of England), 4:384–385
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:24
- Anguilla, 2:284, 288, 293
See also Organization of Eastern Caribbean States
- Anthony, Susan B., 2:368
- Antigua and Barbuda, 2:284, 285, 289–290, 294
See also Organization of Eastern Caribbean States
- Apartheid
 in Namibia, 1:234, 235
 in South Africa, 1:301
 women challenging, 1:313
- 'api (Ching Chih Tseng), 3:310
- Aquino, Corazon C., 3:253
- Arab Spring, 1:343
 in Bahrain, 1:25
 graffiti in, 1:71–72
- Arab women, in Israel, 1:123
- Arawak (people)
 in Cuba, 2:119
 in French Caribbean, 2:164
 in Guatemala, 2:191
 in Guyana, 2:207
 in Jamaica, 2:239
 in Netherlands Antilles, 2:262, 263
 in Puerto Rico, 2:329
 in Trinidad and Tobago, 2:337
- Argentina, 2:1–11
- Arias Sánchez, Oscar, 2:114
- Armed conflicts. *See* Civil warfare
- Armed forces
 in Belarus, 4:30
 in Denmark, 4:87
 in Indonesia, 3:96
 in Israel, 1:121
 in Jordan, 1:141
 in Libya, 1:205
 in Myanmar, 3:201–202
 in Norway, 4:240
 in Singapore, 1:275
 in South Sudan, 1:320
 in Sweden, 4:338–339
 in United Kingdom, 4:380–381
See also Military service
- Armenia, 4:8–13
- Armenian Apostolic Holy Church, 4:12
- Arnat Peqatigiit (AP; Greenland), 2:187
- Arranged marriages
 in Bahrain, 1:22
 in Democratic Republic of Congo, 1:57
 in India, 3:83
 in Iraq, 1:117
 in Kyrgyzstan, 3:129
 in Mongolia, 3:187
 in Palestine, 1:257
 in Tajikistan, 3:317
 in United Arab Emirates, 1:359
- Arron, Henk, 2:350
- Arteta, Ainhoa, 4:329
- Arts and literature
 in Afghanistan, 1:9
 in Austria, 4:19
 in Czech Republic, 4:76
 in Finland, 4:105
 graffiti as, 1:71–72
 in Iran, 1:106
 in Kosovo, 4:193
 in New Zealand, 3:221–222
 political cartoons as, 1:72–73
 in Puerto Rico, 2:334
 in Spain, 4:328–329
 in Suriname, 2:352
- Aruba (Netherlands Antilles), 2:262, 264–268
- Asantewaa, Nana Yaa, 1:98
- Asegaf, Farha Ciciek, 3:100
- Asociación Hombres y Mujeres Nuevos de Panamá (AHMNP; New Men and Women Association of Panama), 2:306–307
- Assisted reproductive technology (ART), 4:177
- Association for the Development and Enhancement of Women (Egypt), 1:70
- Association of Egyptian Female Cartoon Artists, 1:72
- Association of Nicaraguan Women Confronting the National Problem (AMPRONAC), 2:279
- Association of Tunisian Women for Research and Development (AFTURD), 1:344
- Astrology, 3:201
- Atahualpa (Inca leader), 2:318
- Ataturk, Mustafa Kemal, 4:353
- Attire
 in Algeria, 1:17
 in Argentina, 2:11
 in Brunei, 3:297
 in Canada, 2:76
 in Iran, 1:112
 in Iraq, 1:118–119
 Islamic, in Afghanistan, 1:9
 in Jordan, 1:139
 in Malawi, 1:214–215
 in Sudan, 1:329
 in Tajikistan, 3:313
 in United Arab Emirates, 1:360
- Aung San Suu Kyi, 3:195, 199, 200

- Australia, 3:1–13
 fat activism in, 3:222
 Austria, 4:15–23
 Austrian General Women's Association, 4:19
 Austronesians (Lapita; people), 3:163
 Awel, Aida, 1:86
 Axgil, Axel (Axel Lundahl Madsen), 4:87
 Aymara (people), 2:47, 49
 Aztecs (people), 2:248
- Baath Party (Iraq), 1:114–115, 117, 118
 Babur (emperor, Mughal Empire), 3:76
 Bachelet, Michelle, 2:86, 92
 Badri, Babiker, 1:324
 Badri, Gasim, 1:324
 Bahamas, Barbados, and the Turks and Caicos Islands, 2:14–25
 Bahrain, 1:19–26
 Bajer, Fredrik, 4:86
 Bajer, Matilde, 4:86
 Baker, Katie, 1:87
 Bakovic, Anto, 4:68
 Al-Bakr, Ahmed Hassan, 1:114–115
 Baldetti, Roxana, 2:191
 Bamars (people), 3:194
 Bamba, Cecilia Cruz, 3:72
 Bamford-Addo, Joyce, 1:99
 Banda, Hastings Kamuzu, 1:211, 217, 218
 Banda, Joyce, 1:211, 217
 Bandaranaike, Sirimavo, 3:293
 Bangladesh, 3:16–25, 237–238
 Bang, Nina, 4:86
 Ban Ki-moon, 2:160, 3:284
 Banteyerga, Hailom, 1:83
 Baptist Church, 2:104
 Baptiste, René, 2:296
 Barbados, 2:14–27
 Barbuda, 2:284, 289–290, 294
 Barrios de Chamorro, Violeta, 2:272
 Baseball, 2:121
 Al-Bashir, Omar, 1:325, 329
 Basiri, Sadiqa, 1:9
 Basque autonomous community, 4:321
 Bastidas, Adina, 2:392
 Basutoland, 1:181
 Al-Bata'a, Sohair, 1:66–67
 Batista y Zaldívar, Fulgencio, 2:119
 Batlle y Ordóñez, José, 2:373
 Baza Calvo, Eddie, 3:69
 Beauty and body image
 in Argentina, 2:10–11
 in Austria, 4:17
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:17–18
 in Belgium, 4:38
 in Belize, 2:31
 in Canada, 2:66
 in Colombia, 2:106
 in Dominican Republic, 2:135–136
 in France, 4:110
 in Germany, 4:133
 in Ghana, 1:100–101
 in India, 3:89–90
 in Iran, 1:113
 in Jamaica, 2:244–245
 in Malta, 4:223
 in Panama, 2:307–308
 in Paraguay, 2:316
 in Polynesia, 3:259–260
 in Slovakia, 4:313
 in Taiwan, 3:311
 in Tajikistan, 3:313
 in Trinidad and Tobago, 2:342
 in United Arab Emirates, 1:362
 in Venezuela, 2:386
 Bedouins (people), 1:135
 Beijing Declaration (Fourth World Conference on Women), 4:405–408, 420–424
 Belarus, 4:25–31
 Belgium, 4:32–39
 Democratic Republic of Congo under, 1:51
 gains independence from Netherlands, 4:226
 Belize, 2:27–32
 Ben Ali, Zine El Abidine, 1:343
 Ben Sheikh, Tewhida, 1:345
 Berbers, 1:11
 Berdimuhamedow, G. M., 3:332, 334, 336, 338
 Bergmann-Pohl, Sabine, 4:131
 Bermuda, 2:33–42
 Bermudez, Juan de, 2:34
 Bernabeu, Almudena, 4:327
 Bernal, Victoria, 1:76
 Beta Israel (Ethiopian Jews), 1:80, 126–127
 Beyer, Georgina, 3:221
 Bhandari, Bidhya Devi, 3:211, 283
 Bhumibol Adulyadej (Rama IX; king, Thailand), 3:322
 Bhutan, 3:26–35
 Bhutto, Benazir, 3:238–239
 Biodiversity, 2:108
 Birth control. *See* Contraception; Reproductive rights
 Birthing assistants, 2:253
 Birth rates, crude, 3:156
 Blacks
 Afro-Belizeans, 2:27
 Afro-Colombians, 2:97, 105–106
 Afro-Cubans, 2:120, 124, 126, 127
 Afro-Mexicans, 2:257–258
 Afro-Nicaraguans, 2:279
 Afro-Peruvians, 2:326
 Afro-Uruguayans, 2:381–382
 Afro-Venezuelans, 2:394
 in Canada, vote for, 2:73
 in Haiti, 2:131
 Liberia founded by, 1:190
 Blackwellm Henry, 2:368
 Bléty (organization; Ivory Coast), 1:132
 Bloggers, feminist, 3:222
 Body image. *See* Beauty and body image
 Bohemia, 4:71
 Boii (people), 4:71
 Bolivar, Simon, 2:44, 97, 385
 Bolivia, 2:44–49
 Bollain, Iciar, 4:326, 327
 Bonaire (Netherlands Antilles), 2:262–263, 265, 267, 269
 Bonaparte, Charles Louis-Napoléon, 2:173
 Bose, Sarmila, 3:238
 Bosnia and Herzegovina, 4:40–49
 Botswana, 1:27–32
 Bouazizi, Mohamed, 1:343
 Bourguiba, Habib, 1:342, 343, 345, 346, 348, 351
 Bouteflika, Abdel-Aziz, 1:14, 16
 Bouterse, Desire (Desi), 2:346, 350–351
 Boye, Mame Madior, 1:286
 Brazil, 2:50–62
 Uruguay gains independence from, 2:373
 Brazilian Worker's Party, 2:56
 Breast cancer
 in Armenia, 4:11
 in Australia, 3:4
 in Austria, 4:17
 Denmark in, 4:82
 in Hungary, 4:146
 in Italy, 4:177
 in Kosovo, 4:187
 among Māori, 3:216
 in Mongolia, 3:189
 in Norway, 4:235
 in Poland, 4:247
 in Russia, 4:285
 in Saudi Arabia, 1:167
 in Ukraine, 4:371–372
 in United States, 2:362
 in Venezuela, 2:390
 in Vietnam, 3:352
 Breastfeeding
 in Costa Rica, 2:110
 in Italy, 4:176–177
 in Kenya, 1:154
 in Malaysia, 3:145
 in Philippines, 3:250
 in Singapore, 3:272
 in South Africa, 1:304
 in Sweden, 4:335
 in Tunisia, 1:347
 Breda, Toussiant (Toussaint L'Ouverture), 2:216
 Brexit (United Kingdom leaving European Union), 4:377, 382
 Bride kidnapping, 3:129–130
 Bride-price
 in Bahrain, 1:22
 in Democratic Republic of Congo, 1:57
 in Kenya, 1:156–157
 in Lesotho, 1:84
 in Liberia, 1:195
 in Melanesia, 3:164
 in Namibia, 1:238
 in Somalia, 1:299
 virginity testing and, 1:370
 in Zimbabwe, 1:371

- British East Africa, **1:148**
 British Guiana, **2:207**
 British Honduras, **2:27**
 See also Belize
 British Virgin Islands (BVI), **2:284, 288, 293, 295**
 See also Organization of Eastern Caribbean States
Broadsheet (magazine), **3:222**
 Brown, Sonia, **2:24**
 Brunei (Sultanate of Brunei; Negara Brunei Darussalam), **3:296–302**
 Brunias, Agostino, **2:245**
 Buddhism
 in Bhutan, **3:33**
 in Cambodia, **3:37, 40, 44–45**
 in China, **3:63**
 in India, **3:88**
 in Laos, **3:140**
 in Mongolia, **3:184, 190–191**
 in Myanmar, **3:194, 200–201**
 in Sri Lanka, **3:288, 294**
 in Thailand, **3:327**
 in Tibet, **3:52–53**
 in Vietnam, **3:355**
 Bugis (people), **3:102**
 Bulgaria, **4:50–59**
 Bullying
 in Canada, **2:65–66**
 in Italy, **4:175–176**
 in Lithuania, **4:207**
 in New Zealand, **3:224**
 in South Korea, **3:278–279**
 Burkina Faso, **1:32–38**
 Burma (Myanmar), **3:194–202**
 BuSSy (theatrical company; Egypt), **1:72**
 Bustamante, Sir Alexander, **2:239**
 Buyse, Nadia, **1:25**

 Cabnal, Lorena, **2:202**
 Cabral, Pedro Álvares, **2:50**
 Cadet-Petit, Sandra, **2:169**
 Caesarean deliveries (C-sections), **4:358**
 Caicos Island, **2:14**
 Calderón, Doña Sila María, **2:333**
 Calles, Maria Alicia, **2:229**
 Calovic, Vanja, **4:303**
 Cambodia, **3:37–49**
 Constitution of, **4:417–418**
 Cameron, David, **4:377, 382**
 Campbell, Avril Phaedra Douglas “Kim” (A. Kim), **2:73**
 Campus Pride Index, **2:360**
 Canada, **2:64–77**
 Cancer
 in Denmark, **4:82**
 HPV vaccine for, **4:137**
 in Hungary, **4:146**
 in Iceland, **4:157**
 in Italy, **4:177**
 in Latvia, **4:201**
 liver cancer, **3:352**
 in Peru, **2:322**
 in Poland, **4:247**
 skin cancer, **3:4**
 in Ukraine, **4:371–372**
 See also Breast cancer; Cervical cancer
 Capetillo, Luisa, **2:330**
 Capriles Radonski, Henrique, **2:392**
 Caribbean islands
 Bahamas, Barbados, and Turks and Caicos Islands, **2:14–27**
 Cayman Islands, **2:79–85**
 Cuba, **2:119–128**
 Dominican Republic, **2:130–138**
 French Caribbean, **2:164–170**
 Haiti, **2:216–225**
 Jamaica, **2:239–245**
 Netherlands Antilles, **2:262–270**
 Organization of Eastern Caribbean States, **2:284–297**
 Puerto Rico, **2:328–335**
 Trinidad and Tobago, **2:337–343**
 Carl XVI Gustav (king, Sweden), **4:330**
 Carnival, in French Caribbean, **2:169**
 Carrillo Puerto, Elvía, **2:255**
 Cartwright Inquiry (New Zealand), **3:217**
 Casals, Muriel, **4:327–328**
 Castes, **3:78, 85**
 Dalits (untouchables), **3:80–81, 85**
 Castro Ruz, Fidel, **2:119**
 Castro Ruz, Raul, **2:119, 127**
 Catalan (language), **4:321, 324**
 Catholicism and Catholics. *See* Roman Catholic Church
 Cayman Islands, **2:79–85**
 Ceaușescu, Nicolae, **4:271, 277**
 Celebrations
 in French Caribbean, **2:169**
 in North Korea, **3:234**
 in Norway, **4:241**
 in Vietnam, **3:355–356**
 Center for Research, Studies, Documentation and Information on Women (CREDIF), **1:344**
 Center of Arab Women for Training and Research (CAWTAR), **1:344**
 Central African Republic (CAR), **1:40–49**
 Centro de Investigación y Promoción para América Central de Derechos Humanos (CIPAC; Costa Rica), **2:109**
 Centro Femenil Colombiano (Colombian Women’s Center), **2:106**
 CEPIA (organization; Brazil), **2:59**
 Cervical cancer, **1:184, 2:89, 156**
 HPV vaccine for, **4:137**
 in Hungary, **4:146**
 in Italy, **4:177**
 in Poland, **4:247**
 Césaire, Aimé, **2:168**
 Ceylon (Sri Lanka), **3:288–295**
 Chacón, Carmen, **4:325**
 Chamorro (people), **3:67–74**
 Chaplin, Vsevolod, **4:295**
 Charles IV (king, Czechoslovakia), **4:71**
 Charles (prince of Wales), **4:377**
 Charles, Dame Eugenia, **2:296**
 Charrúas (people), **2:373**
 Chávez, Hugo, **2:385–386, 388–390, 392, 393**
 Chávez Ixcaquic, Lolita, **2:195, 202**
 Chaza (sport), **2:101**
 Chenhui Ho, **3:54**
 Chenm Margaret, **3:57**
 Chernobyl Nuclear Power Plant disaster (Ukraine), **4:26**
 Chess, **4:119**
 Chewa (people), **1:215, 216**
 Chibambo, Rose, **1:217**
 Chiburdanidze, Maia, **4:119**
 Child abuse
 in Albania, **4:2**
 in Armenia, **4:9**
 in El Salvador, **2:153**
 in Greenland, **2:181–182**
 in Guiana, **2:208**
 in Netherlands, **4:232**
 in Romania, **4:272–273**
 in Serbia, **4:302**
 in Uruguay, **2:380**
 in Venezuela, **2:387**
 Childbirth. *See* Maternal health
 Child care
 in Brazil, **2:58**
 in Canada, **2:70**
 in Croatia, **4:65**
 in Ireland, **4:172**
 in Japan, **3:108**
 in Pakistan, **3:241**
 in Republic of the Congo, **1:264**
 in Serbia, **4:301–302**
 in Sweden, **4:338**
 in Tajikistan, **3:317**
 in Ukraine, **4:368**
 Child custody
 in Canada, **2:71**
 in Switzerland, **4:348**
 in Syria, **1:339**
 in United Arab Emirates, **1:359**
 See also Divorce
 Child labor
 in Burkina Faso, **1:36–37**
 in Central African Republic, **1:44**
 in Haiti, **2:217–218**
 in Honduras, **2:233**
 in Ivory Coast, **1:129–130, 133**
 in Kenya, **1:156**
 in Liberia, **1:195**
 in Malawi, **1:212–213**
 in Myanmar, **3:196**
 in Nepal, **3:206**
 in Vietnam, **3:349**
 Child marriage
 in Afghanistan, **1:3**
 in Albania, **4:2**

- in Bahrain, 1:22
- in Bangladesh, 3:17–18
- in Burkina Faso, 1:33
- in El Salvador, 2:157
- in Ethiopia, 1:81
- in Ghana, 1:95
- in Guatemala, 2:200
- in Guiana, 2:208
- in Honduras, 2:233
- in Kazakhstan, 3:117, 122–123
- in Kenya, 1:156
- in Laos, 3:134
- in Lebanon, 1:177
- in Libya, 1:203
- in Macedonia, 4:263–264
- in Malawi, 1:216
- in Mali, 1:223
- in Melanesia, 3:163–164
- in Morocco, 1:229
- in Nepal, 3:206
- in Nigeria, 1:247
- in Palestine, 1:257
- among Roma, 4:148
- in Senegal, 1:285
- in Serbia, 4:302
- in Sierra Leone, 1:291
- in Singapore, 3:271
- in South Sudan, 1:317
- in Sudan, 1:325
- in Syria, 1:335
- in Tajikistan, 3:313–314, 317
- in Turkey, 4:355–356
- in Ukraine, 4:369
- United Nations General Assembly resolution on, 4:431–432
- in Vietnam, 3:349–350
- Children
 - of Aboriginal Australians, 3:11–12
 - in China, 3:64
 - in Croatia, 4:64
 - day care for, in Pakistan, 3:241
 - in Denmark, 4:85
 - in Egypt, 1:63
 - in France, 4:111
 - HIV among, 1:368
 - international adoption of, 3:286
 - migrants, left behind, 4:273
 - in New Zealand, 3:216
 - in North Korea, 3:233
 - sexual exploitation of, in Belize, 2:31
 - as soldiers, in Myanmar, 3:201–202
 - street children, 4:272
 - well-being of, 4:206–207
 - See also* Girls and teens
- Chile, 2:86–95
- China, 3:51–65
 - Mongolian independence from, 3:184
 - Myanmar girls and women sold to, 3:196
 - People's Republic of China, 3:51–65
 - Taiwan (Republic of China), 3:304–311
 - Vietnam under, 3:348
- Chinchilla Miranda, Laura, 2:114
- Ching Chih Tseng ('api), 3:310
- Chlamydia, 2:68
- Choc, Angelica, 2:202
- Choi Soon-sil, 3:283
- Cholera, 2:220
- Christianity
 - in Canada, 2:75
 - in Central African Republic, 1:47
 - in Eritrea, 1:78
 - in Ethiopia, 1:80, 90
 - in Ghana, 1:99
 - in Hungary, 4:145
 - in Latvia, 4:203
 - in Malawi, 1:218
 - in Melanesia, 3:170–171
 - in Micronesia, 3:180–181
 - in Nigeria, 1:249
 - in Norway, 4:234
 - in Polynesia, 3:265
 - in Sudan, 1:329
- Christian Women's Solidarity Association (Lebanon), 1:178
- Church of England. *See* Anglican Church
- Church of Norway, 4:234, 238, 240
- Church of Sweden, 4:339
- Cinema. *See* Film
- Citizenship
 - in Bahrain, 1:23
 - in French Guiana, 2:177
 - in Israel, 1:121
 - in Jordan, 1:141–142
 - in Lebanon, 1:179
 - in Norway, 4:239–240
 - in Palestine, 1:258
 - of Puerto Ricans, 2:329
 - in Sweden, 4:341–342
- Civil warfare
 - in Argentina, 2:9
 - in Bosnia and Herzegovina, 4:41
 - in Central African Republic, 1:47–48
 - in Colombia, 2:98, 104–105
 - in Democratic Republic of Congo, 1:52–53
 - in El Salvador, 2:152
 - in Guatemala, 2:191, 192, 202, 204–205
 - in Ireland, 4:168
 - in Kenya, 1:160
 - in Liberia, 1:196–197
 - in Libya, 1:208
 - in Myanmar, 3:195, 201–202
 - in Nepal, 3:205, 210–211
 - in Palestine, 1:259
 - in Peru, 2:318, 325
 - in Philippines, 3:254
 - in Republic of the Congo, 1:260–261, 265
 - in Rwanda, 1:276, 277
 - in Sierra Leone, 1:293
 - in Somalia, 1:295, 300
 - in South Sudan, 1:315–316, 319, 320
 - Spanish Civil War, 4:321–322
 - in Sri Lanka, 3:294–295
- in Sudan, 1:322
- in Syria, 1:332–333, 337, 338
- between Turkey and Kurdish militants, 4:354
- in Yemen, 1:269–271, 274, 275
- Clark, Christy, 2:73
- Clarke, Kim, 2:294
- Clark, Helen, 3:223
- Climate change, 1:162, 2:382
 - in Micronesia, 3:181–182
 - in Pakistan, 3:244
 - in Polynesia, 3:265
- Clinton, Hillary Rodham, 2:364, 369, 3:73
- Clothing. *See* Attire
- Coalition of African Lesbians (CAL), 1:238
- Coalition of Egyptian Feminist Organizations, 1:70
- Coixet, Isabel, 4:327
- Colau, Ada, 4:328
- Collective of Congolese Women for Peace and Justice (CCWFP), 1:58
- Colombia, 2:96–106
- Colonialism
 - in Cambodia, 3:37
 - in Central African Republic, 1:41, 44
 - in Chile, 2:86–87
 - in Colombia, 2:97–99
 - contraceptive use and, 1:367
 - in Cuba, 2:126
 - in Democratic Republic of Congo, 1:51–52
 - in Dominican Republic, 2:130–132
 - in Eritrea, 1:74
 - in French Caribbean, 2:164, 168
 - in French Guiana, 2:173
 - in Ghana, 1:92, 93, 97
 - in Greenland, 2:180
 - in Guam, 3:67, 72
 - in Guatemala, 2:200, 201
 - in Guiana, 2:207
 - in Indonesia, 3:92
 - in Kenya, 1:148–149
 - in Laos, 3:133
 - in Malta, 4:215
 - in Melanesia, 3:163
 - in Namibia, 1:234–235
 - in Nigeria, 1:243
 - in Peru, 2:318
 - by Portugal, 4:254
 - in Puerto Rico, 2:328–330
 - in Rwanda, 1:275–276
 - in Sierra Leone, 1:288
 - in Somalia, 1:295
 - in South Sudan, 1:315
 - in Suriname, 2:345
 - in Trinidad and Tobago, 2:337
 - in United States, 2:355
 - in Venezuela, 2:385
 - in Zimbabwe, 1:371–372
- Columbus, Christopher
 - in Cayman Islands, 2:79
 - in French Caribbean, 2:164
 - in Hispaniola, 2:130, 131, 216

- Columbus, Christopher (*Continued*)
 in Jamaica, 2:239
 in Netherlands Antilles, 2:263
- Common-law marriage
 in Jamaica, 2:242–243
 in Macedonia, 4:263–264
- Commonwealth of the Northern Mariana Islands (CNMI), 3:174
- Community forestry, 3:212
- Community groups, in New Zealand, 3:223
- Compaore, Blaise, 1:38
- Confederation of Ethiopian Trade Unions (CETU), 1:85
- Confucianism, 3:232
- Congo-Brazzaville (Republic of the Congo), 1:260
- Congo, Democratic Republic of (DRC), 1:51–61
- Congo, Republic of the, 1:260–268
- Congo Wars (1998–2002), 1:53
- Conscientious objection (CO) to providing health services
 in Bulgaria, 4:53
 in Italy, 4:181
 in Uruguay, 2:376
- Conscription (military service), in Israel, 1:121
- Contraception
 in Austria, 4:22–23
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:24
 in Bangladesh, 3:22–23
 in Belarus, 4:28–29
 in Denmark, 4:82
 in Ecuador, 2:144–145
 in El Salvador, 2:155–156
 in France, 4:108
 in Georgia, 4:120
 in Germany, 4:131
 in Iceland, 4:157
 in Jordan, 1:139–140
 in Malawi, 1:213
 in Malaysia, 3:149–150
 in Netherlands Antilles, 2:266
 in Pakistan, 3:242
 in Palestine, 1:257
 in Poland, 4:248
 in Portugal, 4:256
 in Russia, 4:291–292
 in Senegal, 1:284
 in Sierra Leone, 1:290
 in South Africa, 1:308–309
 in South Sudan, 1:316
 in Sudan, 1:325
 in Sweden, 4:335
 in Ukraine, 4:369–370
 in United Kingdom, 4:382
 in Uzbekistan, 3:344
 in Zimbabwe, 1:367
See also Maternal health; Reproductive rights
- Contra War (Nicaragua), 2:272
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 4:391–395
- Convention on the Rights of Children, 1:63
- Cook Islands, 3:261
- Cook, James, 3:214
- Cooper, Margaret, 3:8
- Cordero, Celestina, 2:330
- Coriolon, Anne Marie, 2:223
- Correa, Rafael, 2:141–143, 148, 149
- Corrigan-Maguire, Mairead, 4:168
- Cosmetic surgery, 1:113
- Cossé, Eva, 4:136
- Costa Rica, 2:107–116
- Côte d'Ivoire. *See* Ivory Coast
- Creoles, 2:164
- Crime
 in Bermuda, 2:41–42
 in Cambodia, 3:46–47
 against Canadian indigenous women and girls, 2:65
 in El Salvador, 2:160
 in Guatemala, 2:191
 hate crimes, 4:339
 in Honduras, 2:230
 in Jamaica, 2:244
 in South Africa, 1:308
 against transgender people, 2:358
 by women, in Denmark, 4:88
- Crimea, 4:363
- Criollos (people), 2:97
- Croatia, 4:61–69
- Croatian War (1991–1995), 4:61
- Crude birth rates, 3:156
- Crude death rates, 3:156
- Cruz Velázquez, Lucila Bettina, 2:251
- Cuba, 2:119–128
- Culture. *See* Religion and culture
- Curaçao (Netherlands Antilles), 2:262–270
- Custom marriages, in Melanesia, 3:163–164
- Cutaneous leishmaniasis (CL), 3:335
- Cyberbullying
 in Italy, 4:175–176
 in New Zealand, 3:224
- Czechoslovakia, 4:271
- Slovakia in, 4:305–313
- Czech Republic, 4:71–79
- Dalai Lama, 3:52–53
 statement on “Bhikshuni Ordination in the Tibetan Tradition” by, 4:416–417
- Dalits (untouchables), 3:80–81, 85
- Damas, Léon-Gontran, 2:168
- Dancehall music, 2:243
- Danilova, Anastasia, 4:291
- Daryeel Women Organization (DAWO; Somalia), 1:297
- Das, Nandita, 3:90
- Davis, Jack, 3:5
- Davis, Megan, 3:9
- Day care. *See* Child care
- Day of the Sun (North Korea), 3:234
- Deafness, 2:18, 3:309
- Death rates, crude, 3:156
- de Burgos, Julia, 2:334
- Declaration on the Elimination of Violence against Women, 4:401–404
- Deforestation, 2:326
- de Gaulle, Charles, 4:106
- Democratic People's Republic of Korea (North Korea), 3:226–235
- Democratic Republic of Congo (DRC), 1:51–61
 Republic of the Congo distinguished from, 1:260
 Rwandan refugees in, 1:277
- Democratic Women's Association Vienna, 4:19
- Dengue fever
 in Costa Rica, 2:110
 in Dominican Republic, 2:133–134
 in El Salvador, 2:156
 in French Guiana, 2:174–175
 in Honduras, 2:231
 in Laos, 3:138
- Denmark, 4:81–88
 Greenland and, 2:180
 Iceland becomes independent of, 4:155
- Depression (emotional)
 in France, 4:109
 in Iceland, 4:157
 in Poland, 4:246–247
- Derg (Ethiopia), 1:88–89
- De Riemaecker-Legot, Marguerite, 4:37
- Devi, Sampat Pal, 3:86
- Diabetes, 2:145
 in Polynesia, 3:261
- Diatla, Aline Sitoé, 1:285
- Al-Dighaily, Salwa, 1:206
- Digital divide, 2:375
- Dirty War (Argentina), 2:2, 9
- Disabilities
 in Australia, 3:8
 in Brunei, 3:299
 in China, 3:63
 deafness, 2:18
 in Ivory Coast, 1:132
 in Maldives, 3:158
 in Netherlands, 4:228
 in Russia, 4:285
 in Singapore, 3:270–271
 in South Africa, 1:305
 in Sweden, 4:341
 in Vietnam, 3:349
- Displaced women
 in Georgia, 4:120
 in Somalia, 1:300
- Divorce
 in Algeria, 1:15–16
 in Argentina, 2:7
 in Bahrain, 1:22–23
 in Belarus, 4:28
 in Botswana, 1:30–31
 in Canada, 2:71
 in China, 3:60

- in Croatia, 4:65
- in Denmark, 4:85
- in Egypt, 1:63
- among Ethiopian Jews, 1:126–127
- in Finland, 4:103–104
- in France, 4:110–111
- in Iceland, 4:159
- in India, 3:84
- in Indonesia, 3:97
- in Iran, 1:108–109
- in Iraq, 1:117
- in Israel, 1:124
- in Italy, 4:181
- in Jamaica, 2:242
- in Kenya, 1:157
- in Liberia, 1:195
- in Libya, 1:203–204
- in Maldives, 3:159
- in Mexico, 2:253
- in Morocco, 1:229
- in Netherlands, 4:231
- in Nicaragua, 2:279
- in North Korea, 3:233
- in Norway, 4:238
- in Puerto Rico, 2:331–332
- in Republic of the Congo, 1:264
- in Russia, 4:291
- in Singapore, 3:273–274
- in South Africa, 1:306–307
- in Sudan, 1:327
- in Sweden, 4:338
- in Switzerland, 4:348
- in Syria, 1:338–339
- in Tajikistan, 3:317–318
- in Tunisia, 1:350
- in United Arab Emirates, 1:359
- in United Kingdom, 4:381
- in United States, 2:366–367
- in Uzbekistan, 3:343–344
- Djotodia, Michel, 1:46, 47
- Doctors without Borders, 1:272
- Doe, Samuel, 1:196
- Dohnal, Johanna, 4:15
- Doi, Takako, 3:110–111
- Domestic labor
 - in Brazil, 2:57
 - in Brunei, 3:301–302
 - in Cuba, 2:123
 - in Dominican Republic, 2:135
 - in Ecuador, 2:146
 - in Honduras, 2:232–233
 - in India, 3:89
 - in Jordan, 1:144–145
 - in Mexico, 2:252–253
 - in Singapore, 3:275–276
 - South African legislation on, 1:311
 - in United Arab Emirates, 1:362
- Domestic slavery, 1:229
- Domestic violence
 - in Algeria, 1:17–18
 - in Armenia, 4:12
 - in Austria, 4:20–22
 - in Bahamas, Barbados, and Turks and Caicos Islands, 2:25
 - in Bahrain, 1:26
 - in Belarus, 4:31
 - in Belgium, 4:38
 - in Belize, 2:30
 - in Bosnia and Herzegovina, 4:47
 - in Botswana, 1:31–32
 - in Brazil, 2:59, 61–62
 - in Canada, 2:73–74
 - in Cayman Islands, 2:85
 - in Central African Republic, 1:44–45
 - in Chile, 2:93–94
 - in China, 3:64
 - in Colombia, 2:98
 - in Croatia, 4:69
 - in Cuba, 2:124
 - Declaration on the Elimination of Violence against Women on, 4:401–404
 - in Democratic Republic of Congo, 1:60
 - in Estonia, 4:97
 - in France, 4:114–115
 - in French Caribbean, 2:169
 - in Georgia, 4:124
 - in Guatemala, 2:196–197
 - in Guiana, 2:211–212
 - in Honduras, 2:234–235
 - in Hungary, 4:152
 - in Iran, 1:112
 - in Iraq, 1:117
 - in Ivory Coast, 1:131
 - in Jordan, 1:143
 - in Kosovo, 4:191–192
 - in Kyrgyzstan, 3:127–128
 - in Liberia, 1:198
 - in Lithuania, 4:211–212
 - in Maldives, 3:161
 - in Mali, 1:225
 - in Malta, 4:221–222
 - in Mexico, 2:256–257
 - in Micronesia, 3:179
 - in Namibia, 1:241
 - in Nepal, 3:212
 - in Netherlands Antilles, 2:270
 - in New Zealand, 3:224–225
 - in Nigeria, 1:247–248
 - in Palestine, 1:259
 - in Panama, 2:306
 - in Paraguay, 2:313
 - in Peru, 2:325
 - in Philippines, 3:254–255
 - in Poland, 4:251–252
 - in Puerto Rico, 2:334–335
 - in Republic of the Congo, 1:267
 - in Saudi Arabia, 1:171
 - in Serbia, 4:304
 - in South Sudan, 1:319
 - in Spain, 4:325
 - in Switzerland, 4:350
 - in Tajikistan, 3:319
 - in Thailand, 3:327–329
 - in Turkmenistan, 3:336
 - in United Arab Emirates, 1:361
 - in United Kingdom, 4:386
 - in United States, 2:370–371
 - in Uzbekistan, 3:346–347
 - in Vietnam, 3:356
 - in Zimbabwe, 1:375
 - See also* Violence against women
 - Dominica and Grenada, 2:284, 285–286, 290–291, 294
 - See also* Organization of Eastern Caribbean States
 - Dominican Republic, 2:130–138
 - Donkor, Akua, 1:98
 - Douglass, Frederick, 2:368
 - Downing, Teresa, 1:15
 - Driving, right to, 1:171–172
 - Drug abuse
 - in Belize, 2:32
 - in Bermuda, 2:41
 - in Czech Republic, 4:73
 - in Estonia, 4:94
 - in Iran, 1:106
 - in North Korea, 3:231
 - in Tajikistan, 3:316
 - in Vietnam, 3:352–353
 - Dubai, 1:354, 356
 - See also* United Arab Emirates
 - Dubai Women Establishment (DWE), 1:360
 - Duhalde, Eduardo, 2:2
 - Dutch Caribbean (Netherlands Antilles), 2:262–270
 - Dutch Guiana (Suriname), 2:345
 - Duvalier, Francois “Papa Doc,” 2:223
 - Duvalier, Jean-Claude “Baby Doc,” 2:223
 - Early childhood education
 - in Micronesia, 3:176
 - in Mongolia, 3:185
 - in New Zealand, 3:215
 - in North Korea, 3:229
 - in Vietnam, 3:350
 - Early marriage. *See* Child marriage
 - Eastern Orthodox Christianity
 - in Bulgaria, 4:57
 - See also* Orthodox Christianity
 - East Pakistan, 3:16
 - See also* Bangladesh
 - Eating disorders, 4:371
 - Ebadi, Shirin, 1:109
 - Ebola virus
 - in Democratic Republic of Congo (DRC), 1:54
 - in Liberia, 1:192, 198–199
 - in Sierra Leone, 1:290
 - Ebtekar, Massoumeh, 1:112
 - Economic violence, 4:252
 - Ecuador, 2:141–150
 - Constitution of, 4:418–419
 - Edelbay, Saniya, 3:122

Education

- in Afghanistan, **1:2–4**
- in Albania, **4:3**
- in Algeria, **1:13**
- in Argentina, **2:4**
- in Armenia, **4:9–10**
- in Australia, **3:3–4**
- in Austria, **4:16**
- in Bahamas, Barbados, and Turks and Caicos Islands, **2:18–19**
- in Bahrain, **1:20**
- in Bangladesh, **3:18**
- in Belarus, **4:26–27**
- in Belize, **2:29**
- in Bermuda, **2:35–36**
- in Bhutan, **3:27–29**
- in Bolivia, **2:45**
- in Bosnia and Herzegovina, **4:42**
- in Botswana, **1:28–29**
- in Brazil, **2:52–54**
- in Brunei, **3:298–299**
- in Bulgaria, **4:51–52**
- in Burkina Faso, **1:33–35**
- in Cambodia, **3:40–41**
- in Canada, **2:67**
- in Cayman Islands, **2:81**
- in Central African Republic, **1:42**
- in Chile, **2:88**
- in Colombia, **2:99**
- in Costa Rica, **2:109–110**
- in Cuba, **2:120–121**
- in Czech Republic, **4:72–73**
- for deaf girls, **2:18**
- in Democratic Republic of Congo, **1:55**
- in Denmark, **4:83–84**
- in Dominican Republic, **2:132–133**
- in Ecuador, **2:143–144**
- in Egypt, **1:63–65**
- in El Salvador, **2:154**
- in Eritrea, **1:74–75**
- in Estonia, **4:93**
- in Ethiopia, **1:84–85**
- in Finland, **4:101–102**
- in France, **4:107**
- in French Caribbean, **2:165–166**
- in French Guiana, **2:174**
- in Georgia, **4:121–122**
- in Germany, **4:128–129**
- in Ghana, **1:94**
- in Greece, **4:137–138**
- in Greenland, **2:182–184**
- in Guatemala, **2:193–194**
- in Guiana, **2:208–209**
- in Haiti, **2:218–219**
- in Honduras, **2:229–230**
- in Iceland, **4:157–158**
- in India, **3:78–80**
- in Indonesia, **3:93–94**
- in Iran, **1:103–105**
- in Iraq, **1:115–116**
- in Ireland, **4:164**
- in Israel, **1:122**
- in Italy, **4:177–178**
- in Ivory Coast, **1:128**
- in Jamaica, **2:240–241**
- in Japan, **3:105–106**
- in Jordan, **1:136–137**
- in Kazakhstan, **3:118**
- in Kenya, **1:149–151**
- in Kosovo, **4:187–188**
- in Kyrgyzstan, **3:125**
- in Laos, **3:135–137**
- in Latvia, **4:199–200**
- in Lebanon, **1:175**
- in Lesotho, **1:182–183**
- in Liberia, **1:191–192**
- in Libya, **1:200–201**
- in Lithuania, **4:207–208**
- in Macedonia, **4:264–265**
- in Malawi, **1:214**
- in Maldives, **3:157–158**
- in Mali, **1:220–221**
- in Melanesia, **3:164–166**
- in Mexico, **2:249, 250**
- in Micronesia, **3:176**
- in Mongolia, **3:185**
- in Morocco, **1:226–227**
- in Myanmar, **3:196–197**
- in Namibia, **1:235**
- in Nepal, **3:207–208**
- in Netherlands, **4:228–229**
- in Netherlands Antilles, **2:264**
- in New Zealand, **3:215**
- in Nicaragua, **2:274–275**
- in Nigeria, **1:244**
- in North Korea, **3:228–230**
- in Norway, **4:235–236**
- in Organization of Eastern Caribbean States, **2:289–294**
- in Pakistan, **3:240**
- in Palestine, **1:254**
- in Panama, **2:301–302**
- in Paraguay, **2:310–311**
- in Peru, **2:319–320**
- in Philippines, **3:248–249**
- in Poland, **4:245–246**
- in Polynesia, **3:260–261**
- in Portugal, **4:255–256**
- in Puerto Rico, **2:330–331**
- in Republic of the Congo, **1:261**
- in Romania, **4:273–274**
- in Russia, **4:285–286**
- in Rwanda, **1:277–278**
- in Saudi Arabia, **1:165–166**
- in Senegal, **1:283**
- in Serbia, **4:300**
- in Sierra Leone, **1:288–289**
- in Singapore, **3:271**
- in Slovakia, **4:306–307**
- in Slovenia, **4:315–316**
- in Somalia, **1:296–297**
- in South Africa, **1:302–303**
- in South Korea, **3:279–280**
- in South Sudan, **1:316**
- in Spain, **4:322–323**
- in Sri Lanka, **3:290–291**
- student loan debt for, **3:224**
- in Sudan, **1:323–325**
- in Suriname, **2:347–348**
- in Sweden, **4:332–334**
- in Switzerland, **4:344–347**
- in Syria, **1:331–332**
- in Taiwan, **3:306–307**
- in Tajikistan, **3:314–315**
- in Thailand, **3:324–325**
- in Trinidad and Tobago, **2:338–339**
- in Tunisia, **1:348–349**
- in Turkey, **4:355–358**
- in Turkmenistan, **3:333**
- in Ukraine, **4:365–366**
- in United Arab Emirates, **1:356–357**
- in United Kingdom, **4:378**
- in United States, **2:359–361**
- in Uruguay, **2:375**
- in Uzbekistan, **3:341**
- in Venezuela, **2:387–388**
- in Vietnam, **3:350–351**
- in Yemen, **1:270–271**
- in Zimbabwe, **1:364–366**
- Egerszegi, Krisztina, **4:148**
- Egypt, **1:62–73**
- Egyptian Center for Women's Rights, **1:70**
- Egyptian Women's Union, **1:63, 69**
- Einstein, Albert, **4:346**
- Ejercito de liberación nacional (ELN; Colombia), **2:98**
- Ekaette, Eme, **1:248**
- Elder care
 - in Denmark, **4:83**
 - in France, **4:110**
- Elizabeth II (queen, England), **4:377, 384**
- Bahamas, Barbados, and Turks and Caicos Islands under, **2:23**
- Belize under, **2:30**
- Canada under, **2:64**
- Cayman Islands under, **2:80**
- Elleni (queen, Ethiopia), **1:90**
- El Salvador, **2:152–161**
- Soccer War between Honduras and, **2:228**
- Emberas (people), **2:300**
- Eminova, Enisa, **4:263**
- Employment
 - in Afghanistan, **1:6**
 - in Albania, **4:4–5**
 - in Algeria, **1:13–14**
 - in Argentina, **2:7**
 - in Armenia, **4:11**
 - in Australia, **3:6**
 - in Austria, **4:17–18**
 - in Bahamas, Barbados, and Turks and Caicos Islands, **2:21–22**
 - in Bahrain, **1:21–22**
 - in Bangladesh, **3:19–20**

- in Belarus, 4:27–28
- in Belgium, 4:34–35
- in Belize, 2:29–30
- in Bermuda, 2:37–38
- in Bhutan, 3:30–31
- in Bolivia, 2:46–47
- in Bosnia and Herzegovina, 4:43–44
- in Botswana, 1:29
- in Brazil, 2:55–57
- in Brunei, 3:300
- in Bulgaria, 4:54
- in Burkina Faso, 1:36–37
- in Cambodia, 3:43–44
- in Canada, 2:69–70
- in Cayman Islands, 2:82
- in Central African Republic, 1:43–44
- in Chile, 2:89–91
- in China, 3:59–60
- in Colombia, 2:102–103
- in Costa Rica, 2:111–113
- in Croatia, 4:63–64
- in Cuba, 2:122–123
- in Czech Republic, 4:73–74
- in Democratic Republic of Congo, 1:55–56
- in Denmark, 4:84
- of domestic labor, 1:144–145
- in Dominican Republic, 2:134–135
- in Ecuador, 2:145–146
- in Egypt, 1:67
- in El Salvador, 2:156–157
- in Eritrea, 1:76
- in Estonia, 4:95–96
- in Ethiopia, 1:85–86
- in Finland, 4:103
- in France, 4:110
- in French Caribbean, 2:166–167
- in French Guiana, 2:175–176
- in Georgia, 4:122
- in Germany, 4:129–130
- in Ghana, 1:96
- in Greece, 4:139–140
- in Greenland, 2:186
- in Guam, 3:69–70
- in Guatemala, 2:197–199
- in Guiana, 2:210–211
- in Haiti, 2:221
- in Honduras, 2:231–233
- in Hungary, 4:148–149
- in Iceland, 4:158–159
- in India, 3:82–83
- in Indonesia, 3:95–96
- in Iran, 1:107
- in Iraq, 1:117
- in Ireland, 4:165–166
- in Israel, 1:123–124
- in Italy, 4:178–179
- in Ivory Coast, 1:128–129
- in Jamaica, 2:242
- in Japan, 3:107–108
- in Jordan, 1:137–138
- in Kazakhstan, 3:119–120
- in Kenya, 1:155–156
- in Kosovo, 4:188–191
- in Kyrgyzstan, 3:126
- in Laos, 3:138–139
- in Latvia, 4:201
- in Lebanon, 1:177
- in Lesotho, 1:184–185
- in Liberia, 1:194–195
- in Libya, 1:202
- in Lithuania, 4:208–209
- in Macedonia, 4:266–267
- in Malawi, 1:214–215
- in Malaysia, 3:146–148
- in Maldives, 3:158–159
- in Mali, 1:222–223
- in Malta, 4:217–219
- in Melanesia, 3:168
- in Mexico, 2:252–253
- in Micronesia, 3:177–178
- in Mongolia, 3:185–187
- in Morocco, 1:228–229
- in Myanmar, 3:198–199
- in Namibia, 1:237
- in Nepal, 3:209
- in Netherlands, 4:231–232
- in Netherlands Antilles, 2:264–266
- in New Zealand, 3:217–219
- in Nicaragua, 2:276–277
- in Nigeria, 1:246–247
- in North Korea, 3:231–232
- in Norway, 4:236–237
- in Organization of Eastern Caribbean States, 2:294–295
- in Pakistan, 3:241
- in Palestine, 1:256
- in Panama, 2:303–304
- in Paraguay, 2:312–313
- in Peru, 2:322–323
- in Philippines, 3:251–252
- in Poland, 4:248–249
- in Polynesia, 3:261–262
- in Portugal, 4:256–257
- in Puerto Rico, 2:331
- in Republic of the Congo, 1:262–264
- in Romania, 4:275
- in Russia, 4:289–290
- in Rwanda, 1:279
- in Saudi Arabia, 1:167–168
- in Senegal, 1:283
- in Serbia, 4:301
- in Sierra Leone, 1:290–291
- in Singapore, 3:273
- in Slovakia, 4:309–310
- in Slovenia, 4:318
- in Somalia, 1:298
- in South Africa, 1:305–306
- in South Korea, 3:280–281
- in South Sudan, 1:316–317
- in Spain, 4:322–323
- in Sri Lanka, 3:292
- in Suriname, 2:349
- in Sweden, 4:335–337
- in Switzerland, 4:349–350
- in Syria, 1:333–335
- in Taiwan, 3:308
- in Tajikistan, 3:316
- in Thailand, 3:325
- in Trinidad and Tobago, 2:338, 340
- in Tunisia, 1:349–350
- in Turkey, 4:360–361
- in Turkmenistan, 3:335–336
- in Ukraine, 4:366–368
- in United Arab Emirates, 1:357–358
- in United Kingdom, 4:379–381
- in United States, 2:363–364
- in Uruguay, 2:377
- in Uzbekistan, 3:342–343
- in Venezuela, 2:390–391
- in Vietnam, 3:353
- in Yemen, 1:272
- in Zimbabwe, 1:370
- Encina, Ana Maria, 2:48
- Energy
 - in Pakistan, 3:244
 - in Uruguay, 2:382
- England, 4:376, 382
 - See also* United Kingdom
- Enhancement of Literacy in Afghanistan (ELA)
 - program, 1:3
- Ensler, Eve, 1:72
- Entrepreneurship
 - in Albania, 4:4
 - in Japan, 3:107
 - in Kosovo, 4:190
- Environmentalism
 - in Bhutan, 3:33
 - in Costa Rica, 2:108
 - deforestation and, 2:326
 - extinctions of animals in, 1:106
 - fracking (hydraulic fracturing) and, 3:11
 - in Kenya, 1:158, 162
 - in Marshall Islands, 3:181
 - in Pakistan, 3:244
- Eritrea, 1:74–79
- Eritrean Popular Liberation Front (EPLF), 1:74, 77, 78
- Ernst, Richard, 4:346
- Escala, Anuncia, 4:324
- Escudero, Edelmire, 2:255
- Espinoza Cruz, Marisol, 2:324
- Estonia, 4:91–98
- Ethiopia, 1:80–90
 - Eritrean independence from, 1:74
 - Jewish immigrants from, 1:126–127
- Ethiopian People Revolutionary Democratic Front (EPRDF), 1:89–90
- Ethiopian Student Movement, 1:88
- Ethiopian Women's Welfare Association (EWWA), 1:88
- Ethiopia Women's Association (REWA), 1:88
- European Union (EU)

European Union (EU) (*Continued*)

- Bulgaria in, **4**:50, 58
- Croatia in, **4**:61, 65, 66
- Denmark in, **4**:81
- Estonia in, **4**:91
- Finland in, **4**:100
- French Caribbean islands in, **2**:164
- French Guiana in, **2**:172, 177
- Germany in, **4**:126
- Greece in, **4**:135, 139
- Hungary in, **4**:145
- Ireland in, **4**:166
- Lithuania in, **4**:210
- Netherlands in, **4**:227
- Portugal in, **4**:255
- Slovenia in, **4**:315
- Spain in, **4**:321
- “Strategy for Equality between Women and Men” of, **4**:424–427
- United Kingdom leaving (Brexit), **4**:377, 382
- Evangelical Lutheran Church in Denmark, **4**:87
- Evangelical Lutheran Church of Finland, **4**:104
- Evangelical Lutheran Church of Iceland (ELCI), **4**:161
- Evans, J. D., **1**:324
- Evil eye beliefs, **2**:159
- Expatriates
 - in Cayman Islands, **2**:82–83
 - Cuban, **2**:127
- Extinctions of animals, **1**:106
- Extracurricular Activities. *See* Recreation
- Faʻaʻafafine*, **3**:265–266
- Facebook
 - in Brunei, **3**:297
 - in Myanmar, **3**:202
- Fadhma N’Soumer, **1**:12
- Family leave. *See* Maternity leave
- Family life
 - in Albania, **4**:5
 - in Algeria, **1**:14–16
 - in Argentina, **2**:7
 - in Armenia, **4**:11
 - in Australia, **3**:7
 - in Austria, **4**:18–19
 - in Bahamas, Barbados, and Turks and Caicos Islands, **2**:22–23
 - in Bahrain, **1**:22–24
 - in Bangladesh, **3**:21–22
 - in Belarus, **4**:28–29
 - in Belgium, **4**:35
 - in Belize, **2**:730
 - in Bermuda, **2**:38–40
 - in Bhutan, **3**:31
 - in Bolivia, **2**:47
 - in Bosnia and Herzegovina, **4**:44–45
 - in Botswana, **1**:30–31
 - in Brazil, **2**:58
 - in Brunei, **3**:300
 - in Bulgaria, **4**:54–56
 - in Burkina Faso, **1**:33, 37
 - in Cambodia, **3**:44
 - in Canada, **2**:70–72
 - in Cayman Islands, **2**:83
 - in Central African Republic, **1**:41–42, 44–46
 - in Chile, **2**:91
 - in China, **3**:60–61
 - in Colombia, **2**:103
 - in Costa Rica, **2**:113–114
 - in Croatia, **4**:64–65
 - in Cuba, **2**:124
 - in Czech Republic, **4**:74
 - in Democratic Republic of Congo, **1**:54, 56–57
 - in Denmark, **4**:84–85
 - in Dominican Republic, **2**:135–136
 - in Ecuador, **2**:146–147
 - in Egypt, **1**:67–69
 - in El Salvador, **2**:157–158
 - in Eritrea, **1**:75, 77
 - in Estonia, **4**:96–97
 - in Ethiopia, **1**:86–88
 - in Finland, **4**:103–104
 - in France, **4**:110–111
 - in French Caribbean, **2**:167
 - in French Guiana, **2**:176
 - in Georgia, **4**:122–123
 - in Germany, **4**:130–131
 - in Ghana, **1**:94–97
 - in Greece, **4**:140
 - in Greenland, **2**:186–187
 - in Guam, **3**:70–71
 - in Guatemala, **2**:199–200
 - in Guiana, **2**:211–212
 - in Haiti, **2**:221–222
 - in Honduras, **2**:233
 - in Hungary, **4**:149–150
 - in Iceland, **4**:159
 - in India, **3**:77, 83–84
 - in Indonesia, **3**:96–97
 - in Iran, **1**:107–109
 - in Iraq, **1**:117
 - in Ireland, **4**:166–167
 - in Israel, **1**:124
 - in Italy, **4**:179–180
 - in Ivory Coast, **1**:129
 - in Jamaica, **2**:242–243
 - in Japan, **3**:108–110
 - in Jordan, **1**:138–140
 - in Kazakhstan, **3**:120–121
 - in Kenya, **1**:156–158
 - in Kosovo, **4**:185, 191–192
 - in Kyrgyzstan, **3**:127
 - in Laos, **3**:139
 - in Latvia, **4**:198–199, 201–202
 - in Lebanon, **1**:177–178
 - in Lesotho, **1**:185
 - in Liberia, **1**:195–196
 - in Libya, **1**:200, 203–204
 - in Lithuania, **4**:209
 - in Macedonia, **4**:267
 - in Malawi, **1**:215–217
 - in Malaysia, **3**:148–150
 - in Maldives, **3**:159–160
 - in Mali, **1**:223–224
 - in Malta, **4**:219–221
 - in Melanesia, **3**:168–169
 - in Mexico, **2**:253–254
 - in Micronesia, **3**:178–180
 - in Mongolia, **3**:187–188
 - in Morocco, **1**:229
 - in Myanmar, **3**:199
 - in Namibia, **1**:237–239
 - in Nepal, **3**:209–210
 - in Netherlands, **4**:229
 - in Netherlands Antilles, **2**:267
 - in New Zealand, **3**:218–219
 - in Nicaragua, **2**:277–278
 - in Nigeria, **1**:247–248
 - in North Korea, **3**:232–233
 - in Norway, **4**:237–238
 - in Organization of Eastern Caribbean States, **2**:295–296
 - in Pakistan, **3**:242–243
 - in Palestine, **1**:254, 256–257
 - in Panama, **2**:304–305
 - in Paraguay, **2**:313–314
 - in Peru, **2**:323
 - in Philippines, **3**:247–248, 252
 - in Poland, **4**:249–250
 - in Polynesia, **3**:262–263
 - in Portugal, **4**:257–258
 - in Puerto Rico, **2**:331–332
 - in Republic of the Congo, **1**:264–265
 - in Romania, **4**:276
 - in Russia, **4**:290–293
 - in Rwanda, **1**:276, 279
 - in Saudi Arabia, **1**:168–169
 - in Senegal, **1**:284–285
 - in Serbia, **4**:301–302
 - in Sierra Leone, **1**:291
 - in Singapore, **3**:273–275
 - in Slovakia, **4**:310–312
 - in Slovenia, **4**:318–319
 - in Somalia, **1**:298–299
 - in South Africa, **1**:306–309
 - in South Korea, **3**:281–282
 - in South Sudan, **1**:317–318
 - in Spain, **4**:323–324
 - in Sri Lanka, **3**:292–293
 - in Sudan, **1**:327–328
 - in Suriname, **2**:349–350
 - in Sweden, **4**:337–338
 - in Switzerland, **4**:347
 - in Syria, **1**:332, 335–336
 - in Taiwan, **3**:308–309
 - in Tajikistan, **3**:317–318
 - in Thailand, **3**:325–326
 - in Trinidad and Tobago, **2**:340–341
 - in Tunisia, **1**:350
 - in Turkey, **4**:355–356, 359–360
 - in Ukraine, **4**:368–370
 - in United Arab Emirates, **1**:358–359
 - in United Kingdom, **4**:381–382

- in United States, 2:364–367
- in Uruguay, 2:377–378
- in Uzbekistan, 3:340–341, 343–344
- in Venezuela, 2:391–392
- in Vietnam, 3:353–354
- in Yemen, 1:273
- Family planning. *See* Reproductive rights
- Farias, Jacqueline, 2:392
- Faroe Islands, 4:86
- Fat activism, 3:222
- Fathy, Inas, 1:207
- Fatiman, Cecile, 2:222–223
- Fawcett, Millicent, 4:383
- Fazlalizadeh, Tatyana, 2:369
- Federated States of Micronesia (FSM). *See* Micronesia
- Fédération des Associations des Femmes du Sénégal (FAFS), 1:285
- Federation of Cuban Women (FMC), 2:120, 121, 123
- Federation of South African Women (FEDSAW), 1:313
- Federation of the West Indies, 2:80
- Female circumcision (female genital cutting; female genital mutilation), 1:36
 - in Brunei, 3:299
 - in Central African Republic, 1:48
 - in Egypt, 1:63, 66–67
 - in Eritrea, 1:78–79
 - in Ghana, 1:100
 - in Iran, 1:105–106
 - in Ivory Coast, 1:128
 - in Kenya, 1:161–162
 - in Liberia, 1:193–194
 - in Libya, 1:201
 - in Malaysia, 3:146
 - in Mali, 1:221–222
 - in Nigeria, 1:245
 - in Republic of the Congo, 1:261
 - in Russia, 4:283
 - in Senegal, 1:284, 285
 - in Sierra Leone, 1:288
 - in Somalia, 1:300
 - in Sudan, 1:326–327
 - in Sweden, 4:335
 - in Zimbabwe, 1:369
- Female-headed households
 - in Bahamas, Barbados, and Turks and Caicos Islands, 2:22
 - in Bermuda, 2:39
 - in Costa Rica, 2:114
 - in Egypt, 1:68
 - in Iraq, 1:119
- Female Solidarity for Integrated Peace and Development (SOFEPADI), 1:60
- Female Youth Employment Initiative (FYEI; Afghanistan), 1:6
- Femicide
 - in Argentina, 2:4
 - in Chile, 2:94
 - in Dominican Republic, 2:138
 - in Ecuador, 2:148
 - in El Salvador, 2:160
 - in Guatemala, 2:191, 203–204
 - in Honduras, 2:235
 - in Mexico, 2:256–257
 - in Uruguay, 2:378
- Feminine League for Social Action (Haiti), 2:223
- Feminism
 - in Armenia, 4:13
 - in Australia, 3:7–9
 - in Bahrain, 1:24
 - in Bangladesh, 3:23
 - in Belarus, 4:29
 - in Brazil, 2:56–57
 - in Canada, 2:73
 - in Central African Republic, 1:48–49
 - in China, 3:64
 - in Croatia, 4:68
 - in Czech Republic, 4:74–75
 - in Denmark, 4:86
 - in Egypt, 1:63, 69–70
 - in France, 4:112
 - in Haiti, 2:222–223
 - in Honduras, 2:235–236
 - in Iceland, 4:155, 156
 - in India, 3:86
 - in Indonesia, 3:99–100
 - in Iran, 1:111
 - in Japan, 3:111, 112
 - in Kyrgyzstan, 3:128
 - in Lebanon, 1:178–179
 - in Libya, 1:206–207
 - in Malaysia, 3:150–151
 - in Namibia, 1:240–241
 - in Nepal, 3:211
 - in New Zealand, 3:221, 222
 - in Norway, 4:238–239
 - in Philippines, 3:253
 - in Poland, 4:251
 - in Polynesia, 3:263
 - among Roma, 4:263
 - in Russia, 4:295–296
 - in South Sudan, 1:321
 - in Spain, 4:325
 - in Sri Lanka, 3:295
 - in Sweden, 4:339
 - in Switzerland, 4:348–349
 - in Taiwan, 3:310
 - in Tunisia, 1:352
 - in Ukraine, 4:373
 - in Venezuela, 2:389, 390
 - in Vietnam, 3:355
 - in Zimbabwe, 1:374
- Feminist Initiative (political party; Sweden), 4:339
- Feminist Revolutionary Party (Mexico), 2:255
- Fernandes, Maria da Penha, 2:61
- Fernández de Kirchner, Cristina, 2:8–9
- Fernando, Nimalka, 3:293
- Ferraro, Geraldine, 2:369
- Ferré, Rosario, 2:334
- Ferrier, Johan, 2:350
- Ferry, Jules, 4:107
- Fertility
 - in Australia, 3:5–6
 - in Austria, 4:18
 - in Bahrain, 1:21, 22
 - in Bangladesh, 3:16
 - in Botswana, 1:30
 - in Cambodia, 3:41
 - in Cayman Islands, 2:81
 - in Central African Republic, 1:43, 45
 - in Democratic Republic of Congo, 1:54
 - in Eritrea, 1:74, 75
 - in Ethiopia, 1:87–88
 - in Finland, 4:102
 - in Georgia, 4:122–123
 - in Iran, 1:108
 - in Ireland, 4:163
 - in Italy, 4:174, 179–180
 - in Japan, 3:109–110
 - in Jordan, 1:139
 - in Lebanon, 1:176
 - in Lithuania, 4:206
 - in Macedonia, 4:265
 - in Malaysia, 3:149
 - in Maldives, 3:156
 - in Netherlands Antilles, 2:266
 - in New Zealand, 3:218–219
 - in Nicaragua, 2:275
 - in Norway, 4:235
 - in Palestine, 1:257
 - in Peru, 2:319, 321
 - in Poland, 4:246
 - in Polynesia, 3:259, 261
 - in Singapore, 3:274–275
 - in South Africa, 1:302, 307
 - in Taiwan, 3:308–309
 - in Turkey, 4:359
 - in United States, 2:366
 - in Yemen, 1:273
 - in Zimbabwe, 1:372
- Al-Fihri, Fatima, 1:227
- Fiji, 3:162
 - See also* Melanesia
- Film
 - in Belgium, 4:37
 - in India, 3:90
 - in Iran, 1:110
 - in Mexico, 2:258
 - in Norway, 4:237
 - in Spain, 4:326–327
- Finland, 4:100–105
- Firmina dos Reis, Maria, 2:56
- First Nations, 2:65
 - See also* Indigenous peoples
- Flores Amaya, Mecacla, 4:329
- Flores Facussé, Carlos, 2:228
- Floresta, Nisia, 2:56
- Foad, Vivian, 1:66
- Forçadas i Vila, Teresa, 4:328

- Forcadell, Carme, **4**:327–328
- Forced labor
- in Guyana, **2**:213
 - in Lebanon, **1**:180
 - in Romania, **4**:272–273
 - in Vietnam, **3**:349
- Forced marriage
- in India, **3**:83
 - in Kazakhstan, **3**:122–123
 - in Mali, **1**:223
 - in Melanesia, **3**:163–164
 - in Myanmar, **3**:196
 - among Roma, **4**:148
 - in South Sudan, **1**:317
 - in Tajikistan, **3**:313–314, 317
 - in Turkey, **4**:355–356
 - United Nations General Assembly resolution on, **4**:431–432
- Foreign-born woman. *See* Immigration and immigrants
- Forestry, **3**:212
- Foro Nacional de la Mujer (National Women's Forum; Guatemala), **2**:200–201
- Foster, Arlene, **4**:382
- Foster, Graça, **2**:57
- Fox, Vicente, **2**:258
- Fracking (hydraulic fracturing), **3**:11
- France, **4**:106–116
- Algeria under, **1**:11
 - Cambodia under, **3**:37
 - French Caribbean under, **2**:164–165
 - French Guiana under, **2**:172, 173
 - Haitian independence from, **2**:216, 222–223
 - Ivory Coast under, **1**:127
 - Laos under, **3**:133
 - migration from French Caribbean to, **2**:169–170
 - Morocco under, **1**:230
 - Vietnam under, **3**:348
- Francis (pope), **2**:9, 315
- Franco, Francisco, **4**:322
- Frank, Liz, **1**:238
- French (language)
- Académie Française to preserve, **4**:113
 - gender in, **4**:116
- French Caribbean, **2**:164–170
- French Equatorial Africa, **1**:41
- French Guiana, **2**:172–177
- French Indochina, **3**:37, 133, 348
- French Revolution, **4**:106
- French Sudan (Mali), **1**:282
- Fuerzas armadas revolucionarias de Colombia (FARC; Colombia), **2**:98
- Fu, Grace, **3**:275
- Fujimori, Alberto, **2**:318
- Funes, Mauricio, **2**:158
- Furra (queen, Ethiopia), **1**:90
- GABRIELA (organization; Philippines), **3**:252–253
- Galindo, Hermilia, **2**:255
- Gang violence
- in El Salvador, **2**:160
 - in Honduras, **2**:230
- al-Gaoud, Latifa, **1**:24
- Gaprindashvili, Nona, **4**:119
- Garcia, Amalia, **2**:254
- García Pérez, Alan, **2**:318
- Garvey, Marcus, **2**:243
- Gaskin, Winifred, **2**:212
- Gates, Sir Thomas, **2**:34
- Gay, Judith, **1**:188
- Gayoom, Maumoon Abdul, **3**:160
- Gaza Strip (Palestine), **1**:253
- See also* Palestine
- Gbowee, Leymah, **1**:191, 197
- Geerlings-Simons, Jennifer, **2**:351
- Gender
- in abortion choices, **4**:4, 124
 - in language, **4**:116
- Gender-based violence (GBV). *See* Violence against women
- Gender Equality Project II (GEP-II), on Afghanistan, **1**:2
- Gender identity
- in Belgium, **4**:36
 - in Malta, **4**:220–221
- Gender orientation, in Malta, **4**:220–221
- Gender segregation
- in Israel, **1**:125–126
 - in Saudi Arabia, **1**:164–165, 168, 170
- Gender-selective abortion, **4**:4
- General Union of Women's Associations (Libya), **1**:206–207
- General Women's Union (UAE), **1**:360
- Genocide
- in Armenia, **4**:8
 - in Cambodia, **3**:37, 42, 48–49
 - in Rwanda, **1**:277
- Geoghan-Quinn, Maire, **4**:167
- Georgia, **4**:118–124
- Geréb, Ágnes, **4**:146
- Germany, **4**:126–133
- Basic Law for, **4**:390
- Ghana, **1**:92–101
- Constitution of, **4**:408
- Ghandour, Fatima, **1**:207
- Gharti, Sanju, **3**:207
- Gharur, Fawzia, **1**:201
- Girl brides. *See* Child marriage
- Girls and teens
- in Afghanistan, **1**:2–3
 - in Albania, **4**:2–3
 - in Argentina, **2**:3–4
 - in Armenia, **4**:8–9
 - in Australia, **3**:2–4
 - in Austria, **4**:15–16
 - in Bahamas, Barbados, and Turks and Caicos Islands, **2**:16–18
 - in Bahrain, **1**:20
 - in Bangladesh, **3**:17–18
 - in Belarus, **4**:25–26
 - in Belgium, **4**:34
 - in Belize, **2**:28–29
 - in Bermuda, **2**:35
 - in Bhutan, **3**:27–29
 - in Bolivia, **2**:45
 - in Bosnia and Herzegovina, **4**:41–42
 - in Botswana, **1**:28–29
 - in Brazil, **2**:52–53
 - in Brunei, **3**:297–298
 - in Bulgaria, **4**:51–52
 - in Burkina Faso, **1**:33–35
 - in Cambodia, **3**:38–41
 - in Canada, **2**:65–67
 - in Cayman Islands, **2**:80–81
 - in Central African Republic, **1**:41–42
 - in Chile, **2**:87–88
 - in China, **3**:53–56
 - in Colombia, **2**:99–101
 - in Costa Rica, **2**:109–110
 - in Croatia, **4**:62–63
 - in Cuba, **2**:120–121
 - in Czech Republic, **4**:72–73
 - in Democratic Republic of Congo, **1**:53–54
 - in Denmark, **4**:81–82
 - in Dominican Republic, **2**:132–133
 - in Ecuador, **2**:142–144
 - in Egypt, **1**:63
 - in El Salvador, **2**:153–154
 - in Eritrea, **1**:74–75
 - in Estonia, **4**:92–93
 - in Ethiopia, **1**:81–82
 - in Finland, **4**:101–102
 - in France, **4**:107–108
 - in French Caribbean, **2**:165–166
 - in French Guiana, **2**:174
 - in Georgia, **4**:119
 - in Germany, **4**:128–129
 - in Greece, **4**:137–138
 - in Greenland, **2**:181–184
 - in Guam, **3**:67–68
 - in Guatemala, **2**:192–194
 - in Guiana, **2**:208–209
 - in Haiti, **2**:217–218
 - in Honduras, **2**:228–229
 - in Hungary, **4**:147–148
 - in Iceland, **4**:156
 - in India, **3**:77–80
 - in Indonesia, **3**:93–94
 - in Iran, **1**:102–105
 - in Ireland, **4**:164–165
 - in Israel, **1**:121
 - in Italy, **4**:175–176
 - in Ivory Coast, **1**:127–128
 - in Jamaica, **2**:240–241
 - in Japan, **3**:104–106
 - in Jordan, **1**:136–137
 - in Kazakhstan, **3**:117–118
 - in Kosovo, **4**:185
 - in Kyrgyzstan, **3**:125
 - in Laos, **3**:134–137
 - in Latvia, **4**:198–200

- in Lebanon, **1**:174–175
- in Liberia, **1**:192
- in Libya, **1**:200
- in Lithuania, **4**:206–207
- in Macedonia, **4**:262–265
- in Malawi, **1**:211–213
- in Malaysia, **3**:143–144
- in Maldives, **3**:155–156
- in Malta, **4**:216
- in Melanesia, **3**:163–166
- in Mexico, **2**:249–250
- in Micronesia, **3**:175–176
- in Mongolia, **3**:184–185
- in Morocco, **1**:226–227
- in Myanmar, **3**:195–197
- in Nepal, **3**:206–208
- in Netherlands, **4**:227–228
- in Netherlands Antilles, **2**:264
- in New Zealand, **3**:214–215
- in Nicaragua, **2**:273–274
- in North Korea, **3**:227–230
- in Norway, **4**:234–235
- in Organization of Eastern Caribbean States, **2**:285–289
- in Pakistan, **3**:239–240
- in Palestine, **1**:253–254
- in Panama, **2**:301
- in Paraguay, **2**:310–311
- in Peru, **2**:319–320
- in Philippines, **3**:247–249
- in Poland, **4**:245–246
- in Polynesia, **3**:259–260
- in Portugal, **4**:255–256
- in Puerto Rico, **2**:330–331
- in Republic of the Congo, **1**:261
- in Romania, **4**:272–274
- in Russia, **4**:281–282
- in Rwanda, **1**:276
- in Saudi Arabia, **1**:164–165
- in Senegal, **1**:282–283
- in Serbia, **4**:299–300
- in Sierra Leone, **1**:288
- in Singapore, **3**:270–271
- in Slovakia, **4**:306–307
- in Slovenia, **4**:315–316
- in Somalia, **1**:295–296
- in South Africa, **1**:302, 313
- in South Korea, **3**:278–280
- in Sri Lanka, **3**:289–291
- in Sudan, **1**:323–325
- in Suriname, **2**:347–348
- in Sweden, **4**:331–334
- in Switzerland, **4**:344–345
- in Taiwan, **3**:305–307
- in Tajikistan, **3**:313–315
- in Thailand, **3**:322
- in Trinidad and Tobago, **2**:338–339
- in Tunisia, **1**:344–345
- in Turkey, **4**:355–358
- in Turkmenistan, **3**:332–333
- in United Arab Emirates, **1**:355
- in United Kingdom, **4**:377–378
- in United States, **2**:358–361
- in Uruguay, **2**:374–375
- in Uzbekistan, **3**:340–341
- in Venezuela, **2**:386–388
- in Vietnam, **3**:349–351
- virginity testing for, **1**:369–370
- in Yemen, **1**:269–271
- Girls' Empowerment Network (Malawi), **1**:217
- Girl Up (organization), **2**:365
- Giroud, Françoise, **4**:112
- Gold Coast. *See* Ghana
- Goodluck, Jonathan Ebele, **1**:243
- Gordimer, Nadine, **1**:303
- Gordon-Banks, Dame Pamela, **2**:34
- Gordon-Pamplin, Patricia, **2**:39–40
- Graffiti, **1**:71–72
- Gran Colombia, La, **2**:97, 141, 385
- Grandes, Almudena, **4**:328
- Grant, Sir John Peter, **2**:239
- Great Britain. *See* United Kingdom
- Greece, **4**:134–141
- Greek Orthodox Church, **4**:140
- Green Belt Movement (Kenya), **1**:158, 162
- Greenland, **2**:179–189, **4**:86
- Greenlandic Inuit (people), **2**:179, 187–188
- Greenlight for Girls (organization; Democratic Republic of Congo), **1**:53–54
- Grenada, **2**:284, 286, 291, 294
- Grenadines, **2**:284, 287–288, 295
- Grey, Sandra, **3**:216
- Gripenberg, Aleksandra, **4**:104
- Gross National Happiness (GNH), in Bhutan, **3**:34
- Guadeloupe, **2**:164, 165
- See also* French Caribbean
- Guam, **3**:67–74, 174
- Guantánamo Bay (Cuba), **2**:127
- Guaraní (people), **2**:310
- Guatemala, **2**:190–205
- Guatemalan Women's Group, **2**:199
- Guerrilla wars. *See* Civil warfare
- Guyana, **2**:207–214
- conflicts between Venezuela and, **2**:385
- Gyanendra (king, Nepal), **3**:205
- Gypsies (people). *See* Roma
- Habbani, Amal, **1**:329
- Haddad, Tahar, **1**:351
- Hadi, Abdrabbuh Mansour, **1**:269
- Hafath, Nada, **1**:24
- Hagman, Lucina, **4**:104
- Haile Selassie I (king, Ethiopia), **2**:243
- Haiti, **2**:216–225
- Dominican Republic and, **2**:130–132
- Halimi, Gisèle, **4**:109
- Hamad bin Isa Al Khalifa (king, Bahrain), **1**:19–20
- Hamed, Amira Osman, **1**:329
- Han (people), **3**:51, 304
- Han Myung-sook, **3**:283
- Hanouné, Louisa, **1**:12, 16
- Hara, Kimi, **3**:106
- Harald V (king, Norway), **4**:238
- Harassment
 - in Austria, **4**:22
 - in Belarus, **4**:31
 - in Belize, **2**:30
 - in Bolivia, **2**:48
 - in Costa Rica, **2**:115
 - in Czech Republic, **4**:78
 - in Dominican Republic, **2**:138
 - in Ecuador, **2**:150
 - in Egypt, **1**:71, 72
 - in Iraq, **1**:118–119
 - in Japan, **3**:113
 - in Jordan, **1**:143
 - in Latvia, **4**:203
 - in Lithuania, **4**:211
 - in Nepal, **3**:212
 - in New Zealand, **3**:218
 - in Palestine, **1**:259
 - in Republic of the Congo, **1**:264
 - South African legislation on, **1**:311
 - in Switzerland, **4**:350
 - in Trinidad and Tobago, **2**:343
 - in Ukraine, **4**:367–368
 - in United States, **2**:369
 - in Vietnam, **3**:356
- Haredi (people), **1**:121, 125
- Hariri, Rafik, **1**:179
- Haroldsson, Olav, **4**:234
- Hashemi, Faezeh, **1**:109
- Hasina, Sheikh, **3**:17, 283
- Hassani, Shamsia, **1**:9
- Hate crimes
 - in Norway, **4**:242
 - in Sweden, **4**:339
- Hathi, Sejal, **2**:361
- Health and health care
 - in Afghanistan, **1**:4–6
 - in Albania, **4**:3–4
 - in Algeria, **1**:12–13
 - in Argentina, **2**:5–7
 - in Armenia, **4**:10–11
 - in Australia, **3**:4–6
 - in Austria, **4**:16–17
 - in Bahamas, Barbados, and Turks and Caicos Islands, **2**:19–21, 24–25
 - in Bahrain, **1**:20–21
 - in Bangladesh, **3**:18–19
 - in Belarus, **4**:26
 - in Belgium, **4**:34
 - in Belize, **2**:29
 - in Bermuda, **2**:36–37
 - in Bhutan, **3**:29–30
 - in Bolivia, **2**:45–46
 - in Bosnia and Herzegovina, **4**:42–43
 - in Botswana, **1**:29–30
 - in Brazil, **2**:54–55
 - in Brunei, **3**:299–300
 - in Bulgaria, **4**:52–54

Health and health care (*Continued*)

- in Burkina Faso, 1:35–36
 - in Cambodia, 3:41–43
 - in Canada, 2:67–69
 - in Cayman Islands, 2:81–82
 - in Central African Republic, 1:42–43
 - in Chile, 2:88–89
 - in China, 3:57–59
 - in Colombia, 2:101–102
 - in Costa Rica, 2:110–111
 - in Croatia, 4:63
 - in Cuba, 2:120–122
 - in Czech Republic, 4:74
 - in Democratic Republic of Congo, 1:54
 - in Denmark, 4:82–83
 - in Dominican Republic, 2:133–134
 - in Ecuador, 2:144–145
 - in Egypt, 1:65–67
 - in El Salvador, 2:155–156
 - in Eritrea, 1:75–76
 - in Estonia, 4:93–95
 - in Ethiopia, 1:82–84
 - in Finland, 4:102–103
 - in France, 4:108–110
 - in French Caribbean, 2:166
 - in French Guiana, 2:174–175
 - in Georgia, 4:119–120
 - in Ghana, 1:95–96
 - in Greece, 4:138–139
 - in Greenland, 2:184–185
 - in Guam, 3:68–69
 - in Guatemala, 2:194–197
 - in Guiana, 2:209–210
 - in Haiti, 2:219–221
 - in Honduras, 2:230–231
 - in Hungary, 4:145–147
 - in Iceland, 4:156–157
 - in India, 3:80–82
 - in Indonesia, 3:94–95
 - in Iran, 1:105–107
 - in Iraq, 1:116–117
 - in Israel, 1:122–123
 - in Italy, 4:176–177
 - in Ivory Coast, 1:128–129
 - in Jamaica, 2:241–242
 - in Japan, 3:106–107
 - in Jordan, 1:140
 - in Kazakhstan, 3:118–119
 - in Kenya, 1:151–154
 - in Kosovo, 4:185–187
 - in Kyrgyzstan, 3:126
 - in Laos, 3:137–138
 - in Latvia, 4:200–201
 - in Lebanon, 1:175–177
 - in Lesotho, 1:183–184
 - in Liberia, 1:192–194, 198–199
 - in Libya, 1:201–202
 - in Lithuania, 4:207
 - in Macedonia, 4:265–266
 - in Malawi, 1:213–214
 - in Malaysia, 3:145–146
 - in Maldives, 3:156–157
 - in Mali, 1:221–222
 - in Malta, 4:216–217
 - in Melanesia, 3:166–168
 - in Mexico, 2:249–252
 - in Micronesia, 3:176–177
 - in Mongolia, 3:188–189
 - in Morocco, 1:227–228
 - in Myanmar, 3:198
 - in Namibia, 1:235–236
 - in Nepal, 3:207–209
 - in Netherlands, 4:228
 - in Netherlands Antilles, 2:266–267
 - in New Zealand, 3:215–217
 - in Nicaragua, 2:275–276
 - in Nigeria, 1:244–246
 - in North Korea, 3:230–231
 - in Norway, 4:235
 - in Organization of Eastern Caribbean States, 2:294
 - in Pakistan, 3:240–241
 - in Palestine, 1:254–256
 - in Panama, 2:302–303
 - in Paraguay, 2:311
 - in Peru, 2:320–322
 - in Philippines, 3:249–251
 - in Poland, 4:246–248
 - in Polynesia, 3:261
 - in Portugal, 4:256
 - in Puerto Rico, 2:331
 - in Republic of the Congo, 1:262
 - in Romania, 4:274–275
 - in Russia, 4:282–285
 - in Rwanda, 1:278–279
 - in Saudi Arabia, 1:165–167
 - in Senegal, 1:283–284
 - in Serbia, 4:300–301
 - in Sierra Leone, 1:289–290
 - in Singapore, 3:272–273
 - in Slovakia, 4:307–309
 - in Slovenia, 4:316–317
 - in Somalia, 1:297–298
 - in South Africa, 1:303–305
 - in South Korea, 3:280
 - in South Sudan, 1:316
 - in Spain, 4:322
 - in Sri Lanka, 3:291–292
 - in Sudan, 1:325–327
 - in Suriname, 2:348–349
 - in Sweden, 4:334–335
 - in Switzerland, 4:344
 - in Syria, 1:332–333
 - in Taiwan, 3:307–308
 - in Tajikistan, 3:315–316
 - in Thailand, 3:322–324
 - in Trinidad and Tobago, 2:339–340
 - in Tunisia, 1:345–348
 - in Turkey, 4:358–359
 - in Turkmenistan, 3:334–335
 - in Ukraine, 4:370–372
 - in United Arab Emirates, 1:355–356
 - in United Kingdom, 4:378–379
 - in United States, 2:361–363
 - in Uruguay, 2:375–377
 - in Uzbekistan, 3:341–342
 - in Venezuela, 2:388–390
 - in Vietnam, 3:351–353
 - in Yemen, 1:271–272
 - in Zimbabwe, 1:366–370
- Heart disease
- in Bolivia, 2:46
 - in Bulgaria, 4:53
 - in Cuba, 2:122
 - in Norway, 4:235
 - in Singapore, 3:272
 - in Uruguay, 2:377
- Hepatitis, 1:66, 3:352
- Herzegovina. *See* Bosnia and Herzegovina
- Hesse-Bayne, Lebrechtta Nana Oye, 2:285
- Heterosexuality, 3:179–180
- Hewlett, Sylvia Ann, 3:108
- Hidalgo, Matilde, 2:147
- Higher education
- in Albania, 4:3
 - in Argentina, 2:4
 - in Bahrain, 1:20
 - in Belarus, 4:27
 - in Botswana, 1:29
 - in Brazil, 2:54
 - in Brunei, 3:299
 - in Canada, 2:67
 - in Chile, 2:88
 - in China, 3:56
 - in Colombia, 2:99
 - in Croatia, 4:62
 - in Denmark, 4:83
 - in Egypt, 1:70
 - in El Salvador, 2:154
 - in Ethiopia, 1:85
 - in Georgia, 4:121–122
 - in Greece, 4:138
 - in Greenland, 2:183–184
 - in Guam, 3:68
 - in Haiti, 2:219
 - in Iceland, 4:158
 - in Iran, 1:104–105
 - in Israel, 1:122
 - in Italy, 4:178
 - in Jordan, 1:136–137
 - in Kenya, 1:150
 - in Kosovo, 4:188
 - in Laos, 3:136
 - in Libya, 1:201
 - in Macedonia, 4:264–265
 - in Malta, 4:216
 - in Mongolia, 3:185
 - in Morocco, 1:227
 - in Myanmar, 3:197
 - in New Zealand, 3:215
 - in Nigeria, 1:244
 - in North Korea, 3:229–230
 - in Norway, 4:236

- in Palestine, 1:254
- in Paraguay, 2:311
- in Peru, 2:320
- in Philippines, 3:248–249
- in Poland, 4:245–246
- in Portugal, 4:255–256
- in Puerto Rico, 2:330–331
- in Republic of the Congo, 1:261
- in Russia, 4:288
- in Slovakia, 4:307
- in Slovenia, 4:316
- in South Africa, 1:302–303
- in Spain, 4:322–323
- in Sudan, 1:324
- in Suriname, 2:347–348
- in Sweden, 4:333–334
- in Tajikistan, 3:315
- in Turkey, 4:357–358
- in Turkmenistan, 3:333
- in United Arab Emirates, 1:357
- in United States, 2:360
- in Uruguay, 2:375
- in Uzbekistan, 3:341
- in Venezuela, 2:388
- in Vietnam, 3:351
- in Yemen, 1:271
- in Zimbabwe, 1:365
- Hijab. *See* Attire
- Hinduism
 - in Bhutan, 3:34
 - in French Caribbean, 2:168
 - in Guyana, 2:212–213
 - in India, 3:77, 88
 - marriage and divorce in, 3:84
 - in Nepal, 3:211
- Hiratsuka, Raicho, 3:111
- Hirofumi, Nakasone, 3:73
- Hispaniola
 - Dominican Republic on, 2:130–138
 - Haiti on, 2:216–225
- Hitler, Adolf, 4:72, 126, 305
- HIV/AIDS
 - in Argentina, 2:4, 6
 - in Australia, 3:4
 - in Bahamas, Barbados, and Turks and Caicos Islands, 2:17, 21
 - in Belize, 2:29
 - in Bermuda, 2:36
 - in Bosnia and Herzegovina, 4:48–49
 - in Botswana, 1:29, 30
 - in Brunei, 3:301
 - in Burkina Faso, 1:36
 - in Cambodia, 3:42
 - in Canada, 2:68–69
 - in Cayman Islands, 2:82
 - in Central African Republic, 1:43, 48
 - in Chile, 2:89
 - in China, 3:58
 - in Colombia, 2:102
 - in Cuba, 2:122
 - in Democratic Republic of Congo, 1:54
 - in Denmark, 4:82
 - in Dominican Republic, 2:134
 - in Egypt, 1:66
 - in El Salvador, 2:156
 - in Estonia, 4:94
 - in Ethiopia, 1:84
 - in French Guiana, 2:175
 - in Ghana, 1:96
 - in Grenada, 2:286
 - in Guatemala, 2:196
 - in Guiana, 2:210, 213–214
 - in Haiti, 2:220
 - in Honduras, 2:231
 - in Iceland, 4:156–157
 - in India, 3:82
 - in Indonesia, 3:95
 - in Iran, 1:106
 - in Ivory Coast, 1:129
 - in Jamaica, 2:242
 - in Kazakhstan, 3:118
 - in Kenya, 1:151, 152–153
 - in Kosovo, 4:187
 - in Laos, 3:138
 - in Latvia, 4:201
 - in Lebanon, 1:176–177
 - in Lesotho, 1:184
 - in Liberia, 1:194
 - in Libya, 1:201–202
 - in Malawi, 1:213–214
 - in Melanesia, 3:167
 - in Mexico, 2:250–251
 - in Mongolia, 3:189
 - in Morocco, 1:227
 - in Myanmar, 3:198
 - in Namibia, 1:236
 - in Nepal, 3:209
 - in Netherlands Antilles, 2:266–267
 - in Nicaragua, 2:276
 - in Nigeria, 1:246
 - in North Korea, 3:231
 - in Organization of Eastern Caribbean States, 2:288–289
 - in Palestine, 1:255
 - in Panama, 2:302–303
 - in Paraguay, 2:311
 - in Peru, 2:322
 - in Poland, 4:247
 - in Puerto Rico, 2:331, 335
 - in Republic of the Congo, 1:262
 - in Russia, 4:284–285
 - in Rwanda, 1:278, 279
 - in Slovakia, 4:309
 - in Slovenia, 4:317
 - in South Africa, 1:305
 - in Suriname, 2:349
 - in Thailand, 3:324
 - in Trinidad and Tobago, 2:340
 - in Tunisia, 1:347
 - in Turkmenistan, 3:334–335
 - in Ukraine, 4:371
 - in United States, 2:362–363
 - in Uzbekistan, 3:342
 - in Venezuela, 2:390
 - in Vietnam, 3:352
 - in Zimbabwe, 1:368–369
 - Homosexuality
 - in Afghanistan, 1:10
 - in Algeria, 1:17
 - in Bahrain, 1:23
 - in Canada, 2:74
 - in Cayman Islands, 2:83
 - in Democratic Republic of Congo, 1:57
 - Islam on, 1:171, 3:102
 - in Malawi, 1:216
 - in Senegal, 1:285
 - in Syria, 1:336
 - See also* LGBTQ+ issues
 - Honduras, 2:227–237
 - Honor killings, 1:119, 337–338
 - Household structure. *See* Family life
 - Housemaids, 1:144–145
 - Housework. *See* Family life
 - Housing, in Australia, 3:7
 - Al-Houthi, Hussein Badr al-Din, 1:269
 - Houthis (people), 1:269
 - Howard, John, 3:10
 - HPV vaccine, 4:137, 285
 - Human development
 - in Bahamas, Barbados, and Turks and Caicos Islands, 2:16
 - in Kenya, 1:149
 - in United Arab Emirates, 1:355
 - in Yemen, 1:269
 - Human rights
 - in Belgium, 4:36
 - in Cuba, 2:124–125
 - in El Salvador, 2:161
 - in Eritrea, 1:78
 - in Georgia, 4:118
 - in Guatemala, 2:205
 - in Honduras, 2:236–237
 - “Joint Statement on Ending Acts of Violence and Related Human Rights Violations Based on Sexual Orientation and Gender Identity,” 4:427–428
 - in Libya, 1:207–208
 - in Myanmar, 3:195
 - in Republic of the Congo, 1:266
 - in Russia, 4:296–297
 - in Serbia, 4:304–305
 - in Turkmenistan, 3:336
 - Human trafficking
 - actions against, 1:15
 - in Argentina, 2:10
 - in Armenia, 4:9
 - in Australia, 3:12
 - in Bahamas, Barbados, and Turks and Caicos Islands, 2:25
 - in Bahrain, 1:26
 - in Belarus, 4:31
 - in Belgium, 4:39
 - in Bosnia and Herzegovina, 4:47–48

Human trafficking (*Continued*)

- in Botswana, 1:32
- in Brunei, 3:301
- in Bulgaria, 4:58
- in Cambodia, 3:46–47
- in Canada, 2:76–77
- in Cayman Islands, 2:85
- in Costa Rica, 2:111
- in Croatia, 4:68
- in Czech Republic, 4:78–79
- in Democratic Republic of Congo, 1:61
- in Denmark, 4:88
- in Eritrea, 1:79
- in Estonia, 4:98
- in Ethiopia, 1:81–82
- in French Guiana, 2:177
- in Georgia, 4:124
- in Guyana, 2:213
- in Haiti, 2:217
- in Honduras, 2:235
- in Hungary, 4:152–153
- in India, 3:89
- in Iran, 1:112–113
- in Ivory Coast, 1:133
- in Jamaica, 2:243–244
- in Laos, 3:135
- in Latvia, 4:204
- in Lebanon, 1:180
- in Lesotho, 1:188–189
- in Libya, 1:208
- in Lithuania, 4:212
- in Malawi, 1:212–213
- in Malaysia, 3:152
- in Maldives, 3:161
- in Malta, 4:222
- in Mexico, 2:258–259
- in Micronesia, 3:182
- in Morocco, 1:231
- in Myanmar, 3:196
- in Namibia, 1:242
- in Netherlands, 4:232
- in Netherlands Antilles, 2:269–270
- in Nigeria, 1:250–251
- in North Korea, 3:235
- in Pakistan, 3:244–245
- in Panama, 2:307
- in Paraguay, 2:315–316
- in Philippines, 3:255
- in Portugal, 4:260
- in Republic of the Congo, 1:267
- in Romania, 4:272–273
- in Saudi Arabia, 1:172
- in Senegal, 1:286
- in Serbia, 4:304
- in Singapore, 3:276
- South African legislation on, 1:311
- in South Sudan, 1:320–321
- in Suriname, 2:352
- in Sweden, 4:340
- in Syria, 1:339
- in Thailand, 3:329–330
- in Trinidad and Tobago, 2:342–343
- in United Arab Emirates, 1:355, 361–362
- in United Kingdom, 4:386
- in United States, 2:371
- in Uruguay, 2:380–381
- in Uzbekistan, 3:346
- in Venezuela, 2:387
- in Vietnam, 3:356
- Hungary, 4:144–153
- Hus, Jan, 4:71
- Hussain, Lubna, 1:329
- Hussein, Saddam, 1:115
- Hussites, 4:71–72
- Hutu (people), 1:52, 275–277, 280
- Hwang Kyo-ahn, 3:283
- Hybrid feminism, 4:151
- Hylton, Sybil Joyce, 2:84
- Ibrahim, Meriam, 1:329
- Iceland, 4:155–162
- Ich, Adolpho, 2:202
- Ichikawa, Fusae, 3:111
- Idrizi, Valdete, 4:194–195
- Igwezi, B. N., 1:247
- Imazighen (Berbers), 1:11
- Immigration and immigrants
 - to Argentina, 2:2
 - in Australia, 3:7
 - in Belize, 2:27–28
 - in Brazil, 2:52, 60–61
 - in Canada, 2:66–67
 - Cuban, 2:127
 - in Denmark, 4:87–88
 - from El Salvador to United States, 2:160
 - Ethiopian Jews, 1:126–127
 - expatriates, in Cayman Islands, 2:82–83
 - in France, 4:106, 114
 - in French Guiana, 2:175
 - in Germany, 4:127
 - Haitian, in Dominican Republic, 2:130, 132, 135
 - in Israel, 1:121
 - in Italy, 4:174–175
 - in Kenya, 1:148–149
 - in New Zealand, 3:219, 220
 - in Norway, 4:239–240
 - in Paraguay, 2:310
 - in Spain, 4:323, 326
 - from Suriname to Netherlands, 2:345, 352
 - in Sweden, 4:331, 334, 335, 340–341
 - in Uruguay, 2:381
 - See also* Refugees
- Inca Empire, 2:44, 317–318
- India, 3:76–90
 - conflicts between Pakistan and, 3:238
 - Constitution of, 4:390–391
 - partition of, 3:244
- Indigenous peoples
 - in Argentina, 2:2, 8, 10
 - in Australia, 3:1, 4, 9, 11–12 (*See also* Aboriginal Australians)
 - in Belize, 2:27
 - in Bolivia, 2:44
 - in Brazil, 2:50–52
 - in Canada, 2:65, 72
 - in Chile, 2:86, 94–95
 - in Colombia, 2:97
 - in Costa Rica, 2:116
 - in Cuba, 2:120, 126
 - in Dominican Republic, 2:131
 - in Ecuador, 2:143
 - in El Salvador, 2:160
 - in French Caribbean, 2:164
 - in Greenland, 2:179
 - in Guatemala, 2:191–192, 203–205
 - in Guiana, 2:209
 - in Guyana, 2:213
 - in Honduras, 2:227, 228, 237
 - in Jamaica, 2:239
 - in Mexico, 2:251–252
 - in New Zealand, 3:214, 222
 - in Nicaragua, 2:272
 - in Norway, 4:239
 - in Panama, 2:299, 300, 306
 - in Paraguay, 2:310
 - in Peru, 2:319, 321, 325–326
 - in Puerto Rico, 2:329–330
 - Roma (*See* Roma)
 - Sámi, 4:239, 241, 341
 - in Suriname, 2:345
 - in United States, 2:355
 - in Uruguay, 2:373
 - in Venezuela, 2:385, 394
- Indonesia, 3:92–102
- Inequality
 - in Bahrain, 1:26
 - in Bulgaria, 4:50–51
 - in Cambodia, 3:39–40
 - in Canada, 2:69–70
 - in Costa Rica, 2:112–113
 - in Croatia, 4:64
 - in Denmark, 4:84
 - in El Salvador, 2:160–161
 - in Estonia, 4:92
 - in Greenland, 2:188
 - in Guiana, 2:211
 - in Israel, 1:126
 - in Japan, 3:113
 - in Kenya, 1:155–156
 - in Lebanon, 1:177
 - in Libya, 1:202
 - in Malawi, 1:211
 - in Malaysia, 3:151–152
 - in Mali, 1:220
 - in Netherlands Antilles, 2:266
 - in Palestine, 1:256
 - in Poland, 4:249
 - in Portugal, 4:260
 - in Russia, 4:289
 - in Singapore, 3:273
 - in Slovakia, 4:313
 - in Slovenia, 4:317
 - in Somalia, 1:295

- in Syria, 1:338
- in Ukraine, 4:366–367
- in United Kingdom, 4:380
- in Venezuela, 2:394
- Inés de la Cruz, Sor Juana, 2:256
- Infanticide, in China, 3:63
- Infant mortality
 - in Albania, 4:4
 - in Argentina, 2:4
 - in Botswana, 1:30
 - in Bulgaria, 4:51
 - in Burkina Faso, 1:35
 - in Cambodia, 3:41
 - in Cuba, 2:120, 122
 - in Egypt, 1:63
 - in El Salvador, 2:155
 - in Eritrea, 1:74
 - in Ethiopia, 1:82
 - in French Caribbean, 2:166
 - in French Guiana, 2:176
 - in Greenland, 2:184–185
 - in Haiti, 2:219
 - in Honduras, 2:231
 - in Indonesia, 3:94–95
 - in Ireland, 4:163
 - in Israel, 1:122–123
 - in Ivory Coast, 1:128–129
 - in Jordan, 1:140
 - in Kosovo, 4:186
 - in Lebanon, 1:176
 - in Liberia, 1:192–193
 - in Malaysia, 3:146
 - in Melanesia, 3:167
 - in Micronesia, 3:175
 - in Mongolia, 3:188
 - in Morocco, 1:227
 - in Nepal, 3:208
 - in Palestine, 1:256
 - in Philippines, 3:250–251
 - in Polynesia, 3:261
 - in Republic of the Congo, 1:262
 - in Romania, 4:272
 - in Russia, 4:284
 - in Rwanda, 1:278
 - in Sierra Leone, 1:289
 - in Slovakia, 4:307
 - in South Korea, 3:280
 - in Switzerland, 4:345
 - in Thailand, 3:323
 - in Trinidad and Tobago, 2:339
 - in United Arab Emirates, 1:355, 356
 - in United Kingdom, 4:377–378
 - in Venezuela, 2:386
 - in Yemen, 1:272
- Inheritance
 - in Algeria, 1:16
 - in Bahrain, 1:23
 - in Belarus, 4:29
 - in Belgium, 4:36
 - in Colombia, 2:98
 - in Egypt, 1:68–69
 - in Georgia, 4:123
 - in Iceland, 4:161
 - in India, 3:84–85
 - in Iraq, 1:118
 - in Ivory Coast, 1:130
 - in Kenya, 1:157
 - in Libya, 1:204
 - in Mali, 1:224
 - in Namibia, 1:238
 - in Palestine, 1:257
 - in Sierra Leone, 1:293
 - in Syria, 1:339
 - in Zimbabwe, 1:371
- International Committee of the Red Cross, “Rule 93. Rape and Other Forms of Sexual Violence” of, 4:398–401
- International Council of Women (ICW), 4:349
- International Criminal Tribunal for Rwanda, 1:277
- International Criminal Tribunal for the former Yugoslavia (ICTY), 4:304
- International Federation for Human Rights (FIDH), 1:352
- International Holocaust Remembrance Alliance (IHRA), 4:98
- International Movement against All Forms of Discrimination and Racism (IMADR), 3:293
- International Planned Parenthood Foundation (IPPF), 1:343
- International Transgender Day of Remembrance, 2:358
- International Women’s Day (IWD)
 - in Algeria, 1:16
 - in Belize, 2:32
 - in Cayman Islands, 2:84
 - in Ivory Coast, 1:32
 - Obama’s statement on, 4:419–420
 - statement on, 4:409
 - in United Arab Emirates, 1:361
- International Women’s Suffrage Alliance (IWSA), 2:379
- Internet, in Cuba, 2:124–125
- Intimate partner violence (IPV). *See* Domestic violence
- In vitro fertilization, 4:17
- Iran, 1:102–113
- Iraq, 1:114–120
- Iraq War, 1:115
 - refugees of, 1:119–120
 - women serving in, 2:370
- Ireland, 4:163–172
 - Constitution of, 4:389–390
- Isakunova, Taalaygul, 3:127
- Islam
 - in Afghanistan, 1:8–9
 - in Algeria, 1:11, 14
 - in Australia, 3:13
 - in Bahrain, 1:19
 - in Bangladesh, 3:16
 - in Brunei, 3:296, 300
 - in Canada, 2:76
 - in Central African Republic, 1:47
 - divorce under, 1:22–23
 - in Ethiopia, 1:80
 - gender roles in, 1:138–139
 - in Ghana, 1:99
 - homosexuality under, 1:10, 171, 3:102
 - in India, 3:77, 88
 - in Indonesia, 3:99–100
 - inheritance in, 1:68
 - in Iran, 1:112
 - in Jordan, 1:142
 - in Kazakhstan, 3:121–122
 - in Malawi, 1:218
 - in Maldives, 3:160
 - marriage and divorce in, 3:84
 - motherhood in, 1:68
 - in Myanmar, 3:200–201
 - in Nigeria, 1:250
 - polygamy in, 3:149
 - in Saudi Arabia, 1:164, 170–171
 - in Sweden, 4:339
 - in Syria, 1:337
 - in Tajikistan, 3:318
 - in Turkmenistan, 3:337–338
 - in United Arab Emirates, 1:360
 - in Uzbekistan, 3:345–346
 - in Yemen, 1:274
- Islamic State (IS), in Iraq, 1:115
- Ismayilova, Khadija, 4:9
- Israel, 1:120–127
 - conflicts between Palestine and, 1:253
 - Palestinians in, 1:258
 - Women of the Wall mission statement of, 4:398
- Italy, 4:174–182
 - Ethiopia under, 1:80
- Itoh, Masako, 3:104
- Ivan IV (Ivan the Terrible; czar, Russia), 4:280
- Ivory Coast (Côte d’Ivoire), 1:127–133
- Iwao, Sumiko, 3:110
- Jackelén, Antje, 4:339
- Jagan, Cheddi, 2:212
- Jagan, Janet, 2:212
- Jahjaga, Atifete, 4:194
- Jamahiriyah Women’s Federation, 1:206
- Jamaica, 2:239–245
 - Cayman Islands under, 2:79
- Japan, 3:104–114
 - dispute between South Korea and, 3:283–284
 - immigration to Brazil from, 2:52
 - Malaysia under, 3:142
- Jarbussynova, Madina, 3:117
- Jarvis, Heather, 2:74
- Jbab Srei* (law; Cambodia), 3:38–39
- Jeffrey, Hays, 3:113–114
- Jehovah’s Witnesses, 3:338
- Jews and Judaism
 - in Argentina, 2:9
 - in Ethiopia, 1:80
 - in Israel, 1:121–127

- Jews and Judaism (*Continued*)
 in Kosovo, 4:193
 in Libya, 1:207
 in Romania, 4:271
 in Suriname, 2:351
 Jigme Dorji Wangchuck (king, Bhutan), 3:31
 Jigme Singye Wangchuk (king, Bhutan), 3:34
 Job training
 in Afghanistan, 1:6
 in Brazil, 2:53–54
 in El Salvador, 2:154
 in Melanesia, 3:166
 in Myanmar, 3:197
 in Palestine, 1:254
 in Polynesia, 3:260–262
 in Slovakia, 4:307
 in Tunisia, 1:348–349
 in United Arab Emirates, 1:357
 in United States, 2:360–361
 in Uzbekistan, 3:341
 in Vietnam, 3:351
 Johansen, Elisabeth, 2:187
 Johnson Sirleaf, Ellen, 1:191, 197
 Jong-a-Liem, Betty Goede, 2:351
 Jordan, 1:135–145
 Jouanno, Chantal, 2:169
 Judaism. *See* Jews and Judaism
 Judicial system
 in Bahrain, 1:24
 in Libya, 1:206
 in Morocco, 1:230
 in Netherlands Antilles, 2:268
 in Palestine, 1:258
 in Singapore, 3:275
 in South Africa, 1:310
 in United Arab Emirates, 1:360
 in Uzbekistan, 3:344–345
 Jugurtha (king of Berbers), 1:11
 Justinian (emperor, Byzantine Empire), 1:11
- Kabila, Joseph, 1:58
 Kabila, Laurent, 1:58
 Kabore, Roch Marc Christian, 1:38
 Kahina (legendary Berber queen), 1:12
 Kakenya's Center for Excellence (school, Kenya), 1:160
 Kalla, Jusuf, 3:101–102
 Karama (organization; Libya), 1:207
 Karen (people), 3:194
 Karen Women's Organisation (Myanmar), 3:200
 Karman, Tawakkol, 1:191, 197, 270, 273
 Kassim, Halima-Sa'adia, 2:297
Kawaii culture, 3:104
 Kaylor, ReGina E., 1:2
 Kazakhstan, 3:116–123
 Kazerooni, Jihan, 1:25
 Keju-Johnson, Darlene, 3:175, 181
 Kendall, Kathryn, 1:188
 Kenneth, Asatu Bah, 1:196
 Kenya, 1:148–162
 Khalkh (people), 3:184
- Khan, Yahya, 3:238
 Khassanova, Galiya, 3:116–117
 Khatami, Mohammad, 1:111
 al-Khawaja, Maryam Abdulhadi, 1:21–22
 al-Khawaja, Zainab, 1:25
 Khaxas, Elizabeth, 1:238
 Khemisti, Fatima, 1:14–15
 Khmer Rouge (Cambodia), 3:37, 45
 tribunal for leaders of, 3:48–49
 Khomeini, Ruhollah (ayatollah), 1:102, 108, 110
 Khudabashain, Emma, 4:13
 Kibbutz movement (Israel), 1:126
 Kidnappings
 in Iraq, 1:118
 in Kyrgyzstan, 3:129–130
 Kilpatrick, Helen, 2:80
 Kimbangu, Simon, 1:59
 Kim family, 3:232
 Kim Il-sung, 3:234
 Kim Jho Gwang-soo, 3:285–286
 Kim Seung-hwan, 3:285–286
 Kindergarten
 in Belarus, 4:26
 in China, 3:55
 in North Korea, 3:229
 in Norway, 4:236, 239
 in Russia, 4:286–287
 in Slovenia, 4:316
 Kingdom of Saudi Arabia, 1:163–172
 Kiribati, Republic of, 3:174, 181
 Klevets, Anna, 4:286
 Klippert, Everett, 2:74
 Knights of Malta (Knights of the Order of St John), 4:214–215
 Kobrynska, Natalia, 4:373
 Kopacz, Ewa, 4:250
 Korea
 North Korea, 3:226–235
 South Korea, 3:277–286
 Korean War, 3:282
 Kosor, Jadranka, 4:66
 Kosovo, 4:184–195
 Kosovo Liberation Army, 4:268–269
 Kovály, Heda Margolius, 4:76
 Krásnohorská, Eliška, 4:76
 Kristose, Ehete, 1:90
 Kuczynski, Pedro Pablo, 2:318
 Kumaratunga, Chandrika, 3:293–294
 Kumari (deity), 3:207
 Kunas (people), 2:300, 304
 Kurdish women, 4:354
 Kurdistan, 1:119
 Iraqi refugees in, 1:120
 Kvapilova, Erika, 4:124
 Kyrgyzstan, 3:124–131
- Labor unions
 in Belarus, 4:28
 in Brazil, 2:56
 in New Zealand, 3:221
 Labrys (organization; Kyrgyzstan), 3:131
- Ladies in White (organization; Cuba), 2:124
 Lake Malawi (Lake Nyasa; Lago Niassa), 1:210
 Lake, Obiagele, 2:243
 Lamizana, Sangoule, 1:37
 Lancaster House Agreement (1979), 1:372, 373
 Land and property rights
 in Brazil, 2:58
 in Dominican Republic, 2:137
 of Indigenous peoples, in Argentina, 2:10
 in Indonesia, 3:98–99
 in Libya, 1:205
 in Nicaragua, 2:277
 in Sierra Leone, 1:293
 in South Sudan, 1:321
 in Uzbekistan, 3:344
 in Zimbabwe, 1:373–374
 Lange, Marie-France, 1:220
 Language
 gender in, 4:116
 in Spain, 4:321, 324
 Lanza, Gladys, 2:235, 236
 Laos, 3:133–140
 Lapitas (people), 3:258
 L'association des travesty de Côte d'Ivoire, 1:131–132
Latinx, 2:158
 Latvia, 4:198–204
 Laula Renberg, Elsa, 4:239
La Violencia (Guatemala), 2:204–205
 LGBTQ+ issues, 4:6–7
 in Afghanistan, 1:10
 in Algeria, 1:17
 in Argentina, 2:7–8
 in Armenia, 4:12–13
 in Australia, 3:7
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:23
 in Bahrain, 1:23
 in Bangladesh, 3:24
 in Belarus, 4:25, 29–30
 in Belgium, 4:36
 in Belize, 2:32
 in Bermuda, 2:41
 in Bosnia and Herzegovina, 4:47
 in Botswana, 1:31
 in Brazil, 2:60
 in Bulgaria, 4:55
 in Burkina Faso, 1:37
 Campus Pride Index for, 2:360
 in Canada, 2:72, 74–75
 in Cayman Islands, 2:83
 in Central African Republic, 1:46
 in Chile, 2:94
 in China, 3:61
 in Colombia, 2:105
 in Costa Rica, 2:109
 in Cuba, 2:126
 in Czech Republic, 4:76–77
 in Democratic Republic of Congo, 1:57
 in Denmark, 4:87

- in Dominican Republic, 2:137
- in Ecuador, 2:147
- in El Salvador, 2:157–158
- in Estonia, 4:96–97
- in Ethiopia, 1:87
- in Finland, 4:104
- in France, 4:111
- in French Caribbean, 2:167
- in Georgia, 4:123
- in Greece, 4:140–141
- in Greenland, 2:186
- in Guam, 3:71
- in Guatemala, 2:203
- in Guiana, 2:212
- in Haiti, 2:225
- in Honduras, 2:233, 236–237
- in Hungary, 4:148
- in Iceland, 4:160–161
- in India, 3:77, 81, 86–87
- in Indonesia, 3:101–102
- in Iran, 1:110
- in Israel, 1:124
- in Italy, 4:182
- in Ivory Coast, 1:130–131
- in Japan, 3:109
- “Joint Statement on Ending Acts of Violence and Related Human Rights Violations Based on Sexual Orientation and Gender Identity,” 4:427–428
- in Jordan, 1:140
- in Kazakhstan, 3:120–121
- in Kenya, 1:156, 157, 160–161
- in Kosovo, 4:192
- in Kyrgyzstan, 3:130–131
- in Laos, 3:140
- in Latvia, 4:202
- in Lebanon, 1:178, 180
- in Lesotho, 1:187–188
- in Liberia, 1:195–196
- in Libya, 1:204–205
- in Lithuania, 4:210
- in Macedonia, 4:267–268
- in Malawi, 1:216
- in Malaysia, 3:151
- in Malta, 4:220–221
- in Melanesia, 3:169–170
- in Mexico, 2:259
- in Micronesia, 3:179–180
- in Mongolia, 3:192–193
- in Myanmar, 3:195
- in Namibia, 1:238–239
- in Netherlands, 4:230–231
- in Netherlands Antilles, 2:267
- in New Zealand, 3:220–221
- in Nicaragua, 2:278
- in Nigeria, 1:249
- in North Korea, 3:233
- in Norway, 4:238
- in Pakistan, 3:242
- in Palestine, 1:258
- in Panama, 2:304–307
- in Paraguay, 2:313–314
- in Peru, 2:323–324
- in Poland, 4:250
- in Polynesia, 3:263
- in Portugal, 4:260
- in Puerto Rico, 2:332, 335
- in Romania, 4:276
- in Russia, 4:291–293
- in Rwanda, 1:279–280
- in Saudi Arabia, 1:171
- in Senegal, 1:285
- in Serbia, 4:303
- in Singapore, 3:275
- in Slovenia, 4:319
- in Somalia, 1:299
- in South Africa, 1:308
- South African legislation on, 1:311
- in South Korea, 3:284–286
- in Spain, 4:325–326
- in Sri Lanka, 3:289
- in Suriname, 2:350
- in Sweden, 4:337–338
- in Switzerland, 4:348
- in Syria, 1:336
- in Taiwan, 3:309
- in Tajikistan, 3:318
- in Thailand, 3:326–327
- transgender people in United States, 2:357, 358
- in Trinidad and Tobago, 2:341
- in Turkey, 4:360
- in Turkmenistan, 3:338
- in Ukraine, 4:374
- in United Kingdom, 4:385–386
- in United States, 2:356, 364, 366
- in United States military, 2:370
- in Uruguay, 2:377–378
- in Uzbekistan, 3:344
- in Venezuela, 2:391–392
- in Vietnam, 3:354
- in Yemen, 1:269, 273
- in Zimbabwe, 1:372
- Lebanese Council of Women, 1:178, 179
- Lebanese Council to Resist Violence against Women, 1:179
- Lebanese Women Union, 1:178
- Lebanon, 1:174–180
- Lee Hsien Loong, 3:273
- Lee Tae-jong, 3:286
- Leid, Simone, 2:343
- Leisure
 - in Denmark, 4:85
 - in Sweden, 4:332
 - See also Recreation; Sports
- Lenin Vladimir, 4:280
- Leopold (king, Belgium), 1:44
- Leopold II (king, Belgium), 1:51, 4:32
- Lesbianism, 4:141
 - in Ukraine, 4:374
 - See also LGBTQ+ issues
- Lesbos (Greece), 4:141
- Lesotho, 1:181–189
- Let Girls Lead (LGL; Liberia), 1:198
- Lhotshampa (people), 3:34–35
- Liberation Tigers of Tamil Eelam (LTTE), 3:294–295
- Liberia, 1:190–199
- Libya, 1:199–208, 346
- Libyan Women’s Platform for Peace, 1:207
- Libyan Women’s Union, 1:206
- Lindo, Elvira, 4:329
- Lindstrom, David P., 1:87
- Lissouba, Pascal, 1:265
- Literacy
 - in Afghanistan, 1:2–3
 - in Albania, 4:3
 - in Algeria, 1:13
 - in Bahamas, Barbados, and Turks and Caicos Islands, 2:18
 - in Belarus, 4:27
 - in Bhutan, 3:28
 - in Botswana, 1:28
 - in Brazil, 2:52–53
 - in Bulgaria, 4:51–52
 - in Burkina Faso, 1:33
 - in Central African Republic, 1:42
 - in Colombia, 2:99
 - in Cuba, 2:120, 123
 - in Democratic Republic of Congo, 1:53, 55
 - in Denmark, 4:83
 - in Dominican Republic, 2:132
 - in Ecuador, 2:143
 - in Egypt, 1:63
 - in El Salvador, 2:153
 - in Eritrea, 1:75
 - in Estonia, 4:93
 - in Ethiopia, 1:85
 - in Georgia, 4:119
 - in Greece, 4:137
 - in Greenland, 2:182
 - in Guiana, 2:209
 - in Haiti, 2:218
 - in Honduras, 2:230
 - in Iceland, 4:157
 - in India, 3:79
 - in Indonesia, 3:93–94
 - in Iran, 1:103
 - in Iraq, 1:115
 - in Israel, 1:122
 - in Ivory Coast, 1:128
 - in Jamaica, 2:241
 - in Jordan, 1:137
 - in Lebanon, 1:175
 - in Liberia, 1:191
 - in Libya, 1:200
 - in Malawi, 1:211
 - in Malaysia, 3:143
 - in Mali, 1:220–221
 - in Mexico, 2:249
 - in Mongolia, 3:183
 - in Morocco, 1:226, 227
 - in Nicaragua, 2:275

- Literacy (*Continued*)
 in Nigeria, 1:244
 in Norway, 4:234–235
 in Pakistan, 3:240
 in Palestine, 1:254
 in Panama, 2:301–302
 in Peru, 2:319
 in Puerto Rico, 2:330
 in Republic of the Congo, 1:261
 in Russia, 4:285–288
 in Singapore, 3:271
 in Slovakia, 4:306
 in South Africa, 1:302, 303
 in South Korea, 3:279
 in South Sudan, 1:316
 in Syria, 1:331
 in Taiwan, 3:305
 in Tajikistan, 3:314
 in Tunisia, 1:348, 349
 in Turkey, 4:355–357
 in Turkmenistan, 3:332
 in Ukraine, 4:365
 in United Arab Emirates, 1:355
 in Uzbekistan, 3:341
 in Venezuela, 2:386
- Literature. *See* Arts and literature
- Lithuania, 4:205–212
- Li Tingting, 3:64
- Liver cancer, 3:352
- Livingstone, David, 1:210
- Livingston, Philip Beekman, 2:104
- Lobo Sosa, Porfirio “Pepe,” 2:228
- Logan, J. R., 3:92
- López Pumarejo, Alfonso, 2:98
- Lorde, 3:214
- Lord’s Resistance Army, 1:46
- L’Ouverture, Toussiant (Toussaint Breda), 2:216
- Lúgaro, Alexandra, 2:333
- Lugo, Fernando, 2:314
- Lu Hsiu-lien, 3:309
- Luisi, Paulina, 2:379
- Lumumba, Patrice, 1:52
- Lunar New Year Festival
 in North Korea, 3:234
 in Vietnam, 3:355
- Lusenge, Julianne, 1:60
- Lutheran Church
 in Estonia, 4:97
 in Iceland, 4:161
- Lymphatic filariasis (LF), 3:167
- Maathai, Wangari, 1:158, 162
- Macdonald, John A., 2:65
- Macedonia, Republic of, 4:262–269
- Machismo
 in Argentina, 2:3, 7
 in Bolivia, 2:47
 in Costa Rica, 2:115
 in Dominican Republic, 2:135–136
 in Ecuador, 2:149
 in El Salvador, 2:157
- in Guatemala, 2:199
 in Mexico, 2:253–254, 256–257
 in Nicaragua, 2:277
 in Panama, 2:304
- Macphail, Agnes, 2:73
- Maduro, Nicolás, 2:388, 392, 393
- Maduro, Ricardo (Joest), 2:228
- Magdalen Homes (Ireland), 4:170
- Magellan, Ferdinand, 3:67, 247
- Magomedova, Sapiyat, 4:282
- Maha Chakri Sirindhorn (queen, Thailand), 3:329
- Malaria
 in Burkina Faso, 1:36
 in Central African Republic, 1:43
 in French Guiana, 2:174
 in Honduras, 2:231
 in Lebanon, 1:177
 in Myanmar, 3:198
 in Nigeria, 1:246
- Malawi, 1:210–218
 Gender Equality Bill of, 4:428–429
- Malaysia, 3:142–152
- Maldives, 3:155–161
- Maleku (people), 2:116
- Mali, 1:219–225
 as French Sudan, 1:282
- Mali Federation, 1:282
- Malik, Nesrine, 1:325
- Malnutrition
 in Burkina Faso, 1:38
 in Democratic Republic of Congo, 1:54
 in Guatemala, 2:191, 196
 in Philippines, 3:249–250
 in Sri Lanka, 3:292
- Malta, 4:214–223
- Manigat, Mirlande, 2:224
- Mankouskaya, Natalia, 4:30
- Manley, Norman W., 2:239, 296
- Mansour, Adly, 1:62
- Maoist People’s War (Nepal), 3:210–211
- Māori (people), 3:214, 216, 222, 259
- Māori Women’s Welfare League (Te Ropu Wahine Māori Toko i te Ora), 3:216
- Mapuche (people), 2:94
- Maquiladoras*
 in Honduras, 2:232
 in Mexico, 2:252
- Maquila Solidarity Network (Guatemala), 2:192
- Marcelin, Magalie, 2:223
- Marcoes-Natsir, Lies, 3:100
- Margrethe II (queen, Denmark), 4:85
- Margvelashvili, George, 4:124
- Maria DA Penha Law (Brazil), 2:59, 61–62
- Marie Stopes International (Yemen), 1:271–272
- Marijuana, 2:380
- Markievicz, Constance, 4:167
- Marlowe, Jen, 1:25
- Maroc (Morocco), 1:226
- Maroons (people), 2:172, 173
- political system of, 2:176–177
 in Suriname, 2:350–351
- Marriage. *See* Family life
- Marshall Islands, 3:174
 environmental issues in, 3:181
- Martelly, Michel, 2:224
- Martínez de Perón, Isabel, 2:8
- Martinique, 2:164, 165, 167
See also French Caribbean
- Marx, Karl, 2:125
- Mary (saint), 1:90
- Mary Therese (empress, Austria), 4:16
- Marzouki, Nadia, 1:12, 14
- Masaryk, Tomáš Garrigue, 4:72
- Massinissa (Berber chieftain), 1:11
- Ma’tam* (religious center, Bahrain), 1:25
- Maternal health
 in Afghanistan, 1:5
 in Argentina, 2:5
 in Armenia, 4:10–11
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:20–21
 in Bahrain, 1:21
 in Belize, 2:29
 in Bermuda, 2:36
 in Bhutan, 3:30
 birthing assistants for, 2:253
 in Bolivia, 2:46
 in Botswana, 1:29–30
 in Brazil, 2:55
 in Brunei, 3:299
 in Bulgaria, 4:53
 in Burkina Faso, 1:35–36
 in Cambodia, 3:41
 in Canada, 2:68
 in Cayman Islands, 2:81
 in Central African Republic, 1:43
 in Chile, 2:89
 in Colombia, 2:101–102
 in Costa Rica, 2:110
 in Cuba, 2:122
 in Democratic Republic of Congo, 1:54
 in Denmark, 4:82
 in Dominican Republic, 2:133
 in Ecuador, 2:144–145
 in Egypt, 1:65–66
 in El Salvador, 2:155
 in Eritrea, 1:75
 in Estonia, 4:94
 in Ethiopia, 1:82, 83
 in France, 4:108
 in French Caribbean, 2:166
 in French Guiana, 2:174
 in Georgia, 4:120–121
 in Ghana, 1:95
 in Greece, 4:139
 in Greenland, 2:184–185
 in Guam, 3:69
 in Guatemala, 2:194–196
 in Guiana, 2:209–210
 in Haiti, 2:219–220

- in Honduras, 2:230–231
- in Hungary, 4:146–147
- in India, 3:81–82
- in Indonesia, 3:94–95
- in Iran, 1:105
- in Iraq, 1:116
- in Israel, 1:122–123
- in Italy, 4:176–177
- in Ivory Coast, 1:128
- in Jamaica, 2:241
- in Jordan, 1:140
- in Kenya, 1:153–154
- in Laos, 3:138
- in Latvia, 4:200
- in Lebanon, 1:176
- in Lesotho, 1:183
- in Liberia, 1:192–193
- in Libya, 1:201
- in Macedonia, 4:265–266
- in Malawi, 1:213
- in Malaysia, 3:145
- in Mali, 1:221
- in Malta, 4:216
- in Melanesia, 3:166–167
- in Mexico, 2:250
- in Micronesia, 3:177
- in Mongolia, 3:188–189
- in Morocco, 1:227–228
- in Myanmar, 3:198
- in Namibia, 1:236
- in Nepal, 3:208
- in Netherlands Antilles, 2:266
- in New Zealand, 3:217
- in Nicaragua, 2:275–276
- in Nigeria, 1:244–245
- in North Korea, 3:230–231
- in Norway, 4:235
- in Pakistan, 3:240–241
- in Palestine, 1:255–256
- in Panama, 2:302
- in Paraguay, 2:311
- in Peru, 2:321
- in Philippines, 3:250
- in Poland, 4:246
- in Polynesia, 3:261
- in Puerto Rico, 2:331
- in Republic of the Congo, 1:262
- in Rwanda, 1:278
- in Saudi Arabia, 1:166–167
- in Senegal, 1:284
- in Serbia, 4:300
- in Sierra Leone, 1:289–290
- in Singapore, 3:272
- in Slovakia, 4:308–309
- in Slovenia, 4:317
- in Somalia, 1:297–298
- in South Africa, 1:304–305
- in South Korea, 3:280
- in South Sudan, 1:316
- in Sri Lanka, 3:291–292
- in Sudan, 1:325–326
- in Suriname, 2:348–349
- in Sweden, 4:334–335
- in Switzerland, 4:347
- in Syria, 1:333
- in Tajikistan, 3:315
- in Thailand, 3:323–324
- in Trinidad and Tobago, 2:339
- in Tunisia, 1:347
- in Turkey, 4:358–359
- in Turkmenistan, 3:334
- in United Arab Emirates, 1:356
- in United Kingdom, 4:378–379
- in United States, 2:362
- in Uruguay, 2:376
- in Uzbekistan, 3:342
- in Venezuela, 2:389
- in Vietnam, 3:351–352
- in Yemen, 1:272
- Maternity leave
 - in Australia, 3:6
 - in Bangladesh, 3:20
 - in Belarus, 4:28
 - in Colombia, 2:103
 - in Costa Rica, 2:113
 - in Denmark, 4:84
 - in Dominican Republic, 2:135
 - in Ecuador, 2:146
 - in Georgia, 4:122
 - in Ghana, 1:96
 - in Honduras, 4:231
 - in Iceland, 4:159
 - in Iran, 1:107
 - in Jamaica, 2:242
 - in Jordan, 1:138
 - in Kyrgyzstan, 3:126
 - in Lebanon, 1:177
 - in Lithuania, 4:209
 - in Mongolia, 3:187
 - in Morocco, 1:228–229
 - in Nepal, 3:208
 - in New Zealand, 3:218–219
 - in Pakistan, 3:241
 - in Palestine, 1:256
 - in Paraguay, 2:312
 - in Philippines, 3:251
 - in Republic of the Congo, 1:264
 - in Serbia, 4:301
 - in Singapore, 3:273
 - in Slovenia, 4:318
 - in South Africa, 1:306
 - in Sweden, 4:337
 - in Tajikistan, 3:316
 - in Ukraine, 4:368
 - in United Kingdom, 4:380
 - in Uzbekistan, 3:343
 - in Venezuela, 2:393
- Mau Mau movement (Kenya), 1:149
- Maxima (queen, Netherlands), 2:267
- Mayans (people)
 - in Guatemala, 2:191, 201
 - in Honduras, 2:227
- Mayardit, Salva Kiir, 1:318
- May, Theresa, 4:377, 382
- Mbiti, John, 1:99
- McAleese, Mary, 4:167–168
- McGuinness, Martin, 4:382
- McLaughlin, Alden, 2:80
- McLaughlin, Sybil, 2:83
- Mead, Margaret, 3:258
- Media
 - in Afghanistan, 1:9
 - in Bahrain, 1:25–26
 - in Bulgaria, 4:56
 - in Colombia, 2:100
 - in India, 3:88
 - in Latvia, 4:203
 - in Lebanon, 1:180
 - in Malta, 4:223
 - in Philippines, 3:248
 - in Spain, 4:326–327
 - in United Arab Emirates, 1:360
 - in United Kingdom, 4:385
 - Women Journalists without Chains, 1:270, 273
- Medvedev, Dmitry, 4:281
- Meir, Golda, 1:125
- Meissner-Blau, Freda, 4:19
- Melanesia, 3:162–172
- Menchú Tum, Rigoberta, 2:201
- Men for Gender Equality, 1:216
- Mennonites, 2:31
- Mensch, Barbara, 1:65
- Mental health
 - in Brunei, 3:299
 - in Cambodia, 3:42–43
 - in Canada, 2:69
 - in China, 3:59
 - in Colombia, 2:102
 - in Denmark, 4:82–83
 - in Ethiopia, 1:84
 - in France, 4:109–110
 - in Iceland, 4:157
 - in Iran, 1:106–107
 - in Ivory Coast, 1:128
 - in Japan, 3:106–107
 - in Micronesia, 3:177
 - in North Korea, 3:231
 - in Palestine, 1:255
 - in Philippines, 3:250, 254
 - in Sri Lanka, 3:292
 - in Syria, 1:332
 - in Vietnam, 3:352
- Mentewab (empress, Ethiopia), 1:90
- Meri Te Tai Mangakāhia, 3:220
- Merkel, Angela, 4:127–128, 131
- Merlet, Myriam, 2:223
- Mernissi, Fatima, 1:69
- Mestizos, 2:44
- Mexico, 2:248–259
 - Political Constitution of, 4:429–430
- Michelitti, Roberto, 2:233
- Micronesia, 3:174–182

- Middle East, **1:2**
 Mideksa, Birtukan, **1:89**
 Midwifery, **4:146–147**
 Migrant Women Workers Project (Australia), **3:10**
 Migrant workers
 in Burkina Faso, **1:37**
 in Ethiopia, **1:86**
 in French Guiana, **2:175**
 in Italy, **4:179**
 in United Arab Emirates, **1:362**
 Migrations
 children left behind in, **4:273**
 from French Caribbean, **2:169–170**
 from Guatemala, **2:199, 203–204**
 human trafficking and, **3:12**
 to New Zealand, **3:218–219**
 into and out of Pakistan, **3:244–245**
 of Puerto Ricans, **2:329**
 from Suriname to Netherlands, **2:352**
 to Thailand, **3:330**
 through Greece, **4:136**
 from Tunisia, **1:351–352**
 Military service
 in Dominican Republic, **2:137**
 in Israel, **1:121**
 in Jordan, **1:141**
 in Ukraine, **4:373**
 in United States, women in, **2:370**
 See also Armed forces
 Millennium Challenge Corporation, **1:217**
 Millennium Development Goals (MDG), **2:367**
 in Bhutan, **3:27**
 in Canada, **2:66**
 in Ecuador, **2:144**
 in Ghana, **1:92**
 in Guyana, **2:209**
 in Honduras, **2:229**
 Karman and, **1:246**
 in Kazakhstan, **3:117**
 in Maldives, **3:155, 156**
 in Mali, **1:220, 222**
 in Morocco, **1:228**
 in Namibia, **1:240**
 in Nigeria, **1:246**
 in Saudi Arabia, **1:166**
 in Yemen, **1:272**
 Mizulina, Yelena, **4:293, 294**
 Mobutu Sese Soko, **1:52**
 Modesty, in Afghanistan, **1:8–9**
 Moeldoko (general), **3:96**
 Mohammad Ali Jinnah, **3:237**
 Mohammed, Patricia, **2:245**
 Mohammed VI (king, Morocco), **1:226**
 Moliner, Empar, **4:329**
 Mon (people), **3:194**
 Monge, Luis Alberto, **2:114**
 Mongol Empire, **4:280**
 Mongolia, **3:183–193**
 Montero, Amaya, **4:329**
 Montero, Rosa, **4:329**
 Montseny, Federica, **4:321**
 Montserrat, **2:284, 286, 291–292, 294–296**
 Mon Women's Organization (MWO; Myanmar), **3:200**
 Mook (queen, Thailand), **3:328**
 Morales, Inés, **2:258**
 Moran, Sandra, **2:203**
 Morente, Estrella, **4:329**
 Mori Arinori, **3:106**
 Morocco, **1:226–232**
 Morsi, Mohammed, **1:62**
 Moserová, Jaroslava, **4:75**
 Moshoeshoe I (king, Lesotho), **1:181**
 Moshoeshoe II (king, Lesotho), **1:181**
 Mother Teresa (saint), **4:193**
Le Mouvement de libération des femmes (MLF; France), **4:112**
 Movimiento armado Quintín Lame (MAQL; Colombia), **2:98**
 Movimiento de Mujeres por la Paz Visitación Padilla (Visitation Padilla Women's Movement for Peace; Honduras), **2:235**
 Movimiento Homosexual de Lima (MHOL; Peru), **2:324**
 Mubarak, Hosni, **1:62, 343**
 Mubarak, Sheikh Fatima bint, **1:356, 358, 360**
 Mughal Empire, **3:76**
 Muhammad Ali (viceroy, Egypt), **1:62**
 Muhammad Ibn Saud (king, Saudi Arabia), **1:164**
 Muhammadiyah (organization; Indonesia), **3:99–100**
 Muisca (people), **2:101**
 Mujeres y Cultura Subterránea, A. C. (MCS; Women and Underground Culture; Mexico), **2:258**
 Mujuru, Joyce, **1:374**
 Mukti Nepal (organization), **3:211**
 Müller, Herta, **4:271**
 Muluzi, Bakili, **1:217**
 Mundo Afro (African World; organization; Uruguay), **2:381**
 Murniece, Inara, **4:202**
 Murphy, Emily, **2:71**
 Musa, Nabawiya, **1:69–70**
 Music
 in Cambodia, **3:46**
 in Czech Republic, **4:76**
 in Kosovo, **4:193**
 reggae, **2:243**
 in Spain, **4:329**
 in Trinidad and Tobago, **2:342**
 Muslims. *See* Islam
 Mu Sochua, **3:45**
 Mussolini, Benito, **1:80**
 Mutharika, Bingu wa, **1:217**
 Myanmar (Burma), **3:194–202**
 migration to Thailand from, **3:330**
 Rohingya in, **3:2**
 Myles, Bradley, **1:15**
 Naeemaei, Naeemeh, **1:106**
 Namibia, **1:234–242**
 Namibian Farm Workers Union (WFWU), **1:237**
 Namibia Women's Voice (NWV), **1:240**
 Napoleon Bonaparte (emperor, France), **1:62, 4:112**
 Napoleon III (Charles Louis-Napoléon Bonaparte; emperor, France), **2:173**
 Nardal, Jane, **2:168**
 Nardal, Paulette, **2:168**
 Nasif, Malak Hifni, **1:69**
 Nasser, Gamal Abdel, **1:62**
 National Church of Iceland, **4:161**
 National Coalition to Advocate the Rights of Women (CONAP; Haiti), **2:223**
 National Coalition to Eliminate All Forms of Discrimination against Women (Lebanon), **1:179**
 National Council of Women (New Zealand), **3:221**
 National Council of Women of Canada, **2:73**
 National Indigenous Women's Resource Center (NIWRC), **1:15**
 National Liberation Front (FLN; Algeria), **1:12**
 National minorities
 in Sweden, **4:335**
 See also Immigration and immigrants
 National Society for Women's Suffrage (United Kingdom), **4:383**
 National Union of Eritrean Women (NUEW), **1:77, 79**
 National Union of Tunisian Women (UNFT), **1:344**
 National Union of Women's Suffrage Societies (United Kingdom), **4:383**
 Native Americans, **2:355**
 National Indigenous Women's Resource Center, **1:15**
 See also Indigenous peoples
 Native Women's Association of Canada, **2:73**
 Natural resources
 in Democratic Republic of Congo, **1:56**
 in Sudan, **1:328**
 in Suriname, **2:346**
 Nauru, Republic of, **3:174**
 Nazra for Feminist Studies (organization), **1:70**
 Negara Brunei Darussalam (Sultanate of Brunei), **3:296–302**
 Negritude (cultural movement), **2:168**
 Neo-Confucianism, **3:281**
 Nepal, **3:205–213**
 migration to Bhutan from, **3:34–35**
 Neshat, Saeid N., **1:115**
 Netherlands, **4:226–233**
 immigration from Suriname to, **2:352**
 Indonesia under, **3:92**
 Suriname under, **2:345**
 Netherlands Antilles/Dutch Caribbean, **2:262–270**

- Netherlands Guiana (Suriname), 2:345
 Network against Human Trafficking (NAHT), 1:15
 Nevis, 2:284, 295
 New Caledonia, 3:169
See also Melanesia
 New Guinea, 3:162
 New Zealand, 3:214–225
 dependent areas of, 3:263
 Polynesian feminists and, 3:263
 New Zealand District of Zonta, 3:223–224
 New Zealand Prostitutes Collective (NZPC), 3:218
 Ngobe-Bugles (people), 2:300, 304
 Nicaragua, 2:271–280
 Nigeria, 1:243–251
 Nigerian-Biafra War (1967–1970), 1:243
 Nigerian Charismatic Movement, 1:249
Nikiranoro, 3:179
 Nimcová, Božena, 4:72, 76
 Niyazov, Saparmura, 3:332, 336, 337
 Ruhnama by, 3:333–334
 Nkrumah, Kwame, 1:92, 98
 Nkrumah, Samia, 1:99
 Nobel Peace Prize
 Arias Sánchez, Oscar, 2:114
 Aung San Suu Ky, 3:200
 Corrigan-Maguire and Williams-Perkins, 4:168
 Ebadi, Shirin, 1:109
 Gbowee, Leymah, 1:191
 Johnson Sirleaf, Ellen, 1:197
 Karman, Tawakkol, 1:270, 273
 Maathai, Wangari, 1:158
 Menchú Tum, Rigoberta, 2:201
 Tunisian National Dialogue Quartet, 1:343
 Nobel Prize in Literature
 Gordimer, Nadine, 1:303
 Müller, Herta, 4:271
 Noor (queen, Jordan), 1:141
 Norse mythology, 4:241
 Northern Ireland, 4:168, 376, 382
See also United Kingdom
 Northfleet, Ellen Gracie, 2:57
 North Korea (Democratic People's Republic of Korea), 3:226–235
 in Korean War, 3:282
 Norway, 4:234–242
 Sweden and, 4:330
 Ntaiya, Kakenya, 1:160
 Nuclear weapons testing, 3:175, 181
 Nutrition (diet)
 in Japan, 3:106
 Mediterranean diet, 4:138
 in North Korea, 3:227
 Nyakeriga, Linet Kemunto, 1:160
 Nyau dance (Malawi), 1:215–217
 Nzomo, Maria, 1:160
 Obama, Barack
 equal-pay legislation signed by, 2:364
 International Women's Day statement by, 4:419–420
 on U.S.-Cuba relations, 2:119–120, 127
 on Venezuela sanctions, 2:389
 Obasanjo, Olusagun, 1:243
 Al Obeidy, Iman, 1:208
 Obesity and overweight
 in Cuba, 2:122
 fat activism and, 3:222
 in French Caribbean, 2:166
 in Mexico, 2:250, 251
 in Polynesia, 3:259–260
 in Saudi Arabia, 1:165, 167
 in Turkey, 4:358
 in United Arab Emirates, 1:356
 Obstetric fistula, 1:36
 Ocloo, Esther, 1:100
 O'Connor-Connolly, Julianna, 2:80, 83
 O'Connor, Sandra Day, 2:369
 Oil
 in Bahrain, 1:19
 in Nigeria, 1:250
 in Norway, 4:234
 in Russia, 4:281
 in Saudi Arabia, 1:164
 in South Sudan, 1:317, 323
 in Sudan, 1:328
 in Trinidad and Tobago, 2:340
 in United Arab Emirates, 1:354
 Ojeda, Alonso de, 2:97, 262
 Older women
 in China, 3:63
 in Japan, 3:112–113
 Olympic Games
 Belgium in, 4:38
 Colombia in, 2:101
 Hungary in, 4:148
 in Russia, 4:293
 Omamo, Raychelle, 1:160
 Organization of Active Women in Ivory Coast (OFACI), 1:131
 Organization of Eastern Caribbean States (OECS), 2:284–297
 Ortega, Daniel, 2:272
 Ortega, Rocio, 2:365
 Orthodox Christianity
 Eastern Orthodox Christianity, 4:57
 in Georgia, 4:124
 Greek Orthodox Church, 4:140
 in Macedonia, 4:268
 Romanian Orthodox Church, 4:270, 278
 Russian Orthodox Church, 4:295
 Serbian Orthodox Church, 4:268
 Ortiz Bosch, Milagros, 2:136
 Osman, Sarah, 1:327
 Otenbayeva, Roza, 3:128
Otins, 3:346
 Ottoman Empire, 4:353, 356
 Armenian genocide by, 4:8
 Ouattara, Alassane, 1:131
 Ouedraogo, Jean-Baptiste, 1:37
 OutRight Namibia (organization), 1:239
 Ovambo (people), 1:237
 Ovelar, Blanca, 2:314
 Pacific Island countries (PICs), 3:162
 climate change and, 3:181–182
 Polynesia as, 3:258–266
 Pakistan, Islamic Republic of, 3:76, 237–245
 Palau, Republic of, 3:174
 Palcy, Euzhan, 2:170
 Palestine, 1:253–259
 Israeli occupation of, 1:122
 Palestinian refugees
 citizenship of, 1:258
 in Israel, 1:122
 in Jordan, 1:135
 in Lebanon, 1:174, 180
 Palin, Sarah, 2:369
 Panama, 2:299–308
 Panama Declaration (2013), 2:302
 Panetta, Leon, 2:370
 Pankhurst, Emmeline, 4:383
 Pan-Mayan Movement, 2:192, 203
 Papua New Guinea, 3:162
 Papuans (people), 3:162–163
 Paraguay, 2:309–316
 Paraguayan Women's Coordinating Committee, 2:314
 Paredes Rangel, Beatriz, 2:254
 Parental leave. *See* Maternity leave
 Parkanová, Vlasta, 4:75
 Park Geun-hye, 3:282–283
 Pastrana Arango, Andrés, 2:98
 Patriarchy, 1:296
 Peake, Carolína, 4:75
 Penteado, Olívia Guedes, 2:59
 Pentecostalism
 in Brazil, 2:61
 in Guatemala, 2:202
 in Nigeria, 1:249
 People's Democratic Republic of Yemen, 1:269
 People's Republic of China, 3:51–65
 Pereira de Queiroz, Carlota, 2:59
 Pérez Cruz, Silvia, 4:329
 Pérez Molina, Otto, 2:196
 Perón, Eva "Evita," 2:8
 Persad-Bissessar, Kamla, 2:341–342
 Persia, 1:102
See also Iran
 Peru, 2:317–326
 Peter the Great (czar, Russia), 4:280
 Petros, Wallata, 1:90
 Philippines, 3:246–256
 Constitution of, 4:397–398
 mail-order brides from, 3:12
 Piggott, Donnya, 2:23
 Pinochet, Augusto, 2:86
 Pisani, Elizabeth, 3:94
 Pizarro, Francisco, 2:318
 Plastic surgery, 2:11, 106

- Plunket (Royal New Zealand Plunket Society), 3:223
- Poetry, Somali, 1:296
- Poland, 4:244–252
- Lithuania in union with, 4:205
- Polaris Project (organization), 1:15
- Police, in Sweden, 4:338–339
- Polio, in Pakistan, 3:240
- Political cartoons, 1:72–73
- Political dance, in Malawi, 1:218
- Political rights
- in Australia, 3:7–10
- in Bahrain, 1:23–24
- in Bangladesh, 3:24
- in Bolivia, 2:48
- in Brazil, 2:59–60
- in Canada, 2:73
- in Cayman Islands, 2:83–84
- in Colombia, 2:103–104
- in Cuba, 2:124
- in Dominican Republic, 2:136–137
- in Ecuador, 2:147–149
- in Egypt, 1:70–71
- in Ghana, 1:97–98
- in Guatemala, 2:200–201
- in Honduras, 2:234
- in Hungary, 4:150
- in India, 3:85–87
- in Iran, 1:111
- in Israel, 1:125
- in Italy, 4:180–181
- in Kenya, 1:159–160
- in Lebanon, 1:178
- in Libya, 1:206
- in Malawi, 1:217–218
- in Malta, 4:221
- in Mexico, 2:255
- in Netherlands, 4:230
- in Nigeria, 1:248–249
- in Pakistan, 3:243
- in Philippines, 3:252–253
- in Portugal, 4:258
- in Republic of the Congo, 1:266
- in Senegal, 1:285
- in Slovakia, 4:312
- in South Africa, 1:309
- in South Sudan, 1:318
- in Switzerland, 4:348
- in Syria, 1:336
- in Tajikistan, 3:316
- in Ukraine, 4:372–373
- in United Arab Emirates, 1:359–360
- in United States, 2:368
- Politics
- in Afghanistan, 1:6–7
- in Albania, 4:5–6
- in Algeria, 1:16–17
- in Argentina, 2:8–9
- in Armenia, 4:11
- in Australia, 3:7–10
- in Austria, 4:19–20
- in Bahamas, Barbados, and Turks and Caicos Islands, 2:23–24
- in Bahrain, 1:23–24
- in Bangladesh, 3:23–24
- in Belarus, 4:29–30
- in Belgium, 4:36–37
- in Belize, 2:30–31
- in Bermuda, 2:40–41
- in Bhutan, 3:31–33
- in Bolivia, 2:47–48
- in Bosnia and Herzegovina, 4:45
- in Botswana, 1:31
- in Brazil, 2:58–60
- in Brunei, 3:300
- in Bulgaria, 4:56–57
- in Burkina Faso, 1:37–38
- in Cambodia, 3:44
- in Canada, 2:72–73
- in Cayman Islands, 2:83
- in Central African Republic, 1:46–47
- in Chile, 2:91–92
- in China, 3:61–62
- in Colombia, 2:103–104
- in Costa Rica, 2:114–115
- in Croatia, 4:65–67
- in Cuba, 2:124–125
- in Czech Republic, 4:72, 74–75
- in Democratic Republic of Congo, 1:57–59
- in Denmark, 4:85–87
- in Dominican Republic, 2:136–137
- in Ecuador, 2:147–148
- in Egypt, 1:69–73
- in El Salvador, 2:158–159
- in Eritrea, 1:77–78
- in Estonia, 4:97
- in Ethiopia, 1:88–90
- in Finland, 4:104
- in France, 4:112–113
- in French Caribbean, 2:167–168
- in French Guiana, 2:176–177
- in Georgia, 4:123
- in Germany, 4:131–132
- in Ghana, 1:97–99
- in Greenland, 2:187
- in Guam, 3:71–72
- in Guatemala, 2:200–201
- in Guiana, 2:212
- in Haiti, 2:222–224
- in Honduras, 2:233–234
- in Hungary, 4:150–152
- in Iceland, 4:160
- in India, 3:85–87
- in Indonesia, 3:97–99
- in Iran, 1:109–111
- in Iraq, 1:117–118
- in Ireland, 4:167–169
- in Israel, 1:124–125
- in Italy, 4:180–181
- in Ivory Coast, 1:130–131
- in Jamaica, 2:243
- in Japan, 3:110–111
- in Jordan, 1:140–142
- in Kazakhstan, 3:121
- in Kenya, 1:158–161
- in Kosovo, 4:193
- in Kyrgyzstan, 3:128
- in Laos, 3:139–140
- in Latvia, 4:202–203
- in Lebanon, 1:178–179
- in Lesotho, 1:185–187
- in Liberia, 1:196–197
- in Libya, 1:205–207
- in Lithuania, 4:209–210
- in Macedonia, 4:267–268
- in Malawi, 1:217–218
- in Malaysia, 3:150–151
- in Maldives, 3:160
- in Mali, 1:224
- in Melanesia, 3:169–170
- in Mexico, 2:254–256
- in Micronesia, 3:180
- in Mongolia, 3:189–190
- in Morocco, 1:229–230
- in Myanmar, 3:199–200
- in Namibia, 1:239–240
- in Nepal, 3:210–211
- in Netherlands, 4:227, 229–231
- in Netherlands Antilles, 2:267–268
- in New Zealand, 3:220–221
- in Nicaragua, 2:278
- in Nigeria, 1:248–249
- in North Korea, 3:233–234
- in Norway, 4:238–240
- in Organization of Eastern Caribbean States, 2:296
- in Pakistan, 3:243
- in Palestine, 1:258
- in Panama, 2:305–306
- in Paraguay, 2:314–315
- in Peru, 2:324
- in Philippines, 3:252–253
- in Poland, 4:250–251
- in Polynesia, 3:263
- in Portugal, 4:258–259
- in Puerto Rico, 2:332–333
- in Republic of the Congo, 1:265–266
- in Romania, 4:276–278
- in Russia, 4:293–295
- in Rwanda, 1:280
- in Saudi Arabia, 1:169–170
- in Senegal, 1:285–286
- in Serbia, 4:302–303
- in Sierra Leone, 1:291–292
- in Singapore, 3:275
- in Slovakia, 4:312–313
- in Slovenia, 4:319
- in Somalia, 1:299–300
- in South Africa, 1:309–312
- in South Korea, 3:282–284
- in South Sudan, 1:318
- in Spain, 4:324–325
- in Sri Lanka, 3:293–294

- in Sudan, 1:328
- in Suriname, 2:350–351
- in Sweden, 4:338–339
- in Switzerland, 4:347–349
- in Syria, 1:336
- in Taiwan, 3:309–310
- in Tajikistan, 3:318
- in Thailand, 3:326
- in Trinidad and Tobago, 2:341–342
- in Tunisia, 1:350–351
- in Turkmenistan, 3:336–337
- in Ukraine, 4:372–373
- in United Arab Emirates, 1:359–360
- in United Kingdom, 4:382–384
- in United States, 2:367–369
- in Uruguay, 2:378–379
- in Venezuela, 2:392–393
- in Vietnam, 3:355
- in Yemen, 1:273
- in Zimbabwe, 1:372–375
- Pollan, Laura, 2:124
- Poluha, Eva, 1:86
- Polygyny (polygamy)
 - in Algeria, 1:14
 - in Burkina Faso, 1:37
 - in Central African Republic, 1:45
 - in Ethiopia, 1:86
 - in Ghana, 1:99–100
 - in Haiti, 2:222
 - in Indonesia, 3:100
 - in Iraq, 1:117
 - in Ivory Coast, 1:130
 - in Kenya, 1:157
 - in Kyrgyzstan, 3:127
 - in Libya, 1:203, 204, 206
 - in Malawi, 1:216
 - in Malaysia, 3:149
 - in Maldives, 3:159
 - in Mali, 1:223–224
 - in Nigeria, 1:247
 - in Pakistan, 3:242
 - in Republic of the Congo, 1:264
 - in Rwanda, 1:276, 279
 - in Senegal, 1:284–285
 - in Sierra Leone, 1:291–293
 - in Singapore, 3:273
 - in Somalia, 1:299
 - in South Sudan, 1:318
 - in Sudan, 1:327
 - in Tunisia, 1:345
- Polynesia, 3:258–266
- Poonsuk Banomyong (queen, Thailand), 3:328–329
- Popo, David, 2:294
- Popovic, Vladimir Beba, 4:303
- Pornography
 - in Czech Republic, 4:79
 - in Japan, 3:114
- Pornpet Meunsri (queen, Thailand), 3:329
- Portugal, 4:254–260
 - Brazil under, 2:50
- Poverty
 - in Armenia, 4:8
 - in Bermuda, 2:38
 - in Bhutan, 3:27, 34
 - in Brazil, 2:51
 - in Burkina Faso, 1:38
 - in Cambodia, 3:38
 - in Cayman Islands, 2:83
 - in Central African Republic, 1:41
 - in Dominican Republic, 2:131
 - in El Salvador, 2:160–161
 - in French Guiana, 2:175
 - in Guatemala, 2:190–191
 - in Guiana, 2:214
 - in Haiti, 2:221
 - in Honduras, 2:231–232
 - in Iraq, 1:119
 - in Israel, 1:124
 - in Kenya, 1:149
 - in Lesotho, 1:182
 - in Malawi, 1:211
 - in Malta, 4:222
 - in Melanesia, 3:168
 - in Mongolia, 3:191–192
 - in Myanmar, 3:195
 - in Nepal, 3:205–206
 - in Nicaragua, 2:273
 - in Panama, 2:299, 307
 - in Puerto Rico, 2:335
 - in Romania, 4:278
 - in Sierra Leone, 1:288
 - in Suriname, 2:347
 - in Tajikistan, 3:313
 - in Uruguay, 2:374
 - in Venezuela, 2:394
 - in Yemen, 1:274
- Prakash, Judith, 3:275
- Pratt, Nicola Christine, 1:115
- Prince, Mary, 2:34, 42
- Prisons and Prisoners
 - in Netherlands Antilles, 2:268
 - in North Korea, 3:234–235
 - in South Africa, 1:312–313
- Prithvi Narayan Shah (ruler, Nepal), 3:205
- PROFAMILIA (Dominican Republic), 2:133, 137
- Pronatalism, 4:277–278
- Property rights
 - in Georgia, 4:123
 - in Iceland, 4:161
 - See also* Inheritance
- Prostitution
 - in Bahrain, 1:26
 - in Canada, 2:77
 - in Cuba, 2:126
 - in Czech Republic, 4:79
 - in Dominican Republic, 2:135
 - in Ethiopia, 1:81–82
 - in France, 4:115–116
 - in French Guiana, 2:177
 - in Hungary, 4:152–153
 - in India, 3:89
 - in Iran, 1:112–113
 - in Ivory Coast, 1:132
 - in Libya, 1:208
 - in Lithuania, 4:211–212
 - in Malaysia, 3:152
 - in Netherlands, 4:231–232
 - in Netherlands Antilles, 2:269
 - in New Zealand, 3:218
 - in Republic of the Congo, 1:267
 - in Singapore, 3:276
 - in Sweden, 4:340
 - in United Arab Emirates, 1:361–362
 - in United States, 2:371
- Protestantism
 - in Guatemala, 2:202
 - in Hungary, 4:145
 - in Nicaragua, 2:279
- Puberty, 3:272
- Puerto Rico, 2:328–335
- Pussy Riot (Russian music group), 4:293, 295
- Putin, Vladimir, 4:12, 281, 293
- Qaamaneq (organization; Greenland), 2:186
- Qaddafi, Muammar, 1:200, 204, 205, 207
- Quality of life, in Greenland, 2:188–189
- Quawasa, Rula, 1:143
- Quechua (people), 2:44, 49, 317
- Quimbois, 2:168–169
- Quinceañera celebrations
 - in El Salvador, 2:159
 - in Panama, 2:301
 - in Paraguay, 2:315
 - in Venezuela, 2:393–394
- Quiroz, Susana, 2:258
- Quispe, Juana, 2:47–48
- Quito (Ecuador), 2:150
- Racism
 - in Colombia, 2:106
 - in Mexico, 2:257–258
 - in Nicaragua, 2:279–280
- Radical Islam, 3:318
- Raffles, Sir Stamford, 3:269
- Rafsanjani, Akbar Hashemi, 1:111
- Rahmon, Emomali, 3:312, 317, 318
- Raizal (people), 2:97
- Raja Biru (queen, Thailand), 3:328
- Rajab, Saadia, 1:329
- Raja Hijau (queen, Thailand), 3:328
- Raja Ungu (queen, Thailand), 3:328
- Ram Baran Yadav, 3:205
- Rambi Barni (queen, Thailand), 3:328
- Rape. *See* Sexual assault and rape
- Rastafarians, 2:243, 296
- Rawlings, Jerry John, 1:92, 98
- Rawlings, Nana Konadu Agyeman, 1:98
- Recreation
 - in Argentina, 2:4
 - in Belgium, 4:38
 - in Belize, 2:28–29

Recreation (*Continued*)

- in Bosnia and Herzegovina, 4:42
- in China, 3:54
- in Colombia, 2:100–101
- in Cuba, 2:121
- in Czech Republic, 4:73
- in Democratic Republic of Congo, 1:53–54
- in Denmark, 4:81
- in France, 4:107–108
- in Georgia, 4:119
- in Guam, 3:74
- in Hungary, 4:148
- in India, 3:78
- in Iran, 1:103, 109
- in Ivory Coast, 1:129–130
- in Latvia, 4:199
- in Lebanon, 1:175
- in Libya, 1:200
- in Maldives, 3:157
- in Mexico, 2:250
- in Netherlands, 4:227–228
- in New Zealand, 3:214–215
- in Nicaragua, 2:273–274
- in Palestine, 1:253–254
- in Panama, 2:301
- in Philippines, 3:247–248
- in Saudi Arabia, 1:165
- in Sri Lanka, 3:289
- in Syria, 1:332
- in Trinidad and Tobago, 2:338
- in United Arab Emirates, 1:355
- Red Cross, International Committee of the, “Rule 93. Rape and Other Forms of Sexual Violence” of, 4:398–401
- Reding, Viviane, 4:221
- Red Nacional de Mujeres (National Women’s Network; Colombia), 2:106
- Reform Movement (Saudi Arabia), 1:170
- Refugees
 - in Australia, 3:2
 - in Bhutan, 3:34–35
 - in Bulgaria, 4:59
 - from Central African Republic, 1:48
 - from Democratic Republic of Congo, 1:52
 - in French Guiana, 2:175
 - of Iraq War, 1:119–120
 - in Jordan, 1:135
 - in Lebanon, 1:174–175, 177, 180
 - in Libya, 1:208
 - in New Zealand, 3:220
 - Syrian, 1:120, 143–144, 330, 337, 338
 - in Uruguay, 2:381
- Reggae, 2:243
- Religion and culture
 - in Afghanistan, 1:8–9
 - in Albania, 4:6
 - in Algeria, 1:17
 - in Argentina, 2:2, 9
 - in Armenia, 4:12
 - in Australia, 3:10–11
 - in Austria, 4:20
 - in Bahamas, Barbados, and Turks and Caicos Islands, 2:24
 - in Bahrain, 1:25
 - in Bangladesh, 3:25
 - in Belarus, 4:30–31
 - in Belgium, 4:37–38
 - in Belize, 2:31
 - in Bermuda, 2:41
 - in Bhutan, 3:33
 - in Bolivia, 2:48
 - in Bosnia and Herzegovina, 4:45–46
 - in Botswana, 1:31
 - in Brazil, 2:60–61
 - in Brunei, 3:300
 - in Bulgaria, 4:57
 - in Burkina Faso, 1:38
 - in Cambodia, 3:44–46
 - in Canada, 2:75–76
 - in Cayman Islands, 2:80, 84
 - in Central African Republic, 1:47
 - in Chile, 2:92–93
 - in China, 3:51, 62–63
 - in Colombia, 2:104
 - in Costa Rica, 2:115
 - in Croatia, 4:67–68
 - in Cuba, 2:120, 125
 - in Czech Republic, 4:72, 76
 - in Democratic Republic of Congo, 1:59
 - in Denmark, 4:87
 - in Dominican Republic, 2:137–138
 - in Ecuador, 2:148–149
 - in El Salvador, 2:159
 - in Eritrea, 1:78
 - in Estonia, 4:97–98
 - in Ethiopia, 1:90
 - in Finland, 4:104–105
 - in France, 4:113–114
 - in French Caribbean, 2:168–169
 - in French Guiana, 2:177
 - in Georgia, 4:123–124
 - in Germany, 4:132–133
 - in Ghana, 1:99–100
 - in Greece, 4:140
 - in Greenland, 2:187–188
 - in Guam, 3:72
 - in Guatemala, 2:201–203
 - in Guyana, 2:212–213
 - in Haiti, 2:224–225
 - in Hungary, 4:152
 - in Iceland, 4:161
 - in India, 3:77, 87–88
 - in Indonesia, 3:97, 99–100
 - in Iran, 1:111–112
 - in Iraq, 1:118
 - in Ireland, 4:169–171
 - in Israel, 1:125
 - in Italy, 4:181–182
 - in Ivory Coast, 1:131
 - in Jamaica, 2:243
 - in Japan, 3:111–112
 - in Jordan, 1:142
 - in Kazakhstan, 3:121–122
 - in Kenya, 1:161
 - in Kosovo, 4:193
 - in Kyrgyzstan, 3:128–129
 - in Laos, 3:140
 - in Latvia, 4:203
 - in Lebanon, 1:179
 - in Lesotho, 1:187
 - in Liberia, 1:197–198
 - in Libya, 1:207
 - in Lithuania, 4:210–211
 - in Macedonia, 4:268
 - in Malawi, 1:215, 218
 - in Malaysia, 3:151
 - in Maldives, 3:160
 - in Mali, 1:224
 - in Malta, 4:214
 - in Melanesia, 3:170–171
 - in Mexico, 2:256
 - in Micronesia, 3:180–181
 - in Mongolia, 3:184, 190–191
 - in Morocco, 1:230–231
 - in Myanmar, 3:200–201
 - in Namibia, 1:241
 - in Nepal, 3:211–212
 - in Netherlands Antilles, 2:268–269
 - in New Zealand, 3:221–224
 - in Nicaragua, 2:278–279
 - in Nigeria, 1:249–250
 - in North Korea, 3:234
 - in Norway, 4:240–241
 - in Organization of Eastern Caribbean States, 2:296–297
 - in Pakistan, 3:243–244
 - in Palestine, 1:258
 - in Panama, 2:306
 - in Paraguay, 2:315
 - in Peru, 2:324–325
 - in Philippines, 3:254
 - in Poland, 4:251
 - in Polynesia, 3:264–265
 - in Portugal, 4:259
 - in Puerto Rico, 2:333–334
 - in Republic of the Congo, 1:266
 - in Romania, 4:278
 - in Russia, 4:281
 - in Rwanda, 1:280
 - in Saudi Arabia, 1:170–171
 - in Senegal, 1:285–286
 - in Sierra Leone, 1:292–293
 - in Singapore, 3:275
 - in Slovakia, 4:313
 - in Slovenia, 4:319
 - in Somalia, 1:300
 - in South Korea, 3:284
 - in South Sudan, 1:318
 - in Sri Lanka, 3:294
 - in Suriname, 2:346, 351–352
 - in Sweden, 4:339
 - in Syria, 1:330–331, 336–337
 - in Taiwan, 3:310

- in Tajikistan, 3:318
- in Thailand, 3:327
- in Trinidad and Tobago, 2:342
- in Tunisia, 1:351
- in Turkmenistan, 3:337–338
- in Ukraine, 4:364, 373
- in United Arab Emirates, 1:360–361
- in United Kingdom, 4:384–385
- in United States, 2:369–370
- in Uruguay, 2:379–380
- in Uzbekistan, 3:345–346
- in Venezuela, 2:393–394
- in Vietnam, 3:355
- in Yemen, 1:273–274
- in Zimbabwe, 1:370–372
- Reproductive rights
 - in Afghanistan, 1:5
 - in Albania, 4:3–4
 - in Algeria, 1:12
 - in Argentina, 2:5–6
 - assisted reproductive technology and, 4:177
 - in Bahrain, 1:21
 - in Bangladesh, 3:22–23
 - in Belarus, 4:28–29
 - in Belgium, 4:35
 - in Bhutan, 3:30
 - in Botswana, 1:29
 - in Bulgaria, 4:53–54
 - in Cambodia, 3:41–42
 - in Central African Republic, 1:45
 - in China, 3:58
 - in Colombia, 2:100, 103
 - in Costa Rica, 2:110–111
 - in Croatia, 4:65, 68–69
 - in Denmark, 4:82
 - in Dominican Republic, 2:133
 - in Ecuador, 2:145
 - in El Salvador, 2:155–156
 - in Eritrea, 1:75
 - in Estonia, 4:94–95
 - in Finland, 4:102–103
 - in France, 4:108–109
 - in French Guiana, 2:176
 - in Georgia, 4:120
 - in Ghana, 1:95
 - in Greenland, 2:185
 - in Guiana, 2:210
 - in Iceland, 4:157
 - in vitro fertilization and, 4:17
 - in Iran, 1:105, 108
 - in Iraq, 1:116
 - in Ireland, 4:171–172
 - in Israel, 1:123
 - in Ivory Coast, 1:129
 - in Jamaica, 2:241–242
 - in Jordan, 1:139–140
 - in Kenya, 1:152, 153
 - in Libya, 1:201
 - in Malawi, 1:213
 - in Malaysia, 3:149–150
 - in Melanesia, 3:167
 - in Mexico, 2:250
 - in Mongolia, 3:189
 - in Morocco, 1:227–228
 - in Namibia, 1:236
 - in Nepal, 3:208
 - in Netherlands, 4:228
 - in New Zealand, 3:217
 - in Nigeria, 1:245
 - in Pakistan, 3:242
 - in Peru, 2:321
 - in Philippines, 3:252
 - in Puerto Rico, 2:332, 334
 - in Romania, 4:277
 - in Russia, 4:284
 - in Senegal, 1:284
 - in Serbia, 4:299–300
 - in Slovakia, 4:307–308, 311–312
 - in South Africa, 1:305, 308–309
 - in Suriname, 2:347, 348
 - in Switzerland, 4:344
 - in Thailand, 3:323
 - in Trinidad and Tobago, 2:340–341
 - in Tunisia, 1:343–345, 347
 - in Turkey, 4:359
 - in Ukraine, 4:369
 - in Uzbekistan, 3:342
 - in Venezuela, 2:389–390
 - in Zimbabwe, 1:367
- Republic of China (Taiwan), 3:304–311
- Republic of the Congo, 1:260–268
- Republic of Korea (South Korea), 3:277–286
- Republic of Macedonia, 4:262–269
- Republic of Trinidad and Tobago, 2:337–343
- Republic of Yemen, 1:268–275
- Revolutionary Association of the Women of Afghanistan (RAWA), 1:3–4
- Rhee, Syngman, 3:282
- Right to be Free from Sexual Violence, 4:404–405
- Rincón de Gautier, Doña Felisa, 2:333
- Rivadeneira Burbano, Gabriela, 2:147
- Rivers, Tara, 2:83
- Rizal, Jose, 3:250
- Robelo, Lucía, 2:274
- Robinson, Mary, 1:59, 4:167–168
- Robles, Rosario, 2:254
- Rockefeller, John D., III, 1:343
- Rock 'n' Roll Camp for Girls (organization), 1:25
- Rodoreda, Mercé, 4:328
- Rodríguez de Tió, Lola, 2:330
- Rodríguez Saá, Adolfo, 2:2
- Rodríguez Zapatero, José Luis, 4:325
- Rogova, Igballe (Igo), 4:195
- Rohingya (people), 3:2
- Rohingyas (people), 3:195
- Roig I Fransitorra, Montserrat, 4:329
- Rokeya, Begum, 3:23
- Roma (people)
 - in Albania, 4:2
 - in Bosnia and Herzegovina, 4:46–47
- in Bulgaria, 4:52, 54
- in Hungary, 4:148
- in Macedonia, 4:263, 265
- in Romania, 4:270, 272–273
- in Slovenia, 4:316, 317
- in Sweden, 4:335, 341
- Roman Catholic Church
 - in Argentina, 2:2, 5–6, 9
 - in Austria, 4:15, 20
 - in Brazil, 2:61
 - in Canada, 2:75
 - in Chile, 2:92–93
 - in Colombia, 2:104
 - in Costa Rica, 2:115
 - in Croatia, 4:67
 - in Cuba, 2:125
 - in Democratic Republic of Congo, 1:59
 - in Dominican Republic, 2:137
 - in El Salvador, 2:159
 - in France, 4:113
 - in French Caribbean, 2:168
 - in Hungary, 4:145
 - in Ireland, 4:170–172
 - in Italy, 4:179–182
 - in Lithuania, 4:210
 - in Malta, 4:215
 - in Mexico, 2:256
 - in Nicaragua, 2:278
 - in Panama, 2:306
 - in Paraguay, 2:315
 - in Peru, 2:324–325
 - in Philippines, 3:254
 - in Poland, 4:251
 - in Portugal, 4:255, 259
 - in Puerto Rico, 2:333
 - in Rwanda, 1:280
 - in Spain, 4:321
 - in Venezuela, 2:393
- Virgin of Guadalupe in, 2:256
- Romania, 4:270–278
- Romanian Orthodox Church, 4:270, 278
- Romanov Dynasty (Russia), 4:280
- Roudy, Yvette, 4:109, 112
- Rouhani, Hassan, 1:103, 109, 110
- Rousseau, Stephanie, 2:47
- Rousseff, Dilma, 2:57–59
- Royal New Zealand Plunket Society, 3:223
- The Ruhnama* (Niyazov), 3:333–334
- Rural women
 - in Brazil, 2:57–58
 - in China, 3:55–56, 62
 - in Iceland, 4:157–158
- Russia (Russian Federation), 4:280–297
 - Belarus under, 4:25
 - conflicts between Georgia and, 4:118
 - Crimea invaded by, 4:363
 - Finland and, 4:100
 - Latvia under, 4:198
 - Tajikistan under, 3:312
 - See also Soviet Union
- Russian Orthodox Church (ROC), 4:295

- Russian Revolution (1917), 4:280
 Rwanda, 1:52, 275–280
 Constitution of, 4:412–413
 Rwandan Patriotic Front (RPF), 1:277
 Ryu Min-hee, 3:285–286
- Saadawi, Nawal El, 1:63, 64, 66
 Saba (Netherlands Antilles), 2:262, 263, 265, 267–269
 Al Sadat, Anwar, 1:62
 Sadat, Nemat, 1:10
 Saeidi, Zahra, 1:109
 Sahel countries, 1:32
 Sahgal, Gita, 3:85
 Sah, Shyam Kumari, 3:211
 Saint Barthélemy, 2:164, 165
 See also French Caribbean
 Saint Kitts and Nevis, 2:284, 287, 292, 295
 See also Organization of Eastern Caribbean States
 Saint Lucia, 2:284, 287, 292, 295
 See also Organization of Eastern Caribbean States
 Saint Martin, 2:164, 165, 263
 See also French Caribbean
 Saint Vincent and the Grenadines, 2:284, 287–288, 292–293, 295
 See also Organization of Eastern Caribbean States
 Sall, Macky, 1:282
 Salman bin Abd al-Aziz Al Saud (king, Saudi Arabia), 1:164
 Samba-Panza, Catherine, 1:46
 Same-sex relationships. *See* LGBTQ+ issues
 Sámi (people), 4:239
 in Norway, 4:241
 in Sweden, 4:341
 Samoa, 3:263
 faʻafafine of, 3:265–266
 Mead on, 3:258
 villages in, 3:259
 Samuel, Athaliah, 2:342
 San (Basarwa; people), 1:28
 Sande (people), 1:197–198
 Sandinista National Liberation Front (FSLN; Frente Sandinista de Liberación Nacional; Nicaragua), 2:272
 Sankara, Thomas, 1:37–38
 Sannuʾ, Yaʿqub, 1:72
 Santería, 2:125, 137–138, 333
 Santiago, Esmeralda, 2:334
 Santo Domingo (Dominican Republic), 2:130, 216
 Santos, Juan Manuel, 2:98
 Saovabha Phonsi (queen, Thailand), 3:328
 Sápara (people), 2:143
 Sassou-Nguesso, Denis, 1:265
 Saudi Arabia, Kingdom of, 1:163–172
 Savchenko, Nadia, 4:373
 Savchenko, Polina, 4:292
 Schizophrenia, 3:231
 Scotland, 4:376, 382
 See also United Kingdom
 Sealy-Burke, Jacqueline, 2:287
 Sédar Senghor, Léopold, 2:168
 Séléka, 1:46, 47
 Sendero Luminoso (Shining Path; Peru), 2:318, 325, 326
 Senegal, 1:282–287
 Senghor, Leopold Sedar, 1:282
 Serbia, 4:299–305
 Serbian Orthodox Church (SOC), 4:268
 Servicio Nacional de la Mujer, El (SERNAM; Chile), 2:87, 91–92, 94
 Setsuko Nakajima, 3:105
 Sex education
 in Canada, 2:66
 in Chile, 2:88
 in Colombia, 2:100
 in Croatia, 4:62–63
 in Cuba, 2:120–121
 in Ecuador, 2:142
 in Finland, 4:102
 in Georgia, 4:119
 in Guam, 3:68
 in Hungary, 4:147–148
 in Iceland, 4:156
 in India, 3:78
 in Iran, 1:103
 in Lebanon, 1:175
 in Macedonia, 4:262–263
 in Nepal, 3:207
 in Netherlands, 4:227
 in New Zealand, 3:215
 in Norway, 4:235
 in Pakistan, 3:242
 in Poland, 4:245
 in Singapore, 3:270
 in Slovakia, 4:306–307
 in Sri Lanka, 3:289
 in Sweden, 4:332
 in Switzerland, 4:344
 in Taiwan, 3:305–306
 in Thailand, 3:322
 in Ukraine, 4:369
 in United States, 2:365–366
 in Uruguay, 2:374–375
 in Vietnam, 3:349
 in Zimbabwe, 1:365–366
 Sex industry, in Japan, 3:113–114
 Sex trafficking. *See* Human trafficking
 Sexual assault and rape
 in Bahrain, 1:26
 in Belarus, 4:31
 in Belgium, 4:38–39
 in Bermuda, 2:42
 in Cambodia, 3:48
 in Central African Republic, 1:42, 47–48
 in China, 3:63–64
 in Croatia, 4:69
 in Democratic Republic of Congo (DRC), 1:59–60
 in Denmark, 4:88
 in El Salvador, 2:160
 in France, 4:115
 in Haiti, 2:217
 in Honduras, 2:234
 in India, 3:88–89
 in Ivory Coast, 1:133
 in Jamaica, 2:244
 in Latvia, 4:203
 in Libya, 1:207–208
 in Myanmar, 3:195–196
 in Namibia, 1:241–242
 in Netherlands Antilles, 2:270
 in New Zealand, 3:225
 in Nicaragua, 2:273
 in Pakistan, 3:238
 in Palestine, 1:259
 in Panama, 2:306
 in Philippines, 3:255
 in Poland, 4:252
 in Republic of the Congo, 1:267
 “Right to be Free from Sexual Violence” of United Nations on, 4:404–405
 “Rule 93. Rape and Other Forms of Sexual Violence” of International Red Cross on, 4:398–401
 in Serbia, 4:302, 304
 in South Africa, 1:302
 in Sweden, 4:340
 in Trinidad and Tobago, 2:338
 in United Arab Emirates, 1:361
 in United States, 2:370–371
 in Uzbekistan, 3:347
 as war crimes, 1:277
 as war strategy, 2:105
 Sexual harassment. *See* Harassment
 Sexuality
 in Algeria, 1:17
 in Austria, 4:22–23
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:17
 in Bahrain, 1:23
 in Central African Republic, 1:46
 in Colombia, 2:100
 in Croatia, 4:63
 in Cuba, 2:122
 in Democratic Republic of Congo, 1:57
 in Ethiopia, 1:86–87
 in Guam, 3:70–71
 in India, 3:83–84
 in Ireland, 4:170
 in Jamaica, 2:240
 in Japan, 3:110
 in Jordan, 1:138–139
 in Kenya, 1:152
 in Lebanon, 1:178
 in Lesotho, 1:187–188
 in Libya, 1:204–205
 in Malawi, 1:216–217
 in Morocco, 1:230–231
 in Namibia, 1:238–239

- in Palestine, 1:257
- in Panama, 2:304–305
- in Philippines, 3:248
- of Polynesians, 3:258
- in Puerto Rico, 2:332
- in Republic of the Congo, 1:265
- in Romania, 4:277
- in South Africa, 1:308
- in Syria, 1:335–336
- in United Kingdom, 4:381–382
- in United States, 2:365–366
- in Uruguay, 2:374–375
- in Zimbabwe, 1:367–368
- Sexually transmitted infections (STIs)
 - in Afghanistan, 1:5
 - in Canada, 2:68
 - in China, 3:58
 - in Colombia, 2:102
 - in Denmark, 4:82
 - in France, 4:109
 - in Greenland, 2:185
 - in Iceland, 4:156–157
 - in North Korea, 3:228
 - in Philippines, 3:250
- Sexual objectification, in Czech Republic, 4:79
- Sex workers
 - in Austria, 4:22
 - in Cuba, 2:126
 - in Denmark, 4:88
 - in France, 4:115–116
 - in Ivory Coast, 1:132
 - in New Zealand, 3:218
 - See also* Prostitution
- Shabeykh, Sondas, 1:72
- Shafik, Doria, 1:63, 70
- Shajarat al-Durr (sultan, Egypt), 1:69
- Shakti (organization; New Zealand), 3:220
- Sha'rawi, Huda, 1:63, 69
- Shari'ah-Hawadith (organization; Sudan), 1:325
- Sharia law
 - in Afghanistan, 1:7
 - in Algeria, 1:12, 14, 16
 - in Bahrain, 1:20, 23, 24
 - in Brunei, 3:296, 297, 300–301
 - in Egypt, 1:63, 68
 - in Indonesia, 3:93, 101, 102
 - in Iran, 1:112
 - in Lebanon, 1:178
 - in Libya, 1:203–206
 - in Mali, 1:224
 - in Nigeria, 1:248–250
 - in Pakistan, 3:238, 242
 - in Philippines, 3:254
 - in Saudi Arabia, 1:164, 169
 - in Somalia, 1:300
 - in Sudan, 1:328
 - in United Arab Emirates, 1:360, 361
- Sharples, Sir Richard, 2:34
- Sheba (legendary queen), 1:90
- Shepherd, Verene A., 2:289
- Sheppard, Kate, 3:220
- Shinto, 3:111–112
- Shipley, Jenny, 3:220
- Siam, 3:320
- Sierra Leone, 1:287–294
- Sigurðardóttir, Jóhanna, 4:160
- Sihanouk (king, Cambodia), 3:37
- Sikhs, 2:76
 - Faith Statement of, 4:413–414
- Silva de Santolalla, Irene, 2:324
- Silva, Marina, 2:57
- Simpson, Lucy Rain, 1:15
- Simpson Miller, Portia, 2:240
- Singapore, 3:142, 269–276
- Singapore Council of Women, 3:275
- Sint Eustatius (Saint Eustatius; Statia; Netherlands Antilles), 2:262, 263, 265, 267, 269
- Sint Maarten (Netherlands Antilles), 2:262, 263, 265–268, 270
- Al-Sisi, Abdel-Fattah, 1:62
- Sister Namibia (organization), 1:238
- Skenderbeu, Gjergj Kastrioti, 4:193
- Skin cancer, 3:4
- Skvortsova, Veronika, 4:293
- Slavery and slaves
 - in Bermuda, 2:34
 - in Brazil, 2:51
 - in Curaçao, 2:263
 - in Democratic Republic of Congo, 1:51
 - in French Caribbean, 2:164, 167–168
 - in French Guiana, 2:173
 - in Haiti, 2:216
 - of indigenous peoples by Spain, 2:329–330
 - in Jamaica, 2:239, 244–245
 - in Libya, 1:202
 - in Mexico, 2:257
 - in Morocco, 1:229
 - Roma as, 4:270
 - in Sierra Leone, 1:288
 - in Suriname, 2:345
 - in Trinidad and Tobago, 2:337
 - United Kingdom's Modern Slavery Act (2015) on, 4:433–434
 - in United States, 2:355
 - in Uruguay, 2:381
- Slovakia, 4:305–313
 - Roma in, 4:263
- Slovenia, 4:314–319
- Slut-Walks, 2:74
- Smith, Gerrit, 2:368
- Smith, Dame Jennifer, 2:34
- Smoking. *See* Tobacco use
- Soccer (fútbol)
 - in Argentina, 2:4
 - in Colombia, 2:100–101
 - in Democratic Republic of Congo, 1:53
 - in Iran, 1:109
 - in Ivory Coast, 1:130
- Soccer War (1969), 2:228
- Social Democratic Party (Brazil), 2:56
- Social exclusion and marginalization, 2:115, 4:278
- Social media
 - in Indonesia, 3:93
 - in Tunisia, 1:351
- Solbery, Erna, 4:238
- Soliman, Azza, 1:67
- Solomon Islands, 3:162
 - See also* Melanesia
- Somalia, 1:294–300
- Somaliland, 1:295, 299
- Sophany Bay, 3:49
- Soto, Lilian, 2:314
- South Africa, 1:301–313
 - Constitution of (1996), 4:408–409
 - Lesotho surrounded by, 1:182, 184–185
 - virginity testing in, 1:370
- Southern Baptists
 - "Baptist Faith and Message" of, 4:411–412
 - Resolution on Ordination and the Role of Women in Ministry of, 4:396
- South Korea (Republic of Korea), 3:277–286
- South Sudan, 1:314–322
 - conflicts between Sudan and, 1:322–323
- South West Africa People's Organization (SWAPO), 1:234–235, 240
- Soviet Union, 4:280
 - Cuba and, 2:119, 123, 127
 - Czechoslovakia and, 4:306
 - Estonia in, 4:91
 - Hungary under, 4:144
 - independent women's organizations banned in, 4:373
 - Kazakhstan under, 3:116–118
 - Kyrgyzstan under, 3:125
 - Laos and, 3:133
 - Latvia in, 4:198
 - Lithuania occupied by, 4:205, 206, 208
 - Mongolian and, 3:184
 - North Korea and, 3:227
 - Romania and, 4:271
 - Tajikistan under, 3:313–316
 - Turkmenistan under, 3:332, 336
 - Ukraine in, 4:363, 364
 - Uzbekistan under, 3:340
 - See also* Russia
- Spaak-Janson, Marie-Anne, 4:37
- Spain, 4:321–329
 - Argentina under, 2:1–2
 - Colombia under, 2:97
 - Costa Rica under, 2:108
 - Cuba under, 2:119, 125
 - Dominican Republic under, 2:130, 131
 - El Salvador under, 2:152
 - enslavement of indigenous peoples by, 2:329
 - Honduras under, 2:227–228
 - Netherlands gains independence from, 4:226
 - Nicaragua under, 2:272

- Spain (*Continued*)
 Peru under, 2:318
 Philippines under, 3:247
 Venezuela under, 2:385
 Spanish Civil War (1936–1939), 4:321–322
 Special education
 in Myanmar, 3:197
 in Romania, 4:274
 in Sri Lanka, 3:290–291
 in United Arab Emirates, 1:357
 Spence, Doreen, 2:66
 Sports
 in Argentina, 2:4
 in Belarus, 4:26
 in Belgium, 4:38
 in Belize, 2:28–29
 in Bosnia and Herzegovina, 4:42
 in Cayman Islands, 2:80
 in China, 3:54
 in Colombia, 2:100–101
 in Czech Republic, 4:73
 in Denmark, 4:85
 in Georgia, 4:119
 in Guam, 3:74
 in Iran, 1:109
 in Ivory Coast, 1:129–130
 in Japan, 3:105
 in Kosovo, 4:185
 in Latvia, 4:199
 in Libya, 1:200
 in Maldives, 3:157
 in Netherlands, 4:227–228
 in New Zealand, 3:215
 in Panama, 2:301
 in Senegal, 1:286
 in Singapore, 3:271
 in Sweden, 4:332
 in Syria, 1:332
 in United Arab Emirates, 1:355
 Sri Lanka (Ceylon), 3:288–295
 Stanton, Elizabeth Cady, 2:368
 Stewart, Dianne M., 2:296–297
 Stone, Lucy, 2:368
 Storm, Sudy, 1:289, 291
 Street children, 4:272
 Structural Adjustment Programs (SAPs)
 in Nigeria, 1:246–247
 in Tunisia, 1:349
 Sturgeon, Nicola, 4:382
 Suárez Bértora, Michelle, 2:378
 Substance abuse. *See* Drug abuse
 Sudan, 1:322–329
 South Sudan and, 1:314–322
 Sudanese Women Empowerment for Peace (SuWEP), 1:321
 Sudanese Women's Union (SWU), 1:321
 Sudanese Women's Voice for Peace (SWVP), 1:321–322
 Sudan People's Liberation Movement (SPLM), 1:315, 318
 Suffrage (voting)
 in Australia, 3:7–9
 in Austria, 4:19
 in Brazil, 2:59
 in Canada, 2:73
 in Colombia, 2:97
 in Denmark, 4:86
 in Finland, 4:104
 in France, 4:112
 in Haiti, 2:223
 in Hungary, 4:150
 in Iceland, 4:160
 in Iran, 1:111
 in Italy, 4:180
 in Jordan, 1:140–141
 in Kenya, 1:160
 in Mexico, 2:255
 in New Zealand, 3:220
 in Norway, 4:238
 in Palestine, 1:258
 in Paraguay, 2:314
 in Peru, 2:324
 in Puerto Rico, 2:333
 in Romania, 4:276
 in Slovakia, 4:312
 in Sweden, 4:330
 in Syria, 1:336
 in Thailand, 3:326
 in Ukraine, 4:372
 in United Kingdom, 4:383
 in United States, 2:368
 in Venezuela, 2:392
 in Yemen, 1:273
 Suicides
 in China, 3:59
 in Denmark, 4:82
 in El Salvador, 2:154
 in Greenland, 2:185
 in Japan, 3:105
 in South Korea, 3:278
 in Sri Lanka, 3:292
 in United States, 2:363
 Sukarnoputri, Megawati, 3:98
 Sultanate of Brunei (Negara Brunei Darussalam), 3:296–302
 Sunyoung Kim, 3:228
 Suriname, 2:345–352
 conflicts between Guyana and, 2:213
 Suriyothai (queen, Thailand), 3:328
 Sweden, 4:330–342
 Norway in union with, 4:234
 Switzerland, 4:344–350
 Syed Ahmad bin Muttaqi Khan, 3:237
 Sylva, Aferdita, 4:195
 Syncretism
 in Cuba, 2:125
 in El Salvador, 2:159
 in Venezuela, 2:393
 Syria, 1:330–339
 Syrian refugees, 1:330, 337, 338
 in Bulgaria, 4:59
 in Iraq, 1:120
 in Jordan, 1:143–144
 in Lebanon, 1:174, 180
 in Turkey, 4:354–356
 in Uruguay, 2:381
 Taboos, 3:263
 Tahiri, Edita, 4:194
 Taínos (people), 2:131, 239, 329
 Taitu (empress, Ethiopia), 1:90
 Taiwan (Republic of China), 3:304–311
 in United Nations, 3:52
 Tajikistan, 3:312–319
 Tajiks (people), 3:312
 Taliban, 1:1
 women's education under, 1:3–4
 women's employment under, 1:6
 Tamils (people), 3:294
 Tasman, Abel, 3:214
 Taubira, Christiane, 4:111
 Taylor, Charles, 1:196
 Te Atatu Chris Carter, 3:221
 Technical education, in Peru, 2:320
 Technology
 assisted reproductive technology, 4:177
 in Myanmar, 3:202
 Teen pregnancy
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:24–25
 in Belgium, 4:34
 in Bermuda, 2:35
 in Burkina Faso, 1:33
 in Canada, 2:66
 in Chile, 2:87–88
 in Colombia, 2:100
 in Denmark, 4:81–82
 in Dominican Republic, 2:132
 in Ecuador, 2:142, 149
 in El Salvador, 2:153–154
 in Finland, 4:102
 in Ghana, 1:94
 in Haiti, 2:217
 in Iceland, 4:156
 in Laos, 3:134–135
 in Mexico, 2:249–250
 in Nicaragua, 2:273
 in Paraguay, 2:310
 in Polynesia, 3:259
 in Romania, 4:273
 in Serbia, 4:299
 in Singapore, 3:270
 in Trinidad and Tobago, 2:338
 in Ukraine, 4:370
 in United States, 2:365
 in Zimbabwe, 1:366–368
 Teens. *See* Girls and teens
 Tejo (sport), 2:101
 Television
 in Spain, 4:326–327
 See also Media
 Te Ropu Wahine Māori Toko i te Ora (Māori Women's Welfare League), 3:216

- Terrorism, in Saudi Arabia, **1:164**
Tet, **3:355–356**
 Thailand, **3:320–330**
 Than Pu Ying Chan (queen, Thailand), **3:328**
 Thatcher, Margaret, **4:382**
 Theatre, BuSSy (Egypt), **1:72**
 Thein, Pansy Tun, **3:198**
 Thiam, Amy Mbacké, **1:286**
 31st December Women's Movement (Ghana), **1:98**
 Thiteux, Monique, **2:11**
 Tibet, **3:52–53**
 Tigray Peoples Liberation Front (TPLF; Ethiopia), **1:88–89**
 Tobacco use
 in Argentina, **2:6–7**
 in Canada, **2:69**
 in Denmark, **4:83**
 in Ecuador, **2:145**
 in Egypt, **1:64**
 in France, **4:109**
 in Georgia, **4:120**
 in Laos, **3:137**
 in Malaysia, **3:146**
 in Micronesia, **3:177**
 in Russia, **4:283**
 in Singapore, **3:272**
 in Sweden, **4:335**
 in Taiwan, **3:308**
 in Tunisia, **1:347–348**
 in Uruguay, **2:377**
 Tobago, **2:337–343**
 Toledo Manrique, Alejandro, **2:318**
 Tolokonnikova, Nadezhda, **4:293**
 Tormah, Mama, **1:192**
 Torres Peimbert, Marcela, **2:255–256**
 Tostan (organization; Senegal), **1:284**
 Toum, Fardos Al, **1:329**
 Toure, Aya Virginie, **1:132–133**
 Tourism
 in Bahamas, Barbados, and Turks and Caicos Islands, **2:15, 16**
 in Bermuda, **2:37**
 in Bhutan, **3:26–27, 33–34**
 in Cayman Islands, **2:80**
 in Costa Rica, **2:111**
 in French Caribbean, **2:166**
 in Jordan, **1:136, 137**
 in Maldives, **3:155**
 in Morocco, **1:226, 230–231**
 in New Zealand, **3:214**
 in Organization of Eastern Caribbean States, **2:294–295**
 in Slovakia, **4:313**
 Trafficking. *See* Human trafficking
 Transgender people
 in Belgium, **4:36**
 in Bosnia and Herzegovina, **4:47**
 Fa'afafine, **3:265–266**
 in Greece, **4:141**
 in Honduras, **2:231, 233, 236**
 in India, **3:81, 87**
 in Indonesia, **3:101–102**
 in Iran, **1:110**
 in Ivory Coast, **1:131**
 in Mexico, **2:259**
 in New Zealand, **3:221**
 in Norway, **4:241–242**
 in Russia, **4:297**
 in Suriname, **2:350**
 in United States, **2:357–360**
 in Uruguay, **2:377–378**
 See also LGBTQ+ issues
 Travel, North Korean restrictions on, **3:234**
 Trinidad and Tobago, Republic of, **2:337–343**
 Tripathi, Laxmi Narayan, **3:87**
 Trotsky, Leo, **4:280**
 Trudeau, Justin, **2:65**
 Truman, Harry, **3:73**
 Trump, Donald, **2:120, 369**
 Tsai Ing-wen, **3:309**
 Tsipras, Alexis, **4:135–136, 141**
 Tuberculosis
 in Bahamas, Barbados, and Turks and Caicos Islands, **2:21**
 in Egypt, **1:84**
 in Georgia, **4:121**
 in Greenland, **2:185**
 in India, **3:82**
 in Indonesia, **3:95**
 in Kosovo, **4:186–187**
 in Lebanon, **1:177**
 in North Korea, **3:231**
 in Philippines, **3:249**
 in Somalia, **1:298**
 in Turkmenistan, **3:335**
 in Zimbabwe, **1:369**
 Tunisia, **1:342–352**
 Tunisian Association of Democratic Women, **1:344**
 Tunisian League of Human Rights, **1:344**
 Tunisian National Dialogue Quartet, **1:343, 346**
 Turkey, **4:353–361**
 Turkmenistan, **3:332–338**
 Turks and Caicos Islands, **2:14–27**
 Tutsi (people), **1:52, 275–277, 280**
 Two-Spirit (Cuba), **2:126**
 Typhoons, **3:255–256**
 Ubangi-Shari, **1:41**
 See also Central African Republic
 Ukraine, **4:363–374**
 Chernobyl Nuclear Power Plant disaster in, **4:26**
 Unemployment. *See* Employment
 Unión de Mujeres Campesinas Hondureñas (UMCAH; Honduras), **2:229**
 Union of Soviet Socialist Republics (USSR). *See* Soviet Union
 Union of Women of Turkmenistan, **3:337**
 United Arab Emirates (UAE), **1:354–362**
 United Church of Christ, “Equal Marriage Rights for All” statement of, **4:415–416**
 United Kingdom (of Great Britain and Northern Ireland), **4:376–386**
 Bahamas, Barbados, and Turks and Caicos Islands colonized by, **2:14**
 Bermuda under, **2:34, 40**
 Brunei under, **3:297**
 Burma under, **3:194, 195**
 Canada and, **2:64**
 Cayman Islands under, **2:79–80**
 India under, **3:76**
 Jamaica under, **2:239**
 Kenya under, **1:148–149**
 Lesotho under, **1:181**
 Malaysia under, **3:142**
 Malta under, **4:215**
 Modern Slavery Act by (2015), **4:433–434**
 New Zealand under, **3:214, 222**
 Nicaragua under, **2:272**
 Pakistan under, **3:237**
 Polish migration to, **4:246**
 Sierra Leone under, **1:288**
 Singapore under, **3:269**
 Trinidad and Tobago under, **2:337**
 Turks and Caicos Islands as territory of, **2:23**
 United States becomes independent from, **2:355**
 United Nations
 Beijing Declaration of, **4:405–408**
 on Botswana human rights, **1:28**
 China in, **3:52**
 Convention on the Elimination of All Forms of Discrimination against Women, **4:391–395**
 Declaration on the Elimination of Violence against Women of, **4:401–404**
 on Democratic Republic of Congo, **1:57, 58, 60, 61**
 General Assembly resolution on “Child, Early, and Forced Marriage,” **4:431–432**
 Haitian cholera epidemic tied to, **2:220**
 International Criminal Tribunal for Rwanda of, **1:277**
 International Women's Day statement by, **4:409**
 Millennium Development Goals of, **2:367**
 Resolution 1325 on Women, Peace, and Security of, **4:410–411**
 “Right to be Free from Sexual Violence” of, **4:404–405**
 Somalia peacekeeping by, **1:295**
 “Transforming Our World: The 2030 Agenda for Sustainable Development,” **4:432–433**
 United Nations Human Rights Council, “Joint Statement on Ending Acts of Violence and Related Human Rights Violations ...” of, **4:427–428**
 United Provinces of Central America, **2:248**
 United States of America, **2:355–371**
 American Samoa under, **3:263**
 in Colombian armed conflict, **2:105**
 Constitution of, **4:389**
 Cuba and, **2:119–120, 127**

- United States of America (*Continued*)
 Dominican Republic and, 2:130
 Guam under, 3:67–74
 in Korean War, 3:282
 Laos and, 3:133
 Liberia and, 1:191
 Mexican territory obtained by, 2:249
 Nicaragua occupied by, 2:272
 nuclear weapons testing by, 3:175, 181
 Philippines under, 3:247
 Puerto Rico under, 2:328–335
 Somali intervention by, 1:295
 South Korea and, 3:227
 in Vietnam War, 3:348
 in wars with Iraq, 1:115
 Zaire interference by, 1:52
- United States-Central America Free Trade Agreement (CAFTA), 2:156–157
- Universal Declaration of Human Rights, 1:220
- Upper Volta. *See* Burkina Faso
- Uranga, Amaya, 4:329
- Uribe Velez, Alvaro, 2:98
- Uruguay, 2:373–382
- Ushigua, Gloria, 2:143
- Utomo, Ariane, 3:96
- Uzbekistan, 3:340–347
- Vaccinations
 in Bahrain, 1:21
 in Georgia, 4:121
 HPV vaccine, 4:137
 in Kenya, 1:154
 in Lesotho, 1:183
 in North Korea, 3:231
 in Suriname, 2:348
 in Uruguay, 2:377
- Vanuatu, 3:162, 163
See also Melanesia
- Varda, Agnes, 4:37
- Vargas, Getúlio, 2:50
- Varoufakis, Yanis, 4:135
- Vázquez, Tabare, 2:377–379
- Veil, Simone, 4:109, 112
- Venezuela, 2:385–395
 conflicts between Guyana and, 2:213
- Verešová, Andrea, 4:313
- Vespucci, Amerigo, 2:262–263
- Victoria (crown princess; Sweden), 4:330
- Vietnam, 3:348–356
- Viet Nam Women's Union, 3:355
- Vike-Freiberga, Vaira, 4:203
- Violence against women (VAW)
 in Albania, 4:6
 in Australia, 3:11–13
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:25
 in Belgium, 4:38
 in Belize, 2:31–32
 in Bolivia, 2:47–48
 in Brazil, 2:60
 in Bulgaria, 4:57–58
 in Canada, 2:73–74
 in Chile, 2:93–94
 in China, 3:63–65
 in Costa Rica, 2:111
 in Czech Republic, 4:77–78
 Declaration on the Elimination of Violence against Women on, 4:401–404
 in Denmark, 4:88
 in Dominican Republic, 2:138
 in Ecuador, 2:149
 in Egypt, 1:71
 in El Salvador, 2:158–160
 in Eritrea, 1:78
 in Finland, 4:105
 in Greenland, 2:188
 in Guam, 3:74
 in Guatemala, 2:191
 in Guiana, 2:211–212
 in Honduras, 2:228, 234
 in Iceland, 4:161–162
 in Iraq, 1:118
 in Ivory Coast, 1:133
 in Jamaica, 2:244
 in Japan, 3:114
 in Jordan, 1:142–143
 in Kenya, 1:161
 in Latvia, 4:203–204
 in Lebanon, 1:180
 in Lesotho, 1:187
 in Libya, 1:207–208
 in Lithuania, 4:211–212
 in Malaysia, 3:152
 in Maldives, 3:161
 in Mali, 1:224–225
 in Malta, 4:221–222
 in Melanesia, 3:168–169
 in Mongolia, 3:192
 in Myanmar, 3:201
 in Nepal, 3:212–213
 in Netherlands, 4:232–233
 in Nicaragua, 2:280
 in Nigeria, 1:250
 in North Korea, 3:235
 in Norway, 4:242
 in Organization of Eastern Caribbean States, 2:297
 in Palestine, 1:259
 in Paraguay, 2:311, 316
 in Peru, 2:325
 in Poland, 4:251–252
 in Portugal, 4:259–260
 in Puerto Rico, 2:334–335
 “Right to be Free from Sexual Violence” of United Nations on, 4:404–405
 in Romania, 4:278
 in Russia, 4:296
 in Senegal, 1:286–287
 in Serbia, 4:303–304
 in Sierra Leone, 1:293
 in Somalia, 1:300
 in South Africa, 1:312
 in South Sudan, 1:319
 in Sudan, 1:328–329
 in Suriname, 2:352
 in Sweden, 4:340
 in Syria, 1:337–338
 in Tunisia, 1:352
 in Turkey, 4:361
 in Ukraine, 4:373–374
 in United Kingdom, 4:386
 in Uruguay, 2:378
 in Venezuela, 2:394
 in Zimbabwe, 1:369, 375
See also Domestic violence; Sexual assault and rape
- Virginity testing, in Zimbabwe, 1:369–370
- Virgin of Caacupé (Paraguay), 2:315
- Virgin of Guadalupe (Mexico), 2:256
- Virilocality, 1:370–371
- Vitamin D deficiency, 1:167
- Vocational Education. *See* Job training
- Vodou, in Haiti, 2:224–225
- Vogel, Susan, 3:108–109
- Voice of Libyan Women, 1:207
- Wahhabi (Saudi Arabia), 1:170
- Waitangi Tribunal, 3:222
- Wales, 4:376, 382
See also United Kingdom
- Walker, William, 2:272
- Walwyn, Myron, 2:288
- Wang Man, 3:64
- Wangu wa Makeri, 1:160
- War crimes
 in Bosnia and Herzegovina, 4:48
 International Criminal Tribunal for the former Yugoslavia on, 4:304
 rape as, 1:277
 in Sudan, 1:329
See also Civil warfare
- Water
 in Indonesia, 3:95
 in Malawi, 1:210, 212
 in Maldives, 3:161
 in Yemen, 1:274–275
- We Are Women Activists (WAWA; Somalia), 1:297
- Weill-Hallé, Marie-Andrée Lagroua, 4:108
- Wei Tingting, 3:64
- Wellington Young Feminists' Collective, 3:221
- Wenzel, Myrthes de Luca, 2:54
- Werbrouck, Ulla, 4:38
- West Bank (Palestine), 1:253
See also Palestine
- Western Wall (Jerusalem), 1:126
- West Pakistan, 3:16
See also Pakistan
- Whitaker, Brian, 1:10, 171
- Widodo, Joko, 3:98
- Widowhood
 in India, 3:84

- in Nigeria, **1**: 248
- in Poland, **4**:244
- Wilcox, Crag, **3**:106
- Williams, Eric, **2**:296
- Williams-Perkins, Betty, **4**:168
- Winfrey, Oprah, **2**:370
- Winti (religion), **2**:351–352
- Witchcraft and sorcery
 - in Central African Republic, **1**:47
 - in Melanesia, **3**:171–172
- Woman Scream (organization; Libya), **1**:207
- Women and Memory Forum (organization; Egypt), **1**:70
- Women in Black (organization; Israel), **1**:122
- Women Journalists without Chains (WFWC), **1**:270, 273
- Women of Liberia Mass Action for Peace (WLMAP), **1**:191, 196–197
- Women of Peace (Ireland), **4**:168
- Women of the Wall (organization; Israel), **1**:126
 - mission statement of, **4**:398
- Women's Action Group (WAG; Zimbabwe), **1**:374
- Women's Affairs Technical Committee (WATC; Palestine), **1**:258
- Women's Association of Afghanistan, **1**:3, 4
- Women's Committee of Uzbekistan, **3**:345
- Women's Environment and Development Organization (WEDO), **1**:239
- Women's Forum (Sierra Leone), **1**:292
- Women's Health Care Center (Yemen), **1**:271
- Women's International League for Peace and Freedom (WILPF), **4**:348–349
- Women's League of Burma (WLB), **3**:200
- Women's March on Washington (2017), **2**:369
- Women's movement. *See* Feminism
- Women's Organizations Network of Myanmar (WON), **3**:200
- Women's Professional Playwrights Association (WOPPA New Zealand), **3**:221
- Women's Social and Political Union (WSPU; United Kingdom), **4**:383
- Women's studies
 - in Latvia, **4**:200
 - in Puerto Rico, **2**:330–331
- Wood, Mary Evelyn, **2**:84
- World Association of Girl Guides and Girl Scouts (WAGGGS), **1**:53
- World Council of Churches, "Status of Women" statement of, **4**:430
- Wu Rongrong, **3**:64
- Xharra, Arbana, **4**:194
- Yacob, Halimah, **3**:275
- Yameogo, Maurice, **1**:37
- Ya Mo (queen, Thailand), **3**:328
- Yamsa, Fatimatu, **1**:47
- Yao, Michel, **1**:42
- Yarovaya, Yelena, **4**:294
- Yemen Arab Republic, **1**:269
- Yemen, People's Democratic Republic of, **1**:269
- Yemen, Republic of, **1**:268–275
- Yip Pin Xiu, **3**:271
- Yorm Bopha, **3**:38
- Youlou, Fulbert, **1**:265
- Young Women's Christian Association (YWCA), **1**:198
- Yugoslavia, former republic of
 - Bosnia and Herzegovina in, **4**:40–41
 - Croatia in, **4**:61, 66
 - Kosovo in, **4**:184–195
 - Macedonia in, **4**:262–269
 - Serbia in, **4**:299–305
 - Slovenia in, **4**:314–319
- Yun-Fong Huang, **3**:309
- Zaire, **1**:51, 52
 - See also* Democratic Republic of Congo
- Zaitsev, Aleksander, **4**:28
- Zapata, Eduardo Añorve, **2**:258
- Zarif, Mohammad Javad, **1**:103
- Zelaya, Manuel, **2**:228, 233
- Zerbo, Saye, **1**:37
- Zheng Churan, **3**:64
- Zia-ul-Haq, **3**:238
- Zika virus
 - in Argentina, **2**:6
 - in El Salvador, **2**:156
 - in Honduras, **2**:231
 - in Laos, **3**:138
- Zimbabwe, **1**:364–375
- Zimbabwe African Nationalist Union-Patriotic Front (ZANU-PF), **1**:372
- Zonta (New Zealand District of Zonta), **3**:223–224

WOMEN'S LIVES AROUND THE WORLD

WOMEN'S LIVES AROUND THE WORLD

A Global Encyclopedia

VOLUME 2
THE AMERICAS

Susan M. Shaw, General Editor
Nancy Staton Barbour, Patti Duncan,
Kryn Freehling-Burton, and Jane Nichols,
Editors



An Imprint of ABC-CLIO, LLC
Santa Barbara, California • Denver, Colorado

Copyright © 2018 by ABC-CLIO, LLC

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, except for the inclusion of brief quotations in a review, without prior permission in writing from the publisher.

Library of Congress Cataloging-in-Publication Data

Names: Shaw, Susan M. (Susan Maxine), 1960- editor.

Title: Women's lives around the world : a global encyclopedia / Susan M.

Shaw, General Editor.

Description: Santa Barbara, California : ABC-CLIO, [2018] | Includes bibliographical references and index.

Identifiers: LCCN 2017015976 (print) | LCCN 2017031062 (ebook) |

ISBN 9781610697125 (ebook) | ISBN 9781610697118 (set) | ISBN 9781440847646 (volume 1) |

ISBN 9781440847653 (volume 2) | ISBN 9781440847660 (volume 3) | ISBN 9781440847677 (volume 4)

Subjects: LCSH: Women—Social conditions—Encyclopedias.

Classification: LCC HQ1115 (ebook) | LCC HQ1115 .W6437 2018 (print) | DDC 305.4—dc23

LC record available at <https://lccn.loc.gov/2017015976>

ISBN: 978-1-61069-711-8 (set)
978-1-4408-4764-6 (vol. 1)
978-1-4408-4765-3 (vol. 2)
978-1-4408-4766-0 (vol. 3)
978-1-4408-4767-7 (vol. 4)

EISBN: 978-1-61069-712-5

22 21 20 19 18 1 2 3 4 5

This book is also available as an eBook.

ABC-CLIO

An Imprint of ABC-CLIO, LLC

ABC-CLIO, LLC

130 Cremona Drive, P.O. Box 1911

Santa Barbara, California 93116-1911

www.abc-clio.com

This book is printed on acid-free paper (∞)

Manufactured in the United States of America

Contents

Preface, xi

Introduction, xiii

Volume 1: Africa and the Middle East

Color inserts follow page 170.

Afghanistan, 1

Algeria, 11

Bahrain, 19

Botswana, 27

Burkina Faso, 32

Central African Republic, 40

Democratic Republic of Congo, 51

Egypt, 62

Eritrea, 74

Ethiopia, 80

Ghana, 92

Iran, 102

Iraq, 114

Israel, 120

vi Contents

Ivory Coast, 127

Jordan, 135

Kenya, 148

Kingdom of Saudi Arabia, 163

Lebanon, 174

Lesotho, 181

Liberia, 190

Libya, 199

Malawi, 210

Mali, 219

Morocco, 226

Namibia, 234

Nigeria, 243

Palestine, 253

Republic of the Congo, 260

Republic of Yemen, 268

Rwanda, 275

Senegal, 282

Sierra Leone, 287

Somalia, 294

South Africa, 301

South Sudan, 314

Sudan, 322

Syria, 330

Tunisia, 342

United Arab Emirates, 354

Zimbabwe, 364

Index, 377

Volume 2: The Americas

Color inserts follow page 182.

Argentina, 1

Bahamas, Barbados, and the Turks and Caicos Islands, 14
Belize, 27
Bermuda, 33
Bolivia, 44
Brazil, 50
Canada, 64
Cayman Islands, 79
Chile, 86
Colombia, 96
Costa Rica, 107
Cuba, 119
Dominican Republic, 130
Ecuador, 141
El Salvador, 152
French Caribbean, 164
French Guiana, 172
Greenland, 179
Guatemala, 190
Guyana, 207
Haiti, 216
Honduras, 227
Jamaica, 239
Mexico, 248
Netherlands Antilles/Dutch Caribbean, 262
Nicaragua, 271
Organization of Eastern Caribbean States (OECS), 284
Panama, 299
Paraguay, 309
Peru, 317
Puerto Rico, 328
The Republic of Trinidad and Tobago, 337
Suriname, 345

viii Contents

United States of America, 355

Uruguay, 373

Venezuela, 385

Index, 397

Volume 3: Asia and the Pacific

Color inserts follow page 182.

Australia, 1

Bangladesh, 16

Bhutan, 26

Cambodia, 37

China, 51

Guam, 67

India, 76

Indonesia, 92

Japan, 104

Kazakhstan, 116

Kyrgyzstan, 124

Laos, 133

Malaysia, 142

Maldives, 155

Melanesia, 162

Micronesia, 174

Mongolia, 183

Myanmar, 194

Nepal, 205

New Zealand, 214

North Korea, 226

Pakistan, 237

Philippines, 246

Polynesia, 258

Singapore, 269

South Korea, 277
Sri Lanka, 288
Sultanate of Brunei (Negara Brunei Darussalam), 296
Taiwan, 304
Tajikistan, 312
Thailand, 320
Turkmenistan, 332
Uzbekistan, 340
Vietnam, 348
Index, 361

Volume 4: Europe

Color inserts follow page 230.

Albania, 1
Armenia, 8
Austria, 15
Belarus, 25
Belgium, 32
Bosnia and Herzegovina, 40
Bulgaria, 50
Croatia, 61
Czech Republic, 71
Denmark, 81
Estonia, 91
Finland, 100
France, 106
Georgia, 118
Germany, 126
Greece, 134
Hungary, 144
Iceland, 155
Ireland, 163

x Contents

Italy, 174

Kosovo, 184

Latvia, 198

Lithuania, 205

Malta, 214

Netherlands, 226

Norway, 234

Poland, 244

Portugal, 254

Republic of Macedonia, 262

Romania, 270

Russia, 280

Serbia, 299

Slovakia, 305

Slovenia, 314

Spain, 321

Sweden, 330

Switzerland, 344

Turkey, 353

Ukraine, 363

United Kingdom, 376

Primary Documents, 389

About the Editors and Contributors, 435

Index, 457

A

Argentina

Overview of Country

Geographically the second-largest country in South America (following Brazil) and the eighth-largest country in the world, Argentina spreads across a significant portion of southern South America. Nestled between Chile and Uruguay, it also shares borders with Bolivia, Brazil, Paraguay, and the Atlantic Ocean. Argentina's sprawling landmass covers approximately 1.08 million square miles (2.8 million sq. km), making it about three-tenths the size of the United States. Argentina's landscape includes the rich northern plains found in the Pampas, a distinctive biodiverse geographical feature of South America; Patagonia's flat and rolling plateau in the south; and the rugged terrain of the Andes Mountains along the western border. The name *Argentina* originates from the Latin word for silver, "argentum." The country is known for its silver and other natural resources, including lead, zinc, tin, copper, iron, manganese, petroleum, uranium, and arable land (CIA 2017).

The population of Argentina was estimated to be 43,886,748, as of July 2016 (CIA 2017). The coastal city of Buenos Aires, situated along the western shore of the Rio de la Plata estuary just south of Uruguay, is both the nation's capital and most populous city. Ninety-one percent of the population lives in urban areas, including nearly one-third

of the total population who reside in the capital city. The remaining two-thirds of the population are mostly spread throughout the northern and central regions of the country. The southern Patagonia region remains the least densely populated. The population is predominately white (mostly of Italian and Spanish descent), 97 percent. The remaining 3 percent of the nonwhite population primarily identifies as Amerindian or mestizo (mixed white and Amerindian ancestry) and have indigenous roots.

Argentina's history can be broken up into four categories: the pre-Columbian time through the 16th century; the colonial period, 1530–1810; the nation-building era, 1810–1880; and modern Argentina, 1880 to the present. After being colonized by Spain in the 16th century, Argentina emerged as a democratic republic in the 19th century, but it has periodically fallen to military rule. When Argentinians learned that Spain had been invaded by Napoleon, they were quick to begin a war for independence, which lasted eight years, 1810–1818. Prior to the official end of the war, Argentina declared independence on July 9, 1816.

Following independence from Spain in 1816, Argentina went through periods of political conflict and unrest, which included conflict between political conservatives and liberals as well as between the civilian and military factions. These events resulted in Argentina being ruled by a military junta, or military dictatorship. The military defeat over Argentina led to the building and expansion of the Spanish Empire. Between the years of 1853 and 1861,

2 Argentina

a federal state was formed that is known to this day as the Republic of Argentina.

During the Spanish conquest, many indigenous peoples were forced from their homelands. As European immigration increased, it led to the displacement and genocide of the indigenous population. More than 1,300 indigenous peoples lost their lives from governmental efforts to build railways (Bartolomé 2003). A state policy was developed with the intended purpose of increasing European immigration. The immigration policy, which admitted all able-bodied Europeans, regardless of ethnic origin, lasted until 1930. Between 1888 and 1980, the Argentine government paid ocean passages for 132,000 Europeans (Solberg 1982). Europeans immigrated in large numbers, and in 1895, immigrants accounted for 52 percent of the total population.

A landmass as big as Argentina was attractive to many immigrants because it was in the beginning of an economic expansion. By 1914, Argentina had the second-highest rate of immigration globally, preceded only by the United States. Between 1857 and 1924, 40 percent, or 1.3 million immigrants, were Italian, and during the same time period, nearly 1 million emigrated from Spain, making it the largest overseas destination for Spanish immigrants (Solberg 1982). While Argentina was viewed as a land of golden promise, many immigrants never intended to stay. With a goal of finding fortune and returning home, rates of emigration were quite high: 46.6 percent for Italians and 42.5 percent for the Spanish. Since the 1930s, immigration policies have grown more restrictive, and since the 1950s, they have gained more force as a result of growing economic instability and a series of military dictatorships (MPI 2006).

It took many revolutions and wars for Argentina to become a democratic country, including the “Dirty War,” which is known as the country’s darkest time. The last military dictatorship was in power from 1976 to 1983. Jorge Rafael Videla led the military juntas up through 1981, followed by Roberto Viola and Leopoldo Galtieri in 1983. During their leadership, they abused the government’s military and security forces to repress any political dissidents or anyone thought to be a dissident or associated with socialism. The staggering amount of violence and extreme nature of repression that occurred during this time resulted in the era becoming widely known as *Guerra Sucia*, or the “Dirty War.”

Junta leaders were responsible for illegal arrests, tortures, killings, and the forced disappearances of more than 30,000 civilians. Killings included the mass shootings and “death flights,” where people were thrown to their

deaths from planes into the ocean. Nearly 12,000 were taken prisoner and forced to work in concentration camps throughout the country. Those who were unaccounted for during the war are known as *los desaparecidos*, or “the disappeared.” After seven years of a military dictatorship marked by violent repression, torture, and fear, civilian president Raul Alfonsín was inaugurated on December 10, 1983, resulting in Argentina’s status as a democratic state.

Argentina’s culture and population have been shaped by the country’s legacies of colonization and immigration. The country’s official language is Spanish, but other commonly spoken languages include Italian, French, and English. Argentina is the largest Spanish-speaking country in the world.

The Roman Catholic Church has great cultural influence. While the Argentine Constitution guarantees freedom of religion for all, it also states that the federal government is Roman Catholic. In 1994, the constitution was changed to reflect that being Roman Catholic while in leadership is no longer a requirement. Ninety-two percent of Argentineans identify as Roman Catholic; however, less than 20 percent report regularly practice their faith. Some indigenous communities follow Catholic customs, but others have kept their traditional beliefs. For example, in the Catamarca province, an annual festival honors Pachamama, the representative of Mother Earth. Of the remaining 8 percent of the population, 2 percent are Protestant, 2 percent are Jewish, and 4 percent identify as “other” (CIA 2017).

Argentina was one of the world’s wealthiest nations 100 years ago, but it spent much of the 20th century enduring a series of on ongoing economic crises, including account deficits, high inflation, capital flight, and mounting external debt (CIA 2017). The country experienced a period of severe economic depression between 1998 and 2002, with the economy collapsing at the end of 2001 and beginning of 2002. The interim president Adolfo Rodríguez Saá declared a default on the government’s foreign debt in December of 2001. Following this declaration, President Rodríguez Saá resigned, after serving a brief week in office. Appointed by Congress, Eduardo Duhalde took office in January of 2002 and ended the Argentine peso’s one-to-one peg with the U.S. dollar. At the point of bottoming out, the real gross domestic product (GDP) was 18 percent lower than in 1998, and nearly 60 percent of the population was living below the poverty line (CIA 2017).

Presidents Néstor Kirchner (May 2003–December 2007), Cristina Fernández Kirchner, and, most recently,

Mauricio Maci (elected in December 2015) have been seeking to stabilize the economy through new fiscal policy and the promotion of sustainable economic development. Recent investments in health and education have resulted in an increased GDP over the past decade (World Bank 2016). With a 2016 GDP of more than USD\$550 billion, Argentina has one of the largest economies in Latin America and has been a regional leader in the reduction of poverty. Between 2004 and 2008, incomes at the bottom 40 percent grew 11.8 percent, and the poverty rate has improved to 12.7 percent (World Bank 2016). Argentina is considered an upper middle-income (USD\$4,125–12,735) nation (WEF 2016b).

Argentina ranks 40th out of 188 countries and territories based on its 2014 Human Development Index (HDI) value. The HDI value of 0.836 is a 23.8 percent increase from its 1980 score of 0.675, demonstrating an average annual increase of about 0.63 percent (UNDP 2015). This score puts them just ahead of Chile (42nd, 0.832), which makes them the only two countries in Latin America to fall within the “very high human development” category. Average life expectancy is 76 years old, and the population benefits from nearly a 98 percent adult literacy rate (Constantine 2015). Population growth continues to increase, but it has been tempered by its steadily declining birth rate. The population under 15 is shrinking, but the youth population, aged 15–24, is the largest in the country’s history (6.7 million), which is likely to positively boost the workforce in coming years (CIA 2017).

Overview of Women’s Lives

Argentina has been a regional leader in the expansion of women’s rights. In the 2014 Social Institutions & Gender Index (SIGI) report, Argentinean women were reported to face a very low level of discrimination. The SIGI takes into account cultural attitudes, practices, and both informal and formal laws that restrict the access of women and girls to rights, justice, and empowerment opportunities. Well situated to be a leader in development and implementation of a regional agenda for gender equality, a commitment was made through a signed letter of intent to establish a country office in Argentina during an official visit of the UN secretary-general in August of 2016. This letter highlights the adoption and launch of the National Action Plan for the Prevention, Assistance, and Eradication of Violence against Women and corroborates the country’s commitment to equality between women and

men and the empowerment of women (UN Women 2016). Despite inclusion in politics and business, Argentinean women can still find themselves shadowed by the historically traditional Catholic influence and the deeply patriarchal “machismo” culture (FSD 2015a).

The Gender Development Index (GDI), which measures gender inequalities in three dimensions of human development (health, education, and command over economic resources) scored Argentina at 0.982 in 2014. The closer a score is to 1.0, the more equality between women and men exists. The Gender Inequality Index (GII) for Argentina was 0.376, ranking it 75th out of 155 countries. The GII examines gendered inequalities in the following three dimensions: reproductive health (measured by birth rates and maternal mortality); empowerment (measured by the share of parliamentary seats held by women and attainment in secondary and higher education); and economic activity (measured by participation levels in the labor market). In Argentina, for every 100,000 live births, 69 women die due to pregnancy-related issues, and for every 1,000 adolescents (ages 15–19), there are 54.4 births. Women hold 36.8 percent of the parliamentary seats, and 56.3 percent of Argentinean women have completed at least secondary-level education. Participation in the labor market is 47.5 percent of women, compared to 75 percent for men (UNDP 2015).

The largest disparities in gender equity are related to socioeconomic status, with women from lower classes experiencing greater levels of inequality. Multiple reports cite gendered violence among the top human rights problems facing Argentina; other top issues include corruption and torture by police, child abuse, and infringements on the rights of indigenous people (U.S. Department of State 2015). The Inter-American Commission on Human Rights, which held a hearing on the Situation of Human Rights of Women in Argentina in March 2013, reported that indigenous women are especially vulnerable to human rights abuses in Argentina (SIGI 2016).

Girls and Teens

Economic globalization has driven a wedge between the rich and poor, and children from poor families have experienced the burden of this divide. Around 7 percent of children aged 5–14 work to contribute to their families’ food and health needs. Rural families experience the highest rates of poverty, resulting in children living in poor health and having little chance at a higher education.

4 Argentina

The mortality rate for children under 5 years of age is 11 percent (Ramel 2011). The economic crises have affected dropout rates, but subsidy programs that provide meals for students have been cited as successful mechanisms for preventing students from dropping out (FSD 2015b).

Ninety-nine percent of youth have access to education (Ramel 2011), and access is fairly equal between girls and boys. There is virtually no gender gap at the primary education level, and the existing gap in secondary education shows a disadvantage toward boys (SIGI 2016). On average, girls attend more years of schooling than their male counterparts. Girls are anticipated to attend school for 18 years, compared to 16 years for boys (CIA 2017). The percentage of youth (15–24) not employed or attending school is 18.6 (UNDP 2015).

As of December 2005, there were 1,671 cases of HIV/AIDS recorded among teens (13- to 19-year-olds), with a male-to-female ratio of 1.96:1 for diagnoses of AIDS and 0.8:1 for positive HIV diagnoses (PAHO 2007). Suicide was the second-leading cause of death for all 13- to 19-year-olds in 2005; homicide topped the list for males and traffic accidents for females. In more recent years, femicide among teens has become a growing issue. On average, 21 adolescent girls are victims of femicides every year; the evidence demonstrates that not only are there more gender-motivated killings annually, but the number of victims under age 18 is rising (Frayssinet 2015).

Extracurricular

Soccer is one of the most popular sports; however, women are not encouraged to play. Women's soccer, or *futbol*, is underfunded; therefore, girls and women who want to play have a hard time finding resources to do so. Swimming, tennis, and field hockey are the most popular sports for girls and women. During school, girls often participate in hockey or volleyball. The only activities that are practiced by both girls and boys during adolescence are tennis and swimming.

Education

Education has historically been highly valued and is still very important for the new generation. The Argentine Constitution states education will be free for all those who live in the country. Following the economic crises of the early 2000s, there was an increase in absenteeism, especially among students from lower socioeconomic classes,

leading to retention difficulties. As of 2003, high school completion data showed only 27.3 percent of low-income students completed high school in comparison to 73.1 percent of middle-class students (UNESCO-IBE 2008). Climbing out of one of the worst political, social, and economic crises in its history, between 2004 and 2006, Argentina made a reinvigorated commitment to education and enacted the following state policies during this period: teacher salary payment guarantee and 180 class days (January 8, 2004); National Fund for Teacher Incentive Law (August 31, 2004); Technical Professional Education Law (September 8, 2005); Education Financing Law (January 9, 2006); Reproductive Health Education Law (October 23, 2006); and National Education Law (December 28, 2006) (UNESCO-IBE 2008). The two most influential policies were the National Education Law and the Education Financing Law, which reestablished education as a public good and fundamental obligation of the state and upped the GDP investment from 3.5 percent to 6 percent, respectively (UNESCO-IBE 2008).

The Global Gender Gap Index ranked Argentina 54th out of 144 countries for the education attainment of women and girls, and it was 33rd overall (WEC 2016a). As of 2015, nearly all girls attended primary school (98%), 92 percent attended secondary school, and 98 percent enrolled in tertiary education (WEC 2016b). Despite solid commitment to and follow-through of educating women and girls, Argentina does not leverage female talent well, ranking it 101st on the Economic Participation and Opportunity subindex. (WEC 2016a)

Mandatory education consists of nine compulsory grades from the ages of 6–14 years. Equivalent to the U.S. primary and secondary school, basic general education (EBG) is broken into several categories: EGB I: 1st, 2nd and 3rd grades; EGB II: 4th, 5th, and 6th grades; and EGB III: 7th, 8th, and 9th grades. Kindergarten is optional for students aged 4 and 5. The next educational level is secondary school, which consists of a minimum of three years and is equivalent to U.S. community college. Secondary education in Argentina is called *Polimodal*, which means multiple modes, because students design their own program. Secondary school is optional, but it is a requirement for admission to college. Unlike the United States, the duration of higher education is set by the universities according to the chosen major. Buenos Aires is the home of South America's largest university, the University of Buenos Aires, which enrolls more than 350,000 students and employs 29,000 staff.

Health

Argentina has fully closed its gender gap on the Health and Survival subindex as of the *Global Gender Gap Report 2016* (WEF 2016b). With a score of 0.98, it shares the top spot on the Health and Survival subindex along with 40 other countries. This subindex considers two key indicators in the differences between women's and men's health: the sex ratio at birth, which aimed to uncover the "son preference" practices, and the gender gap in life expectancy (WEF 2016b). Despite closing the gender gap on the Health and Survival subindex, Argentina has much room to grow in the areas of health care and education. The UN Population Fund (UNFPA) has been active in the country since 2003 and works to promote sexual and reproductive health and rights by supporting the implementation of comprehensive sexuality education policies to prevent adolescent pregnancies and HIV. UNFPA's work has been vital to the increased availability and use of sexual and reproductive health services (including family planning, maternal health, and HIV); the development of evidence-based policies; and for making comprehensive health (including sexual health) a priority for Argentine youth, particularly for adolescent girls (UNFPA 2015).

Access to Health Care

The government strives to offer access to quality health care for its people, but access outside Buenos Aires and other urban areas can be difficult. The national constitution has guaranteed universal health coverage since 1994. The health care system is organized around three main providers: the public sector, the private sector, and mutual plans. The public sector covers about half of the population and provides free clinical care for all inpatients and outpatients; the latter group is typically charged for medications. The private sector charges out-of-pocket expenditures and serves the wealthiest 5–10 percent. Mutual plans, also known as social plans, are administered by unions, and both employers and employees pay a fixed fee. The "mutual" plan then covers the cost of medical care and medicines in varying proportions; the differences between the fixed fee and the actual cost are paid by the patient.

Maternal Health

Despite these structures in the wake of Argentina's economic collapse, half of the population and 65 percent of children were left without health insurance (CDG 2015).

Millions struggled to make ends meet as improvements in maternal and children's health declined and then ultimately reversed. By 2003, the infant mortality rate hit 16.5 per 1,000 births (CDG 2015). To address the growing infant mortality rate, Plan Nacer was rolled out in 2004. Plan Nacer was funded through a collaboration between the government and the World Bank. It incentivized public providers to achieve health outcomes, while provincial health staff encouraged delivery of effective services. Research found that from 2005 to 2008, the plan reduced the risk of neonatal death by 74 percent, preventing 773 deaths (CDG 2015). The program began in the northern provinces with the highest mortality rates, and beginning in 2007, it spread across the country until achieving national coverage by 2012.

Mothers in Argentina receive 90 days of paid maternity leave through an employer-funded system. While on leave, they are paid at 100 percent of their salaries (SIGI 2016).

Despite improvements such as those gained through Plan Nacer, stagnant maternal mortality rates have been tied to lack of access to abortions (CEDAW 2016). According to the most recently available Department of Health information, abortion-related deaths are the leading cause of maternal mortality in Argentina (SIGI 2016).

Reproductive Rights

Abortion is illegal in Argentina. Exceptions are permitted in cases of rape or when the woman's life is at risk, but even in such cases, women and girls face numerous barriers to obtaining an abortion. The Supreme Court issued a landmark ruling in March 2012 that removed the need for prior judicial authorization for abortions following a rape. The ruling further charged provincial governments to develop a protocol for ensuring access to legal abortions under these circumstances. As of March 2015, the Association of Civil Rights found that over half of the country's 23 provinces had yet to adopt processes that complied with the court's ruling (HRW 2016).

Argentina has struggled to enact a law that decriminalizes abortion and puts the topic of sex in the public eye. This situation has made it so that women and girls are often criminalized for undergoing an abortion. The Catholic Church's influence is present in many aspects in Argentina, including women's reproductive health. Some argue that the Catholic Church's stance on women's reproductive health is conservative, patriarchal, and oppressive and that it negatively affects women's access to contraception and

6 Argentina

their reproductive rights overall. Catholic organizations have attacked nongovernmental organizations (NGOs) who aim to improve women's access to their reproductive rights. Feminist activists established Catholics for the Right to Decide–Argentina (CDD) in an effort to work toward laws to protect women's reproductive rights. CDD-Argentina challenges the Catholic Church's conservative stance on issues such as contraception, LGBT rights, and abortion and works to build the capacity of professionals in various sectors—health providers, journalists, and lawyers—to become advocates for sexual and reproductive rights (Cavallo 2016b).

CDD-Argentina was instrumental in fighting the conviction of a young woman known as Belén who had been incarcerated and criminalized for an abortion. Belén was sentenced to eight years in prison following what she claims was a miscarriage of an unknown pregnancy and what both the hospital and courts claim was an induced abortion. CDD-Argentina alongside 40 other groups organized activities that ranged from social media campaigns to street protests to demand freedom for Belén (Cavallo 2016a). On August 17, 2016, the Supreme Court of Argentina's Tucumán province granted Belén's release; however, her struggle is not over, as the court is still deciding whether her case will be overturned.

The 2002 passage of the National Law on Sexual Health and Responsible Procreation ended an 11-year ban on the use and sale of contraceptives. This legislation focused on providing universal access to contraceptives and information on reproductive health. Despite this legislation, reports about access to birth control conflict. The Argentine government is required to provide free contraceptives, and an estimated 64–70 percent of women use modern contraceptive means (U.S. Department of State 2015). Conversely, Human Rights Watch (HRW) reports that women often have trouble accessing reproductive services, and barriers to access can result in women and girls facing unwanted or life-threatening pregnancies and are then subject to criminal prosecution for seeking abortions (HRW 2016). While Argentina has a system for ensuring accountability, it is rarely used to benefit female reproductive health.

Health Education

The Reproductive Health Education Law passed in 2006 established that all students have the right to fundamental reproductive health education in both public and private schools across the country. The National Program for

Integral Reproductive Health Education was subsequently developed to oversee compliance with this law to ensure the incorporation of precise, trustworthy, and updated learning on reproductive health education; promotion of responsible attitudes toward sexuality; prevention of general and sex-related health problems; and equal treatment and opportunities for boys and girls (UNESCO-IBE 2008). This law was one of several sexual health policies passed during the first decade of the 2000s; however, these laws and programs are spottily enacted (HRW 2010). On paper, Argentina has a comprehensive reproductive and sexual health program, but, in reality, these services are often unavailable or of poor quality (Cavallo 2016b).

Diseases

Women tend to outlive men. In 2016, the life expectancy for women was 80.4 years, compared to 74 years for men (CIA 2017). Cardiovascular diseases are the leading cause of death for men and women. In 2012, ischemic heart disease killed 49,900, and hypertensive heart disease claimed another 8,900 (WHO 2015b).

It is estimated that 110,000 people are living with HIV/AIDS, 60 percent of whom are aware of their status. Among other sexually transmitted infections, maternal syphilis is the most prevalent at the national level (WHO 2015c). Indigenous peoples experience lower levels of economic and social development and higher than average rates of chronic disease (U.S. Department of State 2015).

Zika is a vector-borne disease reported in many southern countries, including Argentina. As of December 2016, there had been more than 1,821 suspected cases and 26 confirmed cases of Zika. Seventy-three suspected cases in pregnant women were reported to the Ministry of Health; 5 were confirmed. One case of congenital syndrome associated with Zika virus infection was reported in Tucumán province (PAHO 2016). Zika is not the only virus transmitted by insects. A total of 268 cases in 16 Argentine jurisdictions of dengue and other arboviruses were reported. Persistent communicable diseases include Chagas, tuberculosis (TB), and leprosy. Visceral leishmaniasis is gaining a foothold, dengue is spreading, and yellow fever is regionally confined to the provinces of Corrientes and Misiones (WHO 2015c).

Alcohol and Tobacco

Alcohol and tobacco use are more common among boys and men than women and girls. The 2010 per capita

consumption of alcohol for women was 10.9 liters and 19.5 liters for men (WHO 2015a). Binge-drinking rates demonstrate an even larger disparity between men and women. Among regular drinkers, 34.2 percent of men engage in heavy episodic drinking compared to 1.7 percent of women. At every phase of life, apart from late adolescence, males use tobacco at a higher rate than females. Seventeen percent of boys aged 13–15 smoke cigarettes compared to 20.5 percent of girls (WHO 2015d). It is too soon to know the full impact that increased smoking among adolescent girls will have, but known health risks related to smoking make this a potential cause for concern.

Employment

As of 2015, roughly 48 percent of women participated in the workforce, compared to 75 percent of men (UNDP 2015). Women hold 53 percent of professional and technical positions (WEF 2016a). Argentine women also commonly perform low-paid domestic work and other labor in the informal sector. Of the total labor force, 18.35 percent are female domestic workers (UNDP 2015).

The law prohibits discrimination with respect to employment or occupation because of race, color, sex, religion, political opinion, national origin or citizenship, social origin, disability, sexual orientation or gender identity, age, language, and HIV-positive status or other communicable disease. Additionally, laws support equal pay for equal work and equal opportunities for promotion in the workplace (SIGI 2015). Despite these laws, women continue to face economic discrimination in employment. Women hold a disproportionately higher number of lower-paying jobs and significantly fewer executive positions in the private sector, and they earn approximately 55 percent of what men earn for similar or equal work (U.S. Department of State 2015). Gender and age are the most common types of workplace discrimination.

Family Life

Family plays a major role in the social structure. Grandparents often live at home, and extended family members typically live nearby; families tend to be very close and affectionate. Beginning in the mid-1970s, a deep economic crisis led to a recession that affected men and women differently. More women entered the workforce, and men experienced an increase in unemployment.

Women's legal status within the family and society has improved due to changes in the legal system. Women have legal inheritance rights and equal access to land-ownership under the Civil Code and the Constitution, respectively. The legal age to consent to marriage is 18. Divorce was banned during the colonial period but has been legal since 1987. There was a 10-month period in 1954–1955 when it was granted under limited circumstances. Divorce remained culturally stigmatized in part due to the influence of the Catholic Church. Between 1871 and 2012, Argentina operated on the same civil code, with minimal revisions. A new civil code, which sought to address current realities, was adopted in 2012 (Protopapas 2012). Access to divorce at the request of either party and without steep financial penalties is one outcome of the new code.

Family dynamics in the 20th century brought changes to the nuclear family. Many women are now having children outside of wedlock and in one-parent households. Some even say that they have had fake wedding parties for the experience of a party without the legal commitments. María Mercedes Vittar from Argentina states, “We are the families of the future” (Garcia-Navarro 2015). Among the young, single men tend to live by themselves, and among the elderly, it is more common for separated women and widows to do so.

Gender roles vary vastly by region and across ethnicities; however, in the postcolonial context, male dominance and superiority, also known as *machismo* in Spanish, has a strong influence on how young girls view themselves and their roles in society. Generally, women are responsible for fulfilling a nurturer role, with a focus on such domestic duties as food preparation for the whole family.

LGBTI Rights

In 2010, Argentina became the second country in the Americas (preceded by Canada in 2005) and the first Latin American country to legalize marriage equality. Several local jurisdictions, including in the capital city of Buenos Aires, authorized same-sex civil unions prior to the national legislation. The bill narrowly passed the Senate, with 33 votes in favor, 27 against, and 3 abstentions (Equaldex 2016). This law affords same-sex couples access to the same legal protections as opposite-sex couples, such as adoption and pension benefits (HRW 2016). Between 2010 and 2016, approximately 12,500 same-sex couples were married across the country (HRW 2016).

8 Argentina

No laws criminalize same-sex conduct between consenting adults, and the lesbian, gay, bisexual, transgender, and intersex (LGBTI) community largely experiences the same legal rights and protections as the heterosexual population (U.S. Department of State 2015). Lesbians and gays may serve openly in the Argentinean military.

LGBTI discrimination, particularly in employment and housing, varies by region (Equaldex 2016). NGOs and the media have both reported cases of discrimination, violence, and police brutality toward the LGBTI community, especially transgender persons. The Trans Murder Monitoring Project reported 2,115 known cases of trans murders between January 2008 and April 2016, with 45 of those taking place in Argentina (TGEU 2016). None of these murders or acts of violence resulted in indictments during 2015 (U.S. Department of State 2015).

A positive for the transgender population in Argentina was the passing of a Gender Identity Law in 2012. Under this landmark law, those over age 18 are allowed to revise official documents to reflect their gender identity without any prior judicial or medical approval (HRW 2016). The law also provides access to gender confirmation surgery and hormone replacement therapy, both of which are covered under public and private health insurance.

Indigenous Communities

Representing 19 different groups, the indigenous population of Argentina is roughly 400,000 (SIGI 2016). Ethnic and cultural identities of indigenous peoples are recognized and protected by the constitution. Protections include the right to bilingual education, recognition of their communities and the communal ownership of ancestral lands, and participation in the management of their natural resources. Unlike in the United States, there is no formal process for recognizing indigenous tribes or determining who is an indigenous person; however, some indigenous communities choose to register with the local and federal government as civic associations (U.S. Department of State 2015). Indigenous peoples commonly encounter obstacles in accessing justice, land, education, health care, and basic services (HRW 2016). Indigenous women are particularly vulnerable to sexual violence and human rights abuse (SIGI 2016).

Politics

Women gained the right to vote in 1947. From the influential Eva Perón (first lady 1946–1952) to Cristina Fernández

de Kirchner (president 2007–2015), women have attained the highest levels of power. Eva “Evita” Perón played a large and visible role in orchestrating social welfare policies, and one of her passions was for education. Through her philanthropic foundation, she planned for the construction of 1,000 schools throughout Argentina, as well as agricultural schools, workshops, nursery schools, and day care centers. Eva used her position as first lady to fight for the causes she was passionate about, which included women’s suffrage and improving the lives of the poor. Cristina Fernández de Kirchner, a former first lady, was the first female to be elected president of Argentina in 2007. Isabel Martínez de Perón served as first lady and vice president during her husband, Juan Perón’s (October 9, 1895–July 1, 1974) third term, and when he died in office, she assumed the role of president.

Argentina operates as a presidential republic. Branches include the executive, the legal system, the national legislature, and regional legislatures (23 states and an autonomous federal district) (EIU 2015). The president, who heads the executive branch, can be elected for up to two consecutive four-year terms and also serves as commander of chief of the armed forces. The national legislature, also known as the Bicameral Congress, is composed of the 257-member lower house, the Chamber of Deputies, and the 72-member Senate, called the upper house (EIU 2015).

In an effort to increase women’s representation, a quota system was developed. An official decree issued in 2000 states that one-third of the members of both houses of Congress must be women. To achieve this goal, all electoral lists must be composed of at least 30 percent women, and as of 2013, 37.4 percent of the congressional seats were held by women (SIGI 2016). An additional decree was issued in 2003 in an effort to bring more gender diversity to the Supreme Court (SIGI 2016). Quotas also exist at the regional level, and depending on the province, women hold anywhere from 4 percent to 48 percent of the parliamentary seats (SIGI 2016). As of 2015, the country ranks 15th in female participation in national legislation.

The use of a quota system has helped to solidify Argentina among the region’s top performers. It is 22nd globally, on the Political Empowerment Index component of the Global Gender Gap Index (WEF 2016b). However, some would suggest it is important to consider that the presence of women does not equate to gender-equitable policy development. For example, President Cristina Fernández de Kirchner was both a proponent of marriage equality for lesbians and gays but also staunchly antiabortion, and the

current president, Mauricio Macri, selected noted feminist Fabiana Tuñez to head the National Office of Women's Affairs.

Religious and Cultural Roles

The Catholic Church has played a crucial role since the arrival of colonizers, particularly during the Spanish conquest. To this day, 92 percent of the population identifies as Catholic, though for most it is a cultural rather than a religious identity. Only about 20 percent of Catholics actively engage in the faith beyond the celebration of holy days. Many national public holidays are connected to Catholicism, including Good Friday, Immaculate Conception Day, and Christmas.

Until 1994, being Catholic was a requirement for becoming president or vice president. Even without this requirement, the Catholic Church has strong influences on and within the government. During her tenure as president, Cristina Fernández Kirchner was willing to go against church teachings to support marriage equality for gays and lesbians, but she was not willing to take a contradictory stance to the church on abortion. Indeed, Catholic antiabortion and anticontraception messages still carry political weight. Until as recently as 1999, an annual national Day of the Unborn Child was celebrated (HRW 2010). The current pope, Pope Francis, is Argentinean and the first from the Americas.

There is also a large Jewish population in the country of about 250,000 persons. Despite a long history in Argentina, sporadic acts of anti-Semitic discrimination and vandalism are not uncommon. The most reported anti-Semitic incidents were slurs posted online, graffiti, verbal slurs, and the desecration of Jewish cemeteries. During August 2015, in the town of Colonia, swastikas, pro-Nazi slogans, and terms such as "white power" were spray-painted on the walls lining a main thoroughfare (U.S. Department of State 2015).

Issues

Legacies of the "Dirty War"

Coinciding with the last military dictatorship, the "Dirty War" lasted from 1976 to 1983 and is one of the darkest times in Argentina's history. Congress voided amnesty laws in 2005 that had been passed in the 1980s, and several cases of human rights violations committed during the war were reopened. As of June 2015, 595 convictions

have resulted from 142 cases of crimes against humanity committed by the dictatorship (HRW 2016).

As of 2012, Argentine Mothers marked 35 years of marching for justice. During the Dirty War era, these mothers lost their children and family members who were in any way perceived as political dissidents. Official accounts estimate almost 20,000 people were "disappeared" by the military; however, human rights groups say it is closer to 30,000. Some of the disappeared were young pregnant mothers who gave birth while incarcerated by the military. These children were taken from their mothers and registered to military members as their own children. Many were removed from Argentina. Some newborns were left alone at various orphanages with an unknown name; they became known as children "NN." These mothers still seek justice; they demand an explanation for what happened to their children and seek to be reunited with their grandchildren. The Abuelas (grandmothers) de Plaza de Mayo, an NGO, march and chant every weekend in a downtown plaza in Buenos Aires, demanding this justice.

Efforts made by the government have helped to identify children who were taken illegally during the war. The National Bank of Genetic Data, created by the government in 1987, played a significant role in helping to reunite families until a 2009 law significantly limited its effectiveness (HRW 2016). On October 16, 2015, the Abuelas de Plaza de Mayo announced that, over the course of the previous year, 2 of the estimated 500 persons born to detained and missing dissidents during the dictatorship had been identified and made aware of their background (U.S. Department of State 2015).

Criminal Justice

Prison conditions and police abuse are two criminal justice issues causing alarm. Overcrowded and inadequate facilities combined with violence between inmates and at the hands of guards have contributed to a failing prison system. Inmates in many facilities suffer from poor nutrition, insufficient medical and psychological treatment, inadequate sanitation, limited family visits, and frequent degrading treatment (U.S. Department of State 2015). The 2016 CEDAW report raised concerns over invasive body searches performed in women's prisons and a lack of electronic surveillance systems in provincial-level facilities. Between January and September of 2015, 33 deaths, 17 of them violent, were reported to the Congressional National Penitentiary Office (HRW 2016). Nearly 800 cases of

torture or ill-treatment in federal prisons were reported during 2014. Four federal corrections officers were convicted in June 2015 for their role in torturing a detainee who had been charged to their care in 2011 (HRW 2016).

The U.S. Department of State's *Country Reports on Human Rights Practices for 2015* cites instances of arbitrary arrest, detainment, and unlawful killings by police. Harassment of the LGBTI community by police is relatively common. Police abuse has been identified as a significant problem. The following are two recent examples highlighted by Human Rights Watch (HRW 2016). During an August 2015 protest in the Tucumán province, police engaged with protesters by firing rubber bullets and beating protesters with batons. Dozens of protesters were injured. In 2016, a police officer was convicted of torturing teenager Luciano Arruga in 2008. Arbitrarily detained, Arruga's whereabouts were unknown until 2014, when his remains were found buried in a cemetery in Buenos Aires (HRW 2016).

Trafficking

A national program to combat human trafficking and exploitation exists, and current legislation on human trafficking covers all forms of trafficking designated in the UN Trafficking in Persons Protocol (UNODC 2016a). Argentina is a country of origin transit and a destination for trafficking, and most of the affected women are from the following: Brazil (1%), Bolivia (46%), the Dominican Republic (16%), Paraguay (27%), and Peru (5%) (CEDAW 2016; UNODC 2016b). These countries match with the observation that cross-border trafficking in many cases broadly resembles regular migration flows (UNODC 2016b). Forced labor and sexual exploitation are the top two forms of exploitation. Of the approximately 5,800 victims detected in South America whose gender and age were reported between 2012 and 2014, the majority were women (45%), followed by girls (29%), men (15%), and boys (11%)—in the Southern Cone countries of Argentina, Chile, and Uruguay, adult victims are most common (UNODC 2016b).

Indigenous Rights

Indigenous peoples have been made to feel like outsiders in their own country. They have been subjected to state violence, intimidation, and discrimination, and their human rights are often ignored. Under current law, the

indigenous population lacks the right to free, prior, and informed consent when the government makes decisions that may affect their rights (HRW 2016). When seeking justice, they often face additional challenges, including linguistic, cultural, and economic barriers.

Land access has been a key indigenous issue in recent years. Despite constitutional rights to the contrary, indigenous people do not fully participate in the management of their lands or natural resources, in part because implementing the law is delegated to the 24 provinces, only 11 of which have constitutions recognizing indigenous rights (U.S. Department of State 2015). Further, state and private interests, especially those of the agribusiness and extractive industries, have formed enormous barriers to the indigenous population and their rights to their traditional lands (Amnesty International 2013). A November 2010 protest against a national university seeking to build on indigenous lands came to a violent end when police shot into the crowd, resulting in two deaths (one protestor and one police officer), several injured, and homes burned (Amnesty International 2013). In February 2015, members of the Qom indigenous tribe, with representatives of the Pilaga, Wichi, and Nivacle indigenous communities, built a temporary protest camp on a principal avenue in Buenos Aires. The camp was raided by riot police in armored vehicles on July 5, as an attempt to evict the protestors; the raid failed (U.S. Department of State 2015).

In general, the indigenous peoples of Argentina experience lower levels of social and economic development and high rates of illiteracy, unemployment, and chronic disease. Indigenous women's and girls' access to education is further limited by housework expectations, caretaking obligations, their work in hotels or as sexual workers, and a priority being given to boys' education (CEDAW 2016). Upon assuming office on December 10, 2015, the current president, Mauricio Macri, met with indigenous leaders, where he promised open dialogue and reaffirmed the responsibility to treat indigenous issues as a matter of human rights (U.S. Department of State 2015). It is too soon to know what policy, practices, and laws President Macri may implement to follow through in his stated commitment to indigenous rights.

Beauty Standards and Body Image

Latin American women have been stereotyped as being "exotic," characterized by being tall with fair skin, fine facial features and perfect figures. Many women and girls

have come to hold themselves to this unattainable standard of beauty. In many Latin American countries, girls' focus on beauty starts as early as the age of seven with enrollment in a beauty academy. At these schools, girls are taught about fashion, etiquette, and other aspects of beauty.

The obsession with these standards of female beauty has contributed to some of the world's highest rates of eating disorders among women. By the time girls become teenagers, the desire to look perfect can result in seeking plastic surgery to help attain their goal of a flawless body. The use of plastic surgery is so common that it is almost a national hobby. This issue was exacerbated when Miss Argentina died from complications during plastic surgery. She was trying to reach the beauty ideal of firmer buttocks in 2014. After this tragic incident, the Argentine city of Chivilcoy elected to ban any further beauty pageants from its municipal festivals. The director of Miss Argentina has stated that completely banning pageants is going too far, and it should focus on eliminating the sole emphasis on beauty. In December 2014, standards for beauty pageants also focused on social responsibility. Contestants were required to state how they are aware of various social issues, such as sex trafficking, in their communities (Romero 2014).

The focus on, often unattainable, beauty standards is also seen in clothing. Most clothing designers and companies focus on only small sizes and exclude average-sized women (Mowat 2011). Most girls and teens worry about their looks and especially their weight. According to the feminist organization *Fundacion Mujeres en Igualdad* (Women in Equality Foundation), women in general have a very hard time finding Argentinian clothes that fit. Industry designers make clothes for girls and teens that are the equivalent of U.S. sizes 0–5, which makes clothes shopping frustrating and can feel impossible for many. *Fundacion's* director, Monique Thiteux, stated that 70 percent of women have to shop at specialty stores that carry larger sizes, such as the equivalent of a U.S. size 8. *Fundacion* and similar organizations work to battle the beauty myth because it sets unrealistic expectations and are a major cause of many eating disorders. According to ALUBA, Argentina's Association Against Bulimia and Anorexia, it is estimated that 95 percent of women and girls believe they are fat. This along with media representations and many other reasons make Argentina the country with the second-highest rate of eating disorders.

In an effort to require regular sizes in clothing stores, some provinces and municipalities implemented the

Ley de Talles, or size laws, mandating shops to carry sizes that would be equivalent to a U.S. 8–16 (Mowat 2011). The Buenos Aires branch of the global group Endangered Bodies, also called AnyBody Argentina, raises awareness about the epidemic of poor body confidence and challenges the norms that lead women to dislike their bodies. The group also focuses on other feminist issues, including the representation of women in society, and since 2010, it promotes compliance with the size laws. Other activism coordinated with Endangered Bodies include the #FatIsNotAFeeing campaign that worked to end Facebook's use of "fat" as a feeling in their list of "I'm feeling" options.

WHITNEY K. ARCHER AND MAYELA DELATORRE

Further Resources

- Amnesty International. 2013. "Indigenous Peoples in Argentina: 'We Are Strangers in Our Own Country.'" August 9. Retrieved from <https://www.amnesty.org/en/latest/news/2013/08/indigenous-peoples-argentina-we-are-strangers-our-own-country>.
- Bartolomé, Miguel Alberto. 2003. "Los pobladores del 'desierto' Genocidio, etnocidio y etnogénesis en la Argentina" [The inhabitants of the 'desert' genocide, ethnocide and ethnogenesis in Argentina]. *Cuadernos de Antropología Social* 17.1: 162–189.
- Cavallo, Shena. 2016a. "Argentina's Unstoppable Feminists." *International Women's Health Coalition*, August 19. Retrieved from <https://iwhc.org/2016/08/argentinas-unstoppable-feminists>.
- Cavallo, Shena. 2016b. "Women Twice Betrayed." *International Women's Health Coalition*, April 29. Retrieved from <https://iwhc.org/2016/04/women-twice-betrayed>.
- CEDAW (Committee on the Elimination of Discrimination against Women). 2016. "United Nations Human Rights: Office of the High Commissioner, Concluding Observations on the Seventh Periodic Report of Argentina." Retrieved from http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/ARG/CO/7&Lang=En.
- Center for Global Development (CGD). 2015. "Millions Saved: Argentina's Project Nacer." Retrieved from <http://millionssaved.cgdev.org/case-studies/argentinas-plan-nacer>.
- CIA (Central Intelligence Agency). 2017. "Argentina." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/resources/the-world-factbook/geos/ar.html>.
- Constantine, Giles. 2015. "Eye on Latin American." Retrieved from <https://eyeonlatinamerica.com/2015/12/16/un-human-development-report-2015-latin-america>.
- Endangered Bodies. 2015. Retrieved from http://buenosaires.endangeredbodies.org/la_ley_de_talles.
- Equaldex. 2016. "LGBT Rights in Argentina." Retrieved from <http://www.equaldex.com/region/argentina>.
- EUI (Economist Intelligence Unit). 2015. "Argentina: The Political Structure." April 2. Retrieved from <http://country.eiu.com/article.aspx?articleid=323054416&Country=Argentina&topic=Summary&subtopic=Political+structure>.

- Frayssinet, Fabiana. 2015. "Teenage Girls in Argentina—Invisible Victims of Femicide." Inter Press Service, January 28. Retrieved from <http://www.ipsnews.net/2015/01/teenage-girls-in-argentina-invisible-victims-of-femicide>.
- FSD (Foundation for Sustainable Development). 2014a. "Gender Equity Issues in Argentina." Retrieved from <http://www.fsdinternational.org/country/argentina/weissues>.
- FSD (Foundation for Sustainable Development). 2014b. "Youth Education & Development Issues in Argentina." Retrieved from <http://www.fsdinternational.org/country/argentina/yeissues>.
- Garcia-Navarro, Lulu. 2015. "All across Latin America Unwed Mothers Are Now the Norm." NPR, December 14. Retrieved from <http://www.npr.org/sections/parallels/2015/12/14/459098779/all-across-latin-america-unwed-mothers-are-now-the-norm>.
- Haywood, Sharon. 2010. "Battling the Beauty Myth in Argentina." AnyBody, July 6. Retrieved from http://anybody.squarespace.com/anybody_vent/2010/7/6/battling-the-beauty-myth-in-argentina.html.
- HRW (Human Rights Watch). 2010. "Illusions of Care: Lack of Accountability for Reproductive Rights in Argentina." Retrieved from <https://www.hrw.org/report/2010/08/10/illusions-care/lack-accountability-reproductive-rights-argentina>.
- HRW (Human Rights Watch). 2016. "World Report 2016, Country Chapter: Argentina, Events of 2015." Retrieved from <https://www.hrw.org/world-report/2016/country-chapters/argentina#d91ede>.
- Maps of World. 2017. "Argentina." Retrieved from <http://www.mapsofworld.com/argentina>.
- Mowat, Laura. 2011. "Size Discrimination in Buenos Aires." *Argentina Independent*, November 23. Retrieved from <http://www.argentinaindependent.com/socialissues/urbanlife/size-discrimination-in-buenos-aires>.
- MPI (Migration Policy Institute). 2006. "Argentina: A New Era or Migration and Migration Policy." Retrieved from <http://www.migrationpolicy.org/article/argentina-new-era-migration-and-migration-policy>.
- PAHO (Pan American Health Organization). 2016. "Zika-Epidemiological Report: Argentina." Retrieved from http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=35121&Itemid=270.
- Protopapas, Grace. 2012. "New Law and Order: Civil Code Reform in Argentina." *Argentina Independent*, September 19. Retrieved from <http://www.argentinaindependent.com/currentaffairs/latest-news/newsfromargentina/a-new-law-and-order-civil-code-reform-in-argentina>.
- Ramel, Audrey. 2011. "Children of Argentina. Realizing Children's Rights in Argentina." *Humanium*, November 6. Translated by Peter Suchowacky. Retrieved from <http://www.humanium.org/en/americas/argentina>.
- Romero, Simon. 2014. "Argentine City Takes Beauty Off Its Pedestal." *New York Times*, December 22. Retrieved from http://www.nytimes.com/2014/12/23/world/argentine-city-takes-beauty-off-its-pedestal.html?_r=0.
- SIGI (Social Institutions & Gender Index). 2016. "Argentina." OECD Development Center. Retrieved from <http://www.genderindex.org/sites/default/files/datasheets/AR.pdf>.
- Solberg, Carl E. 1982. "Peopling the Prairies and the Pampas: The Impact of Immigration on Argentine and Canadian Development, 19870–1930." *Journal of Interamerican Studies and World Affairs* 24.2 (May): 131–161.
- TGEU (Transgender Europe). 2016. "Trans Murder Monitoring, IDAHOT 2016." Retrieved from http://transrespect.org/wp-content/uploads/2016/05/TvT_TMM_IDAHOT2016_Map_EN.pdf.
- UNDP (UN Development Programme). 2015. "Human Development Report, Briefing Note for Countries on the 2015." Argentina. Retrieved from http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/ARG.pdf.
- UNESCO-IBE (United Nations Educational, Scientific and Cultural Organization; International Bureau of Education). 2008. "Education Evolution National Report of Argentina." Retrieved from http://www.ibe.unesco.org/National_Reports/ICE_2008/argentina_NR08_es.pdf.
- UNFPA (United Nations Population Fund). 2015. "Country Program Document for Argentina." Retrieved from <http://www.unfpa.org/transparency-portal/unfpa-argentina>.
- UNODC (United Nations Office on Drugs and Crime). 2016a. "The 2016 UNODC Global Report on Trafficking in Persons, Country Profiles: South America." Retrieved from http://www.unodc.org/documents/data-and-analysis/glotip/Glotip16_Country_profile_South_America.pdf.
- UNODC (United Nations Office on Drugs and Crime). 2016b. "The 2016 UNODC Global Report on Trafficking in Persons, Full Report." Retrieved from http://www.unodc.org/documents/data-and-analysis/glotip/2016_Global_Report_on_Trafficking_in_Persons.pdf.
- UN Women. 2016. "UN Women Signs Letter of Intent to Establish a Country Office in Argentina within the Official Visit of UN Secretary-General." August 8. Retrieved from <http://lac.unwomen.org/en/noticias-y-eventos/articulos/2016/08/coargentina#sthash.tpaecwTO.dpuf>.
- U.S. Department of State. 2015. "Argentina." *Country Reports on Human Rights Practices for 2015*. Retrieved from <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm?year=2015&dld=252985>.
- Velazquez, Guillermo A., and Sebastian Gomez-Lende. 2004. "Dinamica migratoria: conyuntura y estructura en la Argentina de fines del XX." *Amerique Latine Histoire & Memoire; Migrations en Argentine II*, 9 2004.
- WEF (World Economic Forum). 2016a. "Country Profile: Argentina." Retrieved from <http://reports.weforum.org/feature-demonstration/files/2016/10/ARG.pdf>.
- WEF (World Economic Forum). 2016b. *Global Gender Gap Report 2016*. Retrieved from http://www3.weforum.org/docs/GGGR16/WEF_Global_Gender_Gap_Report_2016.pdf.
- WHO (World Health Organization). 2015a. "Alcohol Consumption: Levels and Patterns; Argentina." Retrieved from http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/arg.pdf?ua=1.
- WHO (World Health Organization). 2015b. "Argentina: WHO Statistical Profile." Retrieved from <http://www.who.int/gho/countries/arg.pdf?ua=1>.

WHO (World Health Organization). 2015c. "Country Cooperation Strategy as a Glance: Argentina." Retrieved from http://apps.who.int/iris/bitstream/10665/136891/1/ccsbrief_arg_en.pdf?ua=1.

WHO (World Health Organization). 2015d. "WHO Report on the Global Tobacco Epidemic, 2015; Country Profile: Argentina."

Retrieved from http://www.who.int/tobacco/surveillance/policy/country_profile/arg.pdf?ua=1.

World Bank. 2016. "Argentina." Retrieved from <http://www.worldbank.org/en/country/argentina/overview>.

B

Bahamas, Barbados, and the Turks and Caicos Islands

Overview of Country

The Bahamas, Barbados, and the Turks and Caicos Islands are English-speaking Caribbean islands that possess similar historical, social, and political characteristics. The Commonwealth of the Bahamas is located in the Western Atlantic Ocean, 500 miles off the coast of Florida. An archipelago of 700 islands, cays, and rocks spans approximately 100,000 square miles. Twenty of the islands are inhabited. New Providence is the most heavily populated island and is home to the capital city of Nassau. The Bahamas is divided into 31 districts. Islanders are referred to as Bahamians.

Barbados is located in the Eastern Caribbean in the North Atlantic Ocean, 300 miles to the northeast of Venezuela. The island is 14 miles wide and 21 miles long. It has a total land area of 166 square miles and is divided into 11 parishes. The capital of Bridgetown is located in the parish of St. Michael. Islanders are referred to as Barbadians or, more colloquially, as Bajans.

The Turks and Caicos Islands has a total land area of 193 square miles and is an archipelago of approximately 40 islands. The six largest islands and two cays are inhabited. The other islands in this archipelago are uninhabited. The

islands are divided into two groups: the Caicos Islands and the Turks Islands. The Turks Islands comprise Grand Turk, the capital of the Turks and Caicos Islands, Salt Cay, and adjacent cays. The Caicos Islands is made up of Providenciales, South Caicos, East Caicos, Middle (or Grand) Caicos, North Caicos, West Caicos, Pine Cay, and Parrot Cay. Pine Cay and Parrot Cay are inhabited with private resorts (Mills 2009, 1). Nationals of the Caicos and Turks islands refer to themselves as Belongers. Migrants are referred to as non-Belongers.

These three countries all share a similar history in that they were all colonized by the British. The Bahamas was settled by the British in 1647 and became a British colony in 1783. It remained under British rule until it gained political independence in 1973 (CIA 2017). Barbados was settled by the British in 1625 and remained a British colony until it gained political independence in 1966. In the early 1700s, British Bermudians began traveling to the Turks and Caicos Islands so they could mine salt. The islands officially became a British settlement during this period. The Turks and Caicos Islands remain a British colony to this day. However, from 1973 to the present, the country has been a self-governing British Overseas Territories (CIA 2017).

As of July 2015, the population of the Bahamas stood at 324,597 (CIA 2017). As of 2010, the island had a gender ratio of 94 males per 100 females (Commonwealth of the Bahamas 2010, 8). New Providence, Grand Bahama, and

Abaco are the three most-populated islands and are home to 90 percent of the population (2). The majority of Bahamians, 267,000, live in the capital city of Nassau.

As of 2015, Barbados's population was 290,604 (CIA 2017); 52.1 percent are female and 47.9 percent are male (Allen and Maughan 2016, 32). Barbados has a high population density; in 2017, it was 664.4 persons per square kilometer and was the tenth most populous country in the world (Country Meters 2017).

The 2012 census places the population of the Turks and Caicos Islands at 31,500 (TCICPA 2014, vol. 1, 12). Forty-eight percent of the population is male, and 52 percent is female (16). Since the 1970s, its population has increased fivefold and nearly doubled in the 1990s when the tourist industry began to thrive and people from nearby countries migrated in search of work (TCICPA 2014, 2). Almost 75 percent of the population lives on Providenciales (Wiggins 2015, 35). At 40 percent, nationals of the Turks and Caicos Islands are in the minority. The remaining 60 percent are immigrants. Of these, 35 percent are Haitian, 8 percent are Jamaican, and 5 percent are Dominican Republican. The majority of the population, 61 percent, is of working age (24–64 years). One-third of the population is under 25 years of age, and 2.5 percent are elderly. Thirty-six percent of households have female heads (TCICPA 2014, 3–4).

Historically, the Bahamas, Barbados, and the Turks and Caicos Islands were plantation societies that rested on the labor of enslaved Africans, and their economies primarily relied on agriculture. From the time of British colonization, the Bahamas and Barbados cultivated sugarcane to ship sugar and its by-products to the “mother country.” In the Turks and Caicos Islands, the British harvested salt. In the latter decades of the 20th century, agriculture declined, and tourism became the economic mainstay. Hence, all three territories are heavily dependent on the tourism and financial services sectors, accounting for a significant portion of their gross domestic product (GDP).

The Bahamas is one of the most prosperous Caribbean territories. Tourism and its related construction and manufacturing account for roughly 60 percent of GDP, financial and business services account for approximately 35 percent of GDP, and manufacturing and agriculture contribute to less than 10 percent of GDP. Although the Bahamian economy declined in the years 2007–2011 in the face of the global recession, it is expected that growth will resume as new tourism-related construction projects are introduced and employment increases (CIA 2017).

Table 1 Racial and Ethnic Composition of the Bahamas

Race/Ethnicity	Percentage
African	90.6
White	4.7
Mixed (black and white ancestry)	2.1
Unspecified ethnicity	0.7

Source: CIA World Factbook. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook>.

Table 2 Religious Affiliations of the Bahamian Population

Religion	Percentage
Protestant Christian	69.9
Roman Catholic	12
Other Christian denominations	13
No religious affiliation	1.9
Unspecified religious affiliation	2.6

Source: CIA World Factbook. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook>.

Table 3 Racial and Ethnic Composition of Barbados

Race/Ethnicity	Percentage
Black	92.4
White	2.7
Mixed ancestry	3.1
East Indian	1.3
Other	0.2
Unspecified ethnicity	0.2

Source: CIA World Factbook. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook>.

Table 4 Religious Affiliations of the Barbadian Population

Religion	Percentage
Protestant Christian	66.3
Catholic	3.8
Other Christian denominations	5.4
Rastafarians	1
No religious affiliation	20.6
Unspecified religious affiliation	1.2

Source: CIA World Factbook. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook>.

Table 5 Racial and Ethnic Composition of the Turks and Caicos Islands

Race/Ethnicity	Percentage
Black	87.6
White	7.9
Mixed race	2.5
East Indian	1.3
Other ethnicities	0.7

Source: *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook>.

Table 6 Religious Affiliations of the Turks and Caicos Island Population

Religion	Percentage
Protestant Christian	72.8
Roman Catholic	11.4
Jehovah's Witness	1.8
Other religious faiths	14

Source: *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook>.

As with the Bahamas, Barbados's economy rests primarily on the financial, business services, and tourism sectors. In 2012, the financial services sector accounted for 30.5 percent of GDP; hotels and restaurants accounted for 13.2 percent of GDP; the government sector contributed 13 percent to GDP; the transport, storage, and communications sector contributed 11.5 percent to GDP, and the wholesale and retail sector contributed 10 percent to GDP (Allen and Maughan 2016, 22). In the wake of the economic crisis of 2008, the Barbadian economy declined. Between 2009 and 2013, growth in GDP declined from approximately 4.1 percent to zero growth (19). However, as of 2016, the economy was showing signs of recovery; it was expected to grow by 2.1 percent in 2016 (IMF 2016).

Historically, the Turks and Caicos Islands' economy rested on salt production. After this industry declined in the 1960s and 1970s, the government turned to tourism, which is now the bedrock of the Turks and Caicos Islands' economy. Tourist accommodations were built, and the airline industry developed. The tourist industry developed in the 1980s and matured in the 1990s, which resulted in an economic revival (Clare 2009, 203–213).

The financial services sector, construction, and agriculture and fisheries are other major economic sectors of the Turks and Caicos Islands (Mills 2009, 222–228). A

wholesale and retail sector and the public sector are other major components of the economy. From 2000 to 2008, the economy grew by 9 percent. However, the economic downturn of 2008, the negative impact of Hurricane Ike, and a corruption scandal in government led to a 20 percent decline in GDP. The construction sector registered a 50 percent decline, and tourism declined by 30 percent. The financial and public sectors were largely unaffected. The worst of the economic difficulties are over, and the islands' economy is showing signs of recovery, as evinced by the tourism sector that rebounded and grew by 4 percent in 2011 (TCICPA 2014, 4).

Overview of Women

The Bahamas, Barbados, and the Turks and Caicos Islands have made significant progress in human development. However, progress in the area of gender equality has not kept pace with these advances. The Bahamas and Barbados have high levels of human development. The Human Development Index (HDI) measures the quality of life, the standard of living, and a population's access to education. Since 2000, the HDI for the Bahamas has trended upward and stood at 0.790 in 2017 (UNDP 2015). The country is ranked 55th out of 188 countries. The Gender Development Index (GDI), which measures inequality based on gender in the areas of health, education, and control of economic resources, has not been calculated for the Bahamas. However, it has a Gender Inequality Index (GII) of 0.298 and is ranked 58th out of 155 countries. The GII measures gender-based inequalities in the areas of reproductive health, political and educational empowerment, and economic activity (participation in the labor force).

Barbados's HDI is 0.785 and is ranked 57th out of 188 countries. The UN Development Programme (UNDP) places the GDI of the Bahamas at 1.018 and its GII at 0.357, ranking it 69th out of 155 countries (2015). The Turks and Caicos Islands are not listed on the HDI. However, islanders enjoy a high standard of living compared to other Caribbean territories. Only two other Caribbean countries have a higher average income per person. Its poverty declined from 26 percent in 1999 to 21.6 percent in 2012, and there are almost no cases of indigence (Wiggins 2015, 35).

Girls and Teens

Girls' identity generally revolves around the major institutions of socialization: parents, home and family life,

school, and church. Parents in middle- and upper-class families tend to be married, and these families more closely reflect the nuclear family structure of Western societies. In lower socioeconomic groups, common-law unions where parents live together but are not married, visiting relationships where a woman lives with her parents and is visited by a partner, and single-parent families are more common. The East Indian and Chinese communities often live in extended families that are male-headed and based on marriage (Innerarity 2000, 61).

Women often bear the responsibility of caring for children on a day-to-day basis. Fathers may contribute financially, but they are generally more emotionally distant than the mothers. In instances where the mother cannot be physically present to look after a child, children may be parented by other female relatives, such as grandmothers and aunts. Child shifting, where children move between homes, is not uncommon in cases where parents have separated or migrated. In such cases, children may move between the homes of the parents or their relatives based on logistics or economic expediency (Barrow-Giles 2005, 76–77). Home life for girls is negatively affected when parents experience difficulties such as financial instability, unemployment, health issues, or interpersonal problems or when one parent is absent and does not contribute to the household (79).

Girls are generally socialized to be conservative and to avoid risky behaviors, while boys are given more freedom. From about the age of five, girls are expected to do house chores and are generally kept closer to home. Their movements are more restricted and monitored than boys, who tend to do chores outside the home and who have greater freedom to engage in outdoor games and sporting activities. This freedom of movement provides boys with greater sexual freedom as they mature, whereas girls' sexuality is restricted and closely monitored (Blank 2013, 5). Female adolescent sexuality is often closely monitored with the aim of enhancing the life prospects of young females by preventing their early initiation into sexual activity and the negative consequences of early motherhood. The consensus is that if girls delay sexual activity, they can avoid early pregnancies and the educational, social, and financial complications that often accompany them.

Though well-intentioned, this approach to female sexuality is restrictive and sometimes makes it difficult for girls to appropriately express their sexuality and make safe decisions in sexual relationships. For example, in Barbados, girls are often placed into a binary of the "good girl" or the

"bad" or "bashy" girl. Good girls, or "church girls," are raised in the church, avoid risks, and generally abstain from and delay sexual activity until they are older and place a heavy premium on doing well in school. Bad or "bashment" girls place a high premium on their physical appearance and dress to impress in the latest fashions, often in revealing clothes, and project a no-nonsense, assertive, and self-possessed attitude (Barrow-Giles 2005, 72–73).

Parent-adolescent communication on sex and sexuality is often didactic and may discourage some girls from openly discussing relationships and sexual matters with their parents. This approach to communication about sexuality may be counterproductive in that some girls may be secretive and try to hide their sexual relationships from parents, which may lead to careless sexual activity among teen girls (81, 83). The high rate of teen pregnancy in these territories indicates that despite formal sex education in schools, adolescent girls' sexuality is still not adequately addressed. They may have difficulty accessing contraceptives, as they must receive parental permission before receiving contraception from health care providers.

Gender inequality and gender-based violence increase girls' risk for contracting HIV/AIDS and sexually transmitted infections and diseases. Girls may find it difficult to negotiate safe-sex practices if their partner holds the power in the relationship. This may be especially true in intergenerational relationships, where a male partner could be 10 or more years older, or in transactional relationships where sex is exchanged for material gifts.

Health and family education is provided in schools in the Bahamas, Barbados, and the Turks and Caicos Islands. This curriculum seeks to provide students with important life skills in areas such as nutrition and physical activity, sexuality, sexually transmitted diseases, teenage pregnancy, violence, and substance abuse (UNICEF/CAO 2002). However, evidence suggests that this program may not be as effective as it should be, as some girls do feel that this curriculum does not meet their needs as adolescents. While up to 65 percent of students attend these classes, some girls reported they were not provided with adequate information about HIV/AIDS. Other girls felt that facilitators and counselors focused too much on HIV/AIDS and did not leave room to discuss other significant issues. Some girls expressed that counselors were reluctant to meaningfully discuss important issues (Barrow-Giles 2005, 26, 85–86).

Traditionally, in these societies, Western beauty ideals tended to privilege women with light skin and long,

Deaf Girls and Women Worldwide

Take whatever you know about the status of girls worldwide. Where there is lack, in education, in equality with males, in access to basic needs, multiply that many times over for girls who are born or who become deaf. The vast majority of these deaf girls will be in families with no other deaf members. In some instances, the girls will simply be considered uneducable and of very low value. In other places, education for the deaf may be many miles away, an impossible distance. Or, the cost for education may be prohibitive. Even at home, where family members could take on the challenge to learn the native sign language, family members may only learn (or invent) a smattering of signs, leaving the deaf girl isolated and limiting her ability to express herself with others. For her whole life, she will be surrounded by hearing people who pity her and patronize her, assuming it is far better to be hearing than to be deaf.

For the deaf child who is able to attend school, sign language may be discouraged or not allowed, with school officials attempting to mold the child into a semblance of a hearing person, emphasizing speechreading (lipreading) and vocalization at the expense of other subjects. Even with an education, deaf girls and women find themselves unable to access higher education where sign language interpreters are not provided. Even with a good education, deaf girls and women are routinely passed over for employment. Employers routinely assume that a deaf person cannot do the job, whatever the job is, without investigating how they might be able to do the job with some accommodations.

—Adele Harth

straight hair. This beauty ideal was associated with social mobility and prestige; norms derived from plantation history, where the white race was held in prestige because of their economic and social privileges. Today, Western beauty standards are still highly valued, due in part to the influence of North American media. The continued popularity of such standards is evinced with money that females spend to procure synthetic weaves and human hair, eyebrows, eyelashes, and wigs that approximate the

European ideal of beauty. In Barbados, for example, these products account for a significant portion of imports to the island. Recently, a greater premium is being placed on natural beauty, with girls and women wearing a range of natural hairstyles that include locks, twists, and braids (Smith 2015). More women are expressing greater satisfaction with their body size and image (Sands 2014).

Girls have increased access to education, and many aspire to combine careers and work with a family life that includes motherhood and marriage. Education has been traditionally stressed as a means to achieve financial independence and improve their quality of life. In the early decades of the 20th century, when access to education was limited, boys were favored to be educated, as it was thought that girls would marry and their husbands would provide for them. This attitude has changed, and now girls tend to outperform boys academically.

Education

In these territories, females tend to perform better academically than males at all levels of education. As of 1997, the literacy rate in the Bahamas was 95.8 percent (UNDP 2015). As of 2012, Barbados's literacy rate for both males and females was 99.7 percent (Allen and Maughan 2016, 14). Primary and secondary is universal and required until the age of 15; in the Turks and Caicos Islands, it is required until the age of 16. An area of difference, however, is technical and vocational education, which more males than females pursue, giving them more technical and vocational qualifications than women.

In the Bahamas, women on average attend school for 11.1 years, whereas men average 10.7 years. Women also generally tend to have more secondary education than men. In the 25 and older age range, 91.2 percent of women have at least some secondary education, compared to 87.6 percent of men. Women also outnumber men at the tertiary level of education (Commonwealth of the Bahamas 2010, 12–13). The two major tertiary education institutions that are publicly funded are the University of the Bahamas and the Bahamas Technical and Vocational Institute, which provide academic and technical and vocational training, respectively. Three other government-funded tertiary institutions are the Police College, which trains police recruits and officers; the Public Service Training Centre, which trains civil servants and government personnel of all levels; and the Bahama Host Program, which trains workers in the tourism industry. A variety of other private

institutions, some of which are satellite campuses of North American colleges and universities, also exist. According to the Bahamas census of 2010, Women account for 61 percent of students at the college level. Women also tend to possess more degrees than men. Sixty percent of women have degrees, except at the doctoral level, and 54 percent of men have degrees (12–13).

In Barbados, The UNDP *Human Development Report of 2015* places the mean years of schooling for females at 10.6 years and the mean years of schooling for males at 10.2 years (UNDP 2015). Those with at least some secondary education include females (aged 25 and older) at 89.5 percent. For males aged 25 and older, it is slightly lower at 87.7 percent.

In the Barbados Common Entrance Exam, which students take in the final year of elementary school, girls on average receive higher marks than their male counterparts. In the Caribbean Secondary Education Certificate (CSEC) Exam that students take at the end of their fifth year in high school, the grade distribution is more, even though girls tend to obtain more distinctions (Grade I passes) than boys, who tend to fail more often. In addition, more girls, 58.9 percent, than boys take these exams. Girls also outperform boys at the Caribbean Advanced Proficiency Examinations (CAPE) level, which is taken in the sixth form of secondary schools. In 2012, 58.5 percent of girls took the Cape Exam, compared to 41.5 percent of boys. They also tend to receive higher grades in this exam than boys. This trend continues at the tertiary level, where females outnumber males (Allen and Maughan 2016, 42–46). As of 2016, 67.1 percent of students enrolled at the University of the West Indies (UWI) were female, and 32.9 percent were male. At the undergraduate level, 66 percent of all students are female, and 33 percent are male. At the graduate level, 26.5 percent of all students were male, and 73.5 percent were female (CIA 2017).

Men are the majority in science and technology fields and technical and vocational education. At the UWI, females outnumber males in all areas of study except science and technology. Males also predominate at the Samuel Jackman Prescod Polytechnic, a tertiary institution specializing in technical and vocational skills, and outnumber females in the technical and vocational subjects offered at the CSEC level (Allen and Maughan 2016, 46–47).

In the Turks and Caicos Islands, more women than men have postsecondary qualifications. This disparity is extremely pronounced for those aged 25–44 years. For this group, twice as many women as men have postsecondary

qualifications (TCICPA 39). The Belonger population is more educated than the non-Belonger population. Twenty-two percent of non-Belongers have received no secondary education and possess no educational certification, compared to less than 10 percent of Belongers having no secondary education. Twelve percent of non-Belongers have degrees, compared with 24 percent of Belongers (38). Children of Haitian immigrants seem to experience some discrimination in the educational system. Some have difficulty finding places in a crowded educational system that caters to the Belongers' population first, and some experience discrimination in schools (91). The Turks and Caicos Islands Community Campus, which has campuses on Providenciales and Grand Turk, is the only public tertiary-level education institution in the country.

Health

Although women have made significant educational advances in terms of their levels of certification, these gains have not resulted in similar advances in their health and survival. Life expectancy in all the Turks and Caicos, the Bahamas, and Barbados is high and comparable to that of other western countries. However, the longevity of the general populace is undermined by the reduced quality of life that the elderly experience in their later years because their health expectancy is lower than their life expectancy. Women tend to live longer than males and enjoy a slightly better life expectancy. However, maternal mortality rates are high when compared to other western countries. Women's access to health care is potentially jeopardized by an increased burden placed on these islands' health care systems due to the 2008 economic recession.

The average life expectancy at birth of Bahamians is 75.4 years (UNDP 2015). The life expectancy at birth for Bahamian females is 78.3 years compared to 72.3 years for men. However, as of 2012, the health expectancy for both sexes was 11 years lower than life expectancy (WHO 2016). In their last 11 years of life, both males and females experience reduced quality of life due to illness and disability. The adult mortality rate for women is also lower than that of men. The UNDP *Human Development Report of 2015* places the adult mortality rate among women at 88 per 1,000 people, compared to 141 per 1,000 people for men. The infant mortality rate is 10.4 per 1,000 live births (UNICEF 2003).

In Barbados, women's life expectancy is also higher than that of men, and their adult mortality rate is lower than

that of men. The overall average life expectancy at birth is 75.6; for females it is 78 years, and for males it is 73.2 years. As of 2012, health expectancy for both sexes was 12 years lower than life expectancy. The adult mortality rate among women is 65 per 1,000 people, compared to 116 per 1,000 people for men (UNDP 2015). The infant mortality rate per 1,000 live births is 13.3, and the maternal mortality ratio is 52 deaths per 100,000 live births (UNICEF 2013).

In the Turks and Caicos Islands, life expectancy is also high—82 years for women and 76.5 years for men. At approximately 6 per 1,000, infant mortality rates are low in comparison to most Latin American and Caribbean countries (TCICPA 2014, 19, 25).

Access to Health Care

Approximately 70 percent of Bahamians lack health insurance and pay for their health services on their own, which they may not be able to afford. The average Bahamian household spends roughly \$2,300 per year out of pocket on health care. The government has embarked on a plan, referred to as the National Health Initiative Bahamas (NHIB), to modernize health care facilities and make health care universal, more affordable, and easier to access by the average Bahamian. The plan is initially designed to provide primary health care services centered on promoting healthy behaviors and providing preventative care and medical services to maintain and promote health. It also aims to upgrade the existing health infrastructure of public and specialist clinics and hospitals and train or retrain health personnel to better meet the needs of their patients, including building a new maternal-child clinic in New Providence. Some initiatives target women and children by counselling for mothers “who are breastfeeding, monitoring and promoting nutrition, education and hygiene amongst children and young adults, support programs for pregnant women, children and the elderly and violence prevention programs” (NHIB 2016).

Health care in Barbados is funded by the government. Primary health care is free to all citizens and is provided through a system of eight polyclinics and clinics that are strategically located across the island. Acute, secondary, and tertiary health care is provided at the Queen Elizabeth Hospital, the island’s primary health care facility. There is one psychiatric hospital that caters to the mentally ill, one geriatric hospital, and four district hospitals providing care to the elderly. There are also two small private hospitals and three medical centers that provide emergency care and operate on a 24-hour basis (CALC 2012, vol. 2, 43).

Health care is free to all residents in the Turks and Caicos Islands and includes overseas treatment for health services that are not available on the islands. The government introduced a National Health Insurance Program (NHIP) in 2012, which is funded by the government, employers, and employees. The NHIP aims to make access to health care more equitable for all citizens of the islands. New hospitals with upgraded facilities and services have been built on Grand Turk and Providenciales. The other islands have primary care clinics. A challenge to the health care system is the high turnover of health care professionals, many of whom are contracted to work for a period of two to three years and often leave at the end of their contract period (TCICPA 2014, 632–634).

Haitian immigrants are often discriminated against in the health care system. Many only access the system in emergencies; poor and low-income Haitians are especially vulnerable. Pregnant women may not have any prenatal care and may only go to a hospital to give birth. Many Haitians are reluctant to use the TCI health care system to seek treatment for sexually transmitted infections (STIs) (89–90).

Maternal Health

In the Bahamas, the maternal mortality ratio is 37 deaths per 100,000 live births. A skilled health care professional attends to 98 percent of women at least once during pregnancy, and a skilled health care professional attends to almost all women, 99 percent, when giving birth (UNICEF 2003).

In Barbados, the maternal mortality ratio is 51 deaths per 1,000 live births, which compares unfavorably to countries with a high HDI where the average maternal mortality ratio is 15 (Allen and Maughan 2016, 18). Between 2008 and 2012, a skilled health care professional attended to all women at least once during their pregnancy and when giving birth (UNICEF 2013). Women receive free antenatal and postnatal care at the government-funded polyclinics. Maternal and child health services comprise a substantial portion of the health care delivered by the polyclinics, which also offer family planning and nutritional counseling. All antenatal cases are referred to the Queen Elizabeth Hospital between the 30th and 36th weeks of pregnancy, where women receive care until delivery (CALC 2012, vol. 2, 47).

In the Turks and Caicos Islands, an increase in immigration to the islands has meant increased demands on

the islands' health care services, especially in the areas of maternal and reproductive health and child health (TCICPA 2014, 635). Antenatal care is provided up to 35 weeks after birth (633).

The primary health care system, mainly clinics that treat minor ailments, has declined due to fiscal constraints, negatively affecting women's ability to access reproductive and sexual health services (TCICPA 2014, 19, 25).

Diseases and Disorders

The incidence of communicable diseases such as HIV/AIDS has fallen in all three territories, but the rise in chronic, noncommunicable diseases (CNCs), otherwise known as lifestyle diseases, threaten to negate any benefits gained from the decline in infectious diseases. CNCs are the most common cause of death on all three islands. Many of these diseases are linked to obesity and being overweight.

In the Bahamas, deaths due to HIV/AIDS have declined tremendously from 17 percent of all deaths in 1999 to 5 percent in 2010 (Department of Statistics 2016). The suicide rate for women is 1.3 per 100,000 people, which is slightly lower than their male counterparts at 3.6 per 100,000 people (UNDP 2015).

Infectious diseases that result from the increased movement of people and climate change, such as dengue fever, gastroenteritis and leptospirosis, are present in Barbados (CALC 2012, vol. 2, 51). In recent years, the mosquito-borne diseases chikungunya and Zika have also appeared. Cases of tuberculosis (TB) are present but remain low. Any rise in TB over the years has been linked to HIV/AIDS, as persons with compromised immune systems tend to become susceptible to TB. The Ministry of Health provides antiretroviral therapy (ART) to all residents infected with HIV, allowing them to live longer with the disease. Pregnant women are given the antiretroviral drug AZT free of cost, and there is a 95 percent success rate. Only 5 percent of the children born to these women remain HIV-positive to the age of 18 months. Barbados is dealing with an increase in noncommunicable diseases (NCDs), such as heart disease, type-2 diabetes, hypertension, and cancers that are primarily of the cervix, breast, and prostate (CALC 2012, vol. 2, 47–52).

In the Turks and Caicos, the incidence of preventable communicable diseases such as rubella, measles, and diphtheria is low due to an efficient vaccination service. TB cases are also rare, and most incidents that occur are

reported. However, HIV/AIDS cases are high, and as with the Bahamas and Barbados, there is a growing problem with NCDs (TCI CPA ES, 19). Chronic noncommunicable diseases, such as hypertension, heart disease, and diabetes, together with HIV/AIDS cause approximately one-third of all deaths. In 2005, antiretroviral therapy (ART) was introduced to treat HIV/AIDS, and by 2010, it was being administered to approximately 25 percent of those with the disease (TCICPA 2014, 631). In 2010, ART was administered to 23.4 percent of those known to be living with HIV (PAHO/WHO 2012, 205).

Hypertension and diabetes are the most common NCDs. In 2010, the hypertension rate was 32.2 per 10,000 people, and the diabetes rate was 11 per 10,000 people. In both instances, the male-to-female ratio is 1:1.4 (TCICPA 2014, 631–632). This increase in NCDs is due in large part to the increase in obesity among the population. Thirty percent of adolescents are either overweight or obese or at risk for being overweight (37).

Employment

Despite women's educational attainment, there is a gendered division of labor in all four territories. Women dominate in the service sector, while men tend to dominate in the manual and agricultural sectors.

In the Bahamas, a gender pay gap exists that places women at a disadvantage to men. The estimated gross national income per capita for females is 17,868.40 (as calculated in international dollars using a purchasing power parity rate). This is lower than the estimated gross national income per capita for males, which is 24,956.60 (2011 purchasing power parity rate). In addition, fewer women than men participate in the labor force; 69.3 percent of females who are 15 years and older participate in the labor force in comparison to 79.3 percent of men. The overall labor force participation rate for individuals who are 15 years and older is 74.1 percent. Women are concentrated into some work, such as domestic labor—6.4 percent of women work as domestics compared to 3 percent of men. The total unemployment rate is 16.2 percent, but the unemployment rate for youth aged 15–24 is almost twice as high at 30.8 percent (UNDP 2015).

In Barbados, female participation in the labor force is also lower compared to males: 62.1 percent of women compared to 73.1 percent of men as of 2013. The employment rate for males is 87.8 percent, and for females, it is 88.9 percent. At 11.1 percent, the unemployment rate for

females is slightly less than their male counterparts, which stands at 12.2 percent. On average, males earn 18.9 percent more than their female counterparts (Allen and Maughan 2016, 16). However, these figures are based on the formal economy and do not take into account women's work in the informal sector. Some women, particularly those who are poor, may earn income in the informal sector because such work allows them to balance caregiving responsibilities and work (28, 37).

The service economy dominates, with 72.6 percent employed in this industry (UNDP 2015). Employers are predominantly men, and self-employment is also dominated by men, a fact that contrasts with most of the developing world, where females tend to dominate in the self-employment sector (Bellony et al. 10). The percentage of men who own or manage businesses is 5.4 percent, compared to 2.5 percent for females (Allen and Maughan 2016, 17).

Women outnumber men in the wholesale and retail sectors (9.0% men; 11.2% women); the accommodation and food services sector, a division of the tourism industry (4.4% men; 8.3% women); education (2.4% men; 4.5% women); health and social work (1.5% men; 5.1% women); and domestic work (1.3% men; 3.7% women) (CIA 2017). Men dominate in construction, mining, and quarrying (11.1% men; 1.1% female); transportation and storage (5.7% men; 1.7% female); public administration and defense (5.4% men; 4.3% women); administrative and support services (4.4% men; 2.5% women); and electricity, gas, water, and agriculture (4.1% men; 2.3% women) (Allen and Maughan 2016, 22). More women than men work in the public sector, with men accounting for 44.6 percent (7,050) of all government workers and females accounting for 55.4 percent (8,741) of all government workers. Males, however, dominate in the police force, accounting for 78.3 percent of the 1,504 staff members (24).

After 2001, the Turks and Caicos Islands' labor force increased by 60 percent. As of 2012, women's labor force participation rate was 77 percent, compared to 86 percent for men. At 50 percent, total employment is divided evenly between men and women. The majority of the working population is between 25 and 44 years old, and approximately 70 percent of the unemployed are in this age group and have dependents that may include partners or children, signifying negative implications for families. The unemployment rate for women is 16 percent, compared to 18 percent for men (TCICPA 2014, 31–32). Nonnationals comprise two-thirds of the total employed population,

but they also account for more than 75 percent of the unemployed population. Many of these nonnationals may become illegal residents, as they lack the funds to renew work permits. The private sector accounts for 70 percent of all employment, and most of their employees are migrants. TCI nationals concentrate in the public sector, accounting for 18 percent of employment. Self-employment is 10 percent of all total employment, with 60 percent of TCI nationals being self-employed (32). Females are the majority in all sectors of the economy, except those requiring manual labor, such as construction, transportation, manufacturing, and agriculture (34, 36).

Family Life

The average household size is 3.4 persons; 61 percent of these homes are headed by men and 39 percent by women. The average household head is 45 years old (Commonwealth of the Bahamas 2010, 18–20). From the mid-1970s to the present, more than 50 percent of all births in the country were to unwed mothers (Department of Statistics 2016). In Barbados, of the 79,300 women in the 15–64 age group, 23.2 percent live with a husband; 9.1 percent are with a common-law partner (CLP); 15.4 percent are no longer with a husband or CLP; 31.6 percent never had a husband or CLP; and 1.2 percent are in a visiting relationship (Commonwealth of the Bahamas 2010, 181–183). Women are 33.6 percent of the heads of household, and 24.5 percent are the spouse or partner of the household head (200). Female-headed households have a higher poverty rate: 19.4 percent compared to 11.5 percent in male-headed households and 15 percent in all other households. Women head 62.2 percent of poor households. Female-headed households on average comprise more members than male-headed households. More women than men head households with more than four members, and these households have more dependents than other households. At 67.4 percent, a majority of women live without a resident partner, but they tend to live with their children and other family members (Allen and Maughan 2016, 30–31).

Generally, households in the Turks and Caicos Islands are differentiated based on whether they are composed of TCI nationals or are made up of nonnationals. Nonnationals account for 63 percent of households; nationals account for 27 percent of households; and 10 percent of households are a mixture of national and nonnationals. Women head 48 percent of the TCI national households, 34 percent of the nonnational households, and 25 percent

of mixed households. Overall, women head 36 percent of all households (TCICPA 21). Forty percent of households have children. In just under 50 percent of households, couples are living together. One-third of households with children have only one parent (20–21).

Homosexuality was decriminalized in 1991 in the Bahamas and in 2000 in the Turks and Caicos Islands, but it remains a criminal offense in Barbados under the Sexual Offences Act (1992). However, the law is not enforced, and consensual acts are not prosecuted. Same-sex unions are illegal in all three territories. The LGBT community on these islands is still vulnerable to discrimination. Gender-equality legislation has often been tied to gender-based legislation. For example, in 2016, in the Bahamas, a series of constitutional amendments were passed that extend citizenship rights to the foreign-born children and spouses of Bahamian women and make it unconstitutional to discriminate against others on the basis of their sex (Caribbean 360 2016). In Barbados, one leader in the struggle for gay rights is Donnya Piggott, the founder and leader of the gay rights advocacy group the Barbados Gays and Lesbians and All-Sexuals against Discrimination (B-GLAD). An activist, Piggott, brings awareness to the plight of the LGBT community in Barbados and the Caribbean and advocates for their rights (Williams 2015).

Politics

Although women comprise at least half the population in these three countries, their political participation falls below their male counterparts. They are underrepresented in both electoral politics and the hierarchy of individual political parties despite the removal of structural and systemic barriers to their participation in the political process. Underrepresentation is pronounced in the Bahamas and Barbados, but it is less severe in the Turks and Caicos Islands, where women's political participation is approaching levels that are comparable to that of men.

The Bahamas and Barbados are sovereign countries that retain only symbolic political ties with Great Britain. Each is a parliamentary democracy with a bicameral legislature and a multiparty system of government. Their constitutions are modeled after the British Westminster model, and both are members of the Commonwealth of Nations, which recognize Queen Elizabeth II as the head of state. Both territories have a governor-general who functions as the Queen's local representative, a ceremonial position that lacks any substantive political power. In both countries, the

legislature consists of a Senate and a House of Assembly, and the executive branch of government includes a cabinet of ministers that is headed by the prime minister. The judiciary of the Bahamas is made up of a Supreme Court and a Court of Appeal (Government of the Bahamas 2016). In Barbados, the judiciary includes a Magistrate of Courts, a High Court and a Court of Appeal (CALC 2012, vol. 2, 64). Both countries have two main political parties.

The Turks and Caicos Islands has not attained political sovereignty. Rather, it is a British Overseas Territory, and its government is made up of the following: a governor who is appointed as the Queen's representative; a deputy governor who is appointed by the governor; and a House of Assembly made up of 19 seats, of which 15 are directly elected by the people, 1 who is nominated by the premier and appointed by the governor, 1 who is nominated by the leader of the opposition and appointed by the governor, and 2 who are directly appointed by the governor (Government of the TCIs 2016). There are two main political parties in the Turks and Caicos Islands.

In the Bahamas, women hold 16.7 percent of the seats in parliament (CIA 2017). Of the 20 cabinet positions, 4 are held by women (Government of the Bahamas 2016). The share of seats held by women in parliament in Barbados is 19.6 percent (UNDP 2015). Of the 20 elected ministers in the House of Assembly, 17 are men and 3 are women (Allen and Maughan 2016, 16). One of these women is the leader of the current opposition party, the Barbados Labor Party. In the Turks and Caicos Islands, 46 percent of elected and nominated political positions are held by women (National Review TCI 2014, 7), and 7 of the 18 members of the House of Assembly are women (Government of the TCIs 2016). They include the deputy premier, three ministers, and the leader of the opposition (National Review TCI 2014, 7).

Regardless of their socioeconomic backgrounds, women are socialized to be caregivers and mothers and to see these roles as exclusive from political participation. Many women combine caregiving responsibilities with income-earning activity in the form of jobs and careers, leaving no time to devote to active involvement in the political process. Political parties have not provided incentives to attract or accommodate women so they can be successful. To date, women have not developed as a political block with the power to influence the outcomes of elections. They are not viewed as a demographic that has to be wooed by political parties (Barrow-Giles 2005, 56–58). Finally, women lack the same level of access to political

funds as their male counterparts. Historically, many politicians have risen from a business class possessing independent sources of wealth. Women, who have traditionally been excluded from this class, face the difficult task of generating their own funds or may have to depend on financial support from their parties to fund their campaigns (70).

Religious Roles

Women have traditionally made up the majority of church members in most churches and, as members of church-related groups such as the Mothers' Union, engage in charitable works to help the community. Yet, until recently, they have been barred from assuming positions of authority in the church. The Anglican Church has amended its practices to include women in leadership and administrative positions. Since 1996, the Anglican Church in Barbados has ordained women as priests (Alleyne 2016). To date, there are approximately 11 female priests and 1 female deacon. Women are also members of the Synod Council, the governing body that manages the church. In 1999, the Anglican Church of the Bahamas ordained its first female deacon, and in 2012, the Anglican Diocese in the Bahamas and the Turks and Caicos Islands voted to ordain women as bishops (*Nassau Guardian* 2012). Women also appear to be assuming more leadership positions in other religious denominations.

Issues

Teen Pregnancy

The teen pregnancy rates in the Caribbean territories are high. The UNDP *Human Development Report of 2015* places the adolescent birth rate in the Bahamas (births per 1,000 women ages 15–19) at 28.5. Ten percent of total births in the Bahamas are by females under the age of 20 (Department of Statistics 2016). According to Sonia Brown, president of PACE Foundation, each year in the Bahamas, an average of 700 girls under the age of 20 become pregnant. About 20 percent of these girls have a repeat pregnancy while still in their teens. In the 10 years prior to 2012, the teen pregnancy rate dropped by only 2 percent. Many of these young mothers, whose average age is 14–15, lack the maturity and other resources to adequately cope with their pregnancies and are often in need of caregivers and babysitters when they become employed (Cartwright-Carroll 2012).

In Barbados, the UNDP *Human Development Report of 2015* places the adolescent birth rate (births per 1,000

women ages 15–19) at 48.4. Among countries with a high HDI, the adolescent fertility rate is 18.7 percent (Allen and Maughan 2016, 18). In 2010, 14.9 percent of all births were to teen mothers (PAHO 2012). Although this is a substantial decline from the 1980s, where the teen pregnancy rates averaged 30 percent, high rates of teen abortions parallel the teen pregnancy rate decrease. The high rate of teen abortions indicates adolescent girls in Barbados may not have adequate access to contraception. Teen girls can only be provided with medical sexual and reproductive services, including contraceptives, if parental consent is given. Many doctors may adopt the view that the age of legal maturity is 18 and refuse to provide sexual and reproductive services to younger girls unless parental consent is given (Henry 2011, 2). Many teen girls are usually reluctant to reveal their sexual activity to their parents and thus may engage in risky sexual behaviors rather than elicit their parents' help to access contraception.

Contraceptive prevalence rates (CPR) have increased in the Latin American and Caribbean region from 61.2 percent in the 1990s to 72.7 percent in 2015 in women aged 15–49, and the unmet need for family planning (UNR) in this age group has declined from 17.3 percent in 1990 to 10.7 percent in 2015 (UNFPA 2016, 12, 16). However, the high rate of teen pregnancies in these three territories may indicate that CPR rates have not been fully satisfied among the adolescent demographic whose need for family planning remains unmet.

The teen pregnancy rate in the Turks and Caicos Islands, as of 2010, was 6.1 percent (PAHO 2012). Most teen pregnancies are unplanned and are usually accompanied by negative effects. Teen mothers are unable to complete school, they experience difficulties finding employment or their ability to attend work may be compromised because they cannot find a babysitter, they often receive no support from the fathers of the babies, and they have difficulty managing their maternal responsibilities with their desire to carry on with their former lifestyles (TCICPA 2014, 14). In addition, according to Inspector Irene Butterfield, the head of the Sexual Offences and Domestic Violence Unit within the Royal Turks and Caicos Islands Police Force, some cases of teen pregnancy are not being reported (*Turks and Caicos Weekly News* 2015).

A number of programs have been established to support teen mothers, such as PACE (Providing Access to Continued Education). In the Bahamas, the Ministry of Health provides counseling services to at-risk adolescents and PACE enrolls about 100–150 pregnant teens each year

in its educational and support services. It also seeks to make individuals aware of policies designed to reduce the teen pregnancy rate (Moss-Knight and Carroll 2013).

In Barbados, a health program that specifically targets adolescents was implemented in 2010. Based in schools and clinics, the program aims to educate teens and provide them with life skills on issues related to sexuality, violence, and substance abuse (PAHO 2012). The Barbados Family Planning Association (BFPA), established in 1953, also provides services to teen mothers in the form of counseling services that are designed to help adolescents assume control of their sexual and reproductive health. The BFPA also offers other services, such as Pap smears, pregnancy tests, contraceptives, and sterilization (CALC 2012, vol. 2, 47).

In the Turks and Caicos Islands, the Women in Development Program, a governmental agency administered by the Gender Affairs Unit (GAU), supports single mothers by raising public awareness of family issues and day care services and a Continuous Education Program (CEP). Established in 2000, CEP equips those unable to complete their education with basic skills to help them become more competitive in the job market (TCICPA 2014, 14).

Violence against Women and Human Trafficking

Gender-based violence has long plagued women in these societies and contributes to a significant portion of the crimes committed. Legislation has been put in place to address this issue, but it is not always adequate. In addition, crisis centers have been established to offer support and protection to women who are the victims of intimate partner violence. In the Bahamas, the Domestic Violence (Protection Orders) Act 2007 and the Sexual Offences and Domestic Violence Act Chap 99 (2006 Revised) provide legal recourse to victims of domestic violence and sex trafficking, and the Bahamas Crisis Centre, a nonprofit organization, provides assistance to victims of domestic abuse and advocates on their behalf.

In Barbados, legislation to address violence against women in the home and the workplace is in the process of being extended and implemented. In 1992, the island implemented the Domestic Violence (Protection Orders) Act, providing legal recourse. This act does not apply to visiting relationships, which are fairly common on the island. Attempts are also being made to implement and extend legislation on domestic violence, sexual harassment in the workplace, and human trafficking to offer better legal

recourse and protection to victims of these crimes. Women who are abused can receive help from the Services Alliance for Violent Encounters Foundation, popularly known as the SAVE Foundation, a nonprofit organization designed to provide counseling and other forms of support to women who have been abused by their partners (Canada: Immigration and Refugee Board of Canada 2017).

In the Turks and Caicos Islands, the most common crimes against women are domestic violence and sexual-related offenses. In 2011, the police established a Sexual Offences and Domestic Violence Unit to handle crimes against women and children and to encourage victims to report these crimes. Personnel have been trained to work with the victims of these crimes and the Social Services and Gender Affairs Department, which advocated that the unit be formed, to provide support and guidance to the victims (*Turks and Caicos Weekly News* 2015). The Social Services and Gender Affairs Department raises awareness about issues related to women at the local and community levels, advocates for women's rights, and promotes gender-equality legislation. Legislation designed to address the issue of domestic violence has been drafted but has not yet been implemented (Beijing Platform +20 Report 2014, 6). The island also has a high rate of human and sex trafficking. The large migrant population of the island is particularly vulnerable to sex trafficking and forced labor. Legislation against human trafficking has been drafted but has not yet been implemented (*Caribbean News Now* 2015).

AGNEL BARRON

Further Resources

- Allen, Caroline F., and Juliette Maughan. 2016. "Country Gender Assessment Barbados." Caribbean Development Bank. Retrieved from <http://www.caribank.org/wp-content/uploads/2016/05/CountryGenderAssessmentBarbados.pdf>.
- Alleyne, George. 2016. "Women at the Altar: Local Anglican Church Marks Two Decades of Women in the Priesthood." *Barbados Today*, June 2. Retrieved from <https://www.babados.today.bb/2016/06/02/women-at-the-altar>.
- Barrow-Giles, Cynthia. 2005. "Political Party Financing and Women's Political Participation in the Caribbean." In *From Grassroots to the Airwaves: Paying for Political Parties and Campaigns in the Caribbean*, edited by Steven Griner and Daniel Zovatto, 55–70. Washington, D.C.: Organization of American States, International IDEA.
- Beijing Platform +20 Report. 2014. National Review Turks and Caicos Islands, May 19. Retrieved from http://www.cepal.org/mujer/noticias/paginas/3/51823/Turks_and_Caicos_Islands_Review_Beijing_20.pdf.
- Bellony, A., A. Hoyos, and H. Nopo. 2010. "Gender Earnings Gaps in the Caribbean: Evidence from Barbados and Jamaica."

- IDB Working Paper Series No. IDB-WP-210. Retrieved from <http://idbdocs.iadb.org/wsdocs/getdocument.aspx?docnum=35326952>.
- Blank, Sharla. 2013. "An Historical and Contemporary Overview of Gendered Caribbean Relations." *Journal of Arts and Humanities* 2.4: 1–10.
- CALC (Barbados Country Assessment of Living Conditions). 2012. Cave Hill Campus, Barbados. Retrieved from <http://www.caribank.org/uploads/2012/12/Barbados-CALC-Volume-1-MainReport-FINAL-Dec-2012.pdf>.
- Canada: Immigration and Refugee Board of Canada. 2017. *Barbados: Domestic violence, including legislation; recourse and support services available to victims (2015–January 2017)*, 3 March 2017, BRB105717.E. Retrieved from <http://www.refworld.org/docid/58d5386b4.html>.
- Caribbean News Now. 2015. "Turks and Caicos Government Silent on Sex Trafficking Report." August 21. Retrieved from <http://www.caribbeannewsnow.com/headline-Turks-and-Caicos-government-silent-on-sex-trafficking-report-27311.html>.
- Caribbean 360. 2016. "Historic Gender Equality Legislation passed in Bahamas Parliament." March 3. Retrieved from <http://www.caribbean360.com/news/historic-gender-equality-legislation-passed-bahamas-parliament>.
- Cartwright-Carroll, Travis. 2012. "Average of 700 Teen Pregnancies Annually." *Nassau Guardian*, November 17. Retrieved from http://www.thenassauguardian.com/index.php?option=com_content&view=article&id=35421&Itemid=27.
- CIA (Central Intelligence Agency). 2017. "Bahamas." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook>.
- Clare, William. 2009. "The History of Tourism in the Turks & Caicos Islands." In *History of the Turks and Caicos Islands*, edited by Carlton Mills, 203–213. Oxford, UK: Macmillan.
- Commonwealth of the Bahamas. 2010. "Census of Population and Housing." Retrieved from <http://www.soencouragement.org/forms/CENSUS2010084903300.pdf>.
- Country Meters. 2017. "Barbados Population Clock." Retrieved from <http://countrymeters.info/en/Barbados>.
- Department of Statistics. 2016. Retrieved from <http://bahamas.gov.bs/wps/portal/public/gov/government/services/adolescent-healthcare>.
- Government of the Bahamas. 2016. "The Government of the Bahamas." Retrieved from <http://www.bahamas.gov.bs/wps/portal/public/gov/government/>.
- Government of the Turks and Caicos Islands. 2016. "Structure of Governance." Retrieved from <https://www.gov.tc/structure-of-governance>.
- Henry, Ruth. 2011. "A Legal Gap Analysis of Adolescent Sexual and Reproductive Health and Rights in Barbados." Retrieved from <https://caribbean.unfpa.org/webdav/site/caribbean/shared/publications/2011/Barbados/SRH/Legal%20Gap%20Analysis%20ASRH%20Barbados.pdf>.
- IMF (International Monetary Fund). 2016. "Press Release: IMF Staff Completes 2016 Article IV Mission to Barbados." May 19. Retrieved from <https://www.imf.org/en/News/Articles/2015/09/14/01/49/pr16232>.
- Innerarity, Faith D. 2000. "Marriage and Family in the Caribbean." In *World Family Policy Forum*, 59–68. Retrieved from <http://www.law2.byu.edu/wfpc/forum/2000/Innerarity.pdf>.
- Mills, Carlton. 2009. "The Turks and Caicos Islands: Overview." In *History of the Turks and Caicos Islands*, edited by Carlton Mills, 1–31. Oxford, U.K.: Macmillan.
- Moss-Knight, Tamarah, and Cheryl Carroll. 2013. "Tailoring a Parenting Curriculum for the Needs of Pregnant Adolescents in the Bahamas." *Journal of Human Behavior in the Social Environment* 23.2: 137–143.
- Nassau Guardian*. 2012. "Female Anglican Bishops Just a Matter of Time." November 29. Retrieved from https://www.bahamaslocal.com/newsitem/61257/Female_Anglican_bishops_just_a_matter_of_time.html.
- NHIB (National Health Insurance Bahamas). 2016. Retrieved from <http://www.nhibahamas.gov.bs/understanding-nhi-bahamas>.
- PAHO (Pan American Health Organization). 2012. "Health in the Americas." Retrieved from <http://www.paho.org/saludenlasamericas/index.php>.
- PAHO/WHO (Pan American Health Organization/World Health Organization). 2012. "Turks and Caicos Islands." Health in the Americas, 204–207. Retrieved from http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=25191&Itemid=270.
- Sands, Janelle. 2014. "Fresh Feature: Terneille Burrowes of the Bahamas." Secret Curl Society, July 20. Retrieved from <http://secretcurlsociety.com/featured/fresh-feature-terneille-burrowes-of-the-bahamas>.
- Smith, Natanga. 2015. "Putting a Price Tag on Beauty." *Nation News*, March 26. Retrieved from <http://www.nationnews.com/nationnews/news/65229/putting-price-tag-beauty>.
- TCICPA (Turks and Caicos Islands Country Poverty Assessment). 2014. "Final Report." Halcrow Group Limited. Retrieved from https://www.caribank.org/uploads/2014/09/TCI_CPA-2012-Volume-2.pdf.
- Turks and Caicos Weekly News. 2015. "Ending Violence against Women." March 16. <http://tcweeklynews.com/ending-violence-against-women-and-children-p3721-127.htm>
- UNDP (UN Development Programme). 2015. *Human Development Report*. Retrieved from <http://hdr.undp.org/en/countries/profiles/BRB>.
- UNFPA (United Nations Population Fund). 2016. "Universal Access to Reproductive Health: Progress and Challenges." Retrieved from https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_Reproductive_Paper_20160120_online.pdf.
- UNICEF. 2003. "Bahamas." Retrieved from <https://www.unicef.org/infobycountry/bahamas.html>
- UNICEF. 2013. "Barbados." Retrieved from http://www.unicef.org/infobycountry/barbados_statistics.html.
- UNICEF/CAO. 2002. "Children in Focus: Health and Family Life Education, Ten Years and Beyond." Retrieved from https://www.unicef.org/easterncaribbean/cao_publications_cifhfe2.pdf.
- UN Women Caribbean. 2016. "Turks and Caicos." Retrieved from <http://caribbean.unwomen.org/en/caribbean-gender-portal/caribbean-gbv-law-portal/gbv-country-resources/turks-and-caicos>.

- UN Women Caribbean. 2016. "The Bahamas." Retrieved from <http://caribbean.unwomen.org/en/caribbean-gender-portal/caribbean-gbv-law-portal/gbv-country-resources/the-bahamas>.
- WHO (World Health Organization). 2016. "Statistical Profile" Retrieved from <http://www.who.int/countries/bhs/en>.
- Wiggins, John. 2015. "PEFA Assessment of the Turks and Caicos Islands, Final Report." International Consultants. Retrieved from <https://pefa.org/sites/default/files/assessments/comments/TC-Feb12-PFMPR-Public.pdf>.
- Williams, Marie-Claire. 2015. "Living LGBT: Piggott Hopes Queen's Recognition Will Lead to Greater Tolerance." *Barbados Today*, June 27. Retrieved from <https://www.barbadostoday.bb/2015/06/27/living-lbgt>.

Belize

Overview of Country

Belize, previously British Honduras until 1973, is located on the eastern coast of Central America on the Caribbean Sea between Guatemala and Mexico. Its shallow coastal waters are protected by a 185-mile barrier reef dotted by islets called *cayes*. The area of the mainland and cayes is 8,805 square miles (22,806 sq. km) (CIA 2016). The Maya Mountains and the Cockscomb Range dominate the southern half of the country with the highest elevation in Belize at 3,688 feet above sea level. The Cayo District in the west includes the Mountain Pine Range. The northern districts contain considerable areas of tableland. Eighteen major rivers drain low-lying areas, the largest being the Belize River (Merrill 1992).

Belize's subtropical climate is tempered by trade winds. Temperatures in the coastal districts range from 50 to 96 degrees Fahrenheit, with greater ranges inland. Average yearly rainfall ranges from 51 inches per year in the north to 175 inches in the extreme south (EOB 2016a). The Maya Golden Landscape forms one of Central America's last unbroken stretches of broadleaf forest and is a key link in the Mesoamerican Biological Corridor, one of the world's richest assemblages of biodiversity where some 18 species can be found nowhere else on earth. The forests preserve water quality that drains onto the Mesoamerican Barrier Reef and provide water for local communities and large agricultural areas (Fauna & Flora International 2014).

Belize's total population is approximately 353,000. Mayans, at 11 percent of the population, are the indigenous

people of Belize and among the poorest. They mainly live in the Toledo District, the least developed and southernmost district. Mestizos, the largest population at nearly 50 percent, arrived in Belize after fleeing the Yucatan in 1848. They mainly reside in the more developed Northern Districts. An influx of immigrants from Central American countries such as Guatemala, El Salvador, and Honduras can also be considered mestizo; they have been settling in rural areas and are creating new communities. Creoles, or Afro-Belizeans, comprise 25.9 percent of the population and are descendants of enslaved Africans; they primarily live in Belize City, Belize's largest city. Once slavery was abolished, East Indian people were brought as indentured servants; they now make up 3.9 percent of the population. The Creole and East Indian populations were integrated into the wider Belizean culture. Garifunas are 6.1 percent of Belizeans and have Afro-Honduran roots. Chinese people immigrated to Belize primarily to work in the sugarcane fields; Asians as a whole represent 1 percent of Belizeans (CIA 2016). Mennonites, who make up 3.6 of the population, immigrated after World War II to find land and escape religious discrimination. They adopt modern conveniences as needed, but otherwise hold to their traditions (CIA 2016; Kok and Roessingh 2015). Recent immigrants from Europe and North America further add to this cultural mix.

Many cultures intermingle in Belize, and people tend to think of themselves as Belizean before another culture, such as Creole or Maya. In fact, so great an intermingling of cultures has occurred that concerns are growing that individual cultural heritage is being lost. UNESCO held a five-day workshop on ways to preserve cultural heritage (Moody 2012). Most people in Belize are bilingual, with English, the official language, being the first language and spoken by 62 percent of the population. At 56 percent, more than half of the residents speak Spanish, which is taught as a second language in school. A significant number of people speak Belizean Creole (44%). Other languages include Maya (10%), German (3%), and Garifuna (or Garinagu, 2%) (CIA 2016).

The population is nearly evenly divided between women and men. Average life expectancy for the total population is 70 years for women and 67 for men. Migration continues to transform Belize's population. About 16 percent of Belizeans live abroad, often for financial reasons, while immigrants constitute approximately 15 percent of Belize's population (CIA 2016). Belize has a favorable immigration policy for retirees who emigrate from the

United States as well as from neighboring Guatemala and Mexico. Immigration accounts for an increasing share of Belize's population growth rate, which is steadily falling due to fertility decline. Belize's declining birth rate and increased life expectancy are creating an aging population (CIA 2016).

Belize has a public-private economy. Tourism is an important foundation of the economy, as are exports of marine products, citrus, sugar, bananas, and garments. Major efforts are being made toward agricultural diversification. Industrial development is encouraged through incentives that include tax holidays and import duty exemptions.

The labor force works in services such as tourism and call centers (71%), industry (15%), and agriculture (10%) (Martin 2015; CIA 2016). Belize's fishing industry is small and growing, with potential for development. In recent years, forestry has had a resurgence. Reforestation and natural regeneration in the pine forest and artificial regeneration of fast-growing tropical hardwood species are in progress (EOB 2016a). Mennonites, while only 3.6 percent of the population, produce more than 60 percent of the food in local stores (Girma 2011). Although Belize has the second-highest income per capita in Central America, it also has significant income disparity between the rich and the poor, with 40 percent (2013 estimate) of Belizeans living in poverty (CIA 2016).

Belize generates electricity domestically using firewood and other biomass products, including bagasse, a by-product of sugarcane. Belize has adopted renewable energy technologies and is connected to a power grid in Mexico. Recently, the Chalillo hydroelectric dam, covering about three square miles, was built on the Macal River in western Belize. Threats to the country's biodiversity include the expansion of commercial citrus and banana farms; agricultural practices such as burning; wildlife hunting; and extraction of timber and xaté (floral industry palm) (Fauna & Flora International 2014).

Overview of Women's Lives

While cultural norms and other structural barriers limit gender equity for women, they have seen improvements. In comparison to countries around the world, women's empowerment is ranked at 90th out of 188 countries, placing it in a high human development category. Empowerment is determined by reproductive health, political representation, and participation in the labor force (UNDP 2015).

Girls and Teens

The Labor Act of Belize sets the minimum age for work at 14. The Families and Children Act prohibits hazardous work for children under 18 years old; however, a shortage of inspectors hampers enforcement. Despite these structural protections, Belize faces ongoing problems with child labor; more than one-third of the child population works. Children work agricultural jobs after school and on weekends and may work with dangerous tools or chemicals. Children are also victims of forced prostitution and sex tourism, often by tourists from the United States (CIA 2016).

In 2008, the Belize Police Department initiated the Gang Resistance Education and Training program, where police officers work in classrooms to mentor teens. This has been successful in reducing violence and gang membership. A youth apprentice program has been established in Belize City to help teens find employment by working closely with businesses (Sanchez 2013). In 2012, young people in Belize from churches and civil organizations united to develop a proposal called the Prevention of Youth Involved in Violence in Belize 2012–2022. The proposed policy addressed the problems of violence against young people and the resulting effects from such violence (Interpeace 2013).

Childhood hunger is a problem in Belize. In 2011, 3.3 percent of children under five did not receive proper nutrition and were categorized as wasting (World Bank 2016). School meals are the only nutrition for some children, especially those from indigenous communities (World Bank 2013).

Teenagers are defying traditional thought by questioning traditional gender roles. They face the same problems as teens in many other countries, such as bullying, stress, and social pressures. They express themselves through blogging and are concerned with such societal problems as education, violence, and poverty (FLC 2014).

Recreation

Young women are participating more in sports and activities that were once the realm of boys. For example, the Belize Volleyball Association ran a free camp in the summer of 2014 for boys and girls. Girls and women participate in community activities that include walks for charity, bicycle races, book clubs and religious activities. They also participate in music and dance, and beauty and talent pageants are ubiquitous. It is not a part of Mayan culture

for women to relax; rather, more work should be found (Stepanek 2005, 57).

Education

Education is compulsory from ages 6–14. Primary and secondary schools are free; however, many families are unable to afford school fees or textbook and uniform expenses. Religious organizations and the government operate schools. Vocational training is available for those unable to complete secondary school. Combined with a lack of transportation in rural areas and a general shortage of trained teachers, educational opportunities may be limited or unavailable, particularly for indigenous women. The government has greatly expanded preschool education over the past five years and recognizes education as a basic human right.

Health

In its National Gender Policy, Belize articulates its commitment to women's and men's health with several goals: invest in primary and preventative health care, integrate sexual and reproductive health into the country's development and increase men's access to such services, support mental health services in local areas, and continue to expand access to care in rural areas among others.

Access to Health Care

To meet its goals, Belize relies on foreign medical providers, which fill the shortage of local health care workers, many of whom leave the country to find better opportunities elsewhere. With this arrangement, there are 72 doctors per 100,000 people (Catzim-Sanchez 2013, 15). Care is available through a network of over 30 hospitals, clinics, and other agencies distributed across the country.

Maternal Health

Because investing in women's education has a multipronged effect, children's health is correlated to the education level of the mother, not the father (Catzim-Sanchez 2013). Women have the right to birth control and the Ministry of Health and the Belize Family Life Association provide access to women's health services, including family planning. Belize's low maternal mortality rate of 28 per 100,000 live births (2015 estimate) is due in part to the fact that 96 percent of pregnant women received prenatal

care and benefited from having a skilled medical professional attend just over 96 percent of births (CIA 2016; UNICEF 2013).

Mayan women and children often live in poverty and suffer from anemia, malnourishment, and worm infestation (World Bank 2013). Mayan women also rely on the medicinal value of many plants.

Diseases and Disorders

Belize has the highest rate of HIV/AIDS in Central America with approximately 3,600 adults (2,000 women) infected. Young women become infected at twice the rate of their male peers (IFRC n.d.; Catzim-Sanchez 2013, 16). Poverty, drug abuse, and violence all contribute to the high rate of the disease. The Global Fund supports efforts in Belize to provide access to condoms and testing for sexually transmitted infections, and antiretroviral (ARV) drugs are available free of charge.

Women in rural areas are the most lacking in education on health issues, and outreach efforts have been made to this community, including the establishment of health centers (GOB-UNICEF 2011). Four percent of teenage pregnancies occur among girls 10–14 years old. In fact, the major cause of hospitalization among teenagers is due to a lack of obstetric care (Catzim-Sanchez 2013). In 2015, 6 percent of the entire population was undernourished, an increase of 1 percent since 2005 (World Bank 2016).

Employment

Services (71.7%), industry (18.1%), and agriculture (10.2%) are the largest employment sectors. Women participate less than men in the labor force. At 35 percent (2012 estimate), their unemployment rate is almost twice that of men (CIA 2016). Women work in many occupations, including teaching, where there are many Garifunas. Nursing and professional jobs such as law and accounting are often held by Creole women. Many government jobs, such as social work and law enforcement, are held by mestizos, who also predominate in small business and farming. Although the cultures have intermixed, Mayan women have not succeeded in moving to middle-class jobs, and many Creole women in Belize City have limited economic opportunity (Merrill 1992). It is difficult for women in either rural or urban areas to move out of poverty and unemployment and into the middle class. More women are completing higher education, and some women are entering nontraditional fields (Lewis and Vernon 2012, 53).

As of 2013, it was estimated that 4 out of 10 households lived in poverty, despite an unemployment rate of 12 percent (CIA 2016). Poverty tends to be chronic rather than temporary. Issues of alcoholism, absentee fathers, and gender-based violence compound the problem of poverty.

The law offers women protection from sexual harassment in the workplace, and cases are resolved through a labor complaints tribunal. In 2012, the labor commissioner received no complaints regarding unequal pay, though women and men tend to work in different occupations (U.S. Department of State 2012, 3). The minimum wage was recently equalized for jobs traditionally held by women; previously it differed by occupation. Belize subscribes to the construct of Equal Pay for Work of Equal Value and legislated equal pay for equal tasks (Catzim-Sanchez 2013, 29).

Family Life

Women are generally in charge of daily household affairs and raising children, and they are expected to obey their husbands. While cultural norms prescribe that women hold traditional family roles; mother and daughter relationships are typically close, which seems to benefit both parties (Anderson-Fye 2004, 582). There are laws that criminalize rape and spousal rape; but in actuality, many incidents are not reported, and those that are reported are often not prosecuted (U.S. Department of State 2012, 14). Women who speak out against these forms of male domination are often silenced through male ridicule. Though efforts to stop domestic violence have gained some traction in recent years, women are often still blamed for sexual misconduct, and rape is often viewed culturally as just another form of sex (Catzim-Sanchez 2013). In addition, women may feel the need protect themselves from sexual harassment by foregoing certain activities. For example, in 2014, interviews of young women revealed that many choose not to attend the annual Carnival celebration due to inappropriate touching (*Ambergris Today* 2012).

Politics

The government of Belize is a parliamentary democracy based on the Westminster system. The country is a sovereign, democratic state. A prime minister and cabinet comprise the executive branch, while a 31-member elected House of Representatives and a 12-member appointed Senate form a bicameral legislature. Her Majesty Queen

Elizabeth II is the constitutional head of state. A governor-general, who must be a Belizean and has always been a man, represents the Queen in Belize (CIA 2016).

The cabinet consists of a prime minister and other ministers and ministers of state who are appointed by the governor-general on the advice of the prime minister. The majority party in the House of Representatives selects the prime minister, and the governor-general appoints six senators. The speaker of the House of Representatives and the president of the Senate are elected. General elections are held at intervals of no longer than five years. There are six administrative districts. District administration is jointly run by a number of government functionaries. Each district town has a locally elected town council of seven members. The voting age is 18 (EOB 2016b). In support of their own community and practices, the Maya appoint an alcade or headman in each village to ensure their village laws are not broken.

As of 2012, there was only one woman in the House of Representatives, the sixth woman ever to hold such a position. Women have been gaining more representation in the Senate. In 2003, women comprised 25 percent of the Senate, and by 2012, that total had risen to 41.7 percent (Lewis and Vernon 2012, 47–59).

The political system makes it difficult for women to become elected to office. Government resources are filtered through politicians who show largess to those who are politically loyal. Women are responsible for maintaining their households and need these government resources. Therefore, they often support male politicians. Generally, in national elections, approximately 5 percent of the candidates are women (47–59).

Locally, prior to 1999, a woman generally held only 1 seat on the 9-member Belize City Council. From 2000 to 2009, 3–6 members of the 11-member council were woman. However, since 2009, only 1 woman has served on the council. The council appoints a mayor and has appointed 1 woman as mayor for two terms. The Belmopan City Council, established in 2000, includes 7 members, with 2–3 women holding seats (47–59).

Since 2000, women have consistently held approximately 20 percent of the seats available on town boards. However, since the towns began electing mayors in 2000, there has only been one woman mayor. She held the position for three terms. At the village level, the representation of women depends on location. In more rural areas, women may hold no seats on the village council. However, in the Belize District, women hold an average of nearly

three seats per council. Even in districts with the highest percentages of female town councilors, women hold less than 50 percent of the council seats (47–59).

The National Women's Commission published a Revised National Gender Policy that detailed five priorities: health, education and training, wealth and employment generation, violence producing conditions and power, and decision making. The policy's overarching premise is that everyone benefits when women are included in policy making and governance (Catzim-Sanchez 2013, 4).

The National Women's Commission developed a program titled Women in Politics to train women on how to run for office. In 2013, the Belize Women's Political Caucus launched a two-year action plan with the goal of gender equality in races and government by 2020 (Bowman 2013). From 2012 to 2014, the Strengthening Women's Representation in National Leadership in Belize Project focused on promoting women's representation in politics as a way to strengthen their economic and social status and aimed to institutionalize women's equal participation as representatives (UNDP Belize 2016).

Religious and Cultural Roles

Christianity is the primary religion practiced in Belize, with nearly 40 percent being Catholic and more than 30 percent Protestant, but the country is religiously diverse, with small populations of Mormons, Hindus, Muslims, Baha'i, and Rastafarian (CIA 2016). The Maya and Garifuna blended their traditional beliefs with Christianity. For example, the Garifunas maintain a *dugu* ritual to honor their ancestors, and some older Creoles practice *obeah*, or witchcraft (Merrill 1992).

In 1959, 3,000 Mennonites immigrated to Belize. They have a special agreement with the Belize government that includes exemption from military service. They are free to practice their own form of local government and run their own schools, banks, and businesses. Mennonites are culturally isolated, but they participate fully in the economy and provide many needed products (Minority Rights 2016).

Issues

Sexual Exploitation of Children

Sexual exploitation of children is a serious issue facing the government and people of Belize. In 2012, laws were enacted, including the Criminal Sexual Exploitation of Children Act, which increased penalties related to the

sexual exploitation of children. However, the act allows 16- and 17-year-old children to engage in sexual acts for payment. This fact, combined with a cultural history of families providing older children to much older men to provide income for the family, may lead to more sexual exploitation. Young women (ages 15–24) have twice the HIV rate as young men, whereas the trend is reversed for older women, underscoring the issue of intergenerational sex between young women and older men (Catzim-Sanchez 2013, 16). Poverty and its attendant issues of familial instability and lack of cohesion also contribute to exploitation (33).

Beauty Standards and Body Image

Belize has a tradition of beauty contests that provide upward mobility for girls and women. Women who win beauty pageants are considered successful and can leverage this success to improve their social status. Newspapers often prominently feature stories involving beauty contests. Women have used monetary and educational prizes from such contests to start businesses and to improve their lifestyles (Anderson-Fye 2004, 573). Girls from every socioeconomic class compete in beauty pageants, and body shape, rather than body size, is the most important aspect of beauty (562). In a 1997 study of Belizean teenagers, the ideal body size did not differ from their actual body size, unlike many cultures (567). This may be due to a widespread cultural belief among women to “never leave yourself,” which translates as caring for yourself despite external expectations, including sleeping late if sleep is needed regardless of missing class or having to attend detention. This also means eating when hungry and not starving or exercising until uncomfortable. This attitude is passed down to succeeding generations from woman to woman (577).

Women who work in the tourist industry tend to be thinner than women who work in rural areas and have no contact with tourists. The women view this as part of the job rather than being uncomfortable with their body image (579).

Violence against Woman

Violence against women is a problem in Belize. Most victims are aged 20–49 and may be married, in a common-law union, single, separated, or in a visiting relationship. Gender inequality compounds such problems because women often cannot leave an abusive relationship due to financial

considerations. The government has tried to address these issues by passing legislation, including the Domestic Violence Act and amendments to the Evidence Act, which is designed to protect rape victims at trial. Two shelters for women have also been opened, and police departments have established domestic violence units of varying size and quality. However, implementation of these laws is hindered by cultural norms, and only the Belize City Police Department has a complete domestic violence unit. Rural police departments often assign only one officer to this duty, resulting in a lack of resources and many uninvestigated complaints. Another hindrance to successful efforts results from the fact that most of the judiciary is male.

The government is attempting to address these issues through training and by increasing the number of women in law enforcement and the judiciary. The number of female police officers is increasing, and a woman is supposed to accompany a male officer to all domestic violence scenes. The National Gender Policy recognizes that violence affects women throughout their lives and individual events should not be considered in isolation. For both women as victims and men as perpetrators, violence should be addressed across the life cycle. Further, the government planned to upgrade its ability to collect data about gender-based violence to promote a multisectorial response that centralizes information about many forms of violence and its linkages to related issues (Catzim-Sanchez 2013, 38).

LGBT

In 2016, the Belize Supreme Court was the first Caribbean country to overturn its sodomy laws when it ruled in favor of Caleb Orozco, the executive director of the gay rights organization United Belize Advocacy Movement (UNIBAM). Joined by activists, allies, academics, and other supporters, he endured a six-year legal challenge before the Court recognized that the laws violated constitutional rights to dignity, privacy, and equal rights (Outright 2016).

UNIBAM is joined by other advocacy groups, such as PETAL: Promoting Empowerment through Awareness for Lesbian; Bisexual Women and Belize Youth Empowerment for Change, in working to counter cultural prejudice against homosexuality, as lesbians and transgendered women often suffer the same discrimination as gay men (U.S. Department of State 2012, 20). Prime Minister Dean Barrow vocalized his support for the LGBT community by stating that they should be treated equally under the law (Ramos 2016).

Drug Trafficking

Due to drug trafficking to the United States, violent crime has been increasing. In 2011, Belize was added to the U.S. list of countries considered major transit routes for illegal drugs and money laundering (BBC 2012; CIA 2016).

Celebrating Woman

March 8 is International Women's Day. Traditionally, Belize celebrated for a week rather than a day and recently increased the celebration to the entire month of March in an effort to highlight women's accomplishments and inspire women and girls to continue to advocate for their rights. Events include health screenings, including pelvic exams; art exhibits; walks; bike rallies; poetry readings; talks on women's issues; skills workshops, including plumbing, decision making, leadership, self-defense, parenting, and finances (Polanco 2015.).

MAURA VALENTINO

Further Resources

- Ambergris Today*. 2012. "Is Carnival a Messy Situation?" February 29. Retrieved from <http://www.ambergristoday.com/content/teen-talk/2012/february/29/carnival-messy-situation?page=1>.
- Anderson-Fye, Eileen P. 2004. "A 'Coca-Cola' Shape: Cultural Change, Body Image, and Eating Disorders in San Andrés, Belize." *Culture, Medicine and Psychiatry* 28: 561–595. doi:10.1007/s11013-004-1068-4.
- Auxillou, Ray, and Silvia Pinzon. n.d. "The Early History of Belize." Retrieved from <http://ambergriscaye.com/earlyhistory/index.html>.
- BBC. 2012. "Belize Country Profile." August 2. Retrieved from http://news.bbc.co.uk/2/hi/americas/country_profiles/1211472.stm.
- Bowman, Dorla. 2013. "Belize Women's Political Caucus Launches a 2-Year Action Plan." News5, October 22. Retrieved from <http://edition.channel5belize.com/archives/91675>.
- Catzim-Sanchez, Adele. 2013. "Part 2: The Revised National Gender Policy." National Women's Commission. Retrieved from <http://www.nationalwomenscommissionbz.org/wp-content/uploads/2015/10/National-Gender-Policy-2013.pdf>.
- Cayetano, Isani. 2014. "Transgender Woman Is Stoned and Beaten by an Angry Mob." News5, April 9. Retrieved from <http://edition.channel5belize.com/archives/97600>.
- CIA (Central Intelligence Agency). 2011. "Belize." *CIA World Factbook*, 71–74.
- CIA (Central Intelligence Agency). 2016. "Belize." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/bh.html>.
- EOB (Embassy of Belize). 2016a. "Geography of Belize." Retrieved from <http://www.embassyofbelize.gov.bz/belize-profile/geography-of-belize.pdf>.

- EOB (Embassy of Belize). 2016b. "Government of Belize." Retrieved from <http://www.embassyofbelize.gov.bz/belize-profile/government-of-belize.pdf>.
- Fauna & Flora International. 2014. "Belize." Retrieved from <http://www.fauna-flora.org/explore/belize>.
- FLC (Female Leadership Community). 2014. "Female Leadership Community at Ocean Academy, Caye Caulker, Belize." Retrieved from <http://femaleleadershipcommunity.blogspot.com>.
- Girma, Lebewit Lilly. 2011. "Encounter with a Mennonite in Belize." *Sunshine and Stiletto* (blog), September 14. Retrieved from <http://lilylilyphotography.com/2011/09/encounter-with-a-mennonite-in-belize>.
- GOB-UNICEF (Government of Belize and UNICEF Programme of Cooperation). 2011. "The Situation Analysis of Children and Women in Belize 2011: An Ecological Review." *Fer de Lance* for United Nations Children's Fund-Belize. Retrieved from https://www.unicef.org/sitan/files/SitAn_Belize_July_2011.pdf.
- IFRC (International Federation of the Red Cross and Red Crescent Societies). n.d. "Global Alliance on HIV—Belize." Retrieved from http://www.ifrc.org/docs/Appeals/annual08/Belizecountrysheet_FINAL.pdf.
- Interpeace. 2013. "Belize: Policy Proposals for Addressing Youth-Related Violence." May 27. Retrieved from <http://www.interpeace.org/2013/05/belize-proposal>.
- Kok, Anne, and Carel Roessingh. 2015. "Where 'God Sleeps at Night': Integration, Differentiation and Fragmentation in a Mennonite Colony." *Journal of Mennonite Studies* 31: 167–182. Retrieved from <http://jms.uwinnipeg.ca/index.php/jms/article/download/1490/1478>.
- Lewis, Debra, and Dylan Vernon. 2012. *Toward Equality of Opportunity for Equality of Results: A Situation Analysis of Gender and Politics in Belize*. National Women's Commission and the UN Development Programme (UNDP). Retrieved from <http://www.undp.org/content/dam/belize/docs/Women's%20Empowerment/SitAn%20Gender%20and%20Politics%20FINAL%20compressed.pdf>.
- Martin, Dougal. 2015. "Rekindling Economic Growth in Belize." Inter-American Development Bank. Retrieved from https://publications.iadb.org/bitstream/handle/11319/6993/CID_TN_Rekindling_Economic_Growth_in_Belize.pdf?sequence=1.
- Merrill, Tim. 1992. *Belize: A Country Study*. Washington, D.C.: GPO for the Library of Congress. Retrieved from <http://countrystudies.us/belize>.
- Minority Rights (Minority Rights Group International). 2016. "World Directory of Minorities and Indigenous Peoples: Belize—Mennonites." Retrieved from <http://minorityrights.org/minorities/mennonites>.
- Moody, Duane. 2012. "A Workshop to Protect Cultural Heritage." News5, November 5. Retrieved from <http://edition.channel5belize.com/archives/77983>.
- OutRight (OutRight Action International). 2016. "Belize Is the First Country in the Caribbean to Overturn Sodomy Laws." OutRight Action International, August 10. Retrieved from <https://www.outrightinternational.org/content/belize-first-country-caribbean-overturn-their-sodomy-laws>.
- Polanco, Andrea. 2015. "International Women's Month Celebrated." News5, March 12. Retrieved from <http://edition.channel5belize.com/archives/110857>.
- Ramos, Adele. 2016. "Barrow Says 'Yes' to the LGBT!" *Amandala Newspaper*, August 20. Retrieved from <http://amandala.com.bz/news/barrow-yes-lgbt>.
- Sanchez, Jose. 2013. "64 Graduate from Youth Apprenticeship Program." News5, July 26. Retrieved from <http://edition.channel5/archives/88560>.
- Stepanek, Patricia Ann. 2005. "Wanna Buy a Basket?: Kekchi Maya Women and Cash Economy in San Miguel, Belize." Wichita State University Department of Anthropology. Retrieved from http://soar.wichita.edu/bitstream/handle/10057/1629/Project_10-2-08.pdf?sequence=1.
- UNDP (UN Development Programme). 2015. "Human Development Reports: Table 5: Gender Inequality Index." Retrieved from <http://hdr.undp.org/en/composite/GII>.
- UNDP Belize (UN Development Programme in Belize). 2016. "Strengthening Women's Representation in National Leadership in Belize Project." Retrieved from http://www.bz.undp.org/content/belize/en/home/operations/projects/womens_empowerment/strengthening_womens_representation_in_national_leadership_in_belize.html.
- UNICEF. 2013. "Belize: Statistics." December 18. Retrieved from https://www.unicef.org/infobycountry/belize_statistics.html.
- U.S. Department of State. 2012. "Belize 2012 Human Rights Report." Country Reports on Human Rights Practices for 2012. Bureau of Democracy, Human Rights and Labor. Retrieved from <https://www.state.gov/documents/organization/204638.pdf>.
- World Bank Group. 2013. "A Healthier Lifestyle for Indigenous Women and Children, Belize." January 24. Retrieved from <http://www.worldbank.org/en/news/feature/2013/01/24/Belize-Toledo-health-indigenous-women-children-mopan-qechi-mayas>.
- World Bank Group. 2016. "Prevalence of Wasting, Weight for Height (% of Children Under 5)." Retrieved from <http://data.worldbank.org/indicator/SH.STA.WAST.ZS?locations=BZ>.

Bermuda

Overview of Country

Bermuda, located in the North Atlantic between Great Britain and the United States, has been a British Overseas Territory since 1612. It is an archipelago of some 138 islands and islets, only 20 of which are inhabited. Seven are joined by bridges and causeways to the main island, Bermuda, which measures 20.5 square miles. It is the fifth-smallest country in the world, after Vatican City, Monaco, Nauru,

and Tuvalu. Located 564 miles southeast of Cape Hatteras, North Carolina, and 800 miles north of the Bahamas, it takes about two hours to fly from Bermuda to Miami (CIA 2016).

Historiographical records indicate that the Spaniard Juan de Bermudez, commander of the ship *La Garza*, discovered the island in 1505–1506 (Greene 1901, 221). In 1511, a map published in the atlas *Legatio Babylonica* included Bermuda. In 1609, Sir Thomas Gates, an Englishman and a future governor of Virginia, landed on the island after a fierce hurricane blew a small group of ships off course. The storm destroyed the ship, and another had to be constructed on the island from felled trees. This new boat, *The Deliverance*, took Sir Thomas to Virginia. Once word got back to England, interest was aroused, and the Virginia Company sent colonists from the British Isles to settle the island.

In 1611, the *Edwin* arrived in Bermuda from the West Indies. Among those on board were one Native American and one black African. Therefore, by 1616, each of Bermuda's main ethnic groups inhabited the island. By the middle of the 17th century, Bermuda had ceased to attract new colonists, but it had a thriving Creole population. By 1670, enslaved blacks became numerous enough that slavers did not continue to import enslaved Africans. In 1834, at the abolition of slavery, Bermuda's total population was 8,857; 4,687 were black and 4,181 white (CIA 2016).

During the 1960s, many Caribbean islands were granted independence from England, and colonial control was relaxed on others. The latter was the case with Bermuda. In 1968, internal self-government was granted to Bermuda, and a new constitution was introduced. The monarch of England remained the head of state, represented by a governor whose responsibility was limited to external affairs, defense, internal security, and the police, but now locals were elected to administer all other affairs. The first general elections were held in May 1968 under the new constitution. Racial and political tensions were exposed, culminating with the assassination of Governor Sir Richard Sharples in 1973. A few years later, in 1977, riots and demonstrations for civil rights broke out following the execution of the two black men convicted of Sharples's murder (Bernews 2016a). British forces were sent to restore order, and in 1978, a Royal Commission was set up to investigate the cause of the racial violence. In 1981, a Human Rights Act was introduced that prohibited racial discrimination. In 1997, Bermuda elected its first woman premier, Dame Pamela Gordon-Banks. Dame Jennifer

Smith, of the Progressive Labour Party, followed in 1998, holding the unique distinction internationally of a female premier who followed another.

Since the colonial era, Bermuda's population has grown to 64,237, of which 33,379 are female (GOB DOS 2015). In 2014, Bermuda's population was 53.8 percent black, 31 percent white, 7.5 percent mixed, 7.1 percent other, and 0.6 percent unspecified. Females accounted for roughly 49 percent of the population, 79 percent of whom were Bermudian and 21 percent non-Bermudian (CIA 2016).

Bermuda's population is fairly evenly spread across age groups: 17.5 percent are 14 years old or younger (male 6,165, female 6,031), and 12.2 percent are 15–24 years old (male 4,275, female 4,267). The most populous group is 25–54 years old, at 39.3 percent (male 13,706, female 13,741). Those aged 55–64 years make up 14.6 percent (male 4,813, female 5,368), and those aged 65 years and over are 16.4 percent (male 4,821, female 6,652) of the population. The major urban area, Hamilton, is the capital, where about 11,000 people live (CIA 2016).

Along with being the 10th most densely populated country in the world, Bermuda is one of the wealthiest countries and is rated as one of the top three jurisdictions in gross national income per capita (World Bank 2015). In 2012, the gross domestic product (GDP) per capita was estimated at USD\$84,470.76 (World Bank 2015). Bermuda also has one of the highest costs of living in the world. Although Bermuda has its own currency, it is pegged to the U.S. dollar, making one Bermuda dollar equivalent to one U.S. dollar.

Overview of Women's Lives

One of the most famous Bermudians is Mary Prince. Prince is the first known self-emancipated ex-slave to publish an autobiography. In the 18th century, Bermuda was prosperous for people of European descent, but less so for people of African and indigenous descent. Like most Caribbean islands, women's lives in Bermuda have been shaped by the experiences of slavery and colonialism (Prince 2008).

From 2011 to 2015, the Bermuda Statistical Department reported that women make up 49 percent of the labor force (GOB DOS 2016). The ratio of females to males in the workforce has slightly increased from 2000 to 2014 for low- and high-income brackets. In contrast, there has been a decrease in the ratio for middle-income earners. More men and fewer women are employed in a low- or a middle-income job. Seventy-two percent of low-income

women aged 15 and over were employed, compared to 83 percent of their male counterparts, while 48 percent of middle-income women were in the labor force, compared to 78 percent of middle-income men. Among high-income earners in 2014, 52 percent of women and 69 percent of men were gainfully employed (World Bank 2017). Bermuda is not included in global rankings such as the Gender Inequality Index (GII).

Girls and Teens

Bermuda has a relatively high rate of teenage pregnancy. Of women aged 15–64 in 2010, the total number who gave birth for the first time was 13,890; of this, 3,042 were women under 20 years of age. This figure represents about 22 percent of first-time mothers and is a drop of 4 percent among teens since the 2000 census, when the rate of teen pregnancy was 26 percent. In contrast, out of 1,296 reported first-time fathers, only 915 (8%) were under 20 in 2010 (WHO 2017).

As of 2016, 35.7 percent of the youth population (15–24 years old) were unemployed; of these, 36.5 percent of females (2012 estimate) and 34.8 percent of males aged 15–24 were unemployed (CIA 2106).

Education

The link between the level of education and median gross income shows that as educational level increases, so does income. Overall, women earn 80 percent of what men do at the same education level. However, this statistic is misleading. As education level increases, the income gap between genders widens. While a female who graduates with a basic-level certificate earns 95 percent of what a male does, a woman with a doctorate degree earns 57 percent of what a man with a doctorate earns (GOB DOS 2010, 170).

Such disparity is not peculiar to Bermuda; however, Bermuda's educational system reinforces historical and entrenched inequality. The majority of black Bermudians attend public schools, while the majority of white Bermudians attend public schools (Jethwani 2015). This segregation represents the persistence of the plantation and colonial mind-set that the Bermudian government seems not to have fully overcome. Education is controlled by the Ministry of Education and is free if the pupil is attending a public or state school, as 60 percent of children on the island do. Education is compulsory from the ages of 5–16. There are 18 primary schools, 5 middle schools, and

2 secondary schools. There is one tertiary institution, Bermuda College, that offers associate degrees, diplomas, and certificates (GOB MOE 2016).

A 2007 review of Bermuda's school system found that about one-third of public schools were effective and that, as a group, the middle schools were least effective. Many students do not make the progress they should (Hopkins et al. 2007, 5–6). The reviewers from the University of London noted that primary school students made a “slow start” and “insufficient progress” in middle schools, and therefore students achieved standards that were “too low” by the end of this stage. Consequently, secondary schools were less than effective, contributing to low graduation rates and poor standards. Exacerbating this gap, public schools award students with the Bermuda School Certificate upon completing grade 12. However, private schools can offer the higher valued International Baccalaureate and the General Certificate of Education (GCE) from Cambridge. Such inequity denies public school students access to the same qualifications (8).

The government has tried to intervene to effect better outcomes. The minister of education, Wayne Scott, said, “A transformation is occurring” (Bernews 2015b), which includes access to more certificates for public school students. Public school students can now take external examinations at the end of their school careers, including the International General Certificate of Secondary Education (IGCSE), the General Certificate of General Education, Advanced Subsidiary, and Advanced Level examinations. All are Cambridge-administered exams. Beginning in 2015, to earn a Bermuda School Diploma, students must obtain, among other requirements, a total of 24 out of 28 credits, have a minimum cumulative GPA of at least 2.0, and pass an IGCSE in English, mathematics, and science.

A recent study reported that of 216 graduates from the Bermuda Public School System, 67 percent were girls, and 37 percent were boys. This total number represents a 92 percent pass rate for the 2014–2015 school year. Of the 216 graduates, seven students graduated with a GPA above 3.67. The graduation rate of 37 percent for boys confirms other research that about 50 percent of black males enrolled in secondary schools drop out of school (Duncan 2015; Mincy 2007). High unemployment among black Bermudian men is related to their low enrollment in school (Mincy 2010, i). Black Bermudian men are also more likely to be employed in lower-wage jobs (underemployed) compared to their peers (13). About 14 percent of young black males are “on the wall”—not in training,

education, or employed, compared to 8 percent of young white males (i). At the same time, black Bermudian men aspire to attend college, preferably overseas, and those who graduate from high school are likely to attain some college (121). Despite attaining education, black Bermudian women, constrained by sexism and racism, end up earning less than their male peers (iii).

Black Bermudian girls are more likely to graduate and attend college, while about half of black Bermudian males leave public high schools before completion. In 2006, black males represented 34 percent of young people 16–30 years old who did not meet minimal skills standards, where 26 percent were young black women, 15 percent were white Bermudian men, and 18 percent were white Bermudian women (Jethwani 2015).

Health

Access to Health Care

The public regards Bermuda's health care system very positively. In 2005, 71 percent felt the system was excellent or good. Furthermore, two out of three residents reported being able to see a physician within 24 hours of seeking care (Ramella 2005, 3). Bermuda's organizational model for health services is made up of loosely linked private and public subsectors. The private for-profit subsector plays a large role in both service provision, especially primary care, and in financing, in particular health insurance-based funding. In 2000, 95 percent of Bermuda residents were covered by health insurance (4). The public sector delivers most population-based services, some preventative and primary care, most nonpersonal services, and most of the secondary care and psychiatric care provided in Bermuda is through their two hospitals. The contributions of nonprofit organizations are proportionately small.

Although health care costs are enormous compared to Canada and the United Kingdom, they are about the same as the United States for working newcomers below retirement age. Bermuda has no equivalent of the U.K. or Canadian National Health Service, so local taxpayers pay for services. In fact, they pay several times for health care, including rebuilding the King Edward VII Memorial Hospital, the operational costs of the government's Ministry of Health, and for employer and employee health and hospital insurance. Only local majority-Bermudian-owned insurers can be used. Despite being nominally British, Bermuda follows the American pattern of charging for general health care, general practitioner consultation rates, health

care and medical insurance, hospital stays, and medications. There are separate charges for dentists.

The Bermudian government has a high expenditure for health care. Life expectancy is about 81 years for women and 78 years for men. However, disparities in life expectancy by race, insurance coverage, and distribution of health financing, in particular for low-income, senior-headed, and black households, reflect inequities (Ramella 2005, 4).

Maternal Health

The country offers a comprehensive maternal health care system. Another area of excellent quality is the prevention, detection, and care of communicable diseases. The Ministry of Health provides a Maternal Health and Family Planning Clinic that cares for women of childbearing age. For example, women attending the clinic are offered services such as pregnancy tests; birth control, including the morning after pill; tests to detect sexually transmitted disease; and cervical cancer screenings. Breast examinations are also offered as well as childbirth classes. The clinic also offers women's health talks for the community (GOB MOHS 2017).

Diseases and Disorders

There has been a decrease in HIV cases in recent years (e.g., 20 new cases in 1999, 15 in 2001, and 10 in 2003). Highly active antiretroviral therapy (HAART) was made universally accessible in 1998 through a program led by the Ministry of Health and Family Services. Although the rate of infection is declining, Bermuda reports a high rate of HIV/AIDS; 767 persons have been diagnosed with HIV in Bermuda since 1982. Of these, 565 persons have had a diagnosis of AIDS, and 464 have died either from or with HIV infection. As of December 31, 2015, there are 303 persons known to be living with HIV; the overall prevalence is 0.49 percent (GOB MOH 2015). Diagnoses have consistently declined from a peak in the early to mid-1980s. Over that period, 190 women and 577 men were diagnosed with HIV; 130 of the women and 435 of the men have died. Of the 303 people presently living with AIDS, 87 are women (GOB MOH 2006).

The 2010 census captured self-reported information about people with long-term health conditions; 25,881 reported a health condition. Fifty-four percent of these were female. The 10 most common problems were "seeing difficulties," hypertension, asthma, arthritis, type 2 diabetes,

back problems, heart conditions, cancer, and stomach and kidney problems, or liver problems. The main effects of disability include being limited in activity at home or at school, being unable to work, or being limited in the kind and amount of work that can be performed. Women represented 56 percent of the total number of these kinds of reported disability impacts and exceeded the number of males in every category (GOB DOS 2010).

Employment

Bermuda is a tax haven. The government records 3,222 local companies and 12,965 international companies. In 2014, international business activity and business services provided the highest percentage of jobs. Public administration and education provided the next highest percentages, respectively. Tourism also accounts for a relatively large portion of revenue. About 4,500 jobs are generated by tourism and related fields. Women account for 49 percent of the workforce. Bermudians tend to hold more jobs in the nonprofessional sector than their expatriate counterparts. Jobs include hotel work, domestic cleaners, construction, retail, and repair services (bermuda4u.com 2017).

Bermuda's tax-haven status is a boon to the economic development of this British colony. Bermuda is one of the world's most prosperous countries largely because of its offshore finance industry. Beaches, golf courses, colonial buildings, and the subtropical climate also attract some half a million tourists a year; even so, the self-governing territory did not escape the global economic recession that began in 2008. The Bermuda government conducts an annual employment survey, which is a census of all businesses on the island. Its findings indicate that this recession and long-term government policies have had a debilitating impact on the most vulnerable population—women who earn a low income.

In 2014, the total number of jobs filled by Bermudians fell by 3 percent, and in 2015, the number fell another 1.1 percent. However, financial intermediation jobs increased by 5.1 percent. Overall, there were 33,475 jobs in 2014. Women accounted for 49 percent of the labor force, or 16,483 women, while 16,992 of males were employed comprising 51 percent of the labor force. This ratio was the same as the previous year. Of this number, 23,833 were Bermudians, down from 24,504 from the previous year (GOB DOS 2016).

Bermuda boasts an extremely high standard of living; depending on the year, it is ranked as sixth in per capita

income (CIA 2016). The unemployment rate was reported at 35 percent among adolescents and 9 percent among adults (2012 and 2014 estimates) (CIA 2016). According to 2013 estimates, 83 percent of Bermudians work in the service economy. Other sectors include industry, which employs 15 percent, and agriculture, which employs 2 percent (CIA 2016). This indicates that much of the workforce is engaged in relatively low-paying work (agriculture and fishing, laborers, clerical, and possibly sales), and this may contribute to why 11 percent of the population lives below the poverty line (2008 estimate) (CIA 2016). Bermuda's low-income threshold is more than double that of the United States. Given the high cost of living and the limited opportunities for well-remunerated employment, it is not surprising that, in 2008, a study commissioned by the Government of Bermuda found that shelter or housing accounted for almost 60 percent of an average household's income. Low-income families find it extremely hard to meet basic standards of living in this wealthy country where absolute poverty accounts for 11 percent of households (GOB DOS 2008).

In 2013, the median salary in Bermuda was \$69,183, and the average in the banking and international business sector was estimated at \$89,896. Black people hold 64 percent of existing jobs in public administration (government, police, etc.); 29 percent in hotels; 24 percent in banks; 18 percent in restaurants and bars; 9 percent in international or exempted companies; and no jobs in the wholesale trade. Though blacks are a majority of the population, they are very much underrepresented in the private sector and slightly overrepresented in public administration. The private sector commands the highest pay. In 2010, the median annual pension received by men was \$19,385. Women received an annual pension of \$12,132 (Forbes 2017b).

There is no minimum wage in Bermuda. Those who cannot make ends meet, including many single-parent families and those who have a permanent disability, are likely to become impoverished. The Ministry of Health and Social Services distributes some government financial assistance to Bermudians who are pensioners, who are not homeowners, who do not have a job or any private income, and who have virtually no savings. Also eligible for government assistance are single-parent families who meet the qualifications stipulated by the government, certain others (on a discretionary basis) who have a permanent mental or physical disability, certain able-bodied but unemployed or underemployed individuals not earning sufficient income to live on, and those who are born locally or overseas and

are twins or triplets or other multiple birth sibling. There is also a housing allowance program for Bermudians who face temporary rent payment difficulties because the vast majority of all properties are exceedingly expensive to buy or rent.

The 2010 personal income census indicates that the median income for women is 9 percent lower than for men. In addition, whites reported a 30 percent higher median income than blacks, and non-Bermudians earned a 20 percent higher median income than Bermudians. Non-Bermudian men earned the most of all groups, earning 24 percent higher than Bermudian men. Non-Bermudian women earned more than their local counterparts; expatriate women received median incomes that were 15 percent higher than local women. Furthermore, non-Bermudian men earned median incomes that were 14 percent higher than non-Bermudian women, and Bermudian men earned 6 percent higher median incomes than Bermudian women. In general, black Bermudian women are at the bottom of the income scale, making them vulnerable to poverty and concomitant social and economic woes (GOB DOS 2012a).

The Bermuda government's study *Low Income Thresholds for Bermuda Households in Need* places the poverty line at incomes of less than \$27,000 per year for a single person and \$76,000 for a two-parent family with two children under the age of 16. The study found 11 percent of households fell below the new threshold, which equates to 3,050 homes. The highest incidence of low-income households occurred for single- and two-parent households with young children and in elderly adult households (GOB DOS 2008).

In October 2012, 10,000 residents, over 25 percent of the workforce, were either unemployed or underemployed. Those hit hardest by job loss were "other non-Bermudians" (GOB DOS 2012a).

Women suffer disproportionately from the job losses, with the number of females in the workforce declining by 780 to 17,723, compared to a drop of 543 in the number of men to 18,151. The statistics also indicated differing labor market fortunes for blacks and whites. The number of blacks in the working population fell from 20,171 in 2010 to 17,229 in 2012. In contrast, the number of whites increased from 11,312 in 2010 to 13,237 in 2012. Blacks accounted for 48 percent of the working population; whites comprised 37 percent. People of mixed and other races accounted for 14 percent, while 216 workers did not state their race (GOB DOS 2012b).

Men earned a median income of \$60,156, maintaining their earnings advantage over women, who took home \$57,322. Whites' median income, at \$71,751, was around \$20,000 more than that of both blacks (\$50,799) and mixed or other races (\$53,191) (GOB DOS 2012b).

Bermudians earned \$54,550, less than non-Bermudian spouses of Bermudians (\$69,378), other non-Bermudians (\$87,089), and permanent residents (\$74,499). Workers in the international business sector were the highest paid, with a median income of \$114,951, followed by financial intermediation (\$74,231) and electricity, gas, and water (\$69,068). The lowest-paid sectors were restaurants and bars (\$33,471); "other community, social and personal services" (\$35,017); and retail and repair services (\$40,751) (GOB DOS 2012b).

These data indicate that women are less valued in the workforce than men. However, women make up the bulk of single households. Single women with children are more likely to be threatened by financial insecurity than men. This is more likely to happen to black women. For instance, according to the 2010 census the median monthly rent in Bermuda was 1,700, while the median monthly mortgage was 3,500. Consequently, single women with children who earn low wages will struggle to find shelter and meet basic living expenses (GOB DOS 2010).

In 2013, Rolfe Commissiong, a member of Parliament, noted that an official figure of 9 percent unemployment for blacks and less than 2 percent for whites suggested underreporting. He argued that the unemployment rate for blacks was higher, possibly 15 percent. Either statistic indicates an underlying fact that white women appear to have more access to jobs, though they may compare less favorably to white men's, who tend to control the reins of corporate and political power (Bernews 2015a).

Family Life

The 2010 census of population and housing, conducted by the Department of Statistics, was the second to collect data on families in Bermuda. The first was in 2000. The government considers a person black based on the presence of black heritage, irrespective of whether the person's heritage includes another race, and this also applies to people who are considered white. White is based on the presence of white heritage, irrespective of whether a person's heritage includes another race. Further, a family is deemed the race of the head of the family, regardless of an individual member's race. This same structure applies when defining a family as Bermudian or not (GOB DOS 2006).

The median household income in 2010 was \$106,389. This represents a 48 percent increase over the 2000 figure of \$71,622. However, this means that almost 50 percent of households earned less than the median income. The spike in the cost of living over the last 25 years is the result of the high salaries paid by the financial sector (\$144,000 and over) (Bermuda4u.com 2017).

The 2010 census found that of 29,107 families, more than 50 percent of black female-headed households with children were living at or below the poverty line. Poverty in households headed by single females is important because it has a multigenerational impact on children. This is the situation for many single-parent black households in Bermuda today. In this situation, children grow up without a basic nutritional diet, sufficient education, or a safe and secure community to protect them from drugs, gangs, and violence.

Many single women who head households work in the hotel and restaurant industry at lower end of the job scale. Low educational attainment leads them into low-paying jobs where they do not earn enough to meet the high cost of rents and pay their bills. This means that many women form part of the working poor. Their electricity may be cut off. Without electricity, women are forced to buy already prepared food, which is often unhealthy. The psychological cost of poverty—anxiety and the inability to buy healthy foods—leads to poor eating habits, contributing to obesity and possibly other health problems. This can deepen poverty due to associated health costs and can become a vicious cycle.

In 2013, the Coalition for Child Protection experienced a tripling of mothers seeking its assistance for food aid, payment of utilities and medical bills, and the purchase of school uniforms. Many people tend to blame the women themselves for their poverty and assume they are irresponsible or unable to budget. However, in reality, women who are underpaid or unemployed simply do not earn enough to meet their financial commitments, rising costs, or Bermuda's higher living costs.

When single mothers living in government housing fall behind on their rent, the Bermudian Housing Agency evicts them and their families, leaving them nowhere to go. Furthermore, the eviction process is humiliating. The agency uses the police and government officials to evict the families. For example, one family was evicted by five individuals from the Bermuda Housing Corporation, six individuals working as government movers, and five police officers. All were male. The woman was made to "feel like

a criminal," rather than as a homeless person wanting somewhere to go. To add insult to injury, the house from which she was evicted is still unoccupied. In such situations, innocent children are the victims of poverty and of the indifference and insensitivity of officials unwilling to find solutions to problems.

The government has made some efforts to respond to the housing crisis by constructing housing developments for the middle class. To begin addressing the housing crisis for families with low incomes, Gulfstream, a dormitory-style transitional complex, was made available in 2007. In 2012, there were more than 100 families living there. Each family has one room to call home. The rent is \$540 per month. There are three floors, and each floor has 30 families and one kitchen with three stoves and two sinks. The children have no playground. There is a no-babysitting rule, so mothers sometimes must give up work to stay with their children because they cannot afford nursery care.

The incidence of households falling below the low-income threshold is the highest for single-parent households with one child—roughly 14 percent. Around 11 percent of two-parent households with one child fall below the poverty line. Adult couple households are the least likely to be low income (GOB DOS 2008).

Women are less well off in Bermuda than their male counterparts. Households headed by men report an 11 percent higher income than those headed by women. Furthermore, single-parent homes with one child (15.6%) and two-parent homes with two children (15.9%) were the households most likely to fall below the relatively low income threshold (GOB DOS 2008).

It must be noted that the vast majority of all single-parent households are headed by women; these women are overwhelmingly black. This means that close to 11 percent of single black mothers live below the poverty line and that about 15 percent of single mothers earn below relatively low incomes. In fact, at the time of the 2000 Census, 50 percent of black female-headed households with children were living at or below the poverty line. The fact that they are likely to have one or two children makes this an even greater indication of the extent to which they are disadvantaged.

On June 19, 2015, the Honorable Patricia Gordon-Pamplin, the Minister for Community, Culture and Sport, announced to the Bermudian Parliament that the Financial Assistance Regulations would be amended. This was a recognition of the fact that over that fiscal year

Table 1 Bermuda Financial Assistance

Category	Approximate # of Persons Receiving	Amount of Payout (Monthly)
Able-bodied unemployed	567	\$808,144
Disabled	797	\$1,343,716
Earnings Low	442	\$423,058
Pensioners/ Seniors	859	\$1,791,377
TOTAL MONTHLY PAYOUT	2665	\$4,366,295

Source: GOB (Government of Bermuda) Assistance. 2015; Gordon-Pamplin, Patricia. The Honourable Minister of Community Culture and Sports. Amendments to the Financial Assistance Regulations. 2015. Ministerial Statement to the House of Assembly. <http://www.parliament.bm/uploadedFiles/Content/Home/Amendments%20to%20the%20Financial%20Assistance%20Regulations%202015%20-%20P%20Gordon-Pamplin%20-%20June%2019%202015.pdf>

approximately 1,678 persons had been identified through the Department of Financial Assistance as new applicants seeking a financial award, an average of about 140 persons monthly, or approximately 7 people per day. The minister explained that during the previous year, the total number of clients serviced by the department fluctuated monthly, and the numbers ranged from a low of 2,462 persons to a high of 2,727 persons.

Over the last 10 years, the number of people requiring assistance increased by 400 percent, and the budget to the department increased by 300 percent (Gordon-Pamplin 2015). As of 2016, those 65 and older are 17.3 percent (male 5,195, female 7,102) of the population (CIA 2017). To make the case for senior support, Gordon-Pamplin presented data, such as in table 1, in support of the amendment to the legislation.

Some believe that despite Bermuda’s affluence, its seniors receive significantly less than what other wealthy countries offer their seniors (Forbes 2017).

An analysis of child care arrangements by race shows that 60 percent of black children aged 5 years and younger were cared for during working hours at nurseries, day care centers, or preschools compared to 45 percent of white children and 51 percent of children of mixed and other races. The cost of weekly child care varied from \$259.50 to \$169.40 per week. Child care fees vary by whether the facility is public or private, location, the type of care offered, and any extra services.

The above data demonstrates that stymied opportunity and persistent poverty among black women is much higher than among any other group in Bermuda. Marked social inequality along gender, class, and racial lines means that black women may experience a triple jeopardy.

Politics

Although Bermuda is under the sovereignty of the United Kingdom, it is self-governing. Bermuda has its own constitution and locally elected government. Governors appointed by the British monarch are responsible for external affairs, defense, and internal security, including oversight, through the commissioner of police, of the national police force. The Bermudian government is consulted on any international negotiations affecting the territory. Bermuda participates, through British delegations, in the United Nations and some of its specialized and related agencies.

Bermuda has a parliamentary system of government. The premier is the head of the government and the leader of the majority party in the House of Assembly. The cabinet is composed of ministers selected by the premier from among members of the House of Assembly and the Senate. One representative from each of the 36 districts is elected to the House for a term not exceeding five years. The Senate, or reviewing house, serves concurrently with the House and has 11 members, 5 appointed by the governor in consultation with the premier, 3 by the opposition leader, and 3 at the governor’s discretion. The judiciary is composed of a chief justice and associate judges appointed by the governor. For administrative purposes, Bermuda is divided into nine parishes, with Hamilton and St. George considered autonomous corporations.

Bermuda has had two female heads of government, or premiers; currently, 6 of the 11 Senate members are women, including its vice president, Joan Dillas. Of the 11 cabinet members, 2 are women: the minister of home affairs and the minister of health and environment. Additionally, 6 women were elected to the House. With one exception, all are black women.

In November 2013, the Ministry of Community, Culture and Sports, through the Department of Human Affairs, was charged with crafting a national gender policy that would build a more “inclusive” Bermuda by “removing impediments and barriers wherever they exist” (Stevenson 2013). However, there is no strong evidence that this has been achieved.

The Bermuda Community Foundation (BCF) noted that the last report on gender was in 1997. The BCF's major objectives in 2016 included the establishment of a Gender Project Fund Initiative. The foundation received funds from a donor who was concerned about the few statistics about gender. The initiative supports a government-led project to gather information that will form the basis of future national gender policy.

Religious and Cultural Roles

Bermuda is considered a primarily Christian country. Forty-six percent of Bermudans are Protestant, which includes 15 percent Anglican, 8 percent African Methodist Episcopal, and several other denominations. Fourteen percent of Bermudans identify as Roman Catholic, almost 18 percent have no affiliation, and 6 percent did not specify (CIA 2016).

Along with freedom of religion, Bermudans observe separation of church and state. While citizens and foreigners are welcome to practice the religion of their choice, some people express only tolerance of nonpractitioners. Good Friday, Christmas, and Boxing Day (the day after Christmas) are celebrated as national holidays (World Trade Press 2010, 10).

Issues

LGBTQ Rights

As in many Caribbean countries, lesbians, gays, and transgendered people face challenges. There has been some progress across the Caribbean with the expansion of LGBTQ rights; yet, the legal status of these rights remains underdeveloped. Some scholars maintain that economic development plays a role in the advancement of these rights; however, for Bermuda, this has not been the case (Corrales 2015). Despite the existence of pro-LGBT organizations such as the Rainbow Alliance, a June 2016 referendum resulted in an overwhelming number of voters rejecting gay marriage. Official reports indicate that 20,804 people (47%) of the population, took part in the referendum. Results showed that 69 percent of those who voted, 14,192 people, opposed same-sex marriage, and 6,514 voted in favor (Jones 2016). The Rainbow Alliance of Bermuda and the Centre for Justice disagreed with the Bermuda government's decision to hold a referendum on the issue. They contended that human rights are not optional, and, consequently "a referendum is an inappropriate method for making human rights decisions" (Bernews 2016c).

Drug Use and Crime

One issue Bermudians face is the prevalence of drug use. For example, in 2009, the UN Office on Drugs and Crime (UNODC) *World Drug Use Report* cited Bermuda as the country with the sixth-highest prevalence of marijuana use and eighth-highest of cocaine use; the Bermudian government disputed these figures. In 2016, the Department for National Drugs Control reported that the current prevalence of drug use among students ranged from a low of 5 percent among middle 2 (grade 7) students to a high of 54 percent among senior 4 (grade 12) students (2). Students reported that drugs were easily attainable. Male students were twice as likely to have used illegal drugs as their female counterparts, although marijuana prevalence was the same for both girls and boys. However, girls were more likely to use alcohol; 55 percent reported using it at some point in their lives, compared to 50 percent of boys. Twenty percent of girls reported current use, compared to 16 percent of boys (GOB DNDC 2016).

In 2014, data reported by the Maternal Health Clinic found that 41.9 percent of pregnant women had used one or more illicit drugs during pregnancy (GOB DNDC 2015). A 2015 national survey sought to ascertain alcohol, tobacco, and marijuana use among 238 pregnant women while under prenatal care. Women's ages ranged from 16 to 34 years of age. Most of the women (45%) were in their third trimester, while 38.2 percent were in their second trimester. Slightly less than half of the women (116) indicated they had never had a drink. Another 73 indicated they had a drink once a month or less. Twenty-nine women reported drinking two to four times a month, and 20 women said they drank two to three times a week. The survey found a strong likelihood of hazardous or harmful alcohol consumption related to binge drinking, and a small but important proportion of the women were current smokers of both cigarettes and marijuana. Most of the women who smoked stopped during pregnancy. Surprisingly, some (41.6%) thought that smoking cigarettes was not harmful to one's health and indicated that health providers had not warned them about smoking's harmful effects (GOB DNDC 2015).

Given the importance of tourism to the country, the government has worked diligently to reduce the country's crime rate, mostly by intensifying its anti-gang activity. By the end of 2015, according to statistics provided by the Bermuda Police Department, the total number of crimes reported to the police was 3,750. This is an appreciable

decline from a high of 5,550 in 2008 demonstrating some success (Bermuda Police Service 2015).

A significant number of the incarcerated are young black men from low-income and underresourced educational backgrounds. They are also likely to be single, with one or more children. Such violence takes a toll on those most vulnerable, primarily low-income black women and their children, whether they are the relatives of the victims or the incarcerated. With an average household size of 2.21 and an average number of workers per household of 1.21, the loss of one member's earnings affects the household overall (GOB DOS 2014). The burdens of incarceration fall on women who are left to raise families and can lead to the separation of parents and a loss of family income. Women are also left to cope with children who are at greater risk of developmental delays and behavioral problems (Western 2003).

Sexual Assault

Bermuda's Constitution protects women against violence, as do laws passed in Parliament and "the common law." The common law refers to judge-made laws derived from centuries of precedents and statutory interpretation by judges. The laws criminalize rape, spousal rape, domestic violence, and sexual harassment (UN Women n.d.). Collectively, Bermuda's laws protecting women and girls are comprehensive and progressive.

The police recorded 33 cases of sexual assault in 2011, 26 in 2012, 31 in 2013, 30 in 2014, and 35 in 2015. The Sexual Assault Response Team (SART), a community-based coordinated response team for survivors of sexual assault, is seeing an increase in reported incidents, most by adolescents. Nineteen cases (mostly females) were reported to the team in 2014. Five victims were under the age of 12, and five were teenagers (Simpson 2015). A SART team consists of forensic nurses and services from the Bermuda Police Service Department of Child and Family and the Centre against Abuse. They provide immediate on-site response to a survivor of rape. SART also promotes awareness and coordinates sexual assault training, among other activities (Simpson 2016). The Centre against Abuse and the Women's Resource Centre also offer counseling and training, and they advocate for an abuse-free society through education and prevention.

Conclusion

Mary Prince unwittingly described the condition of Bermuda's women in these terms: "My master was a very

harsh, selfish man. . . . His wife was herself much afraid of him and during his stay at home seldom dared to shew her usual kindness to the slaves" (Prince 2008, 6). Some 316 years later, life is much better for all women in Bermuda. Yet, the hierarchy remains. And so women's lives are still circumscribed by race, class, and gender.

SHERRY ASGILL

Further Resources

- Bermuda4u.com. 2017. "Population: Updates." Retrieved from <http://www.bermuda4u.com/essential/population>.
- Bermuda Police Service. 2015. "Crime Statistics." Retrieved from <http://www.bermudapolice.bm/sites/default/files/Q4%202015%20BPS%20Crime%20Statistics.pdf>.
- Bernews. 2016. "Assassination of Sir Richard Sharples." Retrieved from <http://bernews.com/bermuda-facts/government/assassination-of-sir-richard-sharples>.
- Bernews. 2015a. "Labour Force Survey: 9 Percent Unemployment Rate." Retrieved from <http://bernews.com/2015/01/2014-labour-force-survey-results>.
- Bernews. 2015b. "2015 Public School Graduation & Exam Results." Retrieved from <http://bernews.com/2015/10/school-results>.
- CIA (Central Intelligence Agency). 2016. "Bermuda." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/bd.html>.
- Corrales, J. 2015. "The Politics of LGBT Rights in Latin America and the Caribbean: Research Agendas." *ERLACS* 100: 53–62. Retrieved from <http://doi.org/10.18352/erlacs.10126>.
- Duncan, John. 2015. "The Academic Achievement and Success of Black Males at Select Middle Schools in Bermuda." *Voices in Education. Student Success: A National Focus*, Journal of Bermuda College 1: 41–46.
- Forbes, Keith Archibald. 2017. "Bermuda's Senior Citizens." Bermuda Online. Retrieved from <http://www.bermuda-online.org/seniorcitizens.htm>.
- GOB DNDC (Government of Bermuda, Department for National Drug Control). 2015. "Survey of Pregnant Women: Alcohol Use Disorders Identification Test (AUDIT) & Tobacco and Marijuana Use among Pregnant Women Presenting for Prenatal Care 2015." Ministry of National Security. Retrieved from https://www.gov.bm/sites/default/files/report_of_the_2014_2015_survey_of_pregnant_women.pdf.
- GOB DNDC (Government of Bermuda, Department for National Drug Control). 2016. "National School Survey 2015." Ministry of National Security. Retrieved from http://www.gov.bm/sites/default/files/School%20Survey%20Report%202015%20-%20Final_1.pdf.
- GOB DOS (Government of Bermuda, Department of Statistics). 2006. "Characteristics of Bermuda's Families." Social and Demographic Division. Retrieved from <http://www.gov.bm/sites/default/files/Characteristics-of-Bermuda%E2%80%99s-Families.pdf>.
- GOB DOS (Government of Bermuda, Department of Statistics). 2008. *Low Income Thresholds: A Study of Bermuda*

- Households in Need*. Retrieved from http://cloudfront.bernews.com/wp-content/uploads/2014/08/low_income_thresholds_a_study_of_bermuda_households_in_need_0.pdf.
- GOB DOS (Government of Bermuda, Department of Statistics). 2010. "2010 Census: Population and Housing." Retrieved from <https://www.gov.bm/sites/default/files/2010%20Census%20Report.pdf>.
- GOB DOS (Government of Bermuda, Department of Statistics). 2012a. "Personal and Household Income: A 2010 Analytical Brief." Retrieved from <https://www.gov.bm/sites/default/files/Personal-and-Household-Income.pdf>.
- GOB DOS (Government of Bermuda, Department of Statistics). 2012b. "The 2012 Labour Force Survey: Executive Report." Retrieved from <http://www.royalgazette.com/assets/pdf/RG1261401018.pdf>.
- GOB DOS (Government of Bermuda, Department of Statistics). 2014. "2013 Household Expenditure Survey." Retrieved from <http://bermudasun.bm/FTP/pdf/2013%20HES%20Report.pdf>.
- GOB DOS (Government of Bermuda, Department of Statistics). 2015. "Facts & Figures." Retrieved from http://www.gov.bm/sites/default/files/2015_Facts_and_Figures.pdf.
- GOB DOS (Government of Bermuda, Department of Statistics). 2016. "The Bermuda Job Market." *Employment Briefs*. Retrieved from https://www.gov.bm/sites/default/files/6797_EB_June_2016.pdf.
- GOB MOE (Government of Bermuda, Ministry of Education). 2015. "SCORE Advisory Committee: A Report of Findings and Recommendations." Retrieved from [http://www.moed.bm/Documents/School%20Reorganisation%20\(SCORE\)%20Report.pdf](http://www.moed.bm/Documents/School%20Reorganisation%20(SCORE)%20Report.pdf).
- GOB MOE (Government of Bermuda, Ministry of Education). 2016. "Cambridge Primary Checkpoint Tests 2012–2015."
- GOB MOH (Government of Bermuda, Ministry of Health). 2006. "Health Survey of Adults and Children in Bermuda."
- GOB MOHS (Government of Bermuda, Ministry of Health, Seniors and Environment). 2017. "Health Clinics in Bermuda." Department of Health. Retrieved from <https://www.gov.bm/health-clinics-bermuda>.
- GOB MOHS (Government of Bermuda, Ministry of Health and Seniors and Environment). 2015. "HIV/AIDS in Bermuda: Summary of Year Ended 31 December 2015." Retrieved from <https://www.gov.bm/sites/default/files/2015-Summary-HIV-AIDS-in-Bermuda.pdf>.
- Gordon-Pamplin, Patricia J. 2015. "Amendments to the Financial Assistance Regulations 2015: Ministerial Statement." Ministry of Community, Culture and Sports. Retrieved from <http://www.parliament.bm/uploadedFiles/Content/Home/Amendments%20to%20the%20Financial%20Assistance%20Regulations%202015%20-%20P%20Gordon-Pamplin%20-%20June%2019%202015.pdf>.
- Greene, J. Maxwell. 1901. "Bermuda (Alias Somers Islands): Historical Sketch." *Bulletin of the American Geographical Society* 33.3: 220–242. doi:10.2307/197864.
- Hopkins, David, Peter Matthews, Lou Matthews, Rhonda Woods-Smith, Florence Olajide, and Peter Smith. 2007. *Review of Public Education in Bermuda*. London Centre for Leadership in Learning, Institute of Education, University of London. Retrieved from <http://www.uprootingracism.org/wp-content/uploads/2010/10/Hopkins-Report-2007.pdf>.
- Jethwani, Monique. 2015. "Girls Have More of an Educational Brain': A Qualitative Exploration of the Gender Gap in Educational Attainment among Black Bermudian Adolescents." *Journal of Adolescent Research* 30.3: 335–364. Retrieved from <http://journals.sagepub.com/doi/abs/10.1177/0743558414564596>.
- Jones, Simon. 2016. "Voters Roundly Reject Same-Sex Marriage." *Royal Gazette*, June 24. Retrieved from <http://www.royalgazette.com/news/article/20160624/voters-roundly-reject-same-sex-marriage>.
- Mincy, Ronald B., Monique Jethwani-Keyser, and Eva Haldane. 2010. *A Study of Employment, Earnings, and Educational Gaps between Young Black Bermudian Males and Their Same-Age Peers*. Columbia University School of Social Work. Center for Research on Fathers, Children and Family Well-Being. Retrieved from http://www.moed.bm/Educational%20Review/Young_Black_Male_study.pdf.
- Pan American Health Organization (PAHO). 2012. *Bermuda. Health in the Americas, 2012 Edition: Country Volume*. Retrieved from http://www.paho.org/salud-en-las-americanas-2012/index.php?option=com_docman&task=doc_download&gid=116&Itemid=125&lang=en.
- Prince, Mary. 2008. *The History of Mary Prince: A West Indian Slave*. Radford, VA: Wilder Publications.
- Rainbow Alliance of Bermuda. 2016. "Rainbow Alliance of Bermuda's Response to Referendum Announcement." March 1. Retrieved from <http://rainbowbermuda.org/2016/03/rainbow-alliance-bermuda-response-referendum-announcement>.
- Ramella, Marcelo. 2005. "Bermuda Health Systems and Services Profile: Report for the Ministry of Health and Family Services of Bermuda." Retrieved from http://bhcc.bm/wp-content/uploads/resources/docs/stats/bermuda_health_systems_and_services_profile_marcelo_ramella_april_2005_0.pdf.
- Simpson, Lisa. 2015. "Increasing Number of Sexual Assault Cases." *Royal Gazette*, November 19. Retrieved from <http://www.royalgazette.com/article/20151119/NEWS/151119663>.
- Simpson, Lisa. 2016. "Sexual Assault Alert Ahead of Summer Events." *Royal Gazette*, May 9. Retrieved from <http://www.royalgazette.com/crime/article/20160509/sexual-assault-alert-ahead-of-summer-events>.
- Stevenson, Cooper. 2013. "Gender Policy Aims to Build a More Inclusive Bermuda." *Royal Gazette*, November 12. Retrieved from <http://www.royalgazette.com/article/20131113/NEWS/131119924>.
- UN Women. n.d. "GBV LawPortal: Caribbean." Retrieved from <http://caribbean.unwomen.org/en>.
- Western, Bruce, and Becky Pettit. 2010. "Incarceration and Social Inequality." *Dædalus* (Summer) 139.3: 8–19. doi:10.1162/DAED_a_0001.
- WHO (World Health Organization). 2017. "Adolescent Pregnancy: Maternal, Newborn, Child and Adolescent Health."

Retrieved from http://www.who.int/maternal_child_adolescent/topics/maternal/adolescent_pregnancy/en.

World Bank. 2015. "Bermuda." Retrieved from <http://data.worldbank.org/country/Bermuda>.

World Bank. 2017. "Bermuda." Gender Data Portal. Retrieved from <http://datatopics.worldbank.org/gender/country/Bermuda>.

World Trade Press. 2010. "Bermuda Society & Culture Complete Report: An All-Inclusive Profile Combining All of Our Society and Culture Reports." Petaluma, CA: World Trade Press, 2010. Retrieved from <http://site.ebrary.com.ezproxy.proxy.library.oregonstate.edu/lib/oregonstate/reader.action?ppg=15&docID=10389065&tm=1486181290880>.

Bolivia

Overview of Country

Bolivia is a landlocked country in South America sharing its border with Argentina, Brazil, Chile, Paraguay, and Peru. The geography and climate is varied, ranging from the cold, arid altiplano (highland plateau) region in the Andes Mountains to the hot, humid Amazon Basin's lowland plains. Of the 418,265 square miles (1,083,301 sq. km) of land within Bolivia, only 495 (1,282 km) is irrigated, and less than 3.5 percent is arable land (CIA 2014a). Despite the lack of suitable farming land, Bolivia is the world's third-largest producer of cocaine (Heritage Foundation 2015).

Bolivia is named after Simon Bolivar (1783–1830), also known as *El Libertador* (the Liberator) because of his work in the resistance and eventual overthrow of Spanish rule in Bolivia, Peru, and Gran Colombia (present-day Colombia, Venezuela, Ecuador, and Panama) (1811–1825). The two largest populations in Bolivia today are the Quechua (30%) and mestizo (30%) (CIA 2014a). The Quechua are Andean peoples living in Bolivia, Peru, and Ecuador. Today, there are many regional variants of the Quechua language, which has an ancient pre-Incan origin. Because it was the administrative language of the Incan Empire, it became the common language of the Spanish and Indians in the Andes region.

Mestizo is a term for any person of mixed indigenous and European ancestry. The Aymara are the second-largest indigenous population in Bolivia, making up 25 percent of the population (CIA 2014a). This indigenous group mainly resides in the Altiplano region of Bolivia and Peru. There are smaller populations of Aymara in Chile and Argentina.

The Aymara peoples were conquered by the Inca in the 15th century; however, they have been in an almost continual state of revolt since then, first against the Inca and then against the Spaniards who conquered the Inca. The remaining Bolivian population is identified as white. The 2009 constitution states that Spanish and all indigenous languages are official languages of Bolivia, and it lists 36 indigenous languages, including some that are extinct (CIA 2014a).

Most scholars identify ethnic, gender, and rural barriers to equality in education, health care, and jobs in Bolivia. For women and young girls in rural regions, the burden of restrictive agricultural and home duties makes it difficult for them to remain in school when they are young or to participate in government as adults (Gottardo and Rojas 2010). In 2006, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) found that access to education for rural girls had improved dramatically; however, keeping girls in school was a problem. Recent research found that the wage gap between ethnic groups was likely due to limited educational opportunities in rural areas rather than because of endemic ethnic discrimination in the workplace (Canelas and Salazar 2014).

The majority of Bolivia's population is urban (66.8%), and urban areas are growing by 2.18 percent each year. This is similar to China (2.85%) and nearly twice as rapid as the United States (1.14%) (CIA 2014a). An urban location does not guarantee a good education for Bolivian women. In fact, in 2009, 3 out of every 10 Bolivian women were illiterate, compared to 1 out of 10 Bolivian men (Harbitz and Tamargo). The gap widens when discussing indigenous women and men.

Overview of Women's Lives

The Gender Inequality Index (GII) for Bolivia was 0.444 in 2014, which placed it at 94th out of 155 countries (UNDP 2015b). The GII is based on inequality in reproductive health, empowerment, and economic activity. Reproductive health is measured by the number of mothers who die due to pregnancy-related issues and the number of children birthed by adolescents. In Bolivia, for every 100,000 live births, 206 women die due to pregnancy-related issues, and for every 1,000 adolescents (ages 15–19), there are 78.2 births. Empowerment specifically refers to women's representation in government and participation in education at a secondary level or higher. Bolivian women hold 51.8 percent of the seats in parliament, and 47.6 percent

of adult women have attained a secondary or higher level of education. Economic activity references participation in the workforce; 64.2 percent of Bolivian women participate in the workforce (UNDP 2015a).

Girls and Teens

Most children are expected to work. Almost 89 percent of all Bolivian children ages 7–14 contribute unpaid labor of some type to their families (Index Mundi 2015). In urban areas, this work can be in the home or outside of the home for wages. In rural settings, older girls will usually help care for younger siblings, participate in cleaning and cooking, and care for livestock or crops.

Whether by their own labor or wages earned outside the home, many women of all ages in developing countries make significant contributions to food security for their families. Women's participation in food production and economic security has negative and positive aspects for young women and children. The time children are expected to spend tending to chores or working for wages pulls them away from their studies and often removes them completely from school at an early age. One positive outcome for the work done by women is that it is considered valuable whether it consists of caring for the home and children, producing food through agricultural activities, or for working outside the home for wages and thus gives women a more powerful voice when making decisions that affect the family, especially decisions about education for their children (Valdivia 2001, 36). This ability to influence decisions made in the home provides an example to girls that they are not powerless.

Education

The amount of education individuals attain is affected by many factors. Rural residents attended school for more years (9.23) than urban residents (7.43), and women attended school longer than men (8.24 versus 4.19 years) (UNICEF 2015). It is possible this is due to a need for urban residents and men to seek wage work from an earlier age.

The 1995 CEDAW report found that bilingualism was also a factor in educational attainment. The Bolivian government has experimented by providing instruction in the Guaraní language, the most prevalent aboriginal language in rural areas (42.6% of rural residents). With this change in delivery modality, girls, who were more likely to be monolingual than boys, were staying in school longer

even when from poverty-level families (CEDAW 1995, 5; UNICEF 2015).

Women in politics make social issues, mainly education and health, a priority, with expenditures quadrupling when women became involved in municipal government (Yanez-Pagans 2008). However, these increases in funding have not shown any significant changes in the health or education status of residents in these communities. Some suggest that the initiatives put in place do not yield short-term results because they are intended to be long-term goals (Yanez-Pagans 2008).

Health

The average life expectancy for Bolivian men is 66.4 years, while women's life expectancy is longer, 72.1 years. This is 10 years shorter than women in the United States can expect to live. Overall, Bolivia's population is young. The two largest demographics by age are those 25–54 (37.08%) and those 14 and younger (32.36%) (CIA 2017).

By 1995, economic growth in Bolivia was still too slow to sustain social well-being. In an attempt to redistribute resources, the Bolivian government appropriated 25 percent of the national income to the municipal level for use in resolving local issues and in support of local populations (CEDAW 1995). Despite this redistribution, Bolivia still provides fewer resources for women and infant health than Costa Rica and Panama, two Latin American countries with similar gross domestic products (GDP) (just more than 61 billion each). For example, Bolivia spends 4.9 percent of its GDP on health, significantly less than Costa Rica at 10.9 percent or Panama at 8.2 percent. Possibly because of this national focus on health, both Costa Rica and Panama have lower maternal mortality rates at birth (40/100,000 and 92/100,000, respectively) and lower infant death during birth (8.7/1,000 and 10.7/1,000, respectively) than Bolivia (CIA 2014a).

Access to Health Care

One factor barring Bolivian women from health care at all stages of life is lack of identity documentation, such as birth certificates or identity cards. In 2001 UNICEF found that 50 percent of births for children 12 months and younger had not been registered (UNICEF 2016). Poor and rural women most often are those without documented legal identity. A lack of legal identity makes these women virtual nonentities, with no access to health services

(CEDAW 2006). Lack of documentation increases the difficulties faced by ethnic groups, who often live in rural communities or on the fringes of urban centers (Harbitz and Tamargo 2009).

Maternal Health

The greatest health risk to women in Bolivia is in reproduction and child care (UNICEF 2015). Most Bolivian women have their first child in their early twenties. The maternal mortality rate of 206 for every 100,000 successful births is high compared to the neighboring countries of Chile (22/100,000) and Peru (68/100,000) (World Bank Group 2015). The mortality rate for infancy death during childbirth is also high for Bolivia, with 39 children dying for every 1,000 live births, compared to 7 children in Chile and 20 in Peru. Bolivia's doctor-to-population ratio is similar to Chile and Peru.

Diseases and Disorders

According to the World Health Organization (WHO), ischemic heart disease is the most common disease in Bolivia, and 7,400 Bolivians died of this disease in 2012. The majority of children under the age of five die from acute respiratory infections (16%) or premature births (15%) (WHO 2015b).

Another health concern is alcoholism. As of 2010, 7.8 percent of Bolivian males had consumed at least 60 grams of pure alcohol on at least one occasion in the past 30 days, while many fewer women had practiced recent heavy episodes of drinking—0.7 percent (WHO 2015a).

Employment

Many scholars have noted the link between social injustice and economic injustice and the fact that these phenomena reinforce and amplify the effects of either injustice. Scholars also agree that ethnicity, gender, age, and other identity labels are political as well as cultural constructs that cannot be separated from an individual's economic reality (Fraser 1995; Harvey 1996; Paulson and Calla 2000). Since 2010, Bolivia's economic growth has been one of the highest in Latin America, and gas exports are providing stability for the larger economy; despite this, "half of all Bolivians live in poverty" (Heritage Foundation 2015).

The difference in wages between nondiscriminated groups and discriminated groups "leads to a smaller

labor force participation from the discriminated people and increases the demand for domestic production on in-home activities" (Canelas and Salazar 2014, 2). The greater the wage differential, the greater the incentive for women within discriminated groups to work at home rather than enter a wage market that is skewed against them. This decision is culturally acceptable, as it places indigenous women in the traditional role of caretaker for the home and children.

In Bolivia, women belonging to a discriminated group can earn wages nearly at parity with the average wage for a woman. This is counter to some research that shows women within discriminated groups have been unwilling or unable to enter the wage market because they find more value in the labor they expend within the home than the wage they could earn and so choose to not participate in the wage labor market. Additionally, barriers prevent Bolivian women in discriminated groups from entering the wage labor market. Because there are fewer women within the job market, wages for all women rise. Bolivia's majority population is indigenous. This has led to men's wages in some ethnic or other discriminated groups being more affected than women's wages within the same ethnic or discriminated group. In this situation, men's wages offer less profit above what they could earn by working at home than a woman's (Canelas and Salazar 2014).

Young children under 7 years of age are mainly the responsibility of women. According to Canelas and Salazar, "men are almost unaffected by the presence of children" (2014, 16). Each additional young child increases the value of women's work within the home and thereby decreases her incentive to work for wages. Regardless of whether a woman works outside the home for wages, on average, a Bolivian woman will spend 40 hours a week on domestic labor. Bolivian men who work for wages will contribute little to domestic labor. In cases where the woman works for wages, indigenous women spent less time working for a wage than nonindigenous women (Canelas and Salazar 2014). On average, nonindigenous women spent three additional hours each week performing wage labor. However, each group contributes the same amount of time to domestic duties.

Education plays a significant role in determining how domestic labor is split between men and women. As education allows women to compete for and hold higher wage jobs, their work outside the home often becomes more valuable than their domestic work; "education increases the bargaining power of women inside the households, which,

in turn, implies that in households where women are more educated, domestic tasks are shared in a more equitable way” (Canelas and Salazar 2014, 16). Education reduces the wage gap between discriminated groups and nondiscriminated groups, “especially for women. In this context, investing in women’s education becomes an effective tool for reducing gender and ethnic inequalities” (Canelas and Salazar 2014).

Family Life

Traditional Andean civilizations are known for their gender complementarity social structure. The Aymara are one such Andean civilization, and their concept of *chachawarmi*, the union of a man and woman, where each contributes essential pieces of a social whole constructed through marriage. Often this is misconstrued as a basis for gender equity (Luykx 2000, 156). It is also through this union that each gender becomes a fully functioning member of the community. Individually, each gender is less than their potential as a spouse. As Rousseau explains, “The notion of individual equality is historically foreign to indigenous cultures that are grounded in community-based principles of justice and harmony” (2011, 22).

It is important to realize that no culture is static and that the Aymara, like all ethnic groups in Bolivia and elsewhere, have changed over time, sometimes radically. Colonialism and globalization are just two factors that continue to affect indigenous cultures. This includes changes to the Aymara understanding and manifestation of traditional concepts such as *chachawarmi*. Bolivia’s increasing urbanization is one of the main factors influencing evolving notions of *chachawarmi*. Migration to urban areas causes “disjuncture” between ideas about gender and daily life among indigenous peoples (Rousseau 2011, 22).

Some contend that machismo is very strong in Bolivia, where women are considered subordinate, restricting their social and work activities (*eDiplomat* 2015). This idea of machismo is a variant to the traditional concept of *chachawarmi*, which finds value only in the work done by women in the home, caring for children and performing subsistence agricultural activities. There is a link between traditional values and violence against women attempting to enter a nontraditional arena such as politics; the most violence against elected women takes place in urban centers with large Aymara and Quechua populations (Butters 2012).

Politics

In 1980, Bolivia signed the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which defines discrimination against women and requires national action by party states. In 1990, CEDAW was ratified by Bolivia, making it legally bound to implementing its provisions and to submitting periodic reports to the United Nations (United Nations 2015; CEDAW 2006). Initially, judges and other Bolivian legal professionals were unaware of CEDAW, and this resulted in slow implementation. However, by 1995, the efforts of the Bolivian Office of the Under-Secretary for Gender Affairs to inform legal professionals about the convention and other forms of protection for women had resulted in a growing number of lawyers using the convention, and, by extension, judges beginning to include it in their judgments (CEDAW 1995).

Bolivia made several legislative attempts to place women in government in compliance of CEDAW (CEDAW 2006). The 1997 Quotas Act required proportional representation in the legislature. This was replaced with a new quota in 2004, which required one in every three nominations be for a woman. In both cases, there were no consequences for noncompliance, and both were only somewhat successful. In practice, the 2004 quota led to elections where candidates who were listed as women were in fact men, giving the gloss of gender equality to election results data (UN Women 2013). Bolivia ratified a new constitution in 2009 that includes gender equity changes in terminology; a recognition of the value of work within the home; mandates for an electoral body with gender parity; women’s rights to access, own, and sell land; and women’s rights over their sexual and reproductive health (Gottardo and Rojas 2010). In 2010, an affirmative action policy was instigated that more fully supported the principles of equity and parity within the electoral system; however, problems still exist in providing equal access to the voting process for both sexes and providing remedies for noncompliance (UN Women 2013).

Today, private and public violence against elected women remains a problem. In 2012, town councilor of Ancoraimes and a leading advocate for legislation to protect elected women from harassment as well as physical and sexual violence, Juana Quispe was murdered. At the time of her murder, she was in the process of filing a complaint against two male political leaders. She claimed these men were preventing her from being able to carry

out the duties of her office. Her murder remains unsolved. Unfortunately, she is not the only woman to suffer violence and even death because she wanted a participatory role for women in government. According to the Association of Female Councilors of Bolivia (ACOBOL), female politicians filed more than 4,000 complaints of harassment. They link this culture of violence to ideas of machismo present throughout the country (Butters 2012).

It is clear that many indigenous men and women have very different ideas of what is an appropriate activity for women. Many indigenous women who participate in public service, such as politics, social reform, or education, often will present themselves and their issues as indigenous rather than women's or indigenous women's issues. By refocusing the discussion on the value of indigenous cultures rather than on gender roles, the audience is often more receptive. Luykx believes the main reason for this is that *gender* has become conflated with *modern*, which in turn cannot be separated from perceptions of a social agenda that values only the new. In a country that prides itself on the value of indigenous tradition, modernity is seen as anathema. "This pattern has shown itself time and time again. If analysis of gender relations or critiques of sexual discrimination are viewed as infringing upon the valorization of indigenous culture, they are to be abandoned, or at least minimized" (Luykx 2000, 158).

Some believe that by promoting multiple concepts of gender relations and allowing individuals the freedom to choose how they want to structure their lives, be it around a modern or traditional concepts, Bolivia can find a way past the roadblock of gender equity versus valuing the traditional. Others see Bolivia's linking of "social reforms with neoliberal economics" as a promotion of individual autonomy by providing social reforms that give access to jobs, greater social status, and power to discriminated groups, including women and indigenous peoples, that allow them to make choices between traditional and modern (Paulson and Calla 2000, 116).

Current activists in Bolivia say the harassment continues because of the courts' reluctance to prosecute offenders. The latest legislation meant to protect women lists 15 types of violence against women and increased penalties (BBC 2014). However, the ACOBOL reviewed existing legislation and jurisprudence and found a "legal loophole in this area. Currently there is no specific definition of women's political rights, no legal definition of harassment and gender based violence and no mechanism

through which to report cases of harassment and gender based political violence" (Gottardo and Rojas 2010). The continuing violence, the burden of restrictive agricultural and home duties for rural women, and the greatest incidence of domestic violence of any in South America discourage many women from even attempting to participate in government (BBC 2014). The primary blocks to women's political participation are harassment and violence—issues that, unfortunately, neither the government nor the public acknowledges for discusses (Gottardo and Rojas 2010).

Despite continued assaults, Bolivian women are still putting themselves in the middle of politics, and the number of women in government continues to slowly increase. "In a ground breaking historical event, 47 percent of those elected to the Senate last December were women, 25 percent in the Chamber of Deputies and 30 percent in the Plurinational Legislative Assembly. And earlier this month Dr. Ana Maria Encina, ACOBOL's President, became the mayor of Santa Cruz, the second largest city in Bolivia, and the largest in terms of economic power" (Gottardo and Rojas 2010). President Morales's cabinet includes women in several key positions: minister of autonomy, Claudia Stacy Pena Claros; minister of communication, Amanda Davila Torrez; minister of justice, Sandra Elizabeth Gutierrez Salazar; minister of planning and development, Elba Viviana Caro Hinojosa; minister of productive development and pluralist economics, Ana Teresa Morales Olivera; and minister of rural development and lands, Nemecia Achacollo Tola. The six positions held by women in Morales's 2014 cabinet do not come close to parity, even at this level of government (CIA 2014b).

Religious and Cultural Roles

Although an ethnically diverse country, Bolivia is 95 percent Roman Catholic (CIA 2014a). In the late 20th century, the Catholic Church took a more active role in Bolivian social issues. Despite this, the number of Protestant members has been growing since the late 20th century, and both Mormon and Baha'i religions have begun to find a home in Bolivia in the 21st century. Some indigenous religious activities and beliefs are still practiced, especially worship of the earth goddess Pachamama. The Catholic Church has attempted to assimilate indigenous religious beliefs and activities, with varying degrees of success (*eDiplomat* 2015).

Issues

Andean culture groups, such as the Quechua and Aymara, are reacting to the concepts of *gender* and *indigenous* as polarizing terms that have been defined and imposed on them by people or organizations outside of themselves (Paulson and Calla 2000). Adding to the pressures creating the divide between gender and indigenous is the funding currently being used for gender issues among Andean people. Many indigenous people believe the funding and resources provided by nongovernmental organizations (NGOs) and governmental agencies should be used for indigenous issues as a whole, rather than one segment of the culture. One example of the collision between gender and indigenous needs is found in the bilingual-intercultural education (BIE) program, which is often funded by nonindigenous NGOs or government agencies. A fundamental principle of BIE is respect for the beliefs and cultural practices of discriminated groups. These entities, along with funding and access to education, bring their culturally defined and deeply rooted ideas of what constitutes gender equality. As a condition of funding for financial and technical assistance for BIE programs, NGOs and government agencies will ask for a commitment to “gender equity,” which the indigenous people see as “a manifestation of cultural imperialism” (Luykx 2000, 153).

Today in Bolivia, gender discrimination, sometimes leading to violence inside or outside the home, is present in urban and rural settings among indigenous and non-indigenous peoples. According to CEDAW (2006), over 53 percent of women had suffered physical violence at the hands of their spouse, as compared to 27 percent of men, which is the highest rate of 12 Latin American countries. Machismo, an acceptance of aggressive behavior, and financial insecurity also contribute to intimate partner abuse. Society’s attitudes about such violence is changing in part due to press coverage and in part due to passage of Law 348, designed to protect victims and punish perpetrators (Shahriari 2015).

BRENDA KELLAR

Further Resources

BBC. 2014. “Bolivian Women Battle against Culture of Harassment.” March 11. Retrieved from <http://www.bbc.com/news/world-latin-america-26446066>.

Butters, Rosanna. 2012. “Political Femicide.” *Bolivian Express*, August 14. Retrieved from <http://www.bolivianexpress.org/blog/posts/political-femicide>.

Canelas, Carla, and Silvia Salazar. 2014. “Gender and Ethnicity in Bolivia, Ecuador, and Guatemala.” March. DEPOCEN

Working Paper Series No. 2014/11. Retrieved from <ftp://mse.univ-paris1.fr/pub/mse/CES2014/14021.pdf>.

CEDAW (Convention on the Elimination of All Forms of Discrimination against Women). 1995. “Summary Record of the 267th meeting.” United Nations Document 95-80091 (E). Retrieved from <https://daccess-ods.un.org/TMP/3374634.38510895.html>.

CEDAW (Convention on the Elimination of All Forms of Discrimination against Women). 2006. “Consideration of Reports Submitted by States Parties under Article 18 of the Convention on the Elimination of All Forms of Discrimination against Women. Combined Second, Third and Fourth Periodic Reports of States Parties.” United Nations Document 06-29294 (E). Retrieved from <http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhsmPYo5NfAsNvhO7uZb6iXOTxvXYkwBGrVEnqKK9A32HqVh5YaJVGXJt6UVDcVydnrYfLHs8el0%2BGXt1j9OG8UvUqO%2B1bwOnOH4Bz4BqY5P>.

CIA (Central Intelligence Agency). 2014a. “Bolivia.” *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/bl.html>.

CIA (Central Intelligence Agency). 2014b. “Chiefs of State and Cabinet Members of Foreign Governments—Bolivia.” Retrieved from <https://www.cia.gov/library/publications/world-leaders-1/BL.html>.

eDiplomat. 2015. “Bolivia.” Retrieved from http://www.ediplomat.com/np/cultural_etiquette/ce_bo.htm.

Fraser, Nancy. 1995. “From Redistribution to Recognition?: Dilemmas of Justice in a Post-Socialist Age.” *New Left Review* 212: 68–93.

Gottardo, Carolina, and Maria Eugenia Rojas. 2010. “Violence and Democracy in Bolivia.” *50.50 Inclusive Democracy*, January 26. Retrieved from <https://www.opendemocracy.net/5050/carolina-gottardo-maria-eugenia-rojas/violence-and-democracy-in-bolivia>.

Harbitz, Mia, and Maria del Carmen Tamargo. 2009. *The Significance of Legal Identity in Situations of Poverty and Social Exclusion: The Link between Gender, Ethnicity, and Legal Identity*. November. Washington, D.C.: Inter-American Development Bank.

Harris, O. 2000. *To Make the Earth Bear Fruit: Essays on Fertility, Work and Gender in Highland Bolivia*. London: Institute of Latin American Studies.

Harvey, D. 1996. *Justice, Nature, and the Geography of Difference*. Cambridge, MA: Blackwell.

Heritage Foundation. 2015. “2015 Index of Economic Freedom—Bolivia.” Retrieved from <http://www.heritage.org/index/country/Bolivia>.

Howden, Lindsay M., and Julie A. Meyer. 2011. “Age and Sex Composition: 2010.” U.S. Census Bureau. Retrieved from <http://www.census.gov/prod/cen2010/briefs/c2010br-03.pdf>.

Index Mundi. 2015. “Children in Employment, Unpaid Family Workers (Percent of Children in Employment, Ages 7–14)” Retrieved from <http://www.indexmundi.com/facts/indicators/SL.FAM.0714.ZS>.

- Luykx, Aurolyn. 2000. "Gender Equity and *Interculturalidad*: The Dilemma in Bolivian Education." *Journal of Latin American Anthropology* 5.2: 150–178.
- Menjívar, C. 2001. *Through the Eyes of Women: Gender, Social Networks, Family and Structural Change in Latin America and the Caribbean*. Willowdale, Ontario: De Sitter Publications.
- Paulson, Susan, and Pamela Calla. 2000. "Gender and Ethnicity in Bolivian Politics: Transformation or Paternalism?" *Journal of Latin American Anthropology* 5.2: 112–149.
- Pierre Beaucage. 2008. "Men and Women Facing Political Violence in Bolivia." *Universitas Humanística* 65: 237.
- Rousseau, Stephanie. 2011. "Indigenous and Feminist Movements at the Constituent Assembly in Bolivia: Locating the Representation of Indigenous Women." *Latin American Research Review* 46: 2.
- Shahriari, Sara. 2015. "Bolivia Struggles with Gender-Based Violence." Pulitzer Center on Crisis Reporting, May 1. Retrieved from <http://pulitzercenter.org/reporting/south-america-bolivia-femicide-gender-based-violence>.
- UNDP (UN Development Programme). 2015a. "Bolivia." Human Development Reports. Retrieved from <http://hdr.undp.org/en/countries/profiles/BOL>.
- UNDP (UN Development Programme). 2015b. "Table 5: Gender Inequality Index." Human Development Reports. Retrieved from <http://hdr.undp.org/en/composite/GII>.
- UNICEF. 2015. "The Situation of Women in Bolivia." Retrieved from http://www.unicef.org/bolivia/children_1538.htm.
- UNICEF. 2016. "Demographic, Economic and Education Indicators." *Bolivia—The Children*. Retrieved from http://www.unicef.org/bolivia/bo_child_indicators.pdf.
- United Nations. 2015. *United Nations Treaty Collection*. Retrieved from https://treaties.un.org/Pages/ViewDetails.aspx?src=TR EATY&mtdsg_no=IV-8&chapter=4&lang=en.
- UN Women. 2007. "Convention on the Elimination of All Forms of Discrimination against Women." Retrieved from <http://www.un.org/womenwatch/daw/cedaw/reports.htm>.
- UN Women. 2013. "Bolivia: Gender-Based Political Violence." The Joint Programme: Integrated Prevention and Constructive Transformation of Social Conflicts. Retrieved from http://www.unwomen.org/mdgf/C/Bolivia_C.html.
- Valdivia, Corinne. 2001. "Gender, Livestock Assets, Resource Management, and Food Security: Lessons from the SR-CRSP." *Agriculture and Human Values* 18: 27–39.
- Van Vleet, Krista E. 2008. *Performing Kinship: Narrative, Gender, and the Intimacies of Power in the Andes*. Austin: University of Texas Press.
- WHO (World Health Organization). 2015a. "Alcohol Consumption: Levels and Patterns." Retrieved from http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/bol.pdf?ua=1.
- WHO (World Health Organization). 2015b. "Bolivia (Plurinational State of)." Retrieved from <http://www.who.int/countries/bol/en>.
- WHO (World Health Organization). 2015c. "Country Health Profile." Retrieved from <http://www.who.int/gho/countries/bol.pdf?ua=1>.

World Bank. 2009. *Gender in Bolivian Production: Reducing Differences in Formality and Productivity of Firms*. Herndon, VA: World Bank Publications.

World Bank Group. 2015. "Maternal Mortality Ratio (Modeled Estimate, per 100,000 Live Births)." Retrieved from <http://data.worldbank.org/indicator/SH.STA.MMRT>.

Yanez-Pagans, Monica. 2008. *Culture and Human Capital Investments: Evidence of an Unconditional Cash Transfer Program in Bolivia*. Institute for the Study of Labor (IZA) Discussion Paper No. 3678. Retrieved from <http://ftp.iza.org/dp3678.pdf>.

Brazil

Overview of Country

Located in northeastern South America and facing the Atlantic Ocean, Brazil is the largest country in Latin America, with an area covering almost 3.3 million square miles. It borders all South American countries except Chile and Ecuador. It is the third-largest country in the Americas and the fifth-largest country in the world (CIA 2014). It is the largest Portuguese-speaking country in the world and the only one in the Americas.

Numerous indigenous groups with different languages and traditions thrived in the area before the Portuguese explorer Pedro Álvares Cabral landed in Brazil in 1500. Rio de Janeiro became the capital of the Portuguese Empire in 1808, and during that same year, the government opened its ports to all nations, which enabled direct commercial interaction and resulted in an unprecedented accumulation of wealth. Brazil became independent from Portugal in 1822 and established a constitutional monarchy and a parliamentary system. The military formed a republic in 1889, after the abolition of slavery in 1888. The populist president Getúlio Vargas rose to power in 1930 in response to the domination of large landowners and coffee growers. After an authoritative military regime led the country from 1964 to 1985, Brazil returned to civilian rulers. The federation is composed of the Federal District of Brasília, the capital; 26 states; and 5,564 municipalities.

The federal constitution of 1988, last amended in 2012, departed from authoritarianism and moved toward democracy. This constitution decreed the separation of the executive, legislative, and judiciary powers and created legal norms and parameters to institutionalize human rights, including the recognition of women's rights. It is

the first constitution in Brazilian history that starts with individual rights and constitutional guarantees of citizens before articulating the issues of the state. The current Brazilian legal system is based on the Civil Code enacted in 2012.

According to the World Bank, Brazil's gross domestic product (GDP) was USD\$2,246 trillion in 2013, making it the world's seventh-largest economy. It surpasses the sum of all other South American countries. In the last few years, the economy grew at a fast pace due to the discovery of large oil reserves, growth in commodity demands, and the building up of foreign reserves. Brazil's international recognition also grew, as shown by the increase in external investment to 26 percent, or approximately USD\$48 billion, in the last five years. Brazil is a founding member of the United Nations, the G20, the Community of Portuguese Speaking Countries, and other inter-American and Latin American organizations. It has been the world's largest producer of coffee for the last 150 years (World Bank 2014).

Government initiatives in the last decade have focused on reducing inequality within the nation. The population living below the poverty line is at 21.4 percent, and extreme poverty is at 4.2 percent (CIA 2014). The program Brazil without Poverty expands support to its low-income and poor population, especially women, providing them with family assistance. This program reaches out to 16 million people, offering capacity-building opportunities, microcredit, and extension programs in rural areas. These programs are intended to improve access to services and to develop human capital. However, poverty remains high, especially in the northeast, north and center-west. Opportunities in these regions are scarce, forcing residents to relocate near urban areas. As a result, illegal settlements and *favelas* (slums) in cities continue to grow. The urban population in Brazil is at 84.4 percent, while the rural population is at 15.6 percent (IBGE 2010).

According to the 2010 Census, the total population of Brazil is 190,755,799, making it the most populated country in South America. The population ratio between men and women is 49 percent men and 51 percent women (IBGE Censo 2010).

The age structure of the population reveals that the majority are between the ages of 10 and 29. The population under age 4 has declined due to successful family planning that lowered birth rates. In 1991, the population under age 4 was 5.7 percent for boys and 5.5 percent for girls, and in 2010, it declined to 3.7 percent for boys and 3.6 percent

for girls. Another notable change in demographics is the increase of the population of those age 65 and older. From 4.8 percent in 1991, it increased to 7.4 percent in 2010. This scenario suggests a future with a shrinking labor force and an increased share of the elderly population (IBGE Sinopse do Censo Demográfico 2010).

According to the 2010 Census, 47.7 percent of Brazilians consider themselves white, 43.1 percent multiracial, 7.6 percent black, 1.1 percent Asian, and 0.47 percent indigenous. Multiracial is a broad category that includes permutations among indigenous and whites, Afro-Brazilians and whites, and indigenous and Afro-Brazilians. Although whites represent the largest group, the sum of blacks and multiracials, considered by many scholars as one category, is over 50 percent, making Brazil one of the countries in the world with the largest presence of people of African ancestry (IBGE Sinopse do Censo Demográfico 2010).

The centuries between the first Portuguese arrival and the mid-19th century witnessed a large arrival of Africans with different ethnicities, languages, and traditions. They were the solution for labor shortages caused by the decimation of the native Amerindians. Nearly 45 percent of all the Africans who were part of the Atlantic slave trade were forced to settle in Brazil (Lesser 2013, 11). They labored on sugar plantations, in mines, and in urban areas until slavery was abolished in 1888. Freed Africans and their descendants have always maintained contact with immigrants and indigenous people as they settled in communities in the forests and hinterlands. This intermingling has played an important role in national identity formation.

Black and indigenous women often worked directly in the homes of slave owners and their families during the colonial period and through the 1800s. After the abolition of slavery in 1888 and in early 1900s, sexual exploitation of black women increased and was accompanied by a stereotype that associated blackness with promiscuity. This period coincided with the country's leaders' sweeping efforts at nation-building and behavioral "whitening" conducted through education, public health, and hygiene campaigns (Dávila 2003, 24).

Indigenous people were the first victims of slave labor and sexual exploits by Portuguese explorers and merchants. For many centuries, indigenous women were subjected to illicit sexual relationships and were victims of increased cultural exclusion, invisibility, and loss of their ancestral lands. These conditions generated domestic violence and increased sexual exploitation in the form of trafficking and child prostitution. Black, multiracial, and indigenous

women continue to be less visible and are less represented in the rural and urban labor force, and they continue to have limited access to health care and education.

As in other countries in the Americas, Brazil is a nation of immigrants. Arriving either involuntarily or voluntarily, more than 5 million immigrants from more than 60 countries settled there between 1870 and 1972 (Lesser 2013, 14). They interacted with indigenous, mixed-race, and Portuguese descendants, creating a unique culture and home in their new country.

Although “volunteer immigrants” in the late 1800s and early 1900s came from Europe—most of them Portuguese, Italian, Spanish, German, Polish, and Russian—immigrants also came from Japan, the Middle East, and to a lesser extent China. Many immigrants from Eastern Europe had seen their national origins shift, from Germany to Poland, for example, reflecting regional conflicts and new national borders. The same is true of immigrants from the Middle East, where many Christians left contemporary Syria and Lebanon to settle in major cities such as São Paulo. A large percentage of Jews who left Europe due to discrimination also settled in Brazil, especially in the south.

Japanese immigrants, the largest group from Asia, worked mostly as laborers in coffee plantations in the southeast. In addition to existing black and mixed-race populations, their presence caused concerns among the nation’s elite who idealized the nation’s whiteness and European ways and considered nonwhites a threat to an ascendant national racial identity. Today, the Japanese community, with more than 1.2 million people residing in the São Paulo and Paraná states, is the largest Japanese diasporic community in the world. In the 1980s, due to economic decline and hardship, a substantial number of Japanese-Brazilians immigrated to Japan to work in various industries. Other Brazilians also left to work in the United States and Western European countries. These numbers were never significant, and as the economy has grown in recent years, fewer seek employment overseas.

Over the years, the classic bossa nova song “The Girl from Ipanema” has romanticized a glamorous, albeit superficial, image of Brazilian women around the world. Contradicting this image, Brazil’s 500 years of history, filled with women of all racial, ethnic, class, economic, and gender backgrounds operating within the context of the powerful Catholic Church and Portuguese-Brazilian patriarchal traditions, has forged a complex female identity. This identity is one defined by the constant struggle to

assert the role of women in Brazilian society and build a more equitable society.

The UN Development Programme (UNDP) ranks Brazil 92th out of 188 nations based on the Gender Inequality Index (GII, 0.414). Compared to its neighbors, Chile and Argentina, Brazil scores lower in the “Share of Seats in Parliament” category, has a higher adolescent birth rate, and scores lower in the “Women Twenty-Five+ with at Least Some Secondary Education” category. In maternal mortality, Brazil ranks lower than Chile, but higher than Argentina (UNDP 2015).

Girls and Teens

From the 16th century throughout the 19th century, education was reserved only for the elite, and most remained illiterate. Progress in public education occurred slowly and almost exclusively in urban centers such as Rio de Janeiro, the center of all activities, where the royal court added prestige to social life. In wealthy families who adopted the new styles of life, girls were trained in social norms of the time and acquired many qualities in finishing schools, where they stayed until the age of 12 or 13, when they left to get married.

After legislation on public primary education passed in 1827, girls in cities enrolled in public schools and gained access to the same education as boys, except for geometry, which was replaced by home economics. While boys learned mathematical abstraction, girls learned domestic tasks, delineating clear gender roles. In elementary schools in indigenous villages, where teachers attempted to ban the native language and teach civility, girls learned the Christian doctrine, reading, writing, spinning, lace making, sewing, and other activities considered appropriate for women. The law allowed girls aged 10 and under to attend classes for boys in Indian villages, where it was not possible to have single-sex classrooms (Vidal and Faria Filho 2008, 57).

The 1827 Education Law also enabled women to be hired as teachers, and in 1835, the first normal schools for teacher training were established. As women started to be admitted, normal schools became an option for women seeking a profession. Around 1860, the first commercial schools were created. The Liceu de Artes e Ofícios Imperial, a postsecondary school for teaching of arts and crafts in Rio, opened its doors to women in 1881. Literacy rates among all Brazilians remained very low, although in urban centers, the number of literate men and women was higher. In 1870, only 20 percent of Brazil’s 10 million people were

literate, with literacy more common among men than women. In 1872 Rio de Janeiro, 50 percent of males and only 30 percent of females could read. It is no surprise that the literacy rate was higher among upper-class women.

Toward the end of the 19th century, private secondary schools for women were created in different parts of the country. Among schools sponsored by religious denominations, most of them were Catholic, but some were Protestant, such as the American School (later Colégio Mackenzie) created in 1870 by Mary and George Chamberlain, Presbyterian missionaries in São Paulo, and the Colégio Piracicabano, created in 1881 in Piracicaba, São Paulo, with the support of the American Methodist Church (Colégio Presbiteriano Mackenzie 2015; Colégio Piracicabano 2010).

20th Century

In the 1920s, Brazilian leaders became interested in education as a nation-building tool, and between 1932 and 1939, many new schools were added to the 27,000 existing ones. The number of teachers of all levels increased, and the national student body expanded. By 1940, the school system had become a major employment source for women. The expansion of public elementary schools increased all women's literacy, especially lower-class women. The leading educational reformers saw the importance of teachers' training as key to education reform. Rio's public normal school became the Instituto de Educação, which was modeled after the Columbia University Teachers College in New York.

The admission to the Instituto de Educação was very selective and narrowed the candidates academically and in other ways. The entrance exam was rigorous and required an additional private preparatory course, placing admission out of the majority of the population's reach. Also, the first stage of admissions was an eliminatory "health exam" that was successful in selecting and promoting a white, professional, middle-class public identity for teachers that aligned with the national ideology of nation-building.

The most prestigious public secondary school in Rio was the Colégio Pedro II founded in 1837 to educate the nation's nobility and serve as a recruiting ground for the elite bureaucracy. As with the Institute of Education, admission to the Colégio Pedro II was very selective, with a rigorous entrance examination. In the 1920s, it began enrolling women and catered to students from modest backgrounds to compensate for the exodus of elite children

to a growing number of private secondary schools. In 1930, 14 percent of the day school students were women. By 1934, this increased to 25 percent, where it remained throughout the 1940s. Most likely, these women were the ones who passed entrance examinations when institutions of higher education opened their doors to them in 1879. While women continued to be a minority in the student body, the classrooms were integrated, and all students were taught the same curriculum, except for separate physical education classes (Dávila 2003, 205).

Education

Vocational Education

As industrialization advanced in urban areas, the dominant sector, textile manufacturing, employed a large number of women and girls. While this labor was essential, it had an image problem, as it could be seen as an erosion of family values that tied women to home. While women and girls working in factories were unskilled and needed vocational training, the industrialists could be charged with encouraging women to abandon their homes and children for work. Thus, political leaders and industrialists created vocational schools that offered a variety of programs directed at working-class women for their training while simultaneously reinforcing traditional gender norms (Weinstein 2006, 73).

The first major attempt at vocational schools was intended to make professional education more attractive to urban youth from lower-class families. In São Paulo, the state sponsored both an Escola Profissional Masculina and an Escola Profissional Feminina, legitimizing the importance of female labor in the growing manufacturing industry. In these schools, in contrast to the courses on metallurgy and mechanical trades offered to men that led to higher wages, the courses for women were geared toward learning dressmaking, sewing, lace and embroidery making, cooking, hygiene, and nutrition from society ladies. In reality, this approach offered limited skills training and only emphasized women's roles in domestic and family matters.

In the 1930s, the focus on vocational education continued and was expanded nationally. By the early 1940s, educators and industrialists had created a vocational training system known as the SENAI, the National Service for Industrial Training. Funded and controlled by the industrial associations, the schools took a pragmatic approach and offered requirements for specific industrial

Women's Voices

Myrthes de Luca Wenzel

Myrthes de Luca Wenzel (1917–2004) was a pioneer educator who established and served as principal of the Fundação Centro Educacional de Niterói, an experimental secondary school with an innovative curriculum. For Wenzel, education was a tool for empowerment and ability building. She encouraged creativity and critical thinking and taught students to aspire for a world with more harmony and respect. Unlike the majority of Brazilian schools, Wenzel's school offered activities such as chorus and team sports.

Wenzel was appointed secretary of education and culture of the State of Rio de Janeiro from 1975 to 1979. Her broad vision of education inspired many generations of educators in Brazil.

—Kayo Denda

sectors, and they did not exclude women in industrial education. However SENAI's focus on apprenticeship programs for metallurgical trades and courses for training textile factory supervisors were not available for women. After World War II, the industrialists also created SESI, the Industrial Social Service, with a broader mission than SENAI. It was intended to be a vehicle to "improve workers standard of living, hygiene, and culture through rational forms of assistance, guidance, recreation, and instruction" (84). SESI served as a powerful vehicle to institutionalize and disseminate the gendered differences and traditional roles of women to the working-class population.

21st Century

In the last decades of the 20th century, progress in cultural and social values and demographic transformation altered women's roles toward more public and economically active roles. Primary education became more accessible, and 95 percent of girls now attend primary schools (UNICEF 2013). Women also gained access to higher education, resulting in higher wage-earning and professional opportunities.

Women's enrollment at university has been particularly notable in recent years. In 2009, 59 percent of all

undergraduate students were women, although most of them majored in traditionally "feminine" fields, such as education, nursing, social work, and liberal arts. In terms of years of education received, in 2010, women supplanted men with an average of 7.4 years, compared to 7 years for men. In the active labor force with more than 15 years of education, 13 percent are women compared to 8.2 percent men. This is an empowering scenario given the pervasive oppression of the Catholic Church and the persistence of a patriarchal tradition that reinforced traditional gender roles. However, these gains are still uneven among different groups. In 2009, the illiteracy rate among women aged 15 and older was 6.42 percent for whites, 13.97 for blacks, 13.12 percent for mixed race, and 12.81 percent for the indigenous, demonstrating the continuing difficulty of access to education for black, mixed-race, and indigenous women (Bruschini et al. 2011, 145).

Health

Access to Health Care

The 1988 Constitution introduced human rights parameters into the law that guarantee women's autonomy regarding health, sexual freedom, and reproductive rights. The framework also guarantees citizens full access to all services necessary to preserve bodily integrity, reproductive freedom, and sexual well-being, in addition to creating conditions and services available to all citizens, regardless of their gender.

During the nation's democratization that started in 1985, significant progress was achieved in the area of health care. The government established the Sistema Único de Saúde (SUS), or Unified Health System, which now provides universal health care for more than 75 percent of the population (Portal Brasil n.d.). The SUS is based on the concept of decentralization, and part of the responsibility for the management and financing falls to the state and municipal governments. Its implementation has been slow, marked by political and economic upheavals. Its effectiveness depends largely on the budget allocation above the mandatory allocation each state and municipality can dedicate (which are 12% and 15% for state and municipality, respectively). It is not surprising that the SUS in wealthy municipalities offers extraordinary services compared to municipalities with modest budgets. Nonetheless, the SUS is one of the most significant units in the campaign for sexual rights and reproductive justice issues for all Brazilians, and since 1997, it has provided medical

care for legal abortions, gender violence, HIV prevention, emergency contraception, and psychological counseling.

Primary health care is given at the point of service through the Family Health Program, which offers a wide range of hospital services, including heart surgery, imaging services, cancer treatment, and laboratory diagnostics. It also supports a comprehensive vaccination program, prevention campaigns, and basic dental care, and it covers 90 percent of many prescription medications, including treatments for HIV/AIDS, hepatitis, and other infectious diseases.

Maternal Health

The maternal mortality rate (MMR) provides one measure of women's health, and as of 2009, all Brazilian states by law investigate the deaths of women of reproductive age, an uncommon practice in rural areas. In 2008, one measure found a MMR of 55 deaths per 100,000 live births, which is within a stable range over the previous decade. Examples of the primary causes of maternal death included hypertensive disorders at 23 percent, sepsis at 10 percent, hemorrhage at 8 percent, and other indirect causes at 17 percent (Victora et al. 2011, 1863–1876).

Abortion

The struggle over abortion continues to be one of the main issues for women's rights activists. Thus far, the campaign to alter Brazilian criminal law and amplify the boundaries of legal abortion have been unsuccessful. Abortion, either self-inflicted or by a third party, continues to be a crime under the 1940 Penal Code, resulting in sentences of 3 to 10 years in prison. Two exceptions are for cases to save the mother's life and for pregnancies resulting from rape. One area pro-abortion activists advocate is to allow legal pregnancy termination in cases of a fetus with anencephaly, a condition that can be diagnosed during pregnancy. But women currently have to carry these pregnancies to term, despite the health risks and the fact that the majority of babies will die shortly after birth.

The restrictive legislation compels women who choose abortion to seek unsafe and clandestine methods. Elevated numbers of these illegal abortions continue to be the cause of death for many women. The report *Aborto Inseguro* (Unsafe Abortion) reveals significant regional differences. The states of Bahia, Rio de Janeiro, Roraima, and Sergipe and the Federal District are responsible for more than 10 percent of abortion-related hospitalizations, and in the

states of Maranhão, Paraíba, and Tocantins, the numbers are below 4 percent. The lower percentage in these states might be related to the lack of hospital resources available and not necessarily a reduced number of abortions. The difficulty of abortion-related data is directly related to its illegal status, a condition that needs to be rectified (Ventura 2011, 313).

According to the Ministry of Health, the number of abortions authorized by law and conducted by the SUS diminished by 42 percent between 2008 and 2009. The ministry attributes this drop to effective distribution of contraceptives, especially the morning-after pill. However, women's organizations are more cautious, considering that around the nation the government established only 60 hospitals to provide abortion services.

Diseases and Disorders

The most numerous causes of death for women are cardiovascular diseases, breast cancer, and respiratory problems (Pitanguy and Barsted 2011, 368). Some data show that deaths due to vaccine-preventable diseases and HIV/AIDS are under control (Victora et al. 2011, 1863–1876).

Employment

Brazilian women constitute more than 43 percent of the economically active population. A significant characteristic of women in the labor force today is their family and marital status. Until 1980, the majority of working women were young, single, and with no children. In recent decades, the most significant group of working women is older, married, and with children. In 2009, 75 percent of women between 30 and 39 years old and 71 percent of women between 40 and 49 years old were employed. Unlike their mothers and grandmothers, women today remain employed during their reproductive years and juggle the responsibilities of motherhood and work (Bruschini et al. 2011, 148).

19th Century

Throughout the 19th century, most upper- and middle-class women continued to perform their roles as mothers and wives, but a few privileged women, who were educated, translated European books, published poetry, and wrote for newspapers and magazines. By the end of the 19th century, thanks to the expansion of the public school system, women with modest origins had become

teachers and held other jobs. A few women also became lawyers, dentists, and medical doctors.

The majority of lower-class women, slave and free, worked as seamstresses, hairdressers, midwives, laundresses, artisans, wet nurses, small merchants, midwives, hairdressers, shopkeepers, factory workers, and rural laborers (Costa 2000, 256). Many poor women owned small farms or squatted on vacant land in the cities or tenement houses, enjoying a certain degree of freedom. They washed clothes in the rivers, went door-to-door selling fruits and vegetables, set up stalls in the streets, or opened small stores. However, as the city prospered from expanded industrialization and business activities, these women lost their jobs due to the privatization of public spaces, competition from established merchants, and new regulations, such as taxes, imposed by the state. These interventions brought order, discipline, and, in many instances, public health measures to prevent epidemics of cholera, smallpox, and malaria. Some of the women who survived these urban transformations started working in factories, particularly in textile factories. The bulk of the poor women, however, continued to work as maids.

Despite a limited readership, a small number of women found jobs in the country's growing newspapers and magazines, especially with those devoted to women. Most of these publications were from wealthy states, such as Rio de Janeiro, São Paulo, Pernambuco, Bahia, and Rio Grande do Sul. These publications included news and essays about fashion, literature, arts, theater criticism, and advice to women. In the second half of the 19th century, they included articles on women's education and access to legal, medical, and pharmaceutical professions. Later, they became vocal on social issues and addressed male discrimination against women, slave emancipation, and suffrage and disseminated women's accomplishments around the world.

The most famous Brazilian woman writer in the first half of the 19th century was Nísia Floresta (1810–1885), who was originally from the state of Rio Grande do Norte. In 1832, she translated for the first time into Portuguese the *Vindication of the Rights of Women* by Mary Wollstonecraft. She eventually moved to Rio and founded the Colégio Augusto for girls. An abolitionist and republican, Floresta advocated for women's equal education. Another notable figure from that time is Maria Firmina dos Reis (1825–1917), from the state of Maranhão. She was black and born as an illegitimate child. She became a teacher and abolitionist. She translated several books from French

to Portuguese and wrote books and short stories, among them was the essay “*A escrava*” (The Slave Woman) (Schumacher and Brazil 2000, 390, 451).

There was a vast distance between the lives of middle- and upper-class women and the lives of the poor, and it was very difficult to talk about women in a general category, as their issues and realities varied significantly. However, all women had common ground in terms of struggle. They confronted multiple pregnancies, abortions, and risked death at childbirth. They were also discriminated against by church and society and were victims of male prejudice and violence. Aside from gender discrimination, poor black, mixed-race, and indigenous women suffered from class and racial discrimination.

Trade Unions and Women

In the 1890s, immigrant groups and the growing number of factory workers created mutual aid societies that provided their members social and medical assistance, instruction, and recreation. They also founded trade unions to defend their interests, and some tried to incorporate women into their organization. The Workers Party of Rio Grande do Sul supported socialism and published in local newspapers the importance of women's emancipation and claims that women should enjoy all rights and political liberties (Costa 2000, 260).

The socialists were the first political group to include women's rights in their platform. The Brazilian Worker's Party declared itself socialist, and the party committed itself to, among other things, guaranteeing all civil and political rights to women. The Social Democratic Party, from São Paulo, went further. In its 1896 program, using its inflammatory rhetoric, it called for universal suffrage, the abolition of all kinds of privileges, free public schools, and mandatory schooling for all, including women.

Early Feminists

Women's autonomy and equal rights were also addressed in liberal newspapers and magazines such as *A Mensageira*, published by Prescilliania Duarte de Almeida (1867–1944) in São Paulo, from 1897 to 1900. Although its explicit goal was literary, it included articles by outspoken women activists defending women's education and access to professions as well as information on women's movements around the world (Schumacher and Brazil 2000, 468).

Despite inconsistencies, lack of interest or knowledge of the predicament of subaltern women, essayists had

become increasingly aware of the inequalities between men and women and the need to educate and prepare women to have a profession. In the final decades of the 19th century, early feminists allied with their male counterparts, republicans, abolitionists, and those who struggled for the separation of church and state and supported the 1889 proclamation of the republic. Though universal suffrage was adopted, it excluded women. Women finally gained their voting rights in 1932.

20th Century

In the 20th century, women continued to enter the labor force. Between 2002 and 2009, women's participation grew from 36.5 million to 44.4 million, a rate change from 42.5 percent to 44 percent (Bruschini et al. 2011, 149). In addition to President Dilma Rousseff (1947–), examples of accomplished women leaders include Ellen Gracie Northfleet (1948–), the first woman to join the Federal Supreme Court and who served as the chief justice from 2006 to 2008; Graça Foster (1953–), who was appointed in 2012 as the first woman to head Petrobrás, the Brazilian national oil company and the largest oil company in South America; and Marina Silva (1958–), an environmental activist and a member of a poor rubber-tapping family in the Amazon, who ably filled the post of the minister of environment from 2003 to 2008. In 2014, Silva was a presidential candidate and finished third after the first round of the presidential election. Dilma Rousseff was reelected by an extremely slim margin in a run-off election against a centrist candidate endorsed by Silva.

Women in the Labor Force

The professional careers where women are most numerous are medicine (41%), private law (49.9%), public law (46.8%), magistrate (36.6%), federal employment (40.8%), and engineering (15%). Many professional women have achieved positions of leadership, but a glass ceiling often denies their access to senior corporate or administrative positions. Although the percentage of women in leadership positions has increased from 16.2 percent in 2004 to 21.9 percent in 2009, male-female income disparity is still prevalent, especially for higher-paying jobs (Bruschini et al. 2011, 165). In their rise up the corporate ladder, women continue to face inequality and a pay gap based on gender.

The labor force participation rate varies according to race and ethnicity as well as by state and region. Among

women in the wage-earning labor force, 57 percent are white, and 43 percent are black and multiracial women. Black women workers continue to be the most discriminated against labor force category and have fewer opportunities. White women are better represented in more prestigious jobs and in occupations with better salary and benefits (Bruschini et al. 2011, 150).

Despite an improved economy and increased job opportunities, many things remain the same. Women are usually responsible for all household work, child care, and the care of other family members, a substantial load above the job itself. Child care continues to be one of the major difficulties for all women in the labor force. The workforce participation rate of mothers with children age 2 and younger was 57 percent, compared to those with children ages 7–14, or school-age children, at 74 percent, illustrating the challenges mothers of younger children face to participate in the workforce (Bruschini et al. 2011, 151).

Domestic Workers

Although general labor conditions for women have improved over the years, 17 percent, or approximately 6,700,000 women, worked as domestic workers in 2009, despite a slight decrease from 17.4 percent in 2002. The number of women domestic workers differs according to age groups. The number of younger women, aged 29 and under, has dropped; yet, the number of women over the age of 30 has increased. This could be related to educational opportunities that younger women have access to, resulting in more attractive choices of employment. An occupation known for low income, 96 percent of domestic workers receive a monthly salary lower than the value of two minimum salaries, as established by each state. The 2006 legislation states that domestic workers have the right to receive 30 days of vacation a year and child-birth-related health benefits; unfortunately, in practice, not all workers receive these benefits (Melo e Sabbato 2011, 179).

Rural Women

The Gender, Racial, and Ethnic Equality Program is a unit within the Special Secretariat of Policies for Women responsible for addressing issues faced by rural women. The category of *rural women* is broad and consists of small farmers, foragers, artisans, indigenous women, and *quilombolas*, Afro-descendants of former runaway slaves who live in forests and hinterlands. The

1988 Constitution gave special guarantees of land title to the *quilombola* population residing throughout the countryside.

Despite the diversity of activities and background among rural women, some common issues unite them. These issues include rights to land and the proper documentation of assets, access to credit previously only accessible to men, a need for technical assistance for farming and other activities, violence against women, and a lack of infrastructure, such as water. Access to water is one of the main problems for all rural Brazilians. The national average of households without drinking water is 2.6 percent in urban areas and 31 percent in rural areas. The situation is worse in the northeast, an area known for heat and dry weather, where 49 percent of households in those rural areas lack drinking water. Women in these households are tasked with the responsibility to fetch water, giving them an extra burden in addition to other household work (Cintrão 2011, 192).

Another issue that galvanizes rural women is agrarian reform, or the right to land and proper documentation. For married women, having their names documented in the title of the land and property is vital to prevent potential transactions by husbands without their consent. In 2011, rural women and advocacy groups organized a march for justice, autonomy, and equality for all rural women that attracted more than 70,000 participants to Brasília (Pitanguy and Barsted 2011, 379).

Family Life

Birth Rate and Family Structure

In the last decades, family size has decreased as women have fewer children as a result of successful family planning, especially the availability of contraceptives. In recent years, married women's use of contraceptives has ranged from 51 percent to 75 percent, the same as in the United States, Canada, and countries in Western Europe. More recently, the birth rate for women residing in urban areas in the south and southeast regions dropped to 1.94 per woman. The reduction of the average family size to 3.1 people and a longer life span for women compared to men, ages 77 and 69.4 years old, respectively, has resulted in a larger presence of women among the older population (Bruschini et al. 2011, 144).

Although the most prevalent household model still consists of a heterosexual married couple with children, with men as the heads of the household, this model has

decreased from 53 percent in 2002 to 50 percent in 2009 (Censo 2010). In contrast, there has been a significant increase in households with married women as the head of the household. This type of household grew from 0.8 in 1992 to 9.4 percent in 2009. The changes in the Civil Code in 2002 that recognize men and women with the same legal and economic rights and authority for family decisions have supported this growth. Another significant phenomenon in the last few years is the proliferation of households led by single women. More and more women find themselves as the only adult in the household with or without dependents. (145).

Child Care

In recent years, child care has been defined within the framework of children's rights. This framework states that every child has the right to receive education, and child care constitutes its first step. In reality, the minimum age for public day care admission is four, forcing mothers and caretakers to make child care arrangements before the child reaches this age. This directly impacts women as they contemplate entering the job market. Even after children are enrolled in day care centers, the hours of operation are frequently inadequate. In São Paulo, the majority of day care center hours are 7:00 a.m. to 4:00 p.m., forcing mothers and caretakers with full-time work and long commutes to make alternative child care arrangements to match their needs. This situation is in stark contrast with Brazil's Constitution that declares "all workers have rights to free childcare for children from birth to age six" (Constitution of the Federative Republic of Brazil 1988, 143).

Politics

In 2010, Dilma Rousseff was elected as the first woman president, and in 2014, she was reelected for a second term. The daughter of a Bulgarian immigrant, Rousseff joined student-activist groups against the military regime when she was in high school and was captured and jailed from 1970 to 1972, where she was allegedly tortured. After her release, she moved to Porto Alegre in the south to rebuild her life and her political career. With her then husband Carlos Araújo, she established the Democratic Labor Party, but she eventually joined the Workers Party. Before her successful election to the presidency in 2010, Rousseff served as the minister of energy from 2003 to 2005 and chief of staff from 2005 to 2010, under the administration

of President Luís Inacio Lula da Silva (Palácio do Planalto Presidência da República n.d.).

After she became president in 2010, Rousseff nominated nine women to cabinet-level positions and firmly endorsed women's and gender issues, including economic empowerment and prevention of gender-based violence (Pitanguy and Barsted 2011, 15). However, efforts to increase women's political participation at all levels started years before. One example is the Quota Law enacted in 1997 that established minimum (30%) and maximum (70%) quotas for the number of candidates of each gender from each political party at elections. The law also defines each political party's obligation to reserve 5 percent of its budget to create and maintain programs that promote women's political participation (Araújo 2011, 96). Unfortunately, the percentage of Brazilian female politicians at all levels is still one of the lowest in Latin America. President Rousseff has the opportunity to assert her priorities on gender equality during her second term.

Status of Women

Brazil signed and ratified two international treaties and conventions that define discrimination against women and create a national agenda for its elimination: the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convenção de Belém do Pará, the Inter-American Convention to Prevent, Punish, and Eliminate Violence against Women.

In 2002, the Brazilian legislature enacted sweeping changes to its Civil Code, granting equal rights to all citizens, regardless of their race, ethnicity, and gender. These extensive changes, created in the process of the nation's democratization, included clauses addressing human rights and the recognition of women's rights. With the new Civil Code, women gained a voice and authority in decisions regarding marriage and divorce, children, ownership of property, and a wide range of matters that were previously entrusted only to men. Also in 2002, the executive office created the Special Secretariat of Policies for Women with the status of a ministry. In 2006, the Brazilian government enacted a law under the symbolic name of the Maria da Penha Law. The law criminalizes domestic violence and enacts women's rights and constitutional protection against violence. Despite these landmarks and the tireless work of women's activists and social justice organizations, the majority of women, especially low-income black, multiracial, indigenous, and rural

women, continue to experience social discrimination and violence.

Women's Rights

In 1932, Brazil granted women the right to vote. This was the result of women's activism that started in the mid-19th century. The leader of this movement was the biologist and lawyer Bertha Lutz (1894–1976), who founded the Brazilian Federation for the Advancement of Women affiliated with the International Women's Suffrage Alliance in 1922. The Brazilian suffrage movement, made up of professional and educated women, represented a very small percentage of women. The campaign was a movement of the elite and was led by socially and politically well-connected women, such as Olívia Guedes Penteado (1872–1934), a prominent figure in São Paulo. She worked tirelessly in campaigning for Carlota Pereira de Queiroz (1892–1982), an educator and physician, who became the first woman elected to Congress for the São Paulo state (Weinstein 2006, 28; Schumacher and Brazil 2000, 129, 457).

Before the 1988 Constitution, Brazilian legislation privileged men over women in family decisions such as inheritance and succession matters. The Civil Code enacted in 2002 created legal norms for public and private rights for all citizens. However, despite the law, institutions to

CEPIA

CEPIA is a nongovernmental organization (NGO) dedicated to women's advocacy in Brazil. The acronym stands for *cidadania, estudo, pesquisa, informação, and ação*—citizenship, study, research, information, and action. Using human rights framework to advance women's rights, CEPIA focuses on issues of women's health, gender violence, elimination of poverty, and empowerment of women.

Under the leadership of Jacqueline Pitanguy—an internationally known feminist activist, scholar and author—CEPIA conducts research and monitors public policies on women's issues. It organizes meetings, seminars, and conferences to engage feminists, scholars, activists, government leaders, and union representatives to advance women's and gender issues in Brazil.

—Kayo Denda

enforce and implement gender equality and land reform have not yet been firmly established. Thus, inequalities persist in practice, forcing various spheres of government to establish strategies to rectify the situation. The integration of gender into the public political arena is recent and has been shaped by the demands articulated by Brazilian women, international women's activist organizations, and debates and resolutions of international women's conferences.

According to the Special Secretariat of Policies for Women, all 26 states of the federation have a state-level office dedicated to women's issues, and many administrative and political units working toward gender equality exist at state and municipal levels. Currently, 1,043 municipalities have a unit dedicated to women's issues. Although it is significant, there is a long way to go to cover all of the 5,561 municipalities (IBGE Censo 2010).

LGBT Issues

The Ministry of Health created the initiative Brazil without Homophobia in 2004, which advocates for gay and lesbian rights. The National Family Plan Policy created in 2007 recognizes homosexuals and transsexuals as Brazilian citizens with full citizenship, including sexual and reproductive rights. Since 2011, some states and municipalities recognize civil unions. However, because of the absence of legislation legalizing same-sex marriage, the partners' legal status remains single, lacking the legal parity of heterosexual marriages. The partners have no access to inheritance or to benefits that heterosexual couples enjoy, such as employer-provided health care.

The focus on gays, lesbians, and transsexuals is new. However, since 2002, private and public health care providers have delivered male-to-female sex-alteration surgery and hormonal treatment. In 2010, female-to-male sex-alteration surgery became more available. Hospitals now provide both breast removal and hysterectomies, but they still lack penile reconstruction capabilities.

Violence against Women

According to the Institute for Public Safety in Rio de Janeiro State, women victims of violence in many crime categories are overwhelmingly of African descent: 55.5 percent of victims of homicide, 51 percent of victims of homicide attempts, 52.1 percent of bodily injury, and 54 percent of rape and sexual assault. Domestic workers, most of them black and mixed-race women, are the most

vulnerable population, as the members of the employing family often assault them (Pitanguy and Barsted 2011, 349).

Indigenous women are also victims of gender violence and sexual assault. In addition to a lack of access to support services, they are victims of poverty, ethnic and racial discrimination, and social exclusion. Women from rural and poor areas are victims of patriarchy, which manifests itself in aggressions and unlawful activities promoted by ranch owners, especially in the Amazon region. The international sex trade thrives in this area, where girls are often sold to prostitution and also kidnapped by trafficking networks. Brazil, along with countries in Africa and Eastern Europe, shares the distinction of being a primary source for global sex trafficking (Seager 2009, 56).

According to the *Mapa da Violência*, 40 percent of homicides and violent deaths of women occur at home, compared to 17 percent for men. It is deeply troubling that women continue to be unsafe in their own homes (Pitanguy and Barsted 2011, 368).

The Rio de Janeiro state collects data regarding domestic violence, and in 2010, 62.9 percent of victims of domestic violence injury were women, and more than half of these victims (50.9%) were women assaulted by current or former intimate partners. For homicides, 13.3 percent of victims were women who were in a relationship with the aggressor. This situation confirms the domestic nature of violence against women, but additional research is needed to identify conditions that lead to crime and violence, how to increase crime reporting, and the risks of violence among different social groups. This data will be useful to reconfigure law enforcement and public safety units at all levels to address these issues (Pitanguy and Barsted 2011, 369).

Religious and Cultural Roles

An amalgam of Roman Catholicism, African polytheism, and indigenous peoples' beliefs shaped the religious landscape, increasing its diversity during the course of the 20th century. According to the 2010 Census, 86.8 percent of Brazilians declared themselves Christian; among them, 64.5 percent identified as Roman Catholic and 22.2 percent as Evangelical Protestant, including Pentecostal, the denomination that has experienced great success in attracting new members. Most of the immigrants maintained their religions, Germans with Protestant practices and Japanese with Buddhist beliefs. Atheists who follow

no religion represent another segment that grew during the last century, representing 8 percent of the population. In 2007, through a program sponsored by the United Nations and the Brazilian government, Palestinian-Iraqi residents displaced to Jordanian refugee campus during the Iraqi War were resettled in Mogi das Cruzes, a city in the São Paulo metropolitan area. This pocket of the Muslim community, especially the visibility of hijab and burqa-clad women, adds to the tradition of religious diversity.

The expansion of Pentecostal churches parallels the significant internal displacement and resettlement of a poor and less-educated population from rural and interior regions to metropolitan areas. In search of employment, they settle in the periphery of urban areas and *favelas* (slums), where traditional Catholic Church and municipal infrastructure, such as electricity, water, sewage, and schools, are often unavailable. Pentecostal churches have created firm roots within these communities, offering religious and spiritual guidance along with social services, resulting in increased political visibility. The most successful denominations are Assembléias de Deus (Assembly of God) and Igreja Universal do Reino de Deus (Universal Church of the Kingdom of God), with 12 million and 1.8 million members, respectively.

Compared to the 1970s, when 91.8 percent of Brazilians declared themselves Roman Catholic, the Catholic Church has seen a significant reduction in membership in recent years. This decrease can be attributed to many factors, including its inability to address the concerns most pressing to its members, such as advocacy for reproductive rights and sexual freedom, the end of celibacy for priests, and the ordination of women priests. Although Pentecostal churches do not directly engage with all of these issues, they embrace women's participation and enforce the importance of family integrity, a value that resonates with many women. Other religious traditions also value women's participation in their public performances. In Afro-Brazilian syncretic religions, such as *candomblé* in Bahia, and in some instances, spiritism mixed with African traditions, women priests and mediums possessed by spirits have center stage in religious ceremonies and have leadership roles (Parés 2007, 213).

This shift away from Roman Catholicism can be considered generational. Catholics are most numerous among those 40 years old and older, a generation exposed only to Catholicism during their formative years. In contrast, Pentecostals tend to be younger and have been exposed to a more diverse religious landscape.

Issues

The Maria da Penha Law

The Maria da Penha Law enacted in 2006 represents a triumph of feminist activists and their advocacy for victims of domestic violence. The law is named after Maria da Penha Fernandes, a pharmacist who endured domestic violence for more than 20 years at the hands of her husband, a university professor. During this time, he twice attempted to kill her and left her paraplegic, but the judicial system failed to bring him to justice. The case was brought to the attention of the Organization of American States, Inter-American Commission of Human Rights, by Brazilian women's rights activists. The commission ruled against the husband and condemned the government for inaction and negligence. This example represents successful advocacy by Brazilian human rights and feminist organizations that used international bodies to denounce and punish the violation of human rights and to change legislation (Cintrão 2011, 218).

The Maria da Penha Law defines the national policy for gender equality or, more specifically, the responsibility of the state's civic and penal measures to protect victims and punish the aggressor. The law is based on the *Convenção de Belém do Pará* that establishes the need for investigation and compilation of data along with other relevant information to create prevention measures, mete out punishment, and ultimately eliminate violence. The law also established the Court for Domestic and Family Violence against Women under the Special Secretariat of Policies for Women.

Since the enactment of the Maria da Penha Law, Brazilians are more aware of domestic violence-related issues and the support available to counter them. A study in 2009 revealed that 78 percent of surveyed individuals were familiar with the law, a 10 percent increase from 2008. The same study revealed that 55 percent of those interviewed personally knew about an incident involving violence against women. Among them, 39 percent offered some kind of support to the victim, and 56 percent thought that domestic violence was the most serious problem for women.

According to the study, 44 percent of interviewees believed that the Maria da Penha Law was effective, and 48 percent believed that individuals who came from positive and caring families were unlikely to engage in domestic violence. As for the reasons for the violence, the interviewees mentioned high alcohol consumption, jealousy toward

the partner, and, more significantly, unemployment and poverty. Of the reasons cited for the victims to continue the relationship with the aggressor, 24 percent mentioned the lack of economic autonomy, 23 percent attributed it to the presence of children, and 27 percent believed the women stayed because of the fear of physical and violent retribution (Pitanguy and Barsted 2011, 373).

Significant changes in legislation and societal values in recent years have advanced the lives of Brazilian women. However, advocacy to improve the lives of black, multiracial, rural, and indigenous women must continue along with efforts to neutralize cultural traditions that consider women exclusively in the domestic sphere.

KAYO DENDA

Further Resources

- Araújo, Clara. 2011. "As Mulheres e o Poder Político: Desafios para a Democracia nas Próximas Décadas." In *O Progresso das Mulheres no Brasil 2003–2010*, edited by Leila Linhares Barsted and Jacqueline Pitanguy, 90–136. Rio de Janeiro: CEPIA and ONU Mulheres. Retrieved from <http://www.senado.gov.br/atividade/materia/getPDF.asp?t=108224>.
- Bruschini, Cristina, et al. 2011. "Trabalho, Renda e Políticas Sociais." In *O Progresso das Mulheres no Brasil 2003–2010*, edited by Leila Linhares Barsted and Jacqueline Pitanguy, 142–178. Rio de Janeiro: CEPIA. Retrieved from <http://www.senado.gov.br/atividade/materia/getPDF.asp?t=108224>.
- CIA (Central Intelligence Agency). 2014. "South America: Brazil." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/br.html>.
- Cintra, Rosângela Pezza, and Emma Siliprandi. 2011. "O Progresso das Mulheres Rurais." In *O Progresso das Mulheres no Brasil 2003–2010*, edited by Leila Linhares Barsted and Jacqueline Pitanguy, 186–230. Rio de Janeiro: CEPIA. Retrieved from <http://www.senado.gov.br/atividade/materia/getPDF.asp?t=108224>.
- Colégio Piracicabano. 2010. "History." Retrieved from <http://colegiometodista.g12.br/piracicabano/english/history/history>.
- Colégio Presbiteriano Mackenzie. 2015. "Conheça a Nossa História." Retrieved from <http://colegio.mackenzie.br/sao-paulo/colegio/#/>.
- Constitution of the Federative Republic of Brazil of 1988. 1988. Diário Oficial do Brasil. <http://hdl.handle.net/1928/12658>.
- Costa, Emília Viotti da. 2000. *The Brazilian Empire: Myths & Histories*. Chapel Hill: University of North Carolina Press.
- Dávila, Jerry. 2003. *Diploma of Whiteness: Race and Social Policy in Brazil, 1917–1945*. Durham, NC: Duke University Press.
- Dias, Maria Odila Leite da Silva. 1995. *Power and Everyday Life: The Lives of Working Women in Nineteenth-Century Brazil*. New Brunswick, NJ: Rutgers University Press.
- Drogus, Carol Ann, and Hannah W. Stewart-Gambino. 2005. *Activist Faith: Grassroots Women in Democratic Brazil and Chile*. University Park: Pennsylvania State University Press.
- Hahner, June Edith. 1990. *Emancipating the Female Sex: The Struggle for Women's Rights in Brazil, 1850–1940*. Durham, NC: Duke University Press.
- IBGE (Instituto Brasileiro de Geografia e Estatística [English-Espanol]). 2010. Censo Demográfico 2010. Retrieved from http://www.ibge.gov.br/home/estatistica/populacao/censo2010/default_sinopse.shtm.
- Lesser, Jeff. 2013. *Immigration, Ethnicity, and National Identity in Brazil, 1808 to the Present*. New York: Cambridge University Press.
- Melo, Hildete Pereira de and Alberto di Sabbato. 2011. "Trabalhadoras Domésticas: Eterna Ocupação Feminina. Até Quando?" In *O Progresso das Mulheres no Brasil 2003–2010*, edited by Leila Linhares Barsted and Jacqueline Pitanguy, 179–185. Rio de Janeiro: CEPIA and ONU Mulheres. Retrieved from <http://www.senado.gov.br/atividade/materia/getPDF.asp?t=108224>.
- Palácio do Planalto Presidência da República[0]. [0] <http://www2.planalto.gov.br/>.
- Parés, Luis Nicolau. 2006. *A Formação do Candomblé: História e Ritual Da Nação Jeje Na Bahia*. Campinas: Editora Unicamp.
- Pitanguy, Jacqueline, and Barsted, Leila Linhares. 2011. "Um Instrumento de Conhecimento e de Atuação Política." In *O Progresso das Mulheres no Brasil 2003–2010*, edited by Barsted and Pitanguy, 20–57. Rio de Janeiro: CEPIA and ONU Mulheres. Retrieved from <http://www.senado.gov.br/atividade/materia/getPDF.asp?t=108224>.
- Portal Brasil. No date. "Saúde." Retrieved from: <http://www.brasil.gov.br/saude>.
- Schumacher, Schuma, and Erico Vital Brazil, eds. 2000. *Dicionário Mulheres do Brasil: de 1500 até a Atualidade*. Rio de Janeiro: Zahar.
- Seager, Joni. 2009. *The Atlas of Women in the World*. London: Earthscan.
- UNDP (United Nations Development Programme). 2015. "Human Development Data (1980–2015)." Human Development Reports. Retrieved from <http://hdr.undp.org/en/data>.
- Ventura, Miriam. 2011. "Saúde Feminina e Pleno Exercício da Sexualidade e Direitos Reprodutivos." In *O Progresso das Mulheres no Brasil 2003–2010*, edited by Leila Linhares Barsted and Jacqueline Pitanguy, 204–338. Rio de Janeiro: CEPIA and ONU Mulheres. Retrieved from <http://www.senado.gov.br/atividade/materia/getPDF.asp?t=108224>.
- Victora, Cesar G., Estela M. L. Aquino, Maria Do Carmo Leal, Carlos Augusto Monteiro, Fernando C. Barros, and Celia L. Szwarcwald. 2011. "Maternal and Child Health in Brazil: Progress and Challenges." *The Lancet* 377 (9780): 1863–1876. doi:10.1016/S0140-6736(11)60138-4.
- Vidal, Diana Gonçalves, and Luciano Mendes de Faria Filho. 2008. "Schooling in Brazil." In *Going to School in Latin America*, edited by Silvina Gvirtz and Jason Beech, 55–75. Santa Barbara, CA: Greenwood Press.
- Weinstein, Barbara. 1997. "Unskilled Worker, Skilled Housewife: Constructing the Working-Class Woman in São Paulo, Brazil." In *The Gendered Worlds of Latin American Women Workers: From Household and Factory to the Union Hall*

- and Ballot Box*, edited by John D. French and Daniel James, 72–99. Durham, NC: Duke University Press.
- Weinstein, Barbara. 2006. “Inventing the ‘Mulher Paulista’: Politics, Rebellion, and the Gendering of Brazilian Regional Identities.” *Journal of Women’s History* 18.1: 22–49.
- World Bank. 2013. *The Little Data Book on Gender 2013*. Washington, D.C.: The World Bank. doi:10.1596/978-0-8213-9820-3.
- World Bank. 2014. “Brazil.” Retrieved from <http://www.worldbank.org/en/country/brazil>.

C

Canada

Overview of Country

Canada is located in North America and is north of the United States, east of the state of Alaska, and southwest of Greenland. It extends from the Atlantic Ocean to the Pacific Ocean. The Arctic Ocean lies in the northern part. Canada is the second-largest country in the world, and it shares the longest border in the world with the United States.

Great Britain declared Canada a country through an act of Parliament by way of the British North America Act of 1867 (now referred to as the Constitution Act—a subsection of the Canada Act of 1982). The country was then composed of only four provinces: Nova Scotia, Quebec, Ontario, and New Brunswick. Canada became completely independent from the United Kingdom in 1982 under the Constitution Act, which declared the Constitution of Canada to be the supreme law of the nation; it includes some 30 acts and orders.

Canada has a dual legal system known as *bijuralism*, which requires that all laws be drafted federally and also in regard to the local and regional laws of the individual provinces. Canada is considered a federation and is made up of 3 territories and 10 provinces. The territories of Yukon (YT), the Northwest Territories (NT), and Nunavut (NU) differ from the provinces of Alberta, British

Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Ontario, Prince Edward Island, Quebec, and Saskatchewan. Federal law created the territories. However, the Constitution Act of 1982 created the provinces. The federal government maintains significant control of the territories, whereas provinces have more control over their land and rights. The city of Ottawa, Ontario, is the nation's capital. Queen Elizabeth II has been the Canadian monarch since February 6, 1952. The country follows a parliamentary democratic form of government. Canada has two national languages: English and French.

Canada's total population as of July 2016, is 35,362,905 (CIA 2017). It has had a 1 percent average population growth since 2000 (World Bank 2015). The gross national income (GNI) per capita is CAN\$54,325 as of 2013. Canadians under the age of 15 comprise 16 percent of the population. There has been a steady decrease of the number of people in this age group since 1995, when they made up 21 percent of the population. Canadians aged 15–64 make up approximately 66 percent of the population, and individuals aged 65 years and older constitute 18 percent of the population (CIA 2017). The current life expectancy of females born in Canada is 84.6 years. The death rate is 8.5 per 1,000 people, and the crude birth rate is 10.3 per 1,000 people (CIA 2017).

The Conservative Party of Canada and the Liberal Party of Canada have historically been the two main political

Missing and Murdered Indigenous Women and Girls

In 2013, the Royal Canadian Mounted Police (RCMP) released a study that reported nearly 1,200 missing and murdered indigenous women and girls (164 missing and 1,017 murdered). Of these cases, 225 are unsolved. These numbers indicate that indigenous women are “over-represented among Canada’s murdered and missing women” (RCMP 2014). The RCMP claims that indigenous women are four times more likely to go missing or be murdered than other Canadian women (Murphy 2015).

Indigenous communities, however, suggest the number of missing and murdered women could be much higher than those officially reported. Some suggest the combined total could be as high as 4,000. Indigenous activists complain that police often underreport or fail to investigate suspicious deaths, particularly if the women were suspected of being involved in the sex trade.

Responding to concerns, Prime Minister Justin Trudeau announced a national inquiry into these disappearances and murders in November 2015. The commission began its work September 1, 2016, and will run until December 31, 2018.

The Guardian. 2016. “Missing and Murdered Indigenous Women in Canada Could Number 4,000.” February 16. Retrieved from <https://www.theguardian.com/world/2016/feb/17/missing-and-murdered-indigenous-women-in-canada-could-number-4000>.
Murphy, Jessica. 2015. “Canada Pledges ‘Innovative’ Inquiry into Violence against Indigenous Women.” *The Guardian*, November 19. Retrieved from <https://www.theguardian.com/world/2015/nov/19/canada-violence-against-indigenous-women-investigation-justin-trudeau>.

RCMP (Royal Canadian Mounted Police). 2014. “Missing and Murdered Aboriginal Women: A National Operational Overview.” Retrieved from <http://www.rcmp-grc.gc.ca/pubs/mmaw-faapd-eng.pdf>.

parties. However, a significant number of people belonging to the Bloc Quebecois and the New Democratic Party have gained in popularity over the past few years. The current prime minister of Canada is Justin Trudeau, who took office in November 2015. He is a member of the Conservative Party of Canada. Twenty-six percent of the national parliament in Canada is composed of women (World Bank 2017b).

Aboriginal and First Nations Populations

Aboriginal people, or First Nations people, make up a significant part of the Canadian population, and they have their own form of government. The federal Indian Act (part of the Constitution Act of 1867) outlines the rights and responsibilities of First Nations people in terms of governance, laws, and federal reserve lands. While protecting people with indigenous ancestry, the act itself was rooted in a blatant attempt to assimilate native peoples:

“The great aim of our legislation has been to do away with the tribal system and assimilate the Indian people in all respects with the other inhabitants of the Dominion as speedily as they are fit to change.”

—John A. Macdonald, 1887

From this legislation came a lot of activism and organized civic activity. First Nations women tribal members formed the Indian Homemakers’ Association of British Columbia, with the goal of improving living conditions for women in their communities. In the early part of the 20th century, homemakers were provided with grants from the Department in Indian Affairs. Funds were used to indirectly host fund-raising events and activities to raise money for community improvements as well as to politically leverage their representation and collective voices through petitioning and legislation.

Overview of Women’s Lives

In 2015, the UN Development Programme (UNDP) ranked Canada 9th out of 188 nations based on its Gender Inequality Index (GII, 0.129) among other indices (UNDP 2015). Canada ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) on December 10, 1981.

Girls and Teens

Canadian teachers ranked cyberbullying as their issue of most concern. Eighty-nine percent reported that bullying

Women's Voices

Doreen Spence

Doreen Spence is a Native Elder from Alberta, Canada, who founded and is executive director of the Canadian Indigenous Women's Resource Institute. She is of Cree ancestry and is a registered nurse who practices traditional Native healing and works for human rights for indigenous peoples. She has participated in the UN Working Group on Indigenous Populations and has spoken all over the world about indigenous rights.

In 2002, Spence worked with the Slovakian government on their relationships with the Roma population. In 2005, she was one of the women of the 1000 Women Project nominated for a Nobel Peace Prize. The 1000 PeaceWomen Project selected 1,000 women from 150 countries whose work has advanced the cause of peace building and justice. She has been awarded the Alberta Centennial Medal for her work on human rights, the Woman of Vision Award, and the Racial Harmony Award for Peace and Unity. "My job is to break down every myth and stereotype there is about Aboriginal women. . . . That's my greatest challenge—in this lifetime, anyway," she said (Bacquie 2005).

Bacquie, Sierra. 2005. "More Profiles of Peaceful Women." Section15.ca, August 4. Retrieved from http://section15.ca/features/people/2005/08/04/more_profiles_peaceful_women.

The Healing Space Calgary. n.d. "Doreen Spence." Retrieved from <http://www.thehealingspacecalgary.com/associates/doreen.html>.

1000 PeaceWomen. n.d. "Our History." Retrieved from <http://www.1000peacewomen.org/en/who-we-are/history-30.html>.

UN-NGO Informal Regional Network. 2010. "Doreen Spence." Retrieved from <http://www.ngonetworks.com/2010-conference/speakers/doreen-spence>.

and violence are serious problems in Canada's public school system. Between 4 percent and 12 percent of boys and girls in grades 6–10 report having been bullied once a week or more. For girls, bullying behavior increases in grades 6, 8, and 9 to 37 percent. Since 2002, incidences of fighting have increased in Canada's public school system. In 2008,

8 percent of girls reported having been in four or more fights. Girls are more likely to experience indirect forms of bullying, such as cyberbullying. However, incidences of sexual harassment increased for girls in grades 9 and 10 (Canadian Red Cross 2017).

The level of sex education in Canada varies across provinces. In Ontario, for example, children are introduced to the proper names for genitalia by first grade, the physical changes that occur during puberty in fourth grade, and how to prevent sexually transmitted infections in the seventh grade. However, in Quebec, there is no formal sexual education curriculum. This curriculum is integrated into other academic subjects (Young 2015).

In 2009, there were approximately 677,000 incidents of sexual assault in Canada. Seventy percent of these incidents included female victims. Most of the incidents involved unwanted touching or fondling. Fifty-eight percent of the perpetrators were people the victims knew. Furthermore, Aboriginal people experienced higher rates of sexual assault than non-Aboriginal people.

Teen pregnancy is on the rise in four provinces. There was a 40 percent increase in teen pregnancy rates in New Brunswick, a 36 percent increase in Newfoundland, a 17 percent increase in Nova Scotia, and a 15 percent increase in Manitoba. Socioeconomics is the primary cause. Teenage pregnancies are more likely to occur in areas with limited education and employment opportunities. However, the rate of teenage pregnancy across Canada has steadily decreased since the 1970s (*CityNews* 2013).

According to a 2002 survey, almost 2 percent of women between the ages of 15 and 24 suffer from an eating disorder (Government of Canada 2006). In a 2000 study of 5-year-old girls, researchers found that most girls associated a *diet* with food restriction, weight loss, and being thin (Abramaovitz and Birch 1157). Teasing pertaining to body issues can have a very negative emotional impact on girls' self-esteem. According to a 2007 study, girls who reported being teased by family members about their body were 1.5 times more likely to engage in binge eating and extreme weight control behaviors five years later (Neumark-Sztainer et al. 359).

According to a 2013 study, immigrant women who have lived in Canada for at least five years "have almost twice as many children of preschool age as the average Canadian-born woman" (Todd 2013). Furthermore, there are major differences in birth rates depending on the immigrant's home country. Women who have the highest birth

rates are typically immigrants from Africa, Pakistan, and India, while the women who have the lowest birth rates are immigrants from Europe, the United States, and East Asia (Todd 2013).

Education

The public expenditure on education as a percentage of gross domestic product (GDP) is slightly higher in Canada, 5.3 percent in 2011, than in the United States (4.9%), but it is on par with other countries such as Mexico (5.2%) and higher than that of many other places in the region (Guatemala 3.0%, Dominican Republic 2.1%) (CIA 2017).

Among pre-primary school students, girls and boys have similar enrollment rates at 72.5 and 72.6 percent respectively. This diverged in primary school; the gross percentage enrollment for girls was 99 percent compared to boys at 100 percent. All data are from 2008–2012 (UNICEF 2013).

Fewer and fewer students have been dropping out of high school in Canada over the past couple of decades. As of 2010, there were fewer female dropouts (6.6%) than male (10.3%) (CBC News 2010). According to a Statistics Canada study, girls exhibit a higher level of commitment to school than boys, which is why they are less likely to drop out of high school (Statistics Canada 2002). Furthermore, the provinces of Nova Scotia (87%), Prince Edward Island (87%), and Ontario (86%) had the highest graduation rates in the country (Motskin and Gallinger 2015).

Since 2000, women aged 25–54 have had increased rates of postsecondary education completion. More girls than boys are earning high school diplomas within the expected time frame, and a greater percentage of women are earning college degrees. In 2009, 28 percent of women aged 25–54 earned a bachelor's or postgraduate university degree (Statistics Canada 2015). Many of the students earning these higher degrees are also working paid jobs outside of school. Female students were more likely than their male counterparts to work part-time. Thirty-eight percent of full-time female students aged 15–19 were working part-time, compared to 28 percent of men. A similar difference could also be seen among those aged 20–24 (Statistics Canada 2015).

As of 2014, there were more women than men getting postsecondary degrees. For women aged 25–34, 94 percent had a postsecondary education, compared to 91 percent of men (Statistics Canada 2016). In 2014–2015, there

were 979,000 full-time students and 312,000 part-time students enrolled in Canadian universities (Universities Canada 2016). As of 2006, women made up 58 percent of full-time undergraduates enrolled.

Health

Canada employs a publicly funded health system referred to as Medicare. Unlike other countries with singular universal health care, Canada's system is composed of 13 interconnected health insurance plans offered through the Canadian provinces and territories. The need for a universal health care system was inspired by the economic dissolution and subsequent recovery from the years of the Great Depression through World War II and originally was largely supported by federal workers and progressive doctors.

The Canada Health Act (CHA), adopted in 1984, outlines regulations upon which federal monetary reimbursement is provided to the provinces and territories. The CHA is neutral on how care is provided as long as certain criteria are met. Compliance from the 13 sectors is not mandatory; however, the financial incentives of providing care in accordance with the CHA have made the legislation a solid and successful law. Funding for the CHA is generated through personal and corporate taxes as well as by other means, such as sales tax.

Access to Health Care

The World Health Organization (WHO) ranks Canada 30th in overall health care. Canada was also ranked as having one of the most responsive health care systems as well as the country with the fairest mechanism for health system finance (WHO 2000). The Conference Board of Canada, a nonprofit organization that measures Canada's standing among 16 peer countries, gives the nation a B average in health ranking overall. While this is considered a solid middle-of-the-road ranking for an industrialized nation, several factors appear to keep Canada from achieving higher levels of health standing for developed nations. Canada received C ratings in the following four areas: mortality due to cancer, diabetes, musculoskeletal system diseases, and infant mortality.

The primary goal associated with Canadian health care policy is “to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate

reasonable access to health services without financial or other barriers.” The CHA operates based on five main principles (Canadian Health Care 2007):

- **Public Administration:** Implementation must be carried out on a public, nonprofit basis.
- **Comprehensiveness:** All care providers must be insured.
- **Universality:** All citizens with provincial insurance are entitled to equality of care.
- **Portability:** Residents who move within the country or travel are entitled to coverage from their place of origin.
- **Accessibility:** All insured citizens are entitled to health care access, and all providers are entitled to be compensated for their services.

Maternal Health

The *International Classification of Diseases* defines “maternal death” as follows: “The death of a woman while pregnant or within forty-two days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes” (Public Health Agency of Canada 2013b). As part of WHO’s Millennium Development Goals set by the United Nations for 2015, maternal deaths are tracked on a global scale. While the overall death rates for women in childbirth have fallen globally by 45 percent since 2005, Canada’s maternal mortality rate increased. The leading causes for maternal mortality in Canada are pulmonary embolisms and preeclampsia, or pregnancy-induced hypertension; amniotic fluid embolism; and intracranial hemorrhage (Public Health Agency 2005).

In 2015, the adolescent fertility rate for young women aged 15–19 was 7 births per 100,000 women (World Bank 2017a). The fertility rate in Canada is 1.6 children per woman, and the maternal mortality rate is 8.5 deaths per 100,000 live births (CIA 2017). The maternal mortality ratio has stayed at 7 per 100,000 live births from 1990 to 2015. The lifetime risk of maternal mortality is 1 for every 8,800 women (World Bank 2015).

Diseases and Disorders

STIs/STDs

The Public Health Agency of Canada established the Sexual Health and Sexually Transmitted Infections Unit,

which works with provinces, nongovernmental organizations (NGOs), and health care providers to improve and maintain Canadians sexual health and well-being. Their goal is to help in the prevention and control of sexually transmitted infections and their complications.

Chlamydia is the most commonly reported sexually transmitted infection in Canada. The rates of reported cases of chlamydia have risen steadily since 1997 due to improved lab testing and screening and because people are being inconsistent in using safer sex practices. Chlamydia also disproportionately affects women ages 15–24 (Government of Canada 2017). Gonorrhea is the second most commonly reported sexually transmitted infection (Canada.com 2017), and an estimated 35 percent of hepatitis C infections in Canada are among immigrants (Trubnikov et al. 2014). The infection rate for herpes simplex 2 for women was 16 percent (Branswell 2013).

The situation is even more dire among the First Nations and Aboriginal population. Chlamydia is estimated to be almost seven times higher among First Nations adults, and rates of HIV/AIDS are also disproportionately higher among Aboriginal persons. The rate of new HIV infections among the Aboriginal population is estimated to be 3.5 times higher than that of the non-Aboriginal population (Public Health Agency of Canada 2013a).

HIV/AIDS

Since 1985, a total of 76,275 positive HIV test results have been recorded by the Public Health Agency of Canada. Thirty years ago, when the first cases of HIV were being recorded in Canada, nearly 80 percent of emerging cases were ascribed to men who had had sex with other men. Since then, the distribution to other categories of infected individuals has become more evenly dispersed among heterosexual contact (32.6%) and intravenous drug use (14%), with a higher percentage of women than men becoming infected in this manner (Public Health Agency of Canada 2012). In Canada, 2.2 percent of the population lives with HIV (Public Health Agency of Canada 2012).

Immigrants and refugees living in Canada represent the most challenging sector of the population to measure in terms of overall health as well as sexual health. Migrant groups are often less likely to seek medical services out of fear or lack of access. They also may experience a block in communication with health professionals due to a language or cultural barrier or have a vastly different belief system regarding sexual health. Other factors such as mental health, gender power differentials, or a history of

torture and rape in their home countries can isolate members of these social groups.

Tobacco Use

Smoking and tobacco use in other forms continues to be the leading cause of preventable death in Canada, with more than 37,000 people dying on an annual basis. Surveys conducted and data compiled by Health Canada and Statistics Canada in 2014 show that smoking is also the leading cause of cancer at 85 percent of diagnosed cases. While smoking has been on the decline overall during the past decade, this decline is gradually leveling off, and a 2012 report by these two organizations shows that 16.1 percent of adults are smokers. Gender differentials in smoking cessation have held steady in the late 1990s, with male smokers consuming on average four more cigarettes per day than female smokers.

Youth tobacco use statistics displayed in both reports show that 15.5 percent of students in grades 6–9 had tried cigarettes or other forms of tobacco, with roughly 2 percent identifying as current smokers. These statistics were divided almost evenly among boys (2.2%) and girls (2.1%) (Propel Center for Population Health Impact 2014).

Mental Health

Through a unanimous provincial and territorial vote (excluding Quebec), Canada's federal government formally established the Mental Health Commission of Canada (MHCC) in 2007. The primary goal of the MHCC is to build and maintain a network of partnerships between the justice system, local government, hospitals, social services, and workplaces to better address the issue of mental illness and to provide both treatment and preventive care to Canadian citizens. Funding for the MHCC is provided by Health Canada under a 10-year mandate. The first initiative was to establish the country's first mental health strategy, which is currently to reduce the social stigma around mental health issues. MHCC has established suicide and distress crisis centers throughout all the nation's territories and provinces. Centers are open 24 hours a day for individuals to call or appear in person.

Women in Canada suffer most from three different mental disorders: depression, anxiety, and somatic complaints. Additionally, unipolar depression is twice as common in women. Women are more likely to seek help for their mental disorders from their primary health care physician, but they are less likely to disclose issues with alcohol abuse (WHO 2017). Approximately 12 percent

of young females, ages 12–19, have experienced a major depressive episode (Canadian Mental Health Association 2016).

Following multinational studies showing the effectiveness of Internet-based mental health help, the MHCC has also focused on developing wider accesses to mental health outreach and treatment through e-Mental Health Counseling, using technology to connect individuals with fully accredited mental health professionals specializing in various areas of need. This can help both rural women and women who have many family responsibilities in terms of access.

The Canadian Mental Health Association (CMHA) publicly recognized that women's issues in terms of mental health are not studied or funded nearly to the degree as men's issues. Furthermore, they state that education for all health professionals often lacks balanced approaches to caring for the physical and mental health needs of women. Risk factors for women either developing mental health issues or seeking treatment include socialization as girls, normalization of physical and sexual abuse, the persistence of gender roles in society, and the prevalence of poverty as individuals or as caregivers. As cited by Heather Pollett, for the Canadian Mental Health Association of Newfoundland and Labrador, trauma throughout the lifetime of a woman can lead to adult-onset mental health issues. Furthermore, while everyone is different, traumatic experiences, physical and psychological, can have a greater impact on women who are genetically predisposed to mental illness.

Employment

The number of women entering the workforce has been on the rise since the 1960s. The growing number of female employees during this time was shaped by an increase in the number of service jobs. These positions, often in domestic service, clerical work, teaching, nursing, and retail sales, were thought of as "female" jobs and thus came along with women earning lower pay for "women's work." Employers often sought to pay female employees less because their income was supplemental to their husband's earnings, and men were viewed as being the primary breadwinners.

The view of women as sources of cheap labor continues today and is reflected in unequal pay between women and men, commonly termed the *wage gap*. For example, full-time working women earned 52.8 percent of what full-time working men earned in 1911. The gap had decreased slightly by 1971, with women earning 58 percent of what men were making. The gap decreased a bit more by 1998,

with Canadian women making 72 cents for every dollar men earn, but the number has only stabilized over the past 10–15 years and has never risen about 72 cents on the dollar for women. The wage gap also varies by province and is a bit narrower in Ontario, with women earning 74 cents for every dollar earned by male workers as of 2011 (Statistics Canada 2010).

All provinces have some type of legislation or statute that addresses issues of pay equity and gender. Canada first legally acknowledged concerns of gender and wage inequalities in 1972, when it officially ratified the UN International Labor Organization's Convention No. 100, the Convention Concerning Equal Remuneration for Men and Women for Work of Equal Value. One of the most notable pieces of legislation that resulted from this action was the passing of the 1987 Pay Equity Act by the Ontario government. This act established minimum requirements for employers of employees who held female-dominated occupations as a way to combat gender discrimination in wages.

The total labor force participation of females aged 15 and over was 61.6 percent in 2012. This percentage of participation has remained relatively consistent since 2004, when the percentage of participation was 61.2 (Statistics Canada 2010).

Pay Equity and Labor

One of Canada's key rights documents is the Canadian Human Rights Act, which protects Canadians against discrimination in areas under federal jurisdiction. The Canadian Human Rights Act is federal legislation that prohibits discrimination in areas of federal jurisdiction. Its guiding principle is that all individuals should have an equal opportunity to make for themselves the lives they are able and wish to have and to have their needs accommodated.

Although Canada has several federal laws and acts designed to solidify equality in the labor force, equal pay for equal work between Canadian women and men is still a goal in progress. Section 11 of the Canadian Human Rights Act establishes freedom from gender-based wage discrimination as a basic human right in Canada. Individual provinces and territories have the responsibility of maintaining their own minimum wages, and employers hold the responsibility that gender-based discrimination does not exist within their organizations in accordance with the law. According to Statistics Canada data (2012), the gender wage gap in Ontario shows that for every dollar earned by a male worker, a female worker earns 74 cents

and that upward of 10 to 15 percent of the gender wage gap is due to discrimination (Statistics Canada 2010). However, other factors, such as family caregiving responsibilities and lack of education, are still factors in overall pay discrepancy.

Women, along with ethnic members of the Canadian population, have always been a key part of Canada's workforce, but, historically, they have been undercompensated for their work or labored entirely without pay in jobs that traditionally compensated men. As such, starting in the 1950s through the present, labor unions played an important role in helping employees organize for the purpose of bargaining as well as advocating for legislation regarding pay equity and workplace protections. Women's Minimum Wage Acts were established throughout the provinces. One such law was successfully sponsored by Irene Parlby, an English woman from an aristocratic family who married an Alberta farmer and became the first female cabinet minister in Alberta. As these laws were enacted, women workers in Canada became some of the first workers to benefit from a codified minimum wage.

Racialized Canadian women earn almost 57 cents to every dollar paid to nonracialized Canadian men, and racialized female immigrants earn almost 49 cents for every dollar nonracialized male immigrants earn. This income gap comes from disparities in the distribution of secure good-paying jobs (Block and Galabuzi 2011). Furthermore, racialized women in Canada are 48 percent more likely to be unemployed than nonracialized men (Block and Galabuzi 2011).

Child Care

Since 1995, the need for child care has steadily increased with more women working and the related increase in dual-income families (Statistics Canada 2010). The demand for quality child care has also increased due to the benefits of peer socialization, school readiness, and numeracy and language skills (Nores and Barnett 2010). Approximately 50 percent of all Canadian parents used some form of child care for their children ages 14 years and younger in 2011, and parents in Quebec were most likely to use care (Statistics Canada 2014a).

Family Life

Family life has experienced some major shifts over the past 50 years. The traditional family structure has

historically been rooted in the ideals of having and maintaining a nuclear family made up of a husband, wife, and children. Marriage has typically been a religious ceremony performed by a member of the church, and at the turn of the 21st century, more than three-quarters of marriages in Canada were still religious even though civil ceremonies and common-law marriages have been on the rise. However, rates of marriage overall have been in decline since the early 1970s. Canada has experienced a significant drop in the number of individuals getting married in a manner recognized by the government (OECD 2011). The divorce rate in Canada has also increased since the 1970s. Just over a quarter of the Canadian population lives in single-person households, whereas more than 50 percent are composed of heterosexual or homosexual married couples. Sole-parent families are also increasingly common in Canada, and as of 2009, more than 80 percent are sole-mother households versus 20 percent for sole-father households (OECD 2011).

The average age a person gets married in Canada has also risen since the early 1970s. The average age of marriage in the 1970s was 23 years of age for women and 25.4 years of age for men. With changes to the economic structure of Canadian society and with more women entering the workforce, many have chosen to delay marriage. By 2010, the average age of marriage for women was 29.7 years of age, and for men it was 31.7 years of age. The changes in gender and employment have also affected the gendered division of labor within the household. Traditionally, men were viewed as the primary wage earners for a family, and women were expected to attend to the housework, child care, and any other domestic service needs. Although the division of household labor was usually a gender division in the early 20th century, the gap began to lessen during the 1980s as more women started to earn an income. By 1986, 48 percent of men and 78 percent of women reported doing some sort of household labor. The gap decreases even further when entering the 21st century, and by 2010, 65 percent of men and 76 percent of women reported doing some form of housework (Eichler 2012).

Canadian women have also delayed childbearing. The average age of women who gave birth to their first child in 2011 was 28.1 years of age (CIA 2017). The number of children women are having in Canada has also experienced a sharp decline since the 1960s. In the early 1960s, women were having approximately 3.9 children. The number declined drastically to an average of 1.5 children per

woman by the beginning of the 2000s (Statistics Canada 2012).

Households with nontraditional families are also increasingly common in Canada. As more individuals are rejecting government-sanctioned marriage, more are cohabitating, where they live with a significant other or domestic partner but have not yet chosen get married or have decided to not get married at all. Almost 9 percent of Canadians over the age of 20 are currently living in a cohabitating household. The number of unmarried cohabitating couples living with children also increased over the past few decades. Almost 45 percent of cohabitating partners live with children. The number increases to only 56 percent for married couples living with children. Family size has also been decreasing, and by the late 2000s, 39 percent of households had no children, 27 percent had one child present, 24 percent had two children present, and only 10 percent had three or more children living in the household (Statistics Canada 2012).

Family Law

In 1911, Emily Murphy, a writer and suffragist, organized other women to help pass the Married Women's Protective Act (the Dower Act). This action was inspired by the story of a local woman who was left alone with her children when her husband sold their farm, took the profits, and abandoned the family with nothing. The Dower Act stated that a married woman was entitled to one-third of her husband's estate, thus granting women at least partial ownership in marital property. By the late 1970s, all provinces in Canada had enacted or changed their family laws so that financial and household responsibilities were considered of equal responsibility for both men and women.

The 1985 Divorce Act (which replaced the repealed 1968 Divorce Act, the first in the nation) established looser guidelines by which divorce is granted to married couples. Divorce can now be considered "no-fault" and based on the complete breakdown of marriage, which tends to be defined because of some evidence of cruelty, fraud, or adultery or from a year of established separate living arrangements. The Divorce Act also outlines the guidelines for determining child custody in the event of divorce. In cases where both parties work full-time, it has become somewhat more acceptable for primary custody to be granted to the father, even though significantly more women are given primary custody.

Adoption

Adoption is primarily regulated by individual provinces and can be carried out through a public or governmental entity, such as the Children's Aid Society, or privately through any number of licensed agencies. Same-sex adoption is permitted in Canada, with the only restrictions being ones instituted by outside countries in the case of international adoptions.

Adoption between or within Canadian Aboriginal families is governed by individual provinces and territories in accordance with the Aboriginal Custom Adoption Act of 1995. Custom adoption was first established in the Northwest Territories in 1961 and became more formalized by the Ministers of Justice and Social Welfare in the early 1990s before being signed into law.

Custom adoptions are quite common in Canadian Aboriginal culture. They are based on a tradition where one family privately places their child with another family in the community. This type of adoption is seen as a way to keep children within their own communities to help them maintain their sense of identity. Custom adoption allows the transfer of parental rights to take place with little to no intervention from lawyers or social workers. Custom adoptions are overseen by a community-chosen adoption commissioner, who assists families in completing paperwork, facilitates interactions with the Supreme Court, and ensures that familial cultural integrity is upheld in the process (Adoptive Parents CA 2009).

Same-Sex Marriage and Families

Canada was one of the first few countries in the world to provide marriage rights to same-sex couples. The federal Civil Marriage Act was passed in July 2005 and granted full marriage rights and benefits to same-sex couples in all provinces and territories. Before the federal legislation, British Columbia and Ontario had been the first 2 provinces to legalize same-sex marriage in 2003. By the time the Civil Marriage Act was passed, 9 out of the 10 Canadian provinces and 1 of the 3 territories had already legalized same-sex marriage. Only the province of Alberta and the Nunavut and Northwest Territories did not have laws providing same-sex marriage.

Given the quickly changing landscape of same-sex marriage, very few longitudinal statistics have been collected that shed light on the married lives of gay men and lesbians. However, Statistics Canada did start to ask about same-sex partnerships in their 2001 survey. Just under

1 percent of those who responded to the survey in 2001 identified as living in a same-sex union. Statistics Canada followed up in their 2006 and 2011 survey and asked about same-sex marriage. A total of 7,465 same-sex marriages were reported in 2006, and in a near tripling of that number, a total of 21,015 couples reported getting married in 2011. These numbers reflect the increasing numbers of gay men and lesbians deciding to marry since its legalization (Statistics Canada 2012).

Of the same-sex couples who completed the 2011 Statistics Canada census, 54.5 percent were male, and 45.5 percent were female. One-fourth of gay and lesbian couples were also reported to be under the age of 34, and only 6.2 percent were over the age of 65 (Statistics Canada 2016). These numbers possibly reflect some of the hesitancy older gay men and lesbians have at "outing" themselves in a public way through a government report versus suggesting that more young people are homosexual than older individuals. This survey also reports that only 9.4 percent of same-sex couples have children living at home, compared to almost 50 percent of heterosexual couples with families. Children were also significantly more likely to be found in lesbian homes than gay male households (Statistics Canada 2012).

Although same-sex marriage has found some resolution in Canada, same-sex couples now face a set of new issues when embracing this newly awarded right. For example, details considering same-sex divorce are not set, and there is a need to protect children of same-sex parents. This issue has been addressed by various laws, such as the Income Tax Act, which replaced the term "natural parent" with "legal parent" to guarantee benefits for children. Religious groups also continue to challenge same-sex marriages, and the Supreme Court of Canada recently ruled that religious leaders can legally reject performing a same-sex marriage if it goes against their beliefs.

Politics

The Canadian government is a constitutional monarchy, which is a form of government in which a king or queen acts as head of state. The monarch remains politically neutral, according to the Canadian Constitution. The highest elected position in Canada is prime minister, which is currently Justin Trudeau.

The Canadian Parliament is composed of three sections: the monarch, the Senate, and the House of Commons. The Senate makes up the upper chamber and has

105 members. The House of Commons currently has 338 popularly elected seated officials, with 29 percent being women (Bengtsson et al. 2015). In the chamber of the Senate, 43 of the 100 seats are currently occupied by women (Senate of Canada 2017).

Five brave women from Alberta, Canada, known as the “Famous Five,” challenged the Supreme Court of Canada in 1867 about the status of women’s rights. The five women, Emily Murphy, Irene Marryat Parlby, Nellie Mooney McClung, Louise Crummy McKinney, and Henrietta Muir Edwards, sought to have women legally considered persons so that they could be appointed to the Senate (Kome 1985). The British Judicial Committee of the Privy Council overturned the decision of Canada’s Supreme Court on October 18, 1929, and ruled that women were eligible for appointment to the Canadian Senate.

Women continued their fight for equality and focused on political rights and the suffrage movement. The right to the federal vote was finally won in 1918, and by 1922, women had won the right to vote in all provinces except Quebec, where the struggle continued until 1940. In 1921, Agnes Macphail, a teacher, journalist, activist, and writer, was the first woman elected to the House of Commons. In 1929, women were recognized as “persons” eligible to hold a seat in the Canadian Senate.

During the mid-19th century, women of African descent could vote as long as they were citizens and owned taxable property. Black women did participate in the women’s suffrage movement in Canada. The Wartime Elections Act of 1917 extended the right to vote to black women who were related to black servicemen (Henry 2016). In 1982, the Canadian Charter of Rights and Freedoms guaranteed the right of all citizens to vote, regardless of ethnicity.

In 1993, Avril Phaedra Douglas “Kim” (A. Kim) Campbell, a member of the Progressive Conservative Party, was elected the first woman and 19th prime minister, where she served from June 25, 1993, to November 4, 1993. At present, British Columbia boasts the highest percentage of women representatives with 36 percent. In 2013, the Honorable Christy Clark was sworn in as the 35th premier of British Columbia. Of the 20 members of the Executive Council of British Columbia, 9 are women (Government of British Columbia 2017).

The Canadian political party system was established in the 19th century and currently maintains three major parties: the Conservative Party, the Liberal Party, and the New Democratic Party. Smaller but influential parties include Quebec’s Bloc Québécois and the Green Party.

Canada has a variety of women’s political organizations, including the National Council of Women of Canada and the Native Women’s Association of Canada. The mission of the National Council of Women of Canada is to improve conditions for women, families, and communities. The goal of the Native Women’s Association of Canada is to enhance, promote, and foster the social, economic, cultural, and political well-being of First Nations and Métis women within First Nations, Métis, and Canadian societies (Native Women’s Association of Canada 2015).

Feminism and Political Equality

In the 1980s and early 1990s, the second wave of feminism coincided with the examination of and shift in Canada’s federal government. Subsequently, through the Canadian Charter of Rights and Freedoms, women gained vital and permanent protections in the federal constitution, including protection from discrimination based on sex. Section 28 of the charter guarantees, “notwithstanding anything in this Charter, the rights and freedoms referred to in it are guaranteed equally to male and female persons” (Government of Canada 2017).

Family Violence

The general Federal Criminal Code, which encompasses all crimes violent and nonviolent in Canada, covers most acts of violence toward women and children. These crimes include physical and sexual abuse, psychological abuse, and failure to comply with probation as well as acts of theft and fraud.

Although there is no formal federal antidomestic violence act, individual provisions add extra layers of protections for Canadian women and children. Canadian criminal courts can choose to detain an accused person, restrict contact an accused person has with the victim, or require that the accused person agree to guidelines that will “keep the peace” until a trial or hearing.

The six Canadian provinces and three territories have each established specific laws regarding family violence. These laws work in congruence with the Criminal Code of Canada and offer additional protections to victims of domestic violence.

Fifty percent of all women in Canada have experienced at least one incident of physical or sexual violence since the age of 16 (Statistics Canada 1993). Furthermore, approximately every six days, a woman in Canada is killed by her intimate partner (Statistics Canada 2014b). Between 1980

Women's Voices

Heather Jarvis

Heather Jarvis is a “queer feminist activist” who cofounded, along with Sonya Barnett, the first SlutWalk in Toronto, Ontario, Canada, in 2011. As a survivor of sexual assault, Jarvis was moved to act after hearing a Toronto police officer say during a safety forum at York University that women should “avoid dressing like sluts in order not to be victimized.” Jarvis and Barnett chose to fight sexual violence by redefining “slut” as someone empowered by control of their own sexuality and through public protest, which expanded beyond Toronto to create an international movement in countries such as Colombia, India, South Korea, and the United States. SlutWalks involve local women dressing in provocative clothing and marching to call attention to gender inequality, sexual violence, victim blaming, and degrading treatment.

—Jane Harris

Amber Rose SlutWalk. 2016. “Heather Jarvis.” Retrieved from <http://www.amberroseslutwalk.com/speakers/2015/9/24/heather-jarvis>.

Townes, Carimah. 2015. “The Feminist ‘SlutWalk’ Movement Just Landed the Perfect Celebrity Spokesperson.” *Think Progress*, October 3. Retrieved from <http://thinkprogress.org/culture/2015/10/03/3708674/amber-rose-slut-walk>.

and 2012, there were approximately 1,200 cases of missing or murdered Aboriginal women in Canada (RCMP 2014). However, according to several antiviolence organizations, and even the Minister of Status of Women, the number is closer to 4,000 cases (Tasker 2016).

One of the biggest issues to emerge in the 1970s was that of domestic violence within the private sphere of the family. Three in every 10 Canadian women have experienced at least one incident of physical or sexual abuse in a current or previous marital relationship (Statistics Canada 1993). Data from 2009 show that almost 6 out of 10 (59%) women reported that children had witnessed a spousal violence incident (Sinha 2012).

Although domestic violence is an issue for all women regardless of religious affiliation, traditional religious values argue that domestic issues, violent or not, should be solved

at the home or church level and do not need to involve state intervention. The traditional view is that women have a unique role as mothers and caregivers, so they have a special connection with the domestic sphere. Men are regarded as the leaders of the family, and this organization is one based on hierarchy and submission. Whereas feminists argue that there is a community or government need to intervene in these situations, some churches have often fought back against this position and argue that family problems should be solved within the family with church support. Regardless of the religious debate, many nonprofits with or without government funding have established transition houses, also known as domestic violence shelters, with the first one being established in Canada in 1973 (Ishtar Transition Housing Society 2016).

LGBT Protections

As late as the 1960s, homosexual activity was still considered to be a criminal offense. The debate over gay rights was ignited by the Everett Klippert case. Klippert, originally arrested in an arson investigation, admitted to homosexual acts and was subsequently sentenced to prison. His 1967 appeal was denied, which upheld the criminalization of homosexuality. By 1969, the federal government had elected to decriminalize homosexuality with concern for consenting adults.

Other notable LGBT reforms and legislation include the following:

- The 1978 federal amendment to Canada's Immigration Act removed a ban on homosexuals as immigrants.
- In 1992, the ban on gays and lesbians in Canada's military was lifted.
- The 1995 Canadian Supreme Court of Canada ruling (*Egan v. Canada*) concluded that discrimination based on sexual orientation should be included in the Canadian Charter of Rights and Freedoms
- Following the 1999 upholding of the definition of traditional Canadian marriage as a union between one man and one woman, Canada nationally recognized same-sex civil marriage in July 2005, the fourth nation in the world to do so. Civil marriage recognizes the “lawful union of two persons to the exclusion of all others.”
- Shortly after, in 2005, all Canadian provinces (excluding Alberta) included sexual orientation in

their human rights acts. The Northwest Territories' charters included gender identity.

- In 2015, Bill C-279 was introduced that sought to add gender identity provisions to both the Criminal Code and the Canadian Human Rights Act. However, there was an amendment included that would restrict the use of washrooms and public facilities by people who identified as transgender. The bill passed in the House of Commons in 2013, but it never passed in the Senate (McGregor 2015).

Religious and Cultural Roles

Approximately 67 percent of religious-identified Canadians affiliate with a sect of Christianity (Statistics Canada 2011). Although slightly more women than men identify as Christians, the majority identify as Catholics in almost equal numbers of men and women. The largest population of Catholics in Canada is found in Ontario, with the second highest in Quebec (Statistics Canada 2013). In addition to Catholicism, many Canadians belong to other sects of Christianity (listed in order of prominence): United Church of Canada, Anglican, Baptist, Lutheran, Protestant, and Presbyterian (Statistics Canada 2016).

Christianity has a long history in Canada. Some of the first Europeans to arrive in Canada were Catholic missionaries from France who sought to convert native groups into becoming Christians and to suppress their traditional ways of practicing their own religion. The influence of Catholicism would continue to grow in the region, even as British armies started to take over French control in the country, which had its greatest stake in the area of Quebec, leading to the introduction of additional types of Christianity in the country. Women played an increasingly active missionary role in the later 18th century and into the 19th century. Often responsible for doing more groundwork within the native and local communities, women have not traditionally served in formal leadership positions within churches (priests, ministers, etc.).

The political movements of the 1960s witnessed some of the greatest challenges to the institution of religion in Canada. Minority groups began to challenge some of the traditional views held by and espoused by Christian churches. Women started to question the ways in which traditional values of gender, femininity, and sexuality were supported by the church, contributing to a loss of choice and autonomy. Those who were challenging the way religion negatively influenced women's lives were

often focused on issues related to unequal power dynamics within the family, most notably those leading to violence, and with issues related to women's control over their bodies and issues related to sexuality. For some feminists, these questions led to a disassociation with religion. For others, it resulted in calling for the right for women to be leaders in the church to promote some reforms. For those who supported continuing with religious connections, they fought against old paradigms and started to explore evolving and emerging definitions of family and faith.

Some scholars have found that Canada is becoming a more secularized (not associated with religion) country. In addition to critiques of traditional family structures, issues have been raised around the topics of homosexuality and reproductive choice. Traditional religious Christian views have been critical of homosexual identity, and various Christian groups fought against making same-sex marriage in Canada legal in 2005. Some traditional views have also disagreed with making abortion and contraception legal. The Criminal Law Amendment Act (1968–1969) decriminalized homosexuality, made abortion legal, and lifted Catholic-supported restrictions on contraception.

The cultural debates of the last 50 years have had a permanent impact on women's relationship to religion in Canada. Changing cultural views of sex and sexuality, the family structure, and economics and labor have also influenced this relationship. Through these cultural debates, women have emerged as agents of religious change, have increased roles as decision makers, and have provided more choices when it comes to their bodies and careers. These changes have resulted in some women's independence from various forms of organized religion. As of 2011, 7,850,605 million Canadians identified as not having a religious affiliation, and women constituted 22 percent of those who did not identify with a specific religion (Pew Research Center 2013).

Other Religions

Although the majority of religious Canadians identify as Christian, there are a significant number of other active religions in the nation. Religious minorities in the country are growing at a significantly faster pace than any of the Christian sects in the region. At 3.2 percent, the largest minority religion in the country is Islam, and there are slightly more men than women who identify as Muslim. The second-largest minority religion, as of 2011, is Hindu (1.5%), followed by Sikh (1.4%), Buddhist (1.1%), Jewish

(1%), and Aboriginal spirituality (CIA 2017). Both Hinduism and Sikhism have slightly more men than women as members, whereas there are slightly more women who identify as Jewish or believing in Aboriginal spirituality.

One of the biggest contributors to the growing Muslim population, in addition to other minority religions, is the rapid immigration taking place in Canada. Many Muslim immigrants have come to Canada over the past decade, with some of the largest groups coming from Pakistan.

One of the most contentious religious debates to hit Canada during the past decade has been focused on the issue of Muslim women and the wearing of a niqab (veil), hijab (headscarf), or burqa (full body covering) in public. Depending on the country of origin or level of conservatism of a specific Muslim sect, the wearing of this article of clothing is associated with a woman's virtue and morality and is required to be worn in public when in the company of men.

The Canadian government has responded to, and continues to debate, the legality of wearing of the niqab in various public settings. In Quebec, Bill 94 was passed in 2010, which legally requires that women must remove their niqab when dealing with the government in any capacity. This bill has received criticism from both Muslim women and feminists who argue that banning the wearing of the niqab takes away a woman's agency and choice in the situation. The Canadian Council of Muslim Women argues that the bill has been connected to increasing intolerance in Quebec toward women who wear the niqab.

As of early 2014, the Canadian Supreme Court was weighing a case that seeks to require women to remove their niqabs when testifying in court. One side of the debate believes that passing this law would ultimately serve as a further deterrent for Muslim women who would otherwise report domestic violence, sexual violence, and other sex-based offenses if they could remain covered. However, other feminists argue that the wearing of the niqab, or any form of Muslim veil or covering, in general is a form of oppression for women because it literally conceals their identity and is based on a patriarchal belief that women should remain publicly and culturally invisible.

Overall, each minority religion faces various forms of discrimination from the larger mainstream culture. Additionally, each religion has to negotiate various gendered practices as they exist within the religious community itself, and they have to navigate how these practices get interpreted, accepted, or rejected by the culture at large. For example, various Sikh communities have encountered

violence in Ontario and British Columbia, which have some of the highest Sikh populations (George and Chaze 2016, 96). Racist extremists have reportedly physically attacked members of the Sikh religion, who are often easily identifiable by their turbans, in addition to vandalizing places of worship. The Sikh religion believes in the equality of the sexes; yet, some practices may be viewed by some Canadians as being sexist, such as separate seating areas for Sikh men and women when attending gurdwaras (temples) and by requiring children to sit with the women when attending services.

Issues

Human Trafficking

Human trafficking (as opposed to smuggling) is defined as the recruitment, transportation, or harboring of persons for the purpose of exploitation, with most instances being related to the sex industry or forced labor, and currently takes place on both domestic levels within Canada and international levels involving Canadian borders. Roughly 90 percent of the 25 convictions since the addition of trafficking to the Criminal Code have involved instances related to domestic trafficking (Public Safety Canada 2012). Although movement can be a key component in trafficking, border crossing or any change in physical location is not necessary for trafficking to take place. Oppression, isolation, and fear of harm are the driving factors behind trafficking.

Women and girls are overwhelmingly the victims of human trafficking, as evidenced by successful criminal convictions of traffickers. The most vulnerable are migrant workers and new immigrants, Aboriginal women and girls, those who live in poverty, and individuals who seek work or upward mobility in populated areas but are unaware of the ease in which they could be recruited or held against their will. The Canadian Women's Foundation's national task force on human trafficking of women and girls in Canada reports that nearly 50 percent of women trafficking victims in Canada are Aboriginal (Canadian Women's Foundation 2014).

On a federal level, Canada promotes frontline training to law enforcement and public health personnel to strengthen the ability of individuals to recognize victims within the community and take proactive measures to prevent further exploitation. Canada's National Action Program (NAP) provides materials to help communities identify and assist victims. NAP also has initiatives

to strengthen child protective services as well as programs that assist economically disadvantaged women and children.

Plans for NAP include using diagnostic tools within at-risk communities to measure and predict the probability of individuals becoming victimized. It also provides for maintaining a series of national action plans for assisting individuals who have been removed from forced labor or sex industry environments with mental, physical, monetary and educational support.

Prostitution

In 2014, it became illegal to purchase sexual services in Canada, but legal to sell them. According to the Canadian Department of Justice, this new legal framework “reflects a significant paradigm shift away from the treatment of prostitution as a ‘nuisance’ toward treatment of prostitution as a form of sexual exploitation that disproportionately and negatively impacts women and girls” (Supreme Court of Canada 2014)

Mining and Indigenous Peoples

Activists from Canada’s First Nations communities have been on the forefront of challenging the development of Alberta’s oil sands. Concerned with climate change, the destruction of indigenous lands and a spike in “cancers linked to petrochemicals,” Eriel Deranger, representing the Athabasca Chipewyan First Nation, leads advocacy efforts on behalf of affected communities (Ball 2014). She is joined in this cause by many other young indigenous women, including Beaver Lake Creek Nation member Crystal Lameman and Vanessa Gray from the Aamjiwnaang First Nation in Southern Ontario, who have each agitated against Canada’s energy industry (Curtis 2016). Lameman led a healing walk and Gray participates in direct action (Lim 2014; Curtis 2016). They are just a few examples of a rising indigenous youth movement, 30,000 of whom are university or college educated, supported by and participating in the Idle No More movement and inspired to be the change they want to see (Friesen 2013).

ALISSA STOEHR, BETH STRICKLAND, AND ANNE ELIAS

Further Resources

Abramovitz, Beth A., and Leanna L. Birch. 2000. “Five-Year-Old Girls’ Ideas about Dieting Are Predicted by Their Mothers’ Dieting.” *Journal of the American Dietetic Association* 100: 1157–1163.

- Adoptive Parents CA. 2017. “Adopting in Nunavut.” Retrieved from <http://adoptiveparents.ca>.
- Ball, David P. 2014. “Women Warriors: 5 Standout Indigenous Female Leaders in Canada.” *Indian Country Today*. March 8. Retrieved from <https://indiancountrymedianetwork.com/news/first-nations/women-warriors-5-standout-indigenous-female-leaders-in-canada/>.
- Bengtsson, Helena, Sally Weale, and Libby Brooks. 2015. “Record Numbers of Female and Minority-Ethnic MPs in New House of Commons.” *The Guardian*, May 8. Retrieved from <https://www.theguardian.com/politics/2015/may/08/record-numbers-female-minority-ethnic-mps-commons>.
- Block, Sheila, and Grace-Edward Galabuzi. 2011. *Canada’s Coloured Coded Labour Market: The Gap for Racialized Workers*. Ottawa, Ontario: Canadian Centre for Policy Alternatives and the Wellesley Institute. Retrieved from http://www.wellesleyinstitute.com/wp-content/uploads/2011/03/Colour_Coded_Labour_MarketFINAL.pdf.
- Branswell, Helen. 2013. “One in 7 Canadians Has Genital Herpes: StatsCan Study.” *CTV News*, April 17. Retrieved from <http://www.ctvnews.ca/health/health-headlines/one-in-7-canadians-has-genital-herpes-statscan-study-1.1241792>.
- Brown, Callum. 2012. *Religion and the Demographic Revolution: Women and Secularisation in Canada, Ireland, UK, and USA since the 1960s*. Woodbridge, Suffolk, U.K.: Boydell Press.
- Canada.com. 2017. “Sexually Transmitted Infections.” Retrieved from <http://bodyandhealth.canada.com/condition/getcondition/sexually-transmitted-infection>.
- Canadian Health Care. 2016. “Canada Health Act.” Retrieved from <http://www.canadian-healthcare.org/page2.html>.
- Canadian Mental Health Association. 2016. “Fast Facts about Mental Illness.” Retrieved from <http://www.cmha.ca/media/fast-facts-about-mental-illness/#.WJDjKhsrJPZ>.
- Canadian Red Cross. 2017. “Facts on Bullying and Harassment.” Retrieved from <http://definetheline.ca/dtl/cyberbullying/cyberbullying-in-canada>.
- Canadian Women’s Foundation. 2014. *From Heartbreaking to Groundbreaking: Stories and Strategies to End Sex Trafficking in Canada*. Toronto, Ontario.
- CBC News. 2010. “High School Dropout Rates Plummet.” November 3. Retrieved from <http://www.cbc.ca/news/canada/high-school-dropout-rates-plummet-1.949996>.
- CBC News. 2014. “Maternal Death Rates Rose in Canada, U.S. over 20 Years.” May 6. Retrieved from <http://www.cbc.ca/news/health/maternal-death-rates-rose-in-canada-u-s-over-20-years-1.2633940>.
- Chunn, Dorothy, Susan B. Boyd, and Hester Lessard. 2007. *Reaction and Resistance: Feminism, Law, and Social Change*. Vancouver: University of British Columbia Press.
- CIA (Central Intelligence Agency). 2017. “Canada.” *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/ca.html>.
- CityNews. 2013. “Teen Pregnancy Rates on the Rise in Four Canadian Provinces.” January 29. Retrieved from <http://www.citynews.ca/2013/01/29/teen-pregnancy-rates-on-the-rise-in-four-canadian-provinces>.

- Curtis, Christopher. 2016. "Young Activist Is on the Front Lines of First Nations' Fight against Pipelines." *Montreal Gazette*. October 1. Retrieved from <http://montrealgazette.com/news/pipeline>.
- Eichler, Margaret. 2012. "Marriage in Canada." *Historica Canada*. Retrieved from <http://www.thecanadianencyclopedia.ca/en/article/marriage-and-divorce>.
- Ember, Melvin, Carol R. Ember, and Ian Skoggard. 2005. *Encyclopedia of Diasporas: Immigrant and Refugee Cultures Around the World*. New York: Springer Science.
- Finnie, Ross, Marc Frenette, Richard E. Mueller, and Arthur Sweetman, eds. 2010. *Pursuing Higher Education in Canada: Economic, Social and Policy Dimensions*. Ontario: Queen's University.
- Friesen, Joe. 2013. "Idle No More: What's behind the Explosion of Native Activism? Young People." *The Globe and Mail*. January 18. Retrieved from <https://www.theglobeandmail.com/news/national/whats-behind-the-explosion-of-native-activism-young-people/article7552791/>.
- Government of British Columbia. 2017. "Executive Council of the B.C. Government." Retrieved from <http://www2.gov.bc.ca/gov/content/governments/organizational-structure/cabinet/cabinet-ministers>.
- Government of Canada. 2006. *The Human Face of Mental Health and Mental Illness in Canada*. Ottawa, Ontario. Retrieved from https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/publicat/human-humain06/pdf/human_face_e.pdf.
- Government of Canada. 2017. "Constitution Act, 1982. Justice Laws." Retrieved from <http://laws-lois.justice.gc.ca/eng/const/page-15.html>.
- Henderson, Jennifer, and Pauline Wakeham, eds. 2013. *Reconciling Canada: Critical Perspectives on the Culture of Redress*. Toronto: University of Toronto Press.
- Henry, Natasha L. 2016. "Black Voting Rights in Canada." Retrieved from <http://www.thecanadianencyclopedia.ca/en/article/black-voting-rights>.
- Hiller, Harry. 2005. *Urban Canada: Sociological Perspectives*. New York: Oxford University Press.
- Ishtar Transition Housing Society. 2016. "History of Ishtar Transition Housing Society." Retrieved from <http://www.ishtar-society.org/about/history>.
- Kome, Penney. 1985. *Women of Influence: Canadian Women and Politics*. Toronto: Doubleday Canada.
- Lim, Audrea. 2014. "How First Nations in Canada Are Winning the Fight Against Big Oil." *The Nation*. September 14. <https://www.thenation.com/article/how-first-nations-canada-are-winning-fight-against-big-oil/>.
- McGregor, Janyce. 2015. "Transgender Rights Bill Gutted by 'Transphobic' Senate Amendment." CBC News, February 27. Retrieved from <http://www.cbc.ca/news/politics/transgender-rights-bill-gutted-by-transphobic-senate-amendment-1.2975024>.
- Motskin, Arik, and Zack Gallinger. 2015. "The Vast Disparity in Canada's High School Graduation Rates." Retrieved from <http://www.the10and3.com/the-vast-disparity-in-canadas-high-school-graduation-rates-00016>.
- Native Women's Association of Canada. 2015. "About Us." Retrieved from <https://www.nwac.ca>.
- Neumark-Sztainer, Dianne R., Melanie M. Wall, Jess I. Haines, Mary T. Story, Nancy E. Sherwood, and Patricia A. van den Berg. 2007. "Shared Risk and Protective Factors for Overweight and Disordered Eating in Adolescents." *American Journal of Preventative Medicine* 33: 359–369.
- Noll, Mark A. 1992. *A History of Christianity in the United States and Canada*. Grand Rapids, MI: William B. Eerdmans Publishing Company.
- Nores, Milagros, and W. Steven Barnett. 2010. "Benefits of Early Childhood Interventions across the World: (Under)Investing in the Very Young." *Economics of Education Review* 29: 271–282.
- OECD (Organization for Economic Co-Operation and Development). 2011. *Families Are Changing*. Paris, France: OECD Publishing.
- O'Neill, Brenda, and Lisa Young. 2014. *Women in Canadian Politics*. New York: Oxford University Press.
- Perrin, Benjamin. 2010. *Invisible Chains: Canada's Underground World of Human Trafficking*. Toronto: Viking Canada.
- Pew Research Center. 2013. "Canada's Changing Religions Landscape." Retrieved from <http://www.pewforum.org/2013/06/27/canadas-changing-religious-landscape>.
- Propel Center for Population Health Impact. 2014. *Tobacco Use in Canada: Patterns and Trends*. Waterloo, Ontario. Retrieved from https://uwaterloo.ca/tobacco-use-canada/sites/ca.tobacco-use-canada/files/uploads/files/2017_tobaccouseincanada_final_0.pdf.
- Public Health Agency of Canada. 2005. *Make Every Mother and Child Count: Report on Maternal and Child Health in Canada*. Ottawa, Ontario. Retrieved from <http://publications.gc.ca/collections/Collection/H124-13-2005E.pdf>.
- Public Health Agency of Canada. 2012. *At a Glance-HIV and AIDS in Canada: Surveillance Report to December 31, 2012*. Ottawa, Ontario. Retrieved from <https://www.canada.ca/en/public-health/services/hiv-aids/publications/at-a-glance-hiv-aids-canada-surveillance-report-december-31-2012.html>.
- Public Health Agency of Canada. 2013a. *The Chief Public Health Officer's Report on the State of Public Health in Canada, 2013: Infectious Disease—The Never-ending Threat*. Ottawa, Ontario. Retrieved from <https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/cphorsphc-respcacsp/2013/assets/pdf/2013-eng.pdf>.
- Public Health Agency of Canada. 2013b. *Maternal Mortality in Canada*. Ottawa, Ontario. Retrieved from http://publications.gc.ca/collections/collection_2015/aspc-phac/HP32-7-2011-eng.pdf.
- Public Safety Canada. 2012. *National Action Plan to Combat Human Trafficking*. Ottawa, Ontario. Retrieved from <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/ntnl-ctn-pln-cmbt/ntnl-ctn-pln-cmbt-eng.pdf>.

- RCMP (Royal Canadian Mounted Police). 2014. *Missing and Murdered Aboriginal Women: A National Operational Overview*. Ottawa, Ontario: Royal Canadian Mounted Police.
- Senate of Canada. 2017. "Senators." Retrieved from <https://sencanada.ca/en/senators>.
- Sheehy, Elizabeth, ed. 2012. *Sexual Assault in Canada: Law, Legal Practice and Women's Activism*. Ontario: University of Ottawa Press.
- Sinha, Maire. 2012. "Family Violence in Canada: A Statistical Profile 2010." Statistics Canada. Retrieved from <http://www.statcan.gc.ca/pub/85-002-x/2012001/article/11643-eng.pdf>.
- Statista. 2016. "Percent of Adults 25 to 64 Years Old in Canada That Have at Least an Upper Secondary Education by Age Group and Sex in 2014." Retrieved from <https://www.statista.com/statistics/542651/percent-of-canadians-with-at-least-upper-secondary-education-by-age-and-sex>.
- Statistics Canada. 2002. *At a Crossroads: First Results for the 18- to 20-Year-Old Cohort on the Youth in Transition Survey*. Ottawa, Ontario. Retrieved from <http://publications.gc.ca/Collection/Statcan/81-591-X/81-591-XIE2000001.pdf>.
- Statistics Canada. 2010. *Paid-Work. Women in Canada: A Gender-Based Statistical Report*. Ottawa, Ontario. Retrieved from <http://www.statcan.gc.ca/pub/89-503-x/2010001/article/11387-eng.pdf>.
- Statistics Canada. 2014a. *Child Care in Canada*. Ottawa, Ontario. Retrieved from <http://www.statcan.gc.ca/pub/89-652-x/89-652-x2014005-eng.pdf>.
- Statistics Canada. 2014b. *Homicide in Canada*. Ottawa, Ontario. Retrieved from <http://www.statcan.gc.ca/daily-quotidien/151125/dq151125a-eng.pdf>.
- Statistics Canada. 2015. *Women in Canada: A Gender-Based Statistical Report*. Ottawa, Ontario. Retrieved from http://publications.gc.ca/collections/collection_2015/statcan/89-503-x/89-503-x14235-eng.pdf.
- Statistics Canada. 2016. *Same Sex Couples and Sexual Orientation: By the Numbers*. Ottawa, Ontario. Retrieved from http://statcan.gc.ca/eng/dai/smr08/2015/smr08_203_2015.
- Supreme Court of Canada. 2015. *Technical Paper: Bill C-36, Protection of Communities and Exploited Persons Act*. 2014. Ottawa, Ontario: Department of Justice.
- Tasker, John Paul. 2016. "Confusion Reigns over Number of Missing, Murdered Indigenous Women." CBC News, February 17. Retrieved from <http://www.cbc.ca/news/politics/mmiw-4000-hajdu-1.3450237>.
- Todd, Douglas. 2013. "High Birthrate Among Immigrant Women Has Implications for Canada." *Vancouver Sun*, August 8. Retrieved from <http://www.vancouversun.com/life/High+birthrate+among+immigrant+women+implications+Canada/8766093/story.html>.
- Trubnikov, Maxim, Ping Yan, and Chris Archibald. 2014. "Estimated Prevalence of Hepatitis C Virus Infection in Canada, 2011." *Canada Communicable Disease Report* 40: 429–436.
- UNDP (UN Development Programme). 2015. "Human Development Report 2015: Work for Human Development." Retrieved from <http://hdr.undp.org/en/countries/profiles/CAN>.
- United Nations Children's Fund (UNICEF). 2013. At a Glance: Canada. Statistics. December 24. Retrieved from https://www.unicef.org/infobycountry/canada_statistics.html.
- Universities Canada. 2016. "Facts and Stats." Retrieved from <http://www.univcan.ca/universities/facts-and-stats>.
- WHO (World Health Organization). 2000. "The World Health Report." Retrieved from http://www.who.int/whr/2000/en/whr00_en.pdf?ua=1.
- WHO (World Health Organization). 2017. "Gender and Women's Mental Health." Retrieved from http://www.who.int/mental_health/prevention/genderwomen/en.
- World Bank. 2015. *Maternal Mortality Ratio (Modeled Estimate, per 100,000 Live Births)*. Washington, D.C.: World Bank. Retrieved from <http://data.worldbank.org/indicator/SH.STA.MMRT>.
- World Bank. 2017a. *Adolescent Fertility Rate (Births Per 1,000 Women Ages 15–19)*. Washington, D.C.: World Bank.
- World Bank. 2017b. *Proportion of Seats Held by Women in National Parliaments*. Washington, D.C.: World Bank.
- Young, Leslie. 2015. "Sexual Education Compared across Canada." *Global News*, February 24. Retrieved from <http://globalnews.ca/news/1847912/sexual-education-compared-across-canada>.

Cayman Islands

Overview of Country

The western Caribbean nation of the Cayman Islands is composed of three islands that lie about 400 miles south of Miami, Florida; 150 miles northwest of Jamaica; and 150 miles south of Cuba. At roughly 10 miles long and with a surface area of almost 11 square miles, Little Cayman is the smallest of the three islands. Its slightly larger sister island, Cayman Brac, lies 5 miles east, is nearly 12 miles long, and has a landmass of 15 miles. Little Cayman and Cayman Brac sit approximately 90 miles to the northeast of the main island, Grand Cayman. As the largest of the three islands, Grand Cayman's landmass is nearly 76 square miles (CIA 2016). Although the islands span a vast region of the Caribbean, their landmass is comparable to that of Washington, D.C.

Encountered by Christopher Columbus (1451–1506) in 1503, the islands came under Spanish rule until 1670, when Spain ceded them along with Jamaica to British rule (BC 2016). In the 18th and 19th centuries, colonizers from Jamaica came to the islands and installed Jamaica to administer the government. This lasted until 1959, when

the Federation of the West Indies took over, making the islands one of its territories. After the federation dissolved in 1962, the Cayman Islands chose to remain a British dependency. The islands gained greater autonomy in 1972 and again in 1994 through constitutional changes. Caymanians gained British citizenship in 2002, underscoring their relationship and enabling qualified persons to hold a British passport. (CIA 2016; BBC 2016).

In the 1970s, the culture shifted to reflect the economy's growth in tourism and financial services. It produced a culture that became more people oriented and contributed to a rise in infrastructure, education, social services, and health care (Cayman Islands Government 2014). Tourism, primarily aimed at U.S. tourists seeking luxury services, accounts for about 70 percent of the islands gross domestic product (GDP) (CIA 2016).

The population of the Cayman Islands is 57,268 (in July 2013), and almost half of the population lives in the capital, George Town (CIA 2016). The population is split between the sexes. Half of the Cayman population are citizens, and the remaining 49 percent are expatriates with workers coming abroad from several different countries (Cayman Islands Government 2014). Caymanians are ethnically diverse: 40 percent have a mixed ethnic heritage, 20 percent identify as black, 20 percent as white, and 20 percent as various ethnic groups from all over the world (CIA 2016). The official language is English; it is spoken by nearly 91 percent of Caymanians. Spanish and Filipino are also spoken (CIA 2016).

The majority of the population practices a religion, of which Christianity is the most strongly encouraged. The majority affiliate with the Protestant faith (67.8%), which includes several denominations, followed by Catholics (14.1%). A small fraction of the population is nonreligious. Other faiths include Baha'i, Judaism, Buddhism, Hinduism, and Islam (CIA 2016; Cayman Islands Government 2014).

The Cayman Islands is unique because it is composed of diverse ethnic groups and yet has a strong English influence. Under parliamentary democracy, the chief of state is Queen Elizabeth II (1926–), whose role is represented by the governor. The first woman governor, Helen Kilpatrick (1958–), was appointed by the Queen in September 6, 2013. Caymanians are also governed by a premier, currently, Alden McLaughlin (1961–), who follows the first woman premier, Julianna O'Connor-Connolly (1961–). The Cayman Islands has a three-tiered political system—executive, legislative, and judicial—and it has two political parties: the People's Progressive Movement and the United

Democratic Party (CIA 2016). Women currently hold positions in all the highest forms of government in the Cayman Islands (Cayman Islands Government 2014).

Overview of Women's Lives

Women's roles have come to include an increase in political representation, presence in boardrooms, and breaking traditional gender barriers to become leaders and role models for future women in previously male-oriented professions, with the goal of gender equality. Although full equality has not been achieved, the public is starting to address such issues as earned income inequality and gender-based violence. Due to the Cayman Islands' status as a territory of the United Kingdom, it is not included in the majority of UN country comparisons and rankings, such as the Human Development Index (HDI) and Gender Inequality Index (GII).

Girls and Teens

Girls and young teens aged 14 and under make up about 9 percent of Caymanians. Many face challenging issues of violence, sexual abuse, and mental health problems. In a study of 955 teens, 18 percent of girls reported being victims of sexual abuse, and 22 percent had been victims of physical abuse (Cayman Islands Government 2014). Boys join girls in feeling unsafe; 15 percent of boys do not feel safe in school. While boys face societal pressure to behave in hard-line, traditional masculine ways and to have multiple sex partners, girls are disproportionately the targets of forced sex. Twenty percent of girls reported that their first sexual encounter was forced. Issues include hunger and other problems, such as drinking, mental health problems, drug use, or violence in their homes. With this report, the government has baseline data highlighting where services need to be strengthened and where to develop targeted interventions (*Cayman News* 2015).

Sports participation is important to Caymanians, regardless of gender. The Department of Sports promotes and supports women athletes. Girls' athletic achievements are showcased during national women's month. Female athletes, coaches, and administrators are also highlighted. The goal is to show the many ways women have contributed to Caymanian culture and increased its vitality and diversity. Honoring athletic achievements also serves to increase awareness of the importance of physical activity (Cayman Islands Department of Sports 2016).

Caymanian youth are encouraged to participate in scouting, a popular activity that has become a multigenerational tradition. The 100-year-old Scout Association has about 500 members. The scouting tradition is based on religious principles and has been influential in shaping children's ethics and morals, along with life skills gained through hands-on service learning. Scouts are government funded, so all youth can participate.

Education

Education standards are comparable with the U.K. English model. The adult literacy rate shows no significant difference between the sexes; females had a literacy rate of 99 percent, while males were at 98.7 percent (PAHO 2012). Education is mandatory for every child starting from age 4 and until age 16 (Ecay Business 2014). The Cayman Islands offers free lunches to school-aged children through the Department of Children and Family Services. Nearly 1,000 students benefit from free lunches and are more than likely to come from single-parent homes. Government and privately run educational institutions offer preschool through high school as well as education for students with individual needs. Religiously based schools offer additional options (Ecay Business 2014). The Cayman Islands has a variety of private schools, specialized vocational training programs, law schools, medical schools, and other colleges, similar to schools in the United States or the United Kingdom.

Education is valued in the Cayman Islands; on average, nearly 80 percent of students 15 years and older have passed their examinations. There are slight variations in education with regard to the sexes; the 2010 Census data revealed a 3 percent difference—females are obtaining education at a slightly higher rate than males (82% versus 79%). When it comes to secondary education, females were more likely to obtain a college degree, while males were more likely to have a trade or vocational diploma or certificate. Ideas about gender and how sexuality is defined are believed to be the cause of gender disparities in education (Cayman Islands Government 2014).

Health

The government spends 20 percent of its budget on health care, even though there are a large number of Caymanians with three or more risk factors for chronic diseases (WHO STEPS 2012, 11). Despite these concerns, the average life

expectancy for women is 84 years, and for men it is 78 (CIA 2016).

Access to Health Care

Health services are provided through the Cayman government's Health Services Authority. It oversees direct primary, secondary, and tertiary health care at the George Town Hospital and specialized clinics. Caymanians, in accordance with the Health Insurance Law of 2012, must have health insurance, and employers must provide insurance to their employees and dependents living on the islands (WHO STEPS 2012, 11). Combined, the two hospitals—George Town and Faith—provide 120 hospital beds. More than 800 health professionals in both public and private practice provide care (Economics and Statistics Office 2014, 52).

Maternal Health

A majority of women have made it a choice to be married before becoming a parent. Around 65 percent of all births are to women who are married. Nearly 28 percent of births are to women who have never been married. Many women become mothers between the ages of 30 and 34; 30 percent of births occur to women in this age range, and about 22 percent of women between the ages of 24 and 29 give birth (PAHO 2012). Infant care is seen as the sole responsibility of the mother. Traditionally, women relied on their relatives for assistance when husbands were off at sea for long periods of time (Peters 2014). Now, women are expected to be the primary caregivers.

The fertility rate is 1.86 children born per woman. Based on data from public hospitals, there were 3,283 births between 2006 and 2010. On average, there are 700–800 births per year (Cayman Islands Government 2014). In 2016, the birth rate was 12.1 per 1,000 births. The infant mortality rate of 6 deaths per 1,000 live births compares favorably to many countries; it is ranked 166th best out of 225 countries (CIA 2016).

Nearly all births, 97 percent, happened at a public hospital, the remaining in a private hospital. Over a four-year period, women in general had an increase in cesarean deliveries. In 2006, 38 percent of deliveries were through caesarean, and by 2010, 41 percent were caesarean. In 2010, there were 304 births for mothers who were 18 years old or younger: 24 births for adolescents 15 and younger, 38 births for 16-year-olds, 82 for 17-year-olds, and 160 for 18-year-olds (PAHO 2012).

Diseases and Disorders

Over the years, the most common diseases have changed from communicable to noncommunicable. Obesity, diabetes, high blood pressure, stroke, and cancer are the leading causes of disease (WHO STEPS 2012, 2). Blood diseases and cancer account for 50 percent of deaths among men and 47 percent among women (Economics and Statistics Office 2014, 56). The Zika virus was reported in the summer of 2016 (CIA 2016).

Thirty-five million people throughout the world live with HIV/AIDS, and the Caribbean region has the second-highest rate, behind sub-Saharan Africa. Despite this, it is not prevalent in the islands. About 62 people live with HIV, and 72 have AIDS. Since it was first identified in the islands in 1985, there have been 123 infections, with 43 deaths. A new strain of the virus has been identified, leading public health authorities to urge Caymanians to be tested and to be vigilant about practicing safe sex (Cayman Islands Government 2015).

Employment

Adulthood responsibilities come sooner for teens in the Cayman Islands than in the United States. There is a strong work ethic on the islands; teens are expected to work by 15 and are considered outside the labor force if they are not. Ideas about gender roles have been associated with gaps in the labor force; there are a considerable number of women aged 15 and older not participating in the work force. Gender ideologies and their associated stereotypes influence the type of activities and employment deemed appropriate for men and women. For instance, the role of homemaker, jobs associated with private households, and education are predominantly fulfilled by women. This has led to discrimination in the general labor force about the expectations of women, and, consequently, there are fewer women participating in the paid economy (Cayman Islands Government 2014).

Many see the Cayman Islands as a modern country that values equality; however, women and men do not have equal opportunities. Women and men who work outside of traditional employment roles encounter both indirect and direct forms of discrimination (Cayman Islands Government 2014). For example, private households primarily employ women to perform a variety of domestic duties, such as child care, cleaning services, cooking, running errands, and so on. Women are also employed in professional sectors of education, social work, and human

health services. There are more women professionals on the islands than men; however, there are fewer women managers. Women are also frequently employed in customer service positions in the tourism and hospitality industry. Examples of structural forms of gender discrimination include employers denying women positions in male-dominated industries such as construction, skilled and unskilled farm work, trade, and energy (Cayman Islands Government 2014). Such gender-based discrimination reinforces gender roles and influences the occupations women and men pick.

The Gender Equality Law of 2011 was enacted to promote gender equality overall as well as to help stop the cycle of structural discrimination. Through education, the hope is to eliminate structural discrimination in the workplace by breaking the prejudices and stereotypes that divide gender (Cayman Islands Government 2014). To learn about and address gender-based income inequality, the Cayman Islands Economics and Statistics Office (ESO) conducted a survey of gender-based income differences. Results found men clustered in the highest pay bracket; 65.5 percent of men made \$7,200 or more a month. Women clustered in the lowest pay brackets. Of the workers earning less than \$800, 83.3 percent were women. And of those earning less than \$1,600 a month, 63.5 percent were women. Findings show that women make significantly less than their male counterparts, even in the same job (Cayman Islands Government 2014).

Expatriates

For a time, foreign work permit holders, or expatriates, were the majority of the islands' labor force and could stay and work indefinitely. However, in 2004, the Cayman Islands limited the length of stay. After a 2011 and a 2013 revised immigration law passed, the islands saw significant immigration changes. Currently, expatriates can hold a seven-year residency, in an attempt to give native Caymanians more opportunities for employment. The number of people eligible for permanent residency was also reduced. However, from 2011 to 2012, the Cayman Islands saw an increase in foreign workers rise from 19,927 to nearly 21,000 (Harper 2013). In October 2013, nearly 2,000 expatriates' visas were set to expire—nearly 10 percent of the workforce. The hope was to give the jobs to local citizens, whose unemployment rate was more than 10 percent (Sabo 2013). Promoting changes to immigration could also ease rising tension between

locals, who struggle with joblessness, and expatriates (Shelley 2013).

The Cayman Islands is among the world's 10 largest financial centers and has been known as a "tax haven" for the world's richest people because of relaxed rules in which income and capital gains are not taxed (Harper 2013). There has been pressure to bring transparency to the thousands of companies and most of the world's hedge funds that do their financial business within the Cayman Islands. This could influence the number of companies willing to leave, which could lead to a strain on the economy, specifically in the financial sector.

Family Life

Marriage is limited to monogamous, heterosexual relationships. Homosexuality has been deemed illegal by local Cayman authorities, including religious leaders. There have been ongoing tension between Great Britain and the local authorities because the monarch has sought to promote the idea of gay marriage among its territories (Peters 2014). There are a variety of households in the Cayman Islands. Single households are most commonly found in the expatriate workers. Single-parent households have become more common over the years. Traditional and extended families have seen women having more power and control within the family unit than previously (Peters 2014).

Approximately 19,000 households make up the three islands. Caymanians have the lowest rate of estimated poverty in the Commonwealth of the Caribbean, with nearly 1,000 households living below the poverty threshold. From 2006 to 2010, families receiving poverty relief assistance increased from 915 to 968. In a survey administered by the Economics and Statistics Office, it was found that 1.9 percent of the population fell below the annual poverty threshold, 3.7 percent of the population lived in households that were considered vulnerable to poverty, and 3.1 percent of households were below the vulnerable line (Cayman Islands National Assessment of Living Conditions 2008). Households with an annual income of \$3,983 (USD\$4,857) or less are considered to be in the poverty threshold. Those with an annual income of less than \$4,979 (USD\$6,072) are considered "vulnerable" and at risk of not meeting their daily consumption needs. In 2007, females headed nearly half of poor households—49.5 percent (PAHO 2012). Women who are the breadwinners for their families are more likely to be the poorest, and they account for nearly half of poor households in the Cayman Islands.

Same-Sex Unions

Same-sex couples may enter into civil partnerships, but they are currently denied full marriage and all the benefits that confers. Although religious and cultural beliefs hinder the legalization of marriage, the Cayman Islands Human Rights Commission has called the Cayman government to modify its constitution, which sanctions marriage for heterosexual couples only. By not doing so, it risks being in breach of the European Convention on Human Rights (Stowe 2015).

Politics

In addition to the governor and premier, the government includes a six-member cabinet selected from the Legislative Assembly and appointed by the governor with input from the premier. Twenty seats comprise the assembly, 18 of which are directly elected by majority vote. Speaker of the House Julianna O'Connor-Connolly and Tara Rivers, the minister for education, employment, and gender affairs, are the only women holding elected assembly positions. The deputy governor and attorney general also serve on the assembly; they are appointed by the governor and serve *ex officio* (CIA 2016). Assembly members serve four-year terms. The voting age is 18, and all citizens are eligible to vote.

Women serving in high-level government positions dates to the 1990s, when Sybil McLaughlin (1928–), an expat from the United States, served as minister of education. Her rise through the ranks is notable. She started as a legislative clerk in the 1960s (Worldwide Guide to Women in Leadership 2015). Ultimately, she was recognized as a national hero for her service to Parliament and the Cayman community (Trumbach 2016).

History of Women Rights

Women were initially accepted in the political realm shortly after World War II (Peters 2014); they won suffrage and the right to vote in 1944 (Worldwide Guide to Women in Leadership 2015). Women's representation in politics has continued to grow, despite the discrimination they have faced over time. Even though women actively participate in politics, they are still underrepresented in government. Advocates came together with the goal of empowering women by initiating the Gender Equality Law, enacted in 2011. The law's intent is to prevent discrimination because of gender, sex, marital status, or pregnancy

and to promote equality in the workplace. It prohibits discriminatory acts, practices, and policies (Cayman Islands Government 2014).

The movement for the Gender Equality Law started when the Legislative Assembly accepted the Cayman Islands Policy on Gender Equity and Equality. In 2004, the government communicated to the Foreign and Commonwealth Office (FCO) that they wanted to adopt the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) through the United Kingdom and have it carried out in the Cayman Islands. The FCO responded that local legislation was needed before CEDAW could be enacted, a two-year process. After its enactment, Parliament granted the Legislative Assembly the authority to implement legislative research to inform draft legislation addressing gender discrimination because of CEDAW. Completed in 2009, the cabinet shortly thereafter approved the release of a draft, the Prevention of Gender Discrimination Bill 2010, to the public. The public highly supported the draft, and on September 14, 2011, the Gender Equality Bill, 2011, passed unanimously. The law was officially implemented on January 31, 2012 (Cayman Islands Government 2014).

In 2014, the National Conference on Women sought to address the political, cultural, social, and economic challenges women and girls of the islands face. The conference raised awareness about their rights under the Gender Equality Law. Under CEDAW, the lives of women and girls are beginning to change for the better. CEDAW's agenda involved gathering data, with a goal of establishing a list of the most detrimental of issues facing women and girls, such as gender-based income inequality and gender-based violence. The conference additionally sought to "educate, inspire and empower girls and women to be 'Architects of Change'" in society, as well as in their own lives (Cayman Islands Government 2014).

Honoring Women Month

Women are given the chance to participate in events that specifically seek to "encourage and inspire growth and change in all areas" of their lives. International Women's Day (IWD) is a way for the islands to come together and celebrate women's social, political, and economic achievements and focus attention on areas in need of additional action and support. Public and private sectors unite during the IWD expo, which offers free classes, demonstrations, and access to information regarding resources from

government agencies, businesses, religious nonprofits, and community organizations. The goal of the IWD expo is to provide girls and women the opportunity to focus on self-care with the hope of motivating change from within (Cayman Islands Government 2014).

National Heroes Day

In 1993, the National Heroes Law was passed by the Legislative Assembly to honor individuals who have done exceptional work for the community. One outstanding civil servant, Sybil Joyce Hylton (1913–2006), was committed to assisting Caymanian youth for over half her life. In 1963, she became the islands only probation officer. She was the first person to lead the country's Probation and Welfare Department up until 1982. Her role in the community helped her lobby the government to meet resolutions addressing inequalities faced by young people, especially as they entered the judicial system. For example, she stressed the need for a separate court for juveniles. She is also credited for helping to develop the scouting movement (Cayman Islands Government 2014). Of eight national heroes, three are women. Hylton and McLaughlin are joined by Mary Evelyn Wood (1900–1978), a politician and nurse who was the first woman elected to the Legislative Assembly.

Religion and Culture

While religion is very important to Caymanians, women's access to leadership roles is restricted, and there is resistance allowing women to enter these roles. Positions of authority have been reserved for males, and a majority of the church leaders are men (Peters 2014). Even though women make up the majority in the congregations, men maintain the positions of power.

This is counter to the traditionally matriarchal society where women played key roles in the family, business, and government while men left for sea fishing and other industries, such as working as shipbuilders, fishermen, and sailors. In 1906, more than one-fifth of the population of around 5,000 was estimated to be at sea (Cayman Islands Government 2014). Women were left to head the family, care for children, and maintain the house.

At one time, Caymanian women were the wives of sea turtle fishers, so it is fitting that the national dish is turtle. Cooking has always been associated with women, and the unique Caymanian cooking style is similar to Caribbean jerk (Peters 2014).

Issues

Domestic Violence

The Cayman Islands has worked to address domestic and sexual abuse, which are human rights violations, through the passage of the Protection from Domestic Violence Law 2010. Broadening the definition of domestic violence expanded what and who is covered, such as by including people in visiting relationships and children. Women can also find support through the Cayman Islands Crisis Centre, which was created to perform outreach to women and children affected by domestic or sexual abuse. The center has helped more than 700 women since its beginning by providing a safe house and other services. The safe house provides a range of services, including housing, counseling, classes promoting healthy lifestyles, workshops supporting clients' transitions toward a life free from violence, and work placement programs. In 2009, the center received funding from Hedge Funds Care Cayman to train over 25 facilitators to recognize and address domestic and sexual abuse. In addition, more people completed the Darkness to Light program, to raise awareness of child sexual abuse (Cayman Islands Crisis Centre 2014).

Sex Trafficking

Human trafficking is considered to be a form of slavery because it involves victims who are sexually exploited or forced into labor. It is estimated that 12.3 million women, men, and children worldwide are enslaved. It is an issue that also reaches the Cayman Islands (CIA 2014). According to *Newsmax*, in 2013, law enforcement authorities from 230 U.S. federal, state, and local Cayman Islands agencies implemented operation Cross Country to combat sex trafficking. This operation uncovered one of the largest child sex-trafficking crackdowns at the time and saved 105 girls and boys from their captors. Law enforcement arrested 150 individuals involved during the three-day effort (Mattingly 2013).

JAMIE GRAEN

Further Resources

BBC. 2016. "Cayman Islands Profile." May 31. Retrieved from <http://www.bbc.com/news/world-latin-america-20219637>.
Cayman Islands Crisis Centre. 2014. "About Us." Cayman Islands Crisis Centre. Retrieved from <http://www.cicc.ky>.
Cayman Islands Department of Sports. 2016. Retrieved from <http://departmentofsports.com/blog>.
Cayman Islands Government. 2010. "The Protection from Domestic Violence Law 2010." Retrieved from http://www.frc.gov.ky/portal/page/portal/wrchome/abuse/DOMESTIC%20VIOLENCE%20LAW_BROCHURE.PDF.

Cayman Islands Government. 2014. Retrieved from <http://www.gov.ky/portal/page/portal/cighome>.
Cayman Islands Government. 2015. "New HIV Strain." Retrieved from <http://www.gov.ky/portal/page/portal/cighome/pressroom/archive/201502/newhivstrain>.
Cayman News. 2015. "Cayman Teens Facing Violence and Abuse." Cayman News Service, May 13. Retrieved from <https://caymannewsservice.com/2015/05/cayman-teens-facing-violence-and-abuse>.
CIA (Central Intelligence Agency). 2016. "Cayman Islands." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/cj.html>.
Ecay Business. 2014. "Education in the Cayman Islands." Retrieved from http://www.ecayonline.com/education_cayman_islands.asp.
Economics and Statistics Office. 2014. "The Cayman Islands' Compendium of Statistics 2013." Retrieved from http://www.eso.ky/UserFiles/right_page_docs/files/uploads/cayman_islands_compendium_of_statistics_-2.pdf.
Harper, Justin. 2013. "The Cayman Islands Has Seen a Rise in Foreign Workers." *Telegraph*. Retrieved from <http://www.telegraph.co.uk/finance/personalfinance/expat-money/9883662/Influx-of-expats-to-Cayman-Islands.html>.
Kairi Consultants Limited. 2008. Cayman Islands National Assessment of Living Conditions www.caribank.org/uploads/2012/12/Cayman-20062007-Vol1Main.pdf.
Mattingly, Phil. 2013. "Largest Sex-Trafficking Crackdown in U.S. Rescues 105 Children." *Newsmax*. Retrieved from <http://www.newsmax.com/US/fbi-sex-trafficking-arrests/2013/07/29/id/517542>.
PAHO (Pan American Health Organization). 2012. "Cayman Islands." *Health in the Americas*. Retrieved from http://www.paho.org/salud-en-las-americas-2012/index.php?option=com_docman&view=download&category_slug=hia-2012-country-chapters-22&alias=120-cayman-islands-120&Itemid=125.
Peters, Susan. 2014. "Cayman Islands." *Advameg*. Retrieved from <http://www.everyculture.com/Bo-Co/Cayman-Islands.html#ixzz32CD8HdRi>.
Sabo, Eric. 2013. "Paradise Lost Facing Expats in Cayman Work Visa Crackdown." *Bloomberg*, June 13. Retrieved from <http://www.bloomberg.com/news/2013-06-14/paradise-lost-facing-expats-in-cayman-work-visa-crackdown.html>.
Shelley, Sam. 2013. "Trouble in Paradise—Social Division in the Cayman Islands." *The Telegraph*. Retrieved from <http://www.telegraph.co.uk/finance/personalfinance/expat-money/10383707/Trouble-in-paradise-social-division-in-the-Cayman-Islands.html>.
Stowe, Marilyn. 2015. "Cayman Islands Should Provide Legal Framework for Same Sex Unions." July 29. Stowe Family Law, LLP. Retrieved from <http://www.marilynstowe.co.uk/2015/07/29/cayman-islands-should-provide-legal-framework-for-same-sex-unions>.

Trumbach, Tina. 2016. "What about the Gender Gap?" *Cayman Reporter*, January 22. Retrieved from <http://www.caymanreporter.com/2016/01/22/what-about-the-gender-gap>.

WHO STEPS. 2012. "Healthy Nation Chronic Disease Risk Factor Survey." Retrieved from <http://www.ministryofhealth.gov.ky/sites/default/files/HEALTHY-NATION-RISK-FACTOR-SURVEY.pdf>.

Worldwide Guide to Women in Leadership. n.d. "Female Head of Cayman Islands Parliament." Retrieved from http://www.guide2womenleaders.com/Cayman_Islands_Parliament.htm.

Chile

Overview of Country

The Republic of Chile, situated on the western seaboard of South America, is bordered on the north by Peru and Bolivia, on the east by Argentina, and on the west by the Pacific Ocean. Chile's present borders were set after the War of the Pacific (1879–1883), when it expanded by annexing the bordering regions of Peru and Bolivia that contain valuable mineral resources. Chile is a long and narrow country, spanning about 2,700 miles from north

to south but only 110 miles from east to west. The Andes mountain range runs north to south across most of South America, creating a natural border between Argentina and Chile. Chile can be divided into three zones: the northern dry zone of the Atacama Desert with mining resources; the central zone, which is often compared to the Mediterranean and is the country's main agricultural region; and the southern Patagonian region, which is known for its yearlong rainfall. Today's population is approximately 17.5 million; the population of the Santiago metropolitan area, the nation's capital, is approximately 6.8 million (CIA 2017).

When Spaniards arrived in the region in the 1530s, there were more than 500,000 primarily semisedentary peoples, including Atacameños, Diaguitas, Picunches, Araucanians (also called Mapuches), Huilliches, Pehuenches, Cuncos, and others. The Spaniards consolidated their conquest of the region in the 1550s, but because the area did not have precious metals or large sedentary populations, it remained part of the periphery of the Spanish Empire in the Americas. By 1600, indigenous peoples occupied the region alongside approximately 5,000 Spaniards and a small number of enslaved Africans. Throughout the colonial era, the region, especially central Chile, focused on agricultural production. Large estates produced for Chilean and South American markets, including exports to

Women's Voices

Michelle Bachelet

Born in 1951 to a father who was arrested, tortured, and murdered by the brutal Chilean dictator Augusto Pinochet, Michelle Bachelet was herself arrested, tortured, and exiled. Bachelet earned her medical degree and became a pediatrician. She then returned to Chile after Pinochet's ouster and became the country's first woman president in 2006. Her leadership helped Chile avoid the worst of the global economic crisis. When she left office, a right-wing administration took over, and so Bachelet decided to run again. She explained, "I am going to work to lead the next government: the first government of the new political and social majority that allows us to confront inequality and build a more inclusive Chile" (Bachelet 2016). She was reelected by a landslide in 2013. In 2016, Forbes ranked her 18th on its list of the world's 100 most powerful women.

Bachelet, Michelle. 2016. "Michelle Bachelet Biography." Retrieved from <http://www.michellebachelet.cl/pdf/biography.pdf>.

Biography.com editors. 2016. "Michelle Bachelet Biography.com." Retrieved from <http://www.biography.com/people/michelle-bachelet-37782>.

Forbes. 2016. "#18 Michelle Bachelet." Retrieved from <http://www.forbes.com/profile/michelle-bachelet>.

Romero, Simon, and Pascale Bonnefoy. 2013. "Chilean Voters Return a Former President to Power." *New York Times*, December 15. Retrieved from <http://www.nytimes.com/2013/12/16/world/americas/bachelet-wins-chilean-presidency-in-landslide.html>.

Lima, Peru. By the turn of the 19th century, Chile's population was approximately 500,000, consisting primarily of mestizos, Creoles, and Spaniards; this estimate does not include the indigenous peoples. Under the military leadership of Bernardo O'Higgins and José de San Martín, Chile liberated itself from Spain in 1818 (CIA 2017).

Colonial legacies continue to influence modern Chile. While there are still some independent indigenous groups (e.g., Mapuches), Chile is primarily mestizo today, a blend of Spanish and indigenous peoples, along with a small number of Eastern Europeans who migrated in the late 19th century. Catholicism was introduced by the Spaniards in the colonial era, and it predominates, though Protestantism has made some inroads. Despite industrialization in the 20th century, Chile primarily remains a raw material and agricultural producer. In the 19th century, nitrates were the leading export, and in the 20th century, copper predominated. In recent decades, there has been an increase in agricultural exports. Like most other former colonies of Spain in the Americas, Chile adopted a presidential republican system of government after independence. With its multiple parties ranging from rightist to leftist, Chile has a strong democratic tradition, despite the fact that from 1973 to 1990 Chile had a military dictatorship headed by Augusto Pinochet, who came to power after the democratically elected socialist president Salvador Allende was removed by a military coup.

While men dominate Chile's economic and political fronts, Chilean women have made significant gains since the country's return to democracy in 1990 (CIA 2017). Gains are reflected in its 2014 Gender Inequality Index (GII) ranking of 42nd out of 188 countries, placing it in the very high in the human development category (UNDP 2014).

Girls and Teens

Gender Stereotypes

In 2015, Chile's El Servicio Nacional de la Mujer (National Women's Ministry, hereafter SERNAM) began efforts to challenge and eradicate negative gender stereotypes that might influence young Chileans' academic and personal development. One stereotype SERNAM has addressed is the idea that mathematics, science, and technology are male-oriented fields. SERNAM asserts that girls who experience this particular stereotype lose confidence in their abilities to succeed in these disciplines and are therefore

less likely to pursue related degrees and careers (SERNAM 2015c). Research has shown that while more women enroll in university programs than men, few women pursue degrees in mathematics, science, and technology. For example, in 2014, only 20 percent of students who registered for technology-oriented programs were women. That same year, women accounted for just 24 percent of first-year students in engineering programs. In an effort to reverse this trend and to bolster young girls' self-esteem, SERNAM launched a viral campaign *Postular Por Tus Sueños* (Reach for Your Dreams). The campaign highlights young women who have enrolled in male-dominated academic programs, such as engineering, and offers them an outlet to tell their personal stories and to encourage other girls to pursue their academic and professional dreams (SERNAM 2015e). In addition, SERNAM has challenged textbooks and other school materials that reinforce stereotypical roles for women, such as maternity and domestic responsibilities, and that ignore women's professional accomplishments and capabilities (SERNAM 2015c). SERNAM hopes to not only remove these stereotypes from schools but also aspires to incorporate positive gender identities into Chile's educational system, which promotes respect and equality.

Teen Pregnancy

Chile's rate of teenage pregnancy has not fluctuated significantly in the past two decades. Whereas 50 out of every 1,000 Chilean girls ages 15–19 gave birth from 1996 to 2000, the number of adolescent births among the same age group decreased to 48 out of every 1,000 girls from 2011 to 2015 (World Bank 2016a). In terms of total births, Chile's national women's ministry reported that, in 2009, adolescent mothers accounted for 16.2 percent of all live births, 4.68 percent of which were delivered by girls aged 10–14. Although the educational system legally prohibits discrimination against pregnant students, research shows that pregnant students are significantly less likely to continue their education than male students who are fathers. In 2009, approximately 39,240 women aged 10–19 were unable to attend school due to pregnancy or maternity, while just 1,980 male students were forced to leave their studies due to paternal responsibilities (SERNAM 2012).

Adolescent mothers also have a lower likelihood of obtaining employment. According to SERNAM, only 12.2 percent of adolescent mothers enter Chile's paid workforce.

Nearly 65 percent of teen mothers are part of the nation's two lowest economic groups, and low employment rates suggest that many of these girls will be unable to improve their economic status and thus will remain economically vulnerable (SERNAM 2012). Government efforts to reduce teen pregnancy through state-sponsored sexual education programs have been substantially limited by social opposition.

Sexual Education

State-sponsored sexual education programs have been visibly absent from Chilean schools throughout the past two decades due in large part to social opposition. The Catholic Church and other conservative sectors of society have consistently challenged sexual education initiatives, believing that these programs encourage youth to engage in premarital sex (Casas and Ahumada 2009, 90–91). Due to both the church's relative success in prohibiting sexual education in the public school curriculum and the highly controversial nature of open discourses on sexuality, young Chileans have limited access to accurate information about sexuality. In 2010, Congress took action by approving a reproductive education law that guarantees knowledge and access to contraception in schools and health centers across the country (Stevenson 2012). Nevertheless, sexual education programs remain inadequate, and the UN Convention on the Rights of the Child protocols go unenforced (UNCRC 2015).

While change has been limited, there has recently been a greater push for change. Since her return to the presidential office in 2014, Michelle Bachelet has called for the implementation of secular sexual education programs, something Chile's national women's ministry describes as an important step in reinforcing women's autonomy (SERNAM 2014a). In 2015, SERNAM undertook the creation of the Programa Buen Vivir de la Sexualidad y la Reproducción (Program of Healthy Sexuality and Reproduction) to support Bachelet's push. The program was created to provide women, as well as adolescent girls and boys, with a safe and mature setting in which they can learn about and discuss their sexual and reproductive rights (SERNAM 2015a). Other topics such as safe sexual practices, sexual assault, and sexuality in general are also discussed. SERNAM reported that throughout the program's first year, workshops were conducted in dozens of counties across Chile, reaching thousands of young Chileans and women (2015a).

Education

While gender inequality is prevalent in Chile's political, professional, and domestic spheres, women have fared relatively well in their educational system. As of 2015, 97.5 percent of Chileans over the age of 15 were literate (CIA 2017). In terms of school enrollment, Chile established gender parity in primary and secondary education as early as 1990 and has successfully maintained this balance through today (World Bank 2016b). Tertiary enrollment rates have also been relatively even for men and women throughout the postdictatorship era. However, in the past decade, slightly more women have pursued higher-level education than men (World Bank 2016c). Furthermore, as of 2013, the expected graduation rate for first-time university students was higher for women than men (Ministerio de Educación 2015, 6).

This is an important development for women, as there is a clear correlation between educational success and the level of female participation in the labor force (SERNAM 2014b). According to a 2011 study, women with a basic level of education and those with a midlevel amount of education were 36.9 percent and 53.7 percent, respectively, whereas women who had completed some form of higher level education were employed at 78.6 percent (18). These figures underscore gender discrimination for those with limited education. Chile's Ministry of Education reported that, in 2011, men who had a basic level of education had an employment rate 40 percent higher than women with the same degree of education.

In contrast, gender parity is not as apparent for those with advanced degrees; there was only a 3 percent employment gap in favor of men for Chileans who had completed a postgraduate degree (Ministerio de Educación 2015, 6). However, women with advanced degrees make on average 62 percent of what their male counterparts earn, while women who only completed a basic level of education make 77 percent of what their male counterparts earn (7).

Health

Chile's National Health Services System administers the country's public health system through its 29 offices and its network of hospitals and other centers. Local communities and cities provide primary care for the most part (PAHO 2012).

Access to Health Care

The UN Committee on the Rights of the Child's (UNCRC) 2015 report urged increased health care provisions for women and children. From environmental health dangers posed by lax business regulation to forced sterilization of mentally disabled girls, the United Nations recognized much room for improvement for women's health. Mental health is an area where care is particularly lacking for women and children. Domestic abuse has a direct effect on women's mental health. Both verbal and physical abuse are highly connected to indicators of psychological distress. Women who report more verbal and physical aggression are more likely to display greater depressive affect and symptoms of posttraumatic stress disorder (PTSD). Women of low socioeconomic status are at greater risk of suffering domestic violence and poor mental health due to the associated negative stress of living in poverty (Ceballos et al. 2004). Poverty has broader negative consequences for women's health. The difference in quality between private and public health care is detrimental to women's health, owing to the disproportionate number of women versus men living in poverty.

Maternal Health

Another positive development is that maternal mortality has fallen significantly since 1970. As of 2008, the maternal mortality rate was 19.8 deaths per 100,000 live births (PAHO 2012). The implementation of maternal health policies in 1965, increasing rates of women's educational attainment, and rising proportions of deliveries by skilled birth attendants have been important factors in the decrease of maternal mortality.

Diseases and Disorders

A specific health problem in Chile that disproportionately affects unemployed and poorly educated young housewives living in poverty is the HIV epidemic. An estimated 15 percent of all HIV-positive people in Chile are women, who in most cases have contracted the disease through sexual contact with their husbands or other male partners (Cianelli et al. 2013; Cianelli et al. 2008).

Despite challenges, there have been some advances in women's health. Chile has a well-organized screening program for cervical cancer, the second most common cancer in women in Latin America. Between 1990 and 2004, Pap smear testing increased 162 percent. Additionally, cervical

cancer mortality decreased 48 percent between 1987 and 2003 (Gomez et al. 2014).

Employment

When Chile transitioned to democracy in 1990, there was not only a stark contrast between male and female employment within the nation, but also between the percentage of Chilean women in the workforce compared to other Latin American countries. Whereas 73.6 percent of men were employed in Chile in 1990, only 32.5 percent of women were active in the nation's workforce. This was noticeably lower than the regional average of female employment in Latin America, which stood at 49.2 percent (SERNAM 2014b, 13). Since then, Chile has seen female employment rise, but it has failed to both match regional trends and establish an equal balance between male and female workers. In 2000, 39.8 percent of women were employed in Chile compared to 73.4 percent of men (15). By 2011, male employment dropped to 70.1 percent, while female employment rose to 43.5 percent. Yet, despite its marked growth, Chile was still below the Latin American average of 52.6 percent (13).

Today, these contrasts are still evident. Less than half of Chilean women were employed in 2014, whereas male employment remained above 70 percent. The Latin American average for female employment remained at approximately 52 percent (SERNAM 2014c). Further contrasts are apparent in the makeup of Chile's female labor force. In 2011, 75.4 percent of women from Chile's highest economic income group were active in the nation's workforce, whereas only 35.6 percent of women from Chile's lowest economic income group were engaged in paid labor (SERNAM 2014b, 16). The employment gap between Chile's richest and poorest women stood at 38.9 percent in 1990, a figure that closed by only 0.5 percent by 2011 (16). These figures demonstrate that while the rate of female employment has noticeably increased since the return of democracy, Chile has neither met the regional standard for female employment nor has it seen a pronounced diversification of the women who participate in the labor force in terms of economic income.

Unpaid domestic responsibilities, along with a number of cultural issues, hinder women from obtaining employment. Women are, and always have been, responsible for the overwhelming majority of domestic tasks. A 2014 SERNAM report found that women are responsible for 71.5 percent of unpaid domestic work, such as raising children,

cooking, cleaning, and taking care of elderly and sick family members (11). These household responsibilities dominate many women's lives to such an extreme extent that they are often forced to set aside their careers and studies to dedicate their time to unpaid domestic labor. A government survey found that, in 2013, 1,366,200 women were unable to engage in paid labor because of their unpaid domestic responsibilities. More specifically, approximately 30 percent of Chile's unemployed women stated that housework prevents them from entering the job market, while an additional 9.6 percent asserted that their role as caregivers hinders their professional careers (19). This reality, which predominately affects economically disadvantaged women, not only creates an unbalanced workforce in terms of gender, but it also leaves women with a sense of personal dissatisfaction and promotes a societal perception that women cannot succeed in the business world (10).

The UN Committee on the Elimination of Discrimination against Women (CEDAW) 2012 report expressed concern about the emphasis placed on traditional gender roles for men and women, particularly those that continue to stereotype women as mothers and wives to the detriment of their education and career options. Steps are being taken to relieve women of domestic responsibilities so they can enter the workforce, such as the Chile Crece Contigo (Chile Grows with You) program, under which the number of public nurseries has grown by 240 percent since 1990 (SIGI 2014, 8).

The nature of employment available to women also shows the extent of gender discrimination they face. In Chile, the hiring preferences of employers and those who have established control of the nation's resources, in addition to long-standing social perceptions about the types of employment in which women should engage, significantly impact the types of work in which women can engage (SERNAM 2014b, 12). These prejudices led to the feminization of many jobs in the public sector, such as social and health services and teaching positions, while the nation's leading private industries, such as construction, transportation, agriculture, and manufacturing, remain male dominated.

This broad gender segregation is long established within Chile's job markets and is a cause of concern. As of 2011, women accounted for 93.2 percent of paid domestic workers, 53.1 percent of paid public employees, 38.5 percent of independent workers, and only 34.4 percent of

private-sector employees (22). These figures reflect a public sector that offers very good working conditions and the highest wages and that is fairly open to women. The total number of public employees, however, is relatively small. The private job sector is far larger than the public sector and typically offers the second-highest wages, but it has a very low female presence (22). Finally, paid domestic labor, a market notorious for low wages and bad working conditions, is made up almost entirely of women. While some women have secured high-quality employment, women in general are still confronted by limited employment opportunities. The nature of work available to women is considered so restrictive that, in 2014, Chile was ranked 119th out of 142 countries in the World Economic Forum's category of "Economic Participation and Opportunity" (World Economic Forum 2014).

Women's ability to achieve economic independence and equality is further undermined by low wages and limited access to positions of leadership. On average, women make 32.3 percent less than their male counterparts, despite governmental efforts to enforce equal pay (SERNAM 2014a). Chile's pay gap is so egregious that, in 2014, it was ranked 128th out of 142 countries in terms of wage equality for similar work (World Economic Forum 2014). Similarly, women are noticeably absent from managerial positions in Chile's labor market. There are 10 times as many men as women in upper-management positions, and there are only 7 women for every 100 men who serve as the directors of companies (SERNAM 2014c).

While Chile's pay gap can in large part be explained by the unfounded societal perception that work carried out by women is less valuable or less productive than work undertaken by men, Chilean women's inability to regularly secure positions of leadership in the job market has much to do with the hypothetical and tangible limitations resulting from unpaid domestic responsibilities. Many women are unable to attain high-level positions because of the belief that, as mothers, they do not have time for demanding jobs. Others are unable to do so because they must interrupt their careers to tend to familial needs, and, therefore, they have limited job experience (SERNAM 2014b, 10). These examples are representative of a broad collection of social biases that prevent women from achieving positions of power, and they reemphasize that until there is a legitimate redistribution of domestic responsibilities between men and women, true gender equality will not exist in the Chilean workforce.

Family Life

Attitudes about women's role in the family are divided but slowly changing. A 2003 poll found that 69 percent of Chileans agreed with this statement: "Having a job is fine, but what most women really want is a house and children" (Power 2004). The percentage of Chilean women who work continues to increase, even though they work outside the home less than almost all of their Latin American counterparts (Fort et al. 2007). Along with conflicting attitudes, there are contradictions in family law that place women in a subordinate position. The Chilean Constitution states that men and women are equal under the law, but the Civil Code recognizes men as heads of the household. This means that when both parents live together, the father is the sole legal parental authority, rather than being jointly held. Further, in marriage, the husband holds the legal power to administer family assets (SIGI 2014, 1).

Younger women are increasingly choosing cohabitation over marriage (Stange and Oyster 2011). Along with cohabitation, single-parent households are another option since divorce became legal in 2004. Men and women may initiate a divorce. Marital assets are equally divided between partners, and compensation is given to the partner who carried out the majority of the child care duties, which tends to benefit mothers. Reforms in the 2008 pension system law (Law 20255) also had positive outcomes for women, especially mothers and female divorcées. The law provides for pensions to those who have not earned pension savings through a pension-earning job, allows extra savings for children, and enables the use of pension savings as part of a divorce package (SIGI 2014, 3).

Politics

Women in Congress

Female participation in the Chilean government has been extremely limited since the nation's return to democracy. While Michelle Bachelet's presidential victories in 2006 and 2014 may give the impression that women play a dominant role in the political system, nearly every branch of the Chilean government remains male dominated. This is, and always has been, especially true in the case of the Chilean legislature. At no point since 1990 have women made up at least 30 percent of the total members of Congress, a percentage that is typically recognized by UN Women as an important benchmark for female representatives.

The combined percentage of women holding seats in both the Chamber of Deputies and the Senate has consistently been much lower than this standard (UN Women 2016). From 1990 to 1993, only 7 of 120 deputies and just 2 of 38 senators were women. The 1998–2001 congressional term saw a modest increase; the number of female deputies rose to 14, while the number of female senators remained unchanged.

Following the 2010 elections, 17 women held seats in the lower house of Congress, and 5 women held seats in the Senate (Hinojosa and Franceschet 2012, 760). Current numbers remain low. As of 2014, there were just 19 female deputies and 6 female senators in the Chilean legislature (SERNAM 2014c). During 24 years of democracy, the percentage of female legislators rose from 6 percent to 15.83 percent in the Chamber of Deputies and from 5 percent to 15.79 percent in the Senate (SERNAM 2014c). While these figures alone show the absence of gender parity in the Chilean legislature and the slow rate of women's inclusion, when compared on an international level, Chile's low female representation in the legislature becomes an even greater cause of concern. In 2014, Chile was ranked 90th out of 142 countries in terms of female legislators (World Economic Forum 2014). From a regional perspective, Chile has not fared much better. Not only was the average rate of female parliamentarians in the Americas 25.5 percent in 2015, but 9 Latin American nations had lower houses of parliament with more than 30 percent of women members (UN Women 2016).

Chilean women, however, are poised to play a greater role in both houses of Congress. In 2015, the Chilean government announced that it would incorporate gender quotas into the national legislature. Beginning in 2017, neither men nor women will be allowed to make up more than 60 percent of a political party's congressional candidates. This gender quota, which is to remain in place through the 2029 congressional election, will likely boost female participation in the legislature by a considerable degree (UN Women 2016).

El Servicio Nacional de la Mujer (SERNAM)

In 1991, the legislature passed a bill that created SERNAM, a national women's ministry specifically designed to work with the executive branch to identify and combat gender inequality in Chile. Despite SERNAM not being an independent ministry and instead a part of the Ministry of

Planning and Cooperation, SERNAM's director does hold ministerial ranking and is therefore able to participate in cabinet meetings (Franceschet 2003, 21). Furthermore, as it is part of the executive branch, members of SERNAM are able to draft legislation (18). These two features are significant. The former enables SERNAM's director to ensure that gender issues are a national priority, while the latter allows SERNAM to create and recommend legislation that can empower women and strengthen gender parity.

Historically, SERNAM concentrated its attention on preventing domestic violence and teen pregnancy, promoting female employment and fair labor standards, and drafting legislation and policies designed to empower women in all sectors of society. Unlike other women's state agencies in Latin America, SERNAM has not experienced significant institutional changes; thus, it has been able to carry out its agenda in a relatively consistent manner (36). This consistency has earned SERNAM a reputation as one of the most effective women's ministries in Latin America.

Despite its regional prominence, SERNAM has received criticism. Critics charge the agency could have created greater gender equality and taken a more hard-line stance. Whether these criticisms are warranted, SERNAM has struggled to ensure that successive administrations take action to improve women's rights and opportunities. Despite this, SERNAM has proven itself to be a key agent in Chile's struggle for gender parity (Franceschet 2003).

Michelle Bachelet

Despite the fact that men continue to dominate politics, one female politician, Michelle Bachelet, has experienced unprecedented success as Chile's president. A doctor by profession, Bachelet won her first presidential election in 2006 as a socialist candidate for the Coalition of Parties for Democracy (CPD), making her the first woman to fill Chile's presidential office. From the perspective of gender, Bachelet's first term was largely characterized by her decision to appoint women to half of her cabinet positions and by the unusually high number of gender-related proposals introduced in the national legislature (Steven-son 2012, 132). From 2006 to 2009 alone, 167 gender bills were brought before Congress, an astonishing increase compared to the 42 introduced during her predecessor's tenure (134). Specifically, Bachelet focused her attention on providing free day care services, strengthening the nation's campaign against gender-based violence, improving fair labor standards, and expanding women's rights to

emergency contraception. Following the completion of her first term, Bachelet served as the director of the UN Entity for Gender Equality and the Empowerment of Women (commonly referred to as the UN Women agency) for approximately two and a half years.

In 2013 Bachelet ran for a second presidential term and defeated the center-right candidate Evelyn Matthei. The 2013 election marked the first time in the nation's history that both primary candidates were women, and it was also memorable because Bachelet's victory made her the first person to win multiple presidential elections in the postdictatorship era. Since her return to power in 2014, Bachelet has overseen the institution of gender quotas in the national legislature and has demonstrated a firm commitment to expanding women's reproductive rights.

Furthermore, Bachelet played a key role in the creation of a second national women's ministry, El Ministerio de la Mujer y la Equidad de Género (Women and Gender Equality Ministry). Signed into law in March 2014, this ministry was established to strengthen the state's ability to address and eradicate gender inequality through improved inter-departmental coordination (SERNAM 2014c). In many ways, the creation of the ministry is an acknowledgment by Bachelet's government that new and increased efforts need to be undertaken to ensure that women enjoy the same rights and opportunities as men. As of 2017, Bachelet appointed Claudia Pascual, formerly of SERNAM, as its prime minister. In addition to her gender initiatives, Bachelet has also focused attention on improving the quality of Chile's educational system, reducing wealth inequality, and reforming the nation's constitution (SERNAM 2014c).

Religious and Cultural Roles

Chile, like the rest of Latin America, is predominantly Catholic, resulting from the strong presence of the Catholic Church during the colonization era. According to one calculation, 66.7 percent of Chileans identify as Catholic, 16.4 percent are Protestants (primarily Pentecostals), and 11.5 percent do not adhere to any religion (CIA 2017). Some Amerindians practice a syncretic religion that blends Catholicism with their traditional beliefs, and others adhere more closely to their indigenous religious traditions.

Historically, the Catholic Church played a significant role in spiritual matters and in national culture and politics. The church's resistance to the Pinochet dictatorship enhanced its prestige, setting the stage for its increased

influence in the postdictatorship era. Despite constitutional freedom of religion and the fact that attitudes in Chile are becoming more accepting of liberal and profeminist agendas, the church has blocked progressive change. Revealing the church's waning influence on social mores, only 34 percent of the population regularly attends church. At 27 percent, attendance for young Chileans is even lower (Power 2004). The public generally accepts the use of contraceptives, sex outside of marriage, abortion, and divorce. Nevertheless, the church's conservative social agenda and efforts to influence politics have limited noteworthy gains (Haas 2010).

Issues

Abortion

Chile is one of six countries in the world that prohibits abortion in all circumstances, including when the mother's life is at risk (Chakrabarti 2016). This measure has been in place since 1989, when Augusto Pinochet's military junta criminalized therapeutic abortion prior to leaving power. Since then, efforts to decriminalize abortion have made no tangible progress. The status quo on abortion remains unchanged due in large part to the presence of staunch pro-life groups. A significant percentage of Chile's politicians and media consider absolute prohibition to be the only acceptable position on abortion (Haas 2010, 121). Additionally, the Catholic Church in Chile regularly uses the weight of its social influence to hinder reform.

While the existence of such considerable opposition has successfully suppressed all legislative reforms on abortion (most notably bills introduced in 1991, 2001, and 2006–2007), women have not been deterred from seeking clandestine abortions. Whereas more than 4 million clandestine abortions are believed to be carried out across Latin America every year, it is estimated that 120,000–175,000 abortions are performed each year in Chile (Blofield 2008, 399). Research also indicates that in Chile as well as in Argentina and Uruguay, “one abortion is performed for every two to three live births” (405).

Because Chilean women are unable to receive abortions from medical professionals, they are forced to find alternative ways to terminate unwanted pregnancies. Economic factors in large part dictate possible alternatives. While economically secure women are able to pay for safe procedures or travel abroad to have an abortion performed, low-income women often turn to unqualified individuals to terminate their pregnancies. This trend has

become one of Chile's most serious national health issues. Not only are an alarmingly high number of women (typically from low economic groups) hospitalized every year due to abortion-related injuries, abortion complications are also the leading cause of maternal mortality in Chile (405). Furthermore, as low-income women run a greater risk of needing medical treatment following their abortions, they inherently are more likely to face legal repercussions for illegally terminating their pregnancies. The increased physical and legal risks that low-income women are exposed to illustrate that abortion is both a woman's issue and a class issue (409).

As recently as 2015, legislation was yet again introduced to reform Chile's abortion laws. Rather than proposing a total liberalization of abortion, current efforts focus on decriminalizing abortion in three specific circumstances: when the life of the mother is at risk, when the pregnancy is a result of rape, and when the fetus is badly deformed (SERNAM 2015b). Chile's national women's ministry, a firm advocate of abortion reform, reported that more than 70 percent of Chileans agreed that abortion should be permitted in the above stated circumstances (SERNAM 2015b). Despite such popular support, it is unclear whether the legislature will grant women greater reproductive freedoms in the immediate future, and it is likely that abortion will remain one of the most socially divisive issues in Chilean society.

Domestic Violence

The prevalence of gender-based violence (GBV) is a long-standing problem in Chilean culture. The earliest published report on the subject found that, as of 1992, GBV occurred in one-third of Chilean homes (UNDP 2014). Two years later, following the emergence of a widespread social campaign against GBV, the Chilean government legally recognized the existence of domestic violence and created specific punishments for it through the creation of the Intrafamily Violence Law (Law 19.325). The effectiveness of this law was regularly questioned, and many critics asserted that it failed to protect women from their male abusers. Specifically, the law was criticized for requiring couples to attempt reconciliation through counseling, a stipulation that gave the impression that the state cared more about maintaining the family unit than imprisoning male abusers (Franceschet 2010, 9).

In the years that followed, Chile strengthened its commitment to eradicating GBV. It ratified the 1994

Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women, which provided Chile with a useful international framework for its own domestic violence policies. In 2005, it passed what is widely considered an improved domestic violence law. The implementation of the 2005 law, La Ley 29.066 de Violencia Intrafamiliar (domestic violence law), was an important achievement as it added “habitual mistreatment” to the Chilean criminal code’s list of punishable offenses, and it demonstrated a clearer state commitment toward punishing abusers and protecting victims than its predecessor (10). SERNAM aided the successful implementation of the 2005 domestic violence law, which, since its creation, has been one of the most important change agents in Chile’s campaign against GBV (17).

Among its many roles, SERNAM has consistently gathered information on violence against women and brought it to the public’s attention. It has supplied women with pertinent information on domestic violence, and it has offered survivors safe shelters and legal resources. To date, SERNAM operates 35 safe shelters across Chile that provide temporary refuge for women and the children of women who feel threatened by an abusive male figure. In addition to being offered refuge, women are also provided with free legal, social, and psychological services in an effort to protect them from future abuse (SERNAM 2015d). Since her return to office in 2014, Michelle Bachelet has pledged to build 25 new safe houses in Chile, 11 of which have already been completed (SERNAM 2016).

The Chilean government has also undertaken efforts directed at curbing the nation’s high rate of gender-based murder. In 2010, the government modified its penal code and established severe sentences for femicide, the murder of a current or former female partner. It is questionable whether the implementation of Chile’s femicide and domestic violence laws has produced the results legislators hoped for. SERNAM has not only noted that dozens of femicides are committed each year, but it has also reported that one out of three Chilean women are still victims of some form of GBV (SERNAM 2014c). The persistence of these crimes demonstrates the extent to which machismo is still firmly entrenched in Chilean society despite government campaigns to eradicate it.

LGBTQ Community

Chile’s LGBTQ community celebrates itself and its movement with a Marcha del Orgullo Gay (Gay Pride Parade) in

June. The parade is organized by El Movimiento de Integración y Liberación Homosexual (Movement for Homosexual Integration and Liberation) (MOVILH), the oldest organization dedicated to advancing LGBTQ rights, and has recently expanded the parade into Gay Parade Chile, Open Mind Fest, featuring music, film, and the promotion of a love for diversity (MOVILH 2016).

In 2016, the Chilean Congress legalized same-sex unions, and President Bachelet expressed her plans to introduce a bill legalizing marriage. If passed, same-sex couples would have access to benefits such as state life insurance and clear pathways for adoption (Reuters 2016).

Indigenous Women

Estimates of the size of Chile’s indigenous population vary, ranging from about 7.5 percent to 11 percent of the nation’s total (Gacitúa-Marió 2000; CIA 2017). The largest indigeneous group is the Mapuche, which is estimated to comprise about 90 percent of Chile’s entire indigenous population. Chilean law recognizes seven additional peoples: Aymara, Rapuni, Atacameño, Colla, Quecha, Yagan, and Kawashkar. Today, over half of Chile’s indigenous population lives in cities, with approximately 40 percent in Santiago (Gacitúa-Marió 2000). However, indigenous peoples, especially Mapuches, are actively reclaiming rural lands. The Mapuche effectively resisted the Spaniards for the entire colonial era. After Chile gained independence, however, they faced new pressures as the fledgling nation sought to develop Araucanía. In the late 19th century, the Mapuche were forced to relocate and placed into a system similar to U.S. Indian reservations. A 1993 law paved the way for Mapuches to reclaim their lands, and there have been land conflicts since (*The Economist* 2009).

Along with being marginalized by the dominant culture, Mapuche women are repressed by Mapuche men. Mapuche culture relegates women to the private home sphere and men to the public sphere of work and politics, an ideal some claim is the product of colonialism. Along with challenging dominant sexist beliefs, Mapuche women seek to change material conditions. Protesting the fact that their male counterparts own the majority of the land, Mapuche women seek access to land and the land subsidies, which are primarily owned by men (the Chilean government forced single-person ownership of communally owned lands when Mapuche gained statehood) (Alorda 2010).

While indigenous and nonindigenous women worked together to oust Pinochet, Mapuche women today see their struggle as separate. Mapuche women point out their distinct conditions and struggles rooted in their indigenous heritage. For example, Mapuche women point out that their challenges in the workforce are distinct because they work as domestics, a job nonindigenous women rarely perform. Eschewing the battle cry of a universal Western gender discourse, Mapuche women frame their struggle as one for human rights and the quest for their indigenous community rights (Richards 2005).

ALEXANDER ALLISON AND RICHARD WEINER

Further Resources

- Alorda, Rocío. 2010. "Mapuche Women: A Double Struggle." *Latin American Press*, June 4. Retrieved from <http://www.lapress.org/articles.asp?art=6146>.
- Blofield, Merike. 2008. "Women's Choices in Comparative Perspective: Abortion Policies in Late-developing Catholic Countries." *Comparative Politics* 40.4: 399–419.
- Casas, Lidia, and Claudia Ahumada. 2009. "Teenage Sexuality and Rights in Chile: From Denial to Punishment." *Reproductive Health Matters* 17.34: 88–98.
- Ceballo, Rosario, Cynthia Ramirez, Marcela Castillo, Gabriela Alejandra Caballero, and Betsy Lozoff. 2004. "Domestic Violence and Women's Mental Health in Chile." *Psychology of Women Quarterly* 28.4: 298–308.
- CEDAW (UN Committee on the Elimination of Discrimination against Women). 2012. "Concluding Observations of the Committee on the Elimination of Discrimination against Women: Chile." Retrieved from <https://digitallibrary.un.org/record/581549?ln=en>.
- Chakrabarti, Reeta. 2016. "Chile's President Defiant over Abortion Changes." BBC, September 29. Retrieved from <http://www.bbc.com/news/world-latin-america-37336279>.
- CIA (Central Intelligence Agency). 2017. "Chile." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/fields/2103.html>.
- Cianelli, R., L. Lara, N. Villegas, M. Bernales, L. Ferrer, L. Kaelber, and N. Peragallo. 2013. "Impact of Mano a Mano-Mujer, an HIV Prevention Intervention, on Depressive Symptoms among Chilean Women." *Journal of Psychiatric & Mental Health Nursing* 20.3: 263–272.
- Cianelli, Rosina, Lilian Ferrer, and Beverly J. McElmurry. 2008. "HIV Prevention and Low-Income Chilean Women: Machismo, Marianismo and HIV Misconceptions." *Culture, Health & Sexuality* 10.3: 297–306.
- The Economist*. 2009. "Chile's Mapuche: The People and the Land." November 7. Retrieved from <http://www.economist.com/node/14816728>.
- Fort, Lucía, John Abraham, María Beatriz Orlando, and Claudia Piras. 2007. "Chile: Reconciling the Gender Paradox." *En Breve*. Retrieved from http://siteresources.worldbank.org/INTENBREVE/Newsletters/21455235/Apr07_105_GenderChile_EN.pdf.
- Franceschet, Susan. 2003. "'State Feminism' and Women's Movements: The Impact of Chile's Servicio Nacional De La Mujer on Women's Activism." *Latin American Research Review* 38.1: 9–40.
- Franceschet, Susan. 2010. "Explaining Domestic Violence Policy Outcomes in Chile and Argentina." *Latin American Politics and Society* 52.3: 1–29.
- Gacitúa-Marió, Estanislao. August 2000. "Indigenous Peoples in Chile Current Situation and Policy Issues." Background Paper No. 7, 170–196. World Bank. Retrieved from http://web.worldbank.org/archive/website00955A/WEB/PDF/BP_7.PDF.
- Gomez, Jorge Alberto, Alejandro Lepetic, and Nadia Demarteau. 2014. "Health Economic Analysis of Human Papillomavirus Vaccines in Women of Chile: Perspective of the Health Care Payer Using a Markov Model." *BMC Public Health* 14.1: 1–25.
- Haas, Liesl. 2010. *Feminist Policymaking in Chile*. University Park: Penn State University Press.
- Ministerio de Educación. 2015. "Análisis de indicadores educativos de Chile y la OCDE en el contexto de la Reforma Educacional." Retrieved from http://centroestudios.mineduc.cl/tp_enlaces/portales/tp5996f8b7cm96/uploadImg/File/Evidencias/Evidencias%20fina.
- MOVILH. 2016. "MOVILH Chile." <http://www.movilh.cl>.
- PAHO (Pan American Health Organization). 2012[0]. "Chile." *Health in the Americas*. Retrieved from http://www.paho.org/salud-en-las-americas-2012/index.php?option=com_docman&task=doc_view&gid=224&Itemid=.
- Power, Margaret. 2004. "Gender and Chile's Split Culture." *Revista: Harvard Review of Latin America*. Retrieved from <http://revista.drclas.harvard.edu/book/gender-and-chiles-split-culture>.
- Reuters. 2016. "Chile's President to Send Gay Marriage Bill to Congress in 2017." NBC News, September 22. Retrieved from <http://www.nbcnews.com/feature/nbc-out/chile-s-president-send-gay-marriage-bill-congress-2017-n652666>.
- Richards, Patricia. 2005. "The Politics of Gender, Human Rights, and Being Indigenous in Chile." *Gender & Society* 19.2: 199–220.
- SERNAM (Servicio Nacional de la Mujer). 2012. "Más de 60.000 Mujeres Atendidas en el Centro de Apoyo a la Maternidad del Sernam." Gobierno de Chile. Retrieved from <http://portal.sernam.cl/?m=sp&i=2356>.
- SERNAM (Servicio Nacional de la Mujer). 2014a. "Agenda de Género." Retrieved from <http://portal.sernam.cl/?m=programa&i=72>.
- SERNAM (Servicio Nacional de la Mujer). 2014b. "Estructura de Restricciones a la Participación Laboral y a la Autonomía Económica de las Mujeres: Estudio Orientado a Mejorar las Políticas de Equidad de Género." Retrieved from <http://estudios.sernam.cl/?m=e&i=197>.
- SERNAM (Servicio Nacional de la Mujer). 2014c. "Proyecto de ley que crea el Ministerio de la Mujer y la Equidad de Género." Retrieved from <http://portal.sernam.cl/?m=programa&i=73>.

- SERNAM (Servicio Nacional de la Mujer). 2015a. "Ministra inauguró taller de capacitación del programa Buen Vivir de la Sexualidad y la Reproducción del Sernam." Retrieved from <http://portal.sernam.cl/?m=sp&i=5721>.
- SERNAM (Servicio Nacional de la Mujer). 2015b. "Ministra Claudia Pascual: "Es grave que se diga que el gobierno miente en un proyecto que establece claramente tres situaciones específicas." Retrieved from <http://portal.sernam.cl/?m=sp&i=5903>.
- SERNAM (Servicio Nacional de la Mujer). 2015c. "Ministra del Sernam: "El estereotipo de que a los niños les va mejor en matemáticas y a las niñas en lenguaje pone en riesgo sus autonomías y disminuye sus oportunidades de desarrollarse en forma integral" Retrieved from <http://portal.sernam.cl/?m=sp&i=6026>.
- SERNAM (Servicio Nacional de la Mujer). 2015d. "Programa Casas de Acogida. Retrieved from <http://portal.sernam.cl/?m=programa&i=10>.
- SERNAM (Servicio Nacional de la Mujer). 2015e. "Sernam lanza campaña viral #PostulaPorTusSueños para motivar a las jóvenes a optar por carreras relacionadas con las ciencias exactas." Retrieved from <http://portal.sernam.cl/?m=sp&i=6238>.
- SERNAM (Servicio Nacional de la Mujer). 2015f. "Taller de Educación Sexual con perspectiva de género y derechos reciben estudiantes del Liceo Bicentenario Luis Alberto Barrera." Retrieved from <https://portal.sernam.cl/?m=sp&i=5968>.
- SERNAM (Servicio Nacional de la Mujer). 2016. "Presidenta Bachelet y Ministra Pascual Inauguraron Nueva Casa de Acogida para Mujeres Víctimas de la Violencia en Ovalle." Retrieved from <http://portal.sernam.cl/?m=sp&i=6255>.
- SIGI (Social Institutions & Gender Index). 2014. "Chile." OECD Development Center. Retrieved from <http://www.genderindex.org/sites/default/files/datasheets/CL.pdf>.
- Ortbals, Candace D. 2011. "Chile." In *Encyclopedia of Women in Today's World* ed. by Stange, Mary Zeiss, Carol K. Oyster, and Jane E. Sloan, pp.279–280. Thousand Oaks, CA: Sage Reference.
- Stevenson, Linda S. 2012. "The Bachelet Effect on Gender-Equity Policies." *Latin American Perspectives* 39.4: 129–144.
- UNCRC (UN Committee on the Rights of the Child). 2015. "Concluding Observations of the Committee on the Rights of the Child: Chile." Convention on the Rights of the Child. Retrieved from <http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhssK3M5T%2FDPY15MHGhtMS6B5FXOHFrM4wnhG3jl%2FAk5Y4HY%2FCaArriifbUkNO3e0bvj%2F%2FJrCTxaEXFXsXiPhoFW8PHwKWorXu48n9o0CflmyE>
- UNDP (UN Development Programme). 2014. "Table 5: Gender Inequality Index." Human Development Reports. Retrieved from <http://hdr.undp.org/en/composite/GII>.
- UNDP (UN Development Programme). 2015. "Chile." Human Development Reports. Retrieved from <http://hdr.undp.org/en/countries/profiles/CHL>.
- UN Women. 2016. "Facts and Figures: Leadership and Political Participation." Retrieved from <http://www.unwomen.org/en/what-we-do/leadership-and-political-participation/facts-and-figures>.

- World Bank. 2016a. "Adolescent Fertility Rate." Retrieved from <http://data.worldbank.org/indicator/SP.ADO.TFRT>.
- World Bank. 2016b. "Gross Enrollment Ratio, Primary and Secondary, Gender Parity Index (GPI)." Retrieved from <http://data.worldbank.org/indicator/SE.ENR.PRSC.FM.ZS?page=5>.
- World Bank. 2016c. "Gross Enrollment Ratio, Tertiary, Both Sexes." Retrieved from <http://data.worldbank.org/indicator/SE.TER.ENRR>.
- World Economic Forum. 2014. "Chile: The Global Gender Gap Index." *The Global Gender Gap Report 2014*. Retrieved from <http://reports.weforum.org/global-gender-gap-report-2014/economies/#economy=CHL>.
- World Economic Forum. 2014. "Country Profiles: Chile." Retrieved from <http://reports.weforum.org/global-gender-gap-report-2014/economies/#economy=CHL>.

Colombia

Overview of Country

Colombia, officially known as the Republic of Colombia (República de Colombia in Spanish), is located in the northwest tip of South America and is the only country in the region on both the Atlantic and Pacific Coasts. It borders Panama to the northwest, Venezuela to the east, Brazil to the east and southeast, Peru to the south, and Ecuador to the southwest. Colombia shares maritime borders with Jamaica, the Dominican Republic, Haiti, Honduras, Nicaragua, and Costa Rica. Located between latitudes 12° north and 4° south and longitudes 67° and 79° west, Colombia is an equatorial country, meaning the equator crosses it. Its primary seasons are rainy (April–June and August–November) and dry, and nights and days are typically equally long year-round.

The Republic of Colombia is roughly 440,831 square miles (1,141,748 sq. km), and its very distinctive geography is divided into six natural regions: the Andes Mountains, the Llanos (plains), the Pacific coastal region, the Caribbean coastal region, and the insular area with numerous islands both in the Atlantic and Pacific Oceans. This regional diversity mirrors the country. Being the second most diverse country in genes, species, and ecosystems, it is 1 of the 12 megadiverse and 1 of the 10 most biologically rich countries in the world (IUCN 2009).

In 2016, Colombia had approximately 47.2 million people, and projections are that it will have a total population of 50.9 million by 2020 (CIA 2016, DANE 2005). Of the total population, 51 percent are women, and 49 percent are men. Official statistics do not include transgender or non-gender-conforming people, and the Colombian Constitution only recognizes people as male or female. A product of *mestizaje*, a mix of traditions and cultures of American indigenous nations, Europeans, and Africans, Colombia's population is very diverse. There are 87 indigenous groups, 3 differentiated Afro-Colombian groups, and Roma or Gitanos (gypsies). As of the 2005 census, 3.43 percent people are indigenous, 10.62 percent are Afro-Colombian, 0.01 percent are Roma, and at 84.94 percent, the majority are not part of any specific group (DANE 2005). An Afro-Colombian group called Raizal inhabits the archipelago of San Andrés, located in the Caribbean Sea, along with Colombians from the mainland.

Colombia's ethnic diversity matches its language diversity, as there are 64 Amerindian languages; *Bandé*, a language of the archipelago of San Andres and Providencia; *Palenquero*, a Creole language of the San Basilio de Palenque community; and *Romaní*, the language of the Roma. All coexist with Spanish as spoken languages. Spanish is considered the country's official language, but all are recognized by Colombia's Constitution and are considered official in their territories (Constitution Finder 1991).

Colombia has an emerging, or developing, economic market. Its primary products are petroleum, mining, manufacturing goods, and agriculture. Although the country has experienced an annual growth of 5.5 percent since 2002, its inequitable distribution of wealth means 29 percent of people live under the poverty line. Colombia is the fourth-largest coffee producer and the largest smooth coffee producer in the world. In addition, UNESCO named the coffee-growing region (*Eje cafetero*) as a world heritage site for its innovative management practices, community focus in the production of coffee, and protection of families and their cultural heritage traditions.

Historical Background

Before the arrival of Europeans to the Americas in 1498, there was a distinctive indigenous society. The *Cacicazgo* was the political system the Amerindians, and specifically the Muisca, Taironas, and Quimbaya groups, had installed. It consisted of a pyramid-like structure where

the *cacique*, or chief, was the head of society, and there were specific social strata.

In 1499, Alonso de Ojeda, accompanied by Américo Vespucci and Juan de la Cosa, arrived in the now Colombian territory for the first time. After a couple of journeys back and forth, in 1509, Alonso de Ojeda founded the first Spanish settlement. The Spaniards brought with them African slaves, and so the three groups—Amerindians, Europeans, and Africans—were in contact. Between 1509 and 1819, Spaniards took control of the area. It was not until 1810 that an independence movement started.

On July 20, 1810, in Santafé de Bogotá, the *Criollos* (people of Spanish origin born in the Americas) started the emancipation process when a Spaniard rudely denied lending a flower vase to a *Criollo*. This was an excuse to have the Spanish government overthrown and a local government of *Criollos* installed. However, due to differences in ideology inside the independence movement—which was divided between federalists and centralists—the Spaniards regained power in 1814.

Still, the ideas of liberty and equality brought from Europe by local intellectuals such as Antonio Nariño, Francisco Miranda, and Camilo Torres and the victory in the Boyaca battle (August 7, 1819) led by Venezuelan independence leader Simón Bolívar were key to gaining absolute independence from Spain. After the success, countries that were led to independence by Bolívar—Venezuela and La Nueva Granada (former Colombia, which included Panamá)—formed one republic: La Gran Colombia. However, this union broke up in 1831 due to instability. Between 1831 and 1886, Colombia went through many political changes, which included the creation of Colombia's two oldest political parties: *Conservadores* (conservatives) and *Liberales* (liberals). By the second half of the 19th century, Colombia entered the capitalist market. In addition, slavery was abolished on January 1, 1852. However, it was not until the 1886 constitution granting suffrage to males without restriction that the republic was created. In 1853, in the province of Vélez in Santander, an unprecedented event happened, and women were granted the right to vote (Velásquez 1989, 37). This did not translate to Colombia as a whole.

The San Andrés archipelago also has a distinctive liberatory history. Its indigenous population was quickly decimated after the arrival of the Spanish and enslaved Africans. It was colonized by the Puritan English, the Dutch, and *Criollos*, people of Spanish descent born in

Colombia who aligned with the Antillean Caribbean rather than the Spanish colonies. In the 19th century, the island had a very weak presence in the mainland Colombian government, to the point that people in San Andres liberated enslaved Africans much sooner than the rest of the country.

For women, the 20th century was the beginning of many changes. Starting with the approval of a law that was strongly fought for by the women of the Centro Femenil Colombiano (Colombian Women's Center), which allowed women to inherit their family's assets, women could finally manage their patrimony in 1933. In 1945, women were seen as citizens by the law, though they were not allowed to vote until 1957.

By 1959, due to violence, a significant migration of people from the countryside to the cities drastically changed the country to a more urban society; it was 42 percent urban in 1946, 53 percent in 1959, and 74.3 percent by 2005 (DANE 2005).

With the government of Alfonso López Pumarejo, who reformed the constitution in 1936, people were allowed to organize in unions and had a right to strike. López Pumarejo promoted the development of the national University of Colombia.

In 1948, the assassination of Jorge Eliecer Gaitán, a populist candidate for the presidency, started the Bogotazo, a violent event that started a time known as "La Violencia," a civil war between liberals and conservatism that lasted until the beginning of the 1960s and killed more than 200,000 people, mostly peasants and laborers. After this period ended, several guerrilla groups, such as M19, FARC, and ELN, organized in addition to other right-wing paramilitary groups. The guerrillas began because of the discontent with the current situation in the country. The guerrilla group Fuerzas armadas revolucionarias de Colombia (FARC) was born in 1964 with the objective of ending social, political, and economic inequities with a Marxist-Leninist ideology. In the same year, the Ejército de liberación nacional (ELN), with a similar Marxist view, appeared, but with an emphasis in liberation theology, an ideology that started with Latin American Catholic priests fighting for social justice.

Guerrilla groups have been in constant conflict with the Colombian government since their birth, but it was not until the 1990s that the conflict escalated, mainly in rural areas of the country. Also, from 1984 to 1991, the Movimiento armado Quintín Lame (MAQL) appeared, which was an indigenous group that wanted to extend

indigenous territories and protect indigenous groups from nonindigenous landowners.

The last decade of the 20th century marked Colombia. In 1991, a new constitution was created that completely changed old views that had forged the country. Ethnic, linguistic, religious, and cultural diversity were recognized and protected by the government for the first time. Neo-liberal ideas about the privatization of many public companies and entry into the global market had started to take hold. In addition, a new legal instance was created, the "acción de tutela," which enables citizens to protect their fundamental rights by allowing them to protest and get their issue solved in no more than 10 days. Furthermore, in the presidency of Andrés Pastrana Arango, a peace treaty with FARC started by Pastrana's willingness to play by FARC's terms. Unfortunately, peace was not achieved, and this only resulted in the strengthening of the guerrillas and the modernization of the Colombian military.

The next elected president, Alvaro Uribe Velez, had a stronger military emphasis than his predecessor and had more armed success against the guerrillas. In addition, his government started with new commercial agreements that were solidified by Colombia's latest president, Juan Manuel Santos, who in September 2012 started a peace treaty with the FARC and ELN guerrillas. Negotiations held in 2015 led to a peace agreement in 2016 (Phippen 2016).

Overview of Women's Lives

Colombia has advanced women's rights and decreased social gender inequities in the last few decades, especially in education legislation and health. However, many areas call for improvement: violence, both domestic and due to internal armed conflict; access to resources; and political participation and autonomy. There is a gap between government and women's everyday reality. Domestic violence is penalized, for example, but there are still many victims of it, and reduction rates are very slow. In 2005, 39 percent of women were victims of physical violence, and by 2010, it had only reduced to 37.4 percent (UNDP 2013). In addition, not all women have access to the same resources; class, race, and origin are still determinants of women's being subject to discrimination. Afro-Colombian, indigenous, and poor women are the most vulnerable groups. In 2014, the UN Development Programme ranked Colombia 98th out of 187 nations based on the Gender Inequality Index (GII, 0.460), placing it in the high human development category (UNDP 2014).

Girls and Teens

Education

In the colonial era, women had very few life choices; their main role was relegated to the home and the activities that came from their responsibilities as mothers and wives. Until 1538, there were no schools for women. The first schools that were created for women had as their main objective to prepare them for marriage or, if marriage was not a prospect, women would be prepared to serve God. From 1538 to 1738, schools for women were dedicated to instructing them to read, write, sew, and do other domestic activities related to their gender (Herrera 1995, 332).

After Colombia broke free from Spain and the republic was created, the country's new constitution in 1821 encouraged increasing public education for women to improve the quality of the newly created nation. This new vision would make the country a happy and civilized nation ready to face progress (334). However, the nation's lack of economic resources for this endeavor resulted in a very poor-quality education, mainly based in authoritative repression and memory. Elite women had a different experience because they were instructed in literature, science, and the humanities within their social sphere in *tertulias* (social gatherings). Over time, many more schools were created, but there was little change in women's education: their lives revolved around family, father, brothers, or husband, who made all of their decisions. The century ended with a mostly private and religious education system focused on reinforcing gender roles where women were good housewives and domestic beings (338).

Educative Shift

The 20th century brought changes that completely shifted the development of the country. At the beginning of the century, Colombia started to be politically and economically structured. It was with the introduction of the capitalist system and industrialization that the country began being part of the global economic system; slowly women were incorporated into the workforce as the need for newly created factory and manufacturing production exploded. Coffee became Colombia's staple export, and other factors, such as the improvement of transport systems and highways, made significant social changes possible. A middle class developed along with literary, cultural, and workers movements. Through the beginning of social movements and the recognition of women's civil and political rights

worldwide, women began to appear more and more as equal social members.

Contemporary schools are very equitable in terms of gender. In 2011, girls were being schooled in similar numbers as and learning the same content as boys; boys make up 51.4 percent of preschoolers and 52.1 percent of primary school children. By middle and high school, the majority are girls, at 51 percent. Among teachers, the majority are women, especially in preschool (96%) and primary schools (77.8%); in middle and high schools, there are a similar number of women (49.8%) and men (50.2%) (DANE 2005).

Major inequalities are seen in rural areas. There are noticeable differences in the numbers of urban versus rural children (ages 5–17) enrolled in the school system. In 2004, 82.5 percent of children were enrolled in urban areas and 70.2 percent in rural areas (Pinilla 2006).

In a 2007 study, on average, women in urban areas had 11.2 years of education and men 10.3 years. However, in rural areas, this decreased to 6.9 years for women and 5.4 years for men. Taking race into consideration, inequalities in educational attainment are seen. Afro-Colombian urban citizens have on average more years of education at 9.8 years compared to their rural counterparts at 5.6 years. This is less than for the general population, whose averages are 10.8 years for urban and 6 years for rural Colombians (Burgos González 2007).

Women obtained the majority of higher education degrees, with 54.3 percent, between 2001 and 2012. Undergraduate university education shows the largest increase of female graduates, with women having earned 57 percent of bachelor's degrees. In general, women tend to study social sciences and humanities more than science and engineering. However, even if there are more women than men in the school system, in 2002, only 57 percent of women of working age were part of the workforce—continuing the hidden gender agenda that women are taught to stay home and be wives and mothers.

Literacy

According to the World Bank, by 2012, 94 percent of Colombians aged 15 and older can read and write a short, simple statement about their normal life (World Bank 2015). However, when it comes to the younger population, ages 15–24, the numbers are higher: there is a 98.7 percent literacy rate for women and 97.8 percent for men (UNICEF 2013).

Sexual Education

Since the 1960s, Colombia has received international pressure to start programs to control birth rates. In response, few topics covering sexuality were included in science and health education, and it was not until the creation of the constitution of 1991 that sexual and reproductive rights were considered as important as social, economic, and cultural rights. In the 1994 International Conference on Population and Development, it was concluded that to improve the cover and quality of reproductive health, education had to be a key element to allow people to exercise their reproductive and sexual rights. With this, the Colombian Constitutional Court stated the need to have sexual education in place, and the Department of Education made it mandatory for people to get a sexual education that would consider the physical, emotional, and psychological needs of the students.

The goal of this education is to guarantee the constitution of human subjects, who can regulate and control their sexuality through self-discipline, closely following and adapting to established definitions of normality. The concept of youth used for education follows a very strict model of psychological and moral development based on age (Viveros 2004). For some scholars, this model of education can be highly problematic because it sees sexuality as coming before socialization and culture, imparting a rigid view of gender based on two fixed notions, masculine and feminine, completely removed from history, culture, and class (Viveros 2004).

In the past, sexual educators used the media (pamphlets, television, radio) to promote views and ideologies for sexual behavior. It is very problematic that, even if in theory, young people are learning to become active decision makers about their reproductive and sexual health but are still seen as dependent subjects of the adult world whose voices are not heard or incorporated into the debates around sexuality. Even though Colombian policy includes youths in the conversation, in practical terms, this does not happen. Young Colombians have no say on the formulation of sexual and reproductive health policies that are intended to benefit them. In addition, when adolescents participate as facilitators in workshops, they only repeat the information given to them without having critical tools to decide or influence the topics and focus. There are used symbolically, but they have no real power over the programs (Viveros 2004).

The TV series *Francisco el Matemático* (1999–2003) was the first strategic alliance between a private television

channel (RCN) and the Pedagogical Development Institute of Bogotá. The series was about a public school in Bogotá and the different issues students had to deal with. It especially focused on sex education topics, human trafficking prevention, alcohol and drug consumption, and political participation of the youth. Nevertheless, one of the biggest opponents of public policy related to sexual and reproductive health rights has historically been the Catholic Church. Their opposition has mostly been about access to condoms to prevent the spread of HIV and emergency contraception, as it is seen as a form of abortion.

Sexual Initiation

Colombia's legal age of consent for sexual activity is 20. Sexual consent is valid only if no violence, prostitution, or pornography is involved. No one younger than 18 can be part of sexually explicit photographs or videos. By 2010, 13 percent of women had engaged in sexual intercourse before their 15th birthday. Also, when comparing rural and urban women, young women start having sex on average when they are 17.5 years old—sooner than their urban counterparts, who on average start when they are 18.5 years old.

Teen Pregnancy

In the early 2000s, Colombia had many changes in teen pregnancy rates. According to the 2008 report by Pro-familia (a nongovernmental organization (NGO) that specializes in sexual and reproductive health), sexual education strategies have proved to be ineffective. In 1990, 1 out of every 10 young women between 15 and 19 years old was pregnant or already had a child; in 2007, the amount had doubled (Castro 2007). However, between 2007 and 2013, this fell to 8.2 percent. There is a very strong correlation between adolescent motherhood, literacy, and education: 55 percent of teen mothers have no education, 46 percent have primary school education, 18 percent have a high school degree, and 11 percent have higher education.

Sports and Recreation

Fútbol, or soccer, is the most popular game in Colombia, but it is not the national sport. When people think of soccer, they usually see it as a sport for boys and men. Colombia's professional women's soccer team does not have a very long history; its first international appearance was for the South American soccer cup in 1998. Despite this short

history, it is one of the best-ranked teams in the region. Colombia is the third country in South America, along with Argentina and Brazil, to qualify for the Olympics and the World Cup.

Colombia's national sport is *Tejo*, a sport created 500 years ago by the Muisca, an indigenous group who inhabited Cundinamarca and Boyaca (in the center of the country). At the time of the conquest, *Tejo* was very important because it gathered people who would also exchange products while they played. The game consists of throwing a metal disc (the *Tejo*) through an alley to a board covered with clay. The goal is to impact the inside of the target located at the board. Although it is more common to find men playing it, both men and women play it today.

Another Colombian sport, and the oldest in the country, is the *Chaza*. Indigenous people of the Colombia-Ecuador border created it in the 15th century. *Chaza* is similar to tennis, but it is played in two teams of four people each. Men traditionally play this game, but there is no official rule that forbids women from playing it.

It was the 1968 Olympic Games held in Mexico when Colombia sent five women to the Olympics for the first time—32 years later than men. Women have won two gold medals: for BMX cycling and weight lifting. Women's and Afro-Colombians' participation in sports at this level is growing. In the 2012 Olympic Games, Colombia sent more women (58) than men (46), and 11 out of the 19 medals were won by Afro-Colombians, even though they comprise 10.62 percent of the population.

Colombia has been very successful in the inline skating world cup, winning 12 out of 23 championships, making it the country that has won the most times. With six world championships, Cecilia Baena is Colombia's best inline skater. UNICEF awarded her for her work defending and promoting children's and teens' rights in Colombia.

Health

Between 2005 and 2012, the leading cause of death in women was diseases of the circulatory system, causing 33.85 percent of deaths. At 28.36 percent, the second-leading causes clustered in a group of different diseases: diabetes, nutritional deficiencies, chronic respiratory diseases, and chronic liver diseases. The third reason for death was neoplasias, or cancer, at 20.91 percent. Despite cancer being the third most prevalent cause of death in the country, only 62 percent of women aged 18–69 have ever done

a breast self-exam, whereas just 39 percent do it monthly as recommended (Wiley Online Library 2011).

Access to Health Care

In 1993, Ley 100 (Law 100) was created to facilitate health access and retirement transformations. Since then, the country has experienced an increase in the number of people covered by the health system, from 56.9 percent in 1997 to 90.8 percent in 2012. However, according to one study, only 75.5 percent of people actually use the services when needed. This is due to a variety of reasons: health care offerings, poor quality of services, lack of money to pay for services, or a perceived need to look for care. There are vast differences in the percentages of health demand, ranging from 85.4 percent in the Valle del Cauca, a more industrialized department, to 70.7 percent in Orinoquia, a less developed department. People who do not go to a health provider when needed handle their issues in various ways: 34.9 percent use home remedies, 29.3 percent self-medicate, 21.8 percent see a pharmacist, 10.7 percent do nothing, and 2.4 percent visit a healer, herbalist, or uncertified medical provider (6).

The Colombian health system divides citizens in two: the subsidized and the contributive. Subsidized people are those who cannot afford to pay and become part of the system of identified beneficiaries. People in the contributive category are those who either are employed by a company or are self-employed or retired people and their families. Usually, the employer is obligated to pay for the employees' and their family's contributions.

Though the system has increased health care access dramatically, people in the medical profession have had little to say about running the system. One of the biggest concerns has been preventative care; health care providers have had ineffective campaigns, which even led to people being too sick to get care on time (Caracol Radio 2013). Before getting needed care, patients need to have administrative authorizations, which has resulted in patients suing the providers and causing a burden to the judicial system.

Maternal Health

With the increase of health access, in 2010, 97 percent of childbirths occurred in a medical institution; 95 percent of babies were born with a doctor; 2 percent were with a nurse; and the remaining 3 percent were born without the help of a professional. There are no records of the use of midwives in childbirth (Wiley Online Library 2011).

Despite the increase in professional birth care, low birth weight rates have increased along with the increase of unwanted and teen pregnancies and because of the poor health care access in some remote rural areas (PAHO 2002).

Prenatal care varies according to various factors, such as urban versus rural, level of education, and social class. Women with post-high school education have high rates of prenatal care, 98 percent. However, only 24 percent of women who are under 20 years old, older than 34, from a rural area, and without education get prenatal care. Only 8 percent of the poorest women of the country get care, and in some departments (states), such as Chocó, Vaupés, Vichada, and Guaní—where mainly Afro and indigenous communities live—prenatal care is very scarce (Wiley Online Library 2011).

Breastfeeding practices have been strengthened: 42.2 percent of women now exclusively breastfeed until the child's sixth month, up from 24 percent. For maternal mortality, a plan was created and has already seen reduced rates, from 100 deaths for every 100,000 births in 1998 to 75 deaths in 2006 (PAHO 2002). Childbirth mortality rates have fallen from 19 deaths per 1,000 births in 2005 to 16 in 2010. Additionally, in 2010, 80 percent of children younger than 2 years old have had all their vaccines (Wiley Online Library 2011).

Sexually Transmitted Infections

Although the country has had multiple campaigns to promote the use of condoms, the promotion has proven ineffective: only 7 percent of women in a heterosexual relationship use a condom, while 93 percent take no precautions against sexually transmitted infections, including HIV/AIDS. Women do test for HIV; 40 percent of women aged 15–49 years have been tested (Wiley Online Library 2011).

It is estimated that 120,000 people live with HIV in Colombia, but only 41,900 cases are officially reported, representing 0.5 percent of the population. Among those affected, most of the cases (71%) are found in people 15–49 years old. Of these, men at 20 percent and women at 19 percent, in the age group 25–29 years old, are most affected. Most were infected through heterosexual sex (45%), 17 percent through homosexual sex, 6 percent through bisexual sex, and 29 percent did not know how it was contracted (UNAIDS 2015).

A study found that women were more vulnerable than men in their ability to prevent contracting HIV and

to be treated. Due to the dominant culture, it is socially unacceptable for a heterosexual woman to be unfaithful; therefore, women who ask their partner to wear a condom might be seen as “suspicious” of something they would only ask a lover. Women are expected to trust their partner and respect their partner's right to not have diminished pleasure, which many believe happens with condom use (Avert 2016).

Mental Health Issues

A 2015 study of mental health found that 12 out of every 100 adolescents were suffering with mental health issues compared to 10 out of 100 adults. Young girls are more at risk for posttraumatic stress disorder (PTSD), are more prone to anxiety, and have twice the mental health illnesses as boys. Older women were found to have mental health illnesses in every category except bipolar disorder, which was more present in men (El Tiempo Salud 2015). Some mental health issues are due to Colombia's long-standing internal conflict.

Employment

Before the 20th century, women, with very few exceptions, were solely dedicated to domestic work, having and raising children and keeping house. However, since housework was an “invisible job” and was not paid, it was not considered in employment statistics, even though it is a key part of the nation's development. In addition, women worked in the informal production of goods (homemade ice cream sales, clothing creation, food production, etc.), which at times surpassed income brought home by their male counterparts. In rural areas, women worked in informal, unpaid labor, raising animals and growing crops, among other chores, which men had done prior to their wholesale migration to work as day laborers in big production centers (Gutierrez 1995, 316).

As most women worked in invisible jobs as the primary caretakers of the home, it was not until recent decades that women achieved working legal protection. However, even when women fully entered the workforce outside of the house, they were still expected to handle household chores and take care of the family. Most employers prefer to hire men because they have fewer duties outside the professional realm (Caputto Silva 2008, 116).

In 1990, women comprised 39.4 percent of the workforce, but most of them worked in the least-developed

sectors of community services and commerce. Within those two main sectors, most women, 96.5 percent, worked as domestic workers. In addition, differences in pay, both in the formal and informal sectors, varied vastly by gender (Gutierrez 1995, 304). Currently, women are 50 percent of the professional and technical workforce, and of the women who work, 34.3 percent work in commerce, hotels, and restaurants. Women in community, social, and personal services number 30.7 percent, and women in manufacturing number 13.6 percent (Lully 2011). At 53 percent occupancy of middle and senior management positions, Colombia had the second-highest percentage of women in managerial positions out of 126 countries as of 2010 (ILO 2015, 19).

Maternity Leave

Women are entitled to a total of 14 weeks of maternity leave, whether they are the biological mother or an adopting mother. They are entitled up to 2 weeks as a prebirth leave. However, if for whatever reason the woman does not take two weeks before, she can take all 14 weeks after the birth. If the baby dies, the woman will still get 2–4 weeks to recover. On the other hand, men are entitled to up to 8 working days of paternity leave.

While the mother is on leave, she will receive the same salary she was getting when she started her leave. If she does not earn a stable salary, her maternity leave salary will be an approximation of her salary; her health insurance provider pays the leave. Mothers are also entitled to two 30-minute breaks a day for nursing and lactation. They may have more breaks if prescribed by the woman's health provider. A new law was passed which increased maternity leave from 14 to 18 weeks (DLA Piper 2017).

Family Life

After independence from Spanish rule in the 19th century, the newly founded nation was created under the ideologies of the educated Criollos. Criollos believed in the maintenance of Catholicism, Castilian Spanish as the official language, a relationship with nature, privatization of land, the implementation of a formal education system, and family as the center point of society (Bermúdez 1995, 242).

Marriage was key and monogamy the norm. People could only marry one person, but women were instructed to be tolerant with cheating husbands and to always strive to keep the husband happy so he would not leave the home.

By the middle of the 19th century, love started to be a key element for marriages and the nucleus of family life: love was a fundamental key for a happy life.

However, not every region of the country had the same family structure and relationships. Women in the Cundinamarca and Boyacá region who had a Muisca heritage had more economical and sexual freedom. Those who worked in coffee plantations in this region were frequently sexually abused by their bosses, but they also used sex for personal advancement and to get special treatment (Bermúdez 245).

In addition, Afro-Colombian communities that still lived under slavery did not live under the ideologies of the privileged Criollos, and neither did indigenous communities such as the Bari or the Nukak, both of whom practiced egalitarian nonpatriarchal ways of living.

Family Planning

Colombia has been going through a slow reduction of birth rates. In 1985, there was an average of 3.42 children per women, 3.15 in 1993, and 2.48 in 2005, a decrease of 27.5 percent. However, these decreases are not equally represented in all women. There is a strong correlation between the socioeconomical development of a department (similar to a state) and birth rates. Departments where women have more access to education, jobs, and modern contraception methods have lower birth rates; for example, in Bogotá, there was an average of 1.92 children per women, contrasted with Choco, which had an average of 4.35 children per woman.

In the 2005 census, the average household was 3.9 people, and at 69.7 percent, most people lived in a house. When it comes to birth control, 79 percent of Colombian women in a heterosexual relationship use contraceptive methods. The most used method is tubal ligation, which 35 percent of women do (Wiley Online Library 2011).

Politics

Political Participation

Through politics, women can publicly express their agency and be agents of change. According to the United Nations, only 12 percent of women in Colombia are in political office. Of these, 14 percent are on a city council, 17 percent are representatives, 21 percent sit on congress, and 9 percent are city majors. This discrepancy exists even though more women than men have university degrees.

Although women were granted the right to vote in 1954, it is still a significant challenge to have an equal number of women in the government. The 1991 constitution recognized this and made women's participation in public administration roles an obligation. Various laws have been created to increase women's participation in the public arena. Law 581, adopted in 2000, states that it is mandatory for women to hold 30 percent of all decision-making positions in public administration. Additional laws were created in 2011 to further ensure gender equality. Law 1450 was created to adopt a national political agenda to ensure gender equality and human rights protection. Law 1475 defined gender equality as men, women and any other sexual minority as having the right and opportunity to equally participate in all aspects of politics, which includes managing political parties, being part of political debates, and having political representation (Alta Consejería Presidencial para la Equidad de la Mujer 2011). In addition, Law 1434 created a commission, Comisión Legal para la Equidad de la Mujer en el Congreso, that guarantees women's equality in congress, proposes laws so human rights for women are protected, and promotes new plans, programs, and public policy.

Law 580 was an important step in the promotion of women's political participation. Although the results are promising, more needs to be done to ensure real political participation and to punish those who fail to carry out the new laws and mandates. According to the *Global Gender Gap Report* in 2014, Colombia ranks 67th out of 142 countries in political empowerment (UNDP 2014).

Religious and Cultural Roles

Since the coming of the Spaniards to the New World, Catholicism was the official religion in Colombia until 1991. As of today, 95 percent of Colombians self-identify as Christians; however, of the 92 percent of Colombians who were raised Catholic, only 79 percent currently remain Catholic (Pew Research Center 2014). The strong influence of the Catholic Church, which does not give a strong voice to women, has not benefited women. Those who have tried to become priests have been strongly opposed by the Vatican. Olga Álvarez, for example, joined the American movement to have women become Catholic priests. She was successfully ordained and performed over 40 masses around the country; the Vatican, however, has not made her priesthood official (Plaza 2011).

The 1991 Colombian Constitution explicitly separates church and state. Catholicism is not the official religion,

as there is no official religion. Article 13 of the Constitution prohibits discrimination because of religion, and Article 19 allows freedom of religion and all missionary activity. In addition, no public institution may give religious instruction. However, even if by law Colombia is a secular nonreligious country, Catholic views directly influence laws that could benefit women. For example, abortion is only legal when a woman's life or health is in danger, when the pregnancy was a result of rape, or when the unborn baby has malformations that would make his or her life unviable. Legal abortion in every circumstance goes against Catholic sentiment about sin; therefore, it has not been accepted.

Even though Colombia is mainly a Christian country, with many different denominations, there are also Protestants (15%), non-Catholic Christians (14%), agnostics (2%), and other faiths (4%), such as Judaism and Islam (Religious Freedom 2013). During the colonization period, Jews who arrived to the colonies had to hide their religious practices, especially during the Inquisition. After independence from Spain, new groups of Jews migrated from Curacao to trade goods between the island and Colombia. Jews continued common matchmaking practices with their communities in Europe, the Americas, and other areas.

In San Andrés Island, Philip Beekman Livingston (1800s), a local man who left to attend schools in the United States, founded the Baptist Church after he returned to the island and started to educate the children of freed slaves. He affiliated his church to the Lighthouse Street Baptist Church in Manhattan around 1845. By the end of the century, 95 percent of the island's population was Baptist. (Bermúdez 1995, 277–278)

Issues

The Armed Conflict

The biggest and most important obstacle that Colombia has dealt with has been the internal armed conflict of the late 20th and early 21st centuries. It has taken resources away from infrastructure, education, health, democracy, and other important areas for diminishing inequity. In addition, it has affected human development, the fight against poverty, governability, transparency, and human rights (UNDP 2013).

A 2013 report by the Centro de Memoria Histórica (National Center for Historical Memory) showed the final numbers of deaths due to the consequences of the conflict.

Around 180,000 civilian and 40,000 noncivilian people have died due to violent crimes. Additional atrocities include 25,000 disappearances, 27,000 kidnappings, and 2,000 massacres. Five thousand children were forced to join the illicit armed forces, and approximately 4 million people have been displaced (Centro de Memoria Histórica 2013).

Women have especially suffered as victims of the violence of the armed conflict: the war has left deep scars in their minds and bodies, changed their routines, altered their lives, destroyed their families, and displaced them from their homes. Widows have suddenly had to deal with not only the economic responsibility but also the emotional responsibility of the family, without time for mourning or being sad. Some social and political women leaders have been murdered, threatened, and displaced to impede their community outreach initiatives. Rape has been a war strategy, and most raped women were verbally and physically tortured as well, leading to high numbers of early-age pregnancies, sexually transmitted infections, and emotional trauma. Young girls have been particularly targeted, affecting their abilities to trust and create healthy relationships. Children have suffered as direct victims, witnessing and being victimized by violence firsthand through sexual abuse and torture trauma, forced illicit recruitment, and body mutilations due to antipersonnel landmines (Centro de Memoria Histórica 2013, 67). Between 1990 and 2015, of a total of 11,097 victims, 1,194 minors were victims of antipersonnel mines; 247 were girls, and 869 were boys (Acción Contra Minas 2015).

The lesbian, gay, bisexual, transgender, and intersex community (LGBTI) has strongly felt the conflict on all fronts. Members of this group have suffered acts of violence due to their sexual and gender identities. Violence against the LGBTI community has been combined with a “social cleansing” discourse that has stigmatized, persecuted, and threatened this community (Centro de Memoria Histórica 2013, 70).

Even though the armed conflict has affected all communities, Afro-Colombians and indigenous groups have uniquely suffered. One study found motivations of cultural extermination were identified. In addition to historic systematic discrimination, crimes against these communities to intentionally undermine and exterminate them were found. Between 1996 and 2006, 1,190 indigenous people were murdered; given that some indigenous groups are on the verge of extinction (32 of them have less than 500 people), these numbers are extremely high.

The case of Afro-Colombians is not better: by 2007, 43,630 people were forcefully displaced, and by 2010, 20,542 had lost their homes. The war has made these two minority groups see how their territories were misused, controlled, and robbed for a variety of reasons. Displacement limited the communities’ normal social and productive activities and inflicted deep collective and individual estrangement from their lands. For Afro-Colombian and indigenous communities, the land represents much more than a spatial place, it represents their livelihood. How they work on it, enjoy it, and suffer for it is the root of their existence (Centro de Memoria Histórica 2013, 70).

U.S. Role in the Colombian Armed Conflict

The United States has been a strong supporter of the armed conflict against drug trafficking and terrorism, assisting the Colombian government with Plan Colombia since 2000. The United States has given the Colombian government over \$5 billion, primarily for police and military support (Amnesty International 2016). Critics of Plan Colombia, which had mixed results, are worried about the flagrant human rights violations, including impunity, but that has not diminished U.S. economic and military aid (Amnesty International 2016).

Racial Disparities

A 2008 report outlined systematic racial discrimination against the Afro-Colombian population. Most Afro-Colombian people are geographically separated from other Colombians; the Pacific and Atlantic coastal departments of Valle del Cauca, Antioquia, and Bolívar are 50 percent Afro-Colombian (Rodríguez, Alfonso, and Cavelier 2008, 24). When comparing basic statistics between Afro-Colombians and the mestizo population, a huge gap is evident. Mortality and life expectancy rates show an undeniable disparity: Afro-Colombian boys die 1.78 times more, and Afro-Colombian girls are twice as likely to die than the national average. In addition, Afro-Colombian men live on average 6 years less and women 11 years less than the national average (Rodríguez, Alfonso and Cavelier 2008, 29). Poverty rates also reflect discrimination: 60 percent of Afro-Colombians are poor, and in rural areas, two-thirds are poor. Almost one of every five Afro-Colombians lives under the poverty line and does not have enough resources for a minimal diet. (Rodríguez, Alfonso, and Cavelier 2008, 31).

In response to claims about systematic racism, the Colombian government denies racial discrimination, saying the issue lies in the fact that Afro-Colombians live in “inhospitable,” geographically isolated places, which contribute to high poverty rates, low educational attainment, and the lack of health infrastructure. Critics counter by stating that denying the existence of systematic racism does nothing to end these issues. (Rodriguez, Alfonso, and Cavelier 2008, 28)

In recent years, Choquibtown, an Afro-Colombian hip-hop group and winner of a 2010 Latin Grammy and nominated for two Grammys in 2011 and 2105, has been publicly known for denouncing racism in Colombia. Their Grammy-winning song “*De donde vengo yo*” (“Where I Come From”) shows images of the realities of Afro-Colombians whose lives are invisible to the rest of the country. They protest, “National and international invisibility, self-discrimination without reason, imminent racism, a lot of corruption . . . war machine, displacements for land interests, etc.” In a 2011 interview, the group said that, in general, “people in Colombia are racists without even noticing it, acting in racist ways: they may love soccer, love the places where Afro-Colombian people live, love ethnic groups, but don’t want their families to relate to black people” (Contreras 2011).

Beauty Standards

Colombian women have a reputation for being beautiful, and that reputation comes with the well-known practice of many women undergoing plastic surgery to attain a certain beauty standard. Breast augmentation is the number one intervention, and in cities such as Medellín or Cali, getting it is a common *quinceañera* gift. “Beauty is a national obsession,” to the point that cosmetic companies and matchmaking services for foreign men to find Colombian wives thrive (Forero 2001). This standard extends to the more than 3,000 beauty pageants each year, ranging from Miss Colombia to Miss Café; many of them focus on the country’s natural resources and involve underage girls.

Women’s Organizations

From the beginning of the 20th century, women’s organizations have prospered and multiplied. Centro Femenil Colombiano (Colombian Women’s Center) was one of the earliest organizations that pushed to get women’s land and inheritance rights in 1933; after that, many others have flourished. For example, after the new constitution

gave women and minorities rights that were previously denied, the Red Nacional de Mujeres (National Women’s Network) was articulated in 1991. This network consists of 63 women’s organizations in 14 cities across the country. Their three focuses are women’s political participation and construction of citizenship, elimination of women’s violence, and women’s participation in the peace-building processes. Also, in 1990, a ministry for youth, family, and women was created to eliminate all forms of violence. In 2010, these efforts led to the current *Consejería Presidencial para la Equidad de la Mujer* (President’s Ministry for Women’s Equity), which works to promote rights, policies, and partners with grassroots organizations to improve women’s lives.

MARALISA MORALES ORTIZ

Further Resources

- Acción Contra Minas. 2015. “Víctimas de Minas Antipersona.” Retrieved from <http://www.accioncontraminas.gov.co/estadisticas/Paginas/victimas-minas-antipersonal.aspx>.
- Alta Consejería Presidencial para la Equidad de la Mujer. 2012. Lineamientos de la Política Pública Nacional de Equidad de Género para las Mujeres. Septiembre de 2012. Retrieved from https://www.dane.gov.co/files/noticias/Lineamientos_Pol%C3%ADtica_Publica_ACPEM_nov28_2012.pdf.
- Amnesty International. 2016. “U.S. Policy in Colombia.” Retrieved from <http://www.amnestyusa.org/our-work/counties/americas/colombia/us-policy-in-colombia>.
- Avert. 2016. “Women and HIV/AIDS.” Retrieved from <http://www.avert.org/professionals/hiv-social-issues/key-affected-populations/women>.
- Bermúdez, Suzy. 1995. “Familias y hogares en Colombia durante el siglo XIX y comienzos del XX.” In *Las mujeres en la historia de Colombia*, 240–291. Norma, Colombia: Mujeres, historia y política. Consejería Presidencial para la Política Social.
- Burgos González, Jenny Isabel. 2007. “Brecha educativa entre población rural y urbana en Colombia 2007.” Retrieved from <http://bibliotecadigital.univalle.edu.co/bitstream/10893/3670/4/CB-0449738.pdf>.
- Caputto Silva, Luz Amparo. 2008. “La mujer en Colombia: Educación para la democracia y democracia para la educación.” *Revista de Educación y Desarrollo Social* 2(1): 112–121.
- Centro de Memoria Histórica. 2013. “¡Basta ya!, Colombia: memorias de guerra y dignidad.” Retrieved from <http://www.centrodememoriahistorica.gov.co/micrositios/informGeneral>.
- CIA (Central Intelligence Agency). 2016. “Colombia.” *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/co.html>.
- Colombia National Department of Statistics/Departamento Administrativo Nacional de Estadística. 2005. “Population, Demography, and Education.” Retrieved from <http://www.dane.gov.co/index.php/en>.

- Constitution Finder. 1991. "Text of the Constitution of Colombia." Retrieved from http://confinder.richmond.edu/admin/docs/colombia_const2.pdf.
- Contreras, Felix. 2011. "ChocQuibTown Speaks Out on Racism in Colombia." NPR, February 10. Retrieved from <http://www.npr.org/sections/latino/2011/02/10/133639934/choc-quib-town-speak-out-on-racism-in-colombia>.
- DLA Piper. 2017. "New Rules for Maternity Leave in Colombia Nuevas Reglas Para La Licencia de Maternidad en Colombia." *Latam Law: Legal insights on issues important to Latin America*. January 18. <https://www.latamlawblog.com/2017/01/new-rules-for-maternity-leave-in-colombia-nuevas-reglas-para-la-licencia-de-maternidad-en-colombia/>
- El Tiempo Salud. 2015. "Males mentales se ensañan con adolescentes y mujeres." Retrieved from <http://www.eltiempo.com/estilo-de-vida/salud/salud-mental-en-colombia/16380783>.
- Forero, Juan. 2001. "Out There Colombia: Who's the Fairest of Them All?" *New York Times*, November 4. Retrieved from <http://search.proquest.com/docview/92091270?accountid=13013>.
- Gutiérrez, Myriam. 1995. "Mujeres y vinculación laboral en Colombia." In *Las mujeres en la historia de Colombia*, 301–318. Norma, Colombia: Mujeres, historia y política. Consejería Presidencial para la Política Social.
- Herrera, Martha Cecilia. 1995. "Las mujeres en la historia de la educación." In *Las mujeres en la historia de Colombia*, 330–354. Norma, Colombia: Mujeres, historia y política. Consejería Presidencial para la Política Social.
- ILO (International Labor Organization). 2015. "Women in Business and Management Gaining Momentum." Retrieved from http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_334882.pdf.
- IUCN (International Union for Conservation of Nature). 2009. "IUCN Red List of Threatened Species." Retrieved from <http://www.iucnredlist.org>.
- Lully. 2011. "Colombia: Celebrating International Woman's Day." *Global Voices*, March 8. Retrieved from <https://globalvoices.org/2011/03/08/colombia-celebrating-international-womans-day>.
- PAHO (Pan American Health Organization). 2002. "Profile of the Health Services System of Colombia." Retrieved from http://new.paho.org/hq/dmdocuments/2010/Health_System_Profile-Colombia_2002.pdf.
- Pew Research Center. 2014. "Religion in Latin America: Widespread Change in a Historically Catholic Region." November 13. Retrieved from <http://www.pewforum.org/2014/11/13/religion-in-latin-america/#>.
- Phippen, J. Weston. 2016. "Who Will Control Colombia's Cocaine without FARC?" *The Atlantic*, July 1. Retrieved from <http://www.theatlantic.com/news/archive/2016/07/farc-cocaine-colombia/489551>.
- Pinilla, Pedro A. P. 2006. "El Derecho a la Educación: La Educación en la Perspectiva de los Derechos Humanos." Procuraduría General de la Nación. Retrieved from http://www.procuraduria.gov.co/imgs/eventos/05052006_libroeducacion.pdf.
- Plaza, María Ximena. 2011. "The First Colombian Woman Priest." *Iglesia Descalza*. Retrieved from <http://iglesiadescalza.blogspot.com/2011/10/first-colombian-woman-priest.html>.
- Rodriguez Garavito, César, Tatiana Alfonso Sierra, and Isabel Cavellier Adarve. 2008. "El derecho a no ser discriminado. Observatorio de discriminación racial." Universidad de los Andes. Retrieved from http://www.justiciaglobal.net/files/actividades/fi_name_recurso.12.pdf.
- UNAIDS (United Nations AIDS). 2015. "Colombia." Retrieved from <http://www.unaids.org/en/regionscountries/countries/Colombia>.
- UNDP (UN Development Programme). 2013. "Colombia." Human Development Reports. Retrieved from <http://hdr.undp.org/en/countries/profiles/COL>.
- UNDP (UN Development Programme). 2014. "Gender Inequality Index: Colombia." Human Development Reports. Retrieved from <http://hdr.undp.org/en/content/gender-inequality-index>.
- UNICEF. 2013. "At a Glance: Colombia." Retrieved from http://www.unicef.org/infobycountry/colombia_statistics.html.
- UN Women. 2014. "Women's Leadership and Political Participation." Retrieved from <http://www.unwomen.org/en/what-we-do/leadership-and-political-participation>.
- U.S. Department of State. 2013. "International Religious Freedom Report." Retrieved from <http://www.state.gov/j/drl/rls/irf/2013religiousfreedom/index.htm#wrapper>.
- Velásquez Toro, Magdala. 1989. "Condición jurídica y social de la mujer." In *Nueva historia de Colombia*, edited by Antonio Tirado Mejía, 9–60. Planeta.
- Viveros, Mara. 2004. "El gobierno de la sexualidad juvenil y la gestión de las diferencias. Reflexiones a partir de un estudio de caso Colombiano." *Revista Colombiana de Antropología* 40 (Jan/Feb). Retrieved from http://www.scielo.org.co/scielo.php?pid=S0486-65252004000100006&script=sci_arttext.
- Wiley Online Library. 2011. "Colombia 2010: Results from the Demographic and Health Survey." December 6. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/j.1728-4465.2011.00293.x/abstract>.
- World Bank. 2015. "Colombia." Retrieved from <http://data.worldbank.org/country/Colombia>.

Costa Rica

Overview of Country

The Republic of Costa Rica is located in Central America, bordered by Nicaragua (north), Panama (south), the Caribbean Sea (east), and the Pacific Ocean (west). It is inhabited by nearly 5 million people, approximately half female and half male. Racially and ethnically, the population is

quite homogeneous: 94 percent identify as white (*mestizos*, or those of mixed Spanish heritage) and the remainder as Afro-Caribbean (3%), Chinese (1%), foreign-born residents (1%), and indigenous (1%). Spanish is the official language, although many *ticos* and *ticas* (the Costa Rican terms for males and females, respectively) also speak English. Indigenous populations retain their tribal languages, but most also speak Spanish. Approximately three-fourths of the population identifies as Catholic. Other religions include Evangelical, Protestant, Jehovah's Witness, and indigenous belief systems.

Costa Rica is socially progressive, democratic, pro-human rights, and environmentally conscious. Latin America's most democratically developed country, it ranks 22nd overall in the world in this regard (*The Economist* 2012). It is referred to as "the Switzerland of Central America," a moniker that depicts it as democratic and stable while simultaneously dissociating it from the violence, armed conflict, and criminal activity, such as drugs, organized crime, and human trafficking, that are often associated with the region. Catholicism maintains a strong presence in the country; yet, it lacks much of the fervor often found in other Latin American countries. Other religions are accepted. Costa Rica is decidedly pacifist and has not had a military since 1949. Its gross domestic product (GDP) per capita is USD\$12,000 (UN Population Fund 2012), and its comprehensive public education and public health systems have led to high literacy rates, life expectancy of nearly 80 years, and low infant and child mortality rates. Costa Rica scores well in the Human Development Index (HDI) in regard to income, education, and health (Malik 2013). Its conservation efforts are ambitious and include the designation of approximately 25 percent of the country's landmass as protected within the national park system. Indeed, its environmental agenda has become a model for countries throughout the world (Evans 1999, 7).

Yet, there is much more to the country and its people. As a small developing nation, Costa Rica remains vulnerable within the global economic and political landscape. Poverty rates have remained around 20 percent for the past two decades (INEC 2011). There are also persistent inequalities. In addition, there is an ongoing struggle with foreign influence, including from political and economic partners, multinational corporations, and the over 2 million tourists that visit the country every year. This has strained the country's natural resources, raised questions about future development, and altered tico (Costa Rican) culture and identity.

Biodiversity and History

Costa Rica is perhaps best known for its natural environment and biodiversity. It occupies one-third of 1 percent of the earth's landmass, yet boasts a concentration of plant and animal species that is unparalleled. Five percent of the animal species on earth are found in this subtropical country, including hundreds that are endemic. There are over 300,000 insect species. Plant species are similarly plentiful and include approximately 2,000 species of trees and 1,200 species of orchids (Living National Treasures 2014). In addition, the landscape is diverse and includes tropical, deciduous, mangrove, and cloud forests; Pacific and Caribbean coastlines; numerous volcanoes, including six active and dozens of dormant; and a total of 12 climatic zones. There are two main seasons: the wet or rainy season (May–November) and the dry or green season (December–April).

Costa Rica's biodiversity and natural beauty prompted Spanish explorers to dub it "the rich coast" and claim it as a colony in the 16th century. Costa Rica remained under Spanish control until the early 19th century, when it joined other Central American nations to declare independence. In 1823, it established itself as a separate nation. By the 1900s, Costa Rica was a democratic society with an established infrastructure, public education system, free elections (for white males only), and a growing economy based primarily on coffee production and export. Bolstered by the construction of a railroad system in the 1880s, the cheap labor of Afro-Caribbean and Chinese migrants, and investment from foreign corporations and governments, agricultural production and export continued to expand into the 20th century. Following social unrest and a brief civil war in the 1940s, a new constitution was adopted in 1949. This signaled an era of peace, social progress, and civic participation that continues to be associated with the country.

Overview of Women's Lives

Costa Rica consistently ranks high on the Social Institutions & Gender Index (SIGI). It also scores well on the Gender Gap Index and, in 2013, ranked 31st out of 136 countries, received an overall score of 0.724 out of a possible 1.00, and earned particularly high scores in the areas of education and political empowerment (World Economic Forum 2013). In addition, legislation prohibits all forms of discrimination and promotes gender equality. There has also been significant attention to gender-related issues

due, partly, to the active women's movement. Yet, policies are not always enforced, and there is some resistance to changing gender roles. At present, gender norms in Costa Rica are in flux, a consequence of ongoing economic development as well as international tourism.

Girls and Teens

Costa Rica, with almost 40 percent of its population under the age of 24, can be considered a young country (CIA 2016). Females make up just under half of this population.

A recent survey of almost 10,000 adolescents ranked their foremost concerns as environmental damage, security, discrimination, arts, sports and recreation, poverty, and engagement (UNICEF 2015). Young people face additional concerns related to education, drug use, and domestic violence.

Despite these challenges young activists are making their impact felt. In one area, for example, the LGBTI rights organization Centro de Investigación y Promoción para América Central de Derechos Humanos (Center of Research and Promotion for Human Rights in Central America, or CIPAC) promotes cultural acceptance and knowledge about their community. Due to their and others' efforts, Costa Rica now recognizes May 17 as a National Day against Homophobia, and the Ministry of Education designates a day to educating students about homophobia and transphobia (Abelove 2015).

Education

Education is a priority and regarded as a means to promote social equality and the social and economic development of the nation. Gender has long been at the core of public and political discourse regarding education. In 1847, legislation established that the government had an obligation to provide equal education to males and females. Education was made free and obligatory for all Costa Rican citizens in 1869. Although considerable disparities in access were part of the educational landscape well into the 1980s, at present, access to education is good overall, and females have high rates of participation at both public and private institutions. Costa Rica is regarded as having achieved full equality in regard to gender and educational participation (World Economic Forum 2013). The overall adult literacy rate is 97 percent, and literacy rates are marginally higher among females than males (UNICEF 2013).

At the primary level, females and males enroll in school, attend school, and successfully complete their courses of study at similar rates. At the secondary and university levels, females have slightly higher rates of matriculation and degree attainment (INEC 2011; UNICEF 2014). Compulsory education includes a total of nine years: six at the primary level (with Cycle I includes grades 1–3 and Cycle II includes grades 4–6) and three years at the secondary level (Cycle III includes grades 7–9). Those who complete Cycles I–III and pass the national exam may elect to participate in a one- or two-year program, either technical training or academic/college prep. The school calendar includes two terms. Students generally take competency and proficiency exams at the end of each term. The school day in public institutions is typically four hours at the primary level. It is longer at the secondary level, up to seven hours.

School Completion and Dropout Rates

School completion and dropout rates remain a concern. Over 95 percent of Costa Ricans successfully complete primary school (UN Population Fund 2012). However, only 47 percent of those who begin secondary education successfully complete their course of study (Programa Estado de la Nación 2013). The national average for school attendance is 8.4 years. Although this represents a gain of more than 3 years of average schooling from 1980 data, it demonstrates that many do not complete the state-mandated educational requirement (UNDP 2013). At present, only 35.37 percent of adults have completed secondary school, and illiteracy rates are highest among adult populations, particularly those aged 45 and older (Aguilera 2013). There is a strong correlation between school completion and employment patterns: those with less education are overrepresented in low-paying jobs in the service and agricultural sectors (Monge-Naranjo 2007).

Adolescents from low-income families and rural communities are most likely to discontinue their education, and dropout rates are higher among males than females (Ocampo 2003). Among those female students who do drop out of school, reasons typically relate to economic pressures and the need to contribute to the household economy. In addition, while most communities do have an elementary school, secondary schools are concentrated in areas with higher populations (Monge-Naranjo 2007). The cost and time associated with transportation for children from rural communities can be a burden

and may contribute to dropout rates. Furthermore, teen pregnancy is an ongoing concern (Mainiero 2010). Teen mothers have high dropout rates despite various efforts to encourage them to stay in school (Parliamentary Confederation of the Americas 2009). Among indigenous students, the discriminatory treatment they encounter—such as nicknames, social isolation, and the sexual objectification of indigenous females—from nonindigenous classmates and teachers may threaten their resolve to stay in school (Stocker 2005, 141–168). Sexism, like racism, in school settings remains an ongoing concern, particularly in the form of gender stereotypes and sexist language in the approved public education curriculum (Osborne 2013).

Among those who do remain in school and take the exam that marks the completion of their compulsory education, females and males pass the exam at equivalent rates. However, students from low-income backgrounds and those attending rural schools are less likely to do so (Davis 2008). It has been suggested that this is due to the scarcity of schools and lower quality of instruction in rural public schools (Navarro 2014).

Health

Access to Health Care

Health is a priority in Costa Rica, and the average life expectancy is 78 years overall (75.59 years for males and 81.01 years for females), higher than other Latin American countries and comparable to industrialized nations (CIA 2014). Health care is provided to all citizens under a public system that covers provider fees and prescriptions. Citizens may also purchase private insurance and, in doing so, utilize the services of private providers and avoid the long waits associated with the public system.

Access to facilities and providers is much better in urban centers such as San Jose and Liberia, especially for illnesses and conditions requiring highly specialized care (such as cancer) or surgery. Public health programs, such as the introduction of paramedics, vaccines, nutrition programs, sanitation programs, and oral health initiatives, have expanded in recent years, particularly in rural areas, and have contributed to improved overall health in Costa Rica. So-called alternative or natural remedies are widely accepted in Costa Rica, and it is common to incorporate herbal and homeopathic remedies as well as acupuncture, chiropractic, and religious rituals into health care practices (Biesanz et al. 1999).

Maternal Health

Costa Rica's maternal mortality rate (MMR), the annual number of deaths per 100,000 live births, was estimated at 25 in 2015, down from 40 in 2010 (CIA 2016). During pregnancy, 97 percent of women visit a health care provider four or more times and at 99 percent, almost all women have a skilled health care provider present while giving birth (UNICEF 2014). Breastfeeding is not very common, as just 18 percent of women exclusively breastfed their children for up to six months during 2008–2012 (UNICEF 2013). To support and encourage women who do choose to breastfeed, about 50 women staged a “mamaton” protest, where they publicly breastfed in a mall after mall personnel had asked a woman to use a lactation room rather than nurse in public. President Laura Chinchilla shared her support by calling the mall's action “unjust.” Along with other supporters, she advocates for women to nurse, and by doing so, she promotes upholding Chile's current law that mandates time for mothers to nurse or pump breast milk (Associated Press 2013).

Diseases and Disorders

Dengue fever and chikungunya are of significant concern, as due in part to climate change, they have each recently spiked, according to Costa Rica's health minister. Dengue cases were recorded in 73 of 81 cantons and chikungunya in 45 (Arias 2016). Cancers and cardiovascular and other noncommunicable diseases are the causes of 83 percent of total deaths (WHO 2016). Alcoholism is an ongoing concern, and rates of tobacco use are increasing.

Sexual and Reproductive Health

Maternal mortality and morbidity rates in Costa Rica are among the lowest in Latin America and comparable to rates found in some industrialized nations (World Bank 2014). Contraceptive use is widespread, and approximately 81 out of 100 partnered heterosexual women of childbearing age use oral contraceptive pills. Females typically have their first sexual experience between the ages of 15 and 20. Their first sexual partner is, on average, 11 years older, and nearly 60 percent report not using contraception during their first sexual intercourse (Social Watch 2014). The rural province of Guanacaste has the highest rate of genital chlamydia trachomatis infection in the country and one of the highest in Latin America, with 14 percent of young women ages 18–25 testing positive. Infection rates

are higher among women who are unmarried, use intrauterine devices, are less educated, and have multiple sexual partners (Porrás et al. 2008).

HIV infection rates remain relatively low in the country, but they are steadily increasing, with gay men and sex workers experiencing the highest known infection rates. Infection rates are believed to be underreported (Sullivan 2006). The continuous ebb and flow of international tourists, particularly those who seek pleasure among traditional sex workers and the growing number of female tourists who form short-term romantic and sexual relationships with locals, is also a factor in the transmission of sexually transmitted diseases (STDs) (Romero-Daza and Freidus 2008). Teen pregnancy rates are also an ongoing concern, and births to teen mothers account for 20 percent of all births. Rates are highest in rural areas, are often associated with sexual abuse and domestic violence, and have raised concerns about illegal abortions (*La Nación* 2013).

Gender-Based Violence

Violence against women continues to be widespread in Costa Rica. In a 2004 survey of ticas, nearly 60 percent of participants indicated they had experienced sexual or physical violence during their adult years, and perpetrators were most often male family members or close acquaintances (Sagot and Cabañas 2010). Despite legislation that prohibits domestic violence and Costa Rica's ratification of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and other international and regional agreements that include provisions regarding violence against women, there is a cultural attitude of acceptance about such matters, and laws are often not enforced. Critics point to gender socialization and the cultural social hierarchy of gender as key factors in the perpetuation of such violence (Sagot and Cabañas 2010).

Violence against women in Costa Rica takes a variety of forms, including domestic violence, sexual abuse, marital rape, sexual harassment, forced prostitution, attacks on migrant women, torture, and femicide (Fabrikant 2003). Gender-based violence also includes attacks on and murders of members of the LGBTIQI community, individuals who are regarded by many as nonconformists or as violating gender norms (Lester 2012).

Human trafficking is also an ongoing concern, and rates are increasing. Costa Rica serves as both an origin point and destination for human trafficking victims. Many victims are also trafficked through Costa Rica on their way to

other countries in the region. Young women and children are most often the victims (the average age of victims is 12 years old), and while some are trafficked for labor or as part of the illegal international adoption trade, most are trafficked into urban areas to work in the country's sex industry (Protection Project 2014).

Employment

Gender Equity in Employment

The World Economic Forum (2013) ranked Costa Rica 29th of 132 countries in overall gender equity, but only 99th in the category of "Economic Opportunity and Participation." Gender-based discrimination is pervasive in the realm of employment, including in hiring, pay, promotion, and treatment of workers (United Nations 2003). Women's employment has steadily increased over the past two decades, and nearly half of all women work for wages, including residents and immigrants, both legal and illegal, and comprise over 40 percent of nonagricultural workers (World Bank 2014). Only one-third of female workers have attended college or technical school, 20 percent attempted but did not complete secondary-level education, and nearly 10 percent attempted but did not complete primary school (Monge-Naranjo 2007).

Regardless of educational attainment, women continue to participate in the labor force at rates lower than males. Nearly one-fifth of working women are considered to be "vulnerable" and to experience unsafe or difficult working conditions, to have informal working agreements, or to be unpaid family workers. Women also face higher rates of unemployment: 10.5 percent compared to the overall unemployment rate of 7.6 percent (World Bank 2014).

Inequality and Disparities in the Workplace

Occupational segregation by gender is widespread. Some regard this as the result of traditional gender norms that discourage women from participating in particular fields (Osborne 2013). Females tend to be concentrated in the service sector, including as domestic help, child care workers, and especially tourism. The female labor force is distributed as follows: 85 percent in service, 11 percent in industry, and 4 percent in agriculture. In addition, women comprise one-third of the total workforce and half of the informal sector workforce (World Bank 2014).

The labor market is further segregated along racial and ethnic lines. Afro-Caribbean women living in the area of

Limón are concentrated in caretaking fields such as nursing and teaching, while their white counterparts work in industries. Wages for teachers and nurses are typically higher than wages for industrial work, but Afro-Caribbean women are more economically vulnerable if social services budgets are reduced (McIlwane 1997). Similarly, Nicaraguan immigrant women—both legal and illegal—are concentrated in the informal sector, including housekeepers, laundresses, cooks, and nannies (Gindling 2008). These jobs carry low status and low wages, may provide only intermittent and inconsistent income, and do not provide opportunities for advancement (Osborne 2013). Indigenous women tend to be concentrated in the informal labor sector (Vinding and Kampbel 2012). Those indigenous women that do engage in formal-sector employment are likely to find themselves overrepresented in the agricultural industry, specifically on fruit plantations, where exposure to pesticides may diminish their respiratory health (Feitan et al. 2009).

The gender wage gap persists and is more pronounced in the private sector than the public (United Nations 2003). When employed in the same fields, men tend to earn more than women, particularly in agricultural work, finance, health care, education, social work, and the hospitality industry (Tijdens and Van Klaveren 2012). Although the wage gap appears largest for those who face barriers in the attainment of skills, education, and training, it persists even when employees have comparable traits in these areas (Monge and Gonzalez 2005). In labor fields with the highest level of gender disparity, white males disproportionately occupy supervisory positions (Council on Hemispheric Affairs 2013).

Legislation such as the Law for Promotion of Women's Social Equality and the Law against Sexual Harassment in Employment and Teaching promote gender equality in the workplace. Yet, they are not always enforced. In addition, aspects of labor laws may disadvantage female employees. Article 88 of the Law for Promotion of Women's Social Equality restricts women in most fields from late-night work. This effectively bans women from higher-paying shifts or in jobs such as call centers (World Bank 2014).

Recent Changes in the Costa Rican Economy and Labor Market

During the past three decades, the transition from an economy based primarily on agricultural exports to an

economy of service and industry has led to economic growth and the expansion of the middle class. The country's economy was primarily based on agricultural production and the export of coffee, banana, pineapples, sugar palm oil, cocoa, and beef during the 20th century. In the three decades from 1950 to 1980, there was sustained and healthy economic growth.

This economic growth came to an abrupt halt with the economic crisis of the 1980s. The crisis was the result of a combination of factors. These factors included a monoculture economy of dependent capitalist production that relied primarily on agricultural exports. Other factors were increasing reliance on technology, increasing expansion of the middle class, the growth of consumption and importation, the lingering ripple effects of the international economic crisis of the 1970s and the resulting Structural Adjustment Programs (SAPs) promoted by the World Bank and the International Monetary Fund (IMF), the influence of foreign multinational corporations, and Costa Rica's "chronic and growing deficit" (Mas 2004, 217). Consequently, the economy plummeted. The colón, Costa Rica's currency, was devalued. GDP dropped by more than 50 percent, salaries decreased an average of 40 percent, and one-tenth of adults were unemployed. Inflation soared to over 80 percent, and national debt increased threefold, making it nearly equivalent to the country's GDP (Seligson and Muller 1987).

At present, the majority of workers are employed in the service industry, particularly in jobs related to the thriving ecotourism industry, which is the country's primary employment sector and income generator. Agriculture remains a significant employment sector, although this has decreased as the service sector has continued to expand. There is also an expanding industrial sector that includes electronics components, textiles and apparel, medical devices (such as heart valves), plastics, chemicals, and wood-related manufacturing (such as furniture or the processing of wood for construction purposes). The creation of a commercial corridor near the capital of San Jose has supported continued growth in this area. Call centers and other telephone-related service jobs are currently on the rise. Similarly, employment related to medical tourism continues to increase as more and more individuals from North America travel to Costa Rica to undergo procedures at a fraction of the cost, especially dental procedures (Warf 2010) and cosmetic surgery (Ackerman 2010). While most labor takes place in the formal sectors identified above, there is also an extensive informal labor market.

Labor Laws and Employee Rights

Costa Rica's Código de Trabajo (Labor Code) includes numerous provisions intended to protect workers and promote their well-being. These include a minimum-wage scale that is updated biannually, may be established as a minimum per day or per month, and varies in amount depending on the job classification (Ministerio de Trabajo y Seguridad Social 2014). Employees are also guaranteed the right to paid vacation and paid holidays as well as sick leave. The maximum length of workday is also legislated, and employers are required to provide coverage for employees in the event of injury or job-related disability. In May 2014, the Social Security System board of directors voted unanimously to extend all social benefits to same-sex couples employed in the public sector, including employment-related benefits such as health insurance and pensions (Pomareda 2014).

Maternity leave includes a total of 120 days of paid leave, with the employer and the Social Security Administration each paying half of the employees' salary during this time. Maternity leave typically begins 30 days prior to the birth. It continues for an additional 90 days postpartum, a period that coincides with cultural beliefs about the importance of breastfeeding and the minimum length of time an infant should be breastfed following birth. Paid maternity leave can be extended for health reasons and with proper documentation from a health care provider. Fathers employed in the public sector are entitled to 8 days of paid paternity leave. Women who continue to breastfeed after returning to work are permitted breaks to breastfeed their child or to express breast milk. These breaks are, at minimum, 15 minutes for every 3 hours of work or two 30-minute breaks for a full workday. Labor unions are legal and widespread.

Despite these provisions, the attempts at union busting that began during the economic recession of the 1980s have continued into the 21st century (Banana Link 2003). In addition, labor code violations are common (ILWU 2010). Child labor is also a concern, particularly in the areas of domestic and agricultural labor. Child labor includes both voluntary and forced labor from native-born children as well as those who enter the country as migrants or as victims of human trafficking (U.S. Department of Labor 2012).

Family Life

Family life is a central feature of Costa Rican society. Children are regarded as treasures or blessings, and there is

no strong son preference. Newborns are given two last names, one from each of their parents, in the tradition of bilateral descent. Family gatherings are common, including for celebrations, holidays, and family dinners and typically include extended families. Adults who do not have children may be pitied. Likewise, individuals who are not close with their families are often regarded as peculiar.

Changing Family Dynamics and Household Composition

Traditional family life included distinct gender roles, something that was heavily influenced by the Catholicism found throughout the country and presence of attitudes of machismo and patriarchy. The father was the breadwinner and head of the household, while the mother was chiefly responsible for domestic duties such as cleaning, cooking, and childrearing. Women of the middle and upper classes typically hired lower-income women to do their household labor, a practice that is still common. Yet, the dynamics of the family are rapidly changing in Costa Rica, both in regard to family composition and gender roles. Marriage and fertility rates are declining. Rates of divorce and separation, the number of female-headed households, the number of single mothers, and the number of people living alone have all increased (INEC 2011).

In addition, as Costa Rica has been increasingly drawn into the global economy and as the tourism and industrial sectors have expanded, employment opportunities for women have also expanded. More women are working for wages and contributing a greater share to the household economy and national economy than previous generations (Monge-Naranjo 2007). While women and youth tend to support women's increasing economic role, older adult males are more likely to associate these changes with "family breakdown" and express concern over changing gender dynamics (Chant 2002). Among young men, changing gender dynamics may demand that they negotiate their own gender identity and sense of masculinity in ways that may be uncomfortable or unfamiliar (Chant 2001, 204–207; Mannon and Kemp 2010).

Similarly, changing gender norms may leave young women feeling caught between traditional and contemporary gender ideologies. For example, despite their increasing economic and decision-making roles within the family, women are still expected to be altruistic and self-sacrificing (Brickell and Chant 2010). Additionally, older women express concern about what they perceive to

be younger, professional women's diminished skills in the areas of housekeeping and especially the preparation of traditional foods such as *gallo pinto*, a rice-and-bean dish (Preston-Werner 2008).

Female-Headed Households and Single Mothers

Since the late 1990s, there has been a steady increase in female-headed households. This coincides with increasing rates of cohabitation and declining rates of marriage (Esteve et al. 2012). It also coincides with increasing rates of births to unmarried women, which account for approximately one-half of all births (Palmer and Molina 2004, 361). Female-headed households comprise 27 percent of all households, 33.5 percent of all poor households, and 43.5 percent of households in extreme poverty (Chant 2009). Single mothers and their children experience poverty more than any other type of household (Gindling and Oviedo 2008). Social ostracism, low self-worth, and physical or sexual abuse from former partners and extended family members are common among single mothers (Budowski 2005, 18-19).

The 1998 Law for Women in Conditions of Poverty provides job training and personal development courses for single mothers. The Act on Services for Women Living in Poverty of 1998 established programs for poor women and an economic stipend for participants. Various child care programs have been created to assist single mothers. However, demand for such services far exceeds availability (Gindling and Oviedo 2008). The 2001 Law for Responsible Paternity requires mandatory DNA testing in cases where paternity is not voluntarily acknowledged. It also requires the father to grant the use of his surname and to pay pregnancy-related medical costs and food expenses for the child's first year of life (Barash 2012). However, mothers pursue DNA testing in only about one-third of cases (Budowski and Bixby 2003).

Politics

Costa Rica is a constitutional democracy with three branches of government that operate via a system of checks and balances. Universal suffrage was established in 1949, and voting is mandatory for all citizens aged 18 and older, although only about 75 percent of eligible voters participate (International IDEA 2014). Citizens are generally well-informed about political matters. The political climate of the country has long been dominated

by discourses of democracy and human rights as well as an eye toward ongoing economic and social development. Internationally, the country has peaceful political relationships, including with its Central American neighbors with whom it has advanced an agenda of diplomacy. Recent examples include President Luis Alberto Monge's proclamation in 1983 affirming Costa Rica's status as neutral, despite pressure to become involved in the war in Nicaragua, as well as President Oscar Arias Sánchez's efforts to promote democracy among Central American nations, efforts that earned him the Nobel Peace Prize in 1987. In the 21st century, Costa Rica also developed a strong relationship with China.

Promoting Women's Equality

Costa Rica ranks 21st out of 136 countries in regard to women's political empowerment (World Economic Forum 2013). The 1949 constitution affords equal voting rights and political representation and prohibits discrimination in any form. In recent decades, laws have promoted gender equality in the areas of parental authority, marriage and divorce, bank loans and financial services, ownership of land and property, and protection from domestic violence, rape, and sexual assault. In addition, a variety of entities have been created to promote women's equality and the status of women in Costa Rica. These include the National Center for the Rights of Women and the Family and the National Women's Institute. Costa Rica also ratified the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1986.

In response to concerns about the scarcity of women in politics, a quota system for candidates was enacted in 1988. It requires that women are 50 percent of candidates for political office and that female and male candidates be listed in alternating order on ballots. Women currently hold one-third of seats in the national legislature, and several serve in cabinet posts (Quota Project 2014). From 2010 to 2014, Laura Chinchilla Miranda served as the first female president of Costa Rica. Despite these achievements, female politicians continue to experience marginalization and to be relegated to the realm of women's issues (Schwindt-Bayer 2006). The women's movement in Costa Rica has been active and vocal, taking on a variety of public and personal issues. In the 1990s, various components of the women's movement sought to promote gender equality through a "revisioning" of Costa

Rican history to incorporate women, combating violence against women, promoting women in the arts and education, advocating for legal equality, and expanding women's leadership in politics, business, and finance (Leitinger 1997, 5–12).

Religious and Cultural Roles

The influence of Roman Catholicism is felt throughout Costa Rica, although it would be an overstatement to suggest that religion dominates life. Churches are found in the center of most communities, and many cities are named after saints. It is common to attend weekly religious services or to attend church for religious celebrations such as Christmas, Good Friday, and Easter, but only a small portion—typically older generations, especially women—attend services or visit a church to pray on a daily basis. Thus, while religion does have a presence in Costa Rica, it does not dictate gender roles.

As a historically male-dominated society, Costa Rica still exhibits aspects of machismo that are common in other Latin American cultures, and the notion of females and males as fundamentally different from one another remains strong. Sexual harassment is common, both in employment and in public places, such as on the street, in parks, and on public transportation. Females employed in business, finance, and other sectors traditionally dominated by men can expect to encounter sexual harassment and may find their ideas dismissed or treated as inferior simply because they are female. In addition, female bosses may face challenges to their authority from male subordinates.

These behaviors stem, in part, from the lingering belief that women's appropriate roles are as wife and mother, and males should be breadwinners and the heads of the family. Yet, cultural gender roles are in flux, particularly as more young women continue to pursue higher education and enter the professional workforce. In addition, changing family composition due to increasing divorce rates and increasing incidence of births to single mothers has challenged traditional gender roles. Some regard this as beneficial and a positive move away from the restrictions placed on males and females of earlier generations. Yet, there is much concern over how such changes may contribute to a cultural crisis, particularly by emasculating men and causing women to abandon traditional family values (Mannon and Kemp 2010, Preston-Werner 2008).

Issues

Social Exclusion and Marginalization

Social exclusion and marginalization persist for many groups in Costa Rica, including indigenous communities, individuals of Afro-Caribbean descent, and immigrant populations. There are eight indigenous groups in Costa Rica, including the Maleku, Bribri, Chorotega, Huetare, Cabecare, Terraba (or Teribe), Boruca (or Brunca), and Guaymí tribes. Persecuted, raped, and murdered by colonizers and missionaries, these tribal communities managed to survive, albeit in dramatically reduced numbers and with significant loss of ancestral lands. Most now live on reserves scattered throughout the country. Although protected under Costa Rica's *Ley Indígena* (Indigenous Law) of 1977, they face ongoing threats to their sovereignty and land rights (Duquaine-Watson 2013; Forest Peoples Program 2013). Indigenous females experience higher rates of poverty, food insecurity, and illiteracy; have poorer health; and are less likely to complete primary education in comparison to nonindigenous women and indigenous males (Herforth 2007; Vinding and Kampbel 2012). Afro-Caribbean populations, especially from Jamaica, arrived in Costa Rica in the late 19th century and were welcomed as a source of cheap labor. Some have criticized the mainstream women's movement for failing to include the voices of Afro-Caribbean women and failing to attend to the ways in which their experiences are shaped at the intersection of sexism, racism, and classism (Foote 2004). In addition, Afro-Caribbean women continue to face stereotypes of hypersexuality and presumptions of biological differences that are a legacy of earlier centuries (Putnam 2002, 16).

In recent decades, many citizens of other Central American nations have immigrated to Costa Rica. Some arrived as refugees during periods of civil war, while others migrated with the hope of finding better job opportunities. Whereas immigrants from the United States and Europe continue to be welcomed and to be associated with wealth and economic opportunities, those from Nicaragua, Guatemala, and El Salvador are likely to experience disdain, hatred, and even violence (IDRC 2013; Mayer 2010). Immigrant women often find themselves relegated to the realm of domestic labor and are subject to long hours, low pay, and physical or sexual assault. They also struggle to resist assimilation and to raise their children with their own cultural values and identity (Quizar 1998, xvi).

Maleku Women

The Maleku indigenous group includes approximately 700 individuals who live primarily on the Guatuso Indigenous Reserve in northern Costa Rica. The Maleku were quite successful in resisting conquest and colonization (Castillo Vásquez 2005). At present, they continue to rely on hunting, fishing, and subsistence agriculture. They maintain their own language, belief system, and traditions. However, like other indigenous groups in Costa Rica, the Maleku are being increasingly drawn into the country's commercial economy due to persistent, pervasive poverty as well as continuing assaults on their rights (Duquaine-Watson 2013).

Traditionally, women were responsible for gathering activities, household tasks, and child-rearing while men hunted. However, these roles were regarded as complementary. Large families were common until the 1970s, although now it is more common for Maleku families to have two or three children. At present, women continue to perform the majority of household labor and child-rearing, but they also work alongside men in agriculture, animal husbandry, the construction of homes and community structures, the creation of cultural artifacts such as masks and drums for sale, and the operation of souvenir shops. It is increasingly common for young adult women to work for wages, especially in jobs within Costa Rica's tourism industry.

The community has its own tribal council, and approximately half of council members are women. Female children are given the same educational opportunities as males and are encouraged to participate in extracurricular programs, such as athletics, arts, and personal development. In 2014, there was considerable pride among community members when a young Maleku woman was selected to represent Costa Rica at the Football for Hope Festival. This event was held in Caju, Rio de Janeiro, Brazil, in conjunction with the FIFA World Cup. Participants were chosen because of their leadership skills, contributions to their communities, and athletic ability.

—Jillian M. Duquaine-Watson

Conclusion

Despite Costa Rica's diminutive size and its classification as a developing nation, the lives of women in the country are positively impacted by many factors. These factors include the country's dedication to providing social services—such as health care and education—for its citizenry as well as its steadily expanding economy. Overall, women in Costa Rica fare well in educational access and completion rates as well as political representation and participation. The discourse of women's rights in the country has expanded in recent decades, and this has promoted increased attention to gender equality, something that is reflected in federal legislation that prohibits gender discrimination. Quite simply, gender equality seems to be one component of broader discourses of democracy and human rights that are central to contemporary tico society.

Yet, there remains a gap between the promise of gender equality and the reality of women's lives in the country. Put another way, the ideology that supports gender equality does not necessarily translate into practice. This is reflected, for example, in gender disparities in employment and the ongoing and widespread problem of gender-based violence. Furthermore, it is clear that the needs

and experiences of women from socially marginalized groups—especially indigenous, immigrant, Afro-Caribbean, and low-income populations—have yet to be mainstreamed in the national gender agenda. As the country continues to promote economic development, industrialization, and foreign trade in the 21st century, it will be interesting to note the role that gender is afforded in its political and economic plans. Such plans have the potential to advance gender equality. Conversely, they could also reinforce and even exacerbate current issues facing women and girls throughout Costa Rica.

JILLIAN M. DUQUAINE-WATSON

Further Resources

- Abelove, Samantha. 2015. "Coming Out of the Margins: LGBTI Activists in Costa Rica and Nicaragua." Scripps Senior Theses, Paper 524. Retrieved from http://scholarship.claremont.edu/scripps_theses/524.
- Ackerman, Sara L. 2010. "Plastic Paradise: Transforming Bodies and Selves in Costa Rica's Cosmetic Surgery Tourism Industry." *Medical Anthropology: Cross Cultural Studies in Health and Illness* 29.4: 403–423.
- Aguilera, Sofia Guerrero. 2013. *Costa Rica's Secondary Education Futures*. Retrieved from http://pardee.du.edu/sites/default/files/Guerrero%2520Sofia_CostaRicaSecEdu.pdf.

- Arias, L. 2016. Mosquito-Borne Viruses: Dengue, Chikungunya Cases in Costa Rica up by over 600 Percent." *Tico Times*, February 22. Retrieved from <http://www.ticotimes.net/2016/02/22/dengue-chikungunya-cases-costa-rica-600-percent>.
- Associated Press. 2013. "Mothers Stage Breastfeed Protest at Costa Rica Mall." *USA Today*, January 12. Retrieved from <http://www.usatoday.com/story/news/world/2013/01/12/breastfeed-protest-costa-rica/1829609>.
- Banana Link. 2003. "Solidarismo, or Union-Busting, Costa Rica-Style." Retrieved from http://www.bananalink.org.uk/sites/default/files/documents/Costa%20Rica/solidarismo_leaflet_final_english.pdf.
- Barash, David. 2012. "Take Responsibility of Fatherhood . . . or Else." *Chronicle of Higher Education*. Retrieved from <http://chronicle.com/blogs/brainstorm/positive-paternity-policy-could-liberals-and-conservatives-agree/43823>.
- Biesanz, Mavis Hiltunen, Richard Biesanz, and Karen Zubris Biesanz. 1999. *The Ticos: Culture and Social Change in Costa Rica*. Boulder, CO: Lynne Rienner Publishers.
- Brickell, Katherine, and Sylvia Chant. 2010. "The Unbearable Heaviness of Being: Reflections on Female Altruism in Cambodia, Philippines, the Gambia, and Costa Rica." *Progress in Development Studies* 10.2: 145–159.
- Budowski, Monica. 2005. *Dignity and Daily Practice: The Case of Lone Mothers in Costa Rica*. New Brunswick, NJ: Transaction Publishers.
- Budowski, Monica, and Luis Rosero Bixby. 2003. "Fatherless Costa Rica: Child Acknowledgment and Support among Lone Mothers." *Journal of Comparative Family Studies* 34.2: 229–254.
- Chant, Sylvia. 2001. "Men in Crisis?: Reflections on Masculinities, Work, and Family in North-West Costa Rica." In *Men at Work: Labour, Masculinities, Development*, edited by Cecile Jackson, 199–218. New York: Routledge.
- Chant, Sylvia. 2002. "Families on the Verge of Breakdown?: View on Contemporary Trends in Family Life in Guanacaste, Costa Rica." *Journal of Developing Societies* 18: 109–148.
- Chant, Sylvia. 2009. "The 'Feminisation of Poverty' in Costa Rica: To What Extent a Conundrum?" *Bulletin of Latin American Research* 28.1: 19–43.
- CIA (Central Intelligence Agency). "Costa Rica." 2016. *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/cs.html>.
- Council on Hemispheric Affairs. 2013. "Overcoming Entrenched Perceptions: Women and Leadership in Costa Rica." Retrieved from <http://www.coha.org/overcoming-entrenched-perceptions-women-and-leadership-in-costa-rica>.
- Davis, L. 2008. "La Evolución de la Educación Superior." *Estado de la Nación*. Retrieved from www.estadonacion.or.cr/files/biblioteca_virtual/educacion/004/9-Cap-4.pdf.
- Duquaine-Watson, Jillian M. 2013. "A Struggle Ignored, Rights Denied." *Tico Times*, January 10: B1.
- The Economist*. 2012. "Democracy Index 2012: Democracy at a Standstill." Retrieved from <http://pages.eiu.com/rs/eiu2/images/Democracy-Index-2012.pdf>.
- Esteve, Albert, Joan García-Roman, and Ron Lesthaeghe. 2012. "The Family Context of Cohabitation and Single Motherhood in Latin America." *Population and Development Review* 38.4: 707–727.
- Evans, Sterling. 1999. *The Green Republic: A Conservation History of Costa Rica*. Austin: University of Texas Press.
- Fabrikant, Heather. 2003. *Violence against Women in Costa Rica*. Geneva, Switzerland: World Organization against Torture.
- Feitan, Karin B., Hans Kromhout, Dick Heederick, and Berna van Wendel de Joode. 2009. "Pesticide Exposure and Respiratory Health of Indigenous Women in Costa Rica." *American Journal of Epidemiology* 169: 1500–1506.
- Footo, Nicola. 2004. "Rethinking Race, Gender, and Citizenship: Black West Indian Women in Costa Rica." *Bulletin for Latin American Research* 23.2: 198–212.
- Gindling, T. H. 2008. "South-South Migration: The Impact of Nicaraguan Immigrants on Earnings, Inequality, and Poverty in Costa Rica." IZA Discussion Papers, No. 3279. Institute for the Study of Labor.
- Gindling, T. H., and Luis Oviedo. 2008. "Female-Headed Single-Parent Households and Poverty in Costa Rica." *CEPAL Review* 94: 117–128.
- Herforth, Anna. 2007. "Case Study #3–2: Food Security, Nutrition, and Health in Costa Rica's Indigenous Populations." Retrieved from <http://cip.cornell.edu/dns.gfs/1200428153>.
- IDRC. 2013. "Policy Brief No. 6: Claiming Migrants' Rights in Costa Rica through Constitutional Law." Retrieved from http://www.iss.nl/fileadmin/ASSETS/iss/Documents/Research_and_projects/IDRC-MGSJ/PB-06_COSTA_RICA-with_credits.pdf.
- ILWU. 2010. "Concerning the Failure of the Government of Costa Rica to Effectively Enforce Its Labor Laws under the ILO Declaration on Fundamental Principles and Rights at Work." Retrieved from <http://www.longshoreshippingnews.com/wp-content/uploads/2010/07/07-20-10-ILWU-SINTRAJAP-ANEP-DR-CAFTA-Complaint-to-OTLA-Concerning-the-Government-of-Costa-Ricas-Failure-to-Follow-its-Labor-Laws-Under-the-ILO.pdf>.
- INEC. 2011. "Según Resultados General de Población y Vivienda del Censo 2011." Retrieved from <http://www.inec.go.cr/Web/Home/GeneradorPagina.aspx>.
- International IDEA. 2014. "Voter Turnout Data for Costa Rica." Retrieved from <http://www.idea.int/vt/countryview.cfm?id=54>.
- La Nación*. 2013. "Niñas que Son Madres." Retrieved from http://www.nacion.com/opinion/editorial/Ninas-madres_0_1380661927.html.
- Leitinger, Else Abshagen, ed. 1997. *The Costa Rican Women's Movement*. Pittsburgh: University of Pittsburgh Press.
- Lester, Toni. 2012. "Machismo at the Crossroads: Recent Developments in Costa Rican Gay Rights Law." *Michigan State International Law Journal* 20.2: 421–439.
- Living National Treasures. 2014. "Costa Rica." Retrieved from <http://lntreasures.com/cr.html>.
- Mainiero, Alexandra Devin. 2010. "Adolescent Pregnancy Prevention in San Jose, Costa Rica: Assessment of an Educational Intervention." Master's thesis, University of Connecticut.

- Malik, Khalid. 2013. *Human Development Report 2013: The Rise of the Global South—Human Progress in a Diverse World*. New York: UN Development Programme (UNDP).
- Mannon, Susan E., and Eagan Kemp. 2010. "Pampered Sons, (Wo)manly Men, or Do-Nothing Machos?: Costa Rican Men Coming of Age under Neoliberalism." *Bulletin of Latin American Research* 29.4: 477–491.
- Mas, Jorge Rovira. 2004. "The Crisis: 1980–1982." In *The Costa Rica Reader: History, Culture, Politicism*, edited by Steven Palmer and Iván Molina, 212–218. Durham, NC: Duke University Press.
- Mayer, Samantha. 2010. "Nicaragua and Costa Rica." *Costa Rican News*. Retrieved from <http://thecostaricanews.com/3751/3751>.
- McIlwane, Cathy. 1997. "Vulnerable or Poor?: A Study of Ethnic and Gender Disadvantage among Afro-Caribbeans in Limon, Costa Rica." *European Journal of Development Research* 9.2: 35–61.
- Ministerio de Trabajo y Seguridad Social. 2014. *Salarios Mínimos: Primer Semestre 2014*. San Jose: Ministerio de Trabajo y Seguridad Social. Retrieved from http://www.costaricalaw.com/laborLaw/minimumwage_costarica_2014_1.pdf.
- Monge, Guillermo and Gladys González. 2005. *Igualdad de Género, Pobreza, Políticas de Conciliación entre los Ambitos Productivo y Reproductivo y Presupuestos Públicos: En Estudio de Caso sobre Costa Rica*. Fondo de Población de las Naciones Unidas, Proyecto Regional "Política Fiscal con Enfoque de Género" de GTZ. San José: PROCESOS.
- Monge-Naranjo, Alexander. 2007. "Costa Rica: Moving Up the High Road to Development?" Retrieved from <http://www.econ.psu.edu/~aum26/MongeCostaRicaILO.pdf>.
- Navarro, Maureen. 2014. "Questioning the Costa Rican Educational System." Retrieved from https://www.academia.edu/4182720/Questioning_the_Costa_Rican_Education_system.
- Ocampo, José Antonio. 2003. *Panorama Social de América Latina 2002–2003*. Santiago, Chile: United Nations CEPAL.
- Osborne, Amy. 2013. "Costa Rica and the 'Electric Fence' Mentality: Stunting Women's Socio-Economic Participation in the 21st Century." *Journal of International Women's Studies* 14.3, 259–274.
- Palmer, Steven, and Iván Molina. 2004. "Costa Rica: A Millennial Profile." In *The Costa Rica Reader: History, Culture, Politics*, edited by Steven Palmer and Ivan Molina, 361–364. Durham, NC: Duke University Press.
- Parliamentary Confederation of the Americas. 2009. "Preliminary Report on School Dropout in the Americas." Presentation to the Committee on Education, Culture, Science, and Technology at the 9th General Assembly, Salta, Argentina, September 17. Retrieved from http://www.copa.qc.ca/eng/committees/Education-Culture/documents/CTP-EDUC-Rapportabandonscolaire-a_000.pdf.
- Pomareda, Fabiola. 2014. "In Landmark Vote, Costa Rican Social Security System Guarantees Same-Sex Couples Same Rights as Other Couples." *Tico Times*, May 23. Retrieved from <http://www.ticotimes.net/2014/05/23/in-landmark-vote-costa-rica-social-security-system-to-guarantee-same-sex-couples-same-rights-as-other-couples>.
- Porras, Carolina, et al. 2008. "Epidemiology of Genital Chlamydia Trachomatis Infection among Young Women in Costa Rica." *Sexually Transmitted Diseases* 35.5: 461–468.
- Preston-Werner, Theresa. 2008. "In the Kitchen: Negotiating Changing Family Roles in Costa Rica." *Journal of Folklore Research* 45.3: 329–359.
- Programa Estado de la Nación. 2014. "Cuatro Informe Estado de la Educación, 2013." San Jose: Programa Estado de la Nación. Retrieved from <http://www.estadonacion.or.cr/estado-educacion/educacion-informe-ultimo>.
- Protection Project. 2014. *Costa Rica*. Retrieved from <http://www.protectionproject.org/wp-content/uploads/2010/09/Costa-Rica.pdf>.
- Putnam, Lara. 2002. *The Company They Kept: Migrants and the Politics of Gender in Caribbean Costa Rica, 1870–1960*. Chapel Hill: University of North Carolina Press.
- Quizar, Robin Ormes. 1998. *My Turn to Weep: Salvadoran Refugee Women in Costa Rica*. Westport, CT: Bergin & Garvey.
- Quota Project. 2014. "Costa Rica." Retrieved from <http://www.quotaproject.org/uid/countryview.cfm?CountryCode=CR>.
- Romero-Daza, Nancy, and Andrea Freidus. 2008. Female Tourists, Casual Sex, and HIV Risk in Costa Rica." *Qualitative Sociology* 31: 169–187.
- Sagot, Montserrat, and Ana Carcedo Cabañas. 2010. "When Violence against Women Kills: Femicide in Costa Rica." In *Terrorizing Women, Femicide in the Américas*, edited by Rosa-Linda Fregoso and Cynthia Bejarano, 138–156. Durham, NC: Duke University Press.
- Schwindt-Bayer, Leslie A. 2006. "Still Supermadres?: Gender and the Policy Priorities of Latin American Legislators." *American Journal of Political Science* 50.3: 570–585.
- Seligson, Mitchell A., and Edward N. Muller. 1987. "Democratic Stability and Economic Crisis: Costa Rica, 1978–1983." *International Studies Quarterly* 31.3: 301–326.
- Social Watch. 2014. *Costa Rica: Health for All, a Difficult Target to Attain*. Retrieved from http://www.socialwatch.org/sites/default/files/costaRica2010_eng.pdf.
- Stocker, Karen. 2005. *I Won't Stay Indian, I'll Keep Studying: Race, Place, and Discrimination in a Costa Rican High School*. Denver: University of Colorado Press.
- Sullivan, Mark P. 2006. *CRS Report: HIV/AIDS in Central America and the Caribbean*. CRS Report for Congress, presented on June 20. Retrieved from <http://observatoriovihycarceles.org/es/caribe.raw?task=download&fid=197>.
- Tijdens, K.G., and M. Van Klaveren. 2012. *Frozen in Time: Gender Pay Gap Unchanged for 10 years*. Brussels, Belgium: International Trade Union Confederation.
- UNDP (UN Development Programme). 2013. "Costa Rica." *Human Development Report 2013: The Rise of the South—Human Progress in a Diverse World*. Retrieved from <http://hdr.undp.org/sites/default/files/Country-Profiles/CRI.pdf>.
- UNICEF. 2013. "At a Glance: Costa Rica—Statistics." *UNICEF*. Retrieved from http://www.unicef.org/infobycountry/costa_rica_statistics.html.

- UNICEF. 2014. "At a Glance: Costa Rica—Statistics." *State of the World's Children 2013*. Retrieved from http://www.unicef.org/infobycountry/costarica_statistics.html.
- UNICEF. 2015. "Costa Rica." *UNICEF Annual Report 2015*. Retrieved from http://www.unicef.org/about/annualreport/files/Costa_Rica_2015_COAR.pdf.
- United Nations. 2003. *Fourth Periodic Reports of States Parties: Costa Rica* (CEDAW/C/CRI/4). New York: UN Division for the Advancement of Women.
- UN Population Fund. 2012. "Costa Rica: Country Implementation Profile." *International Conference on Population and Development: Beyond 2014*. Retrieved from http://www.unfpa.org/ICPD_CR.
- U.S. Department of Labor. 2012. "Costa Rica." *Findings on the Worst Forms of Child Labor*. Washington, D.C.: Bureau of International Labor Affairs.
- Vinding, Diana, and Ellen-Rose Kampbel. 2012. *Working Paper No. 1: Indigenous Women Workers*. Geneva, Switzerland: International Labour Office, 2012.
- Warf, Barney. 2010. "Do You Know the Way to San Jose?: Medical Tourism in Costa Rica." *Journal of Latin American Geography* 9.1: 51–66.
- World Bank. 2014. "World Bank Open Data." Retrieved from <http://data.worldbank.org>.
- World Economic Forum. 2013. *The Global Gender Gap Report 2013*. Geneva, Switzerland: World Economic Forum.

CUBA

Overview of Country

Cuba is located in the Caribbean Sea, between Mexico's Yucatan Peninsula approximately 100 miles to the west and the island of Hispaniola (shared between Haiti and the Dominican Republic) 45 miles to the east. The island is approximately 93 miles south of Key West, Florida, and has a geographical area of 42,903 square miles (CIA 2014). Cuba's rich history extends back to around 8000 BCE, with the first of several groups of migrants from the mainland settling on the western side of the island. The indigenous tribes on the island, the Taíno-Arawaks, survived the arrival of the Spaniards and still inhabit remote areas of the Cuban countryside. Since the arrival of the Spanish in 1492, however, population demographics have shifted drastically due to Spanish immigration, indigenous genocide, and large-scale use of African slave labor on sugar and tobacco plantations.

The Spaniards brought with them a fervent Catholicism and a traditional Western European sociopolitical

hierarchy, within which women of all social classes were considered property, although some held more value than others, meaning that upper-class women of European heritage were not literally bought and sold like their African counterparts.

After the Spanish-American War (1898) and with help from the United States, Cubans won their independence from Spain in 1902. Between independence and 1959, Cuba was governed by authoritarian dictators, the last of which was Fulgencio Batista y Zaldívar (1901–1973). Batista was a strong supporter of economic investors from the United States, and they returned the favor by supporting his run for power. Batista was forcibly removed from power on January 1, 1959, in a guerilla revolution led by Fidel Castro Ruz (1926–2016).

Upon gaining power, Castro, along with the various incarnations of what would eventually become the Communist Party of Cuba (*Partido comunista de Cuba*, PCC), enacted radical sociopolitical changes on the island, including securing funding by the Soviet Union for the new Cuban government. Another drastic change was to expel all capitalist enterprises from the island, many of which were highly lucrative for U.S. citizens. The negative economic consequences for these U.S.-based corporations, combined with rising U.S.-Soviet tensions, led to the U.S. strict trade embargo in 1961. Despite Castro's opposition to imperialism, including the Soviets, the economic hardship that would have befallen the island was narrowly avoided because of Soviet support of the Cuban Revolution (Taaffe 2005). The Soviet Union continued its economic and political influence until the fall of the Berlin Wall and the collapse of the USSR in 1991, when Cuba was effectively cut off from Soviet support.

At this point, Cuba entered what is known as the "Special Period in Peacetime." This *período especial*, which spanned most of the 1990s and has many lingering effects today, marked the downturn of Cuban politics and was characterized by severe economic hardship and food shortages. In the new millennium, Cuba has, to a small degree, pulled out of this economic slump, but not without significant change. In 2006, concerns for Castro's health called for his younger brother, Raúl (1931–), to take power. Raúl had previously served as minister of the Revolutionary Armed Forces. This change in leadership, combined with Raúl's decision to step down in 2018, has signaled what many predict to be the end of Cuban socialism. Cuba is also undergoing changes due to President Barack Obama's (1961–) decision in 2014 to normalize U.S.-Cuban

relations through policy changes and President Donald Trump's (1946–) efforts to subsequently eclipse this policy change.

Cuba's population of 11,271,000 is composed of three primary ethnic categories. As of 2012, 64 percent of Cubans identify as white, 27 percent are mestizo (of mixed ancestry), and 9 percent identify as black (CIA 2014). Due to the common misconception that indigenous populations have been all but eliminated, they are continuously not calculated as an ethnic group. However, surviving indigenous communities living primarily on the eastern half of the island have since become more visible and active in challenging this notion. Enslaved Africans were brought to Cuba primarily from West Africa, although the active trade across the African continent resulted in multiple points of origin and therefore brought various cultural and religious influences.

Despite limited access to technology, the Cuban health care system is one of the best in the world, and life expectancy at birth is 76 years for men and 81 years for women (World Bank 2012). The infant mortality rate, which measures how many children die per 1,000 born, is lower than that of both the United States and Canada. Education is compulsory until age 16, and 99.8 percent of both men and women are literate. Seventy five percent of Cubans live in cities, the largest of which is the capital, La Habana (Havana), with 2.1 million inhabitants (CIA 2014).

Prior to the revolution in 1959, 85 percent of Cubans identified as nominally Catholic, although the practice of Catholicism was, and still is, syncretic, or heavily influenced by African and indigenous practices, the most notable of which is Santería (U.S. Department of State 2011). When the Castro regime took control of the government, practicing organized religion was widely discouraged, although the government has since relaxed this stance. According to Article 8 of the 1976 Constitution, "The State recognizes, respects, and guarantees religious freedom." Despite this legal protection, religious discrimination still occurs.

Overview of Women's Lives

Because of the socialist revolution, women have become essential participants in the labor force and political structure, although there is still more progress to be made for women to achieve economic and political parity. The Federation of Cuban Women (FMC) spearheaded a literacy campaign shortly after the revolution that increased the

literacy rate in rural parts of the country from 41.7 percent to nearly 98 percent in just two years (Center for Democracy in the Americas 2013, 16). In Cuba, education and health care are considered "helping professions," and, as a result, they are frequently dominated by women (American Association of University Women 2011). While there are still inequalities that must be addressed, women in Cuba have made significant progress in their struggle for equity.

Cuba's island location means that its indigenous history is similar to that of surrounding islands, namely, Hispaniola (shared between the nations of Dominican Republic and Haiti) and Puerto Rico, a commonwealth of the United States. The primary indigenous group that has populated these islands since before the arrival of the Spanish in 1492, the Taíno, is matrilineal, with family lines traced through women. Additionally, Taíno women share an equal social standing to men and are often tribal leaders.

Girls and Teens

One of the primary goals of the 1959 revolution was to promote gender equality. To that end, Cuban women are consistently encouraged from a young age to actively participate in the workforce as well as the government. Unfortunately, residual sexism means that this encouragement is paired with double standards and expectations that women will also maintain the household. Young girls are, according to statistics released to international organizations by the Cuban government, educated at an equal rate and level of quality as their male counterparts (World Bank 2012). They have numerous strong female role models within the government, and their health and well-being are said to be central national priorities. While their lives are not free of challenges, a majority of Cuban girls face fewer systemic obstacles than they might in other Latin American or Caribbean countries.

The Cuban education system has been hailed as one of the best in the Americas, but it is not without shortcomings. The government spends 12.8 percent of its gross domestic product (GDP) on education each year, second only to Lesotho (CIA 2014). All children are able and required to attend school through ninth grade, although some say that the curriculum is heavily indoctrinated with nationalistic propaganda (Sánchez 2011, 44). Even children in rural and remote regions of the country are able to attend school. The Center for Sexual Education (CEN-ESEX) ensures that comprehensive, age-appropriate sex

education begins early and covers topics such as sexual abuse, LGBTQ+ sexuality, HIV/AIDS, contraception, and abortion. Many Cuban adolescents study at university, where women make up a majority of the student body. All students receive training in subjects from medicine to engineering, and women form the majority in numerous employment fields.

When they are not in school, children frequently play baseball, Cuba's national sport, in the streets and fields. There are no restrictions on which activities girls are allowed to engage, but because of limited access to resources, all children must be creative when playing. A government initiative, the *Plan de la calle* (Street Plan), makes use of the tendency of most children to play in the streets and has created resources and training to focus these games on learning skills and encouraging good habits. Some of these activities include homemade kites, dolls, and role-playing games (Cuba Sport 2011; EcuRed 2013). Another popular game among Cubans is dominos, which is often played on sidewalks or in the street. While there are fewer cultural restrictions around women playing dominos, domestic and professional demands placed on women often limit the frequency with which they are able to play.

While the legal code mandates gender equality, pre-revolution cultural expectations persist. Unspoken norms continue to dictate that women and girls will assume the majority of domestic tasks, such as laundry and food preparation. Similarly, while the government-regulated education, legal, and health systems encourage sexual equity and responsibility, many argue that girls are often more socially restricted than boys. There are numerous groups to educate adolescents about their health and sexuality (e.g., Soy Cuba, CENESEX). As of 2011, 74 percent of Cuban women reported using, or having a partner who uses, some form of contraception (WHO 2016). There are no age restrictions or patient costs for access to contraceptives or abortion services, although there are frequent complaints about a lack of medical supplies.

Health

Health care in Cuba is, according to the constitution, free and comprehensive for all citizens, although the cost of medical supplies and medications has become prohibitive for many Cubans. Even without supplies or medications, innovative health care professionals have maintained a surprisingly high level of care for the patients they do see.

Grandes Ligas

In the mid-1940s in Cuba, women started to play baseball. They wanted to play the same sport as men—playing “hard ball” instead of softball. They wanted to train with the men's team. Their love of the sport was met with much controversy because people felt that young women and girls needed to “play with dolls so that they know they are different” and that baseball is a “man's sport.” This level of gender inequality did not stop young women and girls from enjoying the national Cuban sport. In 2003, the Federation of Cuban Women called on its membership to organize baseball teams. This call started a wave of women's baseball teams across Cuba.

The documentary *Grandes Ligas?* is set in 2013, and the Havana team is preparing for the annual March 8 Cup, the only official women's baseball tournament. Even at this all-female sporting event, the players are expected to have their nails and hair done in a “feminine” manner.

—Alissa Stoehr

Grandes Ligas? 2013. Brooklyn, NY: Icarus Films.
Retrieved from <http://docuseek2.com/if-mjl>.

Medical education and training are largely responsible for this, and Cuban doctors are sent abroad to countries such as Angola and Venezuela to treat patients who do not have access to affordable or safe health care (Jones 2009, 389). In late 2014, Cuba sent medical professionals to West Africa to help in providing care for the deadly Ebola epidemic there.

Access to Health Care

Cuba has significantly more doctors per capita compared to other nations in the Global South, most of whom are women (World Bank 2014). The biggest challenge for women is a lack of medical supplies and technology. Patients are often required to bring their own makeshift supplies, including clean linens, gloves, and medications (Sánchez 2011, 81). This is largely due to the economic downturn of the 1990s, the lack of industrial production capabilities, and an inability for the government to import such supplies. While criticisms of the state of affairs in Cuba are numerous, their health care outcomes are, nonetheless, distinct in the region.

Maternal Health

The health care system provides high-quality care for women. Statistics about infant and maternal mortality rates suggest that maternal care in Cuba is on par with or more successful than several nations in the Americas, including the United States (CIA 2014). Women receive up to 12 prenatal exams and are allowed 18 weeks of maternity leave (WHO 2016). Infant mortality occurs at a rate of 4.7 deaths per 1,000 live births, comparable to many European countries, and 99.9 percent of births are attended by a skilled health care professional (CIA 2014; WHO 2016). Cuba's attention to maternal health has resulted in the World Health Organization's (WHO) finding in 2015 that the transmission of both HIV and syphilis from mother-to-child had been eliminated (WHO 2016).

Sexuality

Discussions of sexuality are not entirely taboo on the island, but residual conservative religious and cultural influences mean that the (hetero)sexuality of women and girls is sometimes more harshly scrutinized and regulated than that of men or boys. Girls are often more closely monitored, while boys are able to leave the house unaccompanied and with fewer rules about their behavior. As is the case in most other Latin American countries, the idea that girls need to be protected so that they remain virgins until marriage is widespread (Stephen 1997, 274). This is a lingering result of the strong, prerevolutionary Catholic influence, whereby a woman's value is often tied to her virginity and, after marriage, her childbearing and child-rearing capabilities. However, because organized religion was discouraged with the onset of the revolution, and women gained access to in-depth sexual education, contraception, and abortion, cultural views have slowly started to shift, and women's bodies are becoming less socially regulated.

Diseases and Disorders

Cuba boasts an impressively low HIV/AIDS infection rate, which, as of 2012, was at 0.1 percent (CIA 2014). This is in contrast to infection rates of up to 2.1 percent in neighboring Haiti; however, this anomaly has not come without a price. As HIV/AIDS was first coming to light in the 1980s, it was suggested that it might have originated on the neighboring island of Hispaniola. In response, the Cuban

government began mandatory testing of all citizens, followed by the indefinite quarantining of any infected individuals (Zonana 1988). As a result of this swift and drastic response, the infection rate remains low. But because the most common method of transmission is via men who identify as heterosexual while occasionally having sex with other men, lasting stigma against men who have sex with men has contributed to decreased condom use in such encounters (McNeil 2012).

The main causes of death include heart diseases and diabetes, various types of cancer, and noncommunicable diseases. High risk factors for disease include high blood pressure and obesity. Data from 2008 show that 28.7 percent of Cuban women have higher blood pressure than women in the Central American region (19.7%). At 27.5 percent, Cuban women are slightly less likely to become obese than women in the region whose risk factor is 29.7 percent, but they are more likely than Cuban men, as their risk of obesity is 13.3 percent. A rising concern in the region is the presence of the Zika virus, which has been found in Cuba (WHO 2016).

Employment

Cuba has two separate economies that function simultaneously. The initial economy runs on Cuban pesos, which are circulated only on the island. Convertible pesos, or CUCs, can be exchanged for foreign currency, including euros or dollars (which incur an extra fee meant to offset the loss in revenue caused by the U.S. embargo). They were introduced during the Special Period to boost the economy. Convertible pesos can be exchanged for Cuban pesos, but not vice versa, which means that people who are employed in the tourist industry and receive tips or payment in CUCs have more purchasing power than their government-employed counterparts. A thriving black market also contributes to economic disparity on the island, and it is not uncommon for law enforcement officials to turn a blind eye to this unregulated activity that caters to tourists. In many cases, Cubans who have family living off the island receive remittances, or have money sent to them from abroad, and therefore have a financial advantage, despite the common misconception that Cubans all earn the same income (Sánchez 2011, 61, 79).

One goal of the Cuban Revolution was to empower women and incorporate them into the labor force, a move predating the passage of women's rights in several other Latin American countries (Goodman 2009). During the

1960s and 1970s, many women were employed as teachers, and the Federation of Cuban Women led the charge to make Cuba the first Latin American country with a 100 percent literacy rate. Women traveled independently to rural areas with the goal of spreading literacy as well as promoting the new socialist government. After there was no longer such a need for the literacy brigades, many women returned home and began working as *amas de casa* (homemakers) or in lower-level positions within the government or industry sectors.

In the 1990s, however, the Special Period brought a drastic shift to the economic makeup. The Soviet Union's previous support of the Cuban economy disappeared, and subsidized employment fields, such as agriculture, collapsed or became prohibitively taxed (Cooper 2003, 80). Cuba's inability to produce its own food supply led to widespread hunger and a massive population migration from rural to urban areas. The USSR had also provided essential support for Cuba's petroleum consumption, which in turn fueled the agriculture and transportation industries. The food shortage became so drastic that the Cuban government turned to importing a majority of foodstuffs, and the cost for these imports made it impossible to invest in boosting its agricultural sector. Although there has been some improvement since the early 2000s, this catch-22 causes high food prices and forces women heads of household to sometimes work multiple jobs or operate within the black market.

The Cuban government keeps very close tabs on its citizens and their economic activities, purportedly to ensure that income remains relatively equal within a certain economic sector and to prevent illicit activities. It is not uncommon for women who have had little success finding government-approved work to resort to entrepreneurial endeavors to make ends meet. These side jobs can consist of delivering eggs or running errands for neighboring elderly citizens, and such jobs often enable them to contribute significantly to family income (Center for Democracy in the Americas 2013, 43). However, such jobs generally function outside of the regulated economy (i.e., on the black market), thereby potentially making many Cubans criminals for something as benign as selling eggs (Sánchez 2011, 32, 72). This is not to say that there is no violent crime on the island or that all black market activity is morally irreprehensible, but it does shed light on the fact that the vast majority of citizens, especially women, are forced into illegal activities as a result of stringent legal policies (Sánchez 2014).

As of 2014, Cuban women make up only 38 percent of the regulated labor force and are primarily employed in lower-level positions. They are, however, especially prevalent in certain fields, such as medicine, law, and education, which differs significantly from the workforce distribution in most other Latin American countries. Of the 38 percent portion of the workforce that women comprise, 8.4 percent work in agriculture, 11.5 percent work in industry, and 80 percent work in the service industry, which includes nurses, doctors, lawyers, and judges (Center for Democracy in the Americas 2013, 41-42). Because women have equal access to education but limited upward professional mobility, it is common for overqualified women to work in entry-level positions within their fields while their male counterparts occupy a majority of the managerial and high-ranking posts (American Association of University Women 2011, 4).

Working the "Double Shift"

Cuban women spend, on average, three times as long doing domestic labor and child care than men (Center for Democracy in the Americas 2013, 4). For women who also work outside of the home, spending additional time—that often adds up to nearly 40 hours per week—working in the home is dubbed the "double shift" because they work nearly two full-time jobs while only getting paid for one of them. This rigorous schedule is further complicated because of the scarcity of resources and the lack of reliable transportation in Cuba (Center for Democracy in the Americas 2013, 14). Public buses, known as *camellos* (camels) for their unique hump-like shape, often arrive late or not at all, leaving passengers to fend for themselves. For those who must travel long distances to their workplace or school, this can mean walking for several hours.

Despite the fact that women have had equal rights and educational opportunities since 1976, many Cubans still hold traditional views about gender roles, which dictate that women belong in the home and men in the workplace. As a result, many women still do not work outside the home, and those who do are often expected to balance both a career and domestic duties. Because of the scarcity of many resources, especially since the 1990s, women who work outside the home must often wake up before dawn to complete all of their daily tasks. With the lack of transportation infrastructure, this can include several hours of waiting for buses or walking, which significantly increases the length of a typical day.

Family Life

Despite the legal advances for women as a result of the revolution, traditional patriarchal gender roles are still quite common, especially concerning division of labor and gender violence. Most women are well educated and are legally permitted and encouraged to work outside the home. Even though the Family Code, passed in 1976, legally requires men to assume equal shares of housework and child-rearing, the general expectation is that women will be in charge of the housework, creating an additional barrier to their ability to enter the regulated workforce. Because housing is scarce, several generations of women often live under one roof, all of whom contribute to household tasks and family income. The prerevolutionary racialized class system, wherein, generally, the lighter a person's skin, the more cultural and financial capital they had, meant that many of the Cubans who had the financial means to emigrate after Castro took power were of lighter complexion and conservative political leaning. As a result, many of the Cubans who suffered the most during the postrevolutionary years, and especially during the Special Period, were Afro-Cubans or mestizo.

Domestic abuse and intimate partner violence still play an alarmingly large role in family life, despite legal advances made in the past half-century. That Cuban law allows all citizens equal rights has, in some cases, worked against Cuban women. For example, police have discouraged reporting domestic or intimate partner abuse because it would be one partner's defense against the other (American Association of University Women 2011, 6–7). Equal rights legislation was created under the pretense that it would empower women to speak out about violence, but lingering machismo has proved to be a hindrance to the initially well-intended policy.

Politics

Prior to the revolution, women were not formally involved in politics and only had influence on their male family members who were able to vote. According to Cuba's most recent constitution, ratified in 1976, women are afforded the same legal rights as men with regard to employment, education, political agency, and access to health care. The increased presence of women in Cuban government offers hope that circumstances for women all over the island will continue to improve.

As of 2014, women involved in Cuban politics outnumber those of any other nation, occupying 45.2 percent

of the parliament seats (WHO 2016). Several government-sponsored organizations are overseen or operated by women, including the Center for Sexual Health and Education (CENESEX), the Federation of Cuban Women (FMC), and the North America Department of the Cuban Ministry of Foreign Relations. Women in Cuba are far more visible within the government than in other spheres, which has both positive and negative implications. On the one hand, women are involved in much of the policy-making decisions and can advocate for their constituency. On the other hand, the presence of women in government has had little impact on societal change. The on-paper rights of Cuban women are not always reflected in their day-to-day experiences.

Political Dissent

The political system in Cuba is considered by many to be fraught with propaganda and corruption, and women have taken a central role in staging political protests as well as voicing dissent through art, writing, and music (Saunders 2009, p. 2). Many of these dissidents have immigrated to Europe, South America, or the United States for fear of the retribution they would likely face by staying on the island (Sánchez 2011, 57). One prominent voice that does emanate from within Cuba, a group called the Ladies in White, comprising “wives, sisters, and mothers of Cuban political prisoners,” has taken it upon itself to protest the unjust incarceration of their loved ones for their dissent toward the Cuban government (Las Damas de Blanco 2003). This group was started by Laura Pollan, whose husband was imprisoned in 2003 in a sweep that became known as the “Black Spring,” during which dozens of political dissidents, journalists, and “regime critics” were rounded up and put behind bars (Langer 2011).

Government Surveillance

In an effort to keep the socialist government in power and to preserve its positive reputation abroad, Cubans have very little privacy or freedom when it comes to communication and political dissent. Nearly all correspondence is intercepted and read, and plainclothes police are prevalent, making Cubans wary of where and when they may criticize the government (Sánchez 2011, 18). Only 5 percent of Cubans have access to the Internet, and in most cases, it is only in the form of a closed network, or intranet, meaning that foreign sites are rarely accessible

(Franceschi-Bicchierai 2013). Presently, the government still holds the ultimate authority about what sites are available and has blocked most sites of political dissenters. Because Internet access is not available in homes and most Cubans do not have personal computers or mobile phones with international capabilities, communication with people off the island is extremely difficult. Tourist areas are the most common locations for Internet access, but the cost per minute is almost exclusively in CUCs; thus, Cubans whose earnings are in regular Cuban pesos or who do not receive remissions from family or friends abroad are only able to afford a few minutes of Internet access each month (Sánchez 2011, 219–220).

Religious and Cultural Roles

Prior to the arrival of the Spanish, indigenous Cubans practiced tribal religions, some of which remain. When Spanish conquistadors infiltrated the island, however, they forced conversion to Catholicism upon indigenous communities and outlawed the practice of traditional indigenous religions. During the 16th and 17th centuries, the influx of enslaved Africans resulted in the Spaniards once again forcing conversion on a subordinate population. The magnitude of the slave trade led to a slow but distinct blending of Catholicism with traditional African religious practices. The majority of enslaved Africans in Cuba originated from the Yoruba tribe in present-day Nigeria, and the religious tradition that resulted from the mixture of Yoruba beliefs with Catholicism is known as Santería (in Spanish, “the way of the saints”). It is estimated that up to 80 percent of Cubans practice some form of Santería (U.S. Department of State 2011).

Within Santería, Yoruba deities (*orishás*) are paired with the Catholic saints that serve similar purposes. For example, within Catholicism, Saint Lazarus, the patron saint of healing, is similar to *Babalú Aye*, the Yoruba *orishá* of healing (Cuban Traditions 2006–2007). This mixture of European religions with indigenous practices is a prime example of religious syncretism, or the integration of two or more religious traditions into one. In the case of Santería, a more precise description of the religious integration would include a description of the force with which the Spaniards attempted to replace Taíno and Yoruba religions with Catholicism. The inability to erase these religious traditions speaks to their resilience and cultural importance.

Women are considered quite powerful within Santería and Taíno religious traditions. They often oversee religious

ceremonies, distribute holistic medicines, and continue to expand the capacities in which they are culturally permitted to serve. Traditionally, the musical element of Santería was reserved for men, based on the perceived physical demands of high-energy drumming, but women have begun to occupy larger musical roles in *Batá* drumming (Rodríguez 2014). While women are still prohibited from playing music during many ceremonies within Santería, the growing notoriety of all-women groups and female musical artists on the island has signaled a constantly evolving acceptance of changing gender roles. It is important to note that the Yoruba tribe in West Africa, from which many of the syncretic practices of Santería originate, is also a matrilineal society, contributing to women’s centrality. It is believed that there is so much power within the female form that women are prohibited from participating in certain ceremonies while they are menstruating.

Even though Cubans enjoy a rich and prevalent religious syncretism, many practitioners have often been forced to hide their religious convictions. One fundamental tenet of socialism, as outlined by the German philosopher and economist Karl Marx (often considered one of the most prominent socialist thinkers of the 19th century), was that organized religion prevented the proletariat (working poor) from acknowledging their exploitation by the bourgeoisie (wealthy business owners). In line with this, one of the central goals of the socialist government was to limit the power of organized religion over Cuban citizens. Although the 1976 constitution claimed to respect religious freedom, the state itself actively encouraged atheism until 1992 and often enacted localized discriminatory policies that limited the ability of religious orders to survive (U.S. Department of State 2011). This move radically set Cuba apart from other former Spanish colonies, where practicing Catholicism was the norm even though it was often strongly forced upon indigenous and enslaved populations. More recently, many who identify as Catholic do so in name only, meaning that they identify as Catholic but do not attend mass or confession regularly.

Issues

There are several issues affecting women in Cuba, and many can be traced to specific catalytic historical events. Prior to the revolution in 1959, Cuba was quite similar to other Spanish colonies in the Caribbean. Women were encouraged to occupy traditional European colonial gender roles of homemaker and mother, and they were limited

in their rights and privileges. With the unprecedented influx of enslaved Africans, racism became deeply rooted in Cuban society (Minority Rights Group International 2005). Enslaved women were routinely victims of sexual abuse, and even after the abolition of slavery, Afro-Cuban women did not experience an automatic escape from sexual violence and exploitation. Despite the efforts of the revolution to promote gender and racial equity, Afro-Cuban women continue to face disproportionate obstacles relative to their mestizo or white counterparts.

During the *período especial*, many women shouldered a disproportionate burden, as the push toward gender equality often resulted in women being left as the heads of their household. Cuba also experienced numerous waves of expatriation that were motivated by a variety of reasons, including financial hardship on the island, a desire to reunite with already expatriated family or friends, or discrimination or persecution by the Castro regime. The latter two scenarios were common in the decades following the revolution for intellectuals, political dissidents, and LGBTQ+ individuals. There continues to be active dissent in reaction to the Cuban government and police force, and activists face documented censorship and routine police violence (Sánchez 2011, 28–29).

LGBTQ Rights and Community

Lesbian, gay, bisexual, transgender, queer, and other non-heterosexual (LGBTQ+) individuals do not have universally equal rights under the current administration, but progress has been made in recent years. Before the revolution, Cubans whose sexual orientation fell outside of the norm were castigated, forced to hide, or became victims of police brutality, and they faced disproportionate discrimination during the first three decades of the Castro regime. It was not until the 1990s that a cultural push for visibility and acceptance catalyzed a shift in government policy. A popular film, *Fresa y Chocolate* (*Strawberry and Chocolate*, Gutierrez 1991) is credited with bringing more visibility to the plight of gay Cubans and for its critique of their mistreatment at the hands of the government.

Within indigenous communities on the island, as well as numerous indigenous communities all over the world, European colonization drastically changed the state of affairs for nonheterosexual or gender nonconforming individuals and their place in society. The umbrella term that these individuals have adopted in recent years, Two-Spirit, is meant to describe the embodiment of both male

and female spirits within one person. Prior to colonization, Two-Spirit individuals were held in high esteem for their ability to see multiple perspectives, and they often served as marriage counselors, undertakers, and other positions where these perspectives were useful. Taíno creation myths also prominently feature Two-Spirit deities.

When the Spanish colonizers arrived, they forced conversion and gender conformity on Two-Spirit individuals, often in combination with acts of sexual, emotional, and physical abuse (Miranda 2013). To survive, these individuals often had to separate their sexuality or gender from their social roles, meaning that some were forced to hide their sexuality to serve as an undertaker for their communities, a job which became increasingly more important as the Spanish began the genocide of native communities. Presently, there is a resurgence of Two-Spirit communities and a push for the acknowledgment of their importance to their tribes and the larger community.

Prostitution and Sex Work

Because of the depressed Cuban economy, more women have had to find unregulated sources of income than men, whose unemployment rate is lower than that of women (World Bank 2013). While some are able to make money through more culturally acceptable entrepreneurial methods, prostitution is widespread on the island. Women who work in tourist areas often earn their money in foreign currency (CUCs), which equates to far more than what those who work with Cuban citizens and Cuban pesos earn (Fernandez 1999, 89). Although there are no exact statistics showing the magnitude of the prostitution industry, many firsthand accounts of travel to the island mention it to some degree. Despite varying statistics, it is clear that sexual relationships in which money is exchanged are more often characterized as sex work when the sex worker—usually a woman—is Afro-Cuban (Fernandez 1999, 85). This racialized view of prostitution contributes to the oversexualization of Afro-Cuban women's bodies.

Sex workers face higher-than-average risks of sexually transmitted infections, unplanned pregnancy, and sexual and physical violence. The Cuban medical system is designed to provide contraceptive and abortion services to all citizens, making sex work slightly less risky than in other Caribbean and Latin American countries (Pope 2005, 110). However, cultural views of prostitution often lead to discrimination and limited access to necessary health care and educational resources.

Limited Travel and Emigration

After the revolution, the Soviet Union supported the Cuban economy and subsidized the importation of crude oil and foodstuffs. When the USSR collapsed in 1991, Cuba was left without its main source of sustenance, and it entered into the Special Period. Many Cuban citizens who could not afford the legal pathway to expatriation have continuously attempted to cross the 90 miles of water that separate Cuba from the United States to arrive in Florida. The U.S. government, in attempts to encourage dissent and defection from Cuban socialism, created the Cuban Adjustment Act in 1966, also known as the “wet foot, dry foot” law, where Cubans who make it to U.S. soil are allowed to stay and become eligible to apply for permanent residence after one year and those captured at sea are returned to Cuba or elsewhere (U.S. Citizenship and Immigration Service 2011; Morley 2007). Since Raúl Castro came into power, the regulation of Cuban emigration has become more lenient. It is easier for Cuban citizens to rent cars, acquire passports, and apply for foreign visas. In 2014, President Barack Obama initiated policy reform with the hope of normalizing Cuban-U.S. relations, and plans were made to establish a U.S. embassy on the island.

Guantánamo

In the early 1900s, and in exchange for military assistance from the United States, Cuba agreed to lease a portion of land surrounding the Guantánamo Bay to the United States for naval operations. As was the case with several military bases abroad, U.S. soldiers often sought out local women for prostitution. The U.S. government continued to lease the land despite deteriorating foreign relations and the Cold War, which was marked by rising tensions between the United States and the Soviet Union. This prison, which houses no female inmates but employs female U.S. military guards, has been consistently criticized for the physical, mental, and sexual abuse of prisoners; violations of prisoner rights, specifically to a fair and speedy trial (many inmates from around the world have been detained in the war on terrorism for years without being charged with specific crimes or facing trial); and torture. Although soldiers from the United States are technically not permitted to leave the facility—a consequence of the trade embargo—it is not uncommon for Cuban women to frequent the area as sex workers catering to the soldiers.

Expatriated Relatives

Prior to the 1959 revolution, various foreign corporations, including the Hershey Chocolate Company and Hilton Hotels, had made investments on the island (Baklanoff 2008). When the Castro government took power, nearly all of these businesses were forced to leave, and a wave of upper-class Cubans followed, knowing that they would lose most of their capital and property as a result of the massive redistribution of wealth that was promised. Thousands of Cubans settled in Miami, Florida, and have since contributed to a flourishing Latino community. This exodus separated thousands of families, and their ability to reunite has been further stifled by the 1960 U.S. trade embargo. Residual racial inequality from the previous centuries of slavery and colonialism left many Afro-Cubans without the resources to leave the island and escape the revolution. Like other economically motivated migrations, many Cuban men left the island, and women remained, exacerbating expectations that women remain in the home. The revolution's push for women to enter the workforce came under the banner of gender equality, but it arose out of the necessity to jump-start the newly restructured economy.

Deteriorating Infrastructure

Following the revolution, larger properties that had previously belonged to wealthy Cubans or foreign investors were divided into various apartments in an attempt to redistribute wealth. Due to limited resources, these apartments were often not adequately sized for the number of people designated to live in them, nor were they always equipped with the amenities that might be expected for a single-family living space. As a result of the decaying infrastructure on the island, it is not uncommon for multiple generations to live under one roof.

The U.S. trade embargo of 1961 and Cuba's limited resources meant that very few new amenities reached the island or were produced domestically. This is most visible in the iconic vehicles from the 1950s that have been kept in working order by innovative Cuban mechanics, but it is also a sign of the larger problem of Cuba's crumbling infrastructure. Roads, buildings, electricity, and plumbing are all significantly deteriorating, and Cubans are well-known for their ability to make ends meet even without these basic services. Cubans with physical disabilities face additional obstacles due to the lack of amenities, and women who head households or work the “double shift” often go

without recognition for their immense efforts to keep their households in working order.

After the end of Raúl Castro's government, the future of the Cuban Republic and the state of affairs for its women will be vulnerable to change. The resiliency and perseverance of Cuban citizens will continue to be tested, and the influence of foreign governments has yet to be seen. Many hope that the country will again open its borders, both physical and metaphorical, and allow for a much-needed influx of resources. A push toward repairing relations with the United States has already begun (Sánchez 2011, 108–109).

Cuba remains an inimitable artifact of the intersections of European colonialism, indigenous Caribbean peoples, enslaved Africans, North American and Soviet imperialism, and its own unique manifestation of socialism. Women have played a central, although not always appreciated, role in the survival of the republic, and despite numerous challenges and limitations, Cuban women continue to persevere.

MELISSA CROCKER WOLFE

Further Resources

- Baklanoff, Eric. 2008. "Cuba Before Fidel." *Latin Business Chronicle*, February 25. Retrieved from <http://www.latinbusinesschronicle.com/app/article.aspx?id=2108>.
- Barreiro, Jose. 1989. "Indians in Cuba." *Cultural Survival Quarterly* 13 (Fall). Retrieved from <http://www.culturalsurvival.org/publications/cultural-survival-quarterly/cuba/indians-cuba>.
- Center for Democracy in the Americas. 2013. *Women's Work: Gender Equality in Cuba and the Role of Women Building Cuba's Future*. Retrieved from http://democracyinamericas.org/pdfs/CDA_Womens_Work.pdf.
- CIA (Central Intelligence Agency). 2014. "Cuba." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/cu.html>
- Constitution.net. n.d. "Cuban Constitution of 1976 Article VIII." Retrieved from <http://www.constitutionnet.org/vl/item/constitution-republic-cuba-1976-amended-2002>.
- Cuba History. 2014. "Migrations toward Cuba, B.C.E." Retrieved from <http://www.cubahistory.org/en/pre-columbian/migrations-toward-cuba-bce.html>.
- Cuba Sport. 2011. "Plan de la Calle." Retrieved from <http://www.cuba-sport.com/sp/calle.asp>.
- Cuban Traditions. 2006–2007. "Religions." Retrieved from <http://www.cuban-traditions.com/>.
- Domestic Social Policy Division and Ruth Ellen Wasem. 2006. "Cuban Migration Policy and Issues." January 19. Retrieved from <http://digital.library.unt.edu/ark:/67531/metacrs9147>.
- EcuRed. 2017. EcuRed. Retrieved from <https://www.ecured.cu/EcuRed>.
- Evans, Rachel. 2011. "Rainbow Cuba: The Sexual Revolution within the Revolution." *Links International Journal of Socialist Renewal*. December 23. Retrieved from <http://links.org.au/node/2671>.
- Franceschi-Bicchierai, Lorenzo. 2014. "The Internet in Cuba: 5 Things You Need to Know." *Mashable*, April 3. Retrieved from <http://mashable.com/2014/04/03/internet-freedom-cuba>.
- Goodman, Donna. 2009. "The Struggle for Women's Equality in Latin America." *Dissident Voice*. March 13. Retrieved from <http://dissidentvoice.org/2009/03/the-struggle-for-womens-equality-in-latin-america/>.
- Grogg, Patricia. 2009. "Tackling Gender Violence in Cuba." *Havana Times*, May 25. Retrieved from <http://www.havanatimes.org/?p=9171>.
- Hinze, Malena. 2007. "The Revolutionary Role of Women in Cuba." *Party for Socialism and Liberation*. March 1. Retrieved from http://www2.pslweb.org/site/News2?id=10686&news_iv_ctrl=1044.
- Jones, Bart. 2009. *¡Hugo!: The Hugo Chavez Story from Mud Hut to Perpetual Revolution*. Hanover, NH: Steerforth Press.
- Kane, Alex. 2013. "6 Horrifying Facts Every American Should Know about Guantanamo Bay and the Ongoing Hunger Strike." *Alternet*. April 30. Retrieved from <http://www.alternet.org/news-amp-politics/6-horrifying-facts-every-american-should-know-about-guantanamo-bay-and-ongoing>.
- Karseboom, Jennifer. 2003. "Poverty Pushes Cuban Women into Sex Tourism." *Global Policy Forum*. March 2. Retrieved from <http://www.globalpolicy.org/component/content/article/211/44367.html>.
- Kempadoo, Kamala, ed. 1999. *Sun, Sex, and Gold: Tourism and Sex Work in the Caribbean*. Lanham, MD: Rowman & Littlefield Publishers.
- Langer, Emily. 2011. "Laura Pollan, Leader of Cuban Protest Group Ladies in White, Dies at 63." *Washington Post*, October 16. Retrieved from http://www.washingtonpost.com/local/obituaries/laura-pollan-leader-of-cuban-protest-group-ladies-in-white-dies-at-63/2011/10/16/gIQAIBbL_story.html.
- López-Cabral, María del Mar. 2007a. *Arenas Cálidas en Alta Mar: Entrevistas a Escritoras Cubanas*. Santiago, Chile: Editorial Cuarto Propio.
- López-Cabral, María del Mar. 2007b. *Una Isla Con Cara de Mujer: Prominentes Mujeres en La Cultura de Cuba*. New Jersey: Ediciones Nuevo Espacio.
- McNeil, Donald. 2012. "A Regime's Tight Grip on AIDS." *New York Times*, May 7. Retrieved from http://www.nytimes.com/2012/05/08/health/a-regimes-tight-grip-lessons-from-cuba-in-aids-control.html?pagewanted=all&_r=0.
- Minority Rights Group International. 2005. "Afro-Cubans." *World Directory of Minorities and Indigenous Peoples*. Retrieved from <http://www.minorityrights.org/4116/cuba/afrocubans.html>.
- Morley, Jefferson. 2007. "U.S.-Cuba Migration Policy." *Washington Post*, July 27. Retrieved from <http://www.washingtonpost.com/wp-dyn/content/article/2007/07/27/AR2007072701493.html>.

- Mujeres. 2014. "Seguimos Celebrando." *Mujeres: Publicación semanal de las cubanas*. August 17. Retrieved from <http://www.mujeres.co.cu>.
- Onaway Trust. 2014. "The Story of the Taíno Indians of Cuba: The Great Dying." Retrieved from <http://www.onaway.org/indig/taino2.htm>.
- Rodriguez, Andrea. 2014. "Cuba Women Drummers Overcome Stigma, Prohibition to Break into Male-Dominated Percussion Scene." *U.S. News & World Report*. June 3. Retrieved from <https://www.usnews.com/news/world/articles/2014/06/03/women-drummers-break-barriers-in-cuba-percussion>.
- Sánchez, Yoani. 2011. *Havana Real: One Woman Fights to Tell the Truth about Cuba Today*. New York: Melville House Publishing.
- Soy Cuba. 2014. "Adolescentes y jóvenes por una sexualidad responsable." August 7. Retrieved from <http://www.soycuba.cu/noticia/adolescentes-y-jovenes-por-una-sexualidad-responsable>.
- U.S. Citizenship and Immigration Services. 2011. "Green Card for a Cuban Native or Citizen." Retrieved from <http://www.uscis.gov/green-card/other-ways-get-green-card/green-card-cuban-native-or-citizen>.
- U.S. Department of State. 2011. "Cuba." *International Religious Freedom Report for 2011*. Bureau of Democracy, Human Rights and Labor. Retrieved from <http://www.state.gov/j/drl/rls/irf/religiousfreedom/index.htm?dlid=192965>
- WHO (World Health Organization). 2016. "Cuba." Retrieved from <http://www.who.int/countries/cub/en>.
- World Bank. 2014. "Cuba." Retrieved from <http://data.worldbank.org/country/cuba>.
- Zonana, Victor. 1988. "Cuba's AIDS Quarantine Center Called 'Frightening.'" *Los Angeles Times*, November 4. Retrieved from http://articles.latimes.com/1988-11-04/news/mn-1196_1_aids-quarantine-center.

D

Dominican Republic

Overview of Country

The Dominican Republic is located on the island of Hispaniola and occupies the eastern two-thirds of the island it shares with Haiti. Hispaniola is second-largest island of the West Indies and is part of the Greater Antilles Archipelago in the Caribbean Sea, spanning an area of 29,418 square miles (76,192 sq. km). Its greatest length is nearly 400 miles (650 km), and its width is 150 miles (241 km).

The island was colonized by the Spanish in the late 1400s; Christopher Columbus conquered and claimed it for Spain in 1492. Hispaniola's conquest became a catalyst for the Spanish conquests of the Caribbean and the "American" mainland. In 1697, Spain recognized French control of the western third of the island. The remaining eastern portion of the island by then was known as Santo Domingo. Although Dominicans pushed to gain independence, the country was occupied by Haiti in 1821 for 22 years. In 1844, the Dominican Republic finally gained independence from Haiti; however, the nation returned to Spanish rule. After a 2-year war, independence was restored in 1865 (CIA 2014). Soon after, the United States responded by enforcing two military occupations, one from 1916 to 1924 and another from 1965 to 1966 (CIA 2014; One World Nations Online 2014).

The island is currently inhabited by approximately 10 million individuals, consisting of mixed European, African, and indigenous origins (an ethnic mix of 11% black, 73% mixed, and 16% white) (The Editors of Encyclopædia Britannica 2013; BBC 2012). The official language of the Dominican Republic is Spanish, and 95 percent of the population is Roman Catholic (CIA 2014).

Current population statistics do not account for Haitian immigrants and their descendants who reside in the country because of policies aimed at removing or prohibiting their Dominican citizenship. An estimated 500,000–1 million Haitians and Dominicans of Haitian descent live in the Dominican Republic. While some maintain a circular migration, returning to Haiti after seasonal work is completed, many have resided in the Dominican Republic since the early 1900s and have had children and grandchildren there (Bartlett 2011). People born on Dominican land have been granted citizenship for generations. However, people of Haitian descent often experienced biased practices when receiving official documents, and in recent decades, civil registry officials often excluded the children of Haitian migrants whose documents were in question by considering their parents "in transit." (Archibold 2013).

The current government functions as a representative democracy with national powers divided among independent legislative, executive, and judicial branches (CIA 2014). Past governments can be characterized as

authoritarian and brutal with nonrepresentative rule (Background Note 2007; CIA 2014; On War 2000). The president appoints the cabinet, executes laws passed by the legislative branch, and is commander in chief of the armed forces (CIA 2014). The Dominican Republic has had over 38 constitutions and disseminates it whenever an amendment is ratified (CIA 2014).

The per capita gross domestic product (GDP) was estimated at USD\$15,900 in 2016 (CIA 2017). In fact, 40.9 percent live below the national poverty line, not including unaccounted and undocumented persons (World Bank 2014).

The wealthiest 10 percent of the population are predominantly white descendants of Spanish settlers who own most of the land and benefit from approximately 40 percent of the national income. The unemployment rate is 29.4 percent. The poorest of the population are predominantly of African descent, including an estimated 1 million with Haitian immigrant or migrant origin (Sagás 1993). The United States is the Dominican Republic's largest trading partner and home to a large diaspora whose remittances account for up to 10 percent of national income (BBC 2012).

Average life expectancy is 73.3 years with an infant mortality rate of 19.63 deaths per 1,000 live births and a maternal mortality rate of 150 deaths per 100,000 live births (2010) (CIA 2014). The Dominican Republic's government fails to take into consideration human rights violations for women and children and those who have been denied citizenship or who are working in the informal sector. These numbers reflect the lower quality of life for Dominican women and children as well as Dominicans, Haitians, and Haitians of Dominican descent.

Historical Background of the Dominican Republic and Haiti

Before Columbus arrived in 1492, the Taínos, an Arawak-speaking people, inhabited the island. When Columbus landed, he claimed the island for Spain and named it "Las Isla Espanola" (Nations Online 2014). Spanish colonization, Haitian, Spanish, and U.S. occupations, and the struggle for power between the Dominican Republic and Haiti have shaped the country in numerous ways (Sagás 1993). While the two nations share common ancestral African and indigenous heritage, the histories of both portended contemporary issues surrounding Dominicans

and Haitians in the Dominican Republic (Embassy of the Dominican Republic in the United States 2014).

With the Haitian revolution in 1804, Haiti became the first free black republic in the world, which "represented a terrifying notion for white nations: the massacre of most whites, the destruction of European civilization, and their replacement by a black republic led by ex-slaves themselves" (Sagás 1993). Spanish colonial elites feared being conquered by Haiti, resulting in reified notions of nationalism among Spanish inhabitants of Hispaniola. As the first free black republic, Haiti gained outsider status, sparking much of the internal hostility between the two nations. Most notably, this resulted in Haiti's political isolation and fear within the Spanish territory of being conquered by blacks. Subsequently, many Western governments refused to recognize Haiti as a sovereign nation until France did so in 1825. However, it came at the regrettable expense of 150 million francs, as compensation for the property the French slave owners lost after the rebellion (Hallward 2004).

Another key event was Haiti's takeover of the island's eastern Spanish colonial territory in 1822, which was then followed by an overthrow of Haitian occupation in 1844 that created the modern Dominican state and Dominican Independence Day. Ironically, Dominican Independence Day came after the break between Haiti and not from Spanish colonizers (Martinez 1999). Such events created a path of conflict that defined Haiti as "the other": "From its inception, then, the Dominican nation (particularly as constructed by its elites) has literally been based on the rejection of Haiti" (Paulino 2006, 269). Despite this, Haitians were invited into the eastern portion of the island; their presence helped abolish the institution of slavery, thereby eliminating Spanish rule. Subsequent events due to the Haitian revolution and occupation brought freedom from slavery for generations of Dominicans (Turtis 2003). Despite this aid, Dominican elites perpetuated their fears of Haitian occupation and anti-Haitian ideology.

Anti-Haitian ideology was employed as a tool for national cohesion and domination and was perpetuated by and throughout the Dominican Republic—even the United States promoted anti-Haitian ideology. Being Dominican became identified with being anti-Haitian (Torres-Saillant 2003). "Although Afro-Dominicans make up the majority racial group in the Dominican Republic, and black cultural practices such as Dominican Vodou, are important components of national culture, these practices

are not recognized within official versions of Dominican uniqueness that affirm the notion of nationalism where the Dominican culture is exclusively white, Spanish, and Catholic” (Adams 2006). In their development of a Dominican national identity, “elites combined race, nation, and religion to serve as a marker of difference between Haitians and Dominicans that would pass from generation to generation” (Tavernier 2008, 3).

Overview of Women’s Lives

The legacy of colonization has influenced much of the tension between the Dominican Republic and Haiti, affecting the lives of women and children of Dominican, Haitian, and Dominicans of Haitian descent residing in the country. Globalization, racialization, feminization of the workforce, and migration have shaped women’s and children’s experiences, with women working more than 12 hours a day and still experiencing poverty and some being prohibited from working due to legal status (JICA 2011). Such challenges contribute to the country’s Gender Inequality Index (GII), which, in 2013, ranked it 105th out of 187 nations (UNDP 2014).

Girls and Teens

Teen Pregnancy

According to the UN Population Fund, 105 out of every 1,000 Dominican teenagers become pregnant, surpassing the world average of 49. Additionally, 22.1 percent of Dominican teenagers have been or are pregnant, and over 50 percent of those, whether married or cohabiting, are not using family planning methods (Dominican Today 2014). Certain provinces experience higher rates, such as Azua (37%), Bahoruco (35%), and Santiago (29%). Independencia, San Cristóbal, La Romana, Montecristi, Dajabón, Puerto Plata, and Santo Domingo also have higher teen pregnancy rates. In big cities, rates for teens that have been pregnant at some time are approximately 18.9 percent, while in rural areas it is 24.2 percent. Areas located in the impoverished Enriquillo Region have teen pregnancy rates of 33 percent, triple that of the higher resourced area of the Cibao-Northwest Region at 11.4 percent (Dominican Today 2014).

Education

Education is important for the development of any country. Although the Dominican Republic spends approximately

2.2 percent of its GDP on education, the General Law of Education indicates that public spending should be 4 percent of GDP (CIA 2014). Formal education consists of primary, secondary, and higher education. Education is free and compulsory for ages 5–14; however, it is rarely enforced, specifically in rural areas. Uniforms are required to attend school, but neither the government nor the schools provide them. Thus, if families do not have funds to purchase uniforms, they do not send their children to school. Similarly, school supplies are not provided and can affect whether children can attend school. Nonprofits have stepped in to remedy this resulting in increased attendance (UNESCO 2016).

Many students from low-income families do not complete the final four years of compulsory education at secondary schools. The education system is intended to encourage upper- and middle-class youth to reach higher levels of education by graduating from high school and receiving a diploma, a *bachillerato* degree (Classbase 2012). According to Save the Children, fewer than 10 percent of the Dominican Republic’s 3.7 million children will graduate from high school (Ingram 2011).

Although the Dominican Republic is committed to providing equal access to education, children who are born in the country to Haitian parents are denied birth certificates and identity documents required to enroll in school. Negative bias toward Haitians, anti-Haitianism, causes many Haitian and Dominican children of Haitian descent to suffer unequal access to education (Kim 2013; Ingram 2011).

While 75 out of 100 Dominican children entering formal education complete the fourth grade, only 63 complete the sixth grade, and approximately 52 complete the eighth grade. Rural areas experience even worse completion rates, where just 12 percent of low-income students who start high school complete their studies, compared to 62 percent of those from higher income groups (Dream Project 2014).

The literacy rate has increased from 89 percent in 2004 to 91.2 percent in 2009; illiteracy is still concentrated in rural areas. The Dominican government has targeted illiteracy with campaigns centered on teaching in rural areas, and in 2009, the Ministry of Education launched the Patria Letrada program with the goal of teaching reading and writing to approximately 700,000 Dominicans within four years. As of 2015, the overall literacy rate is 91 percent. Men, at 91 percent, lag slightly behind women at 92 percent (CIA 2017). Currently, the educational system presents parity in enrollment for both boys and girls at the different levels, primary and secondary, though indicators

such as dropout and grade repetition are higher for boys (CIA 2014).

Despite advancements, gaps between women and men exist. Women account for 64 percent of the university population between 2006 and 2009, and they are the majority among graduated students (Clark 2013). However, women are concentrated in low-end jobs and receive less pay than their male counterparts for equal work. Without the government spending more on education to equalize access to education and improve lives, breaking the cycle of poverty remains difficult.

Health

Access to Health Care

The health system is composed of a public sector and a private sector. Through the social security system, reforms have been implemented in the framework of social protection to improve access to health services and pensions for 40 percent of the population. According to the National Statistics Office, the country's 2010 population was estimated at 9,884,371 inhabitants, with an annual growth of 1.36 percent (CIA 2014). A drop in birth and fertility rates in recent years has lowered the dependency ratio (the number of people relying on social services compared to employed persons) from 65.5 in 2000, to 62.8 in 2005, and 59.3 in 2010. Life expectancy at birth rose from 65.3 years in 1990 to 71.5 years in 2005, and it was estimated at 72.8 years in 2010 (70.1 for males and 75.8 for females). With a mean age of 25 years, the population is predominantly young, but with a trend toward aging. A process of rapid urbanization has also been underway (PAHO 2012).

Maternal Health and Reproduction

The Dominican Republic has received considerable assistance from the United States to address sexual and reproductive health issues. Because of the country's relatively high contraceptive prevalence rate, the country graduated from U.S. funding for family planning programs in 2008. It has great examples of comprehensive approaches to sexual and reproductive health and rights for women. For example, PROFAMILIA and Colectiva Mujer y Salud provide high-quality care for a variety of services to address the needs of women and youth, including those who are HIV-positive. Yet, assistance from the United States for family planning and reproductive health has recently ended, leaving PROFAMILIA to count on the Dominican

government and user fees to be sustainable. Government funding is difficult, as it is strongly influenced by the Roman Catholic Church. Given the church's extensive reach across the population (political leaders in the country) and depending on the church's influence in state affairs, doctrine and canon law can play into national legislation (Htun 2003).

PROFAMILIA, a nongovernmental organization (NGO) and International Planned Parenthood Federation (IPPF) member, is one of the country's leaders in women's rights and sexual and reproductive health care providers. They provide a full range of reproductive health care, such as family planning, HIV/AIDS and other STI services, and maternal health, through 1 hospital, 7 stationary clinics, 1 mobile clinic, and 26 community distribution outlets.

PROFAMILIA's model maternity hospital in Santiago is open 24 hours a day and serves approximately 1,000 birthing women every year. To reduce the stigma associated with HIV-positive clients, the clinics use an inclusive approach where HIV clinics are not separated from other sexual and reproductive health services. All users and clients enter through the same entrance and use the same lobby and lab services, regardless of reasons for seeking care. However, an inclusive approach may not work in all organizations and facilities. In addition to health-related services, PROFAMILIA also focuses on gender-based violence in all levels of service, with professional counseling on gender-based violence from a rights-based approach (IPPF 2012).

Comparing the quality and range of care provided by these two organizations with the Dominican health care system is alarming. Public health outlets only contraception offerings are birth control pills, IUDs, condoms (for men), Depo Provera, and sterilization. Furthermore, there is a lack of integration between services in the public sector. Regarding family planning in services offered to postpartum women, 97 percent of women entering the hospital for labor had stated interest in using family planning postpartum; yet, only 12 percent received a method before leaving the hospital. The situation was worse for postabortion care clients, with only 12 percent having received counseling on family planning and only 9 percent received a method prior to leaving (Ingram 2011).

Diseases and Disorders

Dengue fever is endemic in the Dominican Republic and usually occurs during the rainy season (June–October).

All serotypes from the dengue virus have been isolated. In 2007, there were 9,650 cases reported, of which 227 were serious. There were 43 deaths and a case-fatality rate of 18.9 percent (PAHO 2012).

HIV/AIDS

The HIV epidemic has remained stable. In 2010, the prevalence of HIV in those 15–49 years old was estimated at 0.85 percent. That is, there were 48,550 people living with HIV/AIDS, of whom 62 percent were women. In 2006, the prevalence was 0.86 percent. In 2009, 12,912 people received antiretroviral therapy (ART). An estimated 442 children were infected with HIV in 2009. Since ART started in 2004, mortality in those aged 15–49 fell from 3.22 per 100,000 in 2005 to 2.13 per 100,000 in 2009. The current annual incidence rate is estimated at 0.06 cases per 100,000, representing 3,580 new cases in 2010 (PAHO 2012). The prevalence in pregnant women is over 1 percent. In 2010, pregnant women received an estimated 1,980 preventive antiretroviral treatments. Although the percentage of HIV-positive pregnant women who received ART increased from 37.2 percent in 2006 to 47.0 percent in 2009, more than half still did not receive treatment (PAHO 2012).

Employment

The Dominican Republic has long depended on sugar for employment, though since the 1970s and 1980s, it has expanded its economy to include the service sector, which surpassed agriculture as the economy's largest employer due to growth in telecommunications, tourism, and free-trade zones (FTZ). The United States is the destination for over 50 percent of Dominican exports; the economy heavily depends on that relationship.

Recent decades have seen strong economic growth, and the labor market has experienced higher female participation. From 1991 to 2010, employment increased from approximately 2.2 million to 3.8 million, growing at a moderately higher pace than the total working-age population. Within this time period, the employment-to-population ratio increased from 51.6 percent to 55.5 percent (ILO 2013). This was the result of greater female participation, while the male ratio declined slightly from 73.5 percent to 72.6 percent. Women took the greatest advantage from the expansion of the demand for work—first in manufacturing in the “Zonas Francas,” special industrial

zones, in booming tourism, and then in personal services (Guzmán 2010; Marquez 2011; IMF 2012). In rural areas, from 2000 to 2007, women's participation rates increased from 29.5 percent to 38.4 percent (UNDP 2010).

Women's labor activity rates have grown closer to those of more advanced economies, a trend witnessed in other Latin American countries. Despite this growth, male and female employment rates overall are lower than regional averages, implying areas of inactivity and discouragement, specifically among women (ILO 2013). Moreover, the country suffers from marked income inequality in which the poorest half receives less than one-fifth of the GDP, while the wealthiest 10 percent enjoys almost 40 percent of the GDP (CIA 2014).

The overall unemployment rate is 24.9 percent; for women, it is 25 percent, and it is 14.7 percent for men (JICA 2011). For Haitians and Dominicans of Haitian descent, the rate is worse due to their lack of documentation of statehood or residency. They work in low-wage industries such as agriculture and construction or as domestic workers. In 2012, the U.S. State Department reported severe human rights problems, citing discrimination against Haitian migrants as among the most serious (Solidarity Center 2013). Ninety percent of the nation's 300,000 domestic workers are women, and female immigrants, primarily from Haiti, make up 10–33 percent of domestic workers (Solidarity Center 2013). Their immigration or migration status prevents them from seeking more favorable and just working conditions or other employers, leaving them vulnerable to abuse and exploitation (Solidarity Center 2013).

Pay

The increase in free-trade zones (FTZ) took advantage of a labor force consisting primarily of Dominican and Haitian women, young and old, working for very low wages. FTZs, typically near major ports and national borders, are contracted from companies throughout the world, and they allow business owners to enjoy limited regulations, restrictions, and taxations. Moreover, FTZs permit certain types of operations that may not otherwise be allowed or may require specific licensing inside the country (JICA 2011; Council 2014).

Despite wage variations, women earn less overall than men for equal work, and women's per capita income is one-third of their male counterparts. The minimum wage, the lowest amount a worker can be legally paid for their work, is 4,900 Dominican pesos (approximately \$103USD)

a month in the FTZs and between 4,485 and 7,360 pesos outside the FTZs, depending on company size. In the public sector, it is 2,600 pesos per month. Based on a 10-hour workday, farm workers earn 150 pesos a day, and sugarcane workers earn 95 pesos per day. The country's wage gap is 79 percent, meaning women receive 79 pesos for every 100 paid to men (JICA 2011).

Working Conditions

Many Dominicans experience difficult working conditions. Agricultural laborers and farmers endure unsafe working conditions, much of which is done by Haitian sugarcane cutters, work that many Dominicans are unwilling to do. In addition, Haitian migrant workers provide cheap labor in construction and domestic work sectors of the informal economy. Given the uncertainty of employment duration and a fear of deportation, Dominican workers of Haitian descent are more vulnerable to rights abuses and are at a greater risk of human trafficking (Solidarity Center 2014; UHY 2012). Undocumented Haitian migrants have no employment rights and frequently experience exploitation and abuse (UHY 2012).

Working conditions vary by industry, but many workers are exposed to unsafe and unsanitary environments in return for low wages. Approximately, 8 percent of the country's workforce is employed in the FTZ (JICA 2011). The industrial free zones are known to be hostile to union activity, even though they are legal and entitled to operate. However, many employers feel threatened and often fire union activists. Proponents of free-trade zones claim that they bring employment to places with few opportunities and that women benefit the most from this work. It is estimated that women make up about one-third of the formal workforce, but many are employed informally in private homes or in either large- or small-scale sweatshops. Similarly, hundreds of thousands of children are employed in these sectors and experience inequities (JICA 2011).

Domestic Workers

Domestic workers tend to work 14–18 hours a day, cooking, cleaning, or caring for someone else's children, and are usually underpaid or sometimes only paid room and board. Many live in the homes of their employers and are subject to physical, emotional, and sexual abuse (JICA 2011).

Additionally, Dominican women are often employed as prostitutes to work in the tourism industry. Although prostitution is outlawed, it is socially acceptable and public.

Very few commercial sex workers complete primary education, and many are illiterate (Solidarity Center 2013).

Family Life

Maternity and Paternity Leave

Female workers are entitled to maternity leave of 12 weeks, with 6 weeks to be taken before childbirth and 6 weeks after childbirth. When the female worker has not used all her leave prior to giving birth, the remaining unused leave will be added onto the time taken after childbirth. However, the total prenatal and postnatal leave cannot add up to less than 12 weeks, and during that time, the woman retains her job with all of its accompanying rights. (Labor Code, Art. 237; USAID 2009). Men, who are registered with a company are granted 2 days of paid leave when their spouse or partner gives birth (Labor Code, Art. 54; USAID 2009).

Gender Roles

The Dominican Republic culture values machismo, very rigid gender roles, and an extreme sense of masculine power. Men's reputation is of controlling women. Performing machismo sexual behaviors gives men a sense of pride; they must prove their manliness by upholding their sexual dominance. Reputation is one of the driving forces behind machismo (USAID 2009; Stanford University 2014). Men flaunt their machismo in a variety of ways, such as very bold comments and gestures, staring, and hissing noises as women pass by. Ignoring them usually stops the behavior; however, if women engage and acknowledge them, the behavior continues (USAID 2009).

Dominican culture values nonaggressive and nonassertive behavior in women. Women tend to be in charge of managing and maintaining the family structure, while men maintain the role of the authority figure of the home (USAID 2009). One foundation of Dominican culture is the sense of family, and women maintain and sustain that pillar.

Extended family also plays a large role in the culture. Everyone knows everyone, and family connections are imperative in both business and politics. Marrying into the right family is a prime concern many parents have for their children (USAID 2009).

Whereas Dominican men are concerned with establishing a macho identity, Dominican women are concerned with their physical appearance. A lot of pressure

is placed on women of all ages to be thin and spend a lot of time on their hair. Aesthetics and norms regarding skin color and hair are rooted in the legacy of colonialism and colorism. Tightly coiled hair of people of African descent is referred to as “bad hair,” or *pelo malo*, and the straight hair of white Europeans is called “good hair.” Darker skin has been associated with a lower standard of beauty; however, this norm has shifted, and brown skin has become aesthetically acceptable. Standards for hair have remained, and straightening one’s hair is the norm (Murray 2010).

Generally, Dominicans perceive and describe themselves as “cinnamon” and use the word *indio* on official documents in place of *black*. Historically, this is due to the atrocities committed by blacks during the Haitian occupation; fear continues to be fueled by horror stories of voodoo practices among immigrants and along the border. Even though Dominicans consider themselves to be racially unprejudiced, North Americans dark enough to be taken for Haitians will bear the onus of anti-Haitianism. Many times, Dominicans do not willingly discuss these topics (Miller and Hines 1985).

Politics

The Dominican Republic enjoys democratic stability, and during the last two electoral periods (2004–2008 and 2008–2012), it has been governed by the Dominican Liberation Party.

Political Participation

Continued democratization is expected to reduce gender gaps in the political realm (Morgan et al. 2008). Dominican women attained significant political advances during the 1990s, and political elites, led by coalitions of female civil leaders and legislators, encouraged women’s rights and access to elected office (Gomez Carrasco 2005).

With strong motivation by the Centro de Investigación para la Acción Femenina, a well-known governmental organization that focuses on women’s issues, political parties included women’s issues to varying degrees for the first time during the 1990 electoral campaign (Cordero 1991). Several women’s groups from political parties, NGOs, and community organizations created an extensive plan to provide women with equal opportunities (Gomez Carrasco, 2005). By the mid-1990s, politicians were utilizing gender-inclusive language in their campaign speeches. Subsequently, important legal and bureaucratic changes

favoring gender equity were also obtained. For example, funding for the Office for the Promotion of Women (Dirección General de la Promoción de la Mujer, or DGPM), established in 1982 within the president’s ministry, increased during the 1990s. In response to a long-standing demand of feminist groups, the DGPM was elevated to the cabinet level, becoming the Ministry of Women (Secretaría de Estado de la Mujer) in 1999 (CEDAW 1998).

In 1997, Congress passed two laws promoting women’s private and public rights. The first law (Ley Contra la Violencia Intrafamiliar) established protection from domestic violence in conjunction with the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, which the Dominican Republic ratified in 1995 (CEDAW 1998). The second law set a quota system requiring women to be 25 percent of the candidates in city council and Chamber of Deputies elections. In 2000, new laws were passed that elevated the quota to 33 percent; established that male and female candidates should alternate in placement on party lists; and required parties to nominate a woman for either mayor or vice mayor (BBC 2012). Due to these reforms, the Dominican Republic now compares favorably to other countries regarding women in local-level offices and the legislature, though not in national executive-level cabinet positions.

In 2000, a symbolic measure of progress was made for women when Milagros Ortiz Bosch was elected the country’s first female vice president. Yet, progress did not continue in a straightforward manner. Discourse among political elites shifted dramatically as the 2004 presidential campaign neared, becoming more confrontational and less positive toward women (Morgan et al. 2008). Prior to 2004, positive cues from elites enhanced support for women in politics among party followers. Overall levels of support for women decreased, and negative cues by party leaders hurt the perceptions of women among male followers. This aligns with other research regarding the importance of contextual cues influencing political behavior and attitudes and suggests that advances in men’s support of gender issues are less stable than those among women (Morgan et al. 2008).

Women’s Rights

Women’s rights have slightly increased over the decades; however, women still experience discrimination that influences equitable advancement. Until the 1998 Land Reform Act, women were not legally entitled to obtain

land inheritance, and men retained ownership of property after a divorce. Less than 7 percent of women report having sole or co-ownership of land. Most women benefiting from this tend to be between the ages of 41 and 60 years, limiting access to land for younger and older women. Surveys conducted by the Secretary of State for Agriculture suggest that, relative to men, women are granted smaller plots of land with low productivity that only provide a minimal level of livelihood. Women also find it more difficult than men to exercise their right to access bank loans. Although the Dominican Agrarian Institute offers specific credit facilities for women, the number of women who benefit from such loans is persistently low (SIGI 2016).

According to the Social Institutions & Gender Index (SIGI), a groundbreaking measure that recognizes and quantifies underlying discriminatory social institutions and legal frameworks (i.e., early marriage, discriminatory inheritance practices, violence against women, son bias, restrictions on access to public space, and restricted access to productive resources), the Dominican Republic is placed in the very low levels of the gender discrimination category (SIGI 2016). Its value of 0.037 ranked it 12th out of 108 countries in the 2014 index, compared to its 2012 ranking of 9th out of 86 and the 2009 ranking of 40th out of 102 (SIGI 2016).

Lesbian Rights

The Dominican Republic does not distinguish between same-sex and heterosexual relationships for adults who are 18 years of age or older; the age of consent is 18 for all (ILGBTIA 2009).

Military Service

Military service is not compulsory, and individuals over the age of 18 can voluntarily enlist. Recruits must have completed primary school and be Dominican citizens. Women may also volunteer (CIA 2014). The Dominican military consists of three branches: army, navy, and the air force (NationMaster 2014).

Religious and Cultural Roles

Approximately 95 percent of the population is Roman Catholic, and women's roles in the Dominican Catholic Church, which varies among parishes, can be minimal. Some suggest that the church's stance on contraception

and women's reproductive health is conservative, patriarchal, and oppressive.

Several Catholic organizations have attacked organizations aimed at improving women's reproductive rights. PROFAMILIA has been under attack since its inception. In 2013, the Catholic Church filed a legal complaint against PROFAMILIA, claiming that their campaign for sexual and reproductive rights violated the Dominican Constitution. The Fifth Civil and Commercial Chamber of the National District issued a ruling that rejected the church's complaint and stated that PROFAMILIA had not violated the constitution. The chamber further stated that censoring the right of a nongovernmental organization (NGO) to carry out a public awareness campaign breaches the right to freedom of expression. Along with strong stances against women's reproductive rights, the church condemns African-related religious rituals, which are also actively suppressed by the police or within the community.

Spirituality

Regardless of their personal beliefs or appearance, Dominicans believe Dominican nationality and identity to be white, Catholic, and Spanish. Overlooking strong African influences and traditional herbal knowledge stemming from Taíno indigenous heritage, many Dominicans consider themselves Catholic regardless of daily practices (Miller and Hines 1985).

Despite the biases against African heritage, the Dominican Republic, being a nation full of African heritage, preserved some African religions and traits and to varying degrees, and Afro-Caribbean religions are integrated into Catholicism. Some religions may only use the images of saints, but they may be completely Africanized in every other aspect. Some religions are fully Christian with little African influence.

Haitian and Cuban immigrants practice voodoo and Santería. The majority of their ceremonies, which incorporate possession, magic, African rhythms, and dance, are hidden from the main population, as many Dominicans believe that these are pagan rituals. Thus, it is difficult to determine the number of practitioners (Miller and Hines 1985).

Santería has historically and culturally honored women and upheld their value in society. Women play many roles, such as cooks, cleaners in the *igbodu* (sacred room), or as seamstresses for garments and altar decorations. While all of these roles are sacred and important, historically,

women were the leaders and lore keepers of Santería. They were *oriatas*, or masters of ceremonies, who officiated initiations, butchered and sacrificed animals, and performed all of the other tasks stereotypically delegated to men. Women were some of the most powerful diviners in using the *diloggun* (complex divination system); yet, this role is now typically assigned to men (Shangó 2012).

Issues

Sexual Harassment

While the Dominican Labor Code addressed sexual harassment in 1992, it is not recorded as such in offices that handle complaints. Because sexual harassment is not registered as a legal precept, the complaints are frequently included with those of sexual violence in neighborhood police reports and the prosecutors' and the attorney general's offices (Inter-American Commission on Human Rights 2014; JICA 2011). Many victims are women who are afraid to report the harassment for fear of losing their jobs or receiving retaliation from the perpetrators (JICA 2011).

Violence

Despite the passing of a law against family violence in 1997, La Ley Contra La Violencia Domestica, and having gained a lot of support by international groups, many domestic violence crimes are unreported. Exemption from punishment of domestic violence crimes is high, based on figures from the Statistics Department of the Public Prosecutor's Office of the National District in Santo Domingo. Their Violence Prevention and Care Unit data from January to September 2008 shows 8,316 reports of gender violence and 17 convictions (Codik 2006).

More recent data show that femicide is a primary cause of death among women of reproductive age; between January and October 2012, 63 women were murdered (Countries and Their Cultures 2014). The National Observatory on Migration and Trafficking of Women and Children places the Dominican Republic among the top four countries in the world with the highest number of female victims trafficked for sexual exploitation purposes. Child sexual abuse and forced sexual relations are also widespread problems, but research is scarce (Codik 2006).

The lack of recent studies analyzing the widespread discrimination and violence against women has hampered political advocacy. Some investigations on violence against migrant women have detected cases of sexual harassment

and fraud at official border crossings, rape and murder off roads and in fields, abuse in the border market region and in family homes where Haitian women work, and forced sexual labor and trafficking of women and girls (BBC 2012). Despite the dearth of research and analysis into women's rights, two organizations, Centro de Investigación para la Acción Femenina (CIPAF) and Colectiva Mujer y Salud, work at the grassroots level to try to change the current situation and campaign for the protection of women's basic rights. CIPAF, along with other NGOs, works to include femicide as a distinct crime represented in the Criminal Code and not classified as homicide or murder (Codik 2006).

ELBA MOISES

Further Resources

- Adams, Robert. 2006. "History at the Crossroads: Vodú and the Modernization of the Dominican Borderland." In *Globalization and Race: Transformations in the Cultural Production of Blackness*, edited by Kamari Maxine Clarke and Deborah A. Thomas, 55. Durham, NC: Duke University Press.
- Archibold, Randal C. 2013. "Dominicans of Haitian Descent Cast into Legal Limbo by Court." *New York Times*, October 23. Retrieved from <http://www.nytimes.com/2013/10/24/world/americas/dominicans-of-haitian-descent-cast-into-legal-limbo-by-court.html?pagewanted=all&r=1&>.
- "Background Note: Dominican Republic." 2007. *Background Notes on Countries of the World: Dominican Republic* (May 2007): 1–8. *Business Source Premier*, EBSCOhost.
- Bartlett, Lesley. 2011. "South to South Migration and Education: The Case of People of Haitian Descent Born in the Dominican Republic." *A Journal of Comparative and International Education* 42: 393–314.
- BBC. 2012. "Dominican Republic Country Profile." Retrieved from http://news.bbc.co.uk/2/hi/americas/country_profiles/1216926.stm.
- CEDAW (Convention on the Elimination of All Forms of Discrimination against Women). 1998. "Concluding Observations of the Committee on the Elimination of Discrimination against Women, Dominican Republic." United Nations Document A/53/38.
- CIA (Central Intelligence Agency). 2014. "Central America and Caribbean—The Dominican Republic." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/dr.html>.
- CIA (Central Intelligence Agency). 2017. "Central America and Caribbean—The Dominican Republic." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/dr.html>.
- Clark, Nick. 2013. "Higher Education in the Dominican Republic: International Mobility and the Challenges of Expanding Domestic Provision." *World Education News & Reviews*. October 13. Retrieved from <http://wenr.wes.org/2013/10>

- /higher-education-in-the-dominican-republic-international-mobility-and-the-challenges-of-expanding-domestic-provision.
- Classbase. 2012. "Education Database: Education System in the Dominican Republic." Retrieved from <http://www.classbase.com/Countries/Dominican-Republic/Education-System>.
- Codik, Emily. 2006. "Violence of History: Domestic Violence." Contemporary Dominican Republic: The Perspectives of Women. <http://people.duke.edu/~eec7/violenceofhistory.html#4>.
- Cordero, Margarita. 1991. *Mujer, Participación Política y Procesos Electorales, 1986 y 1990*. Santo Domingo, DR: CIPAF.
- Council (Council, Dominican Republic National Free Zones). 2014. "Consejo Nacional de Zonas Francas de Exportación." Retrieved from <http://www.cznfe.gob.do>.
- Countries and Their Cultures. 2014. "Dominicans." Retrieved from <http://www.everyculture.com/wc/Costa-Rica-to-Georgia/Dominicans.html#ixzz32JY9EXr4>.
- Dominican Today. 2014. "Teen Pregnancy Rate Doubles the World Average: UN." Retrieved from <http://www.dominicantoday.com/dr/poverty/2013/7/12/48276/Teen-pregnancy-rate-doubles-the-world-average-UN>.
- Dream Project. 2014. "Facts of the Dominican Republic." Retrieved from <http://dominicandream.org/about/facts>.
- The Editors of Encyclopædia Britannica. 2013. "Hispaniola." Encyclopædia Britannica. Retrieved from <http://www.britannica.com/EBchecked/topic/266962/Hispaniola>.
- Embassy of the Dominican Republic in the United States. 2014. "History." Retrieved from <http://drebassysusa.org/history>.
- Gomez Carrasco, Carmen Julia. 2005. *Índice de Compromiso Cumplido: Un Instrumento de Control Ciudadano de la Equidad de Género*. Santo Domingo, DR: Editora Buho.
- Guzmán, R. 2010. "Empleos, salarios y seguridad social en el tránsito de la crisis a la recuperación." Ministerio de Trabajo República Dominicana.
- Hallward, Peter. 2004. "Option Zero in Haiti." *New Left Review*. June 27. Retrieved from <https://newleftreview.org/II/27/peter-hallward-option-zero-in-haiti>.
- Htun, Mala. 2003. "Sex and the State: Abortion, Divorce, and the Family under Latin American Dictatorships and Democracies." New York: Cambridge University Press. Doctrinal laws.
- ILGBTIA (International Lesbian, Gay, Bisexual, Trans and Intersex Association). 2009. "Latin American and Caribbean: Dominican Republic Law." Retrieved from <http://ilga.org>.
- ILO (International Labour Organization). 2013. "Growth, Employment, and Social Cohesion in the Dominican Republic." Retrieved from <https://www.imf.org/external/country/DOM/rr/2013/013113.pdf>.
- IMF (International Monetary Fund). 2012. "Dominican Republic: Stylized Facts of Employment and Growth Performance in Recent Decades." Mimeographed.
- Index Mundi. 2013. "Dominican Republic Suffrage." Retrieved from http://www.indexmundi.com/dominican_republic/suffrage.html.
- Ingram, Joanne. 2011. "Stateless in the Dominican Republic: Educating Children Proves Daunting Challenge." *Florida Center for Investigative Reporting*. Retrieved from <http://fcir.org/2011/09/12/educating-children-proves-daunting-challenge>.
- Inter-American Commission on Human Rights. 2014. "Chapter X: The Situation of Women in the Dominican Republic." Retrieved from <http://www.cidh.org/countryrep/DominicanRep99/Chapter10.htm#b>.
- IPPF (International Planned Parenthood Federation). 2012. "Court Rules in Favor of Profamilia Campaign." Retrieved from <http://www.ippfwhr.org/en/blog/court-rules-favor-profamilia-campaign>.
- JICA (Japan International Cooperation Agency). 2011. "Country Gender Profile: Dominican Republic." March. Retrieved from http://www.jica.go.jp/english/our_work/thematic_issues/gender/background/pdf/e10dom.pdf.
- Kim, Esther. 2013. "Smaller Steps towards progress in the Dominican Republic: Securing Equal Access to Education for Dominico-Haitian Children." Retrieved from http://www.bu.edu/law/central/jd/organizations/journals/international/volume31n1/documents/EstherKim_JCI2.pdf.
- Marquez, G. 2011. "Crecimiento y Empleo Decente en República Dominicana." *Background Paper for the ILO Tripartite Seminar on Crecimiento, Empleo y Cohesión Social en la República Dominicana*, Juan Dolio, 8–9 Noviembre 2011.
- Martinez, Samuel. 1999. "From Hidden Hand to Heavy Hand: Sugar, the State, and Migrant Labor in Haiti and the Dominican Republic." *Latin American Research Review* 34: 57–84.
- Miller, Christine L., and Ardeth K. Hines. 1985. "The Dominican Republic: A Cross Cultural Study." Retrieved from <http://permanent.access.gpo.gov/websites/www.state.gov/documents/organization/40122.pdf>.
- Morgan, Jana, Rosario Espinal, and Jonathan Hartlyn. 2008. "Gender Politics in the Dominican Republic: Advances for Women, Ambivalence from Men." *Political Science Publications and Other Works*. Retrieved from http://trace.tennesse.edu/utk_polipubs/10.
- Murray, Gerald F. 2010. "Dominican-Haitian Racial and Ethnic Perceptions and Sentiments: Mutual Adaptations, Mutual Tensions, Mutual Anxieties." Pan American Development Foundation. Santo Domingo, Dominican Republic.
- NationMaster. 2016a. "Countries Compared by People Gender Empowerment: International Statistics at NationMaster.com." Retrieved from <http://www.nationmaster.com/country-info/stats/People/Gender-empowerment>.
- NationMaster. 2016b. "Dominican Republic Military Stats." Retrieved from <http://www.nationmaster.com/country-info/profiles/Dominican-Republic/Military>.
- On War. 2000. "Dominican Resistance to U.S. Occupation 1917–1921." Retrieved from <http://www.onwar.com/acced/nation/day/dominican/fusdominican1917.htm>.
- One World Nations Online. 2014. "Dominican Republic." Retrieved from http://www.nationsonline.org/oneworld/dominican_republic.htm.
- PAHO (Pan American Health Organization). 2012. "Dominican Republic." *Health in the Americas, 2012 Edition: Country*

- Volume. Retrieved from http://www.paho.org/saludenlasameras/index.php?option=com_docman&task=doc_view&gid=127&Itemid=.
- Paulino, Edward. 2006. "Anti-Haitianism, Historical Memory, and the Potential for Genocidal Violence in the Dominican Republic." *Genocide Studies and Prevention: An International Journal* 1(3): 265–288.
- Sagás, Ernestos. 1993. "A Case of Mistaken Identity: Antihaitianismo in Dominican Culture." *Latinamericanist* 29 (1): 1–5.
- Shangó, Ekun Dayo Oní. 2012. "The Importance of Women in Santería." *Santería Church of the Orishas*. Retrieved from <http://santeriachurch.org/the-importance-of-women-in-santeria>.
- SIGI (Social Institutions & Gender Index). 2016. "Dominican Republic." OECD Development Center. Retrieved from <http://genderindex.org/country/dominican-republic>.
- Solidarity Center. 2013. "Domestic Workers: Winning Recognition and Protection." Catalysts for Change: Dominican Republic. http://www.solidaritycenter.org/wp-content/uploads/2014/11/DR.Fnal-English.bug_.pdf.
- Solidarity Center. 2014. "With the Stroke of a Pen, Dominican Workers of Foreign Descent Become Stateless, Face Further Exploitation." Retrieved from <http://www.solidaritycenter.org/dominican-ruling-creates-stateless-underclass>.
- Stanford University. 2014. "Reproductive Health Issues in Latin America: Machismo Sexual Identity." Retrieved from http://www.stanford.edu/group/womenscourage/Repro_Latin/ekobash_HIVmachismo_Latin.html.
- Tavernier, LaToya. 2008. "The Stigma of Blackness: Anti-Haitianism in the Dominican Republic." *Socialism and Democracy* 22 (3): 96–104.
- Turtis, Richard Lee. 2003. *Foundations of Despotism: Peasants, the Trujillo Regime, and Modernity in Dominican History*. Stanford, CA: Stanford University Press.
- UHY (UHY International). 2012. "Doing Business in the Dominican Republic." Retrieved from <http://www.uhy.com/wp-content/uploads/Doing-Business-in-Dominican-Republic.pdf>.
- UNDP (UN Development Programme). 2010. "Políticas Social: Capacidades y Derechos." Retrieved from http://www.do.undp.org/content/dominican_republic/es/home/library/human_development/politica-social--capacidades-y-derechos--volumen-i-.html.
- UNESCO. 2016. "Dominican Republic." Global Education First Initiative. Retrieved from <http://www.unesco.org/new/en/gefi/partnerships/gefi-champion-countries/dominican-republic/>.
- USAID (U.S. Agency for International Development). 2009. "Dominican Republic: Laws Regarding Gender, Reproductive Health and Family Planning." Retrieved from http://www.esdproj.org/site/DocServer/DOMINICAN_REPUBLIC_-Legal_Summary.pdf?docID=3744.
- World Bank. 2014. "Poverty Headcount Ratio at National Poverty Line (% of Population): Dominican Republic." Retrieved from <http://data.worldbank.org/indicator/SI.POV.NAHC/countries/DO?display=graph>.

E

Ecuador

Overview of Country

The Republic of Ecuador is a South American country bordered by Colombia in the northeast and Peru on the southeast and east. In the west, it has 1,452 square miles of coastline on the Pacific Ocean. The country has four regions comprising a total area of 109,483 square miles (283,560 sq. km): the Andean highlands, the coastal areas, the Amazon, and the Galápagos Islands, which are located 620 miles (1,000 km) off the west coast in the Pacific Ocean. The four regions are divided into 24 provinces.

According to the National Institute of Statistics and Census (INEC), Ecuador has 16 million habitants, of which 50.44 percent are women and 49.56 percent men. The 2010 census asked people about their ethnic identity, resulting in 71.9 percent of the population identifying themselves as mestizo, 7 percent indigenous, 6.1 percent white, 7.2 percent Afro-Ecuadorian, 7.4 percent “montubia” (person from the countryside near the coast), and 0.4 percent other (INEC 2014). Most Ecuadorians speak Spanish (93%), followed by Quechua (4.1%), and other indigenous languages (0.7%) (CIA 2016). Most of the population (91.95%) claims a religious affiliation. Approximately 80.4 percent identify themselves as Catholic, 11.3 percent as Evangelical, 1.29 percent as Jehovah’s Witness, and 6.96 percent as other (INEC 2012a).

Economically, Ecuador is a producer and exporter of raw materials. In the 19th century, cocoa was the main export product, and since then, the main export commodities have become petroleum and its derivatives, bananas, flowers, and tuna and shrimp. Commodities are mostly sold to the United States, China, Russia, Chile, Peru, and Venezuela.

Since its independence in 1830, Ecuador has struggled to attain political stability. Ecuador’s establishment as a republic was a product of a political crisis that ended with the dissolution of the former country of Gran Colombia. From 1819 to 1831, the territory of Gran Colombia included the present-day countries of Colombia, Venezuela, Ecuador, and Panama and the north of Peru and some parts of Guyana and Brazil. Leading to the present, the Ecuadorian state has undergone a period of conservatism, followed by a liberal era, a war over a territorial dispute with Peru, dictatorships, military governments, and many popular uprising and coups in between. The last period of serious institutional instability occurred from 1980 to the first years of the 21st century. This era included 13 presidents, 8 from 1996 to 2007, with some of them lasting just a few days. This concentrated political instability was triggered by popular indignation directed toward the deep economic crisis afflicting the country and spurred by the many public cases of corruption involving high state officials (Conaghan 2011).

The previous president, Rafael Correa (1963–), was in office from 2007 to 2017. In contrast to earlier years, his

term was characterized by relative political stability and a general improvement of the economy marked by high international oil prices, especially between 2008 and 2014. Some of Correa's social policies and increased investment in education and health have gained him popularity among many Ecuadorians, especially those in the middle and lower social strata. Nevertheless, there are social organizations that do not agree with the government's approach to such issues as mining and oil extraction. Many stand against the government, which condones the exploitation of biodiverse environmentally protected areas; officially supports such regimes as North Korea and Byelorussia; approves of recent legislation for the indefinite reelection of public authorities, such as the president and mayors; and criminalizes social protest (Billo and Zukowski 2015; Ortiz Lemos 2013). Since 2015, with the economic crisis related to the drop in oil prices as well as to the economic measures taken by the government, Correa's popularity has significantly dropped (ACOP 2016).

Overview of Women's Lives

The Constitution of Ecuador was approved in 2008 in a referendum won by a majority of almost 65 percent, and the results marked the beginning of the current government. It represents one of the most advanced constitutions in terms of race, ethnicity, gender, and sexual diversity rights. However, some of the policies and state discourses, especially in regard to sexual and reproductive rights, gender roles, homosexuality, and even feminist theory and gender studies, are very unpopular among women's movements in Ecuador.

The heterosexual nuclear family is still the principal subject of the policies and government discourses related to women's issues. As a result, women are mostly conceived of as mothers and housewives, and their issues are understood solely in terms of traditional gender roles. Women who live outside of these traditional roles are considered a minority and are often ignored by the government.

Over the last decade, Ecuadorian women have seen significant improvements regarding access to education, employment, and health services. However, sexual diversity and abortion (illegal in most cases), just like sexual education, are still treated as moral issues and not as problems for health, education, and public policies. Ecuador's Gender Inequality Index (GII), which creates a composite ranking of women's reproductive health, empowerment, and economic status, is 83rd (0.407) out of 155 countries.

Reflecting both the country's progress and continued challenges, this ranking places the country in the high human development category (UNDP 2015).

Girls and Teens

The increasing teenage pregnancy rate concerns the Ecuadorian government and women's organizations in the region, even as maternity rates are decreasing in all other age groups. Teenage motherhood is an underlying problem. Childbirth and its complications are the first causes of hospitalization for girls 10–17 years, affecting 74,000 girls a year. The second cause is abortion, with 8,705 cases recorded in 2014 (*El Comercio* 2015c). Countries with different levels of economic development, educational level, and incidence of poverty are experiencing similar increases in teenage pregnancy rates. That teen pregnancy rates have been increasing regardless of various country factors shows it is a complex phenomenon, which some link to the need for cultural change and gender roles (CEPAL 2011, 18). As a response to teen pregnancy and motherhood, the Ecuadorian government created a political strategy aimed at transforming the cultural conceptions about gender through sexual education.

The subject of sexual education is controversial for Ecuador's current administration. The Intersectorial National Strategy for Family Planning and Teen Pregnancy Prevention (ENIPLA) was the main sexual education policy implemented by the government from 2011 to 2015. The main objective of this strategy was to break traditional stereotypes about sexuality through open dialogue between teenagers, their family, civil society, and the state to naturalize discussions about sexuality as an effective way to promote and guarantee rights to information, sexual health, and reproductive health. This approach included the normalization of sexual diversity and the overcoming of heteronormativity as well as that of considering sexual pleasure as a right.

These views did not agree with the most conservative part of the government, including the president, who thought this strategy was based "on the purest and emptiest hedonism: pleasure for pleasure." President Rafael Correa also stated, "From now on the strategy will be based on values." Since 2015, the sexual education policy is called the Family Plan, and its main goal is "to rescue the role of the family as the bedrock of society" (Correa 2015) and "to achieve a meaningful turn on the behavior pattern of teenagers and young people regarding the experience of

Women's Voices

Gloria Ushigua

Gloria Ushigua lives under threat for her work as a human rights defender on behalf of the Sápara people of the province in Pastaza in Ecuador. She is coordinator of Ashiñwaka—a Sápara women's organization that defends the people's ancestral land. Currently, she is engaged in active resistance against oil drilling on her people's land in the Amazon. "We ask for our right to our territory, and respect for human rights without discrimination" (Ushigua 2016). In 2015, she testified about environmental issues and ongoing threats before the Inter-American Commission for Human Rights, along with other human rights defenders.

Early in 2016, the Sápara Women's Association issued a statement demanding the following:

1. Respect for our rights as an Indigenous Nation;
2. Conservation of our territory, our forests and the Ecuadorian Amazon;
3. Respect and conservation of all protected areas and the Yasuní National Park;
4. The nullification of the contract with Andes Petroleum Ecuador;
5. The immediate end of exploration in Blocks 74, 79 and 83;
6. And that the oil deposits in Block 74, 79 and 83 be left in the ground. (Sápara Women's Association 2016)

Shortly thereafter, the levels of threat and harassment of Ushigua increased, including a night in May when five men sat outside her home in an attempt to intimidate her. Her family members have also been targeted, including the killing of her sister-in-law.

Frontline Defenders. 2016. "Indigenous Human Rights Defender Gloria Ushigua at Risk." Retrieved from <https://intercontinentalcry.org/indigenous-human-rights-defender-gloria-ushigua-at-risk>.

Sápara Women's Association. 2016. "Statement of the Sápara Women's Association on Oil Exploration in Their Territory." February 9. Retrieved from <http://amazonwatch.org/news/2016/0209-statement-of-the-sapara-womens-association-on-oil-exploration-in-their-territory>.

Ushigua, Gloria. 2016. "Gloria Hilda Ushigua Santi." WECAN. Retrieved from <http://wecaninternational.org/pages/actions/925>.

affectivity and sexuality" (Presidencia de la República del Ecuador 2015, 4).

Education

Education and health services have been the focus of the current government's social investment. Education has been recognized as having a central role in the promotion of equality and social justice for all groups of people who have been marginalized due to gender, class, race, ethnicity, and physical disabilities. The government has taken several measures to promote universal access and equal opportunities to education. The main emphasis has been a new legal framework with an intercultural approach in line with international human rights standards. Also, there has been a significant investment in the improvement of school infrastructure and the quality of teaching (United Nations 2013, 10–14).

Currently, gender is not the main reason for discrimination in access to education. The literacy rate among women and men 15–24 years old is 98.8 percent for both groups (CEPAL 2015). In fact, women have access to basic, secondary, and college education at a rate that is the same as or higher than for men. The rate of basic education access in 2012 was 95.9 percent for women and 94.5 percent for men. In 2013, access to secondary education favored women at 85 percent, versus 82 percent for men (CEPAL 2015).

However, when gender intersects with class and ethnicity, the gap between women and men increases. The highest illiteracy level is among indigenous women, 26.7 percent, in comparison with 13.7 percent among indigenous men. In rural areas and lower-income households, the main reasons for school nonattendance are "housework" duties for girls (96%) and "paid job" for boys (72%) (Ferreira et al. 2013, 34). College education access is clearly intersected by class, as 68.2 percent of women in urban

areas have completed this level of education; yet, only 46.2 percent of women in rural areas have been able to attend college (Ferreira et al. 2013).

Health

In the past 15 years, Ecuador has experienced a major increase in the public health system's budget. In the period 2000–2011, financing of this sector grew more than 1,000 percent, reaching 7.9 percent of the gross domestic product (GDP) in 2010 (Ministerio de Salud Pública de Ecuador 2012; OMS 2014). Between 2006 and 2010, medical consultations rose 171 percent, prescriptions increased 204 percent, and lab exams increased 134 percent (Ministerio de Salud Pública de Ecuador 2012).

The effort at strengthening the Ecuadorean public health system is consistent with the government's attempt to rescue the state's and its institutions' primary role. These achievements are part of a social preoccupation that seeks to improve the previously insufficient access to health care. The main expressions of this investment are new health centers built across the country and the upgrading of some existing facilities.

Access to Health Care

Despite Ecuador's expenditures on health care, access is still limited, and the existing network is far from ensuring a universal and efficient service for all citizens. The World Health Organization (WHO) recommends a minimum of 23 doctors per 10,000 inhabitants. According to Ecuador's Ministry of Public Health, in 2010, the country was close to achieving this goal with 21.4 doctors per 10,000 inhabitants (Ministerio de Salud Pública de Ecuador 2012). However, this number represents a deficit with respect to the recommended minimum. This deficit was accentuated in 2013 when WHO estimated that the number of doctors in the country had fallen to 16.9 per 10,000 inhabitants. At the same time, nursing and midwifery personnel increased slightly to 19.8 per 10,000 inhabitants (OMS 2014).

Despite the admitted poverty and social inequality, which are persistent characteristics of the region, more than 50 percent of the health care expenses in the country are paid by families (León 2007). In November 2014, the Instituto Ecuatoriano de Seguridad Social (IESS) registered more than 3 million affiliates (IESS 2014). Affiliates are those who pay to be members of the public social security which covers: health insurance, mortgage loans, and retirement pension. This reflects the pressure that the

government places on employers to affiliate their employees, as mandated in Articles 243 and 244 of the Penal Code, which define nonaffiliation as a felony. With the mandatory affiliation of domestic workers, the number of women affiliated to IESS increased as a result of this law. Even though IESS is composed of more than 3 million affiliates, when compared to Ecuador's population as a whole, this represents approximately just 21 percent of the population being affiliated to public health care; this shows that a truly equitable health system is still far from becoming a reality.

Maternal Health

In urban areas, 94.71 percent of births received medical assistance, contrasting with 83.87 percent of births in rural areas (INEC 2014). One aspect that is important to consider is the country's ethnic diversity and their attachment to some traditional ways of giving birth. These more traditional and culturally rooted practices used to be outside the conventional system of health. However, the current government is developing programs to incorporate ancestral knowledge and practices into mainstream public health care, but it has proven to be a difficult and complicated task.

The UN Development Programme highlights two persistent health problems preventing Ecuador's fulfilment of the Millennium Development Goals concerning women: maternal mortality rate (MMR) and teen pregnancy. Adolescent pregnancy was declared a priority and directly attended to by the Intersectorial National Strategy for Family Planning and Prevention of Teenage Pregnancy. This social program is directed by the government's Ministry Coordinator of Social Development, which received USD\$29 million in 2012 to design and implement strategies and campaigns geared toward sexual education, with an emphasis on teenagers. In a country with a rigorous veil of silence concerning, above all issues, sexuality, the initiative broke down many obstacles and achieved reasonably positive results. For example, the free distribution and promotion of birth control methods and contraceptives as well as social awareness campaigns in the media contribute to the fact that people are driven to talk about sex and teen pregnancy.

Still, access to information and contraceptive methods is a problem and a significant issue for many women. The most widely used contraceptive in the country is tubal ligation, but many health institutions require the husband's permission or set other barriers to practice the procedure, even though there is no law against sterilization

(*La Hora* 2011; *El Comercio* 2015a). In fact, both the constitution and the Organic Law of Health acknowledge women's right to freely decide their health and reproductive life. More specifically, Article 27, subsection B, of the Regulation to Regulate Access to Contraceptive Methods in the National Health System, explicitly prohibits "asking for the authorisation or the presence of the partner, a third person or a family member for the delivery of any contraceptive method, including the definitive ones" (Ministerio de Salud Pública 2013, 8). Institutional demand for a third party's consent when opting for tubal ligation, and the problems with its implementation, demonstrate that, in practice, women's reproductive rights are at risk of being violated by health care institutions.

These discriminatory practices have also been denounced regarding the distribution of emergency contraception, known colloquially as the morning-after pill. More often than not, private drug stores tend to ask for medical prescription. Women's organizations point out additional obstacles to rapid and efficient access in the public health system: "The need of an appointment for an emergency service, obligatory previous clinical history and the obligation to provide identity data" (Frente Ecuatoriano por la Defensa de los Derechos Sexuales y Derechos Reproductivos et al. 2013).

Women have a longer life expectancy than men, 79.5 years in the period 2015–2020, according to INEC (Ferreira et al. 2013, 45). The most relevant causes of mortality for women are "complications in pregnancy and childbirth," "maternal care related to the fetus and the amniotic cavity and possible delivery problems," and "pregnancies ending in abortion" (Ferreira et al. 2013, 48). The main causes of maternal death are "particular maternal diseases and complications during pregnancy, childbirth and postpartum" (Ferreira et al. 2013, 52). Postpartum hemorrhage and eclampsia are the second and third causes of maternal mortality.

Diseases, Disorders, and Tobacco Use

The main causes of death include diabetes mellitus and hypertensive and cerebrovascular diseases. The Health Ministry has pointed to the overconsumption of sugar, salt, and fats as risk factors for developing these diseases. In 2013, car accidents and diabetes were the main causes of death.

As for tobacco use, the INEC estimates that 4.6 percent of Ecuadorians at least 12 years old or more are smokers, and the majority (91.5%) of them are men. Women

comprise 8.5 percent of smokers, and the majority (90.8%) consume fewer than 150 cigarettes per month. While fewer women use tobacco regularly, those who do use it more than men (Arana 2013). The government has developed a strategy to reduce tobacco use and has seen tangible results. Some of the actions include prohibiting tobacco companies' media publicity and mandatory inclusion of health warnings on cigarette packages.

Employment Work and Pay

Ecuador is no exception in the global trend concerning employment. Parallel to the increase in women's participation in the labor market, there is a persistent wage gap between men and women. Women represent nearly half of the economically active population; yet, their income on average is 84 percent their male counterparts (INEC 2011).

Ecuador's labor market is heavily gendered; women make up 94 percent of domestic service workers, as opposed to men who represent a bare minimum of 2.02 percent. Further, women earn 59.4 percent of what men tend to make on average in the same sector. Other sectors in which women represent the majority are social services activities (68.3%), hotels and restaurants (65.8%), and teaching (61.9%). Men constitute an overwhelming average of 90 percent of laborers in the transport, communication, construction, and fishing sectors (INEC 2011).

Women's national average income is USD\$374 per month, a figure well below the national income of USD\$419 per month. This disparity is even greater among rural women who collect an average income of USD\$219 per month. In terms of domestic wage labor, rural women earn USD\$2 less per month than urban women. Rural men earn USD\$27 per month more than urban males, probably due to the surplus of cheaper labor in urban areas. Rural men make USD\$173 per month more than rural women. Some of the principal reasons for the inequality among urban and rural women are high illiteracy rates, racism, and a general lack of fair wage labor and job opportunities in the rural areas (CEPAL 2015).

It is important to note that, among ethnic groups, indigenous and Afro-Ecuadorian women (self-defined as such)—and although a minority—in general dedicate more hours on average per week toward work than other women (INEC 2011). This not only indicates an unequal distribution of labor but also highlights discriminatory cultural patterns characteristic of Ecuadorian society.

Women make up nearly half of the population dedicated to agriculture, which constitutes one of the largest sectors of economic activity. However, women are more likely to own less land than men, and data also indicates that 86 percent of women receive no wage for their agricultural occupation (CEPAL 2015).

Although women's participation in the national labor market has shown an increase in recent years, Ecuador lacks sufficient reliable statistical data regarding women's roles within employment and work. Women's invisibility in the workforce is due in part because they are ascribed traditional roles and tend to be relegated to the domestic space. The work performed in the domestic space is not only largely undocumented but also undervalued by Ecuadorian society in general. As a result, information regarding women's roles and the work that they perform is scarce and deeply marked by gender inequities.

Ecuadorians can take up to nine months of unpaid maternity or paternity leave (Export.gov 2017). Women are given 12 weeks of paid maternity leave by law and are allowed fewer hours of work per day (six hours per day) until the child is one year old. This policy for working mothers is aimed at facilitating, as well as promoting, breastfeeding. In comparison, fathers are allowed 10 days of paid paternity leave and an additional 5 days in cases of multiple or cesarean births. Worth mentioning is the fact that adoptive parents are only given 15 days each of maternity and paternity leave (Constitución de la República del Ecuador 2008). So while maternity and paternity leaves are supported by public policies, they weigh heavily on the conservative assumption that women make better caretakers than men.

Family Life

Housework

At approximately 8,087,914, Ecuadorian women represent over half of the country's population and nearly half of the national labor force (INEC 2014). Of all Ecuadorian households, almost 26 percent of them are headed by women, while the rest are headed by men. Although women increasingly participate in a diversity of sectors in the labor market, and only a quarter of all households are run by female heads of household, women still dedicate more time and energy on work than men (Consejo Nacional para la Igualdad de Género 2013).

According to the National Council for Gender Equality, if all Ecuadorian households were to hire someone

to perform their housework, it would amount to almost USD\$11 million per year. The reality is that women spend an average of 32 hours per week on housework, whereas men assume approximately 9 hours per week. Sustaining the household and the well-being of household members falls upon women regardless of their age (Consejo Nacional para la Igualdad de Género 2013).

Interestingly nonwage domestic labor has been calculated to contribute 15.41 percent to the national GDP, which is more than petroleum (9.29%), construction (9.35%), or commerce (9.41%). Also, women represent 13 percent of nonwage domestic laborers, as opposed to men who perform an estimated 2.3 percent of the same labor (Consejo Nacional para la Igualdad de Género 2013).

Ecuador's 2008 Constitution includes two significant articles that have just recently begun to affect the gender gap in terms of hours of work and wages. Article 333 states, "Non-wage labor, consisting of self-sustenance and human care work realized in the home, is to be recognized as productive labor." Article 325 establishes that the "State shall guarantee the right to work. All forms of work are to be recognized, be it autonomous or codependent, including self-sustenance and human care work; while also regarding workers as productive social actors" (Constitución de la República del Ecuador 2008).

Against this background, challenges to the wage gap have been made; yet, reforms have merely served to reiterate gender roles. It is not enough to recognize the productive value of nonwage labor, nor is it sufficient to include its quantification and social retribution in the national economic system. What remains unchanged is that the total hours of work per week for women is almost 78 hours, whereas men contribute 60 hours per week (Consejo Nacional para la Igualdad de Género 2013). Nonwage labor statistics are extreme, displaying a difference of almost an entire day's and night's worth of work per week. That women make up nearly half of the economically active population and spend more time working than men greatly impacts the wage gap and consequently threatens women's economic independence.

Even though there is legislation seeking to redistribute work and hours dedicated to family sustenance, data indicates, for example, that women who are married do more housework than single women. Also, the percentage of households headed by women is 28.7 percent; yet, female heads of household make an average of 77.9 percent less than male heads of household and tend to work 17 hours per week more than men that are heads of household. The

main reason behind what are sometimes double or triple shifts of work performed by women is a lack of men's participation in caretaking and house chores. Girls between the ages of 12 and 19, on average, do almost three times more housework than men. Whereas women between the ages of 20 and 29 do up to four times more housework than men (Consejo Nacional para la Igualdad de Género 2013).

Women who have more children experience greater violence than those with fewer children. Out of all the women without children, approximately 25 percent have been victims of gender violence, compared to mothers with seven or more children where 66.4 percent express having experienced gender violence. For many women, discrimination and abuse have early roots; overall, 83 percent of girls and female adolescents state they have suffered from domestic sexual violence (INEC 2011).

LGBTI Marriage and Adoption Rights

Same-sex couples are denied adoption rights, reflecting the general homophobic attitude displayed in Ecuadorian culture. However, the LGBTI (lesbian, gay, bisexual, transsexual, and intersexual) social movements and collective actions have made strategic advances. In December 2015, Ecuador passed a law making it possible for a person to choose to express their gender on their identification card once they turn 18. With this law, the category of "sex" is substituted by "gender" on the identification card of the person who chooses to do so (*El Universo* 2015). For the substitution, the law requires the person to prove that he or she has been living and expressing his or her gender for at least two years (*El Universo* 2016). The definition of the category "gender" is based on the same binary as "sex": masculine and feminine. This means that choosing to express "gender" over "sex" on the identification card is reduced to transgender people, which is understood as those identifying as the opposite sex of the one they were born with. By reducing the possibility to substitute "sex" for "gender" on the identification card to only transgender people, this law may produce greater stigmatization toward transgender people, as it creates a "special" identification card with the "gender" category for transgender people as opposed to the "normal" identification card with the "sex" category for the rest of citizens. However, this law can also be seen as a strategic advance for the LGBTI population because it has brought the discussion about gender and sexual diversity into the attention of the media and public agendas.

In regard to marriage, while couples of any gender can seek to be recognized as a legal union, only a man and a woman can be recognized in legal matrimony (CNN 2015). Apart from the economic benefits provided by matrimony—as opposed to a legal union—there are serious social issues that arise from the failure to recognize same-sex couples in legal matrimony. The implication for same-sex couples is that one parent is denied his or her right as a legal guardian of any children and may become subject to discrimination (*El Comercio* 2016). A well-known case in the country is the one of a British lesbian couple that have yet to be able to register their now four-year-old child who was born in Ecuador: "The Civil Registry has said that it can register the child, but on her identity card only the name of the woman who conceived her would appear" (BBC 2016).

Politics

Women have voted since 1928, four years after Matilde Hidalgo, the first Ecuadorian woman to graduate from high school and to become a physician, claimed her right in 1924. In 1928, the constitution established that all literate women could vote. This meant that most women who were poor and many who were indigenous could not vote until 1978 when the universal right to vote was granted to all men and women.

During the 1990s, women's movements and women inside the government exerted pressure on the Ecuadorian Congress to pass a Quota Act to be able to participate as candidates for public office. This quota, approved in 2000, promulgates that women should eventually represent half of candidates running for elections. This percentage was achieved in 2007 in the elections for the Constituent Assembly. In 2008, the Congress, now called the National Assembly, was made up of 124 assemblymen—of which 42 were women, reaching an historic 33.8 percent. Since 2013, after the presidential and legislative election, women represent 32 percent of the National Assembly. For the first time in Ecuadorian history, three women hold the presidency and two vice presidencies in the National Assembly: Gabriela Rivadeneira Burbano (1983–), Rosana Alvarado Carrión (1977–), and Marcela Aguiñaga Vallejo (1973–) (Secretaría Nacional de Gestión de la Política 2013).

The participation of women in other decision-making positions has increased in recent years. In the executive branch, female representation reaches almost 42 percent. Similarly, in the judicial function, it reaches 40 percent,

and in the Citizen Participation Council (a fourth branch of the state), women's participation exceeds 50 percent (*El Ciudadano* 2014).

Several national and local women's organizations exist, but there is no one unified national women's movement. Social, cultural, economic, and racial inequities keep Ecuadorian women from reaching a common agenda. As such, lesbian and transgender women often find it difficult to insert their particular demands into the agendas of women's organizations. Unfortunately, subtle or direct forms of exclusion and discrimination toward sexual diversity happen on a daily basis. There are also other structural factors affecting national women's unity: living conditions and the sexual division of labor in the capitalist economy and workload in general that especially affect rural and poor women. State intervention and its *quid pro quo* approach toward women's organizations and the internal complexities between being an autonomous organization and a mixed organization add to the challenge of forming a united movement.

Despite these complexities, there are some government autonomous women's organizations such as Luna Creciente and Asamblea de Mujeres Populares y Diversas that bring together several women's organizations at local and national levels. Also, El Foro de la Mujer and the Coordinadora Política de Mujeres maintain a regional reach. All of these regional organizations refer to themselves as feminist and have an indigenous base; they are self-defined as popular and part of the social and political left (*Observatorio del Cambio Rural* 2012). These and other women's, as well as mixed-sex, organizations often protest against gender and state violence and are committed to civil society and the environment (*El Comercio* 2015b).

In recent years, there have been many changes in laws and public policy that have affected women's rights. One of the most significant is the Organic Integral Penal Code (COIP). Among the issues that directly call out to women in this code are the ones related to sexual and reproductive rights, specifically on the grounds for legal abortion as well as the criminalization of "domestic violence" and "femicide."

The Penal Code prohibits abortions except if the mother's life is in danger or if the pregnancy is the result of rape of a mentally disabled woman. The possibility of making all abortions legal in the case of rape generated controversy during the process of approval by the COIP. Some female legislators presented a motion proposing the legalization of abortion in cases of rape. However, President Rafael

Correa stated that the government would never allow such apparent "sin against life." After punishing the same female legislators with a one-month suspension from the Assembly, Correa also said, "They can do whatever they want. I will never approve the legalization of abortion" (*El Universo* 2013). Correa is a self-identified Catholic, and some parties of the Catholic Church (e.g., the Opus Dei) head the pro-life opposition against the legalization of abortion.

For the first time Ecuador legislation considers "domestic violence" (also called "gender violence") a crime worthy of penal punishment. The code was recently approved in 2013. Previously, gender violence was treated as a misdemeanor.

Religious and Cultural Roles

In 2012, what is considered Ecuador's first official data representing religion became available. An opinion poll in five cities revealed that 91.95 percent of the population claimed to have one religion and most (80.44%) recognized themselves as Christian (INEC 2012a). These figures provide a hint of the cultural ideological system and roles accepted by the majority and, of course, the roles of women within the dominant system of belief.

As a part of the social doctrine of the Catholic Church, women have engaged in communitarian work with indigenous people and, in general, with disadvantaged segments of the population. Barely visible, this work represents an extension of the traditional role of the woman as a caregiver (Montero 2013).

In Ecuador, the dominant binary heterosexual gender/sex system is strongly supported by the role of the mother. Even at present, "family" continues to be the most frequent answer given by women to the question, "What is important in your life?" One poll shows that 46.27 percent of women placed family as the most important item in their life, even over work or health. Meanwhile, men said "work" with greater frequency (INEC 2012a). The representation of care as an exclusive responsibility of women, even at the level of public policies, continues to be an important aspect of this issue (Villamediana 2014).

The influence of the mother as a role model in cultural representations has been widely analyzed in terms of its impact on planned motherhood and sentiments of guilt about having abortions (Morales Alfonso 2015). This is a reflection of a society with remarkable features of sexism and machismo, whose influence threatens women's participation in the public sphere and their involvement in new roles that differ from those that society has traditionally

assigned to them. Ecuadorian institutions reproduce structural and systematic inequality as well as cultural conceptions concerning women's roles. This is made even more evident when women try to succeed in structures historically dominated by men, such as the army (Iturralde 2015).

Indigenous women have their own challenges when it comes to their empowerment and access to women's rights. Their struggle for political participation presents a challenge against a particular kind of essentialism referred to as Andean "complementarity" of men and women, in which women tend to be confined to preestablished roles within family structures. Indigenous women's interpretations of particular social and historical conditions, alongside the struggle of Afro-Ecuadorian women, enrich the thoughts and actions of women's and feminist movements.

Issues

In general terms, the main obstacle in the fight for gender equality is the fervent display of sexism, or machismo, that women and girls in particular are treated to on a daily basis. Misogyny and the subordination of women or their femininity in regard to men and their masculinity are a structural inequality affecting gender relations.

Violence against women persists as a critical issue. The National Survey of Family Affairs and Gender Violence against Women records that 6 out of 10 women say they have suffered some form of gender-based violence in their lifetime, and 1 in 4 women have experienced sexual violence; 40 percent of victims of sexual violence assume motherhood, and the other 60 percent have illegal abortions, risking their lives in the process (INEC 2012b).

For many scholars and activists of women's and feminist movements, recent laws and public policies have been interpreted as a step backward in terms of sexual and reproductive rights. For example, the responsibility concentrated in the Intersectorial National Strategy for Family Planning and Prevention of Teenage Pregnancy (ENIPLA) has been transferred to the presidency of the Republic of Ecuador. The transfer was an executive order that brought about a change in public policies, along with a name change to National Plan for the Strengthening of the Family. The plan looks at the issue from a normative view of the nuclear family.

The second major change generated polemics concerning the head of the national plan and her alleged links to Opus Dei, an ultraconservative wing of Catholicism. As a response, the National Coalition of Women started

a lawsuit due to the anticonstitutional character of the executive order. Despite such efforts, the Family Plan was enacted, and it eliminated most of ENIPLA's original approaches, one of which specifically recognized the problem of teen pregnancy as a societal concern instead of a problem of "family" or morality.

These changes embody what the president of Ecuador, Rafael Correa, has referred to as the threat of "gender ideology." Academically speaking, there is no such thing as "gender ideology"; nevertheless, it is interpreted by the government as a strategy by feminists to promote demoralization through sexual liberation (Correa 2013).

In Ecuador, abortion is condemned both morally and socially. As a consequence, there is a lack of research, documentation, and statistical information to shed light on the scope and nuances of abortion, including actual figures for morbidity and mortality. In 2012, "nonspecified" abortion was the second cause of morbidity for women (INEC 2013). Despite the lack of credible information and exact figures, the impact of this issue on women's health and their sexual and reproductive rights is widely recognized, if only by the fact that no abortions are ever documented unless it is due to penalization.

There are currently 58 cases reporting cruel treatment of women who have aborted; these cases are being presented before the UN Committee on the Elimination of Discrimination against Women (CEDAW) (*Plan V*, 2015a). The cases describe situations where women's rights have been severely violated by the authorities, but they also highlight the dangers women are exposed to when requiring access to abortion. Illegal clinics announce their services on all kinds of informal platforms; their high costs and unsanitary conditions expose the poorest women to danger and even death.

Ecuador's strict legal terms ultimately criminalize abortion, which by some authors has been interpreted as an act of femicide. In the last decade, pregnancies in girls between the ages of 10 to 14 have risen by 74.8 percent, and 46.5 percent of mothers have their first child between the ages of 12 and 19 (INEC 2010). The situation not only speaks of the torture that children are submitted to by being forced to give birth, but also the sexual violence that provoked the pregnancy in the first place. According to the National Council of Childhood, in Ecuador, there are approximately 3,600 girls under the age of 15 that have been victims of rape in which motherhood was forced on them (Ribadeneira 2016).

Another relevant issue is the return of out-migrants since 2012. Many of them abandoned the country in the

1990s due to the economic crisis in which several banks were bailed out by the government and many people lost their savings. The Return Plan was specifically designed for Ecuadorian out-migrants in Spain to create conditions for an adequate reinsertion in society. Though the reasons for deciding to go back home may vary, the economic crises in host countries is a deciding factor. Also, the return of women tends to be linked to their responsibility as caretakers of their own families in Ecuador, instead of solely responding to entirely external factors. Many of them integrated global networks of care to meet the needs of their families, and their return places them in the same roles, complicating their social reinsertion (Redrobán 2014).

Sexual harassment has been present in the public agenda in recent years, especially in Quito. In 2010, the capital city of Ecuador was one of the five cities in the world selected for the UN pilot initiative Safe Cities and Safe Public Spaces framed by the program Safe Cities, Free from Violence against Women (along with Cairo, New Delhi, Port Moresby, and Kigali). The main goal is to become a gender-inclusive city and to promote women's rights in the city, but it is far from that achievement, as was debated in Habitat III, the UN Conference on Housing and Sustainable Urban Development, which took place in Quito in October 2016. Nevertheless, the national government in alliance with local authorities has implemented policies to fight sexual harassment in public places, especially on public transportation. Studies had previously demonstrated high rates of harassment that women experienced in this context and the consequent modifications made to their dress, behavior, fear levels, and lives in the city.

The Municipality of Quito implemented a protocol of attention to women who suffered sexual harassment, which allowed them to file a complaint against the aggressor with the assistance of transportation employees and other functionaries of the entities involved (Patronato Municipal San José y ONU Mujeres 2014). This has made possible a few high-profile cases that ended with judicial sentences for the aggressors (Fiscalía General del Estado 2015).

This policy faces many manifestations of cultural patriarchal resistance and is a significant step forward to overthrowing naturalized manifestations of violence against women in public spaces, which are typically justified by Ecuador's culture of machismo. It also translates to Ecuadorian discussions about sexual harassment that are absent from other Latin American scenarios, where other forms of violence receive all the attention (Morales, Quiroz, and Ramírez 2016). In addition to the inclusion of

femicide in the penal code, this contributes to making various forms of violence against women in Ecuador visible.

VIRGINIA VILLAMEDIANA, LIUDMILA MORALES
ALFONSO, AND ANDREA ROBERTSDOTTER

Further Resources

- ACOP (Asociación de Comunicación Política). 2016. "Ranking de popularidad abril 2016." Retrieved from <http://compolitica.com/acop/tabla-de-popularidad>.
- Arana, Tatiana. 2013. "Influencia del tabaco en las personas y sus consecuencias negativas en la salud." *Análisis, Revista Coyuntural* 9: 6–9.
- BBC. 2016. "La pareja de lesbianas que lucha en Ecuador para que su hija tenga sus dos apellidos." April 1. Retrieved from http://www.bbc.com/mundo/noticias/2016/04/160401_ecuador_reino_unido_lesbianas_hija_registro_civil_wbm.
- Billo, Emily, and Isaiah Zukowski. 2015. *Criminals or Citizens?: Mining and Citizen Protest in Correa's Ecuador*. February 11. Retrieved from <https://nacla.org/news/2015/11/02/criminals-or-citizens-mining-and-citizen-protest-correa%E2%80%99s-ecuador>.
- CEPAL (Comisión Económica para América Latina y el Caribe). 2011. *Informe Anual 2011: El salto de la autonomía de los márgenes al centro*. Santiago de Chile: ONU- CEPAL.
- CEPAL (Comisión Económica para América Latina y el Caribe). 2015. CEPALSTAT: *Perfil Nacional Socio-Demográfico Ecuador*.
- CIA (Central Intelligence Agency). 2016. "Ecuador." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/ec.html>.
- CNN. 2015. "Ecuador aprueba la unión civil para parejas del mismo sexo." April 30. Retrieved from <http://cnnespanol.cnn.com/2015/04/30/ecuador-aprueba-la-union-civil-para-parejas-del-mismo-sexo>.
- Conaghan, Catherine. 2011. "Ecuador: Rafael Correa and the Citizens' Revolution." In *The Resurgence of the Latin American Left*, edited by Steven Levitsky and Kenneth Roberts. Baltimore, MD: Johns Hopkins Press.
- Consejo Nacional para la Igualdad de Género. 2013. "Mujeres y Hombres del Ecuador en Cifras III: Serie información estratégica." Retrieved from http://www.igualdadgenero.gob.ec/images/publicaciones/MUJER_HOMBRE_III.pdf.
- Constitución de la República del Ecuador. 2008. Retrieved from <http://www.asambleanacional.gob.ec/sites/default/files/private/asambleanacional/filesasambleanacionalnameuid-20/transparencia-2015/literal-a/a2/Const-Enmienda-2015.pdf>.
- Correa, Rafael. 2013. "Enlace Ciudadano #354, desde Monte Sinaí, Guayaquil." Video (3:31:15). Retrieved from https://www.youtube.com/watch?v=qkw_fRi8xUE.
- Correa, Rafael. 2015. "Enlace Ciudadano #417, desde Quito, Pichincha." Video (3:25:31). Retrieved from https://www.youtube.com/watch?v=jy0xciw_BXM.
- El Ciudadano. 2014. "Mujeres alcanzan mayor participación política y económica en Ecuador." Retrieved from <http://www.elciudadano.gob.ec/mujeres-alcanzan-mayor-participacion-politica-y-economica-en-ecuador>.

- El Comercio*. 2015a. "Las mujeres tienen derecho a decidir cuándo practicarse una ligadura." April 28. Retrieved from <http://www.elcomercio.com/tendencias/mujeres-metodos-anticonceptivos-ligadura-maternidad-vidasexual.html>.
- El Comercio*. 2015b. "Marcha de mujeres hacia la ONU en Quito para frenar la violencia en protestas." August 19. Retrieved from <http://www.elcomercio.com/actualidad/marcha-mujeres-onu-quito-violencia.html>.
- El Comercio*. 2015c. "La primera causa por la que niñas de 10 a 17 años acuden al hospital es el parto." February 23. Retrieved from <http://www.elcomercio.com/tendencias/ninas-parto-ecuador-hospitales-embarzoadolescente.html>.
- El Comercio*. 2016. "Cuatro años han transcurrido y una niña todavía no puede ser inscrita." March 29. Retrieved from <http://www.elcomercio.com/actualidad/audiencia-corte-inscripcion-hija-madres.html>.
- El Telégrafo*. 2016. "La ampliación de la licencia por maternidad se incorpora al debate de la reforma laboral." March 8. Retrieved from <http://www.eltelegrafo.com.ec/noticias/economia/8/la-ampliacion-de-la-licencia-por-maternidad-se-incorpora-al-debate-de-la-reforma-laboral>.
- El Universo*. 2013. "Debate del COIP se centra en texto de aborto por violación." October 11. Retrieved from <http://www.eluniverso.com/noticias/2013/10/11/nota/1568396/debate-coip-se-centra-texto-aborto-violacion>.
- El Universo*. 2015. "Aprobada opción de cambiar 'sexo' por 'género' en documento de identidad." December 10. Retrieved from <http://www.eluniverso.com/noticias/2015/12/10/nota/5290533/aprobada-opcion-cambiar-sexo-genero-documento-identidad>.
- El Universo*. 2016. "Cambio de 'género' en cédula requerirá dos testigos." January 29. Retrieved from <http://www.eluniverso.com/noticias/2016/01/29/nota/5373976/cambio-cedula-requerira-testigos>.
- Export.gov. 2017. "Ecuador-9.3-Labor Policies & Practices." Ecuador Country Commercial Guide. July 13. Retrieved from <https://www.export.gov/article?id=Ecuador-Labor>.
- Ferreira, Cynthia, Karina García, Leandra Macías, Alba Pérez, and Carlos Tomsich. 2013. *Mujeres y hombres de Ecuador en cifras III*. Quito: Editorial Ecuador.
- Fiscalía General del Estado. 2015. "Ciudadano fue sentenciado a seis años y ocho meses por abuso sexual." March 26. Retrieved from <http://www.fiscalia.gob.ec/index.php/sala-de-prensa/15-fiscalias-provinciales/3339-ciudadano-fue-sentenciado-a-seis-a%C3%B1os-y-ocho-meses-por-abuso-sexual.html>.
- Frente Ecuatoriano por la Defensa de los Derechos Sexuales y Derechos Reproductivos, Coordinadora Juvenil por la Equidad de Género, Organización Ecuatoriana de Mujeres Lesbianas, Centro Ecuatoriano de Promoción y Acción de la Mujer, Acción Ciudadana por la Democracia y el Desarrollo, Azucena Soledispa y Gayne Villagómez. 2013. *Informe alternativo de las organizaciones de mujeres para el Comité de los Derechos Económicos, Sociales y Culturales sobre la situación de la salud sexual y salud reproductiva de las mujeres en el Ecuador*. Quito: Iácobos.
- IESS (Instituto Ecuatoriano de Seguridad Social). 2014. "Aumenta el número de afiliados a la Seguridad Social." Retrieved from <https://tinyurl.com/y73v2yq9>.
- INEC (Instituto Ecuatoriano de Estadísticas y Censos). 2010. "Infografía embarazo adolescente. Censo de Población y Vivienda 2010 / Nacimientos 2010/ Egresos Hospitalarios 2010 / Defunciones 2010." Dirección Zonal 5 Litoral—Departamento de Estudios Analíticos Estadísticos. Retrieved from http://www.ecuadorencifras.gob.ec/documentos/web-inec/Infografias/embarazos_adolescentes1.pdf.
- INEC (Instituto Ecuatoriano de Estadísticas y Censos). 2011. "Resultados del Censo 2010." Retrieved from <http://www.ecuadorencifras.gob.ec/resultados>.
- INEC (Instituto Ecuatoriano de Estadísticas y Censos). 2012a. "Primeras estadísticas oficiales sobre filiación religiosa en el Ecuador." Retrieved from http://www.inec.gob.ec/documentos_varios/presentacion_religion.pdf.
- INEC (Instituto Ecuatoriano de Estadísticas y Censos). 2012b. "Encuesta Nacional de Relaciones Familiares y Violencia de Género contra las Mujeres." Retrieved from <http://anda.inec.gob.ec/anda/index.php/catalog/94>.
- INEC (Instituto Ecuatoriano de Estadísticas y Censos). 2013. "Anuario de estadísticas hospitalarias camas y egresos 2012." Retrieved from http://www.ecuadorencifras.gob.ec/documentos/web-inec/Estadisticas_Sociales/Camas_Egresos_Hospitalarios/Publicaciones-Cam_Egre_Host/Anuario_Camas_Egresos_Hospitalarios_2012.pdf.
- INEC (Instituto Ecuatoriano de Estadísticas y Censos). 2014. "Diabetes y enfermedades hipertensivas entre las principales causas de muerte en el 2013." Retrieved from <http://www.ecuadorencifras.gob.ec/diabetes-y-enfermedades-hipertensivas-entre-las-principales-causas-de-muerte-en-el-2013>.
- Iturralde, María del Carmen. 2015. "La mujer ecuatoriana en las Fuerzas Armadas: un espejo de la sociedad." *El Outsider* 3: 30–36. Retrieved from http://www.usfq.edu.ec/publicaciones/eloutsider/Documents/revistas/eloutsider003/_eloutsider006.pdf.
- La Hora*. 2011. "Mujeres quieren ligarse sin permiso de los hombres." July 9. Retrieved from <http://lahora.com.ec/index.php/noticias/show/1101154778/-1/home/goRegional/Imbabura#.VznoWvnhDIU>.
- León, M. and Younger, S. D., 2007. Transfer Payments, Mothers' Income and Child Health in Ecuador. *The Journal of Development Studies*, 43(6), pp.1126–1143. Retrieved from <http://dx.doi.org/10.1080/00220380701466708>.
- Ministerio de Salud Pública de Ecuador. 2012. "Datos esenciales de salud: una mirada a la década 2000–2010." Retrieved from <http://www.salud.gob.ec/wp-content/uploads/downloads/2013/05/Datos-esenciales-de-salud-2000-2010.pdf>.
- Ministerio de Salud Pública de Ecuador. 2013. "Reglamento para regular el acceso y la disponibilidad de métodos anticonceptivos en el Sistema Nacional de Salud." Retrieved from http://jfabogados.com.ec/wp-content/themes/jfabogados/descarga/M%C3%89TODOS_ANTICONCEPTIVOS_EN_EL_SISTEMA_NACIONAL_DE_SALUD.pdf.

- Montero, Gladys. 2013. "Ideología feminista y de feminidad." In Rubén Bravo y José Juncosa. *Mujer religiosa y pueblos indígenas del Ecuador*, 167–175. Quito: AbyaYala.
- Morales, Liudmila, Nathalia Quiroz, and Graciela Ramírez. 2016. "Acoso sexual en lugares públicos de Quito: retos para una ciudad segura." *Urvio, Revista latinoamericana de Estudios de Seguridad* 19. Retrieved from <http://dx.doi.org/10.17141/urvio.19.2016.2425>.
- Morales Alfonso, Liudmila. 2015. "Raras mujeres nuevas: aborto y maternidad en el imaginario de dos mujeres ecuatorianas." *Revista Venezolana de Estudios de la Mujer* 44: 73–89. Retrieved from http://saber.ucv.ve/ojs/index.php/rev_vem/article/view/9145. Observatorio del Cambio Rural. 2012. "El movimiento de mujeres y feministas del Ecuador." August 28. Retrieved from <https://es.scribd.com/doc/104210855/El-Movimiento-de-Mujeres-y-Feministas-Del-Ecuador>.
- OMS (Organización Mundial de la Salud). 2014. *Estadísticas sanitarias mundiales 2013*. Retrieved from http://apps.who.int/iris/bitstream/10665/82218/1/9789243564586_spa.pdf?ua=1.
- Ortiz Lemos, Andrés. 2013. *La sociedad civil ecuatoriana en el laberinto de la revolución ciudadana*. Quito: FLACSO Ecuador.
- Patronato Municipal San José y ONU Mujeres. 2014. "Protocolo de actuación en casos de violencia sexual en el sistema integrado de transporte de pasajeros de Quito." Retrieved from http://www.patronato.quito.gob.ec/images/pdf/libro_protocolo_b_n.pdf.
- Plan V. 2015a. "Ecuador: las mujeres perseguidas por aborto." Retrieved from <http://www.planv.com.ec/historias/sociedad/ecuador-mujeres-perseguidas-aborto/pagina/0/2>.
- Plan V. 2015b. "Las cuatro cosas que debe saber sobre el 'ministerio de la moral.'" Retrieved from <http://www.planv.com.ec/investigacion/investigacion/cuatro-cosas-que-debe-saber-sobre-el-ministerio-la-moral/pagina/0/3>.
- Presidencia de la República del Ecuador. 2015. "Plan Familia Ecuador." Retrieved from <https://ia800307.us.archive.org/2/items/PlanFamiliaEcuador/Plan%20Familia%20Ecuador.pdf>.
- Redrobán, Verónica. 2014. "Mujeres en movimiento dibujando un país: percepciones de mujeres migrantes sobre el Ecuador al que regresan." (Tesina de especialización, FLACSO Ecuador). Retrieved from <http://repositorio.flacsoandes.edu.ec/bitstream/10469/7530/2/TFLACSO-2014VGRH.pdf>.
- Ribadeneira, Amelia. 2016. "Ecuador debe caminar a despenalizar el aborto por delitos sexuales." Retrieved from <http://www.defensayjusticia.gob.ec/dyj/?p=2081>.
- Secretaría Nacional de Gestión de la Política. 2013. "Asamblea Nacional renovada será liderada por mujeres en Ecuador." Retrieved from <http://www.politica.gob.ec/asamblea-nacional-renovada-sera-liderada-por-mujeres-en-ecuador>.
- UNDP (UN Development Programme). 2015. "Gender Inequality Index." Retrieved from <http://hdr.undp.org/en/composite/GII>.
- United Nations. 2013. "Report of the Special Rapporteur on the Right to Education, Kishore Singh. Human Rights Council."

Retrieved from http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/23/35/Add.2.

- Villamediana, Virginia. 2014. "Representaciones del cuidado infantil como problema de políticas públicas en el Estado ecuatoriano: ambivalencias y cambios potenciales." *Íconos. Revista de Ciencias Sociales* 50: 97–110.

El Salvador

Overview of Country

The Republic of El Salvador is the most densely populated and, at 13,074 square miles (21,041 sq. km), the smallest country in Central America. Guatemala borders it to the north, Honduras to the east, and the Pacific Ocean to the west. It has a tropical climate, and much of the land is considered agricultural. El Salvador is also prone to earthquakes, hurricanes, and volcanic activity, which sometimes result in widespread destruction and has led to the country being called the "Land of Volcanoes."

The capital of El Salvador is San Salvador, and the official language is Spanish. The country became a Spanish colony in 1540 and did not gain independence from Spain until 1821. During the 19th and 20th centuries, the country went through periods of political instability coupled with socioeconomic inequality. In 1932, 10,000–30,000 individuals were killed in a peasant uprising against the upper class, known as *La Matanza*. Indigenous peoples in western El Salvador joined with local communists to protest ethnic persecution by ladinos (landowners), depressed coffee prices, and the militarized government (Silber 2011; EAAF 2007). Even more would die in 1979, as El Salvador became embroiled in a 12-year civil war stemming from persistent socioeconomic inequality and harsh military rule. This war led to about 75,000 people being killed and ended only when the government and the leftist rebels signed a reform treaty in 1992 (CIA 2015). Since then, the government has stabilized and now operates as a democratic republic.

As of 2015, there are a little more than 6 million inhabitants, with women constituting a slight majority (World Bank 2015b). These individuals are 86.3 percent mestizo, or a mix of Spanish and indigenous populations, including the Nahua-Pipils, Lencas, and Kakawiras, along with a population that is 12.7 percent white; the rest identify as

indigenous or black. El Salvador has a young and largely urban population that is on average 26 years old (CIA 2015).

As for the economy, the country's gross domestic product (GDP) in 2014 was USD\$51.19 billion, ranking it 108th out of 230 countries. While the economy has recently slowed, El Salvador has the fourth-largest economy in Central American due in large part to exports to the United States (CIA 2015). Since the 19th century, the country has been particularly dependent on the production of coffee and sugar, with the land of the indigenous people of El Salvador being transferred to primarily 14 coffee-producing families called *las catorces*. About 16.5 percent of the GDP stems from remittances sent back to families from Salvadorans who immigrated to other countries, primarily the United States (Cohn et al. 2013).

Overview of Women's Lives

In terms of gender equality, El Salvador is ranked 116th out of 188 countries on the Gender Inequality Index (GII), which is a decline in the country's ranking of 91st from the previous year. Indeed, El Salvador falls short on several indicators of gender equality, including women's underrepresentation in parliament along with lower levels of education and workforce participation (UNDP 2015). Even so, the government has made gains in recent years due to the passage of legislation aimed at improving women's lives by enhancing education, increasing access to health care, and creating a more equitable workplace.

Girls and Teens

The female population makes up 53 percent of the total population (World Bank 2015b). Males outnumber females up to the age of 20 years old. Then the gender balance reverses, and females outnumber males because of the higher rate of death for males during the country's civil war (Alves et al. 2013). Yet, there are many young females under the age of 18 that make up about 23 percent of the country's population (CIA 2015). These girls and young women often have lives that are marked by poverty, violence, and a struggle to achieve gender equality in areas such as education and, eventually, the workforce.

Literacy

When it comes to literacy rates, teenage girls and young women in El Salvador have a high literacy rate. In fact,

females between the ages of 15 and 24 have a literacy rate of 96.4 percent, which slightly exceeds the 95.7 percent literacy rate seen among males in the same age range. At 84.5 percent, literacy rates for adult Salvadorans is lower (UNICEF 2013). This has led the Ministry of Education to spearhead the National Literacy Programme, which contends it has taught 200,000 people to read and write since 2009 (Ayala 2015). The result is a drop in illiteracy to 11.8 percent among Salvadorans. Even though women still make up an estimated 7.3 percent of illiterate Salvadorans, the Ministry of Education projects that, with their continued efforts, the country will have literacy rates of 96 percent or greater by 2019 and will be declared free of illiteracy (Ayala 2015).

Child Abuse

Child abuse is widespread in El Salvador, especially sexual abuse (U.S. Embassy in El Salvador 2015). According to UNICEF, more than half of the children in Central America are subject to emotional, physical, or sexual abuse (2013). This abuse is often conducted openly. More than one-third of Salvadorans know a child who has suffered verbal or emotional abuse by a family member. Yet, Salvadorans underreport the physical abuse of children, as a majority lack confidence in the authorities to solve the problem (English and Godoy 2010). Victims also fear reprisal, such as sexual assault, for reporting crimes to the authorities, and they face societal pressure to remain silent about such crimes. In response, the Salvadoran Institute for Children and Adolescents (ISNA) has opened shelters for abuse victims who are minors, and it has launched a violence-awareness campaign in an attempt to curb child abuse (U.S. Embassy in El Salvador 2015).

Teenage Pregnancy

When it comes to teenage pregnancy, El Salvador has one of the highest teen pregnancy rates in all of Latin America (Moloney 2014). In fact, there is an adolescent birth rate of 79 births for every 1,000 adolescents between the ages of 15 and 19 (UNDP 2015). While many of these births are due to consensual sex, some result from family or gang members who subject teenage girls to sexual abuse and rape, and because abortions are illegal, teen girls must carry their pregnancies to term (Moloney 2014). An estimated two-thirds of rapes in 2014 were committed against minors (Arce 2014), and about 41 percent of first-time

pregnancies for females between the ages of 10 and 19 resulted from rape (U.S. Embassy in El Salvador 2015).

Pregnant teenage girls are often rejected by their families and banned from coming to school, as it would set a bad example for other teenage girls. This situation leads an increasing number of teenage girls to commit suicide, causing teen pregnancy to become a leading cause of suicide; three out of eight maternal deaths are suicides by pregnant teenagers. To address this growing problem, the Ministry of Health recently formed an alliance with “government bodies, doctors’ associations, and international aid agencies” who view bringing boys and men into the alliance as key to preventing teenage pregnancy (Moloney 2014).

Education

Public, secular education is managed by the Ministry of Education and is compulsory up to the ninth grade. However, rural areas of the country often do not have the resources to provide all children with the education required by law. Many parents in these areas remove their children from school to work and contribute to the family’s income (U.S. Embassy in El Salvador 2015). The dropout rate for girls has historically been higher than for boys (Ayala 2015), and so girls have had fewer years of schooling overall (Macias et al. 2012). An additional explanation for this education gap is the machismo culture in which the education of boys is considered more important than the education of girls (Ayala 2015). Recent strides have been made to ensure gender parity, and now girls often surpass boys’ attendance (UNICEF 2013).

Primary and Secondary Education

In terms of free and mandatory education, the Salvadoran government offers primary education, which consists of nine years and starts when a student is seven. Males and females are enrolled in primary school at the same rate, about 96 percent (UNICEF 2013). Moreover, females appear to be more successful than males in primary schools, with females less likely to fail or repeat a grade than males (Education Policy and Data Center 2014). Secondary education, which lasts for two to three years, depending on whether vocational training is involved, is not mandatory. While many students do not continue their education past primary school, about 61 percent of females and 59 percent of males enroll in secondary school (UNICEF 2013).

Primary schools, particularly in rural areas, have a history of being underfunded. Only 3.4 percent of the

country’s GDP has been dedicated to education, which fails to meet many of the country’s educational needs (UNICEF 2013). This has led many schools to share resources and to allow students to attend neighboring schools for extracurricular activities or to complete their secondary education, as some schools do not offer it (Renderson 2012). President Sanchez Ceren, who was a teacher for a decade, has placed a greater focus on education since his 2014 election. For instance, the current government has given basic school supplies and computers to students to help families with the expense of school and keep students from dropping out (Cejo 2015).

Higher Education and Job Training

Higher education is available through 23 private universities and the largest and only public university, the University of El Salvador. There has been a steady increase in enrollment at the university level in recent years. Of the students enrolled, women make up the larger share of the student population. Out of the 163,607 students enrolled, 54 percent are female, and they are more likely to graduate than their male counterparts (Ministerio de Educacion 2014). USAID noted that there is continued gender stereotyping at the university level that steers women into areas that reinforce traditional female occupations such as nursing, causing a gender gap in the labor force (2013). As part of receiving funding from USAID, an emphasis is placed on reducing such stereotyping to achieve greater gender equity in higher education and the economy (USAID 2013).

El Salvador’s higher education system also includes specialized and technological institutions. These institutions focus vocational training and enroll about 13,000 students, with men having slightly higher enrollment than women (Ministerio de Educacion 2014). The Ministry of Education has recently sought to expand vocational training to women. Along with nongovernment organizations (NGOs), the ministry has reached out to women, particularly those in rural areas, to give them vocational training to prepare them for employment beyond domestic labor (USAID 2013). The U.S. Bureau of International Labor Affairs has also contributed to these efforts with their pledge of \$13 million to train both Salvadoran and Honduran at-risk youth in developing valuable work skills and assisting them in finding employment (USDOL 2015). These individuals who would otherwise not receive a higher education are being taught necessary skills to move them into the formal workforce.

Health

Although health conditions have improved, poverty brings with it limited access to health care and proper nutrition (World Bank 2011). Governmental health expenditures currently make up less than 7 percent of the entire GDP of El Salvador. Despite this, men are expected to live for 71 years, while women have an estimated life span of 78 years (CIA 2015).

Access to Health Care

In 2009, the government began to reform its health care system to achieve universal health care by increasing the Ministry of Health's budget. In doing so, El Salvador is creating a system based on health care as a "public good and a fundamental human right" (WHO 2014). However, access to health care continues to be more limited in rural areas due to a lack of nearby government health centers. There is also overcrowding at government health centers and a continued lack of resources to treat patients (FIMRC 2015). Patients often have to pay for supplies such as syringes to be treated at one of the government's free health centers. This has led to medical personnel requesting that the government raise taxes on the wealthy to pay for the underfunded program and to ensure universal access to health care for all. Yet, even with these setbacks, new clinics staffed by doctors and nurses along with laboratories and emergency rooms have been established, particularly in rural areas, and infant and maternal mortality rates have been cut dramatically due to increased access to medical care (Bloom 2012).

Maternal Health

Fewer babies are being born in El Salvador. The birth rate has dropped significantly in recent years in conjunction with the increased usage of birth control methods. Today, there is an average of 1.91 children born per woman, which places the country on similar levels as the United States. Yet, low birth weight and child mortality is problematic; about 9 percent of babies are born underweight, and the child mortality risk for children under five years old is estimated at 11.2 percent. Even so, child mortality rates have decreased in recent years, and there has been a 50 percent decline in deaths among children under age five. Maternal deaths have also decreased due to better access to health care. Antenatal care is on the rise, with 94 percent of women reporting at least one antenatal visit to

a health care professional. There is also increased use of a skilled attendant during the birthing process. About 96 percent of women have trained personnel during delivery. This has caused an increase in cesarean births beyond the recommended rate; about one in four children are born via C-section. Current reports show 54 maternal deaths for every 100,000 live births in El Salvador (CIA 2015; UNICEF 2013).

Abortion

Since 1998, abortion has been illegal in all cases in El Salvador, and women face two to eight years in prison if convicted of having an abortion (Amnesty International 2015b). Thus, the health and safety of pregnant women are put at risk from both illegal abortions and dangerous pregnancies that could be life-threatening. Furthermore, those who fail to deliver a live baby are often accused of having had an abortion. Hospitals may report women who miscarry what are deemed viable fetuses or give birth to still-born babies to the police, which may cause these women to be prosecuted for aggravated homicide with a possible sentence of 50 years (Amnesty International 2015a).

Recently, several women's rights campaigns, including the Center for Reproductive Rights and Agrupacion Ciudadana, have sought to free 17 women, Las 17, who were imprisoned for aggravated homicide and sentenced to 30–40 years for reported miscarriages (Ford 2015). Recently, one woman was pardoned because of a lack of due process in her case; the other 16 women are waiting to have their cases reconsidered as well (Guevara-Rosas 2015). These events led women's rights groups to increase pressure to eliminate strict abortion laws altogether, but the government has given no indication that the laws will be repealed (Ford 2015). Moreover, the public has shown limited support for changing abortion rights. A recent study found that only 10 percent of Salvadorans demonstrate support for legalizing abortion in all or most cases, and 93 percent view abortion as morally wrong (Pew Research Center 2014b).

Reproductive Rights

While the rate of birth control usage has increased dramatically, access to and usage of contraceptives are still limited. For instance, sex education in schools is limited, and access to contraceptives is not readily available, both due in part to the Catholic Church's influence (Moloney 2014). A recent survey of Salvadorans revealed that 45 percent view the usage of contraceptives as morally

wrong (Pew Research Center 2014b). While 72.5 percent of married women between the ages of 15 and 49 use contraceptives, more than 1 in 4 do not use contraceptives to prevent unwanted pregnancies (UNICEF 2013). This gap in contraceptive use appears to be even more pronounced for those who are poor and live in rural areas where contraceptives may be difficult to obtain (Siow 2009). The lack of birth control usage appears to be due to availability and religious conviction rather than government regulations.

Diseases and Disorders

El Salvador suffers from a lack of proper sanitation facilities, which promotes infectious diseases in the country. Overall, 70 percent of Salvadorans have access to improved sanitation facilities; however, among rural residents, just 52.6 percent have access (UNICEF 2013). This, in turn, often leads to contaminated food and water and has caused a high risk for diarrheal diseases (CIA 2015). The Centers for Disease Control and Prevention (CDC) recommends travelers get vaccinated for hepatitis A and typhoid before going to El Salvador, as there is a risk of contracting these diseases through contaminated food or water (CDC 2015).

There is also a risk of dengue fever and Zika virus caused by mosquito bites in this tropical climate (CIA 2015). The CDC recently warned pregnant women about traveling to El Salvador and the surrounding countries due to possible birth defects that can occur to children born of mothers who were infected with the Zika virus while pregnant. Chief among these defects is microcephaly, a rare condition that results in children being born with small heads and brains. As the country struggles to reduce the number of Zika cases, El Salvador has urged women of childbearing age to wait at least two years before getting pregnant to prevent birth defects (Mohney 2016).

Another health concern is the lack of nutrition; chronic malnutrition affects almost one in five children under the age of five, which can lead to long-term health effects and even death (UNICEF 2013). At the same time, there has also been an increase in obesity among children and women; 80 percent of women over the age of 40 are classified as overweight (World Bank 2011). This, in turn, may lead to greater health problems for women as they age.

Cervical cancer is another health concern for women, as it is the leading cause of cancer deaths among Salvadoran women. To address this issue, the Ministry of Health launched a program in 2012 to provide cervical cancer screenings to women with limited access to health care.

The lower-cost swab screening resulted in an estimated 30,000 Salvadoran women being screened for cervical cancer by the end of 2015. With these additional screenings, more women can be treated for cervical cancer, which is expected to lead to a decline in deaths from this disease (Basic Health International 2015).

While cervical cancer rates are still high, HIV/AIDS rates in El Salvador are relatively low: only 0.6 percent of the population has HIV. However, just 27 percent of young women between the ages of 15 and 24 years old have comprehensive knowledge of HIV and how to prevent its spread (UNICEF 2013). Those with HIV/AIDS suffer from discrimination and may be refused employment or fired if their status is known, even though this is illegal under Salvadoran law (U.S. Embassy in El Salvador 2015).

Employment

The government of El Salvador uses the U.S. dollar as its currency. Currently, El Salvador's GDP is about USD\$51 billion, but its economy continues to lag following the 2008 global economic downturn. From 2010 to 2014, the GDP grew about 2 percent. The government deficit has also been growing; the proportion of GDP associated with debt reached 59 percent in 2014 (CIA 2015). In 2009, the government adopted an anti-crisis plan to stimulate economic recovery by devoting USD\$600 million to social welfare programs and other programs to strengthen the country's public finances. The small gains made in the economy since have resulted in decreased poverty rates from a high of 40 percent in 2008 to about 30 percent in 2013 (World Bank 2014).

About 2.8 million Salvadorans participate in the workforce, and the country has an estimated unemployment rate of 6.2 percent (CIA 2015). Of those currently in the workforce, about 66 percent are employed in the informal economy, for example, selling various goods on the streets and not earning steady wages (ILO 2012). Although the gap is shrinking, more men are currently employed in the workforce than women (Bell 2013). Also, about 1 in 10 children between the ages of 5 and 14 are employed in various levels of economic activity or domestic service (UNICEF 2013). While most of this employment is voluntary, there have been reports of the forced labor of men, women, and children in "agriculture, domestic servitude, and the informal sector" (U.S. Embassy in El Salvador 2015).

Workers are also affected by free-trade agreements, specifically the United States–Central America Free Trade Agreement (CAFTA), which went into effect in 2006. At its

passage, proponents argued that it would create jobs and bolster the economy along with curbing gangs, drugs, and undocumented immigration (Perla 2016). While the country's GDP has increased since CAFTA's passage, cheaper agricultural products imported from the United States have undermined the ability of Salvadoran farmers to compete. This, in turn, has forced these once rural agricultural workers to look for work in urban areas. However, employment has become more difficult to obtain in these areas due to rapid urbanization and the influx of workers seeking employment.

Women in the Economy

With only 48 percent of women aged 15 and over participating in the labor force, more men than women are considered workers in El Salvador's economy (World Bank 2015a). Of those, over half labor in the informal economy, which are jobs that often lack stable incomes and benefits (Gelb and Palley 2009). Women in the formal economy face challenges such as being employed in low-wage jobs in domestic service and *maquilas*, or factories, and they face "exploitation, mistreatment, verbal abuse, threats, sexual harassment, and generally poor working conditions" (U.S. Embassy in El Salvador 2015). These workers are also subjected to violations related to wages, work hours, and safety and are not allowed to form a union to address the workers' needs (U.S. Embassy in El Salvador 2015). Such factories typically pay wages that keep families below the poverty line, have unsafe and abusive work environments that mandate workers labor overtime, and threaten employees with the loss of employment or pressure workers to excessively increase their production (IGLHR 2011). The passage of CAFTA, with its unenforced labor code, has not improved the abusive working conditions and appears to have worsened the situation due to the increased competition to produce cheaper goods (Campanile 2005).

Women also face other challenges in the workplace. For instance, women may be sexually harassed by their employers or coworkers. The government of El Salvador requires employers to implement measures that decrease the prevalence of sexual harassment, but the government has not enforced these laws to protect female workers. Pregnancy is also an issue for women workers. Some employers require pregnancy tests before hiring, and women may be fired for becoming pregnant. While employers may be fined and imprisoned for discriminating against women in employment, few employees report such discrimination for fear of reprisal and with the knowledge that these laws

are not being enforced by the government (U.S. Embassy in El Salvador 2015).

Salvadoran women earn less than men with the same job, particularly in urban areas (Macias et al. 2012). Men are also more likely to receive jobs and promotions than similarly situated women (U.S. Embassy in El Salvador 2015). Yet, a slight majority (55%) of Salvadorians are not in favor of men receiving preference over women in relation to jobs (Macias et al. 2012). Reflecting this belief, El Salvador's government recently implemented programs to teach women valuable work skills and help them transition into the formal economy (USAID 2013).

Family Life

When it comes to the family, men are traditionally the dominant figures in the household, as El Salvador, like many Latin American countries, has a culture that emphasizes machismo, or male power. In a recent survey, 71 percent of Salvadoran males and 65 percent of females agreed that women should be obedient to their husbands (Pew Research Center 2014b). Salvadoran marriages tend to occur at a young age. Girls can legally marry as young as 14 years old (U.S. Embassy in El Salvador 2015). By the age of 15, 5 percent of teen girls are married, which increases to about 25 percent by age 18 (UNICEF 2013). Many Salvadorans enter into nonmarital unions and have children without marrying. These couples are allowed the same property and child custody rights as married couples after three years of cohabitation (USCIS 2000). Regardless of whether they are married, girls and young women are often expected to occupy their time in domestic labor, and a greater emphasis is placed on their taking care of the children and the home. However, staying at home and engaging in domestic labor may not be financially feasible for some women because about one-third of Salvadoran households are headed by single mothers (Centre for Intercultural Learning 2009).

Marriage and LGBT Rights

Same-sex relations in El Salvador are not considered illegal. However, same-sex couples do not have the same rights as heterosexual couples. El Salvador's Constitution defines marriage as being between a man and a woman, denying same-sex couples the right to marry (Forgie 2011, 199). Several attempts have been made to amend the constitution to ban same-sex marriages, but each attempt has failed to achieve the necessary votes in the legislative assembly

(200). Civil unions for same-sex couples are also not recognized, and the government gives no appearance of providing same-sex couples with legal recognition (205). Furthermore, adoptions by same-sex couples are prohibited; only heterosexual married couples may adopt children.

This lack of rights stems in part from Salvadorans' lack of support for the LGBT community. For example, in a recent survey, only 11 percent of Salvadorans supported legalizing same-sex marriage (Pew Research Center 2014b). This lack of support extends to family members, as many in the LGBT community have been disowned by their families. Members of the LGBT community have also been subject to violent attacks. In the previous eight years, at least 145 LGBT individuals were killed. Many of these attacks have been carried out by the police or soldiers and are often not investigated by the attorney general (Mackey and Moran 2014).

In response to the attacks on LGBT individuals, former president Mauricio Funes established the Sexual Diversity Directorate to prevent discrimination against the LGBT community, and he issued Executive Decree 56, which outlaws discrimination based on sexual orientation or gender identity (Mackey and Moran 2014). A hotline was established for members of the LGBT community to call to express concerns about their rights and to request assistance against discrimination (U.S. Embassy in El Salvador 2015).

Recently, some rights have been granted to some within the LGBT community. For example, transgender people received the right to vote for the first time in El Salvador by the Supreme Electoral Tribunal (Mackey and Moran 2014). There is also a movement to replace the masculine term *Latino* with *Latinx* to promote the inclusion of women, non-binary, and transgendered individuals (Scharron Del-Rio and Aja 2016). Thus, while the LGBT community remains a target of discrimination and hate crimes, there have been some positive developments. Furthermore, discrimination against the LGBT community may become less pronounced in the near future. Younger Salvadorans demonstrate greater support for the rights of same-sex couples than older Salvadorans, indicating a change in attitudes toward the LGBT community (Pew Research Center 2014b).

Politics

El Salvador is a democratic country with a representative government that has executive, legislative, and judicial branches. The legislative branch consists of a unicameral Legislative Assembly with 84 members. Representation in the government is open to Salvadorians of both genders,

with 23 women, or 27.4 percent, serving as members of the legislative branch. Furthermore, 6 out of the 15 members of the current Supreme Court are women. While there has never been a female president in El Salvador, 3 of the 13 members of the current executive cabinet are women (U.S. Embassy in El Salvador 2015). Between 2004 and 2009, Ana Vilma de Escobar served as El Salvador's first female vice president, representing the right-wing Nationalist Republican Alliance (ARENA) party.

Beginning in 2015, an amendment to the Law of Political Parties required that a party's candidates for national, subnational, and Central American Parliament be 30 percent female, which is expected to increase female representation (IIDEA 2015). Diasporic Salvadoran women's participation in the political process extended the Legislative Assembly's passage of a law allowing Salvadorans living abroad to vote in national elections (Mills 2013).

Participation in Government

There is universal voter participation for those 18 and older. Women gained the right to vote in 1939, but they have continued to lag behind men in political participation. A little over half of the registered voters in El Salvador are women (IIDEA 2015). Yet, in the 2012 elections, about 67 percent of women reported voting, compared to 69 percent of men. Furthermore, women have been found to be less likely to contact political representatives or volunteer for campaigns (Macias et al. 2012).

In addition, younger Salvadorans are less likely to participate in elections. This stems in part from the greater likelihood that they lack a citizen ID card or birth certificate, which are necessary to vote in elections. Yet, younger men and women have similar levels of political knowledge and express greater interest in politics than older Salvadorans. This indicates that younger Salvadoran men and women could be mobilized to engage in politics if barriers were removed. However, it may be more difficult to mobilize young females to vote than young males. Women cite "issues of security, violence, and crime" as reasons for not going to the polls and engaging in the public sphere, while men do not view safety as an impediment to participation (National Democratic Institute 2009).

Legislation

In 2011, El Salvador passed the First Comprehensive Law for a Life Free of Violence against Women to address the violence occurring against women. The law includes measures

aimed at preventing violence in all forms and assisting victims (UNDP 2011). Despite this passage, Amnesty International found that the law is not being appropriately implemented due to a lack of funding and continued bias against women demonstrated by government entities, especially the judicial system (Amnesty International 2014).

Additional legislation has been enacted to improve women's lives. In 2011, the Law of Equality, Fairness, and the Elimination of Discrimination against Women "improved the judicial framework for the protection of women's rights," provided for equal pay for equal work, and ensured titular rights for land belonging to rural women (UN Women 2011). Without the work of several women's rights groups in El Salvador that came together to create this law and extensively lobby the Legislative Assembly to ensure its passage, it would not have become a reality (UN Women 2011).

Religious and Cultural Roles

While there is no official state religion, the major religion in El Salvador is Roman Catholicism. However, Evangelical Protestantism is growing rapidly; 40 percent of Salvadorans identify as Evangelical compared to 50 percent who identify as Catholic. Salvadoran women are more likely to identify as both Catholic and Protestant than men. At the same time, the number of those who are unaffiliated has also grown; about 1 in 10 Salvadorans do not have a religious affiliation (Pew Research Center 2014b). A small percentage of Salvadorans practice indigenous religions (U.S. Embassy in El Salvador 2015). This movement away from Catholicism is a more recent trend, as 93 percent identified as Catholics in 1970 (Pew Research Center 2014b).

The long history of the Catholic Church has strongly influenced society. The Catholic Church is the only church recognized in El Salvador's Constitution; it is given special legal status (U.S. Embassy in El Salvador 2015). The teachings of the Catholic Church are also evident in the country's more conservative culture: most Salvadorans view premarital sex, abortion, same-sex marriage, divorce, and the consumption of alcohol as morally wrong (Pew Research Center 2014b). The Catholic Church has likewise exerted its influence over the country's laws, particularly in relation to making abortion illegal regardless of the circumstances and even blocking a sex education manual for students (Moloney 2014).

Syncretism

While El Salvador's indigenous population is small, their religious practices have influenced the religious practices

of other religions, particularly the Catholic Church, and have led to a blending of religions (U.S. Embassy in El Salvador 2015). Many Salvadorans believe in aspects of Afro-Caribbean, Afro-Brazilian, or indigenous religions. The most popular belief concerns the evil eye. In a recent survey, 46 percent of Salvadorans stated that they believe in the evil eye, which maintains that individuals "can cast curses and spells that cause harm" (Pew Research Center 2014a). As for level of engagement in indigenous religious practices, 34 percent indicated that they had engaged in at least three indigenous beliefs or religious practices, which included "belief in the evil eye, reincarnation, witchcraft or sorcery, communicating with spirits, offering food, drinks, or flowers to spirits, participating in spiritual cleansing ceremonies, consulting traditional healers, and experiencing black magic" (Pew Research Center 2014a).

Quinceañera

In many Latin American countries, including El Salvador, many Catholic girls have a quinceañera celebration on their 15th birthday to mark their transition to womanhood. During this celebration, the girl's family typically has a mass and a blessing in which the girl commits her life to Christ and the church. Afterward, she is presented to the community as a young woman, and a fiesta in her honor usually follows. This celebration can be very expensive for the families; some save for years and accept donations to make the celebration possible. The cost can resemble a wedding, which places a burden on the family, and has caused the Catholic Church to recommend cost-cutting measures (U.S. Conference of Catholic Bishops 2016). Even with cost cutting, families living in poverty often cannot afford to celebrate a quinceañera, so this coming-of-age ceremony is primarily celebrated by wealthier families who can afford the expense of the ceremony and fiesta (*Unbound* 2012).

Issues

While El Salvador is striving for greater gender equality in such areas as education, health care, political participation, and the workforce, there are larger societal problems. Violence associated with gangs and underlying social inequality threaten to undermine civil society and have proven especially difficult for the government to address, particularly as it relates to women.

Gangs and Violence against Women

Crime and violence rates are considered high throughout the country, and the police appear to lack the necessary resources to properly enforce laws. While much of the crime centers on theft and extortion, gangs, particularly the Mara Salvatrucha (MS-13) and the Eighteenth Street (M18) gangs are responsible for most of the crime in El Salvador. Escalating gang violence, stemming from an estimated 60,000 gang members, has caused El Salvador to have the second-highest per capita murder rate in the world (Arce 2014) and the highest femicide rate in the world. Femicide is defined as “a crime involving the violent and deliberate killing of a woman” (UN Women 2013). Indeed, many of the crimes committed by these gangs involve young women that gang members had abducted and raped and then either murdered or threatened to do so to ensure their silence (Arce 2014). In doing so, gang members are able to exert further control over neighborhoods by using rape and murder as weapons to terrorize residents.

In response, many young women lock themselves away at home to protect themselves (McEvers and Garsd 2015). Yet, some young women who have been subjected to gang rape have managed to flee the country and have sought asylum in the United States (Arce 2014). Indeed, many minors have escaped to the United States in recent waves of unaccompanied minors hoping to find a safe haven from the violence that is a part of their everyday lives. As of 2015, it is unlikely that many of these minors will be allowed to stay in the United States. They will be sent back to El Salvador and the brutality of gang violence, which the police contend takes Salvadoran girls lives daily (McEvers and Garsd 2015).

Some young women perpetuate violence as gang members. These female gang members are argued to be “violently exploited and heavily relied on by male gang members” (Cawley 2013). They are typically viewed as less suspicious to the police, which means they are often tasked with carrying out criminal activity such as drug smuggling and extortion, but they are also expected to carry out gender-specific roles by cooking and taking care of the children and men in the gang. These young women may also be subjected to gang rape as part of the gang’s initiation process and may be killed if they try to leave the gang. These women become both the perpetrators and victims of violence after joining gangs, as male gang members exert their power over women both outside and within the gang (Cawley 2013).

Social Inequality

Social inequality remains a challenge in El Salvador. Even though the poverty rate has declined, it is still high. Women are more likely to earn less than men, which contributes to women’s poverty. In fact, women earn about 57 percent of what men make for the same job (U.S. Embassy in El Salvador 2015). Furthermore, there is a large gap in the distribution of income between the poorest and wealthiest Salvadorans (Tardanico 2008). While it is estimated that about 30 percent of Salvadorans live in poverty, those in the top 20th income percentile control almost 50 percent of the country’s wealth (World Bank 2013). At 66 percent, a majority of Salvadorans see this income gap as a major problem for the country (Pew Research Center 2014b).

Jobs are scarce, leading many young people to a life of crime and imprisonment. Few of the country’s finances are allocated to social programs, worsening the gap between the wealthy and the poor (Tardanico 2008). This has contributed to about one-fourth of the population leaving El Salvador, with most relocating to the United States. Remittances from abroad sent to family members now constitute one of the country’s major sources of income (Beaubien 2009). However, many still live in shacks and subsist on low wages.

UN Secretary-General Ban Ki-moon recently praised El Salvador for its progress following the peace treaty, but he urged the country to address its social inequality, as such inequality was the root cause of the civil war that plagued the country for over a decade (UNNS 2012). Many factors stymie efforts to create more social equality, including “intense urbanization, severe deficiencies of housing and basic infrastructure, environmental destruction and vulnerability to natural hazards, precarious employment, pervasive fear of violence and crime, and elite resistance to inclusionary politics” (Tardanico 2008).

Women in El Salvador have made recent gains in achieving more equality in areas such as education, health, employment, political participation, and violence against women, in part due to the government’s New National Policy on Women 2005–2009, though additional progress is needed (OHCHR 2008). Indigenous women in particular are seeing change due to the government’s recognition of indigenous peoples and its intent to “adopt policies for the purpose of maintaining and developing their ethnic and cultural identities, cosmovision, values, and spirituality” (CISPES 2014). It is hoped this will also protect their communal lands, where approximately 60 percent live, and promote their rights to political and economic self-determination (Purdy 2014).

The deadly violence against women, children, and the LGBT community that plagues the country is a gross violation of human rights that the government seems ill-equipped and, at times, reluctant to address. Moreover, the ingrained biases that lead to discrimination and unequal treatment must be fully addressed by the Salvadoran government. Such efforts are necessary if women are to achieve parity with men in the workforce, political participation, and society in general. To remedy these issues, the government must not only pass laws but also be willing to ensure the rights of its citizens are not violated. Likewise, the culture needs to shift toward greater equity and inclusion for all. In doing so, El Salvador will become a safer, more prosperous place for all its citizens.

AMY STRINGER

Further Resources

- Alves, Jose Eustaquio Diniz, Suzana Cavenaghi, and George Martine. 2013. "Population and Changes in Gender Inequalities in Latin America." Paper presented at the International Population Conference August 26–31 in Busan, Korea. Retrieved from http://iussp.org/sites/default/files/event_call_for_papers/Paper_Genero%20e%20desenvolvimento_IUSSP_10ago013_0.pdf.
- Amnesty International. 2014. "On the Brink of Death: Violence against Women and the Abortion Ban in El Salvador." Retrieved from http://www.amnestyusa.org/sites/default/files/on_the_brink_of_death.pdf.
- Amnesty International. 2015a. "El Salvador's Total Abortion Ban Sentences Children and Families to Trauma and Poverty." November 30. Retrieved from <http://www.amnestyusa.org/news/press-releases/el-salvador-s-total-abortion-ban-sentences-children-and-families-to-trauma-and-poverty>.
- Amnesty International. 2015b. "Hundreds of Thousands Join the Struggle to End El Salvador's Shameful and Discriminatory Abortion Ban." April 22. Retrieved from <http://www.amnestyusa.org/news/news-item/hundreds-of-thousands-join-the-struggle-to-end-el-salvador-s-shameful-and-discriminatory-abortion-ba>.
- Arce, Alberto. 2014. "El Salvador Gangs Terrorize Women with Rape and Murder." November 6. Associated Press. Retrieved from http://www.huffingtonpost.com/2014/11/06/el-salvador-gangs-women_n_6114070.html.
- Ayala, Edgardo. 2015. "Illiteracy Wears a Woman's Face in El Salvador." January 8. Inter Press News Agency. Retrieved from <http://www.ipsnews.net/2015/01/illiteracy-wears-a-womans-face-in-el-salvador>.
- Basic Health International. 2015. "El Salvador: The Cervical Cancer Prevention Program (CAPE)." Retrieved from <http://www.basichealth.org/the-cervical-cancer-prevention-program-cape-in-el-salvador>.
- Beaubien, Jason. 2009. "Social Inequalities, Discontent Grow in El Salvador." NPR. Retrieved from <http://www.npr.org/templates/story/story.php?storyId=101565265>.
- Bell, Olivia. 2013. "Poverty and Gender Inequality in Post-War El Salvador." *Global Majority E-Journal* 4.1: 27–39.
- Bloom, Amanda. 2012. "Universal Health Care in El Salvador—A Personal Reflection." Committee in Solidarity with the People of El Salvador." CISPES, December 6. Retrieved from <http://cispes.org/media/el-salvador-watch-newsletter/esw-articles/universal-health-care-in-el-salvador-a-personal-reflection>.
- Campanile, Veronica. 2005. "Gendered Perspectives and Women's Action on the Central American Free Trade Agreement." March. Central American Women's Network. Retrieved from <http://www.cawn.org/assets/CAWN%20CAFTA%202005.pdf>.
- Cawley, Marguerite. 2013. "The Mara Women: Gender Roles in CentAm Street Gangs." InSight Crime, September 5. Retrieved from <http://www.insightcrime.org/news-analysis/centam-street-gangs-reject-rely-on-women-study>.
- CDC (Centers for Disease Control and Prevention). 2015. "Health Information for Travelers to El Salvador: Traveler View." Retrieved from <http://wwwnc.cdc.gov/travel/destinations/traveler/none/el-salvador>.
- Ceja, Lucho Granados. 2015. "Gains in Education and Poverty Reduction Continue during Salvadoran President's First Year in Office." Telesur, May 31. Retrieved from <http://www.telesurtv.net/english/analysis/Salvadoran-President-Prioritizes-Education-Poverty-Reduction-20150531-0013.html>.
- Centre for Intercultural Learning. 2009. "Overview El Salvador." Global Affairs Canada. Retrieved from https://www.international.gc.ca/cil-cai/country_insights-apercus_pays/overview-apercu_sv.aspx?lang=eng.
- CIA (Central Intelligence Agency). 2015. "El Salvador." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/es.html>.
- Cohn, D'Vera, Ana Gonzalez-Barrera, and Danielle Cuddington. 2013. "Remittances to Latin America Recover—But Not to Mexico." Pew Research Center, November 15. Retrieved from <http://www.pewhispanic.org/2013/11/15/remittances-to-latin-america-recover-but-not-to-mexico>.
- The Committee in Solidarity with the People of El Salvador (CISPES). 2014. "El Salvador Amends Constitution to Recognize Indigenous Peoples." June 19. Retrieved from [0]<http://cispes.org/blog/el-salvador-amends-constitution-recognize-indigenous-peoples>.
- EAAF (Equipo Argentino de Antropología Forense). 2007. "El Salvador." *EAAF 2007 Annual Report*. Retrieved from http://eaaf.typepad.com/annual_report_2007/An07_ElSalvador-41.pdf.
- Education Policy and Data Center. 2014. "El Salvador." Retrieved from http://www.epdc.org/sites/default/files/documents/EPDC%20NEP_El%20Salvador.pdf.
- English, Cynthia, and Johanna Godoy. 2010. "Child Abuse Underreported in Latin America." Gallup, June 4. Retrieved from <http://www.gallup.com/poll/139376/Child-Abuse-Underreported-Latin-America.aspx>.
- FIMRC (Foundation for International Medical Relief of Children). 2015. "Project Las Delicias: El Salvador." Retrieved from <http://www.fimrc.org/el-salvador>.
- Ford, Liz. 2015. "El Salvador Pardons Woman Jailed after Birth Complications Led to Death of Child." *The Guardian*, January

22. Retrieved from <http://www.theguardian.com/global-development/2015/jan/22/el-salvador-pardons-woman-guadalupe-stillbirth-miscarriage-anti-abortion-laws>.
- Forgie, Anna C. 2011. "El Derecho A Amar (The Right to Love): Same-Sex Relationships in Spain and El Salvador." *Northwestern Journal of International Human Rights* 9.2: 185–207.
- Gelb, Joyce, and Marian Lief Palley. 2009. *Women and Politics Around the World: A Comparative History and Survey*. Vol. 2. Santa Barbara, CA: ABC-CLIO.
- Guevara-Rosas, Erika. 2015. "El Salvador and 'Las 17'" *New York Times*, March 12. Retrieved from http://www.nytimes.com/2015/03/03/opinion/el-salvador-and-las-17.html?_r=0.
- IGLHR (Institute of Global Labour and Human Rights). 2011. "Ocean Sky Sweatshop in El Salvador: Women Paid Just 8 Cents for Each \$25 NFL Shirt They Sew." January 21. Retrieved from <http://www.globallabourrights.org/reports/ocean-sky-sweatshop-in-el-salvador-women-paid-just-8-cents-for-each-25-nfl-shirt-they-sew>.
- IIDEA (International Institute for Democracy and Electoral Assistance). 2015. "El Salvador." Retrieved from <http://www.idea.int/db/countryview.cfm?id=209#Gender%20quotas>.
- ILO (International Labour Organization-Department of Statistics). 2012. "Statistical Update on Employment in the Informal Economy." June. Retrieved from http://laborsta.ilo.org/applv8/data/INFORMAL_ECONOMY/2012-06-Statistical%20update%20-%20v2.pdf.
- Macias, Ricardo Cordova, Jose Miguel Cruz, and Mitchell Al Seligson. 2012. "Political Culture of Democracy in El Salvador and in the Americas, 2012: Toward Equality of Opportunity." USAID. Retrieved from http://www.vanderbilt.edu/lapop/es/ElSalvador_2012_Report_English_W.pdf.
- Mackey, Danielle Marie, and Gloria Marisela Moran. 2014. "Transgender People Vote for the First Time in El Salvador's History." *Global Post*, March 26. Retrieved from <http://www.globalpost.com/dispatches/globalpost-blogs/rights/el-salvador-transgender-vote-first-time-history-lgbt>.
- McEvers, Kelly, and Jasmine Garsd. 2015. "The Surreal Reasons Girls Are Disappearing in El Salvador: #15Girls." NPR, October 7. Retrieved from <http://www.npr.org/sections/goatsandsoda/2015/10/05/445985671/never-leave-your-house-survival-strategies-for-el-salvador-s-15girls>.
- Mills, Frederick B. 2013. "The 2014 Presidential Elections in El Salvador and the Transnational Electorate." *Council on Hemispheric Affairs (COHA)*, March 12. Retrieved from <http://www.coha.org/the-2014-presidential-elections-in-el-salvador-and-the-transnational-electorate>.
- Ministerio De Educacion. 2014. "Resultados de la Informacion Estadistica de Instituciones de Educacion Superior 2014." Retrieved from <http://www.mined.gob.sv/index.php/descargas/send/713-informacion-estadistica-de-educacion-superior/6249-resultados-de-la-informacion-estadistica-de-instituciones-de-educacion-superior-2014>.
- Mohney, Gillian. 2016. "El Salvador Advises Women to Avoid Pregnancy for 2 Years Due to Zika Virus Outbreak." ABC News, January 26. Retrieved from <http://abcnews.go.com/Health/el-salvador-advises-women-avoid-pregnancy-years-due/story?id=36524952>.
- Moloney, Anastasia. 2014. "Rape, Abortion Ban Drives Pregnant Teens to Suicide in El Salvador." Reuters, November 12. Retrieved from <http://www.reuters.com/article/us-el-salvador-suicide-teens-idUSKCN0IW1YI20141112>.
- National Democratic Institute. 2009. "Democracy Survey Shows Opportunities, Ongoing Challenges for Political Participation in El Salvador." Retrieved from <https://www.ndi.org/node/16020>.
- OHCHR (Office of the United Nations High Commissioner for Human Rights). 2008. "Concluding Observations of the Committee on the Elimination of Discrimination against Women: El Salvador, Forty-Second Session 20 October–7 November 2008." Retrieved from <http://www.ohchr.org/EN/Countries/LACRegion/Pages/SVIndex.aspx>.
- Perla, Hector, Jr. 2016. "The Impact of CAFTA: Drugs, Gangs, and Immigration." Telesur, March 1. Retrieved from <http://www.telesurtv.net/english/opinion/The-Impact-of-CAFTA-Drugs-Gangs-and-Immigration-20160301-0008.html>.
- Pew Research Center. 2014a. "Religion in Latin America: Religious Beliefs." November 13. Retrieved from <http://www.pewforum.org/2014/11/13/chapter-3-religious-beliefs/>.
- Pew Research Center. 2014b. "Religion in Latin America: Widespread Changes in a Historically Catholic Region." November 13. Retrieved from <http://www.pewforum.org/2014/11/13/chapter-5-social-attitudes>.
- Purdy, Britnae. 2014. "El Salvador Recognizes Indigenous Peoples." *First Peoples Worldwide*, June 30. Retrieved from <http://firstpeoples.org/wp/el-salvador-recognizes-indigenous-peoples>.
- Renderson, George. 2012. "El Salvador Makes the Grade in Universal Primary Education." USAID, September 26. Retrieved from <https://blog.usaid.gov/2012/09/el-salvador-makes-the-grade-in-universal-primary-education>.
- Scharron-Del Rio, Maria and Alan A. Aja. 2016. "The Case FOR 'Latinx': Why Intersectionality Is Not a Choice." June 27. Retrieved from <http://www.latinorebels.com/2015/12/05/the-case-for-latinx-why-intersectionality-is-not-a-choice>.
- Silber, Irina Carlota. 2011. *Everyday Revolutionaries: Gender, Violence, and Disillusionment in Postwar El Salvador*. New York: Rutgers University Press.
- Siow, Calvin. 2009. "Family Planning Use in Central America: Closing the Equity Gap." Population Reference Bureau. Retrieved from <http://www.prb.org/Publications/Articles/2009/centralamericafamilyplanning.aspx>.
- Tardanico, Richard. 2008. "Post-Civil War San Salvador: Social Inequalities of Household and Basic Infrastructure in a Central American City." *Journal of Developmental Studies* 44.1: 127–152.
- Unbound. 2012. "Celebrating Quinceanera with CFCA." Blog, February 6. Retrieved from <https://blog.unbound.org/2012/02/celebrating-quinceanera-with-cfca>.
- UNDP (UN Development Programme). 2011. "El Salvador: Women in Parliament Unite on New Law Against Violence." Retrieved from <http://www.bw.undp.org/content/undp/en/home/presscenter/articles/2011/03/21/el-salvador-women-in-parliament-unite-on-new-law-against-violence.html>.
- UNDP (UN Development Programme). 2015. "Human Development Reports." Retrieved from <http://hdr.undp.org/en/composite/HDI>.

- UNICEF. 2013 "At A Glance: El Salvador." Retrieved from http://www.unicef.org/infobycountry/elsalvador_statistics.html.
- UNNS (UN News Service). 2012. "El Salvador Must Address Social Inequality to Consolidate Its Peace Process—Ban." Retrieved from [http://www.refworld.org/docid/4f1956862.html%20\[accessed%2030%20December%202015](http://www.refworld.org/docid/4f1956862.html%20[accessed%2030%20December%202015).
- UN Women. 2011. "A Salvadoran Law to Achieve Equality Between Men and Women." Retrieved from <http://www.unwomen.org/en/news/stories/2011/12/a-salvadoran-law-to-achieve-equality-between-men-and-women>.
- UN Women. 2013. "Femicide in Latin America." Retrieved from <http://www.unwomen.org/en/news/stories/2013/4/femicide-in-latin-america#edn2>.
- USAID. 2013. "El Salvador: Higher Education Assessment and Recommendations." Retrieved from http://pdf.usaid.gov/pdf_docs/PA00HX9H.pdf.
- USCIS (U.S. Citizenship and Immigration Services). 2000. "Resource Information Center El Salvador: Information on Common Law Marriages." Retrieved from <http://www.uscis.gov/tools/asylum-resources/resource-information-center-el-salvador-information-common-law-marriages>.
- U.S. Conference of Catholic Bishops. 2016. "Fifteen Questions on the Quinceañera." Retrieved from <http://www.usccb.org/prayer-and-worship/sacraments-and-sacramentals/sacramentals-blessings/quinceanera/fifteen-questions-on-the-quinceanera.cfm>.
- USDOL (U.S. Department of Labor). 2015. "El Salvadoran and Honduran Youth to Receive Job-Driven Skills Training in Secure environments with \$13 Million in Funding." Retrieved from <http://www.dol.gov/opa/media/press/ilab/ILAB20150613.htm>.
- U.S. Embassy in El Salvador. 2015. "Human Rights Report 2015." Retrieved from https://sv.usembassy.gov/our-relationship/official-reports/human-rights-report-2015/?_ga=2.262831114.741927107.1496131732-410730085.1496131564.
- WHO (World Health Organization). 2014. "Country Cooperative Strategy at a Glance: El Salvador." Retrieved from http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_slv_en.pdf.
- World Bank. 2011. "Nutrition at a Glance: El Salvador." Retrieved from <http://siteresources.worldbank.org/NUTRITION/Resources/281846-1271963823772/ElSalvador91311web.pdf>.
- World Bank. 2014. "Overview: El Salvador." Retrieved from <http://www.worldbank.org/en/country/elsalvador/overview>.
- World Bank. 2015a. "Labor Force Participation Rate, Female (% of Female Population Ages 15+) (Modeled ILO Estimate)." Retrieved from <http://data.worldbank.org/indicator/SL.TLF.CACT.FE.ZS>.
- World Bank. 2015b. "Population, Female (% of Total)." Retrieved from <http://data.worldbank.org/indicator/SP.POP.TOTL.FE.ZS>.

F

French Caribbean

Overview of Country

The French Caribbean, French West Indies, and French Antilles refer to the seven islands under French sovereignty located in the Caribbean Sea. The islands sit to the southeast of Puerto Rico and the northeast of Venezuela and stretch across approximately 2,000 square miles (2,877 sq. km). Each island has a unique culture, but there are several shared unifying experiences. The islands are susceptible to a variety of natural disasters, such as volcanic eruptions, hurricanes, earthquakes, and tsunamis necessitating the frequent rebuilding of communities (University of the West Indies 2005, 66, 80). Most goods must be imported due to the limited arable land, climate, and isolation. But the island's connection to France has been even more influential than geography. For better or for worse, the influence of the French government has created strong cultural, linguistic, and legal links among the islands.

Before the French, the original inhabitants of the islands were the Arawak people, followed by the Carib people (Ferguson 1997, 12). The second voyage of Christopher Columbus in 1493 marked the first contact between Europeans and what is now the French Caribbean (Pérotin-Dumon 1999, 633). By the 17th century, France had colonized and institutionalized slavery in the region (Moitt 2001, 2). France brought enslaved Africans to the French Caribbean

to primarily work on agricultural plantations. During the period of colonial slavery, the majority of the men of European descent cohabitated, married, and had children with women of African and indigenous descent (Faraclas 2012, 56). The coexistence of indigenous, African, and European people and cultures created what is called *creolization*. Creole is a term that can refer to both a person's ethnic identity and a language (Murdoch 2001, 190). In the French Caribbean today, the largest ethnic group is considered Creole, a mix of African and European descent (CIA 2016). Although the official spoken language is French, each island speaks its own French-based Creole, which is mutually understandable as well as to the French spoken in metropolitan or mainland France (Winford 2009, 19).

France's domination did not end after the nation abolished slavery in 1848. France continued to colonize the islands until 1946, at which point it made Guadeloupe and Martinique overseas departments, or DOMs, of France, and in 1973 and 1974, respectively, they were made regions of France. In 2007, the islands of Saint Martin and Saint Barthélemy separated from Guadeloupe and became overseas collectivities, or COMs, of France (PAHO 2012, 322). Legally, the French Caribbean islands are equal to metropolitan France and are a part of the European Union. Being a part of France has benefits, such as having access to governmental assistance programs. The connection to France also has some disadvantages. Many believe that aligning politically and economically with France, a nation that has

historically oppressed the people of the French Caribbean, continues the oppression they have faced for centuries (Banoum 2011).

Guadeloupe (657 sq. mi. or 1,703 sq. km.) is an archipelago, or chain of islands, with a population of 404,635 (INSEE 2014). A small marine channel separates the two primary islands Basse-Terre and Grande-Terre. La Désirade, Marie-Galante, Petite-Terre, and Les Îles des Saintes, or Les Saintes, are all considered dependencies of Guadeloupe (University of the West Indies 2005, 65). Since the colonial era, women in both Guadeloupe and Martinique have worn a *douillette* or *madras et foulard*, which consists of a petticoat, triangular scarf, and an elaborate headpiece made of madras, a sturdy and patterned material originally from India (Zamor 2014, 155, 157). The *douillette* is used to communicate information about the wearer, such as her marital status and political standing. Although Guadeloupian women today reserve the *douillette* for special holidays and ceremonies, it is considered the symbol of French Creole identity (159).

Martinique (424 sq. mi. or 1100 sq. km.) is an island with a population of 392,291 (INSEE 2014). The people of Martinique have a history of resisting oppressive forces. The 18th and 19th centuries saw several slave uprisings. After becoming a department of France in 1946, Martinique was the most active of the French Caribbean islands in the separatist movement, nearly succeeding in becoming an autonomous nation. The separatist movement was largely influenced by the Negritude movement initiated by black intellectuals studying in Paris that emphasized the connection between black people worldwide and promoted black self-consciousness and self-determination (Banoum 2011).

Saint Barthélemy (8 sq. mi. or 21 sq. km.) stands out from the other islands in many ways. Unlike the others, the majority of its 9,035 inhabitants are of European descent, rather than black or Creole (INSEE 2014). The rocky terrain was ill-suited for establishing plantations, so the population of slaves never came close to the slave populations on other French Caribbean islands. Also known as Saint Barths, the small island is known for being frequented by the richest and most famous tourists from around the world. The cost of living is high on all of the islands due to the need to import most goods, but it is extremely high in Saint Barthélemy (CIA 2016, 488).

Saint Martin (20 sq. mi. or 53 sq. km.), with a population of 36,286, is unique in that it is the only French Caribbean island that is not entirely owned by France (INSEE

2014). Roughly 57 percent of the northern portion of the island is owned by France, and the southern 43 percent is owned by the Netherlands (CIA 2016). The border is not secured in any way; the only mark of the change in governance is an obelisk with “welcome” written in French and Dutch (Permenter and Bigley 2001, 61).

Overview of Women’s Lives

Women’s roles continue to be marked by self-determination, whether by setting their own course in the French Caribbean or by migrating to France for educational and employment opportunities. Although full equality has not been achieved, activists for women’s rights are highlighting issues such as gender-based violence. Due to their status as a territory of France, the islands are not included in the majority of UN country comparisons and rankings, such as the Human Development Index (HDI) and Gender Inequality Index (GII).

Girls and Teens

In the French Caribbean, mothers are traditionally the primary caregivers of children, regardless of the family unit’s structure. While all children are expected to be quiet, polite, modest, and respectful of adults, girls are more constrained than boys. Failure to show an adult the appropriate gestures of respect signifies that the child is challenging the authority of the adult, and the child’s mother is blamed for having raised the child poorly. Discretion in behavior is met with disciplinary actions that sometimes include corporal punishment (Tessonneau 2005, 260–263).

Education

Since the late 19th century, providing universal education has been a priority of France as a means of assimilating the colonies into French society (McDermott and Moon 2012, 16). As in metropolitan France, education is funded by the government and compulsory for all citizens from age 6 to 16, with the option of beginning nursery school, *école maternelle*, at age 2 or 3. From ages 6–11, children attend primary school, *école primaire*, followed by middle school, *college*, which lasts for four years. From there, students are given three choices. They must decide between vocational high school, *lycée professionnel*, which leads directly to a career; a technical school, *lycée technologique*, which is followed by a short amount of studies; or general high

school, *lycée général*, which is often followed by higher education.

The school system is governed under the same rules as France. Public school teachers instruct the children in the official language, French, which has helped the literacy rate come close to 100 percent in the French Caribbean (UNESCO 2013). Until very recently, local Creole languages were expressly forbidden to be spoken or taught in the classroom, but there has been a recent growth in acceptance and appreciation of Creole (McDermott and Moon 2012, 260).

Health

Overall, the health of the French Caribbean people is considered satisfactory. As of 2008, Martinique women's life expectancy was 83.8 years, and Guadeloupe women's was very similar at 83.4; men's life expectancy was a few years shorter at 77.6 and 75.6, respectively (PAHO 2012, 323).

Access to Health Care

In 2010, Regional Health Agencies were created along with a local public health policy (PAHO 2012, 338). The agencies are responsible for health promotion, the organization of health care, and the provision of medical-social care (such as nursing homes), among other activities. In 2010, Guadeloupe had 145 general physicians, and Martinique had 145 general physicians per 100,000 people. They had 122 and 127 specialists, respectively. Nurses, midwives, dentists, and other health professionals complement them. Although a medical school opened in 1998 on Guadeloupe, students must attend university in France to complete some of their medical studies. The number of available hospital beds is comparable to France. Care is available from both public and private hospitals (PAHO 2012, 337).

Maternal Health

Guadeloupe and Martinique have birth rates of 14.3 and 13.3 per 1,000 women and 7.5 and 8.8 infant deaths per 1,000 live births. At 47 births per 1,000 women, this represents a declining birth rate. Most concerning is the presence of persistent organochlorine pesticides, specifically chlordecone (PAHO 2012, 326, 425). Because the agricultural industries use it on banana plantations, its cancer and other health-damaging effects represent complex historical and social issues that leave islanders with little recourse (Agard-Jones 2015).

Diseases and Disorders

Noncommunicable diseases such as cardiovascular disease, certain cancers, obesity, diabetes, alcoholism, and death by violence are prevalent. Obesity in particular is a concern, as one out of two adults and one out of four children were obese or overweight in 2007–2008. The increase in availability of food from the food production sector is cited as a cause (PAHO 2012, 334).

Employment

The French Caribbean's economic status is greatly influenced by its legal and cultural ties to France; islanders experience a higher average standard of living than the surrounding islands, but it is lower in comparison to metropolitan France. The rate of unemployment in the French Caribbean is highest among women and people 25 years old and younger (Mekkaoui 2012). In 2009, the employment rate for women was only 49.3 percent. Poverty is experienced by a little under 20 percent of households and 25 percent of children, most of whom live in a one-parent household (PAHO 2012, 325).

Employment for women in the French Caribbean is heavily concentrated in the service industry. Within the industry, they are most heavily concentrated in the lowest-paid jobs (Dagenais 1993, 86). Much of the service industry is closely related to tourism, the Caribbean's largest industry. Some argue that tourism empowers women by providing income and leadership opportunities (UN Women 2011). Others argue that the nature of the tourism industry is not beneficial to women. Women are well represented within the industry, but they are rarely in positions of ownership or high-level management (90). A large part of the industry includes North Americans and Europeans who come to the islands to pay for sex, primarily with local French Caribbean women. Women involved in sex tourism often carry the heaviest financial burden for their families, and yet their contributions often go unappreciated (Mullings 1999, 71).

French Caribbean women have a unique attitude toward informal employment. As land and wealth has historically been isolated to a small elite group, the majority have learned to rely on multiple sources of income just to survive, and they continue to do so today (Browne 2002, 384). The French term *débrouillard* is defined as a "resourceful or cunning person." An added meaning to the term is given to describe someone who is willing to break societal or legal conventions to pursue profit. A *débrouillard* in the French Caribbean sense has at least some form of income that is

either untaxed or illegal. *Débrouillards* are seen more as entrepreneurs rather than criminals. It is a pervasive economic reality, as one study found, that only the very rich and culturally French have incomes that are solely derived from legal avenues (383). Along with entrepreneurship, French Caribbean women participate in unpaid domestic work for family and friends (Dagenais 1993, 95). The high amount of undocumented income skews data about women's economic contributions and falsely declares many as inactive, even though they contribute many hours to their families and societies.

Family Life

The most common family unit is the extended matrifocal family in which the mother shares the responsibilities of raising the children and the taking care of household with many generations of women (Brunod and Cook-Darzens 2002, 560). The father often has multiple children by multiple partners and divides his time among each, referred to as "visiting unions" (Lefaucheur and Brown 2011, 9). The strength and resourcefulness of this type of family is often undercut by Western perceptions of a successful family. The Western nuclear family model assumes that there are certain functions that only a male father figure can provide. With many women working together to play multiple roles for the child, the French Caribbean family is able to avoid reliance on men for any aspect of childrearing. Western studies and censuses label these families "single-parent households," which overlooks the important contributions of women within the extended families (Brunod and Cook-Darzens 2002, 560). The nuclear family is also present and most prevalent among middle- to upper-class urban families (561). Many incorporate aspects of both or lean toward one or the other, as circumstances necessitate (565).

French laws protect same-sex relationships, but French Caribbean culture does not. Since 1999, civil unions, or PACS, have been available for same-sex couples, and in 2013, same-sex couples could legally marry and jointly adopt children (Loi no. 99-944, Loi no. 2013-404). French antidiscrimination laws do little to deter hostility in the French Caribbean (Loi no. 2004-1486). Very few nongovernmental organizations (NGOs) and activist groups focus on gay rights, and those that do primarily focus on gay men (Cronard 2012). The few safe spaces are created for tourists rather than the local population.

Contraception and abortions up to 12 weeks are legal and partially or fully covered by medical insurance and

social security; many girls and women face barriers to accessing either (Loi no. 75-17). Many lack the education or the avenues to obtain contraception and use it effectively and thus become pregnant. Illegal abortions with the drug misoprostol are common among immigrants who have emigrated from elsewhere (Manouana et al. 2013).

Working women who choose to become a mother receive 16 weeks of fully paid maternity leave. It is the longest and highest paid maternity leave in the region (ILO 2012, 98). The law supports French Caribbean women far greater than the surrounding Caribbean islands, but due to the informal nature of much of the work women do, maternity leave is often inaccessible to them.

Politics

Historically, people from metropolitan France and the white minority, locally termed *békés*, have held the most power in the French Caribbean. From the colonization of the islands in the 17th century, the laws that govern the region have been made by officials, many of whom have never set foot in the French Caribbean. The *békés* of today are the small number of white descendants of former slave-owning plantation owners (Constant 1998, 169). Until the abolition of slavery in 1848, the lawmakers in France made it legal for women to be forced into hard labor, raped, beaten, tortured, and murdered by white slave owners (Moitt 2001, 99).

Today, there is universal suffrage, and the French Caribbean is represented in both the National Assembly and the Senate (Les Outre-Mer 2014). Nevertheless, the majority of the laws are not created with the needs of the region in mind. Locally, political and economic power continues to be in the hands of the *békés* (Constant 1998, 174). In Martinique, *békés* constitute less than 1 percent of the population, but they own 52 percent of the agricultural land and 20 percent of the gross domestic product (GDP) (Bolzinger 2009). In 2009, a 44-day general strike in Guadeloupe and Martinique began over the disparity between the high cost of living relative to the minimum wage. Racial tensions also played a part after the release of the documentary, *Les Derniers Maîtres de la Martinique* (The Last Masters of Martinique), about the *béké* population (BBC 2009; Bolzinger 2009). The strike ended after the government gave in to 20 of the top demands of the strikers, but tensions and unrest remain (BBC 2009).

Before 1848, the enslaved women in the French Caribbean resisted their oppression in a multitude of resourceful

ways. Midwives and nursemaids were able to control reproduction (Moitt 2001, 125). Many women who had access to the kitchen poisoned animals and other slaves to weaken the plantation (106). In many armed revolts staged over the years, women sent messages, transported goods, and aided the sick and injured; a few even participated in combat (174). Many women chose to take great risks to secure freedom for themselves and their families. Some ran away and hid with Maroon bands (136). Most women who became free were women of mixed African and European descent who married white men in a Catholic church, thus ensuring their freedom and their children's freedom (Moitt 2005, 248). Through *rachat*, which translates to "redemption," several women were able to purchase their freedom and the freedom of their relatives (247). When their slave owners contested their right to *rachat*, many women used the oppressive French legal system to their advantage by trying their cases in court (254). Surprisingly, white woman slave owners most frequently opposed enslaved women paying for *rachat* (252). After 1848, the institution of slavery disappeared, but the patterns of oppression and racism continued.

It was not until the 1920s that the French Caribbean saw a major shift in political ideology. Negritude, the political, cultural, and literary movement, opposed colonialism and promoted the autonomy and unity of black people worldwide. Historically, credit has gone to the three fathers, *les trois pères*, for developing the movement while studying in Paris in the 1930s. Guianan Léon-Gontran Damas, Senegalese Léopold Sédar Senghor, and Martinican Aimé Césaire all later held official positions within French government (Banoum 2011). The Martinican sisters Paulette and Jane Nardal are often not given full credit for their influence on the movement. As early as the 1920s, they were contributing scholarly works, held a literary salon where ideas were shared, and introduced French students to participants in the American cultural movement known as the Harlem Renaissance (Lewis 2006, 60). The ideas from the movement greatly influenced political decisions made in the French Caribbean as well as cultural attitudes toward identity.

The 1940s were pivotal years for women in the French Caribbean. With the end of World War II, many changes came for France. The colonies of the French Caribbean became departments and collectivities, and women secured the right to vote (Colón and Reddock 2004, 477). In 1945 two prominent women's organizations were created in Martinique. Paulette Nardal established a right-leaning Catholic *Rassemblement féminin* (Women's Gathering), which focused on women's participation in government,

preserving peace, and making connections with other feminist groups internationally (Lewis 2006, 64, 67). Jane Léro (1916–1961) established the *Union de la Femmes de la Martinique* (Union of Women of Martinique), or UFM. The organization began as a Communist women's collective that focused on using women's votes to create a strong Communist Party and promoting activism for women workers and mothers. The UFM is still fighting for women's rights today, with a focus on providing a support network for women experiencing violence and creating awareness of women's issues (Pago 2000).

Religious and Cultural Roles

From 1685 to 1848, the islanders followed the *Code Noir*, an extensive set of laws concerning slavery in the French colonies. The laws forced all slaves to be baptized as Roman Catholics and punished them for practicing any other faith in public (Lenik 2012, 58). The years of obligatory religious affiliation continues to influence the islands. Today, around 95 percent of the population identifies as Catholic (CIA 2001, 622).

Catholicism explicitly restricts women from attaining many positions within the church, such as priests and bishops (Olson 2012, 25). Culturally, however, the church provides women with a platform to create societal change. Paulette Nardal used Catholicism to give a more conservative image to her feminist organization in the 1940s (Lewis 2006, 64). The religion also provides a structure to many public festivities in which women play a key role.

A small population of Indian descendants practices Hinduism. After the abolition of slavery in 1848, France looked elsewhere for labor by bringing approximately 65,000 indentured workers from India, most of whom arrived in Guadeloupe (Ramdin 2000, 264). Today, there are a few that practice only Hinduism, but aspects of the religion have been incorporated into other faiths. The Hindu goddess *Maliémen* or *Mariamam* has been altered and is worshipped by believers of the syncretic faith, *Quimbois* (a form of voodoo or *Kenbwa*), which was borne in the region (Fernández Olmos 2011, 181).

Quimbois is not an organized religion, but a set of beliefs and practices based on several African religions, Catholicism, and even Hinduism (Fernández Olmos 2011, 179). Male and female supernatural spirits are believed to intervene with living people. Practitioners assist those who need protection from spirits or bring them luck (181). Many of the female spirits fit archetypes of women

characters, such as the *bête à man Ibé*, a shrieking sorceress with one hoof, and the *djablesse*, a beautiful woman who lures men into danger (180).

Carnival is a major cultural event in the French Caribbean. Carnival originated in Europe as a time of festivities preceding Lent, a 40-day period of fasting and repentance in the Roman Catholic Church and several other Christian denominations. The European tradition used masquerades during parades for anonymity when indulging in behavior that would not be allowed during Lent (32). In the French Caribbean, Carnival took on a different meaning and became distinctly Creole. Europeans wore masks to hide their identity, but islanders use elaborate masks to establish their Creole identity (Murdoch 2001, 220).

Women play a major part in the festivities. The clothing items worn by women tell a story of their culture and their individual identity. Towns, organizations, and social groups elect Carnival queens, mini-queens, and queen mothers to represent them in parades. Girls as young as 5 years old can compete to become a mini-queen. In 2013, French senator Chantal Jouanno added an amendment to a gender-equality bill that prohibits children under the age of 16 from participating in beauty pageants. She argued that such pageants promote the hypersexualization of young girls and teaches them that their most important quality is physical beauty (Rubin and de la Baume 2013). The *Union du Carnaval de Martinique* argues that mini-queens, along with queens and queen mothers, are part of their cultural heritage. Senator Maurice Antiste is pushing for the French Caribbean carnival mini-queens to be named an exception to the amendment (Everard 2013).

Carnival is also a space where gender and sexuality can be expressed by participants. Since at least the 19th century, cross-dressing has been a part of the festivities. In most instances, men cross-dress as women, with the most common costume being a bride. Many argue that these instances are not empowering acts that embrace femininity, but rather that they bolster negative beliefs held about women and men who choose to dress like women on a daily basis. It was not until the 21st century that cross-dressing as a form of self-expression could be seen in the Carnival activities. The group KISS, which includes members who identify as part of the LGBT community, promotes a philosophy of acceptance and blows kisses to the crowd. In KISS, cross-dressing is used as a form of expressing one's own identity rather than playing a prescribed role (Flaugh 2013, 51).

The annual *Fête des Cuisinières* (Cook's Festival) held in August began in 1916 by a guild of women cooks, *Le*

Cuistot Mutuel. A few hundred women cooks, both professional and amateur, begin cooking local creole specialties early in the morning before holding a mass for the patron saint of cooks, Saint Lawrence. The group then parades through the streets and end up at a school to share their food with the community (Houston 2005, 140). Many songs and dances accompany the meal. As during Carnival, women don highly ornate dresses steeped in symbolism and tradition (Gianturco 2004, 94).

Issues

Domestic Violence

A major issue facing French Caribbean women is domestic violence. While it is common, many girls and women do not seek legal rectification and continue to live in unsafe environments. Women and girls are often unaware of their legal rights regarding domestic violence or organizations that provide assistance (Lafaucheur et al. 2012, 209). Many women fear that if they leave the relationship with their abuser, he will retaliate. In 2004, Sandra Cadet-Petit was burned to death in a Guadeloupe city center by her former partner after having filed several complaints against him (*L'Express* 2008). While the UFM made her a symbol of the growing problem of domestic violence, many women in volatile relationships saw it as something that could happen to them if they tried to leave their partners (Lafaucheur 2012, 10).

Religion greatly influences how women respond to violence. Women living in violent situations often look to Quimbois for a way to support each other and protect themselves. Quimbois gives a voice to the fear of violence that they face and have faced as women. Female spiritual authorities remember and frequently recite the stories of victims to younger generations (Klungel 2010, 43). One of the demons of the Quimbois faith is called a *dorlis* or *homme-au-baton* that rapes women while they sleep. With both living and dead perpetrators, women guard themselves with material protections, such as certain colored underwear and rosaries (51–52). Where the threat of sexual violence is an everyday concern, women can share their stories and feel protected.

Out-Migration

Migration is another major issue for the French Caribbean. Migration between the French Caribbean and metropolitan France has increased rapidly since the 20th century. While some French Caribbean women have taken advantage of educational and economic opportunities unavailable on

the islands, many suffer from disintegration of valuable familial ties and are pushed toward lower-paying employment sectors. Overall, metropolitan France seems to benefit more from the migration than the people of the French Caribbean.

Most of the islanders that lived in metropolitan France before World War II were educated professionals, such as the founders of Negritude (Germain 2008, 15). The close of the war brought economic prosperity to metropolitan France. In response to the labor shortage, the French government created BUMIDOM, *Bureau pour le développement des migrations dans les départements d'outre-mer*, in 1963, which also provided assistance to immigrants in establishing housing (Milia-Marie-Luce 2009, 5, 104–105). French Caribbean women were largely hired as domestic workers and nurses. Many women were trained at a professional school specifically to learn the customs of metropolitan domestic life (Condon 2004, 135).

As more and more people moved to metropolitan France, the rural agricultural industry in the French Caribbean plummeted. The population became concentrated near the capitals, which had few employment opportunities. At this point, much of the population became heavily reliant on welfare programs (Berrian 2000, 109). After metropolitan France's economic success began to turn, its attitude toward the presence of overseas citizens changed. Unemployment rose, and the government essentially reversed BUMIDOM with ANT, *Agence Nationale pour l'Insertion et la Promotion des Travailleurs de l'Outre-Mer*, in 1981. ANT attempted to reverse the flow of migration and rebuild the French Caribbean region (3).

Migration to France has not been detrimental to all women. Several women have been able to share their talent and hard work with the world after receiving an education in metropolitan France. Martinican filmmaker Euzhan Palcy became the first black woman director to have a film produced by a major Hollywood studio (MoMa 2011). Guadeloupean writers Maryse Condé, Myriam Warner-Vieyra, and Simone Swartz-Bart and their works are known internationally. Although none of the women returned to the French Caribbean after completing their education, each continues to focus on the deep-seated issues of race and gender alive in the region.

BRITTANY BACKEN

Further Resources

- Agard-Jones, Vanessa. 2015. "Vanessa Agard-Jones Traces the Genealogy of a Chemical." Council, May 5. Retrieved from http://www.formsofcouncil.org/en/inquiries/29_the_manufacturing_of_rights/404_case_1_chlord_cone_in_france_and_the_antilles.
- Banoum, Bertrade Ngo-Ngijol. 2011. "Négritude." *Africana Age*. Retrieved from <http://exhibitions.nypl.org/africanaage/essay-negritude.html>.
- BBC. 2009. "Guadeloupe Strike Ends after Deal." March 5. Retrieved from <http://news.bbc.co.uk/2/hi/europe/7925553.stm>.
- Berrian, Brenda J. 2000. *Awakening Spaces: French Caribbean Popular Songs, Music, and Culture*. Chicago, IL: University of Chicago Press.
- Bolzinger, Romain. 2009. *Les Derniers Maîtres de la Martinique*. Paris, FR: Canal+.
- Browne, Katherine E. 2002. "Creole Economics and the Débrouillard: From Slave-Based Adaptations to the Informal Economy in Martinique." *Ethnohistory* 49.2: 373–403. doi:10.1215/00141801-49-2-373.
- Brunod, Régis, and Solange Cook-Darzens. 2002. "Men's Role and Fatherhood in French Caribbean Families: A Multi-Systemic 'Resource' Approach." *Clinical Child Psychology and Psychiatry* 7: 559–569. doi:10.1177/1359104502007004008.
- CIA (Central Intelligence Agency). 2016. "Guadeloupe." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/fr.html>.
- Colón, Alice, and Rhoda Reddock. 2004. "The Changing Status of Women in the Contemporary Caribbean." In *General History of the Caribbean: The Caribbean in the Twentieth Century*, edited by P. C. Emmer, Bridget Brereton, and B. W. Higman, 465–505. Paris: UNESCO Publishing.
- Condon, Stephanie. 2004. "Gender Issues in the Study of Circulation between the Caribbean and the French Metropole." *Caribbean Studies* 32.1: 129–159.
- Constant, Fred. 1998. "French Republicanism under Challenge: White Minority (Béké) Power in Martinique and Guadeloupe." In *The White Minority in the Caribbean*, edited by Howard Johnson and Karl Watson, 168–179. Kingston, Jamaica: Ian Randle Publishers.
- Cronard, Fred. 2012. "Martinique-Fred Cronard." In *Theorizing Homophobias in the Caribbean—Complexities of Place, Desire and Belonging*, edited by Angelique V. Nixon, Colin Robinson, Natalie Bennett, and Vidyaratha Kissoon. Retrieved from <http://www.caribbeanhomophobias.org/activist/martinique>.
- Dagenais, Huguette. 1993. "Women in Guadeloupe: The Paradoxes of Reality." In *Women and Change in the Caribbean: A Pan-Caribbean Perspective*, edited by Janet Momsen, 83–108. Bloomington: Indiana University Press.
- Everard, C. 2013. "Le Comité de Carnaval Veut Conserver les Mini-Reines." *France-Antilles*, October 2. Retrieved from <http://www.martinique.franceantilles.fr/actualite/vielocale/le-comite-de-carnaval-veut-conserver-les-mini-reines-223269.php>.
- Faraclas, Nicholas. 2012. "Women and Colonial Era Creolization." In *Agency in the Emergence of Creole Languages: The Role of Women, Renegades, and People of African and Indigenous Descent in the Emergence of the Colonial Era Creoles*, edited

- by Nicholas Faraclas, 55–79. Amsterdam, the Netherlands: John Benjamins Publishing Company.
- Ferguson, James. 1997. *Eastern Caribbean in Focus: A Guide to the People, Politics, and Culture*. Brooklyn, NY: Internlink Books.
- Fernández Olmos, Margarite, and Lizabeth Paravisini-Gebert. 2011. *Creole Religions of the Caribbean: An Introduction from Vodou and Santería to Obeah and Espiritismo*. New York: NYU Press.
- Flaugh, Christian. 2013. "Crossings and Complexities of Gender in Guadeloupe and Martinique: Reflections on French Caribbean Expressions." *L'Esprit Créateur* 53.1: 45–49. doi:10.1353/esp.2013.0016.
- Germain, Felix. 2008. "For the Nation and for Work: Black Activism in Paris of the 1960s." In *Migration and Activism in Europe since 1945*, edited by Wendy Pojmann, 15–32. New York: Palgrave Macmillan.
- Gianturco, Paola. 2004. *Celebrating Women*. Brooklyn, NY: Powerhouse Books.
- Houston, Lynn Marie. 2005. *Food Culture in the Caribbean*. Santa Barbara, CA: Greenwood.
- ILO (International Labour Organization). 2012. *Maternity at Work: A Review of National Legislation: Findings from the ILO Database of Conditions of Work and Employment Laws*. Geneva, Switzerland: ILO. Retrieved from http://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/@publ/documents/publication/wcms_124442.pdf.
- INSEE. 2014. "Populations légales 2011: Des départements et des collectivités d'outre-mer." Retrieved from <http://www.insee.fr/fr/ppp/bases-de-donnees/recensement/populations-legales/france-departements.asp?annee=2011>.
- Klungel, Janine. 2010. "Rape and Remembrance in Guadeloupe." In *Remembering Violence: Anthropological Perspectives and Intergenerational Transmission*, edited by Nicolas Argenti and Katharina Schramm, 43–61. New York: Berghahn Books.
- Lafaucheur, Nadine, ed. 2012. "Éditorial." *Pouvoirs dans la Caraïbe: Genre et violences interpersonnelles en Martinique* 17: 9–14. Retrieved from <http://plc.revues.org/855>.
- Lafaucheur, Nadine, Joelle Kabile, and Léoncine Ozier-Lafontaine. 2012. "Itinéraires Féminins de Sortie de la Violence Conjugale." *Pouvoirs dans la Caraïbe: Genre et violences interpersonnelles en Martinique* 17: 199–238. doi:10.4000/plc.868.
- Lafaucheur, Nadine, and Elizabeth Brown. 2011. "Relations conjugales et configurations parentales à la Martinique." *Politiques Sociales et Familiales* 106: 9–23.
- Lenik, Stephan. 2012. "Mission Plantations, Space, and Social Control: Jesuits as Planters in French Caribbean Colonies and Frontiers." *Journal of Social Archaeology* 12.1: 51–71. doi:10.1177/1469605311426546.
- Les Outre-Mer. 2014. "Elus des Outre-Mer." Retrieved from http://www.outre-mer.gouv.fr/?-elus-d-outre-mer.html#outil_sommaire.
- Lewis, Shireen K. 2006. *Race, Culture, and Identity: Francophone West African and Caribbean Literature and Theory from Négritude to Créolité*. Oxford: Lexington Books.
- L'Express*. 2008. "Je voulais la marquer, pas la tuer." October 30. Retrieved from http://www.lexpress.fr/informations/je-voulais-la-marquer-pas-la-tuer_725439.html.
- Manouana, M., P. Kadhel, A. Koffi, and E. Janky. 2013. "Illegal Abortion with Misoprostol in Guadeloupe." *Journal de Gynécologie Obstétrique et Biologie de la Reproduction* 42: 127–142. doi:10.1016/j.jgyn.2012.10.006.
- McDermott, Thompson, and Sarah Moon. 2012. *Creole Citizens of France: The Trans-Atlantic Politics of Antillean Education and the Creole Movement since 1945*. PhD dissertation. Ann Arbor: University of Michigan. Retrieved from <http://hdl.handle.net/2027.42/91374>.
- Mekkaoui, Jamel. INSEE. 2012. "L'enquête emploi en Guadeloupe deuxième trimestre 2012." Retrieved from http://www.insee.fr/fr/themes/document.asp?ref_id=19216.
- Milia-Marie-Luce, Monique. 2009. "Puerto Ricans in the United States and French West Indian Immigrants to France." In *Caribbean Migration to Western Europe and the United States: Essays on Incorporation, Identity, and Citizenship*, edited by Margarita Cervantes-Rodríguez, Ramon Grosfoguel, and Eric Mielants, 94–108. Philadelphia, PA: Temple University Press.
- Moitt, Bernard. 2001. *Women and Slavery in the French Antilles, 1635–1848*. Bloomington: Indiana University Press.
- MoMa. 2011. "Filmmaker in Focus: Euzhan Palcy." Retrieved from <http://www.moma.org/visit/calendar/films/1173>.
- Mullings, Beverly. 1999. "Globalization, Tourism, and the International Sex Trade." In *Sun, Sex, and Gold: Tourism and Sex Work in the Caribbean*, edited by Kamala Kempadoo, 55–80. Lanham, MD: Rowman & Littlefield.
- Murdoch, H. Adlai. 2001. *Creole Identity in the French Caribbean Novel*. Gainesville: University Press of Florida.
- Olson, Carl E. 2012. "Why Can't Women Be Priests?" *Catholic Answer* 25. *Religion and Philosophy Collection*. Retrieved from <http://www.catholiceducation.org/en/religion-and-philosophy/apologetics/why-can-t-women-be-priests.html>.
- Pago, Gilbert. 2000. "Mémoires." Fort de France: Union des Femmes de la Martinique. Retrieved from <http://www.unionfemmesmartinique.com/?article-1068-la-naissance-de-l-ufm>.
- PAHO (Pan American Health Organization). 2012. "French Guiana, Guadeloupe, and Martinique." In *Health in the Americas: 2012 Edition*, 322–341. Retrieved from http://www.paho.org/SaludenlasAmericas/index.php?option=com_docman&task=doc_view&gid=130&Itemid.
- Permenter, Paris, and John Bigley. 2001. *Anguilla, Antigua, St. Barts, St. Kitts, St. Martin including Sint Maarten, Barbuda & Nevis*. Edison, NJ: Hunter Publishing.
- Pérotin-Dumon, Anne. 1999. "Historiography of the French Antilles and French Guyana—Part A: Martinique and Guadeloupe." In *General History of the Caribbean: Methodology and Historiography of the Caribbean*, edited by B. W. Higman and Franklin W. Knight, 631–656. London: UNESCO.
- Ramdin, Ron. 2000. *Arising from Bondage: A History of the Indo-Caribbean People*. New York: NYU Press.
- Rubin, Alyssa J., and Maïa de la Baume. 2013. "French Senate Approves Ban on Pageants for Young Girls." *New York*

- Times*, September 18. Retrieved from http://www.nytimes.com/2013/09/19/world/europe/french-senate-passes-ban-on-beauty-pageants-for-girls.html?_r=0.
- Tessonneau, Alex Louise. 2005. "Learning Respect in Guadeloupe: Greetings and Politeness Rituals." In *Politeness and Face in Caribbean Creoles*, edited by Susanne Mühleisen and Bettina Migge, 255–282. Amsterdam, the Netherlands: John Benjamins Publishing Company.
- UNESCO (Institute for Statistics). 2013. "Education: Literacy Rate." Retrieved from <http://data.uis.unesco.org>.
- University of the West Indies. 2005. "Guadeloupe." In *Volcanic Hazard Atlas of the Lesser Antilles*, edited by Jan M. Lindsay, Richard E. A. Roberston, John B. Shepherd, and Shahiba Ali, 65–102. St. Augustine: Seismic Research Centre.
- UN Women. 2011. "Tourism a Vehicle for Gender Equality and Women's Empowerment." Retrieved from <http://www.unwomen.org/en/news/stories/2011/3/tourism-a-vehicle-for-gender-equality-and-women-s-empowerment>.
- Winford, Donald. 2009. "Atlantic Creole Syntax." In *The Handbook of Pidgin and Creole Studies*, edited by Silvia Kouwenberg and John Victor Singler, 19–47. Hoboken, NJ: Blackwell.
- Zamor, Hélène. 2014. "Indian Heritage in the French Creole-Speaking Caribbean: A Reference to the Madras Material." *International Journal of Humanities and Social Science* 4.5: 155–161.

French Guiana

Overview of Country

French Guiana (Guyane or *La Guyane française*) is located on the northeast shore of South America. It is nestled between Brazil on its eastern and southern borders, Suriname to the west, and the Atlantic Ocean to the north. The region spans a land area of 32,253 square miles (83,534 sq. km). The Amazon rain forest covers 94 percent of French Guiana. Its approximate length is 186 miles (300 km), and its width is 207 miles (333 km). The capital city is Cayenne.

French Guiana's population in 2015 was 276,000 individuals of varying ethnic backgrounds: black or mulatto (66%); white (12%); East Indian, Chinese, or Amerindian (12%); and other (10%) (UN Statistics Division 2016). The population growth rate from 2010 to 2015 was 2.8 percent, with an urban population concentration of 84.4 percent (UN Statistics Division 2016). French is the official language of the region. French Guianese Creole—a mixture of ethnic languages—is also commonly spoken. Roman Catholicism is the primary religion.

Of the rich ethnic diversity in French Guiana, most residents are of African, indigenous, Afro-European, or Asian descent. Originally inhabited by various indigenous groups, including the Caribs, Arawak, Wayampi, and the Wayana, French colonialism introduced enslaved Africans in the 17th century along with Asian laborers and then Hmong refugees in the mid-20th century. Undocumented Maroons, or "Bush Negroes," also populate French Guiana. Maroon communities, descendants of escaped slaves, have maintained their West African traditions and origins. Many live along waterways and maintain contact with other Maroon communities in the neighboring country of Suriname (Minority Rights 2016). According to the UN *World Urbanization Prospects* report, in 2014, 84 percent of the country's population lived in urban areas such as Cayenne and Kourou. With an annual urban growth rate of 0.4, the projected urban population is expected to reach 89 percent by 2050 (United Nations 2014).

French Guiana is one of the French Republic's five overseas departmental regions: French Guiana, Guadeloupe, Martinique, Mayotte, and Reunion. As a territory, French Guiana is under the political rule of France. The French government functions as a semipresidential republic. Powers are divided among three branches: executive, legislative, and judicial. French Guiana has representation in the house and in the French National Assembly. Two representatives from the region are part of the National Assembly, and two are in the Senate (Minority Rights 2016). Legislative representation of French Guiana within France's bicameral parliamentary system is included in the 328/348 seats for metropolitan France and the five overseas departments (CIA 2016). A prefect is appointed by the president of France to head French Guiana's local government.

In 2009, the per capita gross domestic product (GDP) of French Guiana was USD\$17,812 (PAHO 2012). The region's GDP is lower than any other French region. The European Space Agency (ESA) located in Kourou accounts for one-fourth of the region's GDP (BBC 2016). As part of the European Union, the currency in French Guiana is the euro. The economy is largely dependent on food and energy imports as well as subsidies from France. Exportable agricultural products include corn, rice, manioc (tapioca), sugar, cocoa, vegetables, and bananas. The timber, fishing, forestry, and gold mining industries also contribute to the economy's exports (CIA 2016; BBC 2015).

As an overseas department, data on the region of French Guiana is generally integrated with data on the

French Republic. Individual data is not reported or made readily available.

Historical Background

French Guiana is one of three regions (Guyana, Suriname, and French Guiana) that make up the Guianas in north-eastern South America. Prior to European arrival, indigenous populations that included the Wayampi, Arawak, and Carib inhabited the Guianas. Exploration during the Columbian era led to successive occupation by the Dutch, Spanish, and French, which displaced the indigenous populations. In 1594, the lush coastal land of the Guianas was mistaken to be El Dorado, the mythical Land of Gold, and claimed by Walter Raleigh (1591–1618), who had led the search for gold (Raleigh 2009).

Originally controlled by the Dutch, French settlement of the region began in the early 17th century. In its first attempts to colonize the region, the French brought Africans as slave labor, beginning in 1654. As a plantation economy, the population of slaves greatly outnumbered white settlers. In 1819, population reports account 13,309 slaves, 1,698 free persons of color, and 987 white settlers (Curtis 2010). Unlike other European colonies in the Americas, manumission from slavery was common. The outnumbering of enslaved women over enslaved males did not allow for traditional European divisions of labor. The agricultural economy provided a need for African laborers. Men tended to occupy the roles of hunting and carpentry, while women primarily worked as field hands (Moitt 2001). Sugar plantations were created around the Dutch colony of Cayenne, which later became the capital city of Cayenne when the territory was granted to France under the Treaty of Breda in 1667.

In their search for gold, European settlers met harsh environmental conditions, hostile natives, and tropical diseases. By 1763, living conditions in the region had claimed the lives of over 12,000 settlers (Aldrich 2006). The high death toll of settlers led Charles Louis-Napoléon Bonaparte (1808–1873), the first president of France, to deem the land inhospitable. In 1852, Bonaparte made French Guiana a penal colony. Adjacent islands and settlements across the region became known as Devil's Island, “the colony of the damned.” As part of a system of penitentiaries, camps were established in major cities such as Cayenne and St. Laurent as well as in “jungle camps” in the middle of rainforests.

More than 80,000 prisoners from France were sent to the region from 1852 to 1947. Convicts included political

prisoners and serious offenders, such as thieves and murderers. Women condemned of infanticide in France were also sent to Devil's Island between 1852 to 1903, in an effort to populate the colony. Nearly 75 percent of all prisoners died from disease, hunger, or mistreatment by prison guards. Fewer than 10 percent survived their sentences (Marshall 2005). Cayenne became a passage point for escaped slaves, who later formed Maroon communities, up until the abolition of slavery in 1848. Being landlocked by water and other natural elements, many escaped prisoners also found refuge in Maroon communities (Minority Watch 2016). French Guiana continued as a penal colony until after World War II; all Devil's Island penitentiary camps were officially closed by 1945.

Choosing departmentalization over independence, French Guiana became an official overseas department of France (*département d'outre mer*) in 1946. Subsequent internal and external tensions in the Guianas threatened the economic and political stability in the region. However, French Guiana has remained an official overseas department.

In the 1980s, indigenous and Maroon groups from the neighboring country of Suriname sought refuge in French Guiana after violence between local rebel groups and the government displaced thousands of Surinamese. By 1992, of the estimated 10,000 refugees who had relocated to French Guiana from 1986 to 1988, a repatriation plan between France and Suriname was accepted by approximately 6,000 registered refugees to return to Suriname (Minority Rights 2016).

Overview of Women's Lives

The history of slavery and colonialism in French Guiana has had long-lasting effects on the region, especially for those of African and indigenous Amerindian lineage. Colonialism, migration, and racialization has impacted the lives of women and children disproportionately. Political representation and participation for women has improved but remains limited. While levels of poverty are not as extreme as in neighboring countries, hardship is overwhelmingly felt by those in rural and interior areas of the region. Such poverty-related challenges affect health outcomes for women. Environmental conditions of the tropical region have major implications for pregnancy and fetal development. Social and cultural factors also reproduce health endemics that interfere with the well-being of women and children in the region.

Girls and Teens

Teen Pregnancy

Modernization in French Guiana has contributed to a declining rate of teenage pregnancies. The rate of teenage pregnancies is, however, still frequent and higher than in mainland France. In 2012, the proportion of teenage pregnancies decreased significantly to 6.1 percent from 7.2 percent in 2009 (Akoï et al. 2016). Sociodemographic factors such as peer pressure, absence of sexual educational resources, and lack of access to contraceptives in remote areas contribute to the early sexual activity of the youth.

Education

The abolition of slavery in 1848 was met with the establishment of the educational system in urban areas across the region of French Guiana in cities such as Cayenne, Kourou, Rémire, Montsinéry, and Roura. Enrollment increased from 1,200 students in 1852 to over 2,500 students by the early 1900s (Puren 2007).

When the French colony became a regional department in 1946, aggressive public policies established religious boarding schools that forcibly removed Amerindian and Maroon school-aged children from their respective communities and relocated them to schools in remote areas (Migge and Légise 2010). School attendance for indigenous Amerindian and Maroon populations did not officially become compulsory until the 1960s.

The current education system in French Guiana is modeled after the system in France and is compulsory until the age of 16. Primary school is available across the region and lasts for five years. Most students complete primary school, except for in remote rural areas where access is limited. Many students only complete primary and middle education. Secondary and tertiary schools are primarily located in larger towns and urban areas. Middle and secondary education comprise secondary education and lasts for seven years.

Access to vocational and tertiary (university-level) education is limited in the region. Most who seek professional and university degrees attend schools overseas, as they benefit from European community status. Women in French Guiana have higher rates of educational success than their male counterparts. In 2010, only 7.8 percent of the total population held a university diploma. The literacy rate is 83 percent (Marino 2016).

Efforts have been made to integrate linguistic training of local dialects into the public curriculum to accommodate

the rich ethnic and linguistic diversity in the region (Migge and Légise 2010).

Health

Health Care Access and Overview

France's social service and security system provides universal health coverage to those living in French Guiana. Access to health care across the region is limited. Health care facilities and hospitals tend to be located in cities, creating an obstacle to individuals living in remote areas. French social security programs provide financial assistance for work injury, maternity leave, unemployment and disability. Preventive services such as immunizations are provided at no cost by the French General Council.

Maternal Health

Environmental contaminants can have dangerous effects during pregnancy and thereafter. For those living in rural areas and in the tropical rain forest, water contamination and infectious diseases are of high concern. Despite close proximity to water supplies, populations living in remote areas lack access to safe drinking water (PAHO 2012). Gold extraction is one cause of contamination of the water and food supply. Through gold extraction, particulates of methylmercury contaminate lakes and rivers. Local populations thereby become exposed to the toxic substance through water and fish consumption. Constant exposure to the carcinogenic substance can have long-lasting effects on human health, especially on fetal development. Overexposure to methylmercury causes neurological deficiencies in children (Cordier et al. 2002; Cordier et al. 1998; Fréry et al. 2001).

Diseases and Disorders

French Guiana has more preventable health occurrences than neighboring regions, such as infant and maternal mortality and communicable diseases such as malaria, yellow fever, dengue fever, and HIV/AIDS. The tropical terrain across the region creates an ideal environment for mosquito-borne diseases to thrive. Malaria, yellow fever, and dengue fever are endemics in French Guiana that threaten the lives and well-being of pregnant women and their developing fetuses. In 2009, approximately 3,345 cases of malaria were recorded (Marino 2016). Outbreaks of dengue fever also serve as an issue of high concern for pregnant and nursing mothers. Studies have found dengue

fever to be a leading cause of fetal death (Carles et al. 1999). Similar debilitating effects on fetal development occur with the spread of the Zika virus in the region.

The HIV/AIDS endemic is of increasingly high concern in French Guiana. According to a 2006 study, rates of HIV infection were the highest in mainland France as well as its overseas departments (Marino 2016). As of 2010, the rate of HIV diagnoses was 1,124 cases per million. The rate of AIDS diagnosis was 180 per million. Contributing factors include cultural polygyny, transactional sex (45%), and intravenous drug use of crack cocaine (16.8%) (Nacher et al. 2010). Women in French Guiana tend to be impacted by HIV/AIDs (48%) at rates higher than any other overseas region of France. They are followed by men, due to nondisclosure from mates, and those who contract it when purchasing sex. HIV-positive women in the region are younger (34 years) than HIV-positive men (41 years). Their diagnoses are found later toward progression to AIDS than men's (Nacher et al. 2010). Of both sexual and nonsexual origins, close to one-third of those infected with the virus do not tell anyone of their status due to the negative social stigmas attached to disclosure. More than 10 percent of deaths in the region are the result of HIV/AIDS-related causes (Bouillon et al. 2008).

Employment

Of employed persons between the ages of 15 to 64 years (2014), 14.9 percent are in industry professions; 58.3 percent are in service or other jobs. Women heavily occupy service-related jobs in the region. In 2014, 49 percent of women participated in the labor industry compared to 60.8 percent of men (UN Statistics Division 2016). While the annual rate of natural migration increase has remained stable since 1985, increased life expectancies, fertility rates, and immigration have led to a growing population, which in turn has placed pressures on the job market (UNICEF 2013).

In operation since 1968, the ESA (Centre Spatial Guyanais) has been located in the city of Kourou. As the center of the industrial sector in the region, the center contributes to tourism and accounts for one-fourth of the region's GDP. The center offers employment to approximately 24 percent of the population. In 2011, the ESA employed approximately 1,525 directly and 7,500 indirectly (ESA 2016).

Unemployment

French Guiana's economy has experienced little economic growth in recent decades. Consequently, unemployment

rates have become a serious problem, particularly among women and youth. Between 2010 and 2014, the employment rate rose from 21 percent to 22.7 percent (UN Statistics Division 2016). Unemployment rates in the region are substantially higher than in mainland France (10.3% in 2014). The unemployment rate for women in 2010 was substantially higher than men at 36 percent (Marino 2016).

Poverty

In 2009, French Guiana's per capita GDP was estimated at USD\$17,812 compared to USD\$37,962 in the mainland. The French government grants subsidies and social benefits to those living in French Guiana. Such benefits provide basic financial assistance, access to social benefits, or assist people entering the workforce. The rate of the population receiving such benefits in 2009 was 103 per 1,000 persons aged 20–59 (PAHO 2012; INSEE 2012). The dependency ratio demonstrates overwhelming reliance on social services from the French government by children and the elderly. In 2015, the dependency ratio for the population age 14 and younger and 65 and older per 1,000 was 63 percent (UN Statistics Division 2016). Among the five overseas departments of France, poverty is most prominent in French Guiana. In 2006, approximately 26.5 percent of households fell below the poverty line (INSEE 2006). Single-parent households are more likely to be below the poverty line than two-parent households in both urban and rural areas. Approximately half of all children in the region live below the poverty line. Large family sizes and single-parent households are the leading causes of childhood poverty. Data is unavailable on poverty rates among ethnically marginalized groups in the region.

Migrant Workers and Refugees

Immigration has impacted the ethnic diversity and the economy of French Guiana. Workers from Haiti, Brazil, Asia, and Suriname, along with urban Créoles and educated European migrants, have placed pressures on job opportunities in urban areas. For groups such as Amerindians and Hmong refugees, farming has proven successful. Relocation of Hmong refugees from Laos began in 1977. Resettlement in French Guiana during the Hmong diaspora created ethnically homogenous villages in Cacao, Regina, and Javouhey (Clarkin 2005). Hmong agricultural villages are based on market and subsistence farming.

Job Opportunities

Outside of the capital of Cayenne, job opportunities in the region are extremely limited. Job opportunities in the city are competitive. The formal labor market is dominated by foreigners and men; however, employment opportunities for all women are greater than in the past.

In urban areas, female participation in the labor force has slowly increased from 45.7 percent in 2005, to 48.0 percent in 2010, to 49.0 percent in 2014. Simultaneously, labor force participation for males has decreased slightly from 61.5 percent in 2005, to 61.4 percent in 2010, to 60.8 percent in 2014 (UN Statistics Division 2016). Women are most likely to work as agricultural workers and in the public sector. Cultural norms and family responsibilities contribute to the unemployment rate of women across the region.

Many women from rural Maroon communities experience economic independence from men. As either temporary seasonal or permanent workers, women from transmigration villages spend time in coastal market areas, such as in Paramaribo, Albina, and Moengo. Other Maroon women work in domestic roles, such as cleaning houses in urban areas. Despite these work opportunities, a majority of Maroon women are unemployed (Polimé 1992).

Family Life

The average life expectancy is 73 years for men and 81 years for women (BBC 2016). In 2008, the general mortality rate was 3.4 per 1,000; the infant mortality rate was 11.6 deaths per 1,000 live births; and the maternal mortality rate was 28.2 deaths per 100,000 live births (PAHO 2012).

Reproduction

The growing population of French Guiana can be attributed to the population fertility rates as well as immigration. The population growth rate is 2.8 percent (2010–2015). The overall fertility rate (2008) is 47 births per 1,000 women of childbearing age, with an average birth rate of 3.5 children per woman. The adolescent birth rate is 84 per 1,000 women between the ages of 15–19 years as of 2007 (UN Statistics Division 2016).

Marriage rates have been on a constant decrease as the number of single-mother households continues to increase. In 2014, the rate of marriage per 1,000 inhabitants was 2.3 percent, down from 2.8 in 2008. As fertility rates increased, the percentage of nonmarital births has

also risen: the rate of nonmarital births has increased from 81.9 percent in 1999 to 87.9 percent in 2008 (Pla and Beaumel 2011).

Gender Roles and Family Structure

Close family ties are important to the culture and value system of French Guiana. Along with strong Roman Catholic values, lack of family planning and lack of access to contraceptives have resulted in large families. Family units are, however, following Western trends and becoming smaller.

Maroon societies are matrilineal but rest in patriarchal values. Polygyny (one man may have multiple wives) is common in the region, especially in Maroon societies. Failure of a woman to abide by social norms of male leadership could result in divorce or be grounds for the husband to obtain another wife (Polimé 1992).

Politics

Participation in Government

A prefect and a 51-member assembly administer the local government. The prefect serves as the chief officer for the region and represents the president of France. Political parties differ ideologically from those in the mainland of France and represent local issues. The primary political parties are the Guianese Socialist Party and the Union for a Popular Movement.

In the region, all adults over the age of 18 have the right to vote. Although women comprise half of the electorate, women are not equally represented in government. Christiane Taubira-Delannon (1952–) became the first woman to be elected into French legislature in 1993. Born in Cayenne, Taubira was the founding president of the Guyanese Walari political party. Under the government of President François Hollande, she was later appointed as the minister of justice of France in 2012. Taubira has used her political platform to discuss issues of slavery and political equality in France.

Maroon Political System

Many Maroon communities continue to operate under their traditional political systems. Local administrative roles in Maroon communities include the *gaaman*, the tribal leader; the *kabiten*, the head of the village; and the *asbasias*, assistants to the *kabiten*. Each of these roles have traditionally been held by men, with the exception

of the role of *asbasia*, which can be either male or female. In the late 1990s, cultural norms began to shift and allow women to maintain leadership roles in tribal communities. Women have since been able to reach higher political roles by becoming a *kabiten*. Such communities with a female *kabiten* include the Ndjuka and Paramaka territories (Polimé 1992).

Citizenship and Nationality

Citizens of French Guiana receive full citizenship rights of France and the European Union. While the French Constitution provides citizenship to all inhabitants, the rights of ethnic minorities, such as indigenous Amerindian and Maroon communities, have been politically ambiguous. Although these groups continue to press for political authority and recognition of territorial rights, there is little support for independence.

Illegal immigration also presents problems of citizenship and political issues in the region. Immigrants from neighboring countries and the Caribbean islands commonly migrate to French Guiana to benefit from the French social security and health care system.

Religious and Cultural Roles

Roman Catholicism is the primary religion observed in French Guiana. Indigenous Amerindian and African religions are still practiced in remote Maroon communities. Religious practices impact the health and economic opportunities of women in the region.

Issues

Trafficking and Prostitution

The trafficking of girls and women into the sex trade industry is not a new phenomenon in French Guiana. It can be traced back to colonialism, the removal of indigenous populations, and domination of enslaved persons in the region.

Data on sex trafficking in the region is, unfortunately, extremely limited. According to the 2015 *CIA World Factbook*, any women and children who are forced into the sex trade in the region are from the neighboring countries of Suriname and Brazil. The recent HIV/AIDS endemic has been exacerbated by sex trafficking and prostitution in the region, primarily in border areas.

GABRIELLE L. GRAY

Further Resources

- Akoï, Koïvogui, Julien-Pena Francoise, Carbanar Aurel, Imounga Laure-Manuella, Laruade Christelle, Nebor Venise, and Covis Sabrina. 2016. "Follow-Up and Outcomes of Pregnancies in French Guiana: The Part of Teenage Pregnancies." *International Journal of Adolescent Medicine and Health*. Retrieved from <https://doi.org/10.1515/ijamh-2015-0105>.
- Aldrich, Robert, and John Connell. 2006. *France's Overseas Frontier*. Cambridge, U.K.: Cambridge University Press.
- BBC. 2015. "French Guiana Profile: Facts." Retrieved from <http://www.bbc.com/news/world-latin-america-20380501>.
- BBC. 2016. "French Guiana Profile." Retrieved from <http://www.bbc.com/news/world-latin-america-20376142>.
- Bouillon, Kim, France Lert, Rémi Sitta, Annie Schmaus, Bruno Spire, and Rosemary Dray-Spira. 2007. "Factors Correlated with Disclosure of HIV Infection in the French Antilles and French Guiana: Results from the ANRS-EN13-VESPA-DFA Study." *AIDS (London, England)* 21: S89.
- Carles, Gabriel, Hubert Peiffer, and Antoine Talarmin. 1999. "Effects of Dengue Fever during Pregnancy in French Guiana." *Clinical Infectious Diseases* 28.3: 637–640.
- CIA (Central Intelligence Agency). 2016. "France." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/fr.html>.
- Clarkin, Patrick F. 2005. "Hmong Resettlement in French Guiana." *Hmong Studies Journal* 6: 1.
- Cordier, Sylvaine, Micheline Garel, Laurence Mandereau, Hervé Morcel, Philippe Doineau, Sylvie Gosme-Seguret, Denise Josse, Roberta White, and Claudine Amiel-Tison. 2002. "Neurodevelopmental Investigations among Methylmercury-Exposed Children in French Guiana." *Environmental Research* 89.1: 1–11.
- Cordier, Sylvaine, Christine Grasmick, Michel Paquier-Passelaigne, Laurence Mandereau, Jean-Philippe Weber, and Michel Joann. 1998. "Mercury Exposure in French Guiana: Levels and Determinants." *Archives of Environmental Health: An International Journal* 53.4: 299–303.
- Curtis, S. A. 2010. *Civilizing Habits: Women Missionaries and the Revival of the French Empire*. New York: Oxford University Press.
- ESA (European Space Agency). 2016. "About French Guiana." Retrieved from http://www.esa.int/Our_Activities/Launchers/Europe_s_Spaceport/About_French_Guiana.
- Fréry, Nadine, R. Maury-Brachet, E. Maillot, M. Deheeger, B. De Merona, and Alain Boudou. 2001. "Gold-Mining Activities and Mercury Contamination of Native Amerindian Communities in French Guiana: Key Role of Fish in Dietary Uptake." *Environmental Health Perspectives* 109.5: 449.
- INSEE (National Institute of Statistics and Economic Studies). 2006. "France." Retrieved from <http://www.insee.fr/fr/accueil>.
- INSEE (National Institute of Statistics and Economic Studies). 2012. Retrieved from <https://www.insee.fr/fr/statistiques>.
- Marino, Eleni. 2014. "Poverty in French Guiana." Borgen Project, June 2. Retrieved from <http://borgenproject.org/poverty-in-french-guiana>.

- Marshall, Bill, and Cristina Johnston. 2005. *France and the Americas: Culture, Politics, and History, a Multidisciplinary Encyclopedia*. Vol. 3. Santa Barbara, CA: ABC-CLIO.
- Migge, Bettina, and Isabelle Léglise. 2010. "Integrating Local Languages and Cultures into the Education System of French Guiana." *Creoles in Education: An Appraisal of Current Programs and Projects* 36: 107.
- Minority Rights. 2016. "World Directory of Minorities and Indigenous Peoples: French Guiana." Retrieved from <http://minorityrights.org/country/french-guiana>.
- Moitt, B. 2001. *Women and Slavery in the French Antilles, 1635–1848*. Bloomington: Indiana University Press.
- Nacher, M., V. Vantilcke, M. C. Parriault, A. Van Melle, M. Hanf, G. Labadie, M. Romeo, L. Adriouch, G. Carles, and P. Couppié. 2010. "What Is Driving the HIV Epidemic in French Guiana?" *International Journal of STD & AIDS* 21.5: 359–361.
- PAHO (Pan American Health Organization). 2012. *Health in the Americas*. Washington, D.C.: World Health Organization (WHO).
- Pla, Anne, and Catherine Beaumel. 2011. "Bilan Démographique 2010." *Insee Première* 1332.
- Polimé, Thomas. 1992. *The Role of Women in the Maroon Societies of Suriname and French Guiana*. Translated by Kenneth Bilby. Washington, D.C.: Smithsonian Institution. Retrieved from http://www.folklife.si.edu/resources/maroon/educational_guide/46.htm.
- Puren, Laurent. 2007. "Contribution à une histoire des politiques linguistiques éducatives mises en œuvre en Guyane française depuis le XIXe siècle." *Pratiques et Représentations Linguistiques en Guyane: Regards Croisés*: 278–295. Marseille: IRD Éditions. doi:10.4000/books.irdeditions.6957.
- Raleigh, Walter. 2009. *The Discovery of Guiana*. Auckland, NZ: The Floating Press.
- UNICEF. 2013. "Migration Profiles." Retrieved from <https://esa.un.org/migmgprofiles/indicators/files/FrenchGuiana.pdf>.
- United Nations. 2014. *World Urbanization Prospects: The 2014 Revision*. Department of Economic and Social Affairs, Population Division. New York: United Nations.
- UN Statistics Division. 2016. "French Guiana." Retrieved from <http://data.un.org/Search.aspx?q=french+guiana>.

G

Greenland

Overview of Country

With a 27,000-mile (44,087 km) coastline and a total area of 810,000 square miles (2,166,086 sq. km), Greenland is the world's largest island. The northernmost point is 459 miles (740 km) from the North Pole, and the southernmost part is approximately the same latitude as Oslo, Norway. The Greenland ice sheet covers 85 percent of the island. Greenland is a part of the North American continent and is located between the Arctic and the North Atlantic Oceans (Statistics Greenland 2016a). The Greenlandic settlement structure is characterized by a so-called island settlement structure, as the population lives in 17 towns and more than 60 settlements scattered along the west coast and the southern parts of the east coast. Nuuk, the capital, is the largest, having roughly 17,000 inhabitants. The towns and settlements are not connected by roads; people travel between them by boat, plane, and helicopter. In northern and eastern Greenland, when the sea ice is solid, people travel by dogsled or snowmobile.

The Greenlanders—the Greenlandic Inuit—are an Arctic indigenous people related to the Inuit. They are an indigenous people of northern Alaskan and Arctic Canadian origin and livelihoods and constitute a common language group. The Greenlanders call themselves *Kalaallit*, meaning “Greenlanders,” or “Inuit,” for human beings. At

89 percent, the Greenlandic Inuit constitute the majority of the population. For the remainder, 8 percent are of Danish origin, and 3 percent are from other parts of the world (Statistics Greenland 2016a). Although the official language is Greenlandic, Danish is taught in schools, and mastering Danish or English is necessary to attend further education.

Greenland's total population is 55,847. Roughly 8 out of 10 people are born on the island. As there is no formal Greenlandic citizenship, the category “born in Greenland” has been used as a substitute in the official population statistics. Surveys (e.g., the Greenlandic part of the Survey of Living Conditions in the Arctic, SLiCA) show a high correlation between “born in Greenland” and the individual's self-identification as “Greenlander.” Many citizens (8,800) live in settlements with fewer than 500 people. Since January 2009, four regional municipalities were established from 18 former municipalities. The female share of the population is 47 percent (Statistics Greenland 2016c). There is a male majority because Greenland lacks skilled labor in different trades, and most people moving to Greenland to work are men.

The total population figure has been stable for a decade, with a minor decline in recent years due to net out-migration. Some young Greenlanders out-migrate after leaving to study abroad (primarily in Denmark) and choose not to return after completing their education for reasons such as uncertainty about access to day care or a lack of housing facilities.

Historical Background

In 1721, the Kingdom of Denmark started to colonize Greenland by establishing borders and building small colonies along the west coast to conduct trade and missionary work, with the intention of making the Greenlanders sedentary. Before colonization, no borders or formal citizenship existed among Inuit in the Arctic (Greenland, Canada, Alaska, and Siberia). Patrimonial social relations characterized the social life of small communities. In the 1860s, an administrative system, training of catechists, and a newspaper were started, and in 1908, municipal and provincial councils were introduced. The representatives were elected between and by electable men.

In 1926, Greenlanders became Danish citizens (Grønlands Kommissionens of 1948). During World War II, US military forces established several bases, of which one, the Thule Airbase, is still in operation. A change in the Danish Constitution abolished Greenland's colonial status in 1953, and it became a country formally on equal terms with the other Danish countries. At the same time, Greenland became a part of the Danish Kingdom, this formal decolonization process reduced Greenlanders to a minority in the Kingdom of Denmark. At the time of Greenland's change of status to an "equal" part of the Danish realm, roughly 25,000 people (of which more than 90 percent had been born on the island) lived in Greenland compared to the Danish Kingdom's approximate total population of 4.4 million. The Greenlanders, with a majority in Greenland, amounted to less than 1 percent of the total population in the Danish Kingdom in the beginning of the 1950s (Poppel 2014). Following the amendment of the Danish Constitution in 1953, Greenlanders were granted two seats in the Danish Parliament.

In everyday life, however, the change of status did not mean significant changes in Greenlanders' control of their own country, as Greenland had been administered from Denmark for a long time, and the Danish state continued to govern with the same administrative processes as before. Furthermore, Greenlanders experienced a major influx of Danish workmen and administrative staff to organize and implement the transformation of Greenland into a modern welfare society, as sketched and programmed in the so-called G-50 (Poppel 2005a) and G-60 (Poppel 2005b) plans.

The Home Rule Act (1979) was the first step for Greenlanders to become a majority in a self-governing Greenland. As Greenland remained a part of the Danish Realm,

Greenlanders were still Danish citizens, and matters related to citizenship were still the responsibility of the Danish authorities (Home Rule Act 1978).

In 2009, the Act of Self-Governance in Greenland replaced the 30-year-old Home Rule Act. An important part of the new regime was the Danish State's recognition of Greenlanders as a people according to international law and thus with a right to self-determination. Nonetheless, the self-governance arrangement, according to the act from 2009, meant that Greenland continued to be a part of the Danish Kingdom, and Greenlanders remained Danish citizens (Self-Governance Act 2009).

Greenland society has experienced major changes since World War II, especially in the 1950s and 1960s, which was called the "Danization" period. This was when Greenland changed from a colonial state to a so-called equal state, but in some ways, it was also a response to the Greenlandic political wishes for self-determination between 1945 and 1950 (Sørensen 1983). Rapid demographic, economic, social, cultural, and political changes have taken place that have further influenced Greenlandic norms and value systems.

Some prominent changes have had major impacts on gender relations, such as shifting from a society based on hunting and fishing to one that includes Western industrialization. Almost half of all Greenlanders employed are women; with this, the family structure and household size and composition has changed rapidly (Poppel and Chemnitz Kleist 2009).

The Greenlandic economy has traditionally been, and still to a large degree is, dependent on renewable resource harvest. Fishing and hunting is the most important industry in Greenland's economic development. The other three major industries are tourism, mineral exploitation, and other land-based trades. Roughly 90 percent of the value of Greenland's exports come from fish (primarily halibut, mackerel, and cod) and crustaceans (mainly shrimp) (Statistics Greenland 2016a).

Based on agreements between the Greenlandic and Danish governments, Greenland receives an annual block grant amounting to about USD\$532 million (3.7 billion Danish krone (DKK)) in 2015. The total gross domestic product (GDP) amounts to about USD\$2.4 billion (16.9 billion DKK), and the gross average household income is about USD\$59,000 (412,000 DKK) in 2014 (Statistics Greenland 2016b).

The Greenlandic climate is arctic to subarctic, defined by a July temperature that on average does not exceed 50°F (10°C). However, global warming is affecting Greenland

as well as the rest of the Arctic. There are signs of climate change, such as surface and water temperatures rising more rapidly than in the rest of the world, retreating sea ice and glaciers, a massive loss of the Greenland ice sheet, thawing permafrost, and an increase of unstable and unpredictable weather. All of these affect and will further impact livelihoods and health and living conditions (Larsen and Fondahl 2014). Among the effects, the rapid retreat of the Ilulissat Glacier, one of the most productive glaciers in the world, is visible proof and often used as a showcase for climate change. Hunters in northern Greenland have experienced increasing difficulties hunting and fishing on the sea ice because of less stable and thinner ice.

Greenland is a parliamentary democracy within a constitutional monarchy. It is a self-governing territory but not an independent state. Being a part of the Danish Realm, along with Denmark and the Faroe Islands, means that Greenland does not have its own seat in the United Nations. Because of this, Greenland is not included in the majority of UN country comparisons and rankings, such as the Human Development Index (HDI) and Gender Equality Index (GII).

While Greenlandic women face challenges of sexism and gender disparities, they have seen progress in key areas such as education, which can result in gains in employment and politics.

Girls and Teens

Twenty-five percent of the Greenlandic population, roughly 14,000, is under the age of 18, and 49 percent of the children and young people are women (Statistics Greenland 2016c).

Child Abuse

An annual report from the Greenland police provides information about the sexual abuse of children, but without gendered distribution. Thirty-one sexual assaults of underage children (younger than 15 years old) were reported in 2015; this is less than half of what was reported in 2011 (Grønlands Politi 2015, 7).

A 2014 survey among Greenlandic youth in the 18–25 age range conducted by the Danish National Center for Welfare Research documented that a large proportion of

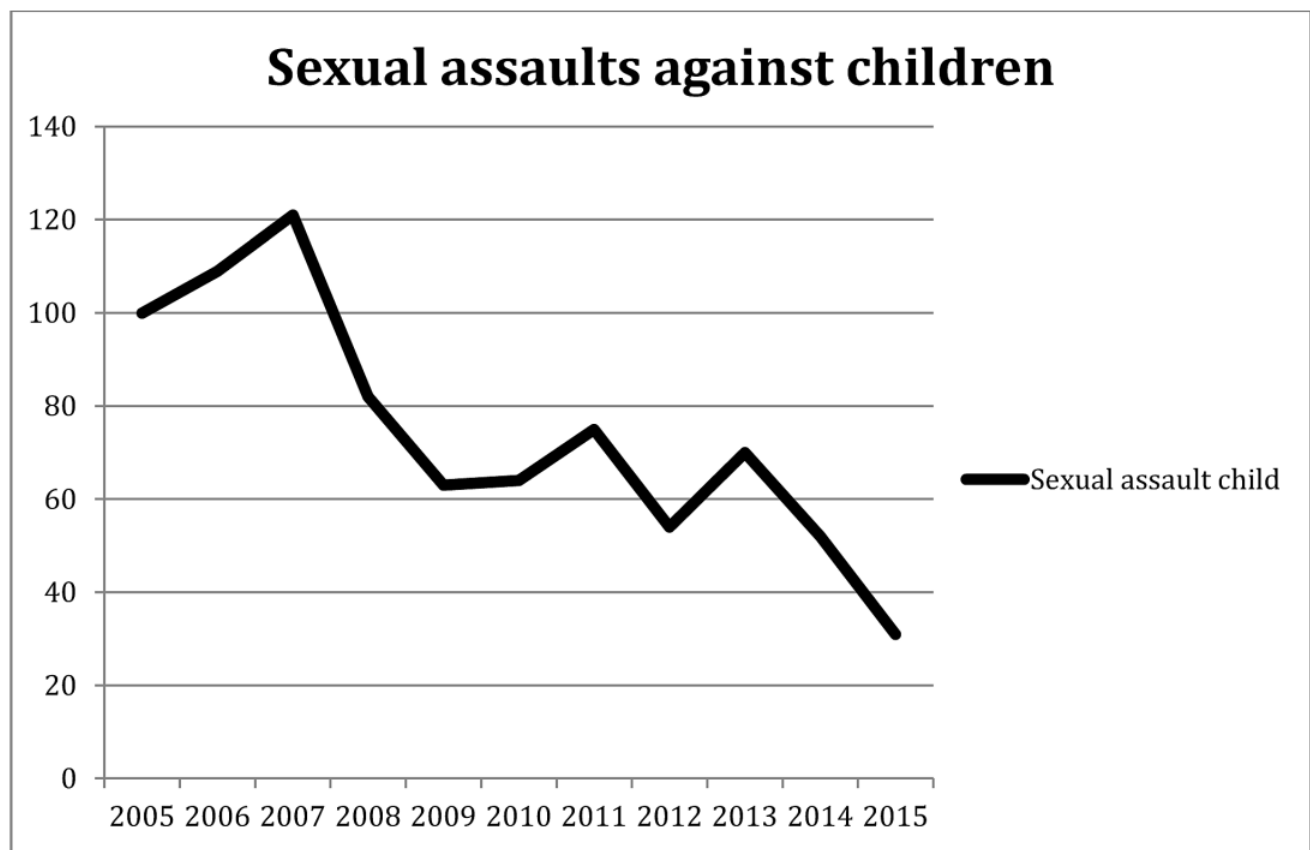


Chart 1: Sexual assaults against children.

Source: Grønlands Politi 2015, 7

underage Greenlanders (under the age of 15), primarily, but not only, girls, had been sexually assaulted. The survey was based on a random sample of young Greenlanders; 151 out of 400 participated in the survey. The survey categorized the young, sexually assaulted persons into three groups:

- First sexual experience with another person before the age of 15: women 53 percent, men 29 percent (61 persons in all)
- Did not participate by her/his own choice: women 33 percent, men 33 percent (49 persons in all)
- First sexual experience with another person before the age of 15 and did not participate by her/his own choice: women 21 percent, men 4 percent (20 persons in all) (Christensen and Baviskar 2015, 38)

For many years, child neglect and child abuse have been problems that increasingly take center stage in public debates, which resulted in a number of political initiatives based on the UN Convention of the Rights of the Child.

On November 22, 2011, Inatsisartut, the Greenland Parliament, adopted a legal act to set up a National Advocacy Center for Children's Rights (MIO), a spokesperson for the children of Greenland (the head of MIO), and a children's council. The spokesperson as well as the council are appointed by the Greenlandic government, but the spokesperson, the council, and the advocacy center are politically independent and have freedom of expression (Chemnitz 2012). Subsequently, Greenland's first children's rights institution, MIO, was established in 2012 and is headed by an official children's spokesperson.

Another initiative is a collaborative agreement, which will remain in force until the end of 2020, between the government of Greenland and UNICEF that actively promotes and focuses on information about children's rights (Naalakkersuisut 2015a).

Whereas child neglect and child abuse represent severe problems for a number of girls and teens, sex trafficking is not a problem in Greenland.

Education

Literacy

Greenlandic children have been subject to compulsory school attendance for more than 100 years, since Danish colonial rule. Illiteracy has been eradicated for generations. When the Home Rule Act was established in 1979,

the administration of public schools and the further education system were among the first fields of responsibility transferred from the Danish to Greenlandic authorities. This signaled the importance and expectations vested in educating Greenlanders as a precondition to make the best of the opportunities of home rule and as a point of departure to further self-determination. This is also the main reason why education has been high on the political agenda since 1979 and why public funding for education has been prioritized, resulting in budgets where roughly 20 percent of the total public expenditures are earmarked for education. Greenlandic education, at all levels, is publicly funded, and admission to primary, secondary, and postsecondary education is free.

The latest school reform, named *Atuarfitsialak*, or the "good school," states that children are subject to compulsory school attendance for nine years. Despite ongoing discussions about the public school system and to which degree it matches the demands in further education, there is a general agreement that illiteracy is not an issue.

Preschool

Sixty-nine percent of all children five years old and younger attended a public or private preschool in 2012. More children in towns (73%) than in settlements (45%) attend preschool activities and institutions. The vision of the Greenlandic government is to increase the total percentage to 89 percent by 2024. An equal share of girls and boys attend preschool (Ministry of Education, Culture, Research and Church 2015).

Primary and Secondary Education

By law, Greenlandic children attend school from grades 1 to 9 (ages 6–15). Furthermore, grade 10, which is offered to all, provides an opportunity to pass a school-leaving examination that is a precondition for attending high school.

In the school year 2014–2015, roughly 7,500 students attended Greenland's 83 public schools; 23 schools are located in the country's 17 towns and 60 in the settlements. Some students living in the sheep-farming district in South Greenland are homeschooled at the farms where they live. There were two private schools in the two largest towns, with 220 matriculated students (Inerisaavik 2015).

A total of 756 students left the public school's grade 10 in 2012 with a school-leaving examination. Of these, 399 were girls, and 357 were boys. Girls constitute a majority of those leaving grade 10 with a school-leaving examination,



A woman in costume performs during Junkanoo, a traditional festival held in the Bahamas. Junkanoo originates from a celebration held by enslaved people during three days off they received around Christmas. The tradition died with the abolition of slavery, but has been revived, and now the carnival is annual. Maureen Duvalier is considered the first woman to dance in the Junkanoo parade and brought other women in to dance. (Jocrebbin/Dreamstime.com)



Indigenous woman living in the Andes Mountains in Argentina. Rural women living in Argentina tend to experience higher rates of poverty than their urban counterparts. (Feije Riemersma/Dreamstime.com)



Señora Susanna, pictured here with some of her grandchildren, is a respected elder in the Maleku community of Costa Rica. She helps maintain knowledge about traditional Maleku customs, spiritual beliefs, history, and rituals, by passing down that knowledge to her extended kin. (Jillian M. Duquaine-Watson)



Woman and girls at a well in Belize. Women are generally in charge of daily household affairs such as collecting water and raising children, with whom they often have close relationships. (Atlantide Phototravel/Getty Images)



Indigenous woman works at a loom with her son in a suburb of Cochabamba, Bolivia. Weavers sell these colorful blankets to earn an income for their families. Children under seven are considered the responsibility of women. About 64 percent of women participate in paid labor, and about 89 percent of children aged 7 to 14 provide unpaid work for their families. (Sjors737/Dreamstime.com)



Women perform a folk dance called the *Tambor de Crioula* (Drum of Creole) in São Luis, Maranhão, Brazil. Danced only by women, it is a tradition of African descendants, in praise of Saint Benedict. The rhythm is set by three drums: *roncador* (large), *socador* (medium) and *crivador* (small). (Alessio Moiola/Dreamstime.com)



A young woman performs a Fancy Dance at Edmonton's Heritage Festival. Aboriginal, or First Nation people, make up four percent of the Canadian population. (Angela Ostafichuk/Dreamstime.com)



Cydonie Mothersill of the Cayman Islands celebrates winning gold in the women's 200 meter final during the Commonwealth Games at the Jawaharlal Nehru Stadium in New Delhi, India, October 11, 2010. Sports participation is important to Caymanians, regardless of gender. (AP Photo/Lee Jin-man)



Fishers clean and tidy nets on a boat moored in Valparaíso Harbor, Chile. As of 2014, less than half of the female Chilean population was employed. (Jeremy Richards/Dreamstime.com)



Palenquera women sell fruit in Cartagena, Colombia. The palenqueras are an indigenous group with roots in Africa. Colombia has 87 indigenous groups, 3 Afro-Colombian groups, and Roma. (Meunierd/Dreamstime.com)



A Cuban woman working with tobacco leaves in a cigar factory. Cuban women are encouraged to actively participate in both the workforce and in government. (Sergey Uryadnikov/Dreamstime.com)



Women march in support for First Lady Margarita Cedeño and her campaign for Vice President in Santiago, Dominican Republic, March 9, 2012. Cedeño was elected Vice President to Danilo Medina on May 20, 2012. In 2000, Milagros Ortiz Bosch was elected the country's first female Vice President. (Dlrz4114/Dreamstime.com)



Local women at a market in the village of Saquisilí, in the Cotopaxi Province of Ecuador. The average income of rural women is less than that of their urban counterparts. (Steve Allen/Dreamstime.com)



Salvadorian women participate in the procession of the Flower and Palm Festival in Panchimalco, El Salvador, May 8, 2016. A majority of El Salvador's population is Christian, with 47 percent being Catholic. Aside from religious practice, the Catholic Church influences women's reproductive rights. Access to sex education and contraceptives is restricted because of church doctrine. (Kobby Dagan/Dreamstime.com)



A young parade-goer participates in French Guiana's annual carnival. French Guiana is ethnically diverse, with most residents being of African, indigenous, Afro-European, or Asian descent. (Amskad/Dreamstime.com)



Inuit women in traditional garb, Greenland. The Inuit people constitute the majority of Greenland's population, at 89 percent, while 8 percent are of Danish origin, and 3 percent are from other parts of the world. (Hel080808/Dreamstime.com)



Haitian girls play near a school destroyed by Hurricane Ike in Gonaïves, Haiti, weeks after the storm hit the city in September 2008. In 2015, about 200,000 children in Haiti did not attend school, most of them from rural areas. (David Snyder/Dreamstime.com)



A Guatemalan woman takes part in a traditional Mayan ceremony in Chichicastenango, Guatemala, July 26, 2015. Guatemalans practice a wide variety of religions, some featuring mixtures of traditional and European beliefs. (Kobby Dagan/Dreamstime.com)



A Kuna woman sits in a marketplace in Portobelo, Panama, selling colorful textured art handmade with appliques, known as *molos*. Six indigenous groups are in Panama, including the Kuna, Embera, Ngobe-Bugle, Wounaan, Naso, and Bribri, with the first three being the most populous. (Adeliepenguin/Dreamstime.com)



Women's clothing for sale over a mural that reads "Let's work together for peace," on the front wall of the Jose Ramon Montoya school in Tegucigalpa, Honduras, November 28, 2014. The school has been a site of violence against girls. (AP Photo/Esteban Felix)



Portia Simpson Miller celebrates during a victory rally after parliamentary elections in Kingston, Jamaica, December 29, 2011. Miller, leader of the People's National Party, became Jamaica's first female prime minister in 2006. She was voted back into office in 2011. Overall, women hold 15 percent of Jamaica's seats in parliament. (AP Photo/Collin Reid)



A mother holds a child amid colorful clothing for sale during Easter week, San Cristóbal de las Casas, Chiapas, Mexico. Women do the majority of the housework and childcare labor in Mexico. (Jorge Duarte Estevao/Dreamstime.com)



A young girl making traditional pancakes at the Cultural Market in Mangazina di Rei, Rincon, Bonaire, Caribbean Netherlands. In 2010, 17.4 percent of males compared to 23.7 percent of females were employed in the tourism trade on the island. (Anna Krasnopeevea/Dreamstime.com)



Women fetch water from a water pipe near Andris Tara village on the Coco River, which borders Nicaragua and Honduras. Women spend significantly more time attending to domestic work activities and family compared to men. (Sjors737/Dreamstime.com)



Elder women from the Guaraní community perform a song to demonstrate against the government having taken their land in Pantanal, Paraguay, August 2015. (Julian Peters/Dreamstime.com)



Workers manually extract minerals from terraced salt pans in Maras, Urubamba Valley, Peru. Whether as artisanal miners or as part of large-scale operations, women miners encounter many challenges in this growing employment sector. (Fabio Lamanna/Dreamstime.com)



Three women and a young girl pose on Picadilly Street, in East Dry River, Port-of-Spain, Trinidad, on Emancipation Day. Trinidad and Tobago was the first country to commemorate the abolition of slavery with a national holiday. Some celebrate by wearing headscarves and clothing printed with designs representing their African heritage. (Granderiviere/Dreamstime.com)



A woman offers cleansing smoke during a ceremony with military veterans and Native Americans on a closed bridge outside the Oceti Sakowin camp, where people have gathered to protest the Dakota Access oil pipeline in Cannon Ball, North Dakota, December 5, 2016. Opposition to the pipeline comes from the assertion that it threatens sacred burial grounds and water quality. (AP Photo/David Goldman)



An anti-government demonstrator wearing a Wayuu dress kneels in front of riot police in Caracas, Venezuela, May 6, 2017. Thousands of women marched to stop repression and to pay tribute to those who were killed in weeks of demonstrations that called for President Nicolas Maduro to step down. (AP Photo/Ariana Cubillos)



Activists pose before the start of the March of Diversity at Independence Square in Montevideo, Uruguay, September 30, 2016. Gay rights have slowly increased and strengthened since 2003, making Uruguay one of the most gay-friendly countries in the world. (Miguel Rojo/AFP/Getty Images)



Women in traditional attire dance at the opening of the Congress Hall in Paramaribo, Suriname, February 27, 1999. In 1948, Surinamers gained universal suffrage. (AP Photo/Edward Troon)

continuing a trend from previous years, which is partly explained by the fact that more boys than girls participate in remedial education.

The Greenlandic government's educational consultancy service, Inerisaavik, assesses the Greenlandic public schools, their students, and how they perform. Gender-distributed student profiles from 2012 applying a three-grade scale (strong, good, and weak) found that two-thirds of girls and boys fell into the "good" category, and girls constituted the majority of those in the "strong" category (Inerisaavik 2013).

Greenland's youth have eight study programs to choose from in high school. There are four high schools located in the four municipalities. From 2005 to 2012, the number of high school students grew 70 percent, from 791 students to 1,344. The number of students who completed high school increased by 135 percent, from 150 percent to 353 percent. The discrepancy between enrollment and completion figures is due to the number of dropouts. The completion rate of 55.6 percent in 2012 was low (Ministry of Education, Culture, Research and Church 2015, 16).

Postsecondary Education

Since the introduction of the Home Rule Act, many resources have been invested in developing Greenland's education

system. Both vocational education and training and the University of Greenland have been expanded and transformed to meet the needs and demand for well-educated Greenlanders to substitute for the non-Greenlandic speaking staff in public administration, in a variety of institutions and companies, to further participation in developing new trades and industries and to develop the Greenlandic society toward independence.

Basic vocational training and education is provided by seven training and education centers for various industries: construction, iron and metal, commercial studies, food science, social and health sector, graphic arts industry, service sector, and electrical industry.

Ilisimatusarfik, the University of Greenland, located in Nuuk, provides education at the university level. University programs include teacher training, nursing, journalism, social work, economics, and theology at the bachelor's level and social science, language, literature, media, culture, and social history at the master's level. The University of Greenland also provides a PhD program. Furthermore, Artek, a college of engineering located in Sisimiut, educates engineers in collaboration with the Danish Technical University (DTU).

According to official statistics, education levels have increased. Less than 30 percent of Greenlanders 16 years and older had a formal education beyond elementary

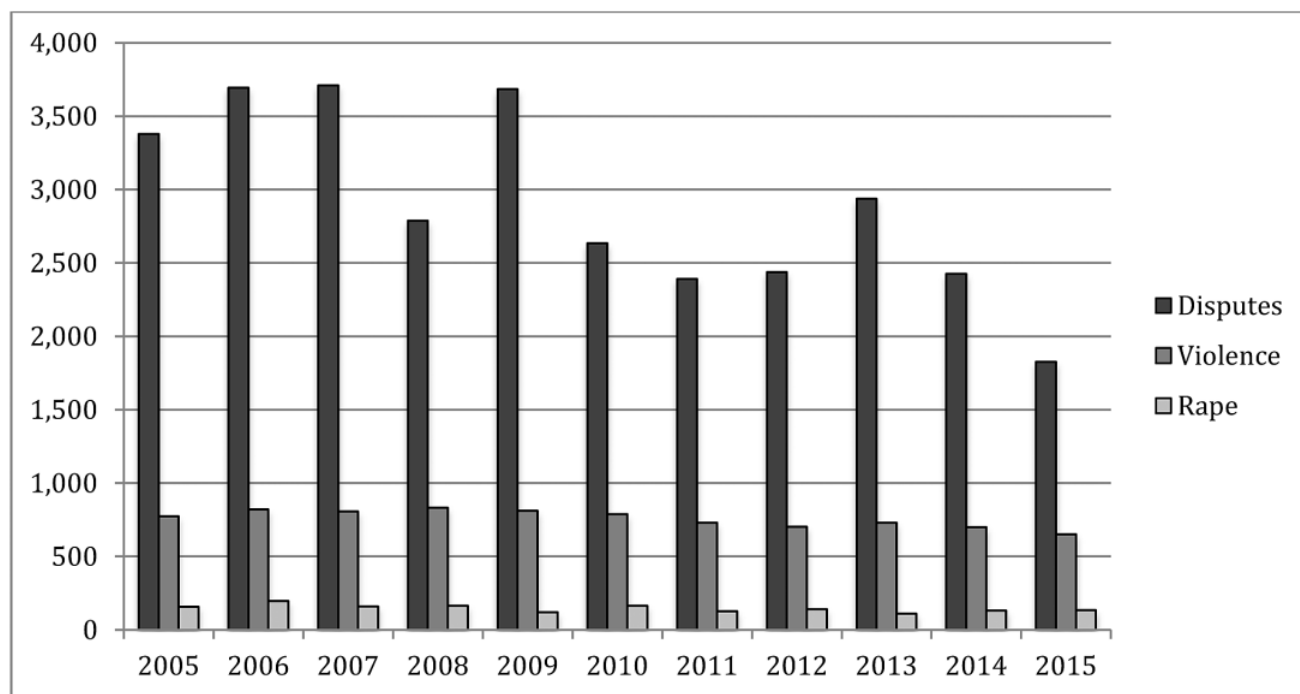


Chart 2: Number of incidents of disputes, violence and rape reported to the police, 2005–2015.

Source: Annual police reports 2005–2015 from www.politi.gl

school in 2003, but this has increased to 35 percent in 2013. Sixty-two percent of those completing an education in 2013 were women (Statistics Greenland 2016e).

More women than men completed formal education regardless of the level and despite dropout rates that exceed 50 percent for all education levels. This continues a trend that started in the beginning of the 1990s, but women have only recently exceeded the share of men completing vocational education and training.

At Ilisimatusarfik, women students are the majority in almost all subject areas, though they especially cluster in social work, journalism, teaching, language, literature, and media (see, e.g., Poppel and Chemnitz Kleist 2009, 346). This development is parallel to developments in many countries and regions of the world and has led to the creation of such new concepts as the feminization of the educational system. This development will impact gender relations in the labor market and in families (Poppel 2015).

Health

Greenlandic residents receive free health care from the Greenlandic public health care service. When the necessary resources are not available on the island, the Greenlandic public health care service pays for access provided by the Danish public health care service.

Life expectancy in Greenland is on par with countries such as Guatemala, Belarus, Turkey, and Morocco. From 2000 to 2004, life expectancy for males was 66 years and 71 years for women; in the following five-year period, 2006–2010, life expectancy increased to 68 years and 73 years, respectively (Naalakkersuisut Department of Health 2012, 10).

Access to Health Care

In a representative study from 2004 to 2006, Greenlanders were asked a number of questions about their health and the health care system. Ninety-eight percent reported they had access to a doctor or other medical professional in their community, and 96 percent said they were able to get the medicine they needed. At the same time, more than 20 percent were waiting to visit a specialty clinic, and 9 percent reported they had an untreated medical problem (Poppel et al. 2007).

The health care system is organized in five regions, each with a regional hospital, and 17 health care centers in the towns and the largest settlements. Due to the dispersed

settlement structure and limited resources, many health issues cannot be treated close to an individual's home. Thus, many residents have to be treated far from where they reside, and patients in a state of emergency have to be evacuated by airplane or helicopter.

To promote a healthy lifestyle, improve quality of life, and reduce health issues, the government has developed the Health Care Strategy 2013–2019, which focuses on reducing the abuse of alcohol and hash, reducing smoking, increasing physical activities, and encouraging healthier eating habits and diets (Naalakkersuisut Department of Health 2012).

Maternal Health

The maternity ward at Dronning Ingrid's Hospital in Nuuk (Greenland's capital) provides maternity care, counseling, obstetric care, and midwifery to pregnant women living in Nuuk. It also provides obstetric care and midwifery to women throughout Greenland. Pregnant women who live outside Nuuk and have a well-known risk during pregnancy are referred to give birth in Nuuk. The ward participates in an interdisciplinary cooperation focused on early intervention to prevent the neglect of children. A program called Ready for a Child, which is a collaboration between the maternity ward and the visiting nurses at the hospital in Nuuk, prepares women and couples for the birth and their new parental roles (Departementet for Sundhed 2012).

The birth rate for Greenlandic women has decreased rapidly during the last generation, paralleling a similar trend in Europe. The birth rate, the number of births per 1,000 women aged 15–49, in the first half of 1990s was 80, but the birth rate was 57.9 in 2014, with 801 births (5 of which were twin deliveries) registered. The World Health Organization (WHO) defines perinatal mortality as the “number of stillbirths and deaths in the first week of life per 1,000 total births” (WHO 2016). It begins at 22 completed weeks (or 154 days) of gestation and ends 7 days after birth (WHO 2016). In Greenland, perinatal mortality has declined; on average, it was 28 in the period 1976–1980, decreased to 14.2 in the period 2001–2005, and further decreased to 13.8 in 2014. The number of stillborn births was on average 7 in 1976–1980 and 5 in 2014 (Landslægeembedet 2014, chap. 3).

The infant mortality rate—the number of child deaths before turning one year old—was 13 per 1,000 live births in the period 2000–2004 and fell to 10 per 1,000 live births in 2005–2010. Despite this decrease, it was still considerably

higher than in its Nordic neighbors and a little higher or on a par with its Arctic neighbors (Departementet for Sundhed 2012,10).

Abortion

Abortion has been legal in Greenland since 1975, and the decision is the pregnant woman's alone. According to the chief medical officer, there were 860 abortions in 2014. The 2014 abortion rate, the number of abortions per 1,000 Greenlandic women aged 15–49, was 62.2. This rate has been relatively constant since 1996. The highest abortion rate is within the age group 20–24 (Landslægeembedet 2014, chap. 4).

Reproductive Rights

Contraceptives, such as contraceptive pills and coils as well as condoms, are dispensed free of charge from all hospitals and are accessible in schools and educational institutions. Sex education is a mandatory subject in the elementary school curriculum. Despite these initiatives, the number of abortions (800 annually on average in the period 2009–2013) has equaled the number of births in recent years, and the cases of several sexually transmitted diseases (gonorrhea, chlamydia, and syphilis) have increased for almost 10 years.

To counter or meet these problems, the Greenland government and the health authorities have launched several initiatives, such as the “Dolls Project,” in which students are instructed to take care of a programmed doll for several days. The goal of the project is to provide young Greenlanders with some insight into the consequences of an early motherhood and fatherhood. The project also educates schoolchildren about different kinds of contraception. Furthermore, one of the permanent tasks of visiting nurses and midwives is to provide information about preventing unwanted pregnancies. (Naalakkersuisut 2015b).

Diseases and Disorders

Life expectancy has increased considerably for both women and men since the 1970s, due in part to improved living conditions, such as better housing, and improved access to health care. Tuberculosis (TB) was considered almost eradicated in the early 1980s, but the number of incidences of tuberculosis has increased. Overcrowded apartments combined with malnutrition, alcohol abuse, and smoking among some low-income families have

created conditions for the transmission of TB. More men than women are affected; the TB incidence for women was 122.9 per 100,000 inhabitants in 2015 (Landslægeembedet 2014, chap. 7).

Combating sexually transmitted diseases has been a key priority for the Greenlandic health care system for decades. Despite some success in reducing the number of incidents, gonorrhea, chlamydia, and syphilis are being reported in increasing numbers. More than 1,500 incidents of gonorrhea were reported in 2015. The gender distribution is fairly even, but young women under the age of 20 are considerably more affected. For gonorrhea, the incidence rate ratio for women aged 15–19 was 1.79 from 2006 to 2012 (11,106 incidence rate) and for young men the same age and in the same time period was 1.48 (5,291 incidence rate) per 100,000 people (Johansen, et al. 2017). Syphilis and chlamydia incidents show the same pattern. Young women under the age of 29 are more affected than young men by syphilis, and young women under the age of 25 are also more affected than young men by chlamydia. For chlamydia, the incidence rate ratio for women aged 15–19 was 1.31 from 2006 to 2012 (31,718 incidence rate) and for young men the same age and in the same time period was 1.31 (13,386 incidence rate) per 100,000 people (Johansen, et al. 2017). HIV affects fewer women (38%) than men (62%). On average, less than five new incidents of HIV have been discovered annually since 2006 (Landslægeembedet 2014, chap. 6).

Roughly one out of four deaths in Greenland is caused by cancer among both women and men. For women, lung and colon cancers are the most common types that cause death. Heart and respiratory diseases each cause almost every 10th death of Greenlandic women (Landslægeembedet 2014, chap. 10).

Greenland has one of the highest suicide rates (110.4 for the years 2010 and 2011) in the world. Suicide among young men is particularly high. This is also observed in Nunavut, Canada, and among Alaskan natives. This suggests that young men face greater mental health problems than young women, but women have more suicidal thoughts than men, indicating that they have greater mental health challenges. In recent years, the data shows higher rates of suicidal thoughts by women in the east, the north, and in villages on the west coast (Bjerregaard and Larsen 2015). Whereas there are more female suicide attempts reported, there are more completed male suicides, 66–80 percent of all suicides between 2005 and 2013 (Statistics Greenland 2016d).

Employment

Chapter 4 in the Greenlandic Gender Equality Act focuses on the equal treatment of women and men with respect to employment and labor market participation. Paragraph 10 states, “All employers that employ men and women shall treat them equal when hiring, moving, promoting, and firing and provide equal working conditions” (Inatsisartutlov nr. 3 af 29).

Women’s participation in the labor market of Greenlandic women has increased since the 1950s. As of 2014, women comprise on average 46 percent of the total labor force aged 18–64 and 43 percent of the unemployed. While men cluster in several sectors of the economy, almost twice as many women hold public-sector positions in public service, social affairs, and health and education (Poppel and Chemnitz Kleist 2009).

Some have noted a shift of women moving away from the so-called sphere of reproduction as a result of the rise and society’s acceptance of women’s equal rights and of their fundamentally changed roles. Along with this shift, there has been a rise in public-sector jobs in education, health care, care of children and elders, and administrative workers, many of which have been filled by women. Thus, it has become apparent that women’s labor has moved from their household “sphere of reproduction” to a similar sphere in the labor market (Poppel 2015, 315).

State Action in the Formal Economy

Despite the good intentions and clear language in gender-equality legislation, the principle of equal pay for equal work has not yet been accomplished. Statistics Greenland made a partial analysis of personal incomes and concluded that women are one of the groups with the lowest incomes compared to their counterparts; others included youth 15–19 years old, people born in Greenland, and people living in the settlements. The analysis is based on 2014 data (Statistics Greenland 2015). The average male income was USD\$35,565 (247,000 DKK), while the corresponding figure for women was USD\$26,926 (187,000 DKK); men’s average income was 32 percent higher than women’s. A more detailed analysis shows a similar pattern regardless of whether men’s and women’s incomes are compared in municipalities, towns, or settlements or by age or place of birth. Income data does not show whether incomes are gendered for men and women in the same types of jobs or with the same or similar education. The data does clearly show that jobs typically held by women are often low-paid (Statistics Greenland 2015).

Women in the Informal Economy

Despite the rapid development of an informal economy since the 1990s, subsistence hunting and fishing is still a prevailing lifestyle in many, particularly smaller, towns and settlements. Although some women are engaged in harvest activities, the vast majority of hunters and fishers are men who provide food (meat and fish) for their households. Women often earn money, some of which goes toward covering the expenses needed to hunt and fish. In a traditional hunter’s household, there was a firm division of labor. The wife took care of “domestic affairs,” including the care of children and preparing what the husband harvested and brought to the household.

Family Life

In the 20th century, the average Greenlandic family has shrunk from 7.6 people in 1901 to 2.8 in 1999, and this trend is continuing. In 2009, the average family size was 2.2. The change is due to a decline in the importance of the extended family. For example, there are fewer three-generation family households. There has also been a decrease in fertility; thus, nuclear families are smaller. And the number of single-parent families, which are most often headed by a woman, has increased as well as the number of single households (Poppel 2015, 303).

This development mirrors a global trend that has been accelerated in Greenland in part by better housing facilities, increased female labor market participation, changes to the gendered and generational division of labor within a household, and the availability of day care institutions for children and homes for seniors.

Marriage and LGBT Rights

By law, both females and males must be 18 years old to marry. Same-sex marriage is recognized by law, and as of April 1, 2016, church weddings of same-sex couples were made possible (Sauvalle 2016).

The first association working for LGBT rights was established in 2002. The association was named Qaamaneq (the Greenlandic word for “light”). Qaamaneq focused on information and counseling. The association published a newsletter *Tendens*, meaning “tendency.” After promoting LGBT rights for five years, the association was abolished. A new association, LGBT Qaamaneq, was established in 2014. Gay Pride was first celebrated in Greenland in 2009 (Johnsen 2015).

Familial Economy

As more women receive an education and their participation in the labor market increases, they have increasingly become co-breadwinners and even more often the sole breadwinners in their households, primarily as single mothers. Research focusing on how changing gender roles influence perceptions of how women and men contribute to their households finds that a majority of Greenlandic women and men perceive that their most important contribution is economic, such as having a job, an income, and being able to pay bills. Nurturing, through love and affection, is seen as women's second most important contribution to the household by women and their male counterparts (Poppel 2015).

Politics

Women were granted the right to vote in 1948, more than 30 years after these rights were granted to Danish women. Encouraged by this new right and the opportunity to be elected, the first association for Greenlandic women was formed in Nuuk in October 1948. Soon after, associations formed in other towns. In 1960, the local women's associations were united in *Arnat Peqatigiit* (AP). Later that year, AP was admitted to the Danish Women's National Council, and the Danish Women's society set up a Greenland committee (Denmark History 2016). AP was formed to empower women and to encourage them to participate in parliamentary work. In the first election that women were eligible, the Greenlandic Women's Association nominated a candidate for Nuuk's municipal election. The candidate, Guldberg Kristoffersen, was elected and served from 1951 to 1955.

Legislation

The Council of Gender Equality in Greenland was established in 1998, and the first Greenlandic law on gender equality was passed by Greenland's Parliament in 2003 (Global-Regulation 2016). The two laws were merged into one law in 2013 (Inatsisartutlov nr. 3 af 29 2013). The Gender Equality Act on Equal Treatment states that gender discrimination is prohibited, and the mandate of the Council of Gender Equality in Greenland includes examining, on its own or by request, measures related to gender equality. The Gender Equality Act further states that there shall be equal treatment of women and men in the labor market, including equal pay for equal work. When public authorities and institutions nominate candidates to commissions and boards, the law demands that each authority

or institution nominate both a woman and a man to foster equal representation.

Participation in Government

Elisabeth Johansen (1907–1993) was educated as a midwife and became the first Greenlandic woman elected to the *Landsrådet* (the national council of Greenland). She was member of the council from 1959 to 1975 (KVINFO 2016).

The number of women in municipal councils increased when 24 women were elected to 18 municipalities in 1975. In the May 2013 election, 19 women were elected out of 70 total members (4 municipalities) (Kommunale valg 2013).

Since the introduction of Home Rule Act, and until 2005, an increasing number of women were elected to the Greenlandic Parliament; 13 of the 31 members were women. Women's representation increased sharply in the 2002 parliamentary election, from 19 percent to 36 percent (12 out of 31 members). In this election, *Arnat partiat* (the Women's Party) participated for the first time. No candidates from the Women's Party were elected, but the party succeeded in calling attention to different aspects of gender inequality, not least of which was the lack of female candidates in the different parties (Poppel and Chemnitz Kleist 2009).

Table 2 shows that the share of women in Parliament has stabilized at about 4 out of 10 members. The cabinet consists of 9 members, including the premier. After the 2014 election, 3 out of the 9 ministers have been women, which increased to 4 in the beginning of 2016.

Greenland elects two candidates to the Danish Parliament, and in 2015, both representatives were women: Aleqa Hammond, representing the Siumut, a social democratic party, and Aaja Chemnitz Larsen, of the Inuit Ataqatigiit, a left-wing party (Folketingsvalg 2015).

Religious and Cultural Roles

At 98 percent, a majority of the Greenlandic population identifies as Christian (Poppel et al. 2007). The vast majority are Protestants. There are, however, a number of other churches and religious beliefs. In addition, almost half of the Greenlanders consider indigenous religious beliefs as part of their lives (Poppel et al. 2007)

Celebrations

The Inuit have long celebrated solstice, the longest and the shortest days of the year, with social gatherings (the *Aasiviit*) where people gather to meet family and friends,

celebrate, exchange news, tell stories, trade, and solve social conflicts through drumming and singing. Since 1979, when the Home Rule Act was introduced, the summer solstice has been declared Greenland's National Day and is celebrated all over the country. During summer, the sun does not set for weeks or even months north of the Arctic Circle, depending on the latitude, and it does not rise during winter. This is why the return of the sun after months of darkness is also celebrated. Another celebration is Self-Governance Day, which was formally established on July 21, 2009.

Traditionally, the Greenlandic Inuit wore clothes made from animal hide, skins, and fur to protect against an often harsh, cold climate. Since the 16th century, contact between whalers and colonizers gave way to the introduction of other fabrics. Though the traditional women's costume was decorated and refined, it still consists of *kamiks* (boots), trousers, and anoraks. The Greenlandic national costume is used by most girls and women at feast days, such as Christmas and Easter, as well as at special occasions, such as christenings, confirmations, weddings, and funerals, and for other special days, such as the start of school, graduations, and Greenland's National Day.

Issues

Violence against Women

Violence against women has been identified as a significant problem in the Arctic and has been attributed, in part, to male loss of identity and self-worth, to societal tension, and to issues of power and control, and Greenland is no exception (AHDR 2004). Men's violence against women is a major problem, and it has been taboo to discuss, which has made it even more difficult to address. It is generally assumed that domestic violence incidents that are reported are just a fraction of the assaults committed (Grønlands Politi 2015). Some of the risk factors for violence against women include inequalities in living conditions, housing problems, changes in gender relations, and alcohol abuse, which can indirectly lead to additional problems (Poppel 2014).

Following increased documentation and public discussion about violence against women, the government developed a Strategy and Plan of Action toward Violence 2014–2017. The strategy includes 31 projects, and its overall goal is to consider the complexity of problems related to violence in all efforts toward creating well-being, health, and social inclusion (Naalakkersuit 2015, 2). Some of the

operational goals include improving support and counseling of victims of violence and establishing various forms of treatment for the perpetrators of violent crimes. In addition, the government aims to improve the development of interdisciplinary cooperation in response to acts of violence and to strengthen knowledge and information about the complex problems related to violence (Naalakkersuit 2015). In 2013, the Greenland police launched the pilot program Dialogue instead of Domestic Disputes in Sisimiut, Greenland's second-largest town (Naalakkersuisut, Government of Greenland 2013, 14).

Social Inequality

Since the creation of the first Danish modernization plans for Greenland following World War II, the goal has been to increase the living standards of Greenlanders and turn Greenland into a Nordic-type welfare state. Generally, living standards have increased, but there are still social and geographical inequalities. Measured by income (the Gini coefficient was 34 in 2014), inequalities are larger in Greenland than for the Nordic or the European Union member states on average and were on par with the United States (Statistics Greenland 2015).

Only in recent years has poverty been an issue, and research has documented that poverty, absolute as well as relative. It is part of the reality for a number of individuals and families, including families with children. Applying the risk of poverty (ROP) measure on Greenlandic households in 2014 concludes that 6–16 percent of households live with the risk of poverty (Statistics Greenland 2015). The Greenlandic part of the Survey of Living Conditions in the Arctic, SLiCA (conducted 2004–2006) reports that 26 percent of households in the settlements and 17 percent of households in towns find it difficult to make ends meet economically. The inequality between settlements and towns is somewhat, but far from fully, compensated by a larger contribution to household consumption by reliance on wild life and fish (Poppel 2010, 349–365). A study in 2010 documents that shortages of food in families that are not well off are reported by the children of these families (Nielsen et al. 2008).

Quality of Life

Satisfaction with individuals' quality of life, often condensed into the term *happiness*, is more frequently included in international comparisons of well-being. The Greenlandic part of SLiCA included this measure and found no

significant differences between women's and men's perceptions of quality of life: 92 percent of women and 95 percent of men reported that they were somewhat or very satisfied with their quality of life (Poppel et al. 2007).

MARIEKATHRINE POPPEL, TUPERNA KRISTENSEN,
AND ROSA LYNGE LORENTZEN

Further Resources

- AHDR (Arctic Human Development Report). 2004. Akureyri: Stefansson Arctic Institute. Retrieved from <http://www.uarc.org/news/2015/2/new-report-arctic-human-development-report-volume-ii-published>.
- Bjerregaard, Peter, and Christina. V. L. Larsen. 2015. "Time Trend by Region of Suicides and Suicidal Thoughts among Greenland Inuit." *International Journal of Circumpolar Health* 74: 26053. Retrieved from <http://www.circumpolarhealthjournal.net/index.php/ijch/article/view/26053>.
- Chemnitz Larsen, Aaja. 2012. *Mio's årsrapport 2012*. Retrieved from <http://mio.gl/index.php/om-mio/?lang=da>.
- Christensen, Else, and Siddhartha Baviskar. 2015. "Unge i Grønland. SFI—Det Nationale." *Forskningscenter For Velfærd* 15: 12. Retrieved from https://pure.sfi.dk/ws/files/254769/1512_Unge_i_Groenland.pdf.
- Denmark History. 2016. "Danish Women's Society 1871–." Retrieved from <https://translate.google.com/translate?hl=en&sl=da&u=http://danmarkshistorien.dk/leksikon-og-kilder/vis/materiale/dansk-kvindesamfund-1871/&prev=search>.
- Folketingsvalg. 2015. "Seats and Substitutes." Retrieved from <http://www.valg.gl/Candidates.aspx?electionGuid=a0758fbc-ead4-46b7-8445-76b2c6365e4d&language=da-DK#>.
- Global-Regulation. 2016. "Act No. 5 of May 20, 1998, on Greenland's Equal Status." Retrieved from <https://www.global-regulation.com/translation/greenland/5961129/act-no.-5-of-20-may-1998-on-greenlands-equal-status.html>.
- Greenland Commission of 1948. 1950. *Betænkning afgivet af Grønlandskommissionen af 1948*, Copenhagen.
- Grønlands Politi. 2015. *Årsstatistik 2015*. Retrieved from http://knr.gl/files/article_attachments/groenlands_politi_aarsstatistik_2015.pdf.
- Home Rule Act. 1978. Act No. 577 of November 29, 1978. Retrieved from http://www.stm.dk/_p_12712.html.
- Inerisaavik. 2013. *Elevprofiler*. Retrieved from http://www.inerisaavik.gl/fileadmin/user_upload/Inerisaavik/Elevprofiler/Elevprofiler_2012/Elev-og_restgruppeprofiler_Samlet_2012_DK.pdf.
- Inerisaavik. 2015. *Folkeskolen i Grønland 2014/2015*. Retrieved from http://www.inerisaavik.gl/fileadmin/user_upload/Inerisaavik/Publication_dk/Folkeskolen_i_Gr%C3%B8nland_2014-2015.pdf.
- Inatsisartutlov nr. 3 af 29. 2013. Om ligestilling af mænd og kvinder. Greenland Act no. 3 of 29 November 2013 on Gender Equality. Retrieved from <http://lovgivning.gl/lov?rid={F8FD7F3C-9967-48DA-BCF0-F3A5FFA8E977}>.
- Johansen, Mila Broby, Anders Koch, Jan Wohlfahrt, Mads Kamper-Jørgensen, Steen Hoffmann, and Bolette Soborg. 2017. "Increased Incidence of Gonorrhoea and Chlamydia in Greenland 1990–2012." *International Journal of Circumpolar Health* 76.1: 1324748.
- Johnsen, Leise. 2015. "LGBT and Gay Pride in Greenland." Retrieved from <http://www.globalgayz.com/gay-greenland-past-and-present>.
- "Kommunale valg." 2013. Retrieved from <http://www.valg.gl/results.aspx#>.
- KVINFO. 2016. "Information on Gender Equality." Retrieved from <http://www.kvinfo.dk/side/597/bio/843/origin/170>.
- Landslægeembedet. 2014. *Annual Report 2014*. Chapters 3, 4, 6, 7, and 10. Retrieved from <https://translate.google.com/translate?hl=en&sl=da&u=http://www.nun.gl/Om-Landsl%25C3%25A6geembedet/25&prev=search>.
- Larsen, Joan Nymand, and Gail Fondahl, eds. 2014. *Arctic Human Development Report. TemaNord* 2014: 567.
- Ministry of Education, Culture, Research and Church. 2015. "The Education Strategy of the Government of Greenland." Retrieved from <http://naalakkersuisut.gl/~media/Nanoq/Files/Attached%20Files/Uddannelse/The%20Education%20Strategy%20of%20the%20Government%20of%20Greenland%202015F27997559115240396.pdf>.
- Naalakkersuisut. 2015a. "NAKUUSA and Children Continue for Another Five Years." Retrieved from <https://translate.google.com/translate?hl=en&sl=da&u=http://naalakkersuisut.gl/da/Naalakkersuisut/Nyheder/2015/05/240515-NAKUUSA&prev=search>.
- Naalakkersuisut. 2015b. "There Are Too Many Abortions in Greenland." Retrieved from https://translate.google.com/translate?hl=en&sl=da&u=http://www.peqqik.gl/Nyheder/2015/09/Aborter.aspx%3Fsc_lang%3Dda-DK&prev=search.
- Naalakkersuisut, Government of Greenland. 2013. "Strategy and Action Plan against Violence." Retrieved from <https://translate.google.com/translate?hl=en&sl=da&u=http://naalakkersuisut.gl/da/Naalakkersuisut/Departementer/Sociale-Anliggender-Familie-Ligestilling-Justitsvaesen/Socialomraedet/Strategier-og-sociale-indsatser/Strategi-mod-vold&prev=search>.
- Naalakkersuisut, Government of Greenland. 2015. "Status of Greenland Government's Strategy and Action Plan against Domestic Violence 2014–2017." Department of Family, Equality, and Social Affairs. Retrieved from <https://translate.google.com/translate?hl=en&sl=da&u=http://docplayer.dk/24416911-Departementet-for-familie-ligestilling-og-sociale-anliggender-afdelingen-for-strategi-og-udvikling-frem-driftsrapport-0-11.html&prev=search>.
- Naalakkersuisut Department of Health. 2012. "Greenland Government's Policies and Objectives for Public Health 2013–2019." Retrieved from http://naalakkersuisut.gl/~media/Nanoq/Files/Publications/Departement%20for%20Sundhed%20og%20Infrastruktur/Sundhed/Inuuneritta/InuunerittaII_Dk_small.pdf.
- Nielsen, Sissel Lea, Christina W. Schnohr, and Wulff Steen. 2008. "Children's Standard of Living in Greenland, Summary of the Report Series: Children's Standard of Living in Greenland,

- Parts 1, 2, and 3 with Recommendations." *Documentation Centre on Children and Youth MIPI*. Retrieved from <http://en.mipi.nanoq.gl/Emner/~media/6B166F1F0D294A2B918F780E3687661E.ashx>.
- Poppel, Birger. 2005a. "G-50." *Encyclopedia of the Arctic*. Vol. 2. Edited by Mark Nuttall, 697–698. New York and London: Routledge.
- Poppel, Birger. 2005b. "G-60." *Encyclopedia of the Arctic*. Vol. 2. Edited by Mark Nuttall, 698–700. New York and London: Routledge.
- Poppel, Birger. 2010. "Are Subsistence Activities in the Arctic a Part of the Reality of the Market Economy, or Is the Market Economy a Part of a Subsistence Based Mixed Economy?" In *Cultural and Social Research in Greenland: Selected Essays 1992–2010*. Nuuk: Atuagkat.
- Poppel, Birger, Jack Kruse, G. Duhaime, and L. Abryutina. 2007. "Survey of Living Conditions in the Arctic: SLiCA Results." Institute of Social and Economic Research, University of Alaska Anchorage. Retrieved from <http://www.arcticliving-conditions.org>.
- Poppel, MarieKathrine. 2014. "Citizenship of Indigenous Greenlanders in a European Nation State—and Excluded Offenders of Domestic Violence." In *Reconfiguring Citizenship*, edited by L. Dominelli and M. Moosa-Mitha, 127–136. Surrey, England: Ashgate.
- Poppel, MarieKathrine. 2015. "Changes in Gender Roles in Greenland and Perceived Contributions to the Household." *SLiCA: Arctic Living Conditions. TemaNord* 501: 297–318.
- Poppel, MarieKathrine, and Janus Chemnitz Kleist. 2009. Køn og magt i politik og erhvervsliv i Grønland. Kirsti Niskanen och Anita Nyberg (red.). *Køn og Makt i Norden*. Del I Landsrapporter. *TemaNord* 560: 341–358.
- Sauvalle, Julien. 2016. "Same-Sex Marriages Begin in Greenland." *Out* magazine, April 1. Retrieved from <http://www.out.com/news-opinion/2016/4/01/same-sex-marriages-begin-greenland>.
- Self-Governance Act. 2009. Act no. 473 of 12 June 2009. Retrieved from <http://naalakkersuisut.gl/~media/Nanoq/Files/Attached%20Files/Engelske-tekster/Act%20on%20Greenland.pdf>.
- Sørensen, Aksel K. 1983. *Denmark-Greenland in the 20th Century: An Historical Overview*. Copenhagen, Denmark: Forlag Arnold Busck.
- Statistics Greenland. 2015. "Income." *Statistical Yearbook*. Retrieved from <http://www.stat.gl/dialog/main.asp?lang=da&version=201513&sc=SA&subthemecode=o2&colcode=o>.
- Statistics Greenland. 2016a. "Country of Birth January 1st 1977–2017 [BEEST8]." Statbank. Retrieved from http://bank.stat.gl/pxweb/en/Greenland/Greenland__BE__BE01__BE0120/BEXST8.PX/?rxid=2ac9743a-6ce7-4ef1-b237-4c6deafb32fb.
- Statistics Greenland. 2016b. "Greenland in Figures 2016." Retrieved from <http://www.stat.gl/publ/en/GF/2016/pdf/Greenland%20in%20Figures%202016.pdf>.
- Statistics Greenland. 2016c. "Greenland's Population." Retrieved from <http://www.stat.gl/dialog/main.asp?lang=en&sc=BE&subthemecode=o1&colcode=o8&version=201601>.
- Statistics Greenland. 2016d. "Suicide by Methode, Place, Age, Time and Sex [SUELDM2]." Statbank. Retrieved from http://bank.stat.gl/pxweb/en/Greenland/Greenland__SU__SU01/SUXLDM2.px/?rxid=f1ab9aec-f1bd-4ec2-acae-8f7c0913f800 Statistics Greenland. Databank.
- Statistics Greenland. 2016e. "Training Table UDDISC11A og UDDISC11D." Retrieved from <http://www.stat.gl/dialog/topmain.asp?lang=en&subject=Uddannelse&sc=UD>.
- Survey of Living Conditions in the Arctic (SLiCA). 2016. Retrieved from <http://www.arcticlivingconditions.org>.
- WHO (World Health Organization). 2016. "Maternal and Perinatal Health." Retrieved from http://www.who.int/maternal_child_adolescent/topics/maternal/maternal_perinatal/en.

Guatemala

Overview of Country

The Republic of Guatemala sits between Mexico, El Salvador, and Honduras in Central America. The Pacific Ocean borders it to the west and the Gulf of Honduras (Caribbean Sea) to the east. Its landmass is 42,042 square miles (108,889 sq. km) (CIA 2016).

With a total population of approximately 15 million, Guatemala is the most populous country in Central America today. Almost half of the population is under the age of 19, making Guatemala the youngest country in the Americas. Average life expectancy is approximately 74 years for women and 70 years for men. The national birth rate is more than three children per woman, with women in rural areas surpassing this rate significantly due in part to inadequate access to health care services and family planning resources. Despite reductions over the past five years, Guatemala continues to have a high infant mortality rate, with approximately 22 deaths per 1,000 live births per year, and ranks 64th in the world with a maternal mortality rate of 88 deaths per 100,000 live births (CIA 2016).

Two widespread and intractable social welfare concerns face Guatemala today: violence and deep socioeconomic inequity. A 2015 United Nations study ranked Guatemala 128th out of 188 countries in terms of inequality (UNDP 2015b). Monetary poverty affects indigenous and rural populations disproportionately, with rates of poverty at 79.1 percent and 76.1 percent, respectively. In comparison, 49.3 percent of nonindigenous peoples and 43.7 percent of urban dwellers live in poverty (UNICEF 2012). One out of every two children under the age of five suffers from

chronic malnutrition, which is attributable to low income, poor living conditions, and undereducation. A food crisis in 2009 and 2010 brought on by a severe drought, affecting more than 2.5 million Guatemalans, has also affected food security (UNICEF 2012). Guatemala remains in the top five countries worldwide in terms of risk and vulnerability to natural disasters. In the last several years, devastating tropical storms, droughts, earthquakes, and volcanic eruptions have caused significant economic and human losses. These environmental threats have exacerbated existing socioeconomic inequalities as well as resource and service deficiencies.

Social tensions created by these deep disparities create conditions for violence. Guatemala has a protracted history of state-sponsored and interethnic violence associated with its more than three decades of civil warfare, a period from 1960 to 1996 known as *La Violencia*, “the Violence.” Although there have been reductions over the past decade, there are still over 5,000 violent deaths per year in Guatemala. Philip Alston, a UN special reporter, labeled the country “a good place to commit murder,” as there is a single-digit conviction rate for the crime (Grandin et al. 2011). Vast inequalities in the post-civil war period also led to gender-based violence. Domestic violence and femicide, the murder of women and girls, continue to be major human rights concerns for Guatemalan women. In 2013, there were 31,836 reports of violence against women (IAC 2015, 107). The socially entrenched violence that emerged following *La Violencia* is compounded by Guatemala’s legal and penal systems that inadequately regulate gender-based crimes. Of more than 5,000 incidents of femicide from 2000 to 2009, only 11 cases ended with criminal convictions (Carey and Torres 2010, 161).

Guatemalan women have formed a strong base of anti-violence activism over the past decade. In 2012, Guatemala’s first female vice president (2012–2015), Roxana Baldetti, helped create a new department to address increasing violence toward women and develop programs targeting women’s education, leadership, and health. The Gabinete Específico de Mujeres (GEM, women’s cabinet) focuses on improving services for women victimized by sexual and domestic violence, increasing punitive measures and prosecution for these crimes, and empowering young women through educational programs and advocacy.

Guatemala is categorized as a rural country with urban pockets located near the capital, Guatemala City, and in the western municipality of Huehuetenango. Politically, Guatemala comprises 22 *departamentos* (states) and 333

Table 1 General Characteristics

Variable	Characteristic
Population	15,189,158 (July 16 est.)
Regions	8 regions
Latitude	15°13'N
Longitude	90°15'W
Territorial size	108,889 km ²
Climate	Hot humid in tropical lowlands; cooler in highlands
Subdivisions	22 departments
Languages	Spanish (official), Garífuna, Xinka, and 21 Mayan languages

Sources: CIA. 2016. “Guatemala.” *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/gt.html>; and INE. 2013. “Caracterización estadística—República de Guatemala.” Retrieved from <https://www.ine.gob.gt/sistema/uploads/2014/02/26/5eTCcFIHERnaNVeUmm3iabXHaKgXtw0C.pdf>.

municipios (municipalities). Municipalities are important units of social and political organization that delineate territorial ownership as well as indigenous linguistic and cultural identities. As stipulated in the 1995 Peace Accords passed by the UN General Assembly, Guatemala officially recognizes four population categories, or *pueblos*, based on culture and ethnicity: Ladino, Maya, Garífuna, and Xinka. Overall, approximately 41 percent of Guatemala’s population identifies as indigenous, while the remaining 59 percent identify as mixed heritage, *ladino/ladina*, or other non-Mayan indigenous (CIA 2016). According to a recent analysis of 2002 census data on language use, roughly 29 percent of self-identified indigenous people exclusively speak indigenous languages, while approximately 51 percent of this population group is bilingual in Spanish and an indigenous language (Yoshioka 2010, 8).

The term *Maya* refers to a diverse category of indigenous peoples that encompasses more than 20 linguistic groups. Indigenous individuals and communities tend to identify themselves using linguistic group names. Maya, K’iche’, Kaqchikel, Mam, and Q’eqchi’ are the largest linguistic groups within the broad category of Maya. Garífuna communities trace their heritage to both African and indigenous origins, predominantly Arawak and Carib groups, who originally inhabited the Caribbean coast of Central America. Today, Garífuna peoples primarily reside in the *departemento* Izabal in the eastern coastal region. Xinka communities identify as non-Mayan indigenous

peoples with a distinct cultural and linguistic heritage. Xinka are heavily concentrated in the central-southern highlands municipalities of Jutiapa and Santa Rosa.

Since the 1980s, a pluriethnic group of activists known as the *movimiento maya*, or Pan-Mayan Movement, has worked to preserve the human rights and culture of Guatemalan indigenous groups. The movement, secular and democratic in nature, seeks to unify the country's diverse indigenous communities by acknowledging and securing their claims to cultural and political power, human rights, and access to land and resources (Warren 1998). Guatemalan indigenous women have played active roles in the movement and have represented their communities in international forums, such as the Summit of the Americas and the Continental Summit of the Indigenous Peoples of the Abya Yala.

Overview of Women's Lives

While it is difficult to generalize about the lives of women and girls in a multiethnic, multilingual country like Guatemala, it is safe to say that the last several generations have experienced great adversity and developed striking resilience. Guatemalan women, despite their ethnic, linguistic, regional, and socioeconomic diversity, have withstood decades of top-down repression that has come in many forms. Gender-based violence and marginalization, social and cultural inequalities, and civil unrest have presented formidable challenges for all Guatemalans over the last century. During *La Violencia* women became specific targets of state terror and brutality. Despite this targeting, women played integral roles in the period of peace brokering that followed the civil war and have continued to stand at the front lines of human rights advocacy and activism. Gains are reflected in its 2014 Gender Inequality Index (GII) ranking of 119th out of 188 countries, placing it in the medium human development category (UNDP 2015a).

Today, disparities in education, employment, and public health access as well as domestic violence and poverty rank among the most pressing social concerns for Guatemalan women. Yet, as generations before them have done, 21st-century women and girls have found ways to resist by using grassroots activism, political protest, artistic expression, and international alliances. One example of such resistance was the founding of the Red de Solidaridad de Maquila (Maquila Solidarity Network), an organization that defends workers' and women's rights by promoting dialogue and activism across Guatemala and with

international partners. In 2014, the organization celebrated 20 years of work in raising awareness about hazardous working conditions, wage disparity, gender discrimination, and labor exploitation. The Maquila Solidarity Network has forged alliances with women's workers' groups across the Americas as well as in other parts of the developing world, such as Bangladesh, Pakistan, and China. Another pioneering women's advocacy organization is el Grupo de Mujeres Mayas Kaqla (Kaqla Mayan Women's Group) founded in 1996. Known as *Kaqla*, a K'iche Mayan word meaning "rainbow," the group promotes women's leadership and development by teaching therapeutic reflective methods to foster healing after years of violence and oppression. Stakeholders in this organization have forged alliances across generations, language groups, and ethnicities as well as in conjunction with international women's rights groups. These examples of interconnectivity among Guatemalan women and in solidarity with women across the globe typifies the metaphor of "togetherness" or "unity" that is central to the Mayan sacred text called the *Popul Vuh*. As Calixta Gabriel, a Cachiuel activist and spiritual leader, summarized, "Like the Popul Vuh says, we all go forward together. No one stays behind. We all walk together. And we believe this to be true" (Alderete 1992, 28).

In the postconflict era, Guatemala's government has integrated gender inequalities and gender issues into its development planning goals. Fifteen entities related to gender concerns exist within various levels of government today. The Unidad de Género, a federal department created in 2014, specifically works in the area of gender equity alongside SEPREM (Presidential Secretariat for Women) and GEM (Special Cabinet for Women) (UN Women 2015). Although gendered discrimination rooted in colonial-era patriarchy continues to create power imbalances between women and men, these federal initiatives recognize gender justice as a fundamental part of human rights.

Girls and Teens

Guatemala is a young country. It has a high birth rate, and approximately half of its total population is under the age of 18. In 2013, adolescent girls (ages 10–19 years) represented 11.6 percent of the total population (15.4 million) (INE 2011). In 1990, the Guatemalan legislature adopted the UN Convention on the Rights of the Child, recognizing that children and adolescents have rights to education, protection, and health from birth to age 18. In recent years, the federal government, in conjunction with UNICEF and

other international nonprofit organizations, has made strides to study and address problems facing Guatemalan youth. Budget allocations for programs aimed at children and adolescents have grown from USD\$167 per child in 2009 to USD\$222 per child in 2012 (UNICEF 2012).

Education

Guatemala's modern educational system is rooted in campaigns introduced during the post-1944 revolutionary presidencies of Juan Jose Arevalo (1904–1990) and Jacobo Arbenz Guzmán (1913–1971). These leaders greatly expanded educational opportunities and outcomes by sponsoring literacy campaigns, rural schooling programs, and teacher training. Although the 1954 U.S.-backed military coup interrupted the full actualization of these programs, the vision for a universal national educational system remained an important precursor for future regimes.

Today, Guatemala's educational system retains a federal structure, governed by the Ministry of Education, which oversees the administration and delivery of the public school system through state and local offices. Public schooling is compulsory and free or low-cost; yet, many of the country's rural and urban poor families face financial strain in sending their children to school. Transportation costs, associated fees, and foregone labor or wages create some of the economic hardships associated with school attendance. Public schools also lack adequate resources, such as technology and content materials. Teachers are often underpaid and undertrained. Wealthy Guatemalan families often send their children to well-resourced private schools or schools abroad. A social divide accompanies this segregated educational system; wealthy, influential elites receive superior education and have more access to employment and opportunities in higher education. Likewise, families enrolled in private schools have little incentive to support funding for public schools because they do not use their services.

The state is obligated to provide at least nine years of basic education to all children from ages 4–15. Roughly

39 percent of citizens aged 15–29 do not advance beyond the level of primary education. Although literacy rates have improved over the last decade, teens and women, ages 15–29, continue to have lower literacy rates than their male counterparts, 92.1 percent and 94.8 percent, respectively (INE 2011). At 30 percent, indigenous women have the lowest literacy rates (Reading Village 2012).

On average, Guatemalan girls tend to drop out of school around age 15 and often without completing what the National Ministry of Education (MINEDUC) defines as the mandatory basic level of education. According to a 2011 study, adolescent girls and women aged 15–29 identified a lack of financial security for themselves and their families as the major factor in their decision to leave school (INE 2011). Low food intake and the burden of household duties among rural and indigenous children have also been reported as major contributing factors to the high dropout rate. While some girls and teens combine schooling with employment in the informal sector, rural indigenous girls tend to leave school for full-time work at higher rates than their nonindigenous counterparts. Indigenous children are also less likely to enter into preschool, which the MINEDUC considers an essential part of basic education.

In 2012, the Guatemalan Ministry of Labor launched a program that offered food assistance to poor families as an incentive for school attendance. Other similar programs, for example, Food for Education, which is funded by the U.S. Department of Agriculture, targets girls in rural areas by providing take-home food scholarships to increase school enrollments. The food rations given to families are intended to compensate them for the girls' foregone wages and labor while they attend school.

Another barrier to consistent and quality education relates to a disregard for Guatemala's rich cultural and linguistic diversity within the public school system. Few bilingual learning environments are available for the large percentage of indigenous children whose households' first language is not Spanish. Less than one-third of indigenous children are enrolled in bilingual education programs,

Table 2 Primary School Enrollment for Girls by Age (6–15 Years)

	National Total	Age 6	Age 7	Age 8	Age 9	Age 10	Age 11	Age 12	Age 13	Age 14	Age 15
%	57.26	23.52	78.86	80.79	82.69	85.21	84.09	68.21	34.43	17.04	10.43

Note: Rates of enrollment represent the national-level percentage of girls enrolled in the educational system.

Source: Ministerio de Educación. 2015. *Anuario de Estadística de la Educación*.

and no public schools incorporate the Mayan cosmovision or spiritual beliefs into their curricula. Indigenous identity, rural living, poverty, and female gender continue to have an adverse, overlapping effect on education levels in 21st-century Guatemala.

In 2012, the federal government adopted an assessment tool developed by UNESCO, called *Sistema Nacional de Indicadores Educativos* (SNIE, or National System of Education Indicators) to measure educational levels with more nuanced attention to ethnicity, poverty, and gender (Ministerio de Educación 2013, 5). These new modes of measurement have illuminated the persistent gaps in educational attainment for indigenous girls living in rural poverty. As a result, a number of governmental, private, and international entities identify young indigenous girls living in impoverished rural areas as a targeted demographic for school access improvements, literacy interventions, and scholarship programs. One such program, *Cooperación Para La Educación* (COED, or Cooperation on Education), offers annual scholarships for school enrollment fees to approximately 100 rural-dwelling, Mayan girls. Of those recipients, almost all complete elementary school and continue to receive a high school diploma.

Health

Access to Health Care

Guatemalan girls and teens also face health challenges related to the country's deep socioeconomic inequalities. The population's cultural and linguistic diversity creates challenges in the provision of public health services. State-sponsored medical care operates within the Western biomedical model, and Spanish is the common language used by medical professionals. Indigenous Guatemalans often adhere to ancestral health knowledge and practices, and the medical community and health policy makers often ignore these centuries-old customs. The 1996 Peace Accords and subsequent legislation included provisions to recognize and uphold indigenous Mayan medicine; yet, federal programs, often backed by international development aid, have continued to marginalize traditional approaches to health and healing (Perén 2007, 6). Many indigenous communities also inhabit remote areas that remain beyond the reach of the state, often served by itinerant health workers with few resources and large patient populations. The lack of adequate health care infrastructure, personnel, and services in these areas creates further challenges for policy makers and providers who aim to

improve health. While Guatemalan girls and teens in the 21st century, both within and beyond indigenous communities, face myriad health concerns, domestic abuse, hunger, and reproductive and sexual health generate some of the most alarming health statistics.

Following the 1996 Peace Accords, the federal government reformulated its health care system. However, in the 21st century, Guatemala has one of the worst overall health profiles of any country in the Western hemisphere. Access to adequate medical care remains one of the major barriers to development. Nationwide, there are about 3 doctors per 100,000 inhabitants (as of 2014) and 60 hospital beds for every 100,000 people (World Bank 2016b, 2016c). Guatemala also has one of the lowest health expenditures in the Americas; the federal government spends approximately 6 percent of the national gross domestic product (GDP) on health care (CIA 2016). Where these basic health services exist, specialized services for maternal and infant care often do not.

Lack of health infrastructure and services in rural areas, particularly in the central highlands, follows a general paucity of public utilities and sanitation, such as sewerage, indoor plumbing, access to clean water sources, and waste disposal services. For example, 2015 estimates show that 49 percent of rural households had access to sewage service compared to nearly 77 percent of homes in urban areas (CIA 2016). The absence of basic services compounds health problems in rural areas by creating insalubrious living conditions. Women and young girls whose lives remain tied to the domestic sphere are particularly at risk for health complications due to a lack of basic sanitation and clean water. Women and girls often travel long distances to carry water and firewood for fuel to and from their homes. In homes lacking electricity, females, charged with cooking over wood- and coal-burning stoves, often develop respiratory illnesses. Where health care services exist in rural settings, personnel often lack both indigenous language skills and knowledge of indigenous health and healing practices. The combination of geographical isolation and a lack of culturally and linguistically competent services creates vast gaps in health between rural and urban and indigenous versus nonindigenous peoples.

Maternal Health

Reproductive and sexual health concerns also significantly affect female adolescents in both urban and rural settings. Among Central American countries, Guatemala has the

highest birth rate, 3.2 children per woman (World Bank 2016a). Among sexually active teens, ages 15–19, 55 percent reported that they did not use contraception, and among married teens, 26 percent did not, despite wanting to avoid becoming pregnant (Guttmacher Institute 2014). Indigenous and rural adolescents tend to become sexually active and enter into marriage at younger ages than their urban nonindigenous counterparts.

Guatemala's penal code categorizes the impregnation of a girl under the age of 15 as a criminal offense. Despite recent calls for reform, this law allows the perpetrator to request consent from the girl's father in exchange for a lighter sentence. This form of codified patriarchy and the dismissal of sexual violence as a crime traces its roots to the colonial era, when women and girls were considered to be under the protection and rule of their fathers and crimes such as rape tended to go unreported or unrecognized by colonial authorities. Rather, fathers and other male family members pursued personal retribution for their daughters' and wives' lost honor (Komisaruk 2008, 171).

Today, several state agencies and advocacy organizations seek to raise awareness about reproductive justice, sexual and domestic violence, and sexual health for young girls. The National Ministry of Education supports an integrated sexual education curriculum; however, political and social opposition has prevented the teaching of sex education courses at the local level in many areas. Most school systems that offer sexual education do so according to local customs and practice, rather than according to health guidelines or medical information. School systems and nonprofit organizations sponsor a number of extra-curricular programs to raise awareness about pregnancy prevention among teens. During October, women, girls, and advocates celebrate an annual World Pregnancy Prevention Day and International Girls' Day to draw attention to some of the most pressing concerns facing the country's female youth.

Guatemala's maternal mortality rate is 140 deaths per 100,000 live births, which is far higher than the 2015 Millennium Development Goal of 55 per 100,000 (UNICEF 2014, 3). Rural areas within majority indigenous populations report higher rates of maternal mortality, around 200 per 100,000 live births (UNICEF 2014). One of the major issues creating gaps in maternal and reproductive health involves the conflict between traditional indigenous prenatal and birthing practices and those of Western biomedicine. Mayan ancestral tradition centers on the traditional birth attendant, known as a *comadrona* or *iyoom*.

Women's Voices

Lolita Chávez

Lolita Chávez Ixcaquic is a K'iche' human rights defender in Guatemala. As a leader and spokesperson for the K'iche' People's Council (CPK), Lolita has led peaceful resistance by indigenous Mayans to large-scale mining and hydroelectric projects in Guatemala's El Quiché region. "Our movements are based on ancestral principles of equilibrium and reciprocity," she explains. "They are intergenerational, promote respect for Mother Nature and all living things" (GHRC 2013). Chávez also connects the violence against the land to violence against women. She points out, "Women in our community have focused on recreating our individual and collective identities and what it means to be a Mayan woman.... This has been a process of healing, where we have talked about the autonomy of our peoples, but also autonomy within autonomy. Because in my nation, there's patriarchy, and sometimes it's worse than other barriers because it is so intimate" (JASS 2016).

Chávez herself has been subjected to violence, including a 2012 attack by armed men. Still, she continues to fight for the rights of her people.

GHRC (Guatemala Human Rights Commission). 2013. "GHRC Hosts K'iche' Community Leader Lolita Chávez." *El Quetzal*, May 2013. Retrieved from <http://www.ghrc-usa.org/get-involved/speakers-tours/ghrc-hosts-kiche-community-leader-lolita-chavez>.

JASS. 2016. "Maya K'iche' Leader Says No to Violence against Women." Retrieved from <http://www.justasociates.org/en/womens-stories/maya-kiche-leader-says-no-violence-against-women>.

These women are often elder laywomen midwives in the community who possess traditional knowledge of Mayan antenatal and birth practices, maternal and infant health, and herbal medicine passed down through generations. In addition to assisting with births, attendants provide antenatal and postnatal care, which can include a range of duties, such as massage, housework, and emotional support. Within Guatemala's remote highlands, home births performed by attendants account for 90 percent of all births (Replogle 2007, 177).

In recent decades, traditional birth attendants have been persecuted for perpetuating high infant and maternal mortality rates in rural indigenous regions. International health agencies and federal programs have initiated various interventions to steer rural women toward hospital care as a way to improve maternal and infant health indicators. Such programs tend to ignore indigenous cultural beliefs and practices in favor of Western medical approaches centered on professionally trained physicians, clinics, technology, and pharmaceuticals. In recent years, international and national public health policy makers have moved toward equipping traditional birth attendants with technology and providing trained midwives to remote regions. To strengthen the recognition of *comadronas* and their value within indigenous birthing traditions, the Asociación de Comadronas de Mam (Mam Midwives Association) formed in the late 1990s. Across this network, indigenous women share knowledge and training with younger generations, fortify political representation, and preserve traditional health practices.

The lack of access to contraception and restrictions on women's reproductive rights create additional health and welfare concerns. About 40 percent of sexually active women utilize some form of contraception (Guttmacher Institute 2014). Women living in impoverished rural regions have some of the highest unmet needs for family planning education and services. Like its neighbors in Latin America, Guatemala has some of the world's most restrictive reproductive rights laws. The influence of the Catholic Church and centuries-old notions of patriarchy and female honor create a climate of social stigma that restricts women's reproductive sovereignty.

The country's penal code defines abortion as a criminal offense punishable by imprisonment of up to three years. Women suffering life-threatening complications can seek a legal abortion, but few public hospitals perform abortions. Given these restrictions, women seek alternative methods to terminate pregnancies, including clandestine abortion. For every six births, there is one abortion in Guatemala (Singh et al. 2006, 136). Guatemala's Reproductive Health Observatory estimates that 65,000 abortions are performed or induced each year and that around 178 unsafe abortions occur each day (Singh et al. 2006, 136). However, exact rates of illegal abortion are difficult to obtain, and these estimations often reflect the frequency with which women attempting abortion seek emergency services in hospitals and clinics. The Asociación Pro Bienestar de la Familia (Association for Family Welfare) has pressured the federal government to frame reproductive rights as human rights and integrate family planning and

sexual and reproductive health care into the nation's development goals.

Diseases and Disorders

Chronic malnutrition among a large percentage of the child population has resulted in Guatemala being ranked third in the world for growth stunting, behind Afghanistan and Yemen. Of children under age five, 48 percent suffer from severe growth stunting (UNICEF 2013). Approximately 35 percent of children suffer from anemia related to malnutrition (Monterroso 2012). President Otto Pérez Molina initiated the Pacto Hambre Cero (Zero Hunger Pact) to address the high levels of malnutrition and chronic hunger by distributing food to at-risk families along with financial remittances to promote school attendance. While the campaign aimed to reduce chronic hunger by 10 percent among children under age five, it reported a 1.7 percent reduction by 2015 and an expenditure of 73 percent of the allocated funds in 2014 (Zero Hunger Challenge 2015). Indigenous groups are the most affected; 69.5 percent face chronic hunger (World Food Programme 2017). These high levels of hunger and malnutrition are deeply intertwined with uneven development, decades of land rights violations against indigenous communities, and the slow integration of modern farming practices.

Women and girls face reproductive and sexual health concerns related to the spread of HIV/AIDS. Approximately 21,000 women aged 15 and over live with HIV, representing about 38 percent of cases overall. Children are also affected. About 2,000 children under the age of 15 live with HIV, and 11,000 children aged 17 and younger are orphaned as a result of HIV (UNAIDS 2015).

Although federal legislation criminalizes all forms of domestic violence, it persists as a major health concern for women and girls. Social inequality and the uneven application of the law overlap to create prime conditions for domestic violence to thrive with impunity. Today, 9 out of 10 victims of domestic violence are women, and violence against women ranks as the second most common crime overall. The majority of these women are 19–34 years of age, and they were victimized by either a spouse or cohabitant. Most of the reported incidences are categorized as physical and psychological abuse, meaning that women are often simultaneously enduring emotional, verbal, and physical violence at home.

Since 2004, the number of reported incidences of domestic violence has increased by over 400 percent, from around 8,000 per year to over 32,000 per year (INE 2014a).

Survivors of domestic violence often endure the compounded burdens of the pain of abuse, social exclusion, and financial insecurity. Although reporting of domestic abuse has increased over the last decade, many perpetrators are not convicted or penalized. Notably, in 2008, the Guatemalan government reformed the federal constitution to include a law against femicide and other forms of violence against women. To ensure the application of this new law, Guatemala's attorney general opened 12 new special prosecutor's offices, including a 24-hour women's court in the capital. In addition to these measures, federal and local authorities increased the provision of survivor support services and worked with both national and international human rights groups to increase educational campaigns. In recognition of the high incidence of violence against women and elevated homicide rate for women, Guatemala's Public Ministry also developed a specialized federal unit to monitor these crimes and ensure adjudication. The *Fiscalia de Delitos contra la Mujer* (Special Prosecutor for Crimes against Women), headquartered in the federal capital, holds investigatory and prosecutorial rights over all crimes reported against women and girls. State and local offices supply communities with protocols and contact information for reporting incidences of violence, and the department stewards the cases through the justice system. This effort has increased the reporting of crimes against women, and, accordingly, there has been an overall rise in this sector of crime statistics.

Employment

Gender inequalities persist within Guatemala's labor sector. Women, particularly rural and indigenous women, face higher rates of unemployment, lower wages, exploitative labor environments, and less access to social welfare and health benefits compared to men. Women often work in the informal labor sector, in part-time positions, or in unremunerated domestic or agricultural labor. For these reasons, it is often difficult to ascertain an accurate statistical measurement of women's actual labor contributions and earnings. In addition to their labor as caregivers within their families, women often work in domestic or "cottage" industries and in small-scale manufacturing, which leaves them outside the reach of federal labor data collection. In some cases, patriarchal social norms constrict women's roles to being the "face" of a business or as public vendors and entrepreneurs.

Although women outnumber men demographically, only 42 percent of women are employed in the formal

labor sector, compared to 85 percent of the male population. Nationally, women represent an estimated 79 percent of the population categorized as "economically inactive" (INE 2014b). Guatemala reports some of the lowest unemployment rates among Latin American countries, with an aggregated rate of 3.2 percent (INE 2014b). Separated by gender, women's and men's unemployment rates are 3.6 percent and 2.4 percent, respectively (INE 2014b). Rural and indigenous women report some of the highest rates of unemployment. From 2000 to 2013, unemployment among indigenous women increased eightfold (INE 2014b).

To address gendered inequalities, the federal government adopted the International Labor Organization's (ILO) conventions on labor equity and initiated policies and programming to address women's labor concerns. For example, the *Diálogo Social para Trabajo Decente* (Social Dialogue for Decent Labor) has launched investigations into the informal labor sector and made policy recommendations to increase women's rights and inclusion within the economy. Guatemala's government has also pledged its commitment to the UN Guiding Principles on Human Rights as it applies to women's labor, specifically the "Ruggie Framework," referencing UN Special Representative John Ruggie, which pledges to protect, respect, and remedy workplace and income inequalities.

Women continue to face income inequality in all labor sectors. While the income gap has decreased over the last decade, from women earning 62 percent of male wages in 2000 to 84 percent in 2013, women still earn considerably less than their male counterparts (INE 2014b). Women and girls earn less than their male counterparts in all major employment sectors of the formal economy. For example, women aged 25–34 earn an estimated 70 percent of what their male counterparts earn per month (ILO 2013). Indigenous women also bear the burden of a higher wage gap than nonindigenous women. While the total income gap between men and women nationally is 16.3 percent, among indigenous women, it is 45.5 percent, compared to 4.8 percent among nonindigenous women (INE 2014b).

Guatemala's economy depends on three principal export crops: coffee, sugarcane, and bananas. The majority of the population, a combined 60 percent, works in agriculture and commerce, while the remaining labor force works in manufacturing and within the informal economy (13%). Among agricultural workers, women, both indigenous and nonindigenous, earn about half of male agricultural laborers (INE 2014b). Approximately 70 percent of the female population works in the informal economy and without access

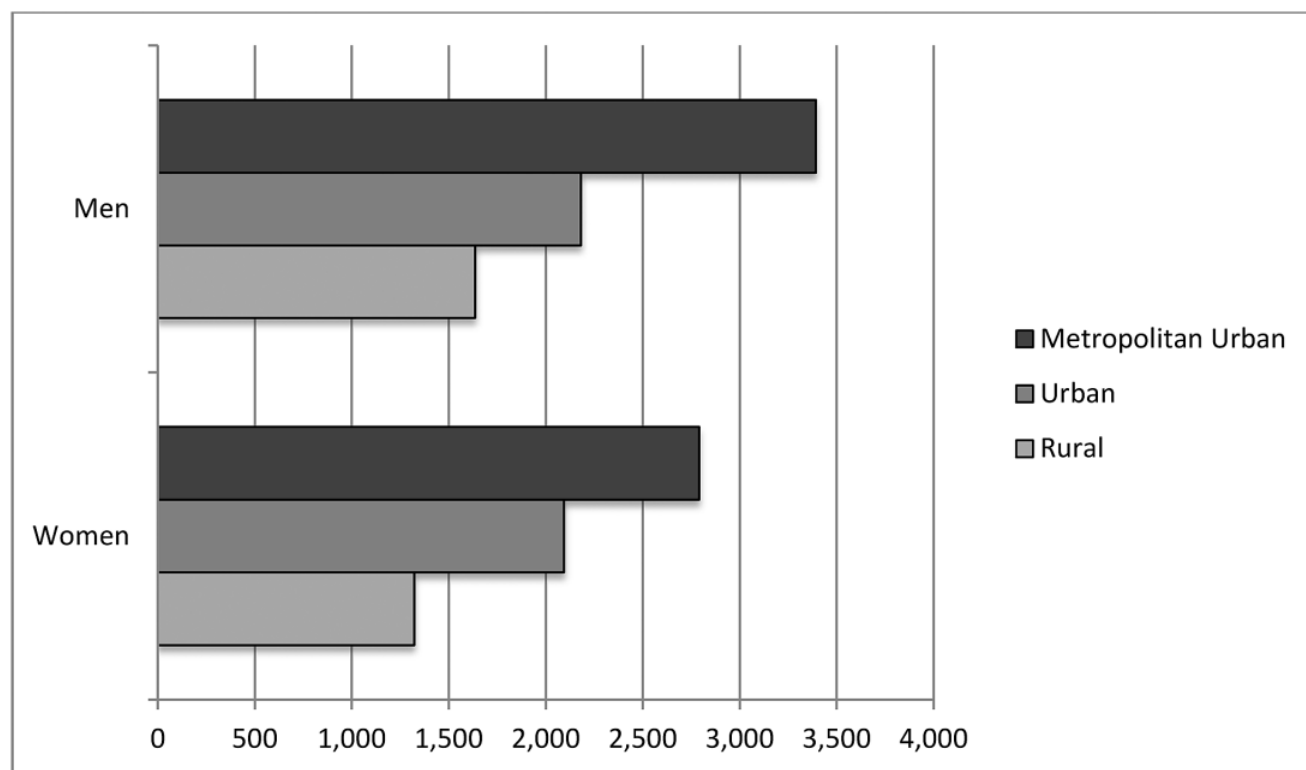


Figure 1 Monthly Income of Salaried Laborers by Sex and Region (in Quetzales)

Source: Instituto Nacional de Estadística. 2016. "Encuesta Nacional de Empleos y Ingresos": 39.

to health and social security benefits or legal protections against exploitation or unfair labor practices (INE 2014b).

Young girls under the age of 14 represent 20 percent of the agricultural workforce (ILO 2013). Indigenous girls and adolescents 7–17 years old who live in rural areas are almost twice as likely to be employed as those in urban settings (INE 2014b).

One of the major concerns facing women in the agricultural labor sector is the lack of access to property ownership. Women account for less than 25 percent of the landowning sector, and when they are exclusive property owners, they often own small parcels used for family subsistence farming (ILO 2013). This trend reflects the colonial land distribution pattern in which the Spanish crown granted land and laborers, often indigenous laborers, to wealthy male heads of household. Following this custom, today's women tend to become principal property owners through inheritance rather than purchase. Sixty percent of working children are of indigenous heritage, and indigenous girls overwhelmingly work in domestic service and agriculture (INE 2011). The labor code has inconsistencies that make exceptions for child labor under age 14.

Urban migration has had a significant impact on the geographical distribution of Guatemala's employment

sector. Historically, men migrated to urban centers more frequently than women; however, the expansion of manufacturing and service jobs over the last two decades has attracted rural women to cities for wage labor. Today, the demand for low-wage labor in manufacturing and services in urban centers creates a space for poor women to earn a living. Poor migrant women also often find low-wage employment as child care providers and in other domestic jobs for urban families.

Rapid urbanization over the past three decades has drawn rural families to metropolitan centers in search of wage labor, particularly in industrial and consumer product manufacturing. Overcrowding, competition for jobs, and a lack of social supports have created opportunities for increased violence. Families often suffer the effects of overworking and strained resources, resulting in an increase in the number of urban youth delinquency and gang activity.

Recent studies shed light on young women as they have become both participants and victims of the gang culture that has emerged, particularly in the capital, Guatemala City. The number of female prisoners nationwide has doubled in the past nine years, and experts attribute this rise to increased gang activity (Tatone 2013). Known as *maras* or *pandillas*, gangs often attract female members

by appealing to their needs for social inclusion, autonomy, and power and as an alternative to life in the domestic sphere (Winton 2004, 87). Other studies suggest that gang affiliation and activities provide young women with the opportunity to express an alternate identity and rebel against patriarchal authority. Gang membership creates an interesting double bind for young women as they are simultaneously exploited by male members and expected to demonstrate male-associated behaviors, such as physical violence on rivals and wearing men's clothing (Cawley 2013). Although gang affiliation can be considered a form of resistance and mitigation of persistently unequal gender roles in Guatemalan society, women and teens involved in *maras* are often on the receiving end of violence within the gang or within penal institutions if they are arrested. Public schools, in conjunction with the federal police, have begun offering dialogues and forums aimed at reducing the number of young girls and teens who join gangs.

Family Life

Gender roles in the Guatemalan household vary by region and ethnicity; however, in the postcolonial context, perceived male dominance and accompanying attitudes of male superiority, referred to in Spanish as *machismo*, strongly influence how young girls view themselves and their roles in society. The conquest and colonization of indigenous peoples by Spanish rulers significantly ruptured the more equitable gender roles of pre-Columbian indigenous societies. Iberian culture and gender roles challenged the complementarity between men and women that had existed for centuries among the diverse peoples inhabiting Mesoamerica. Under colonial rule, labor and economic structures, including the forced labor of indigenous men, altered the positions of men, women, and children in the household.

In the postcolonial period, Liberal elites used the forced labor of indigenous men and women, particularly on coffee plantations, as the primary means of economic development. Rural indigenous men, women, and children worked side by side harvesting coffee in a codified system known as the *mandamiento*, or forced labor drafting (McCreery 1994, 220). Particularly in rural areas, agricultural work within the *mandamiento* system created some opportunities for women as wage earners and gave them more mobility outside of the domestic sphere.

Catholicism also greatly influenced perceptions of gender roles in Guatemalan colonial society by establishing a

patriarchal social hierarchy and a set of ideals that defined womanhood and motherhood. These principles varied according to race, ethnicity, socioeconomic status, and region. In urban settings, for example, the social positioning of *ladino*, or mixed-race, middle-class women, as well as European-descended elite women allowed them to embody and uphold Catholic virtues. Middle-class and elite women could remain in the home and raise their children. Rural, indigenous, and impoverished women, however, diverged by working outside the home, rupturing the conventional sexual division of labor defined by the Catholic Church and the Guatemalan ruling elite.

During the 1980s, the dynamics of Guatemalan families changed significantly because of an increase in male out-migration from rural areas to major cities. Male heads of household often left women and children behind in search of wage labor and to avoid being killed by paramilitary forces. They out-migrated to Mexico and the United States during the 1980s and 1990s, creating dislocations and family restructuring. In 2011, an estimated 21 percent of households were categorized as female-headed (Gandelman 2008, 15).

In the 21st century, Guatemalan society remains highly divided along class, gender, ethnicity, and racial lines. A national women's watch group, the Grupo Guatemalteco de Mujeres (Guatemalan Women's Group), summarizes contemporary gender relations as being dominated by sexist stereotypes that devalue women as human beings. Ideas about women are limited to roles of childbearers, caregivers, and sex objects, resulting in behaviors where women will ignore their own rights.

Within the household, girls' and teens' roles vary depending on the family's financial status, gender balance in the home, and a child's birth order among her siblings. In terms of socioeconomic status, 93.9 percent of adolescent girls categorized as *poor* and 95.4 percent of those considered *extremely poor* forego education and employment for domestic duties (INE 2011). Among indigenous communities, the eldest girl bears the responsibility of caring for younger siblings, and she may forego her education to attend to these domestic obligations. Families often prioritize the education of male children, while girls' options for education, future employment, and social mobility remain constrained due to home and family obligations (Colom et al. 2004, 3). When they are not performing domestic duties, working, or attending school, adolescent girls enjoy a range of social and physical activities. A large percentage of both young men and women participate in

religious groups that allow for socialization outside the family unit.

Age at first marriage has been a contentious social issue in Guatemala. In rural areas, over half of women aged 20–24 were married before age 18, and 13 percent of them married before age 15 (Amin 2011). Since 2012, the country has registered 80,000 child marriages (Plan International UK 2015). Child marriage is most common among the rural indigenous communities where cultural perceptions of marriage differ greatly from Western Judeo-Christian norms. Pre-Columbian peoples considered marriage as a natural pairing for procreative purposes, an obligation to society, and as a form of worship in Mayan cosmology. Gender roles were more complementary, and polygamy was practiced by male elites in Mayan society.

The arrival of Spanish authorities shifted practices. The imposition of colonial religious and civil codes increased the rate at which pubescent girls became legal spouses. Patriarchal social organization and Catholic indoctrination gave rise to the subjugation of women, reducing young girls' ability to escape early marriage and erasing gender complementarity. In 2015, Guatemala's Congress raised the minimum legal age for marriage from 14 (girls) and 16 (boys) to 18 (all); however, provisions still exist for younger girls to be granted legal exceptions to marry. Fifteen lawmakers voted against this measure, demonstrating that cultural ideas about child marriage remain fixed for some segments of the population.

Guatemala seeks to comply with the UN Sustainable Development Goals, which include the termination of child marriage by 2030. Early marriage perpetuates adolescent pregnancy and its accompanying health risks for mothers and infants. Likewise, early marriage reduces the chance for the completion of basic education and hinders a woman's autonomy. Recently, indigenous girls and women have joined in the transnational campaign *Por Ser Niña* (To Be a Girl) to reduce the instances of young marriage, teenage pregnancy, and sexual abuse. Education and awareness form the basis of this campaign, which aims to raise self-esteem and knowledge about sexual health and human rights among indigenous girls.

Politics

During the colonial era, women faced exclusion in both religious and civil life. Colonial civil codes and the Catholic Church tightly regulated women's lives and behaviors in the public sphere, subordinating them to their male counterparts. Despite Guatemala's independence in 1821,

women were not granted equal citizenship. European ideas of "republican motherhood" prevailed across Latin America, relegating women to reproductive and domestic duties and precluding their participation in politics. Guatemala's patriarchal social order has circumscribed women's roles in formal politics. Despite this, during the Guatemalan Spring, a national revolutionary process that occurred between 1944 and the 1954 coup, women played integral roles in advancing labor and land rights reforms. Women participated directly in public protests in the capital and helped form new political parties, such as the *Unión Femenista Guatemalteca Pro-ciudadanía* (Pro-Citizenship Guatemalan Women's Union), which overtly promoted women's rights (de Ita 2012). The 1945 constitution granted literate women over the age of 18 full citizenship rights and the right to vote, disproportionately disadvantaging rural indigenous women. An urban feminist movement emerged briefly following the October Revolution of 1944, and working-class women benefited from a more regulated labor system, maternity benefits, and increased access to education and health services (Miller 1991, 126).

These advancements were stifled by a return to a repressive patriarchal rule following the U.S.-backed 1954 military coup. In 1965, the federal government expanded suffrage to illiterate women; however, women's participation in elections remained constricted by patriarchal social norms. The decades-long civil war that erupted in the 1960s prevented women from exercising their political rights. Since the first democratic presidential election in 1985, women have consistently trailed men in terms of voter registration and participation in elections. In 1993, an estimated 85 percent of men registered to vote compared to around 65 percent of women. The gap has diminished in recent years; about 90 percent of men and 84 percent of women registered to vote in 2012 (Azpuru 2013, 1). Voter registration and voting rates remain lower among rural indigenous women.

In the aftermath of prolonged civil conflict, women have gained traction in politics, particularly as arbiters for human rights violations, disappearances, and killings. A section of the 1996 Peace Accords articulated a plan to increase women's political participation. The declaration aimed to improve women's access and expand public consciousness around the gender gap in politics using educational campaigns and propaganda. An important step involved the formation of the *Foro Nacional de la Mujer* (National Women's Forum). Initiated in 1997, this group grew to 25,000 members and directed its efforts toward

Women's Voices

Rigoberta Menchú Tum

In the latter part of the 20th century, the federal government focused renewed energy on justice and gender equity, which was a positive outcome of the nation's protracted civil war and violence that ended in the late 1960s. Women became powerful stewards of this facet of national reconciliation and development, and they continue to work as activists at the local, national, and international levels.

In 1992, on the quincentennial of European contact in the Americas, Rigoberta Menchú Tum, a K'iche' Mayan woman from the rural highlands, won the Nobel Peace Prize. This prestigious honor brought attention not only to the nation and its traumatic history, but to the inequities facing women, particularly indigenous women across Latin America. Her international notoriety, despite its controversies (Strauss 1999), symbolized a new chapter for women in the region and in Guatemala more specifically. In her acceptance speech, Menchú Tum hoped the new millennium would bring "new relationships of respect and equality" (Nobel Foundation 1992).

Indeed, Guatemala's government, in collaboration with international development and human rights organizations, has made great strides toward equality. Federal, state, and local initiatives have helped ameliorate the historical gaps in resource access, education, employment, and health that have kept many women and girls from realizing their potential. Yet, women and girls continue to face daunting challenges in the 21st century.

—Cari Maes

Nobel Foundation. 1992. "Nobel Lecture." Retrieved from http://www.nobelprize.org/nobel_prizes/peace/laureates/1992/tum-lecture.html.

Strauss, Robert. 2016. "Truth and Consequences." Stanford Alumni. Retrieved from https://alumni-gsb.stanford.edu/get/page/magazine/article/?article_id=40702.

teaching women about their political rights through training seminars and empowering them to run for public office (Berger 2006, 35–37).

Women's issues and interest groups often have some affiliation to and representation within formal political parties in state and national elections; yet, few women ascend to party leadership or become candidates for public office. To raise female representation and increase gender equity in political participation more generally, the government has partnered with UN Women and the Political Organization of Mayan Women (MOLOJ) and others to initiate training sessions and manuals for female candidates, voter registration campaigns, and multilingual radio ads encouraging voting (UN Women 2015).

Religious and Cultural Roles

Guatemala comprises a rich, multidimensional religious and cultural landscape, and it is one that illustrates both continuity and rupture with the country's precolonial past. Today, Guatemalans practice a variety of religions, some of which are syncretic, blending the cosmovisions and rituals of indigenous spiritual traditions with those

of Christianity. Indigenous Mayans follow religious tradition rooted in the *Popol Vuh*, a cosmological text recorded during the Post-Classic K'iche' era (900–1500 CE). Mayan religion centralizes the concept of complementarity (male-female, good-evil, day-night) as a mode of explaining and ordering the universe and society. This ideology created more equal roles between genders in precontact Mayan society and blurred the distinctions between the categories *male* and *female*. However, this more egalitarian and gender-fluid social structure would be overturned and replaced by a patriarchal, gender binary social order following Spanish contact in the 16th century.

Under Spanish colonial rule (1524–1821), led by the Franciscan Order, authorities attempted to organize disparate communities into unified towns to impose Catholicism and eradicate indigenous religious traditions. Some indigenous groups acculturated to this imposition by adopting aspects of Christianity, while others defended their ancient beliefs by resisting religious indoctrination. Some suggest that Mayan peoples strategically acculturated to survive culturally and spiritually in an oppressive colonial system. Following independence from Spain in 1821, many indigenous communities retreated from Catholicism and instead

Women in Resistance in Guatemala

Since the CIA-backed coup in Guatemala in 1954, the country has suffered a history of racism, poverty, and oppression. During the 1980s, 200,000 were killed during the internal armed conflict, and 44,000 were disappeared. The legacy of the coup and the genocide remain in today's social inequality in Guatemala. Despite oppressive conditions and the danger of violence, many women are struggling to create a more equitable Guatemala that honors everyone's human rights.

For example, Lolita Chávez, an indigenous Maya K'iche' woman, cofounded the K'iche' People's Council (CPK) to support people's land rights against American and Canadian corporations who want to take the land for hydroelectric dams. Despite threats and violence, Lolita works to maintain the rights of the people to live on the land their people have inhabited for thousands of years.

Angelica Choc is an indigenous woman who is an outspoken critic of nickel mining in Guatemala. Her husband, Adolpho Ich, was murdered when he intervened on behalf of protestors who were being forcibly removed. Now, Angelica has filed a lawsuit against the mining company in Canada for its complicity in the death of her husband.

Lorena Cabnal is an indigenous Xinka woman and cofounder of the Association of Indigenous Women of Santa María Xalapán. The group works to confront violence against women and connects efforts to reclaim the land and to reclaim women's bodies as their own. Lorena calls herself a "community feminist," a feminist focused on her community rather than only on individual rights.

These three women represent an extensive network of women in Guatemala who are resisting oppression and struggling for justice and peace.

—Cari Maes

As the nation modernized and defined itself, Mayan peoples continued to practice the rituals of their ancestors and integrated ideologies and practices from Western religions, particularly Catholicism and Protestantism.

Protestantism first took hold in the late 19th century, as governing elites hoped to follow the imagined path to economic development modeled by other Protestant countries, such as the United States. Protestant missionaries then began attracting small numbers of indigenous Guatemalans in the early 20th century; however, Protestantism became more widespread beginning in the 1960s (Garrard-Burnett 2004, 142). During the late 20th century, Protestantism, particularly Pentecostalism, surged as mass conversions swept the country's interior highland and attracted about 40 percent of the total population. The conversion to Protestantism does not always entail the rejection of traditional indigenous beliefs and customs. Rather, many indigenous individuals find that Protestant churches permit their traditional practices to coexist with Christianity. Some Mayan *evangélicos*, or Evangelicals, view themselves as cultural and spiritual interlocutors between the Protestant faith and indigenous communities and see conversion as a means of revitalization after centuries of oppression (Garrard-Burnett 2004, 145).

Guatemala represents an intriguing nexus of cultures, ethnicities, languages, and religions. While the federal government does not record religious affiliation in its official census, the Roman Catholic Episcopal Conference of Guatemala estimates that 65–70 percent of the population is Catholic. In 2012, the Evangelical Alliance estimated that 43 percent of the population is Protestant (U.S. Department of State 2012, 1). The rise of Protestantism has allowed for the expansion of women's roles in public life following *La Violencia* (1960–1996). Protestant churches and associations have provided educational opportunities, particularly for rural indigenous women who do not have access to state-sponsored schools.

Women have also been able to take on leadership roles in Protestant churches, where they have historically been excluded from doing so as Catholics. Protestant churches encourage women to take active roles within the church and in proselytizing efforts. As such, these churches offer women a social outlet. Some women also benefit from the moralizing efforts of the church. Pentecostal churches, for example, also strictly enforce abstaining from alcohol and drug abuse. Churches can also provide a vigilant social network that can offer protection for female members against domestic violence and abuse. These same communities

defined their national belonging using ethnicity instead of religion (Sullivan-González 1998, 3). In the century following independence, religion and culture became contested concepts with which both liberal and conservative governments attempted to define Guatemalan national identity.

often provide resources for women and children as survivors of these crimes as well. Finally, Evangelical churches provide women, particularly those within indigenous communities, the opportunity to voice their past and present experiences of trauma and suffering through the practice of *testimonios* (testimonials).

Guatemala has a multifaceted cultural landscape that mirrors the diversity of its population. In the country's central highlands, Mayan and non-Mayan indigenous communities retain the languages and cultural ways of their ancestors. Garifuna peoples, descendants of former slaves who inhabit the Caribbean coastal region, embody a mixture of West and Central African, indigenous Carib, and European cultures. Mixed-heritage *ladinos* express the cultural identities of their Spanish and indigenous ancestry. Despite the devastating effects of colonialism, enduring neocolonialism, and decades of civil war, Guatemalan culture has remained vibrant.

During the drafting of the 1996 Peace Accords, Guatemala's Pan-Mayan Movement lobbied for the inclusion of measures to formally recognize and defend ethnic and cultural pluralism as well as to specifically address the historical marginalization of non-*ladino* peoples—the Garifuna, Mayan, and Xinca. In 1995, the Accord on Identity and the Rights of Indigenous Peoples outlined the terms by which the federal government, its UN partners, and local communities would construct an inclusive cultural patrimony (Warren 1998, 7).

The Pan-Mayan Movement, formed in the 1980s, has continued to galvanize multiculturalism, cultural and linguistic preservation, human rights, and education at the grassroots level. Guatemala's Ministry of Culture has likewise taken steps to recognize and conserve forms of “intangible culture,” such as culinary arts, dance, folklore, literature, rituals, song, and both plastic and visual arts. The ministry has adopted a series of formal declarations since 2002 that seek to protect, preserve, and disseminate these forms of indigenous cultural expression (Ministério de Cultura 2015). In recent years, Guatemalan women have taken active roles in initiatives that aim to inventory and preserve cultural heritage. Members of Association of Garifuna Women of Guatemala (ASOMUGAGUA), founded in 1997, seek to empower Garifuna and non-Garifuna women through educational outreach and organizing cultural events.

Guatemalan women, young and old, have played key roles in shaping both national and regional cultures. In the postconflict period, women utilized artistic expression

as a mode of healing. Artists such as Paula Nicho Cumez have gained international acclaim for the powerful messages of resilience evoked in painting, weaving, music, performance, poetry, and literature. Women have created spaces for the dissemination of culture, including the use of radio as a vehicle to reach remote and multilingual populations. Music and songwriting have also flourished as important modes of cultural expression, especially among young women. Feminist rapper Rebeca Lane uses her microphone to speak out against gender inequality, violence against women, and poverty. Her voice and messages speak to women across Guatemala and Latin America as she fuses artistic expression and female empowerment.

Issues

LGBTQ Rights

Among these pressing challenges is the continued suppression of LGBTQ rights as well as a general lack of visibility for members of the LGBTQ community. In 2016, Sandra Moran, a feminist activist and musician and the nation's first openly gay member of Congress, took office; she embodies political and social change. Her position in the federal government gives voice to a larger movement across the nation that seeks to halt violence and marginalization suffered by nonheterosexual and gender nonconforming individuals. This violence, often ignored or even perpetuated by authorities, has drawn the attention of international human rights organizations in the early 2000s (HRW 2006). Spaces of visibility remain few for LGBTQ women and girls; however, there are some notable advocacy initiatives and programs that bring attention to LGBTQ issues and expression. An annual gay pride parade brings allies and advocates to the capital each year, and dozens of organizations, some with transnational links, continue to push for more recognition and specific policy changes in the areas of health, human rights, and civic protection.

Migration

In addition to the economic and social problems created by male out-migration since the late 20th century, the number of women and girls migrating has increased dramatically. Push factors that impel women and girls to migrate include lack of employment opportunities, family instability, political unrest, and violence. In 2013, Guatemala reported the second-highest rate of femicide in the

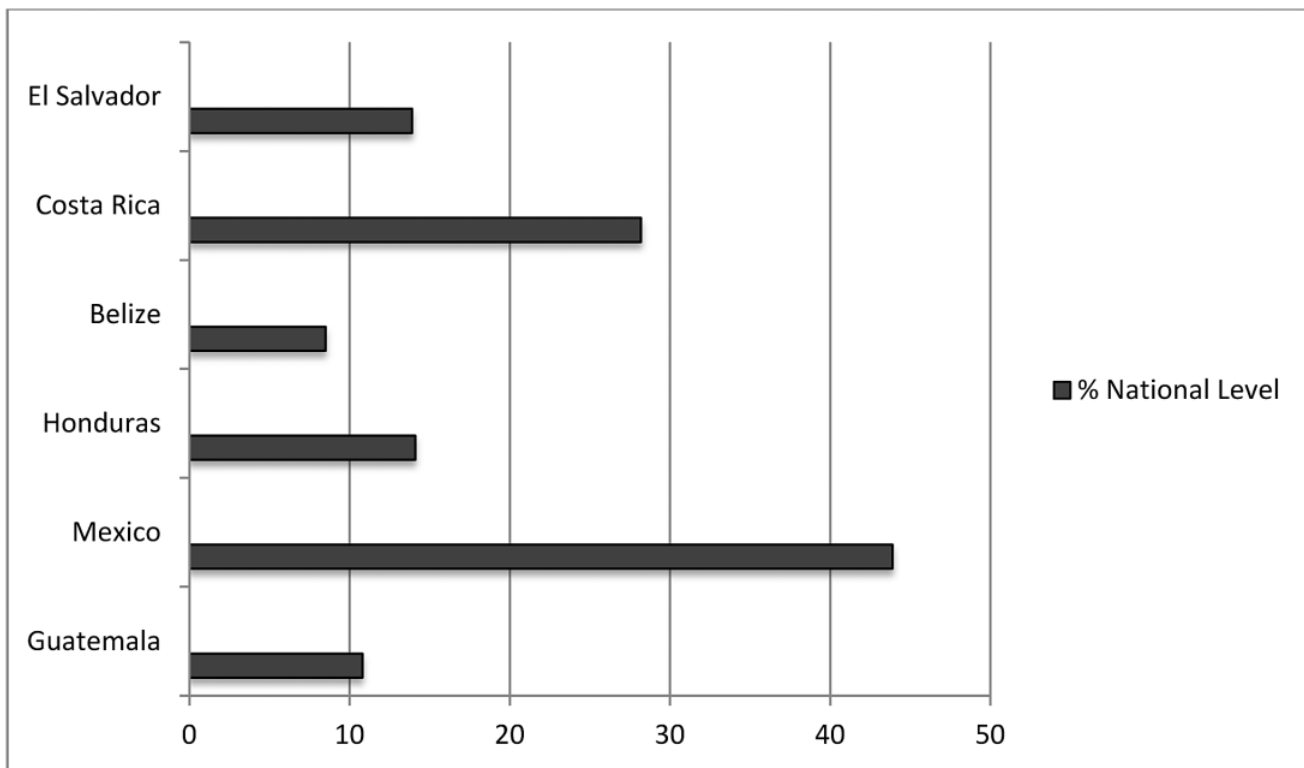


Figure 2 Percentage of National-Level Approval of Same-Sex Marriage in Central America

Source: Dinorah Azpuru. 2015. "The Political Culture of Democracy in Guatemala and the Americas." *Americas Barometer*: 204.

world. As a result, women represented 50 percent of all migrants leaving Guatemala that year (GHRC 2014). The vast majority, some 95 percent, of the unaccompanied minors entering the United States, for example, are from Mexico or the Central American nations of El Salvador, Guatemala, and Honduras (Kennedy 2014, 1). Since 2009, the number of unaccompanied child migrants from Guatemala arriving in the United States has risen from 1,115 to 18,913, the highest number of migrants among its Central American neighbors, including Mexico (USBP 2016).

Guatemalan children from the rural highlands often do not speak Spanish, the unofficial *lingua franca* in U.S. immigration services and courts. In 2013, the U.S. Department of Justice reported that K'iche', one of Guatemala's 21 indigenous languages, was in the top 25 most used languages in the immigration court system (DOJ 2014). Among the most serious problems associated with youth migration are the threats of violence and exploitation during and after the journey. Some children become victims of human trafficking, while others are injured, sexually exploited, or killed on either side of the border. Unaccompanied young women and girl migrants face a high risk of sexual assault.

Guatemalan officials have worked in conjunction with U.S. agencies and international human rights groups to raise its capacity to forestall the migration of young

women and girls and to build channels to reintegrate those who are deported back to their communities. For example, the community group Centro Quédate (Stay Here) offers former migrants the opportunity to educate others in their communities about the perils of irregular migration and facilitates dialogues about how to improve youths' lives (IOM 2015a). In 2015, Guatemala's Social Welfare Secretariat established a system of shelters to house unaccompanied minors who are returned by U.S. immigration agencies. The shelters provide basic services for returned migrant children and allow them to reconnect with family when possible (IOM 2015b).

La Violencia

During *La Violencia* (1960–1996), women and girls, particularly in indigenous regions, became targets of the state-sponsored kidnappings, murder, rape, and torture. Although fewer women than men were killed during the war—about 15 percent of the total death toll were women (estimated to be 180,000 deaths)—women were the primary victims of torture and rape at the hands of military and paramilitary forces (Carey and Torres 2010, 156). Indigenous women were killed at twice the rate of nonindigenous women during *La Violencia*, and an estimated 90

percent of all rape victims were Mayan women (Carey and Torres 2010, 156–157).

Guatemalan women from all lifestyles have formulated unique approaches to healing and to the restoration of human rights. Activists, artists, and performers have created multiple forums that have shed light on women's experiences of violence and healing over the past several decades. For example, the performing group Las Poderosas (The Powerful Ones) has toured Guatemala and Latin America, bringing the issue of gender-based violence to the forefront. Their performances focus on the ideas of transformation and healing. In 2010, Guatemala convened a Tribunal de Conciencia (Truth Commission) that provided a forum for women to share *testimonios* of the violence they suffered during the 36-year civil war. The event, executed as a symbolic trial, aimed to expose the role of the state and military in cases of sexual and gender-based violence during *La Violencia* as part of a prolonged nationwide healing process. The overarching goal of this forum and similar acts of healing is to focus on women's surviving and thriving rather than victimhood.

One of the unintended consequences of the post-Civil War focus on human rights and democracy has been a slow evolution of activism and political reform around issues of gender inequality. In 2010 the federal government laid out a strategic plan as part of its larger millennium development agenda, which addressed gender inequality and included language that identified the intersectionality between gender, race and ethnicity, language, and religion. Additionally, it identified violence against women and political exclusion as two main concerns facing Guatemalan women at the millennium (ECOSOC 2010).

CARI MAES

Further Resources

- Alderete, Wara. 1992. *Daughters of Abya Yala: Native Women Regaining Control*. Summertown, TN: Book Publishing Company.
- Amin, Sajeda. 2011. "Programs to Address Child Marriage: Framing the Problem." Transitions to Adulthood, Brief no. 14. Population Council. Retrieved from http://www.popcouncil.org/uploads/pdfs/TABriefs/14_ChildMarriage.pdf.
- Azpuru, Dinorah. 2013. "The Gender Gap in Politics in Guatemala: 20 Years of Advances and Setbacks." *AmericasBarometer Insights*. Retrieved from www.vanderbilt.edu/lapop/insights/IO895en.pdf.
- Azpuru, Dinorah, and Ligia Blanco. 2008. "Guatemala 2007: A Year of Contrasts for Democracy." *Revista de Ciencia y Política* 28.1: 217–244. Retrieved from <https://repositorio.uc.cl/bitstream/handle/11534/11165/000502754.pdf?sequence=1>.
- Berger, Susan A. 2006. *Guatemaltecas: The Women's Movement, 1986–2003*. Austin: University of Texas Press, 2006.
- Carey, D., Jr., and M. G. Torres. 2010. "Precursors to Femicide: Guatemalan Women in a Vortex of Violence." *Latin American Research Review* 45.3: 142–164.
- Cawley, Marguerite. 2013. "The Mara Women: Gender Roles in CentAm Street Gangs." InSight Crime, September 5. Retrieved from <http://www.insightcrime.org/news-analysis/centam-street-gangs-reject-rely-on-women-study>.
- CIA (Central Intelligence Agency). 2016. "Guatemala." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/gt.html>.
- Colom, Alejandra et al. 2004. "Voices of Vulnerable and Under-served Adolescents in Guatemala." Project Report Prepared for National Youth Forum, Guatemala City Population Council.
- de Ita, Guadalupe Rodríguez. 2012. "Los sistemas políticos en América Latina." *Secuencia* 18: 245.
- DOJ (U.S. Department of Justice). 2014. "FY 2013 Statistics Yearbook." Retrieved from <https://www.justice.gov/sites/default/files/eoir/legacy/2014/04/16/fy13syb.pdf>.
- ECOSOC (UN Economic and Social Council). 2010. "National Plan for the Prevention of Domestic Violence and Violence against Women (PLANONI) Guatemala (2010)." Retrieved from <https://webapps01.un.org/nvp/indpolicy.action?id=2465>.
- Gandelman, Néstor. 2008. "Female-Headed Households and Homeownership in Latin America." Retrieved from <https://core.ac.uk/download/pdf/6442139.pdf>.
- Garrard-Burnett, Virginia. 1998. *Protestantism in Guatemala: Living in the New Jerusalem*. Austin: University of Texas Press.
- Garrard-Burnett, Virginia. 2004. "God Was Already Here When Columbus Arrived: Inculturation Theology and the Mayan Movement in Guatemala." In *Resurgent Voices in Latin America: Indigenous Peoples, Political Mobilization, and Religious Change*, edited by Edward L. Cleary and Timothy J. Steigenga, 125–153. New Brunswick, NJ: Rutgers University Press.
- GHRC (Guatemala Human Rights Commission). 2014. "Child Migration from Guatemala." Retrieved from <http://www.ghrc-usa.org/our-work/themes/child-migrants>.
- Grandin, Greg, Deborah Levinson, and Elizabeth Oglesby, eds. 2011. *The Guatemala Reader: History, Culture, and Politics*. Durham, NC: Duke University Press.
- Guttmacher Institute. 2014. "Sexual and Reproductive Health of Young Women in Guatemala." Retrieved from <https://www.guttmacher.org/sites/default/files/pdfs/pubs/FB-DD-Guatemala.pdf>.
- HRW (Human Rights Watch). 2006. "Guatemala: Transgender People Face Deadly Attacks." Retrieved from <https://www.hrw.org/news/2006/02/20/guatemala-transgender-people-face-deadly-attacks>.
- IAC (Inter-American Commission on Human Rights). 2015. "Situation of Human Rights in Guatemala: Diversity, Inequality, and Exclusion." Retrieved from <http://www.oas.org/en/iachr/reports/pdfs/Guatemala2016-en.pdf>.
- ILO (International Labour Organization). 2013. "Guatemala." Retrieved from http://www.ilo.org/gateway/faces/home/ctryHome?locale=EN&countryCode=GTM&_adf.ctrl-state=86gmm60tg_9.

- INE (Instituto Nacional de Estadística). 2011. "Encuesta Nacional de Juventud." Retrieved from <https://www.ine.gob.gt/index.php/encuestas-de-hogares-y-personas/juventud>.
- INE (Instituto Nacional de Estadística). 2014a. "Encuesta Nacional de Condiciones de Vida—2014 Tomo I." Retrieved from <http://www.ine.gob.gt/sistema/uploads/2016/02/03/bWC7f6t7aSBEl4wmuExoNR0oScpSHKyB.pdf>.
- INE (Instituto Nacional de Estadística). 2014b. "Instituto Nacional de Estadística: Encuesta Nacional de Empleos y Ingresos." Retrieved from <https://www.ine.gob.gt/index.php/encuestas/empleo-e-ingresos>.
- IOM (International Organization for Migration). 2015a. "IOM and Indigenous Teens Encourage Dialogue on Migration in Guatemala." September 25. Retrieved from <https://www.iom.int/news/iom-and-indigenous-teens-encourage-dialogue-migration-guatemala>.
- IOM (International Organization for Migration). 2015b. "IOM Aids Unaccompanied Migrant Children in Guatemala." August 21. Retrieved from <https://www.iom.int/news/iom-aids-unaccompanied-migrant-children-guatemala>.
- Kennedy, Elizabeth. 2014. "No Childhood Here: Why Central American Children Are Fleeing Their Homes." American Immigration Council—Special Report. Washington, D.C.: The American Immigration Council. Retrieved from <http://www.immigrationpolicy.org/perspectives/no-childhood-here-why-central-american-children-are-fleeing-their-homes>.
- Komisaruk, Catherine. 2008. "Rape Narratives, Rape Silences: Sexual Violence and Judicial Testimony in Colonial Guatemala." *Biography—An Interdisciplinary Quarterly* 31.3: 369–396.
- McCreery, David. 1994. *Rural Guatemala, 1760–1940*. Stanford, CA: Stanford University Press.
- Miller, Francesca. 1991. *Latin American Women and the Search for Social Justice*. Hanover, NH: University of New England Press.
- Ministério de Cultura. 2015. "Unidad de Genero." Retrieved from <http://mcd.gob.gt/transparencia-2/unidad-de-genero>.
- Ministério de Educación. 2013. "Sistema de Indicadores Educativos." Retrieved from <http://estadistica.mineduc.gob.gt/PDF/SNIE/SNIE-GUATEMALA.pdf>.
- Monterroso, Luis Enrique. 2012. "Un Reto para las Generaciones: Secretaría de Seguridad Alimentaria y Nutricional." Retrieved from <http://www.sesan.gob.gt/index.php/descarga-documentos/wf-menu-cpanel/descarga-documentos-3/107-memoria-de-labores-2012-1/file>.
- Perén, Hugo Icu. 2007. "Rescate de la medicina Maya e incidencia para su Reconocimiento social y político. Estudio de caso Guatemala." World Health Organization (WHO). Retrieved from http://www.who.int/social_determinants/resources/csdh_media/mayan_medicine_2007_es.pdf?ua=1.
- Plan International UK. 2015. "Success: The End of Child Brides in Guatemala." November 12. Retrieved from <https://plan-uk.org/blogs/success-the-end-of-child-brides-in-guatemala?page=12>.
- Reading Village. 2012. "Guatemala." Retrieved from <http://readingvillage.org/about-us/guatemala/>.
- Replogle, Jill. 2007. "Training Traditional Birth Attendants in Guatemala." *The Lancet* 369.9557: 177–178.
- Singh, S., E. Prada, and E. Kestler. 2006. "Induced Abortion and Unintended Pregnancy in Guatemala." *International Family Planning Perspectives* 32.3: 136–145.
- Sullivan-González, Douglass. 1998. *Piety, Power, and Politics: Religion and Nation Formation in Guatemala, 1821–1871*. Pittsburgh, PA: University of Pittsburgh Press.
- Tatone, Michael. 2013. "Women in Guatemala Jails Doubles in 8 Years." InSight Crime, March 19. Retrieved from <http://www.insightcrime.org/news-briefs/number-of-women-in-guatemalan-jails-has-doubled-in-8-years>.
- UNAIDS. 2015. "HIV and AIDS Estimates." Retrieved from <http://www.unaids.org/en/regionscountries/countries/Guatemala>.
- UNDP (UN Development Programme). 2015a. "Human Development Reports: Table 5: Gender Inequality Index." Retrieved from <http://hdr.undp.org/en/composite/GII>.
- UNDP (UN Development Programme). 2015b. "Human Development Report 2015: Work for Human Development." Retrieved from http://hdr.undp.org/sites/default/files/2015_human_development_report.pdf.
- UNICEF. 2012. "UNICEF Annual Report 2012 for Guatemala, TACRO." Retrieved from https://www.unicef.org/about/annual_report/files/Guatemala_COAR_2012.pdf.
- UNICEF. 2013. "Improving Child Nutrition: The Achievable Imperative for Global Progress." Retrieved from https://www.unicef.org/gambia/Improving_Child_Nutrition_-_the_achievable_imperative_for_global_progress.pdf.
- UNICEF. 2014. "Guatemala Country Programme Document 2015–2019." Retrieved from https://www.unicef.org/about/execboard/files/2014-PL14-Guatemala_CPD-Final_approved-EN.pdf.
- UN Women. 2015. "UN Women Promotes Political Participation in Guatemala." UN Women Americas and the Caribbean, August 7. Retrieved from <http://lac.unwomen.org/en/noticias-y-eventos/articulos/2015/08/guatemala#sthash.uaa7xEY5.dpuf>.
- USBP (U.S. Border Patrol). 2016. "United States Border Patrol Southwest Family Unit Subject and Unaccompanied Alien Children Apprehensions Fiscal Year 2016." Retrieved from <https://www.cbp.gov/newsroom/stats/southwest-border-unaccompanied-children/fy-2016>.
- U.S. Department of State. 2012. "Guatemala 2012 International Religious Freedom Report." Retrieved from <http://www.state.gov/documents/organization/208694.pdf>.
- Warren, Kay B. 1998. *Indigenous Movements and Their Critics: Pan-Maya Activism in Guatemala*. Princeton, NJ: Princeton University Press.
- Winton, Alisa. 2004. "Young People's Views on How to Tackle Gang Violence in 'Postconflict' Guatemala." *Environment & Urbanization* 16.2: 83–99. Retrieved from http://www.crin.org/en/docs/QMC_Gangs_Guatemala.pdf.
- World Bank. 2016a. "Fertility Rate, Total (Births per Woman)." Retrieved from <http://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=ZJ>.

- World Bank. 2016b. "Hospital Beds (per 1,000 People)." Retrieved from <http://data.worldbank.org/indicator/SH.MED.SAOP.P5?locations=GT>.
- World Bank. 2016c. "Specialist Surgical Workforce (per 100,000 Population)." Retrieved from <http://data.worldbank.org/indicator/SH.MED.SAOP.P5?locations=GT>.
- World Food Programme. 2017. "Guatemala: Current Issues and What the World Food Programme Is Doing." Retrieved from <https://www.wfp.org/countries/Guatemala>.
- Yoshioka, Hirotsoshi. 2010. "Indigenous Language and Maintenance Patterns among Indigenous People in the Era of Neo-liberal Multiculturalism in Mexico and Guatemala." *Latin American Research Review* 45.3: 5–34.
- Zero Hunger Challenge. 2015. "Guatemalan President Updates Nation on 'Pacto Hambre Cero.'" January 14. Retrieved from <http://blog.zerohungerchallenge.org/guatemalan-president-updates-nation-on-pacto-hambre-cero>.

Guyana

Overview of Country

Guyana ("Land of Many Waters") is located along the Atlantic Coast in northern South America. It is situated between Suriname, Venezuela, and Brazil. Guyana, formerly British Guiana, is roughly 133,575 square miles (214,969 sq. km), with Mount Roraima being the highest elevation point (CIA 2014). Guyana is divided into three counties: Essequibo, Demerara, and Berbice. Guyana's 2015 population was estimated at 767,000. The majority of residents live along the coast, including in the capital city, Georgetown. The remaining population lives in small cities and villages, sometimes called *hinterlands*, scattered throughout the country's rich rain forest and vast interior.

Originally inhabited by indigenous Carib and Arawak tribes, Guyana became a 17th-century Dutch colony and was subsequently held as a slave-holding British colony by 1815. The country obtained independence in 1966 and remains the only English-speaking nation in South America. Guyana's colonial history continues to affect persistent ethnocultural divisions and national politics. Secondary languages include Guyanese Creole; Amerindian languages, including Arawak, Waio, and Carib; and Indian dialects of Hindi, such as Caribbean Hindustani. Constituent religions include a majority of Protestants, including Pentecostals, Anglicans, Seventh-day Adventists, and Methodists; Hindus; Roman Catholics; Muslims; and Jehovah's Witnesses (CIA 2014).

The emancipation of enslaved Africans led to their departure from colonial plantations and, for many, a resettlement into urban areas. Thereafter, laborers from Portugal, China, and eventually, indentured servants from India were imported to work on sugar estates. In the aftermath of decolonization, a legacy of racially polarizing politics emerged, resulting in a turbulent political atmosphere. Since independence, Guyana has largely been ruled by socialist-oriented governments, and the first "free and fair" election took place in 1992.

Today, the two largest ethnic groups are Indo-Guyanese, descendants of 240,000 East Indian indentured laborers imported to work colonial sugar plantations between 1838 and 1917, and Afro-Guyanese, descendants of enslaved Africans. Minority groups include mixed-race *douglas*, indigenous Amerindians (broadly grouped into coastal and interior tribes), as well as descendants of Portuguese and Chinese laborers (CIA 2014). Ethnic tensions between the majority ethnic groups have historically shaped political parties and influenced voting in Guyana. Tensions between the two largest ethnic groups in Guyana (African and Indian Guyanese), which emerged from British colonial rule (Mars 2009), have become politicized and have resulted in periods of party dominance. From 1964 to 1992, state-led discrimination has included unequal access to employment, dominance of the country's police and military by Afro-Guyanese, and widespread violence toward Indian Guyanese between 1963 and 1964 (McLoughlin 2015), which has been described as "near genocidal warfare" (Mars 2001).

Overview of Women's Lives

In 2014, Guyana ranked 121st on the Gender Inequality Index (GII, 0.524), which measures maternal mortality, birth rates, labor force participation, education, and seats in parliament held by women (UNDP 2014). Guyana has maintained slow but steady progress toward various Millennium Development Goals, including hunger reduction, increased access to social services, improved enrollment, completion of primary school, and empowerment of women. Guyana has a relatively progressive legal framework that prohibits discrimination based on gender, race, disability, language, social status, religion, or national origin. Yet, gender inequalities within the family and economy persist due to inadequate social services and weak infrastructures that engender high levels of female out-migration as a survival strategy; increasing

rates of maternal malnutrition and subsequent infant mortality; high levels of female unemployment; and few jobs for women in the marginalized informal sector (Trotz 2004). In addition, Guyanese women have also had to cope with structural and economic violence. The *Gender Gap Report* (2014), which measures national benchmarks on economic, political, education, and health-based criteria, ranks Guyana 64th out of 142 countries with a score of 0.701.

According to the Bureau of Democracy, Human Rights and Labor (U.S. Department of State 2015a), Guyana faces various human rights abuse issues, including government corruption, sexual and domestic violence against women, abuse of minors, and discriminatory laws against lesbian, gay, bisexual, and transgender (LGBT) persons. While the lives of women and girls have steadily improved, they continue to struggle to attain social, economic, and political equality.

Girls and Teens

Guyana has a widespread problem of physical and sexual abuse of children. Law enforcement officials and nongovernmental organizations (NGOs) state that most child rape and child abuse cases are largely unreported. The Child Care and Protection Agency operates a hotline for suspected abuse and received more than 4,000 calls in 2012 attributed to neglect, sexual and physical abuse, verbal abuse, child custody, teenage pregnancy, and delinquency (U.S. Department of State 2015a). Corporal punishment is prevalent in school systems, even at the kindergarten level, with various nonprofits and media outlets pushing for alternative forms of discipline.

Boys and girls can legally get married at age 16 with their parents' consent; at age 18, marriage is allowed without parental consent (U.S. Department of State 2015a). While there has been a decrease in child marriages in recent years, in 23 percent of marriages, the bride was under 18 years old (UNICEF 2013).

While there are reports of child prostitution, Guyana is not considered a destination for child sex tourism. There are no legal prohibitions regarding child pornography; however, regulations for selling or publishing pornography exist. The Tackling Child Labor through Education Project, in collaboration with the Ministry of Labor, Human Services, and Social Security, has garnered social protection for young women. Girls from the isolated hinterland and coastal communities are vulnerable to

exploitation, and efforts have been made to create public awareness and provide more support for victims.

Guyanese law prohibits the employment of minors under age 15, though child labor is prevalent in family-based businesses such as farms and bars and restaurants. They are also domestic workers and street vendors. Local NGOs report that prostitution and forced domestic servitude are the most egregious types of child labor.

Education

There are four levels of education: nursery, primary, secondary, and postsecondary. Guyana has 1,273 schools, 386 preschools, and 426 primary and secondary schools, along with 322 secondary departments located in primary schools (Devnet 2010). It has 21 prevocational institutions along with 1 teacher training college and 1 university. There are also 11 special education and 5 private schools (Merrill 1992). As of 1998, there were approximately 9,500 teachers in Guyana, of which 2,066 were male and 7,405 female.

The *Gender Gap Report* (2014) notes that Guyana has obtained parity for educational attainment with literacy rates, and enrollment in primary, secondary, and tertiary education is equal for both girls and boys. According to Guyana's minister of education, Priya Manickchand, compulsory education is provided free of cost until the age of 15. It is universal at the primary level due to incremental expenditures and incentives that encourage school attendance. A 2014 UN Commission on the Status of Women address noted that females tend to outperform male counterparts up to the tertiary level, hindering gender equality. Males outnumber females in technical and vocational areas, while females cluster into traditionally female academic areas. Programs have been implemented by the Ministry of Education in Guyana to encourage girls to enter nontraditional areas and provide support for vulnerable girls, including reintegration of teenage mothers into training programs.

Role models in the form of female teachers at primary and secondary institutions, large numbers of single female-headed households, and expanding educational opportunities for girls have negatively affected boys' achievements. However, other social inequalities such as class, socioeconomic status, race, and ethnic inequalities in rural and urban environments contribute to disproportionate educational achievements for both boys and girls (Reddock 2010).

At 92 percent, Guyana has a high literacy rate (CIA 2014); however, functional literacy is low due to the poor quality of education, inadequate teacher training, deficient infrastructures, and unavailability of vital resources (Jennings 2000). A lack of functional literacy skills has caused lower employability and socioeconomic disadvantages. To counter this, the government and nonprofit organizations have created initiatives to encourage education as a tool to reduce poverty, as one-third of the population lives below the poverty line, with indigenous Amerindians disproportionately affected (CIA 2014). Guyana has a relatively high ranking in education among developing nations and is ranked 121st worldwide (UNDP 2014). The country has also achieved one of the Millennium Development Goals of universal primary education, though access to secondary education remains a barrier for many citizens due to poverty, limited basic resources, and regional inadequacies, especially for isolated indigenous communities.

Among ethnic groups, Afro-Guyanese have historically viewed education as a means to escape plantation labor, and schoolteachers have been viewed as important figures within village life. Additionally, parental sacrifice to ensure education for children led to overall literacy improvements in villages. Until the 1930s, many Indo-Guyanese families employed as plantation workers resisted sending their children to primary school to protect them from possible discrimination and the influence of a Christian education. Playing on these families' concerns, planters discouraged them from sending their children to school due to the loss of income from the children's labor. By the 1940s, views changed, and successful Indo-Guyanese rice producers believed education was an opportunity rather than a problem, leading to increased enrollment in elementary and secondary schools. Once parental attitudes shifted, schools were built in predominantly Indo-Guyanese sugar estate areas.

All of Guyana's indigenous communities have primary schools. As of 2012, 13 schools enrolled over 5,500 students. The Guyanese government supports secondary schools for the indigenous community. Eight secondary schools in the interior hinterland regions serve approximately 800 Amerindian students, and government scholarships were given to 300 students to attend secondary school in Georgetown. Untrained Amerindian teachers in the interior along with schoolteachers from outside of the local communities create conflict between the academic environment and indigenous traditions and values. Minority Rights International Group (2015) notes that the

nationally standardized educational curriculum erodes important cultural characteristics of the Amerindian lifestyle, including their language, history, sustainable environmental practices, knowledge of medicine, and other skills that are pertinent to the development of the indigenous community.

According to the World Health Organization (WHO), significant progress has been made in Guyana toward improving access to and the quality of primary education. The Indigenous Peoples' Commission and the Women and Gender Equality Commission have implemented various school support programs in the hinterlands under the Guyana National Plan of Initiatives of the Ministry of Education, including training and outreach programs, resulting in improvements in primary, secondary, and university education for indigenous women. Inadequately trained and unqualified teachers declined by more than 40 percent, an improvement from 1992 when it was 60 percent (Merrill 1992; WHO 2013). Moreover, community-based school meal programs have benefited more than 14,000 children in 84 of 138 schools (Bundy 2011). Despite these improvements in the hinterlands, barriers to accessing education outside of the capital city persist.

Health

Access to Health Care

Out-migration of skilled health care workers and educated professionals has resulted in deprivations throughout the medical sector. For example, an international exodus of nurses has affected maternal access and childbirth rates. Despite this, men and women have the same access to health care services overall, including treatment for sexually transmitted infections such as HIV/AIDS. Additionally, government programs have contributed to training and supporting health care workers to staff clinical facilities in remote indigenous communities.

Maternal Health

The government has identified Millennium Development Goal 5: Improve Maternal Health as a 2015 priority to improve the standards and sustainability of maternal health care (UNDP 2014). International out-migration of midwives and nurses has substantially affected maternal health care, resulting in a scarcity of professionally trained medical workers as well as a weakening of the overall delivery of adequate services (Anderson and Isaacs 2007).

Reproductive rights, access to contraception, and postpartum care are widely available; yet, quality of care varies across the country. The UN Population Fund (UNFPA) reported that 43 percent of women under the age of 49 use modern methods of contraception; that as of 2010, there are 280 deaths per 100,000 births; and that skilled health care professionals attend 87 percent of births (UNFPA 2012). Recent media reports in 2014 and 2015 have highlighted a rising maternal mortality rate. Severe bleeding postchildbirth, hypertensive disorders, and neglectful inaction by nurses have culminated in patient illness and death. In addition, Guyana also faces increasing rates of maternal malnutrition and rising infant mortality rates linked to poor facilities that lack appropriate fetal- and blood-monitoring equipment and have a shortage of specialists, including local doctors, nurses, and district midwives.

Diseases and Disorders

Guyana has a high rate of HIV/AIDS. International programs support HIV treatment and prevention (CIA 2014). According to UN Women, HIV-positive women comprise more than half of the population above age 15 and continue to face widespread stigma and discrimination. Stigma hinders women from disclosing their status to husbands, increasing the chances of mother-to-child transmissions. Challenges linked to stigma include access to services, medication, and malnutrition. Organizations such as the YWCA Guyana and the Sunshine Project offer transportation, food, medication, and education for women. The Pan American Health Organization (PAHO) also provides training to health care workers on HIV prevention and responding to the needs of women living with HIV/AIDS. According to UN Women (2000), there are also 183 sites across the country that offer the Prevention of Mother to Child Transmission services before, during, and after delivery. As a result, only 2 percent of babies are born HIV-positive. Recent studies indicate that Guyanese mining communities have a higher HIV prevalence than the general population (Seguy et al. 2008).

Guyana has a very high risk for major infectious diseases, including food and waterborne illnesses such as hepatitis A and typhoid fever, as well as vector-borne diseases, such as dengue fever and malaria. The Guyanese government has created training programs for health workers and “Health Huts” in many indigenous communities in the interior that offer basic services. Lacking adequate

medical equipment and electricity, regional hospitals in the interior are unable to offer advanced medical care. Many hinterland communities rely on outdoor sources of contaminated potable water due to the gold and bauxite mining industries, which increases infections, waterborne illnesses, and skin problems (Minority Rights 2015).

Employment

While Guyana has reached gender parity among professional and technical workers, women’s economic and labor force participation, wage equality, earned income, and equity among senior official or managerial positions remains low. Overall, female labor force participation is about half that of men. Women are typically involved in traditionally female spheres, such as domestic work (World Bank 1994). Even though men outnumber women (CIA 2014), women are more often heads of households and, due to limited job opportunities, more often live in poverty. High unemployment rates among women are also linked to geographic location, as more hinterland women live in dire poverty in comparison to urban and rural women. Rural women tend to work in the agriculture industry as laborers, while city dwellers are employed in low-wage public service jobs. Both the public and private sectors report that skilled workers are in short supply. There is minimal data regarding disabled women.

The constitution, the Termination of Employment and Severance Pay Act, and the Prevention of Discrimination Act protect women workers from discrimination or disciplinary action while pregnancy and after childbirth. The National Insurance Act provides for 13 weeks of maternity leave and benefits paid up to 70 percent (ILO 2016). Further ensuring protection, Guyana is a signee to the Equal Remuneration and Convention on Discrimination that prohibits gender discrimination. In 2015, Guyana’s minister of social protection, Volda Lawrence, promoted additional benefits of paternity leave and supports for women to breastfeed at work (*Stabroek News* 2015).

Guyana’s Constitution addresses equal pay and labor rights for women in politics, economics, and in society. Discrimination based on gender is illegal. Women’s rights, including equal opportunities for academic, vocational, and professional training, in employment, for promotion, and for remuneration are outlined in the law. However, one report on labor standards indicates that filing discrimination complaints is ineffective (ITUC 2009). There is also no mandatory provision for maternity health care,

and there has been little to no recourse regarding sexual harassment. Job openings routinely specify gender preferences of potential candidates, thereby maintaining male- or female-dominated fields that uphold gender divisions throughout the country. ITUC (2009) also reports that informal workers, primarily women and children, are paid below the minimum wage.

Guyanese women have engaged in high levels of out-migration as a strategic means of survival in the face of their increasing unemployment and lack of jobs in sectors where they are marginalized (Trotz 2004). As a result, remittances largely support Guyana's economy. Women who are employed occupy significant roles as farmers, market vendors, teachers, nurses, civil servants, and clerks. Traditionally female-oriented jobs also persist; education data show that women dominate teaching positions across all educational levels.

Discrimination and Income Disparity

Gender-related discrimination persists, despite women and men having equivalent legal status and rights. Guyana's Prevention of Discrimination Act prohibits sexual harassment and gender discrimination, but it lacks enforcement. As of 2012, women continue to be underemployed, receive unequal pay, and face disadvantages in relation to promotions. The Women's Affairs Bureau of the Ministry of Labor monitors women's legal rights in employment-related services and provides professional development focused on leadership and gender-equity issues. The Women and Gender Equality Commission focuses on issues that affect women's advancement to promote engaging in dialogues with regional representatives, government officials, and residents to effectively plan and implement national policy. Barriers to education also contribute to female unemployment.

Family Life

Family life is a central aspect of Guyanese culture, with extended kinship networks playing a major role in the overall sustenance of family structures. Guyanese families generally maintain a patriarchal hierarchy; males possess more power, and females are expected to care for the home and children. This can vary by ethnic group, and there are additional distinctions between major ethnic groups linked to culture, history, and family organization.

Among the Amerindian population, extensive acculturation had occurred by the 1990s as a combined result

of missionary work and intermarriage to Afro-Guyanese. Modern Amerindian culture is similar to Afro-Guyanese and Indo-Guyanese lifestyles (Merrill 1992).

Even though slavery initially forbade marriage among slaves, Afro-Guyanese sustained relationships between men, women, and children. The nuclear family structure, Christian church weddings, and idealism associated with the middle class are now upheld by Afro-Guyanese. Common-law marriages are also socially recognized. Household compositions vary. Either mothers or fathers can be the head of the home, which may include children from several different parental lineages. Afro-Guyanese households tend to cluster around the women, as men may leave home for paid work. Children born to unmarried parents are not stigmatized.

The plantation system and indentureship influenced Indo-Guyanese family life. Prior to migration, East Indians lived in large extended families with caste position dictating future mates. Plantation housing affected households, caste held less importance, and female spouses were in short supply in newly colonized British Guyana (Merrill 1992).

For Hindu Indo-Guyanese, marriage is a rite of passage that affirms social prestige and is considered an important ritual, similar to Muslim weddings. Parents play a role in mate selection, as does religion and sect. The Indo-Guyanese family follows male lineage. While extended family members live in a separate home, it may be close by. Young couples tend to live with the husband's family for several years before establishing their own home. Women's roles in Indo-Guyanese family structures are seen as more subordinate than Afro-Guyanese households (Merrill 1992).

Women's property rights are generally protected in common-law marriages. Guyanese women are entitled to one-half of the couple's property upon separation or divorce if she held regular employment during the marriage. Alternatively, a woman is entitled to one-third of the property if she was unemployed during the duration of the marriage.

In 1996, the Domestic Violence Law was passed; yet, social beliefs persist surrounding the endemic nature of violence against women. While domestic violence legislation served to provide aid to victims of violence, including practical programs that provided shelter, support, and training in life and income-generating skills, challenges surrounding violence against women persist. The government supports efforts, including the "Stamp It Out" campaign to end sexual violence and abuse against women and girls. Structural

adjustments, including living arrangements and other issues, influence how Afro-Guyanese, Indo-Guyanese, and Amerindian women respond to gendered violence. Rape (including spousal rape) and domestic violence are criminalized; yet, many incidents go unreported to law enforcement and are seldom prosecuted by authorities. Both stigma and retribution of further violence persists (U.S. Department of State 2015a). Survivors frequently do not pursue charges due to discontent with the courts and inadequate sentences.

LGBTQ life is restricted in various ways (Sexual Rights Initiative 2014) because Guyana has no antidiscrimination legislation protecting citizens from discrimination based on sexual orientation, gender identity, or gender performance. Further, consensual male same-sex activity is punishable with a prison sentence and local NGO activists report that police frequently intimidate men perceived to be gay. There are no laws regarding lesbian women. Societal discrimination surrounding transgender individuals exists, and public cross-dressing is a criminal offense under Guyanese law. Local organizations report widespread discrimination based on sexual orientation, including fear of reporting crimes within the LGBTQ community because reporting crimes can result in charges being brought against victims for their gender identity or sexual orientation. According to Human Rights Watch (HRW 2009), several activist organizations, including Caribbean Forum for Liberation of Genders and Sexualities, Global Rights, Guyana Rainbow Foundation, International Gay and Lesbian Human Rights Commission, and the Society against Sexual Orientation Discrimination (SASOD), work to repeal discriminatory laws criminalizing basic rights. SASOD also supports LGBT youth 16 years and older.

Politics

According to the *Gender Gap Report* (2014), Guyana is ranked 83rd out of 142 countries in relation to women occupying legislative and senior official status in the country. In terms of overall political empowerment, women in Parliament and ministerial positions continue to be low. Guyana has had one female head of state since independence—American-born Janet Jagan. The Representation of the Peoples Act stipulates that women should comprise at least 33 percent of a political party's slate of candidates (Government of the Republic of Guyana 2014). Guyana has taken measures to foster women's increased participation in public life and in decision-making processes, such as

serving as prime minister, head of the judiciary, and other influential positions, including the first female colonel in the Caribbean. Women's representation in Parliament has grown to 31 percent; 21 of the 65 members are women. Historically, both Indo-Guyanese and Afro-Guyanese women have been susceptible to political ethnic violence in the aftermath of racially divisive elections, including sexual assaults that occurred during civil unrest in 1997 and 2001 (Trotz 2004; World Bank 1994).

Lacking child care facilities, meeting times, lack of training to manage political campaigns, and other inadequacies based on gender, such as inferior access to postprimary education by Amerindian women, ethnic polarization, and the confrontational nature of local politics have each contributed to the overall political gender inequality (UN Women 2000). Guyana's economic decline and systemic poverty has also disproportionately affected women who lack the financial resources needed to participate in political activities.

Since 1964, women's voting participation in elections has increased, and four general elections have resulted in female parliamentarians and cabinet ministers. In 1946, Janet Jagan and Winifred Gaskin jointly established the Women's Political and Economic Organization, whose aim is to ensure political organization and education of Guyanese women. Janet Jagan went on to cofound the People's Progressive Party with her husband, Cheddi Jagan (former president of Guyana and considered to be the "Father of the Nation"), winning elections in 1953, 1957, and 1961. In addition to serving as the first woman head of state, Jagan has served as a parliamentarian, cabinet minister, and executive president (Merrill 1992).

Historically, the number of seats their party wins in elections has determined Guyanese women's representation in Parliament, and increases over the years have been minimal. Equality outlined in the constitution has done little to change the status quo, and women face similar challenges to political participation observed globally; however, these circumstances are exacerbated by dire economic circumstances and patriarchal political culture. Men continue to dominate the economic and political spheres, reinforcing divisions of labor.

Religious and Cultural Roles

The dominant religions are Christian denominations, about 30 percent in total; Hinduism, approximately 29 percent; and Islam, 7 percent. The majority of Indo-Guyanese are Hindu, with a minority of Muslims and a small population

of Christian converts. Some Indo-Guyanese have converted for professional reasons, while others partake in Hindu or Muslim rituals or Christian services. Most Afro-Guyanese are Christian, though some practice Hinduism or Islam.

Because of colonization, Guyana's dominant value system relies on Christianity; Hinduism and Islam were later accepted as Indian indentured laborers arrived. Folk beliefs such as obeah, of African origin, are also practiced. Obeah practitioners can be members of any ethnic group. They are consulted for help with one's love life, health, work, or home life.

Although traditional Amerindian religious beliefs are dissimilar, the importance of a shaman is shared. Six interior indigenous tribes (Akawaio, Arekuna, Makushi, Patamona, Waiwai, and Wapisiana) have undergone extensive acculturation and have some common cultural traits with the Afro-Guyanese and Indo-Guyanese (Merrill 1992).

The role of women in families is based on ethnic and religious identity and varies across groups. Afro-Guyanese households tend to be female-headed with multiple generations of women residing together. Indo-Guyanese households are generally the opposite. They have patriarchal structures that maintain men as heads of household. Overall, women's roles in Indo-Guyanese families are expected to be subordinate, tending to the home and children.

Issues

Indigenous Amerindians

Guyana law protects the rights of the Amerindian indigenous community and members to contribute to decisions affecting land and resources. The indigenous population as of 2002 is around 9 percent of the total population and consists of nine tribal groups. Over 90 percent of Amerindians reside in Guyana's remote interior (two tribes live on the coast) in contrast to the majority population, which resides along the Atlantic coastal area (Minority Rights 2015).

Indigenous communities have a lower standard of living than most Guyanese citizens due to limited access to education and health care. Women and girls in indigenous communities may experience discrimination based on their gender, ethnicity, or economic status.

Border Disputes

According to the IBRU Boundary and Security Bulletin, colonial legacies regarding land and maritime boundary disputes between Guyana, Venezuela, and Suriname

persist and continue to impact economic development (Hoyle 2001). While Venezuela claims up to 40 percent of Guyana's terrain (known as Essequibo), the recent discovery of oil off the Guyanese coast has caused Venezuela to expand its maritime boundaries and bolster its military forces (Connett 2015). Guyana also faces inland disputes with Suriname over the southeastern corner of the country, the New River Triangle territory (an area of land about 6,000 square miles, or approximately the size of Jamaica). Suriname has also claimed the entire Corentyne River and made additional claims to parts of Guyana's sea space (Ministry of External Affairs of Guyana 1969). Historically, maritime disputes have resulted in Guyana's favor, as there has never been a clear boundary between it and Suriname.

Trafficking

Guyana is both a source and destination country for men, women, and children victimized by sex trafficking and forced labor. For children, forced labor occurs in the mining, agricultural, forestry, and domestic service industries. According to the *Trafficking in Persons Report* (2015), both Guyanese and foreign women and girls from other South American and Caribbean countries (including Venezuela, Suriname, Brazil, and the Dominican Republic) are forced into prostitution. Children and women in mining communities in the interior and urban areas are considered at high risk for being trafficked (U.S. Department of State 2015). Under the guise of prospective employment, poor indigenous women are at an increased risk of being groomed into prostitution in Guyana's interior mining and lumber camps and then often face debt bondage, abuse, and enslavement (Minority Rights 2015).

Guyana is making efforts to comply with global minimum standards to eliminate trafficking by protecting and assisting victims and implementing an authority-operated hotline for those victimized. The government of Guyana has been criticized for failing to increase its efforts to hold sex traffickers accountable with jail time and for fostering an environment that enables human trafficking and endangering future victims. The Caribbean Basin Security Initiative and the U.S. government via the *Trafficking in Persons Report* have worked to combat transnational crimes, including human trafficking.

International Community and HIV/AIDS

The United States also works with Guyana to prevent and treat HIV/AIDS. Through the President's Emergency Plan

for AIDS Relief, the U.S. Agency for International Development (USAID) and the Centers for Disease Control and Prevention (CDC) provide education programs to address prevention and treatment for those affected by and infected with HIV/AIDS. U.S. military, medical, and engineering teams have also conducted training in Guyana to improve infrastructure, including digging wells and building schools and health care clinics while also providing medical treatment to improve overall living conditions.

Poverty

Guyana has a very high emigration rate, with over 55 percent of its citizens residing abroad (CIA 2014). About one-third of the Guyanese population lives below the poverty line, and indigenous Amerindians are disproportionately affected by poverty. Poverty is high across ethnic groups; yet, is the most significant among Amerindians (World Bank 1994).

By providing assistance to single mothers, the Guyanese government underscores the importance of women's economic empowerment as a way to enhance their lives and eradicate poverty. Current initiatives promote skill acquisition, the provision of resources to establish microenterprises, capacity-building workshops to enhance entrepreneurial capabilities, and trade fairs. In 2010, Guyana launched the Women of Worth Program for single female-headed households for commercial loans and credit to establish or expand business ventures.

Rural poverty, hunger, and development targeted toward women have led to legal rights to land, access to financial services, and technology improvements. Guyana has worked toward appointing gender representatives in various regions of the country to support rural women's organizations, including working with the Ministry of Agriculture, the Ministry of Amerindian Affairs, and the Women's Affairs Bureau to promote strategies for agricultural diversification, income generation, and distribution of resources. Multiple nonprofit organizations work to address women's issues, including the S4 Foundation, Women across Differences, Help and Shelter, Red Thread, the Guyana Women Miners Organization, and SASOD.

ANEESA A. BABOOLAL

Further Resources

- Anderson, B. A., and A. A. Isaacs. 2007. "Simply Not There: The Impact of International Migration of Nurses and Midwives—Perspectives from Guyana." *Journal of Midwifery & Women's Health* 52.4: 392–397.
- Bundy, Donald. 2011. "Rethinking School Health: A Key Component of Education for All." International Bank for Reconstruction and Development, World Bank. Retrieved from <http://documents.worldbank.org/curated/en/900271468332690641/text/600390PUB0ID171Health09780821379073.txt>.
- CIA (Central Intelligence Agency). 2014. *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/resources/the-world-factbook/index.html>.
- Connett, David. 2015. "Guyana and Venezuela in Bitter Border Dispute after Oil Discovery." *The Independent*. Retrieved from <http://www.independent.co.uk/news/world/americas/guyana-and-venezuela-in-bitter-border-dispute-after-oil-discovery-a6668651.html>.
- Devnet. 2010. "Education." Retrieved from <http://www.devnet.org.gy/sdnp/nds/chapter18.html>.
- Gibson, Kean. 2003. *The Cycle of Racial Oppression in Guyana*. Lanham, MD: University Press of America.
- Government of the Republic of Guyana. 2014. "Report of the Republic of Guyana on Beijing+20." Retrieved from http://www2.unwomen.org/~media/headquarters/attachments/sections/csw/59/national_reviews/guyana_review_beijing_20%20pdf.ashx?v=1&d=20140917T100715.
- Hoyle, Peggy. 2001. "The Guyana-Suriname Maritime Boundary Dispute and its Regional Context." *IBRU Boundary and Security Bulletin*. Retrieved from http://www.guyana.org/guysur/THE_GUYANA-SURINAME_MARITIME_BOUNDARY_DISPUTE.pdf.
- Human Rights Watch (HRW). 2009. "Stop Dress Code Arrests." Retrieved from <https://www.hrw.org/news/2009/03/05/guyana-stop-dress-code-arrests>.
- ILO (International Labor Organization). 2016. "More Than 120 Nations Provide Paid Maternity Leave." Retrieved from http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_008009/lang-en/index.htm.
- ITUC (International Trade Union Confederation). 2009. "Report on Core Labor Standards." Retrieved from <http://www.ituc-csi.org/IMG/pdf/Guyana-CLS2009-final.pdf>.
- Jennings, Zellynne. 2000. "Adult Literacy in the Commonwealth Caribbean with Special Reference to a Study of the Functional Literacy of Young Guyanese Adults." *International Journal of Lifelong Education* 19.5: 385–406.
- Mars, Perry. 2001. "Ethnic Politics, Mediation, and Conflict Resolution: The Guyana Experience." *Journal of Peace Research* 38.3: 353–372.
- McLoughlin, Stephen. 2015. "Understanding Mass Atrocity Prevention during Periods of Democratic Transition." *Politics and Governance* 3.3: 27.
- Merrill, Tim. 1992. *Guyana: A Country Study*. Washington, D.C.: GPO for the Library of Congress. Retrieved from <http://lcweb2.loc.gov/frd/cs/gytoc.html>.
- Ministry of External Affairs of Guyana. 1969. "History of the Republic of Guyana: The Guyana-Suriname Boundary: A Historical Review." Retrieved from http://www.guyana.org/suriname/guysuri_boundary.html.

- Minority Rights Group International. 2015. "Guyana—Indigenous Peoples." *World Directory of Minorities and Indigenous Peoples*. Retrieved from <http://minorityrights.org/minorities/indigenous-peoples-3>.
- Moore, Brian L. 1995. *Cultural Power, Resistance, and Pluralism: Colonial Guyana, 1838–1900*. Montreal: McGill-Queen's University Press.
- Reddock, Rhoda. 2010. "Gender and Achievement in Higher Education." *Journal of Education and Development in the Caribbean* 12: 1–21.
- Seguy, N., M. Denniston, W. Hladik, M. Edwards, C. Lafleur, S. Singh-Anthony, and T. Diaz. 2008. "HIV and Syphilis Infection among Gold and Diamond Miners, Guyana, 2004." *The West Indian Medical Journal* 57: 444–449.
- Sexual Rights Initiative and SASOD Guyana. 2014. "A UPR Submission on LGBT Human Rights in Guyana." Retrieved from http://sexualrightsinitiative.com/wp-content/uploads/SASOD_SRI_UPR_Guyana_July2014FINAL.pdf.
- Stabroek News. 2015. "Ministry in Dialogue on Rights of the Pregnant." August 17. Retrieved from <http://www.stabroeknews.com/2015/news/stories/08/17/ministry-in-dialogue-on-rights-of-the-pregnant>.
- Trotz, D. Alissa. 2004. "Between Despair and Hope: Women and Violence in Contemporary Guyana." *Small Axe* 8.1: 1–20.
- UNDP (UN Development Programme). 2014. "2014 Human Development Report." Retrieved from <http://www.undp.org/content/undp/en/home/librarypage/hdr/2014-human-development-report.html>.
- UNFPA (UN Population Fund). 2012. "Marrying Too Young: End Child Marriage." Retrieved from <https://www.unfpa.org/sites/default/files/pub-pdf/MarryingTooYoung.pdf>.
- UNICEF. 2013. "Guyana: Statistics." Retrieved from http://www.unicef.org/infobycountry/guyana_statistics.html.
- UN Women (United Nations Women Watch). 2000. "Committee on the Elimination of Discrimination against Women: Concluding Comments." Retrieved from http://www.un.org/womenwatch/daw/cedaw/cedaw25years/content/english/CONCLUDING_COMMENTS/Guyana/Guyana-CO-2.pdf.
- U.S. Department of State. 2015a. "Human Rights Report." Retrieved from <http://www.state.gov/documents/organization/253231.pdf>.
- U.S. Department of State. 2015b. *Trafficking in Persons Report 2015*. Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/countries/2015/243449.htm>.
- WHO (World Health Organization). 2013. "Guyana." Retrieved from <http://www.who.int/countries/guy/en>.
- World Bank. 1994. "Poverty, Reduction and Equity: Guyana: Strategies for Reducing Poverty." Retrieved from <http://www.worldbank.org>.
- World Economic Forum. 2014. *The Global Gender Gap Report 2014*. Retrieved from http://www3.weforum.org/docs/GGGR14/GGGR_CompleteReport_2014.pdf.

H

Haiti

Overview of Country

Haiti occupies the western one-third of the island of Hispaniola between the Caribbean Sea and the North Atlantic Ocean. After Christopher Columbus discovered Hispaniola in 1492, the Taíno native inhabitants were virtually annihilated through violence and the introduction of disease by the Spanish settlers who followed. In the early 1600s, France established a presence on Hispaniola, and in 1697, Spain ceded the area to them, which became Haiti. The French colony (then known as Saint Dominique) became one of the wealthiest in the Caribbean due to rich forestry, coffee, indigo, cotton, and sugar industries; however, these led to considerable environmental degradation and heavy trading of enslaved Africans.

Between 1791 and 1804, Toussiant Breda (also known as Toussaint L'Ouverture or the Black Napoleon) led a slave rebellion inspired by the 1789 French Revolution. Breda's rebels defeated French and British forces in numerous battles, and the rebellion spread to the neighboring Spanish colony of Santo Domingo (now the Dominican Republic). Breda abolished slavery in both colonies and declared himself governor-general for life in 1801. In response, about 43,000 French troops were dispatched to restore French rule and slavery. Breda was captured and died in prison in 1803, but his rebels ultimately defeated the French later

that year. On January 1, 1804, Haiti declared its independence, becoming the first black republic in the world (CIA 2016; Sutherland 2015).

Haiti is roughly 17,400 square miles (28,000 sq. km) of rough, mountainous terrain and is bordered on the west by the Dominican Republic. It has a tropical climate and lies in a hurricane belt that makes it subject to severe storms June–October (CIA 2016). Clearing land for agriculture and fuel has caused extensive deforestation; in 1988, only 2 percent of the land had tree cover (Haggerty 1989). Deforestation has led to soil erosion, desertification, and droughts; the country now lacks sufficient supplies of potable water. In January 2010, a massive magnitude 7.0 earthquake struck; its epicenter was near the capital city of Port-au-Prince. More than 300,000 people were killed, about as many were injured, and 1.5 million were left homeless. The earthquake was the worst in this region in more than two centuries (CIA 2016). The country remains in acute economic crisis due to increased poverty, crime, food insecurity, and unemployment (PotoFi 2012).

Haiti has two official languages, French and Creole. The population is about 10 million and is growing at 1.17 percent; 95 percent of the population is black, and the remaining 5 percent are mulatto or white. Port-au-Prince has about 2.4 million inhabitants; almost 60 percent of the total population lives in urban areas. More than half of the population (55%) is under the age of 25; the median age is 22.5 (CIA 2016). In 2014, Haiti was ranked 138th out

of 188 nations by the UN Gender Inequality Index (GII) (UNDP 2015). Currently, Haiti is the poorest country in the Western Hemisphere, having experienced political instability for most of its history (CIA 2016).

Girls and Teens

Haitian girls face numerous challenges, many exacerbated by the 2010 earthquake and the economic and social crises that followed. Many girls suffer from poverty, violence, sexual violence, underage pregnancy, human trafficking, and child labor. Limited educational and employment opportunities diminish the freedoms and flexibility of girls and women, often leaving them powerless to improve their situations or become economically independent.

Postquake “Gender Aftershocks”

Women and girls experienced “gender aftershocks” after the 2010 earthquake: a tripling of the pregnancy rate, increased reports of rape, and increased reports of transactional sex and prostitution. These trends were seen countrywide, but they were strongly associated with internally displaced person (IDP) camps established after the earthquake (UNFPA 2011; Amnesty International 2011; HRW 2011). A considerable percentage of teen pregnancies are linked to rape and postquake entry into prostitution. Postquake, 60 percent of reported rape cases involved minors. Out of 981 pregnant adolescent girls, 64 percent reported becoming pregnant due to rape. About 30 percent of girls did not seek health services after being raped; of those who did, most only had access to a nurse, not a physician. Around 40 percent of rape victims received no postrape counseling; some IDP camps had no social or health services available. Of the 60 percent who received counseling, much of it was informal, from family, friends, midwives, herbalists, or *vodouists*. Out of 1,251 pregnant girls, 37 percent reported trading sex for shelter and food. More than 90 percent of pregnant girls reported having no income, employment, clean water, or food (PotoFi 2012).

Reproductive health and family planning services were insufficient before the earthquake and are nonexistent in some areas postquake. Due to increases of rape and transactional sex, some experts are concerned that many women and girls are seeking dangerous abortions. Abortion is illegal in Haiti, carrying stiff penalties for anyone seeking or performing one; however, 43 percent of 843 girls interviewed who became pregnant from rape

reported wanting to end the pregnancy. Only 143 girls reported attempting to end the pregnancy using either pills or herbs (PotoFi 2012). Family planning services exist for only 52 percent of married or in-union Haitian girls aged 15–19: “Not even half of the demand for family planning among married or in-union girls” is satisfied (Oso-timehin 2013, para. 4). Haitian girls likely began entering marriages or unions at a younger age due to pregnancy or the economic crisis caused by the earthquake. This has led experts to suggest that “a generation of Haitian girls was losing its future as a result of rape and its consequences: unwanted, early pregnancies, rumored abortions, school dropouts, increased selling of sex, and mental health problems including depression, post-trauma, and attempted suicide” (PotoFi 2012, 3).

Child Labor

In 2014, 34.4 percent of children ages 5–14 were working, up from 21 percent in 2006 (CIA 2016; USDL 2014). Parents that are unable to provide for their children send them to orphanages or to live with other families, who are expected to provide food, shelter, and education in exchange for work. Some children receive these benefits, but many become domestic workers (*restavèks*) and can be victims of labor exploitation and abuse. Approximately 225,000 Haitian 5- to 17-year-olds are *restavèks*; 80 percent are girls. On average, *restavèks* work 10–14 hours a day unpaid. They are typically underfed; an average 15-year-old *restavèk* weighs 44 pounds (20 kg) less and is 1.5 inches (4 cm) shorter than a non-*restavèk* (Adwar 2014). The large numbers of unaccompanied minors in IDP camps are particularly vulnerable to forced labor or trafficking (HRW 2011).

Haiti was downgraded to Tier III status in the U.S. State Department’s 2016 report on human trafficking. This indicates that Haiti neither complies with minimum standards in prevention and response, nor has significant progress to come into compliance been made (Schaaf 2016). Children are trafficked internally and to the Dominican Republic. Children crossing the border illegally are often accompanied by adults who are paid to pretend to be their guardians. Some children are reunited with relatives in the Dominican Republic; others are illegally recruited by employers.

Many Haitian births are unregistered, and the earthquake destroyed much of the official identity documentation. Identification documents are required to enter into

employment, gain access to the justice system, and receive social services. The lack of identifying documents and a minimum employment age makes protecting children against labor violations difficult.

Additionally, children often cannot access social and educational services. In 2014, Haiti adopted an antitrafficking law that criminalized human trafficking; however, no prosecutions have occurred (Adwar 2014). Additionally, Haiti ratified several UN protocols concerning child protection (USDL 2014). Advocates recommended that Haiti heighten legal and legislative actions and resources against those responsible for child servitude and trafficking. They also recommend training for police, prosecutors, judges, and diplomatic personnel who deal with issues of child servitude and trafficking; nongovernmental organizations (NGOs) could provide valuable resources and expertise in such areas, and Haiti could benefit from such partnerships. The Haitian government should endeavor to educate the public about children's rights to education and freedom from slavery to combat societal tolerance of child domestic servitude. Such efforts should be one of several aimed at addressing the vulnerabilities that lead to child domestic servitude in the first place (Schaaf 2016).

Education

Haitian education lacks the quality and access required for sustained social and economic development. The large number of school-age children compared to the total population places a significant strain on the educational system (Theirworld 2016). In 2011, Haiti initiated free universal education. Despite recent government efforts, challenges in funding, teacher training, and access remain. There are insufficient public schools, and many teachers lack official credentials (HRW 2011; USAID 2016a). The earthquake damaged or destroyed about 4,000 schools, causing a prolonged interruption in education for about 2.5 million children. Currently, about 200,000 children do not attend school, especially in rural areas. Out-of-school children are at risk of child labor or trafficking (USDL 2014).

Preprimary and Primary Education

Preschool is not compulsory, and only 23 percent of children under the age of six have access. Most preschools are private and expensive, making them prohibitive to most families. Primary school is compulsory for children 6–11 years old and consists of three cycles of three years each. Primary school enrollment has improved; prior to 2010,

only about 50 percent of children attended primary school compared to roughly 75 percent in 2016. Enrollment varies by location and is at 68 percent in the northeast compared to 86 percent in Port-au-Prince. About 145 school districts lack a public school. An average Haitian adult has less than five years of schooling. Many children drop out before completing basic education; only 50 percent of children who start first grade complete grade six.

Haiti has one of the shortest school days in the world. Officially, there are less than five hours of school per day, and in practice frequently less; only about 57 percent of possible school days per year actually occur (Theirworld 2016). High dropout and low enrollment rates are due to economic hardships, high repetition rates, and linguistic barriers; they are not reflective of a disinterest or disregard for education (Luzincourt and Gulbrandson 2010).

Haiti's education needs are only 15 percent funded, and just 10 percent of total public spending went to education in 2010, compared to 22 percent in the mid-1990s. While the constitution guarantees a free primary education, most schools charge fees for books, uniforms, and attendance. School fees are prohibitively expensive for low-income families, the majority of Haiti's population. About 85 percent of schools are privately managed. They receive minimal government oversight and are expensive (USAID 2016). Fourteen percent of schools have a library; this drops to 8 percent in rural areas. About 75 percent of schools lack electricity, and 59 percent lack water. These conditions reduce the quality of teaching and learning, reducing the chances that families will send their children, particularly girls, to school (Theirworld 2016). On average, Haitian girls attend school until the age of seven, when they are often pulled out to assist with household chores or to save tuition (WomenOne 2015). Some families have resorted to making children take turns going to school, essentially sharing one education across multiple children (Luzincourt and Gulbrandson 2010).

The overall literacy rate in 2015 was 60.7 percent. This was higher in men (64.3%) than women (57.3%) (CIA 2016). In some areas, 76 percent, 49 percent, and 29 percent of first, second, and third graders, respectively, could not read a single word of Creole. Pass rates in the final year of primary school are 30.5 percent in French, 69 percent in mathematics, and 78 percent in Creole. Such poor academic outcomes are related to the shortage of qualified teachers. Half of public-sector teachers lack basic qualifications, and 80 percent have not received any preservice training. Less than 12 percent of primary school teachers

have completed all of their education and training (Theirworld 2016). Many schools utilize outdated curricula and lack materials, proper management, and organization. In addition, linguistic barriers exist. While most Haitians speak Creole, French, the principal written and administrative language, is the language of instruction. French is the language of the upper class, so not providing instruction in Creole discriminates against students from a low socioeconomic class (Luzincourt and Gulbrandson 2010).

Secondary, Vocational, and Higher Education

Students who complete primary school are awarded a Brevet élémentaire du Premier Cycle (BEPC). Only 29 percent of students complete the BEPC and go on to upper secondary school; 75 percent of these children attend private schools, which charge fees. About 90.5 percent of secondary schools are private, and 78 percent are located in urban areas. Upper secondary studies offer academic and vocational tracks. All tracks are three years and culminate with an examination leading to the Baccalauréat required for admission to postsecondary education (SPANTRAN 2015). Only 22.4 percent of adult women have reached a secondary or higher level of education, compared to 35.2 percent of males (UNDP 2015).

Students can choose to begin vocational training rather than complete the BEPC. Vocational options include technical education, professional education, housework skills, and professional training. Programs last 3–4 years. About 40 programs exist, and half are private. As of 2011, about 21,000 students took vocational training. Around 50 institutions offer secondary technical education, but only 4 are public. About 140 family centers offer two- to three-year programs in clothing, cooking, and housework. Most students are adult women, and there is no age restriction. Located in elementary schools, most operate in poor conditions with almost no equipment. Over 200 private institutions, covering 24 occupations, offer professional training to students who have completed 10–11 years of education or to current workers wishing to acquire new skills.

Haiti has 4 regional public universities and 4 additional public institutions, each associated with their respective ministries, and about 200 private institutions (80% in Port-au-Prince). Public and private institutions require fees. The State University of Haiti, located in Port-au-Prince, is the largest with about 10,000 students. Between 100,000 and 180,000 students are enrolled in

higher education. University resources and facility shortages have been exacerbated by various government efforts to control or censor student activities. Such conflicts have resulted in mass demonstrations, university closings, and property destruction (Luzincourt and Gulbrandson 2010).

Health

“Haiti reports some of the world’s worst health indicators; these numbers reflect a reality, which continues to inhibit citizens’ full participation in the development of a prosperous and stable nation” (USAID 2016b, 1). The already weak health system was further debilitated by the 2010 earthquake, which destroyed 50 health centers, two-thirds of the main teaching hospital, and the Ministry of Health. Months later, the health system was further taxed by a cholera outbreak.

Access to Health Care

Haiti lacks a coordinated health care system. Existing facilities are inadequate, and medical staff, support staff, equipment, and treatment options are insufficient (Ekine 2013). About 40 percent of Haitians lack access to essential health services. Overall life expectancy is 63.5 years: 62 years for men and 65 years for women. Only 45 percent of two-year-olds are fully vaccinated. In 2012, 11.6 percent of children under five years old were underweight; in 2016, 22 percent were reported as “stunted.” Attracting and retaining qualified health professionals is challenging; there are about 4 health professionals per 10,000 people. In 2007, there were only 1.3 hospital beds per 1,000 people. Public health care expenditure is the lowest in the Western Hemisphere, 9–10 percent of the gross domestic product (GDP), resulting in heavy reliance on foreign aid (CIA 2016; USAID 2016b).

Maternal Health

In 2015, the maternal mortality rate was 380 deaths per 100,000 live births, a decrease since 2008. The mean maternal age at first birth is 22.7 years, a decrease since 2012. The total fertility rate is 2.69 children born per woman; the adolescent fertility rate is 42 per 1,000 live births. The 2012 contraceptive prevalence rate was 34.5 percent. Infant mortality is 48 deaths per 1,000 live births overall: 52 deaths for males and 44 deaths for females (CIA 2016; UNDP 2015).

Adequate resources to educate and provide care for pregnant women are lacking. For varying reasons, Haitian

women die from obstetric-related complications more often than those in any developed country (Fischer 2016). Most births occur at home; yet, there is only one midwife per 1,000 births (UNFPA 2014; Mellgard 2015). Most post-natal deaths occur because women delay seeking treatment or do not have access to a treatment center. Many treatment centers lack necessary resources or skilled health care professionals. Pregnant women are at risk of death due to AIDS and intestinal infections (Fischer 2016). The leading causes of infant mortality include acute diarrheal disease, intestinal infectious diseases, perinatal infections, malnutrition, and acute respiratory infections (WHO and PAHO 2010).

Several folk diagnoses pose risks to pregnant women and new mothers. For a month after giving birth, mother and baby remain secluded, and women close to the mother provide for her needs. *Vodouists* believe this prevents rapid disequilibrium of the mother's body, which can be passed to the baby, resulting in tetanus or diarrhea. *Vodouists* also believe that distress, fright, or negative emotions can cause the mother's milk to spoil, resulting in diarrhea or skin rashes. Milk spoilage can lead to milk thickening, which is thought to cause maternal depression and impetigo in the infant (WHO and PAHO 2010). Many Haitians also believe in *pèdisyon* (perdition), a condition in which it is believed that a woman can remain pregnant longer than normal, from 10 months up to several years. *Vodouists* believe a priest or priestess can use magic to divert uterine blood from a fetus, leaving it in a state of arrested development. Once cured, gestation is believed to resume.

Some health professionals view this as an erroneous folk diagnosis used to explain infertility. Women are not considered adults until becoming mothers, and infertility can result in lack of economic support from a conjugal partner, making *pèdisyon* a practical solution for some women (Coreil et al. 1996). Others feel that the belief may stem from the large proportion of women affected by arrested pregnancy syndrome, a recognized psychosomatic condition, which can develop after repetitive miscarriages. Fetomaternal Rhesus incompatibility often leads to miscarriage and is common in Haiti; yet, it is often undiagnosed and untreated (Moise 2015).

Diseases and Disorders

Haiti has the highest incidence of HIV/AIDS outside of Africa. The epidemic began in the early 1980s due to sex tourism and inadequate health education. After introduction,

the virus rapidly spread, particularly among women. Since 1985, heterosexual intercourse has been the dominant mode of transmission. The prevalence rate for adult HIV/AIDS in 2014 was 1.93 percent, a decrease since the mid-1990s, when it peaked at 8 percent in Port-au-Prince and 4 percent in rural areas. This drop is likely due to the successful international response to the epidemic, which focused on education, prevention, screening, and access to antiretroviral therapy (ART) (Koenig et al. 2010). In 2014, 62,602 Haitians received ART (CDC 2015). HIV remains a concern; annually, 5,000 Haitian babies are born infected with HIV, and AIDS causes about 20 percent of infant deaths and has orphaned 200,000 children (CIA 2016).

Cholera broke out in October 2010, and Haiti experienced its first cholera epidemic in a century. Cholera is an acute diarrheal disease caused by the bacteria *Vibrio cholera*; if left untreated, it can be fatal. Transmission is linked to inadequate sanitation and a lack of clean water. Cholera is treatable through prompt administration of oral rehydration salts; more severe cases require intravenous fluids and antibiotics (WHO 2016). Cholera spread rapidly due to initial misdiagnosis, lack of available treatment, and inadequate medical infrastructure. The ongoing epidemic has affected about 770,000 people (8% of the population), killing around 9,200. It is the largest cholera epidemic in modern history (Knox 2016). The epidemic is likely a direct result of the earthquake and the heavy rains that followed; subsequent heavy rains and natural disasters continue to perpetuate the epidemic. Roughly 2 million people were forced into overcrowded IDP camps, where living conditions were poor; maintaining proper hygiene and accessing clean water and food were impossible for many.

The suspected source of the epidemic is the Artibonite River; Haitian suspicions centered on a UN military base that housed Nepalese peacekeepers. Base neighbors reported that human waste often spilled into the river. DNA fingerprinting of cholera samples from Haitian patients identified the strain as one found in South Asia. Only after intense international pressure did the United Nations investigate the outbreak, concluding that substantial evidence indicated that Nepalese peacekeepers had brought cholera to Haiti. The United Nations is currently being sued by the Boston-based Institute for Justice and Democracy in Haiti on behalf of cholera victims. The group believes the United Nations should be penalized for its role in the epidemic and is asking the United Nations to install a national water and sanitation system throughout Haiti, to pay reparations to victims and families, and

to publicly apologize. The United Nations contends that it has immunity from lawsuits due to international treaties. The plaintiffs contend that the United Nations forfeited its legal immunity when it failed to launch an internal process to adjudicate the plaintiffs' claims (Amnesty International 2015; Knox 2016). In August 2016, the United Nations finally acknowledged that it was at least partially responsible for the cholera outbreak (MacDonald 2016).

Employment

Haiti is a free-market economy in which jobs are scarce and low quality. The 2010 earthquake caused the loss of almost 90,000 jobs (Springer 2011). There is a shortage of skilled labor that resulted in widespread unemployment and underemployment; more than 66 percent of the labor force lack formal employment. Unemployment is particularly high for women and young people. Almost 70 percent of heads of poor households have jobs, compared to 73 percent of those in nonpoor households. Wages are typically insufficient to pull a family out of poverty (Scot and Rodella 2016). About 40 percent of Haitians depend on the agricultural sector, which is vulnerable due to frequent natural disasters and widespread environmental damage. U.S. economic engagement has increased apparel exports and investment; 2015 apparel exports accounted for about 90 percent of Haitian exports and more than 10 percent of GDP (CIA 2016). However, this industry is widely criticized for low pay, poor working conditions, and long shifts. Additionally, many companies are foreign, making it difficult to track compliance with Haiti's labor laws (Springer 2011).

Currently, Haiti is the poorest country in the Western Hemisphere; 80 percent live under the poverty line. The 2010 earthquake inflicted USD\$7.8 billion in damage; 2011 showed some recovery (mainly due to foreign aid), and GDP growth rose to 5.5 percent. However, this growth slowed in 2015 to 2 percent due to political unrest, severe drought, and the depreciation of the national currency. The Haitian government relies on formal international economic assistance for fiscal sustainability; over 20 percent of its annual budget comes from foreign aid or direct budget support (CIA 2016).

Women at Work

Female labor market participation is 60.9 percent, compared to 71 percent for men (UNDP 2015). Urban female unemployment is almost 50 percent, compared to

30 percent for men; rural unemployment is less overall (27%), but the gender gap is just as high as in urban areas. Many "employed" women are truly unpaid family workers. Self-employed individuals are mainly women; however, male-run businesses perform better. Male-run businesses attain 40 percent higher revenues and are 13 percent more likely to rank in the 30 top-performing Haitian businesses (Scot and Rodella 2016).

Rural women mainly work in agriculture, often playing complementary roles with men (partner work). Men are responsible for farming, tilling, and heavy machinery, while women assist with harvesting and weeding. Rural women also take products such as tobacco, produce, and fish to markets for sale, and many are full-time market traders. Traders often specialize in a particular commodity and become *marchann*, traveling and redistributing trade goods to small-scale vendors. Such women have the potential to become economically independent; however, many continue to serve in traditional household and child care roles. Most professionals (doctors, teachers, school administrators, spiritual leaders) are men, although women have made progress, particularly as advanced nurse practitioners, who are exclusively women (Haiti Net 2016).

Haitian law provides for equal working conditions regardless of gender, beliefs, or marital status; however, it does not explicitly prohibit sexual harassment, which is common. There are no laws prohibiting gender discrimination in hiring or ensuring equal pay (World Bank 2016). Women earn over 30 percent less than men after controlling for observable characteristics (Scot and Rodella 2016). Law mandates a minimum 42-day maternity leave with 100 percent pay (World Bank 2016).

Family Life

Nuclear families are typical, although there may be adopted children, young relatives, or elders as well. Haiti is a patriarchal society where men are typically viewed as heads of the households. The husband is considered the homeowner and is expected to plant gardens and tend livestock. Women are traditionally nurturers, handling domestic duties and child care. A faithful woman cannot be expelled from a household and is considered the property manager and decision maker regarding revenue from the sale of produce and household animals. Men enjoy more social freedoms than women, although women of the elite class have equivalent social status to women in developed countries (Advameg 2016; Cook Ross, Inc. 2010).

Familial relationships are highly salient; consequently, Haitian families tend to have strong ties. Elders often help raise grandchildren, and family members are expected to care for their elders; placing aging relatives into nursing homes is not socially acceptable. A Haitian family has a reputation that impacts its status and respect within society; everything that an individual does reflects and weighs upon the family. Children are expected to be well behaved, respectful, and obedient. Ill-mannered children are considered embarrassments to their families. Physical punishment is a typical form of discipline (Cook Ross, Inc. 2010).

Courtship and Marriage

Young Haitians typically do not date until their late teens; however, teenagers are increasingly sexually active. Men initiate dating; women who do so are viewed as immoral. While dating, the man typically visits a woman at her home and becomes familiar with her family. Couples may also go to dance clubs, movies, or other social events. After several years, a proposal is expected. Traditionally, a woman's father is asked for permission, but such practice is lessening. Most parents do not influence dating or marriage anymore. They expect children to choose spouses from respectable families of similar social status (Advameg 2016; Brice Foundation 2016).

The minimum legal age for marriage is 15 for women and 18 for men. Marriage is expected among the elite to middle classes, but less than 40 percent of the poor legally marry. Wedding costs are the responsibility of the groom or his family. There is no bride-price or dowry, although women are expected to bring certain domestic items to the new household. Urban couples usually have a church wedding followed by a reception where guests typically eat, dance, and socialize until late in the evening (Advameg 2016; Brice Foundation 2016).

Early marriage is more common in rural areas than in urban areas. Couples often cohabit and have children until they save enough money for the wedding and reception. Rural or poor couples may enter into common-law arrangements known as *plasaj*. The husband and wife often make an explicit agreement on the roles each will fulfill. Frequently, the husband agrees to cultivate at least one plot of land, while the wife agrees to perform household tasks, including child care, cooking, and cleaning. With or without legal marriage, a union is recognized as complete once a man has provided a home for a woman

and their first child is born. Couples typically live on property belonging to the man's family (Advameg 2016; Brice Foundation 2016).

In some rural areas, polygamy is practiced, and about 10 percent of married Haitian men have multiple wives. Polygamy is illegal but generally recognized and accepted within communities. The women often live with their children in separate households, although they typically acknowledge each other and may cohabit. It is not unusual for married men (particularly if they are wealthy) to have girlfriends and children out of wedlock, a practice attributed to the desire for a son. Women are expected to remain faithful to their husbands. Divorce is rare; however, separation is common, especially once a couple's children are raised. If separation or divorce occurs while children remain at home, they typically live with the mother or move in with other relatives (Advameg 2016; Brice Foundation 2016).

Politics

Haiti is a semipresidential republic and has a multiparty system with a civil law system strongly influenced by Napoleonic Code. There have been 23 versions of the constitution; the latest was adopted March 10, 1987, and was amended in 2012. The chief of state is the president, and the head of government is the prime minister. The president is directly elected by absolute majority popular vote, in two rounds if needed, for a five-year term; the president is eligible for a single nonconsecutive term. Suffrage is universal at age 18. The president appoints the prime minister from the majority party. The prime minister appoints ministers and secretaries of the cabinet, who must be ratified by the legislature. A bicameral legislature consists of the 30-member *le Senat* (Senate) and the 118-member *la Chambre de deputes* (Chamber of Deputies). *Le Senat's* members are directly elected in multiseat constituencies by absolute majority vote, in two rounds if needed; members serve six-year terms. The members of *la Chambre de deputes* are directly elected in single-seat constituencies by absolute majority vote, in two rounds if needed; members serve four-year terms. When the two meet collectively, it is known as *L'Assemblée Nationale* (National Assembly). There are 50 recognized political parties (CIA 2016).

Women's Movement

Haiti's long history of women's activism began in 1792 when Cecile Fatiman, *vodou mambo*, helped lead the ceremony that launched the slave rebellion, which ultimately

led to Haiti's independence from France. Other Haitian women were active in the rebellion, poisoning slave owners, creating subterfuge on plantations, participating in marronage, and escaping from plantations to join rebel fighters (Bell 2010).

Advocacy for women's rights has been traced to 1820, when a group of elite women successfully abolished the law designating all women as minors. The second wave of the Haitian feminist movement began in the 1930s when the Feminine League for Social Action formed. This, and other advocacy groups, won legal and constitutional rights for women, including the right to hold elective offices (other than the presidency) in 1944 and suffrage in 1950, although electoral fraud and political repression denied true, full suffrage for men and women until 1990. These first- and second-wave feminist movements were composed of elites and intellectuals; poor peasant women (the majority) were not included and remained socially disenfranchised (Bell 2010).

During the brutal, repressive dictatorships of François "Papa Doc" Duvalier (president of Haiti 1957–1971) and Jean-Claude "Baby Doc" Duvalier (president of Haiti 1971–1986), all women were denied political freedoms—a huge step back in women's progress. Such a dramatic loss of freedoms spurred the merging of the women's movement with the antidictatorship movement by 1965. The contemporary (third wave) Haitian feminist movement began in 1986, when the three-decade Duvalier regime ended. Today's movement includes women from all social classes. The demotion in women's rights under the Duvaliers placed all women, regardless of social class, on equal political footing, which brought women of all social classes together in the fight for equality and social justice (Bell 2010).

Haitian women continue to experience male opposition to their political participation and organization. Women are sometimes barred from meetings and organizations, prevented from leaving home, or prevented from becoming engaged. More extreme measures, such as assassination, abduction, arrest, torture, and payback or punishment rape, have been utilized to silence and repress women. Women have overcome such barriers by meeting in secret and organizing autonomous groups focused on emphasizing their needs and rights within the larger social and economic justice movements (Bell 2010).

Over the past decade, women's political potential has grown through new partnerships and coalitions. For example, the National Coalition to Advocate the Rights

of Women (CONAP) is a group of 11 feminist organizations. Other coalitions of groups organize to address issues of violence against women or to represent women of low socioeconomic class. Such coalitions have successfully advocated for new laws protecting women from discrimination and violence. Continued lobbying to increase rights for domestic workers, paternal responsibility, and civil and property protections for women in common-law marriages are more recent foci (Bell 2010).

Haitian women lost a great deal of ground covered by these women's movements due to the devastation of the 2010 earthquake. The economic status of the majority, already poor, has been downgraded. The government's already weak ability to enforce women's rights has become almost nonexistent. Gender consciousness—both of men and women—has declined as other needs take priority (Bell 2010). Unfortunately, the earthquake claimed the lives of several notable women's rights advocates and leaders, including Myriam Merlet, Magalie Marcelin, and Anne Marie Coriolon. Merlet, the chief of staff of Haiti's Ministry for Gender and the Rights of Women and an activist author, returned to Haiti to fight for women's rights after having fled the Duvalier reign. She founded Enfofam, an organization that raises awareness about and honors women through media and collecting stories. Marcelin, a lawyer and actress, established Kay Fanm, a women's rights organization that deals with domestic violence, offers services and shelter to women, and makes micro-credit loans available to women entrepreneurs. She and Coriolon served as top advisers to the women's rights ministry. Coriolon founded SOFA, another women's advocacy and services organization. Her activism helped bring rape to the forefront of Haitian courts, where it had traditionally been dismissed as a crime of passion (Ravitz 2010). Without strong activist leaders such as these women, the future of Haiti's feminist movement may see slower or less success.

Women's Quota

In 2011, *L'Assemblée Nationale* approved several constitutional amendments, including Article 17.1, which states, "The principle of quota of at least thirty percent (30 percent) of women is recognized at all levels of national life, especially in public services" (Mika 2015 para.7). Article 30.1.1 of the Electoral Decree requires political parties to introduce measures to enforce this minimum quota for women. Article 92.1 grants a 40 percent reduction in

registration fees for political parties with at least 30 percent female candidates. Article 129 offers a 25 percent increase of state funding in the following electoral campaign to political parties with at least 50 percent female candidates of which half are successfully elected. However, the Electoral Decree does not stipulate penalties for non-compliance, and neither it nor the constitutional quota are enforced.

In 2015, only 8 percent of registered legislative and 9 percent of presidential candidates were women (Mika 2015). In 2016, the United Nations recognized Haiti as one of five countries with no women seated in parliament. Currently, just three women ministers serve in the cabinet, less than 19 percent (iciHaiti.com 2016b). In 2010–2011, former first lady Mirlande Manigat stood for presidential election and reached the second round, where she lost to Michel Martelly (Shaw 2013). In 2011, Martelly proposed subsuming the Ministry of Women's Affairs and Women's Rights (MWAWR) into the Ministry of Social Affairs, but he retracted due to opposition from women's groups. The MWAWR formulates and implements policies to improve gender equality, but it is underfunded (Shaw 2013). Many women work in public service as heads of agencies and in middle to senior management roles; however, key leadership positions are almost exclusively held by men (Lassegue 2012). There have been two female prime ministers. Claudette Werleigh served from 1995 to 1996 (University of San Diego 2016), and Michele Pierre-Louis served from 2008 to 2009 (Shaw 2013).

Religious and Cultural Roles

About 55 percent of Haitians are Roman Catholic, the country's official religion. Almost 30 percent are Protestant, mainly Baptist (15.4%) and Pentecostal (7.9%). Small populations practice Islam, Baha'i, Judaism, Buddhism, and *vodou* (CIA 2016).

Haitian Vodou

Many Haitians incorporate elements of *vodou* into another religion, most often Roman Catholicism. Haitian *vodou* has West African roots and originated during colonial times, when slaves were forcibly converted to Christianity. Because their native religious practices were suppressed, slaves disguised their *loa* (spirits) with Catholic saints (Gordon 2000). Such amalgamation of different religions, cultures, or schools of thought is referred to as *syncretism*.

Due to syncretism between Catholicism and *vodou*, it is difficult to estimate the number of *vodouists* in Haiti; however, it was recognized as an official religion in 2003 (CIA 2016).

Vodouists believe in *Bondye*, the supreme creator, who does not intercede in human affairs; therefore, they directly worship *loa*, spirits subservient to *Bondye*. When *vodou* came into contact with Roman Catholicism, *Bondye* was associated with the Christian God and each *loa* with a particular Catholic saint. Every *loa* is responsible for a particular aspect of life. *Vodouists* cultivate personal relationships with *loa* through offerings, personal altars, devotional objects, and participation in ceremonies involving music, dance, and spirit possession (Brown 2001).

In *vodou*, the soul is dualistic, consisting of the *gros bon ange* (big good angel) and the *ti bon ange* (little good angel). The *gros bon ange* is responsible for basic biological functions, and the *ti bon ange* is the source of personality, character, and willpower. To *vodouists*, the latter is essential for survival of individual identity; however, it is believed unnecessary to keep the body functioning biologically for continued existence. Therefore, cultivating *gros bon ange* is not as vital. *Vodouists* revere death, believing it to be a transition, not an ending. This is why *vodouists* believe that they can continue to commune with ancestors as well as *loa* through ceremonies, offerings, and altars (Thomas 2013).

Houngans (male priests) or *mambos* (female priests) are believed to be chosen by the dead and receive divination from deities while possessed. *Vodou* does not assign particular responsibilities or limitations based on sex; only titles differ. The religion has gender parity. *Houngans* and *mambos* utilize the symbolic *asson*, or rattle, during ceremonies. The *asson* is traditionally held by *houngans* or *mambos*, along with a *clochette*, or bell. Inside of the *asson* are stones and snake vertebrae, and the outside is covered with a netting of porcelain beads (Rigaud 2001).

Ceremonies take place inside a *hounfour*, or *vodou* temple. After one to two days of preparation (i.e., creating altars, ritual cooking), the service begins with prayers and songs, followed by a litany of the saints and *loa* honored by the particular *hounfour*, and then a series of verses for all the main spirits of the house. Afterward, songs for all the individual *loa* are sung. While singing, participants believe spirits visit and possess individuals, speaking and acting through them. Each *loa* is saluted and greeted and provides assistance to those who ask (Kilson and Rotberg 1976). *Vodouists* believe that if all taboos imposed by their

particular *loa* are followed and all offerings and ceremonies are conducted faithfully, the *loa* will aid them. Ignoring one's *loa* can result in sickness, crop failure, death, and other misfortunes (Simpson 1978). Such ceremonies often last throughout the night and may involve animal sacrifice.

Vodou practice is diverse; small details of service and the *loa* served vary between *hounfours*. There is no central authority in Haitian *vodou*; each *mambo* or *houngan* heads her or his own *hounfour*. Within their homes, *vodouists* may have tables set out for ancestors and the *loa*. These typically have a white candle, a glass of water, and flowers, although pictures or statues of *loa*, perfumes, foods, and other items believed favored by *loa* are not uncommon. Cemeteries and crossroads are also meaningful places for worship (Michel 1996).

Vodou is commonly mistakenly associated with Satanism, witchcraft, black magic, zombies, and voodoo dolls. Such misconceptions are perpetuated or exploited by Western popular culture, a practice that stems from a popular myth that the slaves were able to defeat the French during the Haitian Revolution because their *vodou loa* made them invincible through a pact with Satan (Shen 2015).

Issues

In addition to the many social, economic, political, and environmental issues that Haitian society faces, the Haitian LGBT community contends with additional concerns about their status.

LGBT Rights

Adult same-sex activity has been legal since 1986; however, Haiti does not recognize same-sex marriages or civil unions. In 2013, a protest of more than 1,000 Christian and Muslim Haitians occurred in Port-au-Prince. The protest was reported as a response to a proposal to legalize same-sex marriage; yet, no such proposal existed. During the week of the protest, about 50 homosexual men were beaten by armed gangs, but no arrests resulted (Reid-Smith 2013). The constitution does not prohibit discrimination due to sexual orientation or gender identity, and there are no laws that prohibit such discrimination or hate crimes. The constitution does make certain guarantees to all citizens, including a right to health care, housing, education, food, and social security (Republic of Haiti 1987).

LGBT Haitian crime victims are frequently treated poorly by police. Amnesty International (2016) reports that

LGBT rights organizations were permitted to contribute to training new police recruits; however, no similar training was organized for existing officers. Attacks against LGBT people are not uncommon and are typically not investigated (Amnesty International 2016). Justification for such harassment and abuse stems from traditional gendered attitudes and religious mores. Most Haitians have strong ties to a religion that views homosexuality negatively; therefore, LGBT people are often viewed as immoral, and supporting their rights is seen as in opposition to God.

The 2010 earthquake exacerbated the challenges LGBT Haitians already faced. Religious leaders and public opinion blamed the *masisi* (a derogative term for homosexual) and other “sinners” for incurring God's wrath, causing the earthquake. LGBT individuals suffered attacks and harassment due to this widespread belief. Similar attacks occurred against *vodou* practitioners, as a significant number of *vodouists* are believed to be *masisi*. Many Haitian LGBT individuals find it easier to be open about sexuality and gender expression within *vodou* culture, which possesses little discrimination against LGBT people. Discrimination and violence were common in IDP camps. Gay and bisexual men reported the need to affect a more masculine demeanor to avoid harassment, being denied access to emergency housing, health care, or enrollment in food-for-work programs. Lesbian women reported that sexual violence and “corrective” rape were common in IDP camps; the rape of LGBT men and women in or near IDP camps was widely documented (IGLHRC & SEROvie 2011).

AMANDA L. ESPENSCHIED-REILLY

Further Resources

- Advameg. 2016. “Haiti.” Retrieved from <http://www.everyculture.com/Ge-It/Haiti.html>.
- Adwar, Corey. 2014. “Why Haiti Is One of the Worst Countries for Child Slavery.” Business Insider, September 3. Retrieved from <http://www.businessinsider.com/flawed-arrangement-turns-haitian-restaveks-into-slaves-2014-8>.
- Amnesty International. 2011. “Haiti: Human Rights Concerns in Haiti.” Submission to the UN Universal Periodic Review. Retrieved from http://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/HTI/INT_CCPR_NGO-HTI_105_8994_E.pdf.
- Amnesty International. 2015. “Haiti: Five Years On, No Justice for the Victims of the Cholera Epidemic.” Public Statement, October 14. Retrieved from <https://www.amnesty.org/en/documents/amr36/2652/2015/en>.
- Amnesty International. 2016. “Haiti 2015/2016.” Retrieved from <https://www.amnesty.org/en/countries/americas/haiti/report-haiti>.

- Bell, Beverly. 2010. "A History of Haitian Women's Involvement." *Huffington Post*. Retrieved from http://www.huffingtonpost.com/beverly-bell/a-history-of-haitian-wome_b_493305.html.
- Brice Foundation. 2016. "Our Culture and Tradition." Retrieved from <http://www.bricefoundation.org/#!haitian-culture-and-tradition/c5ew>.
- Brown, Karen. 2001. *Mama Lola: A Vodou Priestess in Brooklyn*. Berkeley: University of California Press.
- CDC (Centers for Disease Control and Prevention). 2015. "Haiti." Retrieved from <http://www.cdc.gov/globalaids/global-hiv-aids-at-cdc/countries/haiti/default.html>.
- CIA (Central Intelligence Agency). 2016. "Haiti." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/ha.html>.
- Cook Ross, Inc. 2010. "Background on Haiti & Haitian Health Culture." Cultural Competence Primer. Retrieved from <http://www.cookross.com/docs/haiti.pdf>.
- Coreil, Jeannine, Deborah Barnes-Josiah, Antoine Augustin, and Michel Cayemittes. 1996. "Arrested Pregnancy Syndrome in Haiti: Findings from a National Survey." *Medical Anthropology Quarterly* 10.3: 424–436.
- Danticat, Edwidge. 2011. "A Year and a Day." *The New Yorker*, January 17. Retrieved from <http://www.newyorker.com/magazine/2011/01/17/a-year-and-a-day>.
- Ekine, Sokari. 2013. "Haiti's Struggling Healthcare System." Retrieved from <https://newint.org/blog/2013/02/25/haiti-healthcare>.
- Fischer, Justine. 2016. "Gender in Haiti." Haiti Net. Retrieved from <http://www.northeastern.edu/haitinet/gender-in-haiti>.
- Gordon, Leah. 2000. *The Book of Vodou*. Hauppauge, NY: Barron's Educational Series.
- Haggerty, Richard. 1989. "Haiti: A Country Study." Washington, D.C.: Library of Congress.
- Haiti Net. 2016. "Gender in Haiti." Retrieved from <http://www.northeastern.edu/haitinet/gender-in-haiti>.
- HRW (Human Rights Watch). 2011. "Nobody Remembers Us." Retrieved from <https://www.hrw.org/report/2011/08/19/nobody-remembers-us/failure-protect-womens-and-girls-right-health-and-security>.
- iciHaiti.com. 2016a. "Haiti One of the 5 Countries in the World without Women in Parliament." Retrieved from <http://www.icihaiti.com/en/news-16872-icihaiti-politic-haiti-one-of-the-5-countries-in-the-world-without-women-in-parliament.html>.
- iciHaiti.com. 2016b. "Less Than 19% Women in Ministerial Cabinet." Retrieved from <http://www.haitilibre.com/en/news-16986-haiti-politic-less-than-19-women-in-ministerial-cabinet.html>.
- IGLHRC and SEROVie (International Gay and Lesbian Human Rights Commission and SEROVie). 2011. "The Impact of the Earthquake, and Relief and Recovery Programs on Haitian LGBT People." Retrieved from <http://www.iglhrc.org/sites/default/files/505-1.pdf>.
- Kilson, Martin, and Rotberg, Robert. 1976. *The African Diaspora: Interpretative Essays*. Cambridge, MA: Harvard University Press. Retrieved from <https://www.usip.org/sites/default/files/sr245.pdf>.
- Knox, Richard. 2016. "Why the UN Is Being Sued over Haiti's Cholera Epidemic." Retrieved from <http://www.npr.org/sections/goatsandsoda/2016/03/21/471256913/why-the-u-n-is-being-sued-over-haitis-cholera-epidemic>.
- Koenig, S., L. C. Ivers, S. Pace, R. Destine, F. Leandre, R. Grandpierre, J. Mukherjee, P. E. Farmer, and J. W. Pape. 2010. "Successes and Challenges of HIV Treatment Programs in Haiti: Aftermath of the Earthquake." *HIV Therapy* 4.2: 145–160.
- Lassegue, Marie-Laurence Jocelyn. 2012. "Toward a Female Quota: Supporting Haiti's Newly Adopted Constitutional Amendment." Retrieved from <http://www.idea.int/americas/towards-a-female-quota.cfm>.
- Luzincourt, Ketty, and Jennifer Gulbrandson. 2010. "Education and Conflict in Haiti." Special Report by the United States Institute of Peace.
- MacDonald, Fiona. 2016. "The UN Has Admitted That It Played a Role in the Cholera Outbreak in Haiti." Retrieved from <http://www.sciencealert.com/the-un-has-admitted-it-played-a-role-in-the-cholera-outbreak-in-haiti>.
- Mellgard, Peter. 2015. "A Glimpse of an Everyday Struggle among Haiti's Healthcare Workers." Retrieved from http://www.huffingtonpost.com/entry/haiti-health-care-workers-rural-country_us_55ad3c3fe4b065dfe89eec69.
- Michel, Claudine. 1996. "Of Worlds Seen and Unseen: The Educational Character of Haitian Vodou." *Comparative Education Review* 40.3: 280–294.
- Mika, Kasia. 2015. "Haiti Elections." Retrieved from <http://haitielection2015.blogspot.com/2015/06/despise-mandatory-quotas-women-are.html>.
- Moise, Kenny. 2015. "Pèdisyon: Haitian Myth or Medical Fact?" Retrieved from <http://woymagazine.com/2015/05/12/pedisyon-haitian-myth-or-medical-fact>.
- Osotimehin, Babatunde. 2013. "The Teen Pregnancy Divide." Retrieved from <http://thehill.com/blogs/congress-blog/healthcare/302093-the-teen-pregnancy-divide#ixzz2Ubyc5p6Q>.
- PotoFi Haiti Girls Initiative. 2012. "Gender Aftershocks: Teen Pregnancy and Sexual Violence in Haitian Girls." Final Results of an Adolescent Field Survey. Retrieved from <https://potofi.files.wordpress.com/2012/12/summary-report-poto-fi-girls-gbv-field-survey.pdf>.
- Ravitz, Jessica. 2010. "Women's Movement Mourns Death of 3 Haitian Leaders." Retrieved from <http://www.cnn.com/2010/LIVING/01/20/haitian.womens.movement.mourns>.
- Reid-Smith, Tris. 2013. "Haiti Gangs Beat 47 Gays with Machetes, Sticks, and Cement Blocks." *Gay Star News*. Retrieved from <http://www.gaystarnews.com/article/haiti-gangs-beat-47-gays-machetes-sticks-and-cement-blocks310713/#gs.geny01A>.
- Republic of Haiti. 1987. "1987 Constitution of Haiti." Retrieved from <http://pdpa.georgetown.edu/Constitutions/Haiti/haiti1987.html>.
- Rigaud, Milo. 2001. *Secrets of Voodoo*. New York: City Lights Publishers.

- Schaaf, Bryan. 2016. "Haiti Downgraded to Tier III in 2016 Human Trafficking Report." Retrieved from <http://haiti.innovation.org/en/2016/07/01/haiti-downgraded-tier-iii-2016-human-trafficking-report>.
- Scot, Thiago, and Aude-Sophie Rodella. 2016. "Sifting through the Data: Labor Markets in Haiti through a Turbulent Decade (2011–2012). World Bank Group, Policy Research Working Paper 7562.
- Shaw, Robert. 2013. "Haiti: Women in Politics." Retrieved from <http://www.alterpresse.org/spip.php?article14008#.V5e99tKANBd>.
- Shen, Kona. 2015. "History of Haiti: 1492–1805." Retrieved from <http://library.brown.edu/haitihistory/5.html>.
- Simpson, George. 1978. *Black Religions in the New World*. New York: Columbia University Press.
- SPANTRAN. 2015. "Secondary School Education in Haiti." Retrieved from <https://www.spantran.com/academic-evaluation-services/secondary-school-education-in-haiti>.
- Springer, Elisabeth. 2011. "Labor Rights in Haiti: More Than One Year after the Earthquake." Retrieved from http://laborrights.blog.typepad.com/international_labor_right/2011/05/labor-rights-in-haiti-more-than-one-year-after-the-earthquake.html.
- Sutherland, Claudine. 2015. "Haitian Revolution (1791–1804)." Retrieved from <http://www.blackpast.org/gah/haitian-revolution-1791-1804>.
- Theirworld. 2016. "Haiti." Retrieved from <http://theirworld.org/places/Haiti>.
- Thomas, Kette. 2010. "Haitian Zombie, Myth, and Modern Identity." *CLCWeb: Comparative Literature and Culture* 12.2. Retrieved from <http://docs.lib.purdue.edu/cgi/viewcontent.cgi?article=1602&context=clcweb>.
- UNDP (UN Development Programme). 2015. "Table 5: Gender Inequality Index." Retrieved from <http://hdr.undp.org/en/composite/GII>.
- UNFPA (UN Population Fund). 2011. "One Year after the Earthquake, Haiti's Recovery Proceeds Slowly." Retrieved from <http://www.unfpa.org/news/one-year-after-earthquake-haiti%E2%80%99s-recovery-proceeds-slowly>.
- UNFPA (UN Population Fund). 2014. "The State of the World's Midwifery 2014." Retrieved from http://www.unfpa.org/sites/default/files/pub-pdf/EN_SoWMy2014_complete.pdf.
- University of San Diego. 2016. "Claudette Werleigh of Haiti." Retrieved from <http://www.sandiego.edu/peacestudies/institutes/ipj/programs/women-peacemakers/about/claudette-werleigh.php>.
- USAID (U.S. Agency for International Development). 2016a. "Education Fact Sheet." Retrieved from <https://www.usaid.gov/sites/default/files/documents/1862/Education%20Fact%20Sheet%20FINAL%20%20January%202016%20-2%20page.pdf>.
- USAID (U.S. Agency for International Development). 2016b. "Health Fact Sheet." Retrieved from <https://www.usaid.gov/sites/default/files/documents/1862/Health%20Fact%20Sheet%20FINAL%20Jan%202016.pdf>.
- USDL (U.S. Department of Labor). 2014. "2014 Findings on the Worst Forms of Child Labor: Haiti." Retrieved from <https://www.dol.gov/sites/default/files/documents/ilab/reports/child-labor/findings/2014TDA/haiti.pdf>.
- WHO (World Health Organization). 2016. "Cholera." Retrieved from <http://www.who.int/mediacentre/factsheets/fs107/en>.
- WHO and PAHO (World Health Organization and Pan American Health Organization). 2010. "Culture and Mental Health in Haiti: A Literature Review." Geneva, Switzerland: WHO. Retrieved from http://apps.who.int/iris/bitstream/10665/70773/1/WHO_MSD_MER_10.1_eng.pdf.
- WomenOne. 2015. "Barriers to Education for Girls in Haiti." Global Campaign for Education, US, December 21. Retrieved from <http://campaignforeducationusa.org/blog/detail/barriers-to-education-for-girls-in-haiti>.
- World Bank. 2016. "Labor Market Regulation in Haiti." Retrieved from <http://www.doingbusiness.org/data/exploreeconomies/haiti/labor-market-regulation>.

Honduras

Overview of Country

Honduras is located in Central America, bordering the Caribbean Sea between Guatemala and Nicaragua and bordering the Gulf of Fonseca (North Pacific Ocean) between El Salvador and Nicaragua. It is 43,278 square miles (112,090 sq. km), consisting of mountains in the interior and narrow coastal plains. It has a population of 8,893,259, and a high percentage of Hondurans live in the two major western cities of San Pedro Sula and Tegucigalpa, the capital city (CIA 2016). Ninety percent of the Honduran population is mestizo, or mixed Amerindian and European descent. The remaining inhabitants are 7 percent Amerindian, 2 percent black, and 1 percent white. Spanish is the nation's official language. Several indigenous Amerindian languages, including Garifuna and Miskita, are also spoken (Westmoreland 2016). There are many indigenous populations: the Lenca, Pech, Tawahka, Xicaque, Maya Chorti, Misquito, and Garifuna. "The Garifuna are of mixed, Afro-Carib origin and were moved to the area during the colonial period. There is also an Afro-Honduran Creole English-speaking minority group of around twenty thousand who live mainly in the Honduran Bay Islands" (Minority Rights 2017).

Honduras was originally inhabited by a Mayan civilization and colonized by the Spanish in the early 1500s. It gained independence in 1821, becoming part of a short-lived confederation of Central American states before

becoming a separate republic in 1838. Modern Honduran history has included military coups, rebellions, and dictatorships since gaining independence from Spain. From the late 1800s through the mid-20th century, U.S. fruit corporations exerted great control over the country. In 1969, during a World Cup soccer match between Honduras and El Salvador, troops from El Salvador invaded Honduras. In reality, the subsequently dubbed “soccer war” was more about land disputes and demographic and immigration issues than a sport rivalry (Westmoreland 2016).

In 1997, Carlos Flores Facussé became president, and soon after, in October 1998, he had to cope with the catastrophic destruction to Honduras brought by Hurricane Mitch. Thousands were killed and many more thousands left homeless when Tegucigalpa was flooded with water levels that reached 10 feet. Landslides covered entire towns, and nearly three-quarters of the country’s crops were destroyed, which had a devastating economic impact. In the aftermath, the United States became the primary source of economic and logistical aid (History 2009). Ricardo (Joest) Maduro came to power in 2002 with intentions of economic and social reform. However, problems in the essential agricultural sector and rising crime caused people to lose faith in the Maduro government.

Manuel Zelaya was inaugurated as the new president in January 2006 (Westmoreland 2016), but he was forced out of office during a coup d’état in June 2009. On November 29, 2009, Porfirio “Pepe” Lobo Sosa was elected president. Although Human Rights Watch has criticized some actions of his presidency, Lobo did hire a human rights adviser, and he organized a truth and reconciliation commission to investigate the coup. Zelaya returned to Honduras in May 2011. In 2013, Juan Orlando Hernández became the president of Honduras (Westmoreland 2016).

Indigenous History

“The current territory of Honduras cuts across what was a pre-Columbian boundary between Mesoamerica and the more dispersed indigenous communities to the south” (Minority Rights 2017). There are now many distinct indigenous descendants. Among these are the Lenca, Maya, Chortí, Mayagna (Sumu), Tolupan (Xicaque), and Pech (Paya), whose original ancestral communities were organized around fishing, agriculture, and trade. These divisions remained largely intact until the arrival of the Spanish in 1540, who in their quest for silver and gold killed tens of thousands and enslaved as many as 150,000

for the mines and as exports to other countries (Minority Rights 2017). The Spanish also brought the first Africans with them as forced labor. The Afro-Honduran Garifuna society developed in 1797. The Afro-Caribbeans who came to Honduras from St. Vincent continued to speak their own language and preserved their own cultural traditions. In the 1840s, a group of English-speaking free black people from the Cayman Islands also migrated to Honduras’s Bay Islands, forming a distinct group that was self-sufficient. They also maintained their own Creole language and Afro-Caribbean culture (Minority Rights 2017).

Hondurans are 97 percent Roman Catholic and 3 percent Protestant. Honduras is the second-poorest country in Latin America, with approximately 65 percent of the population living in poverty and a per capita income that is one of the lowest in the region. The income gap is vast: 60 percent of the national income is earned by the wealthiest 20 percent of the nation, while the poorest 20 percent earn just 2.02 percent of the income (UNHRC 2015). It also has the world’s highest murder rate (CIA 2016).

Overview of Women’s Lives

In 2015, the UN Development Programme ranked Honduras 131st out of 187 nations based on the Gender Inequality Index (GII, 0.48) among other indices (UNDP 2014). According to the UN Human Rights Council’s *Report of the Special Rapporteur on Violence against Women, Its Causes and Consequences*, “Violence against women is widespread and systematic and affects women and girls in numerous ways. A climate of fear, in both the public and private spheres, and a lack of accountability for violations of human rights of women are the norm, despite legislative and institutional developments” (Manjoo 2015, 4).

Girls and Teens

Girls in Honduras rank roughly equally with boys in the educational setting. They have similar literacy, enrollment, dropout, and grade repetition rates. The Education Policy and Data Center included a study of how Honduras compared to other low- and middle-income countries that included two factors: the primary school net enrollment rate and youth literacy. According to these measures, Honduras ranks at the 68th percentile in access to education and at the 50th percentile in learning (EPDC 2014). Many girls do not finish school; the primary school dropout rate is 6 percent for girls. By secondary school, this number had

more than quadrupled to 34 percent of female youth who are out of school (EPDC 2014). This leaves them vulnerable to low-wage work in future.

Education

In Honduras, the overall educational statistics indicate that universal primary education has yet to be achieved, despite being set as one of the important UN Millennium Development Goals. Nevertheless, statistics also indicate that girls outrank boys in many educational indicators, such as enrollment, transition, and literacy rates. The academic year runs from February through November. Children officially enter primary school at age 6, and the primary school cycle lasts for 6 years (ages 6–11). Students then move into the lower secondary cycle, which lasts for 3 years (ages 12–14), followed by the upper secondary cycle, which lasts for 2 years (ages 15–16). According to the 2014 National Education Profile compiled by the Education Policy and Data Center, there were 1,876,000 students enrolled in primary and secondary education, of which 1,217,000 (65%) were enrolled in primary education. Of youth ages 15–24, 2 percent have no formal education, and 16 percent have attained an incomplete primary education at most. In total, 19 percent of 15- to 24-year-olds have not completed primary education in Honduras (EPDC 2014).

Honduras spends 5.9 percent of its GDP on education expenditures. Primary school enrollment is near 100 percent, and the school life expectancy from primary to tertiary education is 11 years; however, the educational quality is poor, the dropout rate and grade repetition remain high, and teacher and school accountability is low (CIA 2016). While primary enrollment levels are at or near 100 percent, this number also reflects the high level of grade repetition and overage that occurs within the primary education system. The enrollment rate drops to 75 percent in lower secondary school, and the number of students who transition to secondary school is only 70 percent for girls (66% for boys). By upper secondary school, the gross enrollment number for girls is 82 percent (60% for boys). Grade repetition and overage is not as high in secondary school as in primary, but it is still a statistical factor (EPDC 2014).

The Education Policy and Data Center tracked the percentage of students who were out of school in Honduras. This was defined as students who were not currently enrolled in any schooling, which indicates what proportion of children are not currently participating in the education

Women's Voices

Maria Alicia Calles

Maria Alicia Calles, despite her limited education, founded the Unión de Mujeres Campesinas Hondureñas (UMCAH) to give rural Honduran women a voice in their communities. UMCAH works for agricultural reform for female and male farmers and seeks equal standing for women. The organization ensures that illiterate rural women understand their rights and works for expanded land rights and political representation so that women can provide for their families and communities.

Calles's activism includes the presidency of Consejo Coordinador de Organizaciones Campesinas de Honduras (COCOCH), the Coordinating Council of Peasant Organizations of Honduras. Calles has said, "We are a vulnerable sector of the world. Because others speak on our behalf, they decide what they think is necessary for us. That is why we are vulnerable" (IFAD 2010).

—Jane Harris

IFAD (International Fund for Agricultural Development). 2010. "Promoting Women's Leadership in Farmers' and Rural Producers' Organizations." Retrieved from <https://www.ifad.org/documents/10180/498cfa01-fbda-410e-b356-df1203cdf976>.

Women Thrive Alliance. 2016. "Maria Alicia Calles." Retrieved from www.womenthrive.org/maria-alicia-calles.

system and thereby missing out on the benefits of school. For primary school-aged girls, the number was 6 percent. By secondary school, this number had more than quadrupled to 34 percent of female youth who are out of school (EPDC 2014). Both in primary and secondary schools, the greatest disparity can be seen along class lines. The poorest children are out of school at exponentially higher rates than the richest children. For example, of the secondary school students who missed school, 62 percent were in the poorest quintile of income versus 10 percent in the richest (EPDC 2014).

Additional measures include the number of times and the number of students that repeat a grade. Students are more likely to repeat first grade in primary education, with a repetition rate of 8.1 percent for girls (10.4% for

boys). The repetition rate drops for each subsequent year of primary school. The average rate across all five grades of primary school is 4.4 percent (EPDC 2014). The dropout rate, defined as the proportion of students enrolled in a given grade in a given year who are no longer enrolled the following school year, is also a concern in primary school. The dropout percentage for girls is 6 percent (7% for boys) (EPDC 2014).

Another indicator of achievement in education is the literacy rate. In a 2015 estimate, the literacy rate (defined as able to read and write at age 15 and over) is 88.6 percent for women (88.4% men) (CIA 2016). UNESCO reported similar literacy rates: 88 percent for both women and men; however, it also provided more complex age analysis. For the youth population, defined as those aged 15–24, 98 percent of girls were literate as of 2015 (96% of boys). For the population 65 years and older, 50 percent of women were literate (54% of men). The study also demonstrated that for the youth population, the literacy rate has increased each of the 8 years a study was recorded since the first in 2001. The illiterate female population (15–24 years old) is recorded as 15,983 as of 2015 (male 33,142) (UNESCO 2016). It also reported that the youth literacy rate (defined as ages 15–24) is 95 percent, which is higher than that in other lower middle-income countries (EPDC 2014).

The Education Policy and Data Center included a study of how Honduras compared to other low- and middle-income countries that included two factors: the primary school net enrollment rate and youth literacy. According to these measures, Honduras ranks at the 68th percentile in access to education and at the 50th percentile in learning. The most recent Progress in International Reading Literacy (PIRLS) test assessment results were administered in 2006 to grade 6 students; it displays “the percentage of test takers that have fallen below the lowest performance levels and the percentage of test takers that have exceeded the highest performance levels in these assessments” (EPDC 2014). When compared to other countries that took the same reading assessment and fell below the lowest benchmark by 13 percent, Honduran test takers fell below by almost double the number, nearly 26 percent (EPDC 2014).

Gangs

According to a 2012 report on the Status of Gangs in Honduras, more than 4,700 Honduran children and young people belong to gangs, including 447 who are incarcerated in

detention centers. Women make up 20 percent of the overall gang population, and of the 4,700 participants in the study who were women, none were in positions of higher authority (UNICEF 2012). Most had joined between 11 and 20 years old. There are numerous motivations for joining: poverty, coercion, lack of opportunities, and a lack of access to public services. Some join out of social exclusion, likening it to a familial experience. “We were adopted,” they say (UNICEF 2012).

If it is a family experience, it is not a safe one. Over 80 percent of gang members reside in two cities: San Pedro Sula (60%) and Tegucigalpa (21%), the capital, some in neighborhoods known as “lawless zones” where there are no police (UNICEF 2012). Young girls are often inducted into gangs, where they are subjected to levels of violence, including rape. They are often pressured to have sex with other gang members or otherwise sexually exploited. They are forced to carry drugs and are routinely killed in acts of vengeance to settle disputes between rival gang members. Girls are subject to torture, mutilation, and decapitation to erase identity (Manjoo 2015). Gangs are responsible for a great deal of overall violence connected to drug trafficking, extortion, and kidnappings. They also contribute to Honduras having the highest homicide rate in the world at 82.1 killings per 100,000 inhabitants (UNICEF 2012).

For girls who are able to leave gangs, few options are available. There is a high level of retaliation from gang members for leaving. If they can, they have limited opportunities due to their lack of education or the lack of rehabilitation services in prisons. Most who were interviewed for the report on the Status of Gangs stated their sole desire as finding a job and stressed the lack of study aids, counseling, and legal advice that could be provided by government rehabilitation services to help them reintegrate into society. Leaving gangs and leading more productive lives would require this assistance in addition to a shift in the cultural stigma of gang affiliation (UNICEF 2012).

Health

Maternal Health

According to a 2016 estimate, the birth rate in Honduras is 22.8 births per 1,000 population, and the mother’s mean age at first birth is 20.4 in a 2011–2012 estimate (CIA 2016). The maternal mortality rate is 129 deaths per 100,000 live births (2015 estimate), placing Honduras at 69th out of 184 for its country comparison. The maternal mortality rate is the annual number of female deaths per

100,000 live births from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) (CIA 2016).

The infant mortality rate is 17.7 deaths per 1,000 live births (male 20 per 1,000; female 15.2 per 1,000) in a 2016 estimate. The infant mortality rate compares the number of deaths of infants under one year old in a given year per live births in the same year. This rate is often used as an indicator of the level of health in a country. Honduras ranks 96th out of 225 countries in the country comparison ranking (CIA 2016).

The teen pregnancy rate is 24 percent for girls aged 15–19, making it one of the highest rates in Central America. According to a 2012 report, Honduras has 108 live births for every 1,000 women in this age range, and 30 percent of the pregnant population is under 18 years old. Such a high rate of teen pregnancy has potential immediate and long-term implications for both the health and education of teen girls. It contributes to perinatal, infant, and maternal mortality and contributes to the cycle of poverty through the likelihood of increasing lack of attendance and dropout rates at school (USAID 2016).

Maternity Leave

Mothers are legally entitled to six months of maternity leave, and maternity benefits from social insurance are up to 66 percent of previous earnings. They are also required to receive two paid nursing breaks of 30 minutes each when on the job. Two-thirds of maternity leave is paid for by social insurance and one-third by the employer. There is no parental or paternity leave. Pregnant women are legally protected from dismissal while on the job, during maternity leave, and during a period after they return from maternity leave. Employers who have more than 20 female workers are also required to provide nursing or child care facilities at their workplace or a reimbursement for child care costs. Pregnant and breastfeeding workers are also prohibited from performing dangerous or unhealthy work or from working at night, but the law does not provide for any alternative (ILO 2014).

In practice, there is a significant gap between the number of women who actually receive maternity leave and those who are legally eligible for it. In 2013, the share of employed women who were legally covered by statutory maternity leave was 33–65 percent. However, the number of women who benefited from maternity leave, 10–32 percent, demonstrates that implementation of the law often

does not happen, and the number of women who have access to it is significantly lower than those who are legally entitled to it. Furthermore, vulnerable populations of impoverished pregnant women, such as domestic workers and those working in the *maquiladoras*, frequently work long hours, including night shifts, well into their pregnancy. There are no maternity leaves, and once they have given birth, they continue to work without sufficient nursing breaks or child care facilities. Some workers reported being required to take a pregnancy test prior to employment to circumnavigate the law. This may be in part because an employer is responsible for the full payment of maternity leave cash benefits for women who are not covered by social insurance but otherwise qualify for maternity leave. Additionally, women are not legally guaranteed the right to return to the same or an equivalent position after returning from maternity leave (ILO 2014).

Diseases and Disorders

HIV/AIDS

In 2015, there were an estimated 20,000 Hondurans living with HIV/AIDS and 1,000 HIV/AIDS related deaths. Honduras ranks 74th out of 133 countries that are monitored for the adult prevalence rate of HIV/AIDS. This ranking compares the percentage of adults (aged 15–49) living with HIV/AIDS, which in Honduras is 0.37 percent in the 2015 estimate (CIA 2016). The CIA ranks countries comparatively based on the percentage of adults (aged 15–49) living with HIV/AIDS. “The transgender population is the most affected by the HIV epidemic in Latin America, with a prevalence rate of 35 percent. To put an end to the epidemic, it is essential to ensure the fulfillment of human rights as well as access to health services that respect gender identity” (IAA 2012).

Major Infectious Diseases

There is a high risk of food and waterborne diseases, such as bacterial diarrhea, hepatitis A, and typhoid fever. Dengue fever and malaria are the most prevalent vector-borne diseases, and active local transmission of Zika virus by infected mosquitoes has been identified in the country as of August 2016 (CIA 2016).

Employment

In a 2010 estimate, 60 percent of the population lives below the poverty line. The unemployment rate is 4.1 percent

(2015 estimate), but approximately one-third of people are underemployed (CIA 2016). The 2013 estimated GDP was USD\$18.55 billion, making it the second-poorest country in Central America (Manjoo 2015). As of a 2015 estimate, employment is composed primarily of agriculture at 13.9 percent, industry at 26.6 percent, and services at 59.5 percent. Major exports include apparel, coffee, cigars, bananas, fruit, lumber, shrimp, gold, lobster, palm oil, and automobile wire harnesses (CIA 2016).

There is a high overall level of poverty, which is particularly true in female-headed households. Women head approximately 32 percent of households (Manjoo 2015). The Honduran National Statistics Institute indicates that 64 percent of female-headed households are poor (58.8% of male-headed households). Of the 17.6 percent of total households living in extreme poverty, 17.6 percent are headed by single females (9.2% by single males and 73.2% by households of both sexes). There is a greater number of women among the rural poor, and the rates of both unemployment and underemployment are also two-thirds higher for women than for men. In all households, women have fewer employment opportunities and greater food insecurity. Decisions over family resources and family income are more likely to be made by men, and there is an equally significant gender gap in decisions on access to credit (USAID 2016).

Government protections for gender equity have been enacted; however, while there are some legal statutes, much gender inequality still exists. A National Policy on Women and a Second Plan for Equality and Gender Equity (2010–2022) have been adopted by the government to empower women and promote their economic development. Both the Honduran Constitution, in Article 123 (3), and the Labor Code, in Article 367, support the principle of equal pay for equal work for all workers without discrimination. In reality, there is an extremely unequal distribution of income and high levels of income disparity. Women are paid on average 67.6 percent of the wage earned by men and have an unemployment rate that is double that of men, despite having equal literacy levels (Manjoo 2015).

Maquiladoras

Two major industries in which women are employed are in *maquiladoras* (factories) and in domestic work in private homes, both of which are generally less subject to regulation, which puts women at greater risk to a host of issues: low wages, lack of job security, poor working conditions, and possible exploitation and violence (Manjoo 2015).

Maquiladora plants (*maquilas*) often exist in export processing zones (EPZs). As an industry, they employ roughly 125,000 people, 65 percent of whom are women and most of whom are between 17 and 25 years old and from rural areas (Manjoo 2015). When interviewed for the *United Nations Report of the Special Rapporteur on Violence against Women, Its Causes and Consequences*, the women reported a lengthy list of repeated violations of their rights: “verbal and physical abuse by supervisors, sexual harassment, being subjected to pre-employment pregnancy tests, unfair dismissal and discrimination on the grounds of pregnancy, and denial of maternity leave and other social benefits. . . . They often worked long hours without rest. They also witnessed co-workers succumb to chronic fatigue, depression and musculoskeletal disorders as a result of the hazardous working conditions” (Manjoo 2015, 12).

Women working in EPZs also face a lack of benefits because employers often do not contribute to the social security fund. This leaves workers without access to health care rights, including access to maternity leave, while earning a minimum wage that is less than USD\$0.70 per hour—between 28 percent and 51 percent less than the required minimum wage. Social attitudes about gender impact women’s treatment, including unequal pay: “Employers justify lower wages for women with the stereotype that women’s work is less demanding than men’s work” (Manjoo 2015, 12). Women workers in the EPZs face constant monitoring and scrutiny, reportedly are allowed only two timed bathroom breaks per shift, and are unpaid for any overtime work if they have not met the production requirement for their shift. They also face harassment, blacklisting, and firing for any attempt to form unions or organize a protest (Manjoo 2015).

Domestic Work

“Legislation prohibits discrimination in employment based on sex” (ILO 2014). However, many Honduran women work in private households, and like those who work in the *maquilas*, they are at a high risk of exploitation and subject to low pay, long hours, poor treatment, and lack of benefits. Of the approximately 64,000 domestic workers in Honduras, 20,000 are women. Domestic workers are covered by “social legislation” under Article 131 of the Constitution, but in practice, many are denied such protections. This preempts them from health coverage for illness and maternity or allowance for family members,

including the elderly and orphans. As the law also covers lockouts, accidents, unemployment benefits, occupational diseases, and any other contingencies that could impact employability, not having access to it severely impacts the quality of life (Manjoo 2015).

Child Labor

According to a UN report, there is a high level of child labor, defined as children ages 5–14, in Honduras. The 2012 report indicated that 300,000 children are working, with the highest percentage of them (63%) in the agricultural sector. Child labor within indigenous communities was also prevalent, according to the report (Manjoo 2015).

Family Life

Marriage

According to the UN Global Database on Violence against Women, the child marriage rate in Honduras is 34 percent. This statistic is calculated as the percentage of women between 20 and 24 years old who were first married or in a union before the age of 18 (UN Women 2016).

Same-sex marriage is not legal; in fact, since May 2005, the Honduran Constitution explicitly prohibits marriage or a union between people of the same sex (Equaldex 2017).

LGBT Rights

To determine the degree to which Honduras is protective of or a persecutor of homosexual rights, it is important to examine the constitutional protections afforded to gays, whether they have civil or political rights, whether advocacy exists within the country, and the degree of societal persecution that exists. Considering these criteria, Honduras has made significant legal ground in the past few years; however, there is still a high degree of societal persecution. According to Equaldex, homosexuality was legalized for both men and women in 1985. There is housing and employment discrimination protection for both sexual orientation and gender identity. Since February 2013, the penal code (Article 321) was amended to protect LGBT individuals from discrimination, although no implementation of this law has been found. Similarly, homosexuals are not restricted from serving openly in the military, but they do experience harassment. People also have the legal right to change gender, but doing so requires surgery. Conversion therapy is also legal. But

same-sex adoption is not legal in Honduras. All of this suggests an intermediate level of legal rights for LGBTI people (Equaldex 2017).

Queer Advocacy

Regarding advocacy groups, after 15 years of struggle, on August 28, 2004, the Honduran government finally granted legal recognition to three gay, lesbian, and transgender associations, despite significant protests. Legal recognition is a means by which gay, lesbian, and transgender organizations, like other segments of civil society, can acquire and own property, pay salaries, and take part in legal disputes. It also gives such organizations (and their constituencies) a place and face in society as a whole and gives their membership the power to enjoy full status as citizens and full belonging in their communities (Outright 2017).

Politics

In Honduras, *de jure* gender equality and nondiscrimination rule, but there is still a great deal of *de facto* inequality, including in the legal and political spheres. While the constitution establishes equality among the sexes, in practice, women are often relegated to positions that are not fully equal.

2009 Coup

Politically, the coup that occurred on June 28, 2009, further undermined the position of women: “In a historical context of poverty, underdevelopment and citizen insecurity, the 2009 coup further resulted in serious human rights violations being committed” (Manjoo 2015). Manuel Zelaya, the president at the time of the coup, was forced out of the country by military forces under the claim that he planned to organize a poll on the possibility of holding a referendum on constitutional reforms prior to the November 2009 elections. After his exit, the then Speaker of Congress, Roberto Michelitti, was sworn in as the new president of Honduras. These actions were perceived as a military coup by many in the international community, and sanctions and other economic pressure was imposed on Honduras that further negatively impacted a country with a history of poverty. The socioeconomic impact on citizens contributed to and were exacerbated by high levels of violence from organized crime and gang activity (Manjoo 2015).

Coup's Impact on Women

Reports indicate that hundreds of people were brutally repressed by police both during and in the aftermath of the coup and that several women who had been arbitrarily detained were sexually abused. Illegal arrests, kidnappings, torture, and other kinds of intimidation were also reported. "This type of behavior further served to intimidate women into avoiding the public arena, thus affecting women's effective participation in decision-making processes, both in the public and private spheres" (Manjoo 2015). The military and security forces that were also charged with breaking up demonstrations were reported to be violent as well, and reports indicate that more than 10 people died. In addition to the fatalities, there were also women who disappeared, an occurrence that is happening with increasing frequency. The overall rate of disappeared women in 2008 was 91. In 2013, it was 347, a 281 percent increase in the number of women who have simply vanished (Manjoo 2015).

Position of Women in Government

In 2000, for the first time, the Equal Opportunities for Women Act (EOWA) established a minimum 30 percent quota for women with respect to posts filled by popular vote. Women held 3 out of 17 ministerial positions before the government's restructure, and despite the EOWA, in 2001, women represented only 7.1 percent of elected officials in Congress. It was clear that there was non-compliance with the act. To combat this, a reform of the Elections and Political Organizations Act in 2004 made it a mandatory requirement for political parties to comply with the provisions on participation by women. In 2005, women comprised 24.2 percent of the elected candidates, but women's representation in parliament dropped to 19.5 percent in 2009 (Manjoo 2015). This year was not without gains for women, however, as Honduras had its first female chair of parliament in 2009 (WIP 2017).

At no time has the 30 percent quota established in 2000 been achieved. Nevertheless, in April 2012, Congress increased the minimum quota of women candidates from 30 percent to 40 percent for primary elections by approving an amendment to Article 105 of the elections law. The amendment also specified an increase to 50 percent for future election processes (Manjoo 2015).

In the 2013 general elections, women comprised 40.4 percent of candidates for Congress and 20.8 percent of

candidates for mayor. The results indicate a continued gender gap: women were 24.2 percent of the Congress and 6.7 percent of the mayors in local governments. The judiciary demonstrates greater gender equity. Of the 798 judges and magistrates in Honduras, 398 are women. At the highest level, however, gender inequality persists. There are only 3 women of 15 Supreme Court magistrates; however, in September 2010, a gender unit was established within the Supreme Court (Manjoo 2015).

Issues

Violence

According to the UN Global Database on Violence against Women, as of 2014, Honduras has a Gender Inequality Index (GII) rank of 99th out of 152. The Gender Inequality Index reflects inequality between men and women in reproductive health, empowerment (as measured by government seats and educational obtainment), and labor market production. Honduras has a Global Gender Gap Index rank of 80th out of 145 as of 2015. The Gender Gap Index measures gaps in economic, political, education, and health criteria (UN Women 2016).

Rape

In 2006, one of the primary findings of the Committee on the Elimination of Discrimination against Women was the high level of sexual abuse, particularly incest and rape, against women and girls (Manjoo 2015). Reports indicate that such crimes are increasing, growing 21 percent between 2007 and 2011 (USAID 2016). Of the more than 16,000 complaints related to violence against women that the Statistical Observatory of the Office of the Public Prosecutor received in 2012, almost 20 percent of them were for sex crimes (Manjoo 2015). Between 2011 and 2013, the online database of the judiciary indicates that 2,850 cases related to sexual offenses were registered; however, statistics vary. Honduras' Centre for Women's Rights indicates that 2,851 complaints were filed in 2013 alone (Manjoo 2015). The U.S. Agency for International Development reports that, in 2011, women were victims in 81 percent of the sexual violence cases, and 74 percent of sexual violence victims are between the ages of 10 and 19 (USAID 2016).

Domestic Violence

Domestic violence is the leading crime that is reported at the national level. Of women aged 15–49, 27 percent

stated that they had been subjected to physical violence at some point in their lives. The Statistical Observatory of the Office of the Public Prosecutor received more than 16,000 complaints related to violence against women in 2012, with 74.6 percent related to domestic or intrafamily violence. Between 2009 and 2012, 82,547 domestic violence complaints were filed, disproportionately by women. In 2013, for instance, of 19,458 cases, 92 percent were filed by women compared to 8 percent (1,712) filed by men. There are also a small number of convictions: there were only 134 convictions from 4,992 registered complaints during the 2012–2014 time frame (Manjoo 2015).

Femicide

Women are being murdered in Honduras at an alarming and ever-increasing rate. In 2005, 175 women were murdered. The femicide rate jumped a staggering 246 percent to 606 deaths by 2012, and 97 percent of these cases remain unsolved (USAID 2016). According to the *United Nations Report of the Special Rapporteur on Violence against Women*, femicides across many categories in Honduras have steadily risen (Manjoo 2015). In 2012, the 606 cases of femicide is an average of 51 women murdered each month. In 2013, that number had risen to 629 and the femicide rate to 263 percent. While domestic and intrafamily violence were the leading causes of femicide, new causes such as sexual violence, organized crime, and gang-related violence have emerged as contributing to higher numbers of femicides. One in five femicides is linked to domestic violence, while an estimated 7 percent are tied to sexual violence and an overwhelming 60 percent to organized crime. Access to guns was also cited as a contributing factor. Hondurans are allowed to register up to five firearms, and the majority of those are owned by men (Manjoo 2015).

In February 2013, the Honduran Congress amended the chapter of the Criminal Code on homicide to include the offense of femicide, which is applicable when men have carried out killings motivated by hatred and disdain for women. This offense is punishable by 30–40 years' imprisonment and has been on the statute books since April 2013. Since 2011, 203 convictions have been obtained by the Public Prosecution Service of 549 cases that have been brought to trial involving killings of women (UN Women 2016).

Human Trafficking

Honduras is both a source and transit country for men, women, and children, according to the 2011 *Trafficking*

in Persons Report, which showed that the routes used for human trafficking coincided with those identified with other illegal activities, such as weapons, drugs, and organized crime. Honduras ratified a law against human trafficking in 2012, but no national systemic or consistent data exists on prevention, assistance to victims, or the criminal prosecution of perpetrators (USAID 2016).

Honduran Women's Movement

There is no question that an unprecedented level of violence against women exists. Equally troubling is the inability of the justice system to address the problem as well as efforts to suppress those who protest: "The Honduran government is using its institutions to silence people who speak out and to perpetuate violence against women. The judicial system is one of the greatest obstacles to applying international instruments that would protect women" (Ruiz-Navarro 2015). In response to such oppression, there is an active organized women's resistance movement that aims to change the legal and cultural position of women. One of the central groups is Movimiento de Mujeres por la Paz Visitación Padilla (Visitation Padilla Women's Movement for Peace), whose general coordinator for many years was Gladys Lanza, a leader with more than 30 years of political activism in the women's rights movement. In 2012, Lanza explained the purpose of the organization: "We work with women at the political level, at the organizational level. We have at least 5,000 activists in our movement. We are known as 'chonas.' That's become a byword in Honduras for strong, determined women. Many more women support us and will join our demonstrations but it is the 'chonas' who are the bedrock of our movement" (LAB 2012).

CEDAW, the UN entity for gender equality and the empowerment of women, was adopted in 1979 by the UN General Assembly and is described as "an international bill of rights for women [that] defines what constitutes discrimination against women and sets up an agenda for national action to end such discrimination" (UN Women 2009). Its 2016 report on Honduras concluded that there are significant barriers to women's access to the justice system. In the summary, the committee stated concern

about the barriers to women's access to justice, particularly in cases of gender based violence. It is concerned that the lack of independence and impartiality of the justice system is reinforced by insufficient resources,

poor infrastructure, and lack of specialized units and personnel, including police, prosecutors and judges trained on gender issues, resulting in a dysfunctional and corrupt judiciary and an overall culture of impunity. The Committee is also concerned about the lack of proper investigation, evidence collection, and forensic facilities and capacities, causing lengthy delays in legal proceedings and re-victimization of women. It is concerned about women's reluctance to file complaints due to discriminatory attitudes among law enforcement personnel. (CEDAW 2016)

In the face of such enormous barriers to gender justice, the need for change, and the activism to create such change, is immense. Yet opposition to activism is great: since the 2009 coup d'état against President Manuel Zelaya, more than 5,000 Honduran activists have been criminalized, including Gloria Lanza (Torres 2016). For more than 30 years, in the face of vast oppression, including torture, intimidation, death threats, imprisonment, and, in 1991, a bomb that destroyed her home while she was in it, Lanza has been instrumental in human rights defense. Together with Movimiento de Mujeres and other human and women's rights groups, Lanza has fought for women's increased political representation, recognizing that women's position cannot change until women share equal political power (LAB 2012). In 2012, she commented, "We want to get through Congress a law that increases the quota of female politicians from 30% to 50% and makes it obligatory for men and women to alternate in power, that is, if a man gives up an elected office, then he has to be replaced by a woman. And vice versa. We won't succeed in the short term but we'll go on trying" (LAB 2012). Lanza, who died on September 20, 2016, at age 74—at the time still challenging a conviction against her—did not live to see the day of full gender equality, but other activists continue the fight.

Violence against LGBTI People

Of greatest significance for LGBT people is the lack of physical safety. In 2011, Oscar Alvarez, the minister of security of Honduras, announced that he would create a special unit to investigate crimes against journalists, LGBT people, and other vulnerable groups. Members of the security forces and judicial bodies met with the minister of justice and human rights to discuss the creation of this unit, which was composed of approximately 150 security officers who were to investigate the deaths of women,

journalists, youth, members of gay groups, lesbians, and travesties (transvestites), that had previously not been investigated sufficiently (Outright 2017).

To help combat LGBT violence, international organizations also work with local Honduran organizations. According to a November 2013 report, the Irish-based international human rights organization Front Line Defenders said that since the 2009 coup in Honduras, there had been 101 crimes motivated by sexual orientation or gender identity between 2010 and 2012. To help combat such violence, the group created a radio campaign in support of local Honduran LGBTI rights defenders. The campaign consisted of a series of public service announcements (PSAs), short radio spots designed to promote the recognition of LGBTI rights defenders as engaged in legitimate and necessary work to end discrimination and violence and to foster human rights defense. The campaign featured "eight human rights defenders [giving] their testimony to illustrate the reality faced by the LGBTI communities and those working to promote their rights and end violence and discrimination" (ILGA 2013).

According to the Human Rights Watch's (HRW) *World Report 2016: Honduras*, homophobic violence continues to be a major problem. Between 2009 and 2014, the Inter-American Commission on Human Rights (IACHR) received reports of 174 bias-motivated killings of LGBTI people. While the government had set up a special unit in the attorney general's office to investigate and prosecute such killings in August 2013, out of the 42 cases that had been brought to court, only 10 people had been convicted of such crimes by October 2014. According to the HRW report, "Lesbian, gay, bisexual, and transgender individuals are among those most vulnerable to violence. Government efforts to investigate and prosecute violence against members of these groups made little progress in 2015" (HRW 2016).

Most murders remain unsolved, and research shows that transgender individuals are particularly vulnerable: in the cases of 61 murders of LGBTI individuals reported between 2008 and 2011, only 10 people were brought to trial, and none for the death of transgender women, even though they accounted for two-thirds of the cases (IAA 2012).

Transphobia across government structures at every level is facilitating a systematic climate of impunity with regards to human rights violations committed against transgender activists. Such impunity, which manifests itself in a culture of silence leads to a failure

to file complaints, a failure to adopt a differentiated approach when dealing with such cases, ineffectiveness in the justice system, the existence of discriminatory legislation, and the absence of legislation on gender identity. (IAA 2012)

Violations of Rights of Indigenous People

According to the Minority Rights Group International, indigenous people have gained greater legal and cultural acceptance nationally. Nevertheless, there are several key areas that impact their overall well-being and security, particularly in the context of the systemic historical marginalization and lack of social investment in these populations. Each indigenous community is distinct and has unique concerns, but there are key issues that overlap, some of which are intensified by intersections of ethnicity/race and class with gender. For example, Garifuna students more commonly obtain medical training in Cuba because they traditionally have difficulty gaining entry to the medical faculty of the Honduran National University. Additionally, the first hospital built for Garifuna people did not open until August 2008 under the Honduras-ALBA initiative with President Manuel Zelaya Rosales (Minority Rights 2017).

A widespread concern among many indigenous groups is land rights. While many agreements have been reached between the government and indigenous groups, the issue often remains unresolved or contested. Access to landownership is difficult for indigenous people, and this appears especially true when ethnicity intersects with race. Between February and August 2010, 1,487 landownership deeds were issued to farmers, but less than one-third of these were awarded to women. During this period, women were allocated 28.4 percent of the ownership rights for agricultural land. "Some sources argue that women are largely denied access to and control of productive resources and that, in most cases, they are unable to obtain credit to enable them to be successful farmers. This results in their dependency on their husbands or male relatives being reinforced, and renders them vulnerable to violence" (Manjoo 2015).

Indigenous organizations are concerned about international financial organizations such as the World Bank that have funded an initiative called the Program for the Administration of Lands in Honduras (PATH). The concern with PATH is that it encourages individual landownership over the communal landownership that is traditionally practiced by many indigenous communities (Minority Rights 2017).

Not only do indigenous groups have to contend with financial organizations, they also must deal with other landowning interests, such as national tourism organizations. As some of Honduras consists of land that is remote and difficult to access, such as the northern coast that is inhabited by at least four Garifuna communities, it had a pristine coastline that ultimately attracted a tourist industry intent on developing it. To do so, deals were made to change communal Garifuna property to individual plots of land; pressure was then applied to individual families to sell, and as many families were impoverished, the economic pressure succeeded. According to the Minority Rights Group International, these communities "are under unprecedented threat of disappearance" (2017).

In addition to the threat of the loss of a way of life through the disappearance of traditional cultures, many indigenous populations are also under the threat of harassment and physical violence. In response to the loss of land rights, indigenous activists have worked to retain their land and culture. Garifuna leaders, for example, while working to defend communal territory and resources, have had property destroyed by arson. The Prisoners of Conscience, an indigenous group of human rights defenders, is recognized as an at-risk group by international human rights monitors. In some cases, authorities appear unable to properly pursue justice in response to threats and harassment received by land rights activists, even high-level harassment claims that include "fabricated criminal charges against community leaders that include land seizure and murder. In 2008, Amnesty International continued to cite instances of the use of politically motivated criminal charges to detain indigenous people in an effort to 'obstruct the efforts of indigenous leaders to secure recognition of communities' claim to communal land titles'" (Minority Rights 2017).

LISA J. CUNNINGHAM

Further Resources

- CEDAW (Committee on the Elimination of Discrimination against Women). 2016. "Concluding Observations on the Combined Seventh and Eighth Periodic Reports of Honduras." November 18. Retrieved from <http://www.refworld.org/docid/58386d7a4.html>.
- CIA (Central Intelligence Agency). 2016. "Honduras." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/ho.html>.
- EPDC (Education Policy and Data Center). 2014. "Honduras." Retrieved from https://www.epdc.org/sites/default/files/documents/EPDC%20NEP_Honduras.pdf.

- Equaldex. 2017. "LGBT Rights in Honduras." Retrieved from <http://www.equaldex.com/region/Honduras>.
- History. 2009. "Hurricane Mitch Slams into Central America." Retrieved from <http://www.history.com/this-day-in-history/hurricane-mitch-slams-into-central-america>.
- HRW (Human Rights Watch). 2016. "Honduras World Report." Retrieved from <https://www.hrw.org/world-report/2016/country-chapters/honduras#e81181>.
- IAA (International Aids Alliance). 2012. "Impunity and Violence against Transgender Women Human Rights Defenders in Latin America." Retrieved from <http://www.aidsalliance.org/resources/302-the-night-is-another-country>.
- ILGA (International Lesbian, Gay, Bisexual, Trans and Intersex Association). 2013. "Front Line Defenders Uses Radio to Promote the Security of LGBTI Rights Defenders in Macedonia and Honduras." Retrieved from <http://ilga.org/front-line-defenders-uses-radio-to-promote-the-security-of-lgbti-rights-defenders-in-macedonia-and-honduras>.
- ILO (International Labour Organization). 2014. *Maternity and Paternity at Work Law and Practice across the World*. Geneva, Switzerland: ILO. Retrieved from http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_242615.pdf.
- LAB (Latin American Bureau). 2012. "Honduras: Women's Organisations Struggle in a Failing State." March 8. Retrieved from <http://lab.org.uk/honduras-womens-organisations-struggle-in-a-state-of-impunity>.
- Manjoo, Rashida. 2015. *United Nations Report of the Special Rapporteur on Violence against Women, Its Causes and Consequences*. Retrieved from <http://evaw-global-database.unwomen.org/-/media/files/un%20women/vaw/country%20report/america/honduras/honduras%20sravaw.pdf>.
- Minority Rights (Minority Rights Group International). 2017. "Honduras." Retrieved from <http://minorityrights.org/country/Honduras>.
- Outright International. 2017. "Honduras." Retrieved from <https://www.outrightinternational.org/region/honduras>.
- Ruiz-Navarro, Catalina. 2015. "Honduran Women Refuse to Be Silenced in Face of Yet Another Setback." *The Guardian*, March 8. Retrieved from <https://www.theguardian.com/global-development/2015/mar/18/honduras-women-gladys-lanza-feminism-human-rights>.
- Torres, Gerrardo. 2016. "Honduras' Most Important Feminist Leader Passes Away." *Telesur*, September 21. Retrieved from <http://www.telesurtv.net/english/news/Honduras-Most-Important-Feminist-Leader-Passes-Away-20160921-0006.html>.
- UNDP (UN Development Programme). 2014. "Human Development Reports: Honduras." Retrieved from <http://hdr.undp.org/en/countries/profiles/HON>.
- UNESCO. 2016. "UNESCO Institute for Statistics Honduras." Retrieved from <http://uis.unesco.org/country/hn>.
- UNHRC (UN Human Rights Council). 2015. "Report of the Working Group on the Universal Periodic Review Honduras." July 15. Retrieved from <http://evaw-global-database.unwomen.org/~media/files/un%20women/vaw/country%20report/america/honduras/honduras%20upr%20wg%20report.pdf>.
- UNICEF. 2012. "UNICEF Supported Study Sheds Light on Gangs in Honduras." Retrieved from http://www.unicef.org/infobycountry/honduras_40785.html.
- UN Women. 2009. "Convention of the Elimination of All Forms of Discrimination against Women." Retrieved from <http://www.un.org/womenwatch/daw/cedaw>.
- UN Women. 2016a. "Global Database on Violence against Women, Criminal Code 'Femicide'." Retrieved from <http://evaw-global-database.unwomen.org/en/countries/americas/honduras/2013/criminal-code-femicide>.
- UN Women. 2016b. "Global Database on Violence against Women, Honduras." Retrieved from <http://evaw-global-database.unwomen.org/en/countries/americas/honduras>.
- USAID. 2016. "US AID Honduras Country Development Cooperation Strategy." Retrieved from <https://www.usaid.gov/honduras/cdcs>.
- Westmoreland Bouchard, Jen. 2016. "Honduras: Country Snapshot." Retrieved from www.globalroadwarrior.com.pluma.sjfc.edu/#mode=country®ionId=62&uri=country-content&nid=65&key=snapshot-overview.
- WIP (Women in Parliaments Global Forum). 2017. "Honduras National Congress." Retrieved from <http://www.womeninparliaments.org/parliament/honduras-national-congress>.

J

Jamaica

Overview of Country

Jamaica is located 90 miles south of Cuba and 118 miles west of Haiti (Bouchard 2014). The country is approximately 4,182 square miles (10,831 sq. km) and has approximately 221 miles (257 km) of coastline. The Blue Mountains contain the island's highest point. Due to its location between Europe and the Americas, Jamaica was an ideal place for many to conduct business. It served as a trading post for slaves, exports, and natural resources, such as alumina, bauxite, gypsum, and limestone (Meditz and Hanratty 1987; CIA 2016).

Arawak Indians called Jamaica *Xaymaca* (well-watered) (Facts on File 2014). The Arawak Indians, also known as Taínos, who were reportedly from South America, settled Jamaica circa 700 CE. When Christopher Columbus arrived on the island on May 5, 1494, Jamaica underwent another name change; he called it "Santiago," after the Spanish Saint James (Meditz and Hanratty 1987). The Arawak Indians, who were used as slaves, were decimated by harsh living conditions and diseases carried by Europeans (Facts on File 2014). To replace the lost free labor, enslaved Africans were brought to Jamaica in 1517. In the nearly 150 years after the Spanish had occupied Jamaica, Great Britain gained control over the island in 1655. In 1670, the British acquired Jamaica through the Treaty of Madrid. Between

1640 and 1700, approximately 85,000 slaves were imported to Jamaica. By 1700, 250,000 Africans were enslaved on the island. The increase of slaves was in direct proportion to the rise of sugar production. The slave trade ended in 1807. By 1834, Africans were completely free (Meditz and Hanratty 1987). The slaveholders were given 19 pounds for each slave to compensate for the loss of labor (JIS 2016).

In the 1700s, sugar production was at its highest, which accounted for the need for free labor. However, early in the 18th century, sugar prices began to fall. The price-fixing of the crop did not substantially increase its price. By mid-19th century, to improve the fledgling economy, the British Parliament imported plantation workers from India rather than hire the former slaves. By 1865, the plantation system had collapsed, which led to rioting because of widespread poverty and unemployment. One year after the riots, Jamaica became a crown colony. It was ruled by Great Britain, who appointed Sir John Peter Grant as its first governor (JIS 2016).

In the early 20th century, Jamaicans began to demand their right to be self-governing. In 1944, Jamaica established a universal voting rights and constitution, which created a House of Representatives (JIS 2016). In the same year, two political parties were formed, the People's National Party (PNP), led by Norman W. Manley, and the Jamaican Labor Party (JLP), founded by Sir Alexander Bustamante. Fifteen years later, Jamaica became self-governing. In 1962, Jamaica became independent; however, the Queen

of England remained the head of state (Kurian 2016). In 2006, Jamaicans voted for Portia Simpson Miller, their first female prime minister. She was voted back into office by large majority in 2011 (Kurian 2016).

As of 2013, Jamaica's population was 2,717,991 people. In 2014, most Jamaicans were between the ages of 15 and 34, making up 36 percent of the population. Compared to the census of 2001 to 2011, the Jamaican male population increased at a greater rate than the females. The Population and Housing Census section reported that the population of women significantly dropped from 40,538 in 2001 to 28,917 in 2011. Some Jamaican parishes had more females than males: female-dominated parishes included St. Andrew, St. Catherine, and St. James, and male-dominated parishes were St. Ann, Trelawny, Hanover, Westmoreland, St. Elizabeth, Manchester, and Clarendon (STATIN 2014).

At 98 percent, the majority of the population is of African descent. The next largest ethnic groups are mixed-race people of African or European descent (7%). The smaller percentages of ethnic groups are Chinese and Afro-Chinese (0.2%), East Indian and Afro-East Indian (1.3%), and white (0.2%) (Bouchard 2014). A majority of Jamaicans are Protestant (64%). Under the top three sects under the Protestant classification are Seventh-day Adventist (12%), Pentecostal (11%), and Church of God (9%). The largest non-Protestant religions are Roman Catholic (2.2%), Jehovah's Witness (1.9%), and Rastafarian (1.1%) (CIA 2016). Although not numerous, other religions include Muslim (1,500), Hinduism (1,800), Judaism (500), and Baha'i (270) (Bouchard 2014).

Jamaica is steadily working to reduce its debt, which is estimated at USD\$16 billion (130% of GDP) (CIA 2017). This fiscal responsibility is down from 141.6 percent in 2013, when the gross domestic product (GDP) was USD\$14.36 billion and its growth rate measured only at 1.3 percent, while its inflation rate was 9.3. These numbers make Jamaica the slowest-growing economy in the world. Experts attribute the slow economic growth to the high public debt and social problems such as high unemployment and high crime, which affect tourism, one of Jamaica's largest industries (CIA 2017; STATIN 2014).

Overview of Women's Lives

Despite the election of Jamaica's first female prime minister, Portia Simpson Miller, in 2006 (Facts on File 2014), Jamaican women still face many issues, including

inequality in employment, sexual violence, domestic violence, low numbers in the economic and political arenas, and a high rate of adolescent pregnancy as well as low wages. Jamaica ranks 96th out of 187 countries in the Human Development Index (HDI), which is low compared to other Caribbean and Latin American countries. The HDI measures the progress of human development in these areas: the average number of years of education received in a lifetime by people aged 25 years and older and the total number of years of schooling a child of school-entry age can expect to receive if prevailing patterns of specific enrollment rates stay the same throughout the child's life. The last measurement is standard of living. What makes Jamaica's HDI rates low in comparison to other countries in the region are several factors. In the areas of maternal mortality and adolescent birth rate, Jamaica is the second highest in the region. In regard to female participation in Parliament and the labor force, Jamaica is one the lowest (UNDP 2013). One measure of Jamaican women's overall status is reflected in its 2014 Gender Inequality Index (GII) ranking of 93rd out of 188 countries (value of 0.430), placing it in the high human development category. The GII measures how women fare in reproductive health, empowerment, and the labor market (UNDP 2014).

Girls and Teens Sexuality

Jamaica's adolescent fertility rate for 1,000 women between the ages of 15 and 19 is 58 as of 2015, a continuous decline from a high of 210 in 1967 (World Bank 2017). Exacerbating the problem is the mixed messages both genders receive. Boys are expected to express their masculinity through their sexual prowess. They are also expected to be sexually experienced. Girls, however, are strongly encouraged to remain virgins. They are prohibited from expressing their sexuality on any terms (Smith et al. 2003, 45–46). The Catholic Church and church leaders reprimand sexually active teens (Crawford et al. 2011, 163)

Education

Girls make up 49 percent of children aged three to five years old attending early childhood institutions recognized by the Ministry of Education. While at this level, 52 percent of males are enrolled. In the 378 secondary schools, including independent schools, in grades 7–11, 51 percent are female compared to 49 percent male. By the time males reach

secondary education in Jamaica, they enroll at a smaller percentage than when they began school in early childhood. When males reach postsecondary education, their numbers drop dramatically. Jamaica has 7 postsecondary schools with a total enrollment of 44,330 students. Of that number, only 33 percent of males are enrolled. The older girls become, the longer they stay in school compared to their male counterparts (MOE 2014). The mean years for schooling for Jamaicans are 9.7, whereas the expected number of years for schooling is 12.4 years (UNDP 2015).

Literacy

The highest grade that children experience reading problems is at the high school level (Wilks et al. 2007, 31). Males in junior high had great difficulty with reading compared to females in the same group: 45 percent of males had difficulty in reading compared to 25 percent of females. The study demonstrated that adolescent girls outscored males in every aspect of literacy and math: “Males were nearly four times likely to be ‘not literate’ compared with females” (27). Jamaican women’s higher literacy rate shows in the Gender Equity Index (GEI), which measures inequality between men and women in education, the economy, and political empowerment. In the area of education, Jamaica scores 0.97 (Social Watch 2012).

Health

Access to Health Care

Jamaica has 24 hospitals, 5 special institutions, and 348 primary health care centers (WHO 2013). The health care system has public, private, and nongovernmental organizations (NGOs) (MOHE 2007). The health care system has limited specialization care, such as dentists and nurses, and rehabilitation care in speech and occupational therapy. Most prescription drugs are imported, which makes the cost high for Jamaican patients. Despite Ministry of Health (MOH) efforts to combat HIV/AIDs, malaria, and other illnesses, “the prevalence of non-communicable diseases . . . now accounts for more than 50% [sic] of fatal disease outcomes” (WHO 2013).

According to the Ministry of Health’s Web site, the health care system in Jamaica has been decentralized since 1997. In the same year, each region in Jamaica established four health authorities: South East, North East, Southern, and Western. MOH established these facilities to “deliver care to the population” (2008).

A study conducted by Scott and Theodore discovered that providing health care facilities in each region has not resulted in favorable changes for the poorest in Jamaica. In 2004 and 2007, they discovered that age and gender do not factor into whether a person is more likely to be sick or injured. A Jamaican’s income determines whether he or she is likely to be ill or injured and the length of the illness (Scott and Theodore 2013).

Maternal Health

Jamaica’s life expectancy at birth is 72 years old for men, and for women it is 75. The country’s infant mortality rate for children under a year old is 13 per 1,000 live births, while the birth rate is 18 births per 1,000 people (CIA 2017). Jamaican women do not often visit a health care professional while they are pregnant. Ninety-seven percent of pregnant women received antenatal care at least once. Eighty-seven percent of women had made at least four antenatal care visits during their pregnancies. In 2010, the maternal mortality rate was 110 (UNICEF 2012).

Mental Health

Jamaica overall has a low incidence of suicide, based on 2014 World Health Organization data, just 1.22 persons out of 100,00. Of those who do commit suicide, most are young males aged 20–23; 2016 saw 22 cases in this age group. It is believed that lack of work and economic destitution are the primary contributing factors (*The Gleaner* 2017).

Reproduction

The contraceptive prevalence for Jamaica during 2008 and 2012 was 72.8 percent (UNICEF 2012). Contraceptive prevalence is the percentage of one or more partners in a relationship that use some form of birth control. In 2008, a Jamaica National Family Planning Board (NFPB) survey of 15- to 24-year-olds found that 82 percent of women and 86 percent of men knew where to obtain sexual health information, including contraception (MOH 2006).

The Ministry of Health’s Family Planning and Reproductive Health Programme created a policy to provide contraception to adolescents younger than 16 because minors (girls at age 15 and boys at age 12) were having their first sexual experiences younger than the age of consent. According to the Reproductive Health Survey, free contraception is provided in all 320 health care facilities (STATIN 2008).

Abortions are illegal under Section 72 of the Offences against the Person Act 1861. According to the law, “Any woman who seeks to procure an abortion and any person [who] uses drugs, poisons, noxious substances, instruments or other means to induce an abortion, commits an offence” (“The Offences Against the Person Act.” n.d.).

The Ministry of Health formulated an Advisory Group on Abortion Policy Review to decide whether to decriminalize abortion. At that time, on average, globally, there were 35 illegal abortions for every 1,000 women aged 15–44 (Guttmacher Institute 2016). Jamaicans favor being able to terminate a pregnancy in certain cases. Researchers discovered that “60 per cent of respondents support the legalization of termination of pregnancy under ‘special conditions’ such as ‘incest, endangerment of the woman’s physical or mental health and/or life’” (Linton 2014).

HIV/AIDS

Jamaica’s Ministry of Health conducted a surveillance survey of individuals who had HIV or AIDS during the years 1986–2011. According to the survey, HIV/AIDS is more prevalent in tourist areas and particular parishes. For example, Kingston, St. Andrew, St. James, and St. Catherine parishes account for 50 percent of all HIV cases. Urban parishes, including Kingston and St. Andrew, had approximately 1,570 cases per 100,000 people (MOH 2011). Additionally, the update reported that 661 males and 589 females had advanced-stage HIV. Although the MOH attributed a decrease of HIV/AIDS cases to antiretroviral (ARV) drugs, young women between the ages of 10 and 29 had the largest reported cases of AIDS compared to men in the same age range. However, men between the ages of 30 and 79 have the most incidents of AIDS compared to women in the same age range (MOH 2011). The report also found that 10 out of every 1,000 pregnant women were infected with HIV. The update stated that 595 bisexual males and 494 homosexual males had HIV (MOH 2011). The update did not include or identify lesbians or bisexual females. MOH admitted that the statistics for the homosexual and bisexual men might be underreported due to stigma and the danger of admitting homosexual activity.

Employment

Wages

The minimum wage is USD\$48 a week, or USD\$9.60 per day (U.S. Department of State 2013). In 2013, unemployment

for the country was 16 percent. Unemployment for youths between the ages of 15 and 24 was 34 percent. In 2012, unemployment for females in this age group was 42.6 percent and 27.1 percent for their male counterparts (CIA 2014).

Labor Force

In January 2014, of the approximately 1.3 million total workers in the labor force, women made up 45 percent (STATIN 2014). Women continue to be employed in large numbers in occupations that are considered traditionally female jobs, such as education, health, and social work. For example, 55,500 women are employed in the education sector compared to 19,400 men. For the 2011–2012 academic school year, the Ministry of Education (MOE) reported that in the teaching profession, females outnumbered their male counterparts by four to one (MOE 2014). The health and social work fields employed 27,800 women, compared to 9,100 men. The service sector also employs women in greater numbers. Hotels and restaurants employ nearly twice as many women (66,100) as men (37,100). The January 2014 Labor Force report showed that women’s employment grew in other sectors. Nearly 150,000 women compared to 112,400 men are employed in wholesale and retail of motor vehicle equipment; women (17,900) outnumber men (9,300) in the financial intermediation sector; and women (33,200) are slightly more often employed in public administration and compulsory social security than men (27,800) (STATIN 2014).

Maternity Leave

A benefit for female workers is that they receive 8 weeks of paid maternity leave. Jamaican expectant mothers are eligible for 12 weeks of maternity leave, with an additional 14 weeks if the mother or child is ill.

Family Life

Since 2001, marriages in Jamaica have decreased while divorces have increased. For example, Jamaica’s census indicates that, in 2001, 22,308 legal marriages occurred compared to 18,835 in 2013. In 2001, 1,691 Jamaicans divorced while, in 2013, 2,410 divorces occurred. Jamaicans participate in several types of conjugal relationships that do not include marriage: visiting unions, common-law marriage, and legal marriage. Visiting unions are defined as engaging in a relationship for the woman to receive financial assistance in exchange for physical and emotional

companionship (Handa 1996). After several years in a visiting union, the couple may cohabit or form a common-law marriage (794). After the common-law marriage, the couple may choose to legally marry. To move from cohabitation to marriage, the male must show he can financially care for the female and any children she may have (794). Jamaica does not have a national welfare system; therefore, men become the means by which women gain access to resources to support their families (Dreher and Hudgins 2010).

Jamaican women are expected to have children. If a woman does not have children, she is derogatorily referred to as a “mule.” Jamaican women’s primary responsibilities are considered the home and children. The Jamaican male’s responsibility is providing the economic security of his family (Seegobin 2009). In the past, when a woman worked, it was to provide extra income; however, women are becoming more financially independent through entrepreneurship (Bouchard 2014). When the mother is unable to care for her children, they are not sent to the father who may be able to care for the children financially, but to close relatives or friends. In addition, the mother may become a migrant worker, and her children may live with family members while the mother is away (Seegobin 2009).

Politics

The Jamaican political structure is a representative democracy. Jamaica has four branches of government: head of state, executive, national legislature, and judicial. Queen Elizabeth II is the head of state and is represented by the governor-general. The governor-general is appointed on the recommendation of the Jamaican prime minister, Portia Simpson Miller, who represents the executive branch (PRS Group 2013).

Eighteen is the legal voting age in Jamaica. Women gained suffrage in 1944 (Bouchard 2014). Women hold 8 of the 63 seats in the House of Representatives. The seats are divided among 3 women from JLP and 5 from PNP. Therefore, women hold just 15 percent of seats in Parliament and the Senate, despite a woman being prime minister (U.S. Department of State 2013).

Religious and Cultural Roles

Religious Roles

Although Rastafarians only have 29,000 followers, one of the smallest numbers of congregants in Jamaica, their views of women are in line with Jamaican culture.

Rastafari is a religion that developed in Jamaica in 1930 as a response to the British colonial rule (Thomas 2004). Rastafari began in 1930 because Haile Selassie I became the king of Ethiopia in that same year. Rastafarians believe that King Selassie I is God. Additionally, Rastafarians follow the beliefs of Marcus Garvey, who was also Jamaican. Garvey believed in the self-determination of Africans all over the world (45). The religion has a very definitive concept of women. For example, women are referred to as “daughters.” Obiagele Lake explains the status of Rastafari women as second-class citizens who must defer to the men in their lives. This deference to men is based on the false notion of women’s inferiority and the women’s ability to menstruate and birth children. Many Rasta men see their dominance over women as “a natural order of things as described in the Christian Bible” (4). In addition, women learn how to dress to not corrupt their femininity (4).

Cultural Roles

Dancehall is a Jamaican phenomenon known as *reggae*. Reggae is an elite or middle-class art form (Bakare-Yusuf 2005, 266). Dancehall is the “ruling class” music that rebels against “culture and civilization” (270). Like reggae, the blues and jazz in the United States were considered “lower class” and repugnant due to their style. However, these musical styles are now considered cultured and civilized. Like dancehall in Jamaica, rap and hip-hop in the United States are often considered “lower class” and include songs about violence and objectifying women.

Like rap, the dancehall music deck is a male space. The disc jockey uses homophobic lyrics and metaphors to denounce the homosexual lifestyle. DJs use dancehall to express their masculinity, their heterosexuality, and their sexual prowess. Although the dancehall deck is decidedly male, the dancehall floor is female. Dancehall women use their bodies and the dance not to be a conquest, but to remove the daily constraints and expectations that Jamaican society places on them. The dancehall is not space where women rebel; rather, it “is the arena where women exercise control over their bodies, stimulate sexual desire and call themselves into being” (270).

Issues

Trafficking

Trafficking of sex, drugs, and children is common in Jamaica. Women looking for work are lured into

massage parlors and later are forced into prostitution. Under the Sexual Offences Act 2009, procuration is the luring or procuring of a person into prostitution. The punishment of this offense is a fine or 10 years in prison (UN Women n.d.).

Children are vulnerable to trafficking when parents send their children to families with more resources for better opportunities. Sometimes they are coerced into prostitution and domestic servitude. The local “dons” who take advantage of the family’s misfortune are outside of the authorities’ control. Because of the authorities’ inability to control the dons, trafficking persists (U.S. Department of State 2013).

Single mothers are lured into drug trafficking because they are unable to provide for their children. These women, called “cocaine mules,” swallow bags of cocaine and travel to England. Inevitably, the women are caught and jailed in London. Therefore, their children remain in Jamaica to fend for themselves (Gillan 2003). Many of these women do not understand the seriousness of their crimes nor the potential severe penalties that the United Kingdom will impose. Not only is the mother punished, but the children as well. The children of drug traffickers suffer educationally, financially, psychologically, and nutritionally. In addition, without their mothers, they are separated from their siblings and fall prey to begging and prostitution (Klein 2004).

Violence

“Jamaica has one of the highest per capita homicide rates in the world” (Stephenson 2012). In 2011, 1,125 murders in Jamaica occurred in the first three months. Between January and March of 2012, 272 murders and 282 shootings occurred (39). In those same months, 300 sexual assaults were reported (40). The World Health Organization (WHO) considers violence as a health problem (Le Franc et al. 2008). WHO defined violence as “the intentional use of physical force or power, threatened or actual against . . . another person, or against a group or community . . . that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation” (411).

This inclusive definition, does not exclude the possibility of physical or mental harm. Jamaica has the highest rate of violence against women (Le Franc et al 2008). The violence is still high after Jamaica passed the Domestic Violence Act in 1995 and amended it in 2004. Like the WHO

definition, the Domestic Violence Act includes all forms of violence, including sexual, physical, and mental abuse (Stephenson 2012).

Sexual Violence

Women were the most likely victims of sexual coercion. Jamaica has the highest rate of sexual coercion compared to Barbados, Trinidad, and Tobago (Le Franc et al. 2008). Twenty percent of Jamaican women experienced rape before the age of 20. The victim frequently knows the perpetrator, for example, her husband, a family member, or acquaintance. Sexual violence occurs more frequently between ages of 19 and 22 and less frequently for those 27 and older. The Ministry of Health and Environment reported in its 2007 annual report that 1,477 females and 80 males visited a public hospital for sexual assault (MOHE 2007).

One of the laws in Jamaica that addresses gender-based violence is the Sexual Offences Act of 2009. The act includes offenses such as rape, marital rape, grievous sexual assault, buggery, sex trafficking and procuration, sexual offenses in relation to children, and sexual offenses in relation to persons with mental impairment (UN Women n.d.). This law defines rape as sexual intercourse without the woman’s consent. If a woman is given false information about the sexual act or is physically threatened, she has not given consent.

The Sexual Offences Act addresses sexual offenses against children, including sexual intercourse with a child under 16 years, adults in a position of authority, procuring sex with children, or sexual interference and grooming. Sexual intercourse with a minor is having sexual intercourse with a child under the age of 16. The penalty for having sex with a minor is 15 years in prison. The act also mandates a maximum sentence of life in prison and a minimum sentence of 15 years in prison for people in positions of authority who have sex with a minor (UN Women n.d.). A new section makes a provision for those who sexually touch or groom a child for sexual purposes. The punishment for this criminal act is 15 years in prison. However, according to a UNICEF report on sexual violence against children, “men often believe they have a right to engage in sex with girls under their care” (Hahn 2012).

Beauty Standards

Much of the Jamaican beauty standards were set during slavery. During slavery as well as now, in Jamaican society, mulatto, “browns,” “browning,” or persons who are of

mixed race are considered the standard of beauty. Patricia Mohammed noted that people of dual racial identities were being elevated in local songs and European paintings. Italian painter Agostino Brunias created three images, “The Barbados Mulatto Girl 1780,” “A Negro Festival Drawn from Nature in the Island of St. Vincent,” and “The West Indian Washerwoman,” where the mulatto was the dominant figure (30). Mixed-race women were considered beautiful in part because their color was similar to whites or Europeans. Because of a woman’s light complexion, she had preferential treatment. During slavery, a mulatto woman had the best jobs, such as being a house slave rather than a field slave (40). Although Mohammed cautions that the degree of privilege mulattos received may be overrated, she contends that “both Black and mulatto female slaves were better placed to benefit from their intimate associations with Whites” (38). Mulatto male slaves did not have the same privileges as the female slaves; they were considered a threat to the power of the white male’s authority (30). The notion of a brown or light complexion during slavery made its mark in unusual ways in the contemporary Jamaican society.

Mohammed contends the “browning” or mulatto beauty standard is not exclusively based on physical features. She states, “A combination of aesthetic ‘acceptability’ from the point of view of white male society, together with the economic and social entrepreneurship of the more fortunate in this class of women contributed to the attractiveness of the mulatto woman” (43). The “aesthetic of acceptability” has translated in contemporary times to beauty competitions where the majority of the winners are light-skinned and in the use of chemicals to lighten one’s complexion.

In 1955, to celebrate Jamaica’s tercentennial anniversary as a British colony and later as a country, the government of Jamaica decided to have a beauty contest. This beauty contest, called Ten Types—One People, was unique in that contestants would represent a particular nationality and color (Rowe 2009, 39). Examples of names include “Miss Ebony,” “Miss Mahogany,” “Miss Satinwood,” “Miss Apple Blossom,” “Miss Pomegranate,” “Miss Sandalwood,” “Miss Lotus,” “Miss Jasmine,” and “Miss Allspice” (44). If these types were numbered 1 to 10, the darkest woman would be 1 and lightest would be 10. Therefore, “Miss Ebony” represents dark-skinned Jamaican women, while “Miss Allspice” represents women with part Jamaican and part Indian (India) heritage (44).

The Ten Types—One People beauty pageant reflected the country’s motto and a reaction to the event. In hopes

of unifying the country, the government of Jamaica created a slogan, “Out of Many, One People,” to recognize the many different types of racial groups in Jamaica as well as to unify them. The Ten Types beauty contest was intended to reflect the motto of the country and serve as a response to the Miss Jamaica beauty contest. The Miss Jamaica contest was notorious for selecting only light-skinned, mixed-race women, which for many people implied that a light complexion was the standard of beauty and that dark skin was ugly.

In reaction to the Ten Types—One People beauty pageant, another event, Caribbean Fashion Week, included designers and models of all nationalities and throughout the color spectrum (Cooper 2010, 387).

A practice that many feel is a direct result of the preference for a light complexion, which started during slavery, is skin bleaching. Skin bleaching is when a dark-skinned person changes his or her skin color through chemicals. Some of the chemicals are homemade or mixed with products sold on the market, such as Dermaclear, Nadinola, and Topiclear. In addition, some state that a bleaching pill exists (Charles 2003, 715). Skin bleaching is neither an exclusively Jamaican nor African practice; it is practiced throughout the world. Skin bleaching is mentioned in the dancehall songs and is a lecture topic at the University of West Indies (Brown-Glaude 2013).

Jamaican females primarily bleach their skin to become more attractive to Jamaican males and to avoid colorism, which is “the process of discrimination that privileges light skin people of color over their dark skin counterparts” (Charles 2011, 376). However, when males bleach their skin, it is viewed by others as a homosexual act. In March 2011, Vybz Kartel, a dancehall deejay, was invited to lecture at the University of the West Indies (UWI) to discuss his skin bleaching and to defend his heterosexuality (Brown-Glaude 2013, 53).

AUDREY ROBINSON-NKONGOLA

Further Resources

- Bakare-Yusuf, Bibi. 2005. “I Love Myself When I Am Dancing and Carrying On”: Requiring the Agency of Black Women’s Creative Expression in Jamaican Dancehall Culture.” *International Journal of Media and Culture Politics* 1: 263–276.
- Bouchard, Jen Westmoreland. 2014. “Jamaica: Country Snapshot.” *Global Road Warrior: The Ultimate Guide to the World*. Retrieved from http://www.globalroadwarrior.com.gary.libproxy.ivytech.edu.allstate.libproxy.ivytech.edu/contentinfo.asp?cid=74&nid=65&next_nid=66.
- Brown-Glaude, Winnifred. 2013. “Don’t Hate Me ’Cause I’m Pretty: Race, Gender and the Bleached Body in Jamaica.” *Social and Economic Studies* 62.1/2: 53–78.

- Charles, Christopher A. D. 2003. "Skin Bleaching, Self-Hate, and Black Identity in Jamaica." *Journal of Black Studies* 33: 711–728. Retrieved from <http://jbs.sagepub.com/content/33/6/711.full.pdf>.
- Charles, Christopher A. D. 2011. "Skin Bleaching and the Prestige Complexion of Sexual Attraction." *Sexuality and Culture* 15: 375–390. doi:10.1007/s12119-011-9107-0.
- CIA (Central Intelligence Agency). 2014. "Central America and Caribbean: Jamaica." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/jm.html>.
- CIA (Central Intelligence Agency). 2016. "Central America and Caribbean: Jamaica." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/jm.html>.
- CIA (Central Intelligence Agency). 2017. "Central America and Caribbean: Jamaica." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/jm.html>.
- Cooper, Carolyn. 2010. "Caribbean Fashion Week: Remodeling Beauty in 'Out of Many One Jamaica.'" *Fashion Theory: The Journal of Dress, Body and Culture* 14.3: 387–404.
- Crawford, Tazhmoye V., Joan Rawlins, Donovan A. McGrowder, and Robert L. Adams Jr. 2011. "The Church's Response to Sexual Reproductive Health Issues among Youths: Jamaica's Experience." *Journal of Religion and Health* 50.1: 163–176. doi:10.1007/s10943-010-9365-4.
- Dreher, Melanie, and Rebekah Hudgins. 2010. "Maternal Con-jugal Multiplicity and Child Development in Rural Jamaica." *Family Relations* 59. doi:10.1111/j.1741-3729.2010.00618.X.
- Facts on File. 2014. "Jamaica At-a-Glance." *World Geography and Culture Online*. Retrieved from <http://www.fofweb.com.gary.libproxy.ivytech.edu.allstate.libproxy.ivytech.edu/activelink2.asp?ItemID=WE39&p=Country.aspx&iPin=M0019798&Page=1&Subject=&Type=&SingleRecord=True>.
- Gillan, Audrey. 2003. "Struggle for Everyday Survival That Forces Women to Risk the Dangers of the Drug Run." *The Guardian*, September 30. Retrieved from <http://www.theguardian.com/politics/2003/oct/01/drugsandalcohol.prisonsandprobation>.
- The Gleaner*. 2017. "Suicide Rate Down in 2016, but Higher Incidence among Males – PIOJ." *The Gleaner*, June 16. The Gleaner Company (Media) Limited. Retrieved from <http://jamaica-gleaner.com/article/lead-stories/20170616/suicide-rate-down-2016-higher-incidence-among-males-pioj>.
- Guttmacher Institute. 2016. "Induced Abortion Worldwide: Global Incidence and Trends." Retrieved from <https://www.guttmacher.org/fact-sheet/induced-abortion-worldwide>.
- Hahn, Tamar. 2012. "Fighting Child Sexual Abuse in the Caribbean." UNICEF. Retrieved from http://www.unicef.org/infobycountry/jamaica_62479.html.
- Handa, Sudhandsu. 1996. "The Determinants of Female Headship in Jamaica: Results from a Structural Model." *Economic Development and Cultural Change* 44: 793–815.
- JIS (Jamaica Information Service, Government of Jamaica). 2016. "History of Jamaica." Retrieved from <http://jis.gov.jm/information/jamaican-history>.
- Klein, Axel. 2004. "Women on the Brink: The Plight of Jamaican Cocaine Mules." *Drugs and Alcohol Today* 4.3: 29–31.
- Kurian, George Thomas, ed. 2016. "Jamaica: History Overview." Facts on File, *World Geography and Culture Online*. Retrieved from <http://www.fofweb.com/activelink2.asp?ItemID=WE39&Details.aspx&iPin=EWNC3245&SingleRecord=True>.
- Le Franc, Elsie, Maureen Samms-Vaughan, Ian Hambleton, Kristin Fox, and Dennis Brown. 2008. "Interpersonal Violence in Three Caribbean Countries: Barbados, Jamaica, and Trinidad and Tobago." *Revista Panama Salud Publica* 24 (Winter): 410–421.
- Linton, Latonya. 2014. "St. Ann MP Calls for Changes to Abortion Legislation." Jamaica Social Investment Fund. May 7. Jamaica Information Service. Retrieved from <http://jis.gov.jm/st-ann-mp-calls-changes-abortion-legislation/>.
- Meditz, Sandra W., and Dennis M. Hanratty, eds. 1987. *Caribbean Islands: A Country Study*. Washington, D.C.: GPO for the Library of Congress. Retrieved from <http://countrystudies.us/caribbean-islands>.
- MOE (Ministry of Education). 2012. "Jamaica Education Statistics 2011–2012." Kingston, Jamaica: Statistics Section, Ministry of Education.
- MOH (Ministry of Health). 2006. "Youth Risk Resilience Survey." Retrieved from moh.gov.jm/wp-content/uploads/2015/07/Youth_Risk_Resiliency_Survey_2006.pdf.
- MOH (Ministry of Health). 2011. "HIV Epidemic Update: Facts and Figures 2011." National HIV/STI Programme. Retrieved from <http://moh.gov.jm/wp-content/uploads/2015/03/HIV-Epidemic-Update-Facts-and-Figures-2011.pdf>.
- MOHE (Ministry of Health and Environment) 2007. "Jamaica Annual Report 2007." Policy, Planning and Development Division, Planning and Evaluation Branch. Report no. 0799-0979. Retrieved from <http://moh.gov.jm/national-hiv-sti-tb-programme/information-centre/nhp-publications/nhp-reports/>.
- "The Offences Against the Person Act." n.d. Retrieved from <http://cda.gov.jm/sites/default/files/content/Offences%20Against%20the%20Person%20Act.pdf>.
- PRS Group. 2013. *Jamaica: Country Report*. Report no. 1054-5689. East Syracuse, NY: PRS Group.
- Rowe, Rochelle. 2009. "Glorifying the Jamaican Girl: The 'Ten Types-One People' Beauty Contest, Racialized Femininities, and Jamaican Nationalism." *Radical History Review* 103: 36–58.
- Scott, Ewan, and Karl Theodore. 2013. "Measuring and Explaining Health and Health Care Inequalities in Jamaica, 2004 and 2007." *Revista Panamericana de Salud Publica* 33.2: 116–121.
- Seegobin, Winston. 2009. "Marriage and Family Encyclopedia." Caribbean Families—Family Structure. Retrieved from <http://www.globaldialoguefoundation.org/files/fam.2009-mar.caribbeanfamilies.pdf>.
- Smith, Damon, Michele Roofe, John Ehiri, Sheila Campbell-Forrester, Curtis Jolly, and Pauline Jolly. 2003. "Sociocultural Contexts of Adolescent Sexual Behavior in Rural Hanover, Jamaica." *Journal of Adolescent Health* 33.1: 41–48.
- Social Watch. 2012. "Gender Equality by Country." Retrieved from <http://www.socialwatch.org/node/14367>.

- STATIN (Statistical Institute of Jamaica). 2008. "Reproductive Health Survey: Jamaica: 2008 Young Adults Report." National Planning Family Planning Board. Retrieved from <http://jnfpb.org/assets/2008%20RHS%20Young%20Adults%20Report.pdf>.
- STATIN (Statistical Institute of Jamaica). 2014. "Female Labour Force Indicators 2013." Retrieved from <http://statinja.gov.jm/LabourForce/labourforcefemales.aspx>.
- Stephenson, J'Nelle. 2012. "Violence Prevention Targeted at Women: What Can Be Done to Improve the Life of Women in Jamaica." *Community Psychologist* 45.4: 39–41.
- Thomas, Deborah A. 2004. *Modern Blackness: Nationalism, Globalization, and the Politics of Culture in Jamaica*. Durham, NC: Duke University Press.
- UNDP (UN Development Programme). 2013. "The Rise of the South: Human Progress in a Diverse World: Jamaica." Retrieved from <http://hdr.undp.org/sites/default/files/Country-Profiles/JAM.pdf>
- UNDP (UN Development Programme). 2014. "Table 5: Gender Inequality Index." (Retrieved from <http://hdr.undp.org/en/composite/GII>).
- UNDP (United Nations Development Programme). 2015. "Human Development Reports: Jamaica." Retrieved from <http://hdr.undp.org/en/countries/profiles/JAM>.
- UNICEF. 2012. "Statistics." Retrieved from http://www.unicef.org/infobycountry/jamaica_statistics.html.
- United Nations Children's Fund Jamaica (UNICEF). Retrieved from http://www.unicef.org/lac/Jamaica_Youth_Risk_Resiliency_study.pdf.
- UN Women. n.d. "Caribbean: Jamaica." Retrieved from <http://caribbean.unwomen.org/en/caribbean-gender-portal/caribbean-gbv-law-portal/gbv-country-resources/jamaica#SOA>.
- U.S. Department of State. 2013. "Trafficking in Persons Report—Jamaica." Retrieved from <http://www.refworld.org/docid/51c2f3b34d.html>.
- WHO (World Health Organization). 2013. "WHO Report on the Global Tobacco Epidemic 2013: Country File, Jamaica." Retrieved from http://www.who.int/tobacco/surveillance/policy/country_profile/jam.pdf?ua=1.
- Wilks, R., N. Younger, S. McFarlane, D. Francis, and J. Van Den Broeck. 2007. "Jamaican Youth Risk and Resiliency Behavior 2006: Community-Based Survey on Risk and Resiliency Behaviors."
- World Bank. 2017. "Adolescent Fertility Rate (Births per 1,000 Women Ages 15–19)." Retrieved from <http://data.worldbank.org/indicator/SP.ADO.TFRT?locations=JM>.

M

Mexico

Overview of Country

The United Mexican States, commonly known as Mexico, is the fifth-largest country in the Americas and measures 758,449 square miles (almost 2 million sq. km). It has a population of approximately 125 million. With coasts along both the Atlantic and Pacific Oceans, it shares a border with the United States to the north and Guatemala to the south. Its varied climate includes tropical, subtropical, and temperate regions, and it has a diverse topography owing to its two mountain ranges that run north to south—the Sierra Madre Occidental and the Sierra Madre Oriental.

The Aztecs, part of the nomadic Chichimecas, who once lived in present-day Mexico's northern frontier, including parts of the American southwest, began their migration to the Valley of Mexico in the early 1100s. By the time of European contact, this small nomadic society had employed warfare and intimidation to subjugate the region's sedentary societies and established the Aztec Federation—roughly the size of present-day Mexico. The federation, a decentralized imperial empire, was the largest in the Americas, with approximately 15–25 million inhabitants. The Aztec capital, Tenochtitlan, located in what is now Mexico City, with its approximately 200,000 inhabitants, was the largest city in the Americas at the time (McCaa 1997).

After the Spaniards and their indigenous allies, especially the Tlaxcalans, conquered Tenochtitlan (1519–1521), Mexico remained a Spanish colony for three centuries—part of the Viceroyalty of New Spain—encompassing what is now Mexico and Central America, the southwest United States, the West Indies, and the Philippines. Despite a demographic collapse caused by disease and exploitation, which destroyed approximately 90 percent of the native population in the 1500s, indigenous society and culture survived and rebounded in the 1600s and 1700s. Because the Spanish colonial system depended on Indian villages for its survival, indigenous society remained intact throughout the colonial era, albeit in a modified form. Along with indigenous peoples and Europeans, the importation of approximately 200,000 predominantly male enslaved Africans during the colonial era created a racially and culturally diverse society (McCaa 1997). Religion was an important aspect of Spanish colonization. The Spanish Crown put considerable resources into converting the indigenous population to Catholicism, relying on the regular clergy, including the Franciscans, Augustinians, Jesuits, and others. From this, a syncretic form of Catholicism that incorporated indigenous elements developed.

Mexico became independent from Spain in 1821. Shortly after, Central America broke off (1823) and became an independent entity called the United Provinces of Central America, which later divided into five separate nations. Twenty-five years later, as spoils of the Mexican-American

War (1846–1848), the United States annexed the northern half of Mexico and shortly thereafter acquired more territory through the Gadsden Purchase (1853), leaving Mexico with its current boundaries.

Liberalism became dominant in the 19th century, with liberals' victory over conservatives and the Catholic Church during the Reform era of the 1850s. Mexico modernized in the latter part of the 19th century, an era marked by industrialization, railroad construction, and booming exports. The early 20th century was also an era of change, as Mexico experienced a violent revolution (1910–1920) followed by a decade of reconstruction. In the late 1990s and early 2000s, Mexico experienced significant population growth. High birth rates and decreased infant mortality rates have led to today's large population of young people. Mexico is more urban than rural, and Mexico City, the largest city and the country's capital, is home to 23 million inhabitants. As a diverse nation composed of cities, towns, and traditional villages, Mexico's population is predominantly mestizo (a blend of natives, Europeans, and Africans). In some coastal regions, such as Veracruz, there is a stronger African heritage than in other areas. Indigenous societies are more prominent in Central and Southern Mexico; the states with the highest percentage of indigenous peoples are Oaxaca, Veracruz, Chiapas, Puebla, and Yucatán. Mexico's indigenous population is calculated at 8–11 percent of the total, and there are 56 recognized indigenous languages. In Oaxaca and Yucatán, more than half the population speaks an indigenous language; otherwise, Spanish is spoken by the vast majority of Mexicans (Fox 1999).

Overview of Women's Lives

The Gender Inequality Index gives one perspective of women's overall condition, Mexico ranks 74th of 188 countries (.373) (UNDP 2011). Furthermore, race, class, and region affect females disparately, making distinguishing women's experiences, despite their common gender.

Girls and Teens

Education and Gender Roles

Male and female literacy rates are similar, and Mexico ranks 81st out of 142 countries in literacy (CEDAW 2012). While this suggests gender parity nationally, at the primary and secondary school levels, there are regional differences. Southern Mexican states, with the largest indigenous populations, rank lower on educational attainment for women

than central and northern states, such as Chihuahua, the Federal District, and Nayarit (Frias 2008). Reflecting this disparity, in urban areas, the illiteracy rate for women is 5.3 percent, considerably lower than the 18.2 percent illiteracy rate for women in rural areas (CEDAW 2012). Economics partly explains this disparity; educational pursuit places an economic burden on impoverished and indigenous families. A 2011 study found that indigenous girls drop out before middle school more frequently than their male counterparts. Limited financial resources are a factor in indigenous girls' school dropouts, but cultural responsibility to fulfill a gender role as caregiver can also pressure females to leave school (Mijangos-Noh and Cardos-Dzul 2011, 73).

To encourage children to stay in school, Mexico launched Prospera, a social assistance program in the 1990s (previously Oportunidades). The government maintains that no political strings are attached to receiving benefits (Smith-Oka 2013, 9, 46). Eligible families or mothers receive direct cash payments when they continue their children's primary and secondary education and take them for regular check-ups and preventive health care at local clinics (UNDP 2011; Smith-Oka 2013, 44–45, 77). Food grants are also distributed, supplementing nutrition for young children and pregnant or lactating mothers. In 2011, more than 58 percent of the eligible population in Chiapas and Oaxaca participated in Prospera. The program decreased child malnutrition by 17.2 percent, increased secondary school enrollment for girls by 11 percent and boys by 7.5 percent, and increased the number of children under the age of five seen by health care professionals from 30 percent to 60 percent (UNDP 2011). Prospera has supported nearly 6 million families; however, many women live in remote environments, making travel to clinics difficult (World Bank 2015; Smith-Oka 2013, 77).

Teen Pregnancy

CEDAW found that Mexico reduced education for sexual and reproductive health and rights despite a high teen pregnancy rate of 67.3 per 1000 in 2004 (OECD 2007; CEDAW 2012, 9). This high rate affects young women's educational attainment. By itself, teen pregnancy is not necessarily a reason for dropping out of school, but socioeconomic disparities, pregnancy, and child care take priority over schooling, especially in communities where motherhood conveys more social standing than education (Campero et al. 2014). A study of impoverished Chiapan women concluded that for over half of the women, unpaid family caregiving duties

negatively affected their or their daughters' educational outcomes (Bergstrom and Heymann 2005, 273). Since 2004, the governmental grant program Programa de Becas para Madres Jóvenes y Jóvenes Embarazadas (PROMAJOVEN) has worked to address this issue by providing educational grants to young mothers and pregnant teens 12–18 years old who wish to continue or complete their education through the secondary level. In 2013, PROMAJOVEN provided grants for 17,094 teen girls and increased care coverage in rural and indigenous areas.

Recreation and Health

In 2006, the Mexican National Health and Nutrition Survey found that 32.5 percent of girls and teens were overweight or obese. In 2009, another study found that 31.4 percent of girls and teens between the ages of 10 and 19 watched television for seven or more hours per week and that 42.5 percent spent less than four hours a week doing physical activity. School nonattendance, urban living, and a higher rate of screen time increased the likelihood of youths being overweight (Morales-Ruán et al. 2009).

Education

Mexican girls have slightly higher enrollment for primary and secondary education than boys, though this is reversed for higher education (WEF 2014). Among those with a college education, there are 78 women for every 100 men. Women are underrepresented in certain disciplines and among professional researchers (Frias 2008, 228). Nevertheless, women have achieved more educational than economic parity. In the 15–29 age bracket, men are three times more likely to be employed or enrolled in educational training than women (OECD 2015). States with large indigenous populations have especially poor educational attainment overall (Frias 2008, 228). In 2012, CEDAW highlighted the labor market's gender segregation and how it resulted in lower wages for women. To combat this disparity, CEDAW recommended encouraging young women to pursue male-dominated fields, such as technical vocations (CEDAW 2012, 9; Frias 2008, 226).

Health

Access to Health Care

Mexico has significantly expanded health care coverage over the past decade, improving from the 1990s when

about half of the population lacked coverage (OECD 2015); many paid for health care out of pocket or did without, even though being uninsured violated a 1983 constitutional amendment ensuring Mexicans' right to health protection (Stebbins 1993, 212). In 2003, Congress voted to reform the Ley General de Salud (General Health Law) and the Ministry of Health implemented Sistema de Protección Social en Salud (Social Protection in Health), which provided comprehensive health care to poor families who did not have access to social security. Seguro Popular (People's Insurance), or public insurance, gave access, by law, to comprehensive health care for all. Despite this increased coverage, regional disparities persist because care is limited by geography and poverty. Wealthy Mexicans are unaffected by problems in the public health system because they routinely use private hospitals. The new health reform helped Mexican women because the former health care system was tied to formal employment; many Mexican women failed to qualify. Many Mexican and indigenous women still face considerable problems accessing health care due to poverty, geography, race, or all three.

Maternal Health and Reproduction

Under Mexico's health care system, all women have rights to reproductive care and family planning, services endorsed as early as the 1970s to limit population growth and promote small, healthy families (Smith-Oka 2015, 100). Women have access to condoms, birth control pills, intrauterine contraceptive devices (IUDs), and sterilization. Governmental programs and private organizations, such as Fundación Mexicana para la Planeación Familiar (the Mexican Family Planning Foundation), focus their efforts on women who use contraceptives to control their family size. Nevertheless, females who lack education, live in impoverished areas, and are in their teens often lack access to family planning strategies. Additionally, some follow official Catholic doctrine, which disapproves of contraceptives (Smith-Oka 2015, 100–101).

Diseases and Disorders

The HIV/AIDS epidemic started in Mexico in 1983 and has infected 0.3 percent of the population, which is among the lowest percentages in the Americas (Strathdee et al. 2012). Despite these positive statistics, in certain regions, such as the U.S.-Mexican border, cases of HIV/AIDS are on the rise. HIV/AIDS is concentrated among men who have sex with men, those who inject drugs, and sex workers.

According to 2013 estimates, the number of people living with HIV/AIDS is between 140,000 and 230,000. In 2013, the reported deaths from HIV/AIDS were 4,971. Under Mexico's health care policy, people infected with HIV/AIDS can receive antiretroviral therapy (ART); in 2014, more than 98,000 received ART treatment (Secretaria de Salud 2015, 27, 31, 73).

Obesity is a significant problem affecting Mexican women and men. Mexico surpasses the United States in adult obesity; almost one-third of the population in each country is obese (UNFAO 2013, 77–79). Additionally, over 70 percent of Mexican adults were overweight in 2014. Socioeconomic factors such as poverty and educational disparities contribute to these rates (OECD 2014, 3). The government combats obesity by encouraging exercise, taxing junk foods and soda, and collaborating with Coca-Cola for the Ponte al 100 Program (literal translation is “put the 100,” though “reach for 100” may better represent the meaning) (Rosenberg 2015; OECD 2014, 6).

Abortion

Mexico, like other Latin America countries, restricts women's ability to have abortions. It has fewer limits than El Salvador, Nicaragua, and Chile, which ban abortion in all circumstances. Laws vary from state to state, and abortions are only permissible under specific circumstances: a

threat to the woman's life or health, rape, incest, serious malformation of the fetus, an accidental miscarriage, or economic hardship, such as when a woman already has three children (Domínguez 2001, 19). In 2007, Mexico City decriminalized abortion. With more than 20 million residents, it became the most populous area in Latin America to legalize abortion. All Mexico City Ministry of Health hospitals and clinics are required to provide abortion services during the first 12 weeks of a pregnancy. Mexico City residents receive the service for free, and nonresidents pay a small fee. As of October 2013, approximately 90,000 abortions had been performed in Mexico City (Becker and Olavarrieta 2013). In reaction to Mexico City's law, other parts of the country and over half of Mexico's 31 states amended their constitutions by declaring that the right to life starts at conception (Wilson et al. 2011, 175). Reformed state laws permit the prosecution of women who have abortions as well as those who perform them. In some states, if a woman cannot prove she miscarried, she can be prosecuted for having an illegal abortion (Malkin 2010; Gaestel and Shelley 2014).

Indigenous Women's Reproductive Justice

Indigenous women have been targets of coercive techniques to limit their reproduction and have become skeptical of public health services. In 2013, the National

Women's Voices

Lucila Bettina Cruz Velázquez

Lucila Bettina Cruz Velázquez is a human rights defender in Oaxaca, Mexico. She is a member of the Assembly of the Indigenous Peoples of the Tehuantepec Isthmus in Defense of Land and Territory, the movement of Civil Resistance against High-Electricity Prices, and the National Network of Women Human Rights Defenders in Mexico. As with many other human rights defenders, she lives under threat, and since 2011, she has been provided with precautionary protection measures because she was assaulted by state police. She has worked against the negative impacts of wind farms on traditional indigenous lands and has therefore been subjected to judicial harassment, including charges of affecting national consumption and national wealth for which she was acquitted in 2015. According to Cruz Velázquez, the energy companies coerce farmers into accepting low-paying contracts. She is demanding new contracts that honor the rights of indigenous farmers.

Front Line Defenders. 2016. “Lucila Bettina Cruz Velázquez.” Retrieved from <https://www.frontlinedefenders.org/en/profile/lucila-bettina-cruz-vel%C3%A1zquez>.

International Service for Human Rights. 2015. “Mexico: Court Dismisses Baseless Charges against Bettina Cruz Velazquez.” February 16. Retrieved from <http://www.ishr.ch/news/mexico-court-dismisses-baseless-charges-against-bettina-cruz-velazquez>.

Vance, Erik. 2012. “A Case of Big Wind Bullying in Mexico?” *The Christian Science Monitor*, February 28. Retrieved from <http://www.csmonitor.com/World/Americas/Latin-America-Monitor/2012/0228/A-case-of-Big-Wind-bullying-in-Mexico>.

Commission to Prevent and Eradicate Violence against Women reported that 27 percent of sterilized indigenous women were not consulted before the procedure—only the women's partners were consulted (U.S. Department of State 2015). Additionally, the maternal mortality is higher for indigenous than mestizo women. According to the Human Rights Index (2013), Mexico's maternal mortality is 49 deaths per 100,000 live births, but in states with a large indigenous population, the rate is much higher. According to 2011 statistics, Tamaulipas has the country's lowest maternal mortality rate at 15.7, and in Guerrero, a state with a large indigenous population, the rate is six times higher at 90 (UNICEF 2013, 4). Indigenous women's limited access to health care, fueled by socioeconomic factors, and suspicion of hospitals and clinics contribute to this higher mortality rate (Smith-Oka 2015, 103–104).

Employment

There is a gender gap in Mexico's formal labor market. About 78 percent of men have jobs, but only 45 percent of women are employed. These statistics do not capture the large number of women who work in the informal work sector—work that is unregulated, unmonitored by the government, unreported in the nation's gross national income, low-paying, and sometimes seasonal and illegal (OECD 2015).

Maquiladoras

More than 5 million Mexican women and men are employed in manufacturing work, many in the *maquiladoras*, factories that are often foreign-owned, predominantly by U.S. companies attracted by tax breaks, low wages, and the close location to the U.S. border. Products made in *maquiladoras* range from clothing to drones. In 2010, workers in *maquiladoras* in Juarez started at USD\$10 per day (Beaubien 2011). However, with an average weekly wage of 500 to 600 pesos (roughly USD\$40–\$50), workers in border towns earned more (Bacon 2015).

A recent report found that women comprised more than half of the textile, high-tech equipment (control navigation), electronics, and medical equipment workers. Factory owners target women, appealing to stereotypes about their abilities, such as manual dexterity to sew proficiently. Additionally, “*maquiladora* employers . . . showed a preference for hiring female workers, many of them still in their teens, who, managers believed would be more compliant”

(Lee and Lee 2010, 186). Finally, companies targeted women because they could pay them lower wages than men; employers asserted that women did not need to earn much because their pay supplemented their husband's. However, many female *maquiladora* workers were and continue to be the primary providers (Giles 2006, 9–10).

Discrimination and violence toward women are prevalent in *maquiladoras*. Most managers are men, in contrast to the large female workforce. There have been reports of sexual harassment, such as women having to reciprocate sexual advances by men to keep their jobs or to get benefits such as vacation days or pay bonuses (Parboteeah and Cullen 2013, 175). Some companies enforce pregnancy testing as part of the hiring process, do not hire pregnant women, or tell women they will be fired if they became pregnant (HRW 1996). Pregnancy discrimination is still an ongoing problem that has never been “full[y] investigat[ed],” and some link this continuing discrimination to the outsourcing of *maquiladora* jobs from Mexico to Central America and Asia (Tuttle 2012, 179–180; Lee and Lee 2010, 185).

Limited regulation and weak enforcement allows *maquiladoras* to pollute, threatening the environment and its inhabitants. Workers from varied industries can be exposed to toxic lead, brominated flame retardants, products that have aldehydes, mercury, potassium hydroxide, nickel, and many other chemicals and metals that can negatively affect workers (Lee and Lee 2010, 184, 185–186). Chemical components in batteries can irritate or burn skin and may cause birth defects and other reproductive problems. *Maquiladora* workers have higher mortality rates for cancer than elsewhere in Mexico (Lee and Lee 2010, 186). Environmental hazards from work sites spread to communities, causing poor air quality and contaminated water, especially when factories use local water supplies as toxic waste dump sites. The extent of these health problems has yet to be fully determined (Adeola 2011, 137).

Domestic Workers

Domestic workers face a high degree of exploitation. It is a labor sector that is largely unregulated and segmented by gender and ethnicity. Indigenous women, who do not speak Spanish as their primary language, make up about 80 percent of domestic workers. Social, cultural, and economic forces have segregated indigenous women into these low-paying jobs (Jimenez 2007, 139). These largely uneducated women typically start domestic work at a very young age, around 12–15 years old (Schwenken and Heimeshoff

2011, 70). Limited work opportunities in rural areas also contribute to why young women migrate to cities to gain employment and then end up as domestic workers.

Domestic workers who live with their employers typically earn less than half the minimum wage, which is 73.04 pesos per day (about USD\$4 in 2016), and work 14–16 hours a day, six days a week. More favorable estimates cite 12-hour days and pay slightly above USD\$2 per day (Schwenken and Heimeshoff 2011, 71). While Chapter 8 of the Federal Labor Law includes protections from physical and verbal violence and provides for meal breaks and clean sleeping quarters, working hours are unregulated. However, enforcement is lax to nonexistent, and, as of 2011, the minimum wage for domestic workers established by the National Commission of Minimum Wage had not been implemented (Schwenken and Heimeshoff 2011, 70–71; ILO 2015, 12). Further, many employers and domestic workers are ignorant of the law. Since 2000, the Mexico City–based Centro de Apoyo y Capacitación Empleadas del Hogar (Center for Assistance and Training of Domestic Workers) has advocated for domestic workers' rights and served as a placement agency that finds domestic workers employment with a guaranteed daily wage (Schwenken and Heimeshoff 2011, 70–71).

Birthing Assistants

In rural Mexico, many indigenous women work as *parteras*, traditional birthing assistants, which has pre-Columbian roots. While the Mexican government prefers the use of hospitals and clinics, many indigenous women still rely on *parteras* due to tradition and the distance to clinics. Recently, indigenous and rural women have increased their use of hospitals and clinics and limited the use of *parteras*. Adapting to change, *parteras* sometimes go with their clients to hospitals and clinics and are present for the delivery process (Smith-Oka 2013, 86–87). Many *parteras* have obtained midwifery certification, an accreditation blending traditional practices with contemporary health care (Smith Oka 2013, 85). Accreditation provides access to modern tools, such as gloves, gauze, measuring tape, thermometer, a scale to weigh a baby, and a Pinard stethoscope, enabling *parteras* to assist during birth in new ways.

Support for Pregnant Females and Mothers

Mexico has enacted restrictions and protections on women's employment, mainly for those who are pregnant and nursing, a group that is not permitted to stand for long

periods, work overtime, work after 10:00 p.m., nor be exposed to abnormal atmospheric pressure, chemicals, and other harmful materials. Women workers, including domestics, are granted 12 weeks off with full pay for maternity leave, 6 weeks before and after childbirth. Sixty-day extensions can be added, usually at half pay. Paternity leave is not available (ILO 2014, 48, and appendices II, IV, V). To avoid these restrictions and protections, some employers fire workers who are pregnant or on maternity leave. Women who are fired or dismissed largely have no recourse against their employers (ILO 2014, 91–92, 99).

The Programa de Estancias Infantiles para Madres Trabajadoras (Federal Day Care Program for Working Mothers), which provides child care for children ages one to four (longer for children with disabilities), was launched in 2007 to aid working mothers of impoverished families. Aside from income, the program does not have other conditions for eligibility. In 2011, more than 10,000 centers served 300,000-plus children. Along with child care, the program generated over 45,000 child care provider jobs, most filled by women (ILO 2014, 112; OECD 2012, 213).

Family Life

Data from 2008–2012 showed 22.9 percent of Mexican women were married before reaching 18 years of age (UNICEF 2013). In the event of divorce, either spouse may initiate the separation (SIGI 2014). In 2004, 1 in 10 marriages ended in divorce (OECD 2007). Women sometimes move in with their husband's family if the newlyweds cannot afford their own home. In a study of wives living in this condition in rural Mexico, women frequently described a life of silent servitude accompanied by feelings of loneliness or depression due to isolation from their natal family and friends. Women in urban areas enjoyed greater personal agency and reduced suffering in their in-laws' home than their rural counterparts (Pauli 2008, 175, 182). The percentage of households headed by women is low in comparison to other Latin American countries, but it is rising steadily (Chant 2002, 547, 551).

A 2014 U.S. Agency for International Development report asserted, "Patriarchal attitudes that impede women's human rights are a root cause of violence against women." For many men, machismo makes it difficult for them to accept real or imagined economic inferiority to their female partners, which can result in aggression against wives and children (Olivera and Furio 2006, 109). Traditionally, the expectation is that female family

members provide the majority or entirety of the housework and child care labor (Chant 2002, 552). Furthermore, the decision-making process within the family unit was often understood to ultimately be the prerogative of the husband (Covarrubias 2013). Juan Suárez-Villegas (2014) describes male and female gender identities in Mexico as wholly separate and mutually exclusive, where only the reeducation of boys and men will alleviate to the benefit of both genders.

While a growing number of women earn greater financial independence through their rising participation in the labor market, they often do so with little to no reduction in their domestic responsibilities. The result is a double burden, where women participate in paid labor and politics on top of housework and child care (Suárez-Villegas 2014, 188). A 2013 study found that social perceptions and moral arguments keep large numbers of women out of the workforce after marriage (Covarrubias 2013). Many respondents felt that to engage in salaried work after marriage would convey a failure to meet familial obligations in the home. Given that Mexican social beliefs place importance on women to be considered good mothers, this can keep many women from formal work. Furthermore, if a woman takes on work outside the home, it can be seen as threatening to the husband's social role as the family's sole economic support (Covarrubias 2013).

Within some Afro-Mexican communities, women participate in a custom called *la huida*, where potential husbands take young women hostage until they are married. It is seen as typical in some communities, and girls who have participated as well as the community leaders say it is nonthreatening Mexican authorities have treated the tradition as a form of kidnapping (Archibold 2014).

Politics

Antecedents to Mexico's federal republic can be traced to the late colonial era, especially the 1812 Spanish Constitution, aspects of which were utilized in the 1824 Constitution of the fledgling independent nation. Today's citizens vote by direct election for Mexico's president every six years. No reelection became a fixture after the 1910 revolution when politicians sought an alternative to Porfirio Díaz's three-decade dictatorship (Russell 2010, 296–299). Mexico's legislative branch is a bicameral assembly separated into two chambers: the Chamber of Deputies and the Senate. The Chamber of Deputies consists of 500 members elected for three-year terms. The Senate's 128 members

follow the presidential election cycle of a six-year term. Legislators cannot be reelected for consecutive terms. A simple majority passes regular legislation, while constitutional reforms must have a two-thirds majority (Seelke 2012, 11).

Mexico has three main political parties: Partido Acción Nacional (PAN, National Action Party), founded in 1939; the Partido de la Revolución Democrática (PRD, Party of the Democratic Revolution), founded in 1989; and the Partido Revolucionario Institucional (PRI, Institutional Revolutionary Party), founded in 1929 under a different name. There are also several smaller political parties. The PRI dominated the presidency and Congress during the 20th century. PAN won the presidency in 2000 and 2006, with the PRI regaining it in 2012.

Mexico has never had a female president, lagging behind other Latin American countries, such as Chile, Argentina, Brazil, Costa Rica, Ecuador, Bolivia, Belize, Nicaragua, and Panama. However, there have been female leaders at the national level. Josefina Vazquez Mota (1961–) ran for president in 2012 for PAN. She previously worked as the secretary of social development under President Vicente Fox, from 2000 to 2006, and the secretary of public education under President Felipe Calderón, from 2006 to 2009. In 2015, Margarita Zavala (1967–), a PAN deputy in the 2006 Mexican Congress and the wife of former president Felipe Calderón, announced her intention to run for the presidency in 2018, possibly as an independent (Atanasio 2015).

Mexican women have made political gains elsewhere. Women account for more than one-third of Mexico's federal legislators across the lower house and the Senate; this is comparable to Nordic countries, and it is more than in the United States. Furthermore, women serve as governors, mayors, and leaders of political parties. Griselda Álvarez (1913–2009) was the first female governor in all of Mexico, serving as governor of Colima from 1979 to 1985 (Rodríguez 2003, 40). Beatriz Paredes Rangel (1953–) served as governor of Tlaxcala (1987–1992), Mexican ambassador to Cuba, and president of the PRI (Rodríguez 2003, 154, 166). In 1999, Rosario Robles (1956–), a member of PRD, became the first female mayor of Mexico City. She has also served as the head of the PRD (2002–2003), secretary of social development (2012–2015), and secretary of urban and agrarian development (2015–) (Rodríguez 2003, 150; IBP 2015, 30; OAS 2016). Amalia García (1951–) served as president of the PRD and governor of Zacatecas (2004–2010). Many more women have

served as governors and in a range of capacities in government ministries (Camp 2011, 355).

Women's Suffrage

Women fought for their political rights in the early 1900s, but the idea of female suffrage met resistance in revolutionary Mexico. The Mexican Revolution had anticlerical elements, which is defined as “the church [as] the enemy of social justice, enlightenment, and progress” (Marías 1982, 69). Men in power, suspicious of women’s link to the Catholic Church, contended that if women were granted the right to vote that priests would influence them, undermining the revolution’s progressive agenda. Revolutionists noted that the Association of Catholic Women and the League of Catholic Women favored the church. Furthermore, in 1918, women in Jalisco boycotted the state, owing to the government’s plan to implement anticlerical elements of the 1917 constitution. Additional obstacles to women’s suffrage included a cultural attitude that women were intellectually and morally inferior to men and unable to cope with the pressure of being politically active (Marías 1982, 77).

Hermilia Galindo (1886–1954) and Elvía Carrillo Puerto (1878–1967) paved the way for women to participate in politics. Galindo served as secretary for President Venustiano Carranza (1917–1920) and became a candidate for deputy of the fifth constituency of Mexico City in 1917. She was voted into office but denied the position because the law prohibited women’s participation (Marías 1982, 32–37). Elvía Carrillo Puerto’s sibling, Felipe Carrillo Puerto, was the governor of Yucatán, and he granted women political rights in 1922. In 1923, she ran for the fifth district in Yucatán and won with over 5,000 votes. However, Carrillo Puerto and other women who earned offices were denied when her brother died and his enemies gained control of the government of Yucatán. She moved to San Luis Potosí and ran for the Chamber of Deputies in 1925. With the support of male politicians and the public, she won. However, opponents refused to seat her under Article 60 of the Constitution. She went back to Yucatán and organized Liga Orientadora de Acción Femenina (League of Feminine Action) that fought for women’s suffrage throughout the 1930s (Morton 1962, 9–11).

Support for women suffrage continued through the 1930s. Edelmire Escudero founded the Feminist Revolutionary Party, which in 1934 supported presidential candidate Lázaro Cárdenas of the Partido Nacional Revolucionario (eventually the PRI). After his election, feminists

organized for women’s right to vote, forming the Sole Front for Women’s Rights and the United Front for Women’s Rights. Additionally, Cárdenas set up the Feminist Action section within the PNR. In 1937, Cárdenas publicly championed women’s full political rights and sent the Senate a constitutional amendment that would change Article 34, thus defining citizenship by adding “men and women” and allowing women to vote and hold political office (Marías 1982, 143). The amendment was not ratified, and when Cárdenas left the presidency, women were still unable to vote (Marías 1982, 138–144). Women finally gained the right to vote for local elections in 1947 and national elections in 1953, later than several Latin American countries, including Venezuela, Uruguay, Panama, Guatemala, El Salvador, Ecuador, Dominican Republic, Chile, Brazil, Argentina, and Bolivia (Morton 1962, 83–84).

Gender Quotas and Parity

Mexico is one of many countries with political gender quotas (Dahlerup 2005, 141). The remaining Latin American countries without quotas are Chile, Guatemala, and Venezuela (Piscopo 2014, 2). Mexico started utilizing quotas in the 1990s, and they have recently become more effective. Congress established provisions for gender quotas in 1996, with a “recommendation” that parties diversify by requiring no gender hold more than 70 percent of candidate slots (Baldez 2004, 235). This strategy proved unsuccessful because parties were allowed to select women for alternate spots (*suplentes*). Congress revised the law in 2002, requiring 30 percent of each party’s candidates for deputy or senator be women, effectively closing the loophole (Baldez 2004, 235). In the 2002 midterm elections, women gained more than 22 percent representation (Dahlerup 2005, 146). Later, the quota increased to 40 percent, but scandal broke in 2009: political parties subverted the gender quota law by having women run in the main candidate (*propietarias*) slot while having a male candidate run as the alternate. When a woman won, she resigned, and the male candidate assumed the position, a strategy that was agreed upon by the male and female candidates beforehand (Froimovich et al. 2013, 25). Women replaced by men were called *Juanitas* (Piscopo 2014, 37).

In 2014, Mexico transitioned from gender quotas to parity, that is, fifty-fifty representation of men and women within the national legislature (parity can be expanded to state and local levels). Senator Marcela Torres Peimbert championed the shift on ethical grounds, stating “parity

does not mean a gift or concession; it means making Mexico a more just country” (Piscopo 2015, 7). Supporters maintain parity closes loopholes within the quota system. Parity was in place for the 2015 midterm elections for the lower house in Congress and will continue to have an impact, as women currently constitute about 42 percent in the lower house and about 33 percent in the Senate (IPU 2015).

Religious and Cultural Roles

Starting in the mid-19th century and continuing to the present, Protestantism has made inroads in Mexico. Nevertheless, over four-fifths of Mexicans today are Catholics (Pew Research Center 2016). The Virgin of Guadalupe, with its colonial-era origins, is still a very popular symbol of Mexican Catholicism and cultural fusion. Día de los Muertos (Day of the Dead), celebrated at the onset of November, during which Mexicans create altars with offerings of flowers, candles, or food to honor deceased family members, is another example of syncretism. Día de los Muertos blends Catholic and pre-Colombian religious beliefs. Pan-Roman Catholic feast days (All Saints’ Day) combine with Aztecs’ preoccupation with death, which manifested itself in feast days in honor of the deceased (Brandes 1997).

While the Catholic Church and the conservative gender ideology associated with it have limited women’s opportunities to fully participate in it, some options exist. Convents were prominent from the colonial era until the mid-19th century Reform Era, when many were shut down. Becoming a nun was a career option not only for whites, but also indigenous women. Mexico’s most famous nun, Sor Juana Inés de la Cruz (1651–1695) enjoyed the freedom being a nun offered her to study and write, and her writings continue to be read today.

Since independence, women have participated in voluntary Christian lay associations. Starting in the mid-19th century, some religious associations have had predominantly female members and leadership and have exerted considerable independence (Chowning 2010). For example, the Catholic lay organization the Ladies of Charity of St. Vincent de Paul had more than 20,000 active members and more than 20,000 honorary members in 1910. It remains active today (Arrom 2007). Social Catholicism, strengthened by Pope Leo XIII’s 1891 encyclical *Rerum Novarum*, influenced female religious associations to engage in charity work; these associations also played cultural and political roles. After church repression during the 1850s Reform Era, female participation and activism

The Virgin of Guadalupe

As the story goes, the Virgin Mary appeared to a Mexican peasant named Juan Diego in 1531 and asked him to see to it that a church be built in her name on that spot. She called herself “Santa Maria de Guadalupe.” Many scholars believe the name *Guadalupe* was actually a mistranslation of the Aztec word *Coatlallope*, which means “one who treads on snakes.” The Virgin appeared to Diego as a dark-skinned person, and her story was told in an indigenous language.

As the people of Mexico converted in large numbers to Catholicism, the figure of the Virgin of Guadalupe grew in importance, and in 1737, she became the patroness of Mexico City. In 1910, Pope Pius X named her patroness of Latin America. In the 19th century, she also became associated with Mexican nationalism. She was especially embraced by the women of Latin America. For contemporary feminists, she has provided an opportunity to examine the archetypes of women in Latin America and reinterpret them as aids in resistance to sexist oppression.

Catholic Online. 2016. “Our Lady of Guadalupe.” Retrieved from <http://www.catholic.org/about/guadalupe.php>.

The Editors of Encyclopædia Britannica. 2016. “Our Lady of Guadalupe.” Encyclopædia Britannica online. Retrieved from <https://www.britannica.com/topic/Our-Lady-of-Guadalupe-patron-saint-of-Mexico>.

Huffington Post. 2013. “Everything You Need to Know about La Virgen de Guadalupe.” December 12. Retrieved from http://www.huffingtonpost.com/2013/12/12/virgen-de-guadalupe_n_4434582.html.

aided the Catholic resurgence during the Porfirian era (1876–1910). Female lay religious organizations also supported the church when it came under attack during the 1910 Mexican Revolution. Women later aided pro-church rebels when the Cristero Rebellion against the state broke out in the late 1920s.

Issues

Domestic Violence and Femicide

Violence against women, a global problem, is widespread in Mexico (CMDPDH 2012). Some suggest that Mexico’s machismo/marianismo culture encourages violence

against women because machismo encourages men to be aggressive, self-confident, and hypersexual, and marianismo encourages women to display purity, moral superiority, and passivity. Without disputing this analysis, recent interpretations of gender and culture are more nuanced (Coerver et al. 2004, 199–204). Mexico has enacted laws to fight violence against women; but some are inadequate, and enforcement is deficient. In 1996, the *Ley de Asistencia y Prevención de la Violencia Intrafamiliar para el Distrito Federal* (Law for the Assistance and Prevention of Intrafamily Violence for Mexico City) was passed, but it only applied to Mexico City (Falcón 1999, 344). In 2007, Mexico enacted the national *Ley General de Acceso de las Mujeres a una Vida Libre de Violencia* (Law on Women's Access to a Life Free of Violence), but it has proved difficult to implement. Furthermore, domestic violence often goes unnoticed and unreported. Cultural factors in underreporting include the idea that such violence is a private matter and a characterization of female reporters as impure (Amnesty International 2008, 3). Laws themselves also contribute to underreporting. Some make violence against women difficult to prove. For example, in some states, women are required to have two witnesses for police to investigate a charge (Amnesty International 2008, 7; HRW 2015).

Femicide, violence against women that causes death, is an enormous problem in Mexico. Mexico ranks 16th in the world for homicides against women, and many cases go unsolved (CMDPDH 2012). Femicide has many causes, takes place in many contexts, and has been exacerbated by the proliferation of Mexican drug cartels and the drug war, waged most intensely by former Mexican president Felipe Calderon (2006–2012) and today by President Enrique Peña Nieto. The drug war and organized crime have contributed to femicide by perpetuating the extreme form of violent machismo. Women are often caught in the crossfire between the cartels and the police. Women who associate with organized crime through familial ties or relationships are often the targets of rival gangs. Rape and violent deaths are used to send messages to rival gangs, the government, and the community (UNHCR 2015, 4, 6, 38, 48). Furthermore, women who “tend to be young, poor, illiterate or with little schooling, single mothers, and are responsible for the care of their children and other family members” are involved in cartels and are commonly used as drug mules to transport contraband throughout Mexico and into the United States (Scheller 2014). Women can die carrying the drugs or be imprisoned. Eighty percent of Mexican women in prison, Centro Federal de Readaptación

Social (Federal Social Readaptation Centers), are serving time for drug-related sentences (Scheller 2014).

In 2009, the *Comisión Nacional para Prevenir y Erradicar la Violencia Contra las Mujeres* (National Commission to Prevent and Eradicate Violence against Women) was created to address domestic violence and femicide (CMDPDH 2012). By 2013, nearly all Mexican states and the Federal District had laws criminalizing femicide. However, in some states, if perpetrators can prove infidelity, they receive a reduced sentence. Despite legislation, many states, including Chiapas, Chihuahua, Durango, Guerrero, Michoacán, Oaxaca, Sinaloa, Sonora, and the Federal District, have seen a dramatic increase of femicide (Amnesty International 2013; CMDPDH 2012). In August 2015, Mexico issued a gender alert because over 1,500 young girls were missing and about 70 percent of murders of women had gone uninvestigated (De Cicco 2015).

Dozens of women, including Congresswoman Xochitl Arzola Vargas, have protested against this increased violence and inadequate government response outside Mexico's Interior Ministry. Feigning death, women lay lifeless surrounded by chalk outlines and evidence markers (De Cicco 2015). Femicide and its relation to the drug war motivated the UN High Commissioner for Refugees to issue an alert of a potential refugee crisis. Interviews by U.S. officials found that 82 percent of 16,077 women from Honduras, El Salvador, Guatemala, and Mexico had credible fears of persecution or torture and have been allowed to seek asylum (UNHCR 2015).

Marginalization of Afro-Mexicans

Enslavement of Africans was not as widespread or numerous in Mexico as compared to other parts of the Western Hemisphere. When slavery was abolished by decree in 1829, only a few thousand enslaved Africans remained. This, combined with postrevolutionary Mexico's reputation as a center of racial equality, contributed to the lack of acknowledgment of racism against Afro-Mexicans until recently. A 2004 report for the UN International Convention on the Elimination of All Forms of Racial Discrimination stated, “Mexico acknowledges that racism, racial discrimination, xenophobia and related intolerance continue to exist at all levels of Mexican Society” (Sue 2013, 189).

Reflecting this, in 2003, the Mexican government created the *Consejo Nacional para Prevenir La Discriminación* (CONAPRED, National Council for the Prevention of Discrimination) to promote equality and protect all citizens

from discrimination based on ethnicity, sex, age, disability, health, and sexual orientation. Furthermore, insensitivity to race became bad publicity. President Vicente Fox, for example, caused outrage in both the United States and Mexico in 2005 when he opined that Mexicans “are doing the work not even the blacks want to do there in the United States” (Sue 2013, 114). Journalist Eduardo Añorve Zapata asserted that Fox’s statement overlooked black Mexicans and those with combined African and Mexican heritage who migrate to the United States for work. Such statements reinforce Mexico’s belief of “nonblackness” (Sue 2013, 114–115).

Like Zapata, a 2011 CONAPRED campaign acknowledged Afro-Mexicans and protested racism with its slogan “For a Society Free of Racism” (Sue 2013, 192). In 2015, the government, in reaction popular pressure to recognize Mexico’s African heritage, allowed Afro-Mexicans to choose *black* as their ethnicity in the national census (Edwards 2015). The census recorded 1.4 million Afro-Mexicans.

Human Trafficking

Human trafficking is a widespread and lucrative illegal business in Mexico. A 2010 estimate calculated 20,000 people trafficked, but many believe that the number is far higher, possibly as many as 50,000. U.S. officials maintain that “Mexico is a large source, transit, and destination country for men, women and children subjected to sex trafficking and forced labor” (U.S. Department of State 2014). The destinations for victims are often tourist cities, such as Mexico City, Tijuana, and other border towns. Human traffickers often victimize the most vulnerable, including rural women, children, indigenous people, and migrants. Traffickers also victimize men, exploiting them as forced labor. Many victims are tricked with the promise of employment opportunities or marriage (U.S. Department of State 2014). The Mexican government protested trafficking in 2000 by signing the UN Convention against Transnational Organized Crime, which included the “Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children.” In 2007, the government also enacted *Ley para Prevenir y Sancionar la Trata de Personas* (Law to Prevent and Punish Trafficking), which penalizes those convicted of trafficking with prison sentences of 6–12 years. Aspects of the law made it hard to prosecute traffickers, and the government revised it in 2012 and 2014.

Furthermore, protecting witnesses has proved difficult. The specialized protection and housing that survivors

Mujeres y Cultura Subterránea

Mujeres y Cultura Subterránea, A. C. (MCS) (Women and Underground Culture), officially emerged in 2000 as a collective vision and praxis in Mexico City, Mexico. Inés Morales and Susana Quiroz, two poor Mexican lesbian filmmakers, began MCS through their collaborative friendship in the 1990s. Their life’s work has been to create vibrant representations of communities that are often victimized or rendered invisible. MCS shares political and poetic stories by producing documentary videos with fictional elements and by offering creativity- and health-focused workshops and training in skills and trades to address injustices in local communities.

As its name reveals, the group’s methodology of work is rooted in underground culture, giving an urban street view based on a “punk style” do-it-yourself ethos. MCS tells the complex stories of marginalized women, children, differently abled people, LGBTIQ communities, and elder generations and highlights the structural violence they face in Mexico City.

Their films include *Gritos poeticos de la urbe* (1995), *Ciudad adicta* (1998), *La dimension del olvido* (1999), *Pisadas femeninas sobre el asfalto* (2000), *Lunas de pasión* (2006), and *Sueños del Polvo* (2014). MCS has screened their films internationally, including at the *Twelfth Women of Color Film Festival* at the University of California Santa Cruz. The Global Fund for Women, Semillas, La Media Luna, and others have supported MCS.

Since the first Marcha Lésbica in Mexico City in 2003, MCS has been central to the *Comite Organizador de la Marcha Lésbica Mexico* by reaching out to musicians and lesbians in poorer barrios. For more information, visit their Web site: <http://www.mujeresyculturasubterranea.org>.

—Susy Zepeda

of trafficking who help prosecute their traffickers need is lacking in many countries, including Mexico. Another roadblock to prosecution is underreporting. Like prostitutes, victims often do not come forward because they can be criminalized by the law, and they fear reprisals from traffickers. In 2013, the United States granted USD\$1.9 million to nongovernmental organizations (NGOs) in

Mexico, the Dominican Republic, and Honduras to help combat human trafficking (Seelke 2015, 9–10). Nevertheless, trafficking remains a significant problem.

LGBTQ Community

The LGBT (lesbian, gay, bisexual, transgender) community within Mexico has made significant gains. Same-sex marriage was first legalized in Mexico City, and the Supreme Court ruled that all of Mexico's 31 states had to recognize the marriages performed in Mexico City. The Supreme Court ruled in favor of same-sex couples adopting children in 2010 and that couples could claim health and social security benefits from the government in 2014. Only three states have followed the Federal District and legalized same-sex marriage: Chihuahua, Coahuila, and Quintana Roo (HRW 2015, 383). The Mexican government has changed the Civil Code to allow transgender individuals to legally change their names and gender (Arnal 2014, 6). Both Patria Jiménez (elected in 1997) and Benjamín Medrano (elected in 2013) have represented the queer community. Jiménez was the first openly gay member in any Latin American legislature (Rodríguez 2003, 189). Despite advancements in Mexico for the LGBT/queer community, homophobia persists.

JESSICA CORTESI, MELISSA
NORTON, AND RICHARD WEINER

Further Resources

- Adeola, Francis. 2011. *Hazardous Wastes, Industrial Disasters, and Environmental Health Risks: Local and Global Environmental Struggles*. New York: Palgrave Macmillan.
- Amnesty International. 2008. "Violence against Women in the Family in Mexico." Retrieved from https://www.amnesty.ie/sites/default/files/report/2010/04/Mexico_SVAW%20report%20summary_%20ENG.pdf.
- Archibold, Randal. 2014. "Negro? Preto? Moreno?: A Question of Identity for Black Mexicans." *New York Times*, October 26. Retrieved from http://www.nytimes.com/2014/10/26/world/americas/negro-prieto-moreno-a-question-of-identity-for-black-mexicans.html?_r=0.
- Arnal, Kike. 2014. *Bordered Lives: Transgender Portraits from Mexico*. New York: New Press.
- Arrom, Silvia. 2007. "Mexican Laywomen Spearhead a Catholic Revival: The Ladies of Charity, 1863–1910." In *Religious Culture in Modern Mexico*, edited by Martin Austin Nesvig, 50–77. Lanham, MD: Rowman & Littlefield.
- Attanasio, Cedar. 2015. "Margarita Zavala Presidenta?: Former Mexican President Felipe Calderon's Wife Announces Bid in 2018 Election." *Latin Times*, June 15. Retrieved from <http://www.latintimes.com/margarita-zavala-presidenta-former-mexican-president-felipe-calderons-wife-announces-bid-2018-election>.
- Bacon, David. 2015. "The Maquiladora Workers of Juarez Find Their Voice." *The Nation*, November 20. Retrieved from <http://www.thenation.com/article/the-maquiladora-workers-of-juarez-find-their-voice>.
- Baldez, Lisa. 2004. "Elected Bodies: The Gender Quota Law for Legislative Candidate in Mexico." *Legislative Studies Quarterly* 29.2 (May): 231–258.
- Beaubien, Jason. 2011. "Business Boom on Mexican Border Despite Violence." NPR, August 4. Retrieved from <http://www.npr.org/2011/08/04/138791132/business-booms-on-mexican-border-despite-violence>.
- Becker, David, and Claudia Diaz Olavarrieta. 2013. "Decriminalization of Abortion in Mexico City: The Effects on Women's Reproductive Rights." *American Journal of Public Health* 103.4: 590–593.
- Bergstrom, Cara A., and S. Jody Heymann. 2005. "Impact of Gender Disparities in Family Carework on Women's Life Chances in Chiapas, Mexico." *Journal of Comparative Family Studies* 19.2: 267–288.
- Brandes, Stanley. 1997. "Day of the Dead." In *Encyclopedia of Mexico: History, Society, and Culture*. Vol. 1. Edited by Michael S. Werner, 391–394. Chicago and London: Fitzroy Dearborn Publishers.
- Camp, Roderic. 2011. *Mexican Political Biographies, 1935–2009*. 4th ed. Austin: University of Texas Press.
- Campero, Lourdes, Cristina Herrera, Alejandra Benítez, Erika Atienzo, Guillermo González, and Eréndira Marín. 2014. "Incompatibility between Pregnancy and Educational Projects, from the Perspective of Socially Vulnerable Adolescent Women and Men in Mexico." *Gender and Education* 26.2: 151–167.
- CEDAW (Committee on the Elimination of Discrimination against Women). 2012. "Concluding Observations of the Committee on the Elimination of Discrimination against Women." *Convention on the Elimination of All Forms of Discrimination against Women*. Retrieved from http://tbinternet.ohchr.org/_layouts/TreatyBodyExternal/Countries.aspx?CountryCode=MEX&Lang=EN.
- Chant, Sylvia. 2002. "Researching Gender, Families, and Households in Latin America: From the 20th into the 21st Century." *Bulletin of Latin American Research* 21.4: 545–575.
- Chowning, Margaret. 2010. "Mexico: Gender, Politics, and the Church." *Berkeley Review of Latin American Studies* (Fall). Retrieved from <http://clas.berkeley.edu/research/mexico-gender-politics-and-church>.
- CMDPDH (Comisión Mexicana de Defensa y Promoción de los Derechos Humanos). 2012. "Femicide and Impunity in Mexico: A Contact of Structural and Generalized Violence." July 17. Retrieved from http://webcache.googleusercontent.com/search?q=cache:2T1qN0_e8l8J:www2.ohchr.org/english/bodies/cedaw/docs/ngos/CDDandCMDPDH_forthesession_Mexico_CEDAW52.pdf+&cd=1&hl=en&ct=clnk&gl=us&client=safari.
- Coerver, Don, Suzanne Pasztor, and Robert Buffington. 2004. *Mexico: An Encyclopedia of Contemporary Culture and History*. Santa Barbara, CA: ABC-CLIO.

- Covarrubias, Arlette. 2013. "Social Norms and Women's Participation in Salaried Employment: The Case of Tehuacán Region of Mexico." *Bulletin of Latin American Research* 32.1: 17–31.
- Dahlerup, Drude. 2005. "Increasing Women's Political Representation: New Trends in Gender Quotas." In *Women in Parliament: Beyond Numbers*, edited by Julie Ballington and Azza Karam, 141–153. Stockholm, Sweden: International IDEA.
- De Cicco, Gabby. 2015. "State of Mexico Acknowledges Femicides and Launches Gender Alert." Association for Women's Rights in Development, August 19. Retrieved from <http://www.awid.org/news-and-analysis/state-mexico-acknowledges-femicides-and-launches-gender-alert>.
- Domínguez, Myriam. 2001. "Abortion in Mexico, Year 2000." *Voices of Mexico* 55: 19–26.
- Edwards, Breanna. 2015. "Mexico Finally Recognizes Its Afro-Mexico Population in Recent National Census." *The Root*, December 16. Retrieved from http://www.theroot.com/articles/news/2015/12/mexico_finally_recognizes_its_afro_mexican_population_in_recent_national.html.
- Falcón, Marta. 1999. "Gender and Law: Mexican Legislation on Domestic Violence." *American University Journal of Gender, Social Policy, and the Law* 22: 343–353. Retrieved from <https://www.wcl.american.edu/journal/genderlaw/07/falcon.pdf>.
- Fox, Jonathan. 1999. "Mexico's Indigenous Population." *Cultural Survival* 23.1 (Spring). Retrieved from <https://www.culturalsurvival.org/ourpublications/csq/article/mexicos-indigenous-population>.
- Frias, Sonia M. 2008. "Measuring Structural Gender Equality in Mexico: A State Level Analysis." *Social Indicators Research* 88.2: 215–246.
- Froimovich, Stephanie, Sue-Anne Foster, Midori Nozaki, Nancy Leed, Anna Keegan, and Neha Kaul Mehra. 2013. "Women in Politics: Evidence of Legislative Change: A Case Study of Mexico, Uganda, and Vietnam." School of International and Public Affairs, Columbia University. Retrieved from https://sipa.columbia.edu/sites/default/files/Ay13_UNWomen_FinalReport.pdf.
- Gaestel, Allyn, and Allison Shelley. 2014. "Mexican Women Pay High Price for Country's Rigid Abortion Laws." *The Guardian*, August 9. Retrieved from <https://www.theguardian.com/global-development/2014/oct/01/mexican-women-high-price-abortion-laws>.
- Giles, Mara. 2006. "An Understanding of the Relationship between Maquiladoras and Women's Rights in Central America." *Nebraska Anthropologist* 18. Retrieved from <http://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1017&context=nebanthro.gob.mx>.
- HRW (Human Rights Watch). 1996. "Mexico's Maquiladoras: Abuses against Women Workers." August 17. Retrieved from <https://www.hrw.org/news/1996/08/17/mexicos-maquiladoras-abuses-against-women-workers>.
- HRW (Human Rights Watch). 2015. *World Report 2015: Events of 2014*. New York: Human Rights Watch. Retrieved from https://www.hrw.org/sites/default/files/wr2015_web.pdf.
- IBP (International Business Publications). 2015. *Mexico Energy Policy, Laws and Regulations Handbook*, Vol. 1, *Strategic Information and Basic Law*. Washington, D.C.: International Business Publications.
- ILO (International Labor Organization). 2014. "Gender Pay Gap Widen for Higher-Earning Women." Retrieved from http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_324651/lang-en/index.htm.
- ILO (International Labor Organization). 2015. "Global Wage Report 2014/15: Wage and Income Inequality." Geneva, Switzerland: ILO Press. Retrieved from http://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/@publ/documents/publication/wcms_324678.pdf.
- IPU (Inter-Parliamentary Union). 2015. "Women in National Parliament." Women in Politics. Retrieved from <http://www.ipu.org/wmn-e/arc/classif010915.htm>.
- Jimenez, Isabel. 2007. "Indigenous Peoples and the Topography of Gender in Mexico and Canada." In *Remapping Gender in the New Global Order*, edited by Marjorie Griffin-Cohen and Janine Brodie, 131–150. New York: Routledge.
- Lee, Daniel E., and Elizabeth J. Lee. 2010. *Human Rights and the Ethics of Globalization*. Cambridge, U.K.: Cambridge University Press.
- Malkin, Elisabeth. 2010. "Many States in Mexico Crack Down on Abortion." *New York Times*, September 23. Retrieved from <http://www.nytimes.com/2010/09/23/world/americas/23mexico.html>.
- Marias, Anna. 1982. *Against All Odds: The Feminist Movement in Mexico to 1940*. Santa Barbara, CA: Greenwood.
- McCaa, Robert. 1997. "Population: Colonial." In *Encyclopedia of Mexico: History, Society, and Culture*. Vol. 2. Edited by Michael S. Werner, 1150–1159. Chicago and London: Fitzroy Dearborn Publishers.
- Mijangos-Noh, Juan Carlos, and María Paula Cardos-Dzul. 2011. "The Mayas of Yucatan, Mexico: Their Fight against School Dropout." *Journal of American Indian Education* 50.3: 61–79.
- Morales-Ruán, María del Carmen, Bernardo Hernández-Prado, Luz María Gómez-Acosta, Teresa Shamah-Levy, and Lucía Cuevas-Nasu. 2009. "Obesity, Overweight, Screen Time and Physical Activity in Mexican Adolescents." *Salud Pública de México* 51.4: 613–620. Retrieved from http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0036-36342009001000016&lng=en&tlng=en.
- Morton, Ward. 1962. *Woman Suffrage in Mexico*. Gainesville: University of Florida Press.
- OAS (The Organization of American States). 2016. "Member State: Mexico. Government Officials." Retrieved from http://www.oas.org/en/member_states/member_state.asp?sCode=MEX.
- OECD (Organisation for Economic Co-Operation and Development). 2007. "The Demographic and Family Environment." *Babies and Bosses—Reconciling Work and Family Life: A Synthesis of Findings for OECD Countries*. Washington, D.C.: OECD Publishing.
- OECD (Organisation for Economic Co-Operation and Development). 2012. *Closing the Gender Gap: Act Now*. Washington, D.C.: OECD Publishing.

- OECD (Organisation for Economic Co-Operation and Development). 2014. "Obesity Update: 2014." Retrieved from <http://www.oecd.org/health/Obesity-Update-2014.pdf>.
- OECD (Organisation for Economic Co-operation and Development). 2015. "CO3.5 Young People Not in Education or Employment." *OECD Family Database*. Retrieved from https://www.oecd.org/els/soc/CO_3_5_Young_people_not_in_education_or_employment.pdf.
- Olivera, Mercedes, and Victoria J. Furio. 2006. "Violencia Femicida: Violence against Women and Mexico's Structural Crisis." *Latin American Perspectives* 33.2: 104–114.
- Parboteeah, K. Praveen, and John B. Cullen. 2013. *Business Ethics*. New York: Routledge.
- Pauli, Julia. 2008. "A House of One's Own: Gender, Migration, and Residence in Rural Mexico." *American Ethnologist* 35.1: 171–187.
- Pew Research Center. 2016. "A Snapshot of Catholics in Mexico, Pope Francis's Next Stop." February 10. Retrieved from <http://www.pewresearch.org/fact-tank/2016/02/10/a-snapshot-of-catholics-in-mexico-pope-francis-next-stop>.
- Piscopo, Jennifer. 2014. "Rights, Equality, and Democracy: The Shift from Quotas to Parity in Latin America." European University Institute. Retrieved from http://cadmus.eui.eu/bitstream/handle/1814/32652/RSCAS_2014_87.pdf?sequence=1.
- Piscopo, Jennifer. 2015. "States as Gender Equality Activists: The Evolution of Quota Laws in Latin America." *Latin American Politics and Society* 57: 27–49.
- Rodríguez, Victoria. 2003. *Women in Contemporary Mexican Politics*. Austin: University of Texas Press.
- Rosenberg, Tina. 2015. "How One of the Most Obese Countries on Earth Took on the Soda Giants." *The Guardian*, November 3. Retrieved from <http://www.theguardian.com/news/2015/nov/03/obese-soda-sugar-tax-mexico>.
- Russell, Philip. 2010. *The History of Mexico from Pre-Conquest to Present*. New York: Routledge.
- Scheller, Alissa. 2014. "Why Murders of Women in This Mexican State Have Gone Up 800 Percent in the Past Few Years." *Huffington Post*, March 7. Retrieved from http://www.huffingtonpost.com/2014/03/07/mexico-drug-violence-women_4920171.html.
- Schwenken, Helen, and Lisa-Marie Heimeshoff, eds. 2011. *Domestic Workers Count: Global Data on an Often Invisible Sector*. Kassel, Germany: Kassel University Press.
- Secretaría de Salud. 2015. Epidemiología / Registro Nacional de Casos de VIH y sida / Centro Nacional para la Prevención y el Control del VIH y el sida. Retrieved from <https://www.gob.mx/censida/articulos/epidemiologia-registro-nacional-de-casos-de-sida?idiom=es>.
- Seelke, Clare. 2012. "Mexico's 2012 Elections." Washington, D.C.: Congressional Research Service. Retrieved from <https://www.fas.org/sgp/crs/row/R42548.pdf>.
- Seelke, Clare. 2015. "Trafficking in Persons in Latin America and the Caribbean." Washington, D.C.: Congressional Research Service. Retrieved from <https://www.fas.org/sgp/crs/row/RL33200.pdf>.
- SIGI (Social Institutions & Gender Index). 2014. "Mexico." OECD Development Center. Retrieved from <http://www.genderindex.org/country/mexico>.
- Smith-Oka, Vania. 2013. *Shaping the Motherhood of Indigenous Mexico*. Nashville, TN: Vanderbilt University Press.
- Stebbins, Kenyon. 1993. "Constraints on Successful Public Health Programs: A View from a Mexican Community." In *Health and Healthcare in Developing Countries: Sociological Perspectives*, edited by Peter Conrad and Eugene Gallagher, 211–227. Philadelphia, PA: Temple University Press.
- Strathdee, Stefanie, Carlos Magis-Rodriguez, Vickie Mays, Richard Jimenez, and Thomas Patterson. 2012. "The Emerging HIV Epidemic on the Mexico-US Border: An International Case Study Characterizing the Role of Epidemiology in Surveillance and Response." *Annals of Epidemiology* (June). doi:10.1016/j.annepidem.2012.04.002.
- Suárez-Villegas, Juan Carlos. 2014. "Identidades de género y comunicación: El orden simbólico de la maternidad para educar a los hombres en igualdad." *Convergencia. Revista de Ciencias Sociales* 21: 171–191.
- Sue, Christina. 2013. *Land of the Cosmic Race: Race Mixture, Racism, and Blackness in Mexico*. New York: Oxford University Press.
- Tuttle, Carolyn. 2012. *Mexican Women in American Factories: Free Trade and Exploitation on the Border*. Austin: University of Texas Press.
- UNDP (UN Development Programme). 2011. "Human Development Indicators: Mexico." Retrieved from <http://hdr.undp.org/en/countries/profiles/MEX>.
- UNFAO (UN Food and Agriculture Organization). 2013. "The State of Food and Agriculture: 2013." Retrieved from <http://www.fao.org/docrep/018/i3300e/i3300e00.htm>.
- UNHCR (UN High Commission on Refugees). 2015. "UNHCR Warns of Looming Refugee Crisis as Women Flee Central America and Mexico." Retrieved from <http://www.unhcr.org/print/5630c2046.html>.
- UNICEF. 2013. "At a Glance: Mexico Statistics." Retrieved from http://www.unicef.org/infobycountry/mexico_statistics.html.
- U.S. Department of State. 2014. "Mexico: 2014 Trafficking in Persons Report." Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/countries/2014/226777.htm>.
- U.S. Department of State. 2015. "Human Rights Reports: Mexico." Retrieved from <http://www.state.gov/j/drl/rls/hrrpt/2014/wha/236702.htm>.
- WEF (World Economic Forum). 2014. "Mexico: The Global Gender Gap Index." *The Global Gender Gap Report 2014*. Retrieved from <http://reports.weforum.org/global-gender-gap-report-2014/economies/#economy=MEX>.
- Wilson, Kate, Sandra García, Claudia Díaz Olavarrieta, Aremis Villalobos-Hernández, Jorge Valencia Rodríguez, Patricio Smith, and Courtney Burks. 2011. "Public Opinion on Abortion in Mexico City after the Landmark Reform." *Studies in Family Planning* 43.3: 175–182.
- World Bank. 2015. "Seguro Popular: Health Coverage for All in Mexico." Retrieved from <http://www.worldbank.org/en/results/2015/02/26/health-coverage-for-all-in-mexico>.

N

Netherlands Antilles/Dutch Caribbean

Overview of Country

The Netherlands Antilles (also known as the Dutch Antilles or the Dutch Caribbean) is located in the Caribbean Sea. The islands extend across 500 miles, bringing them 50 miles off the coast of Venezuela. As a country, it was made up of six islands: Aruba, Curaçao, Bonaire, Saba, Sint Maarten, and Sint Eustatius. In 1986, Aruba separated from the Netherlands Antilles and became its own self-governing country. In 2005 and 2009, Curaçao voted to be a self-governing nation with the Kingdom of Netherlands. In October 2010, the formal dissolution of the Netherlands Antilles became effective. As a result, Curaçao and Sint Maarten became self-governing. Bonaire, Sint Eustatius, and Saba (BES) became municipalities of the Netherlands (PAHO 2012). Bonaire and Sint Eustatius are now called the Netherlands in the Caribbean or the Caribbean Netherlands. The Netherlands, Aruba, Curaçao and Sint Maarten are now considered the Kingdom of Netherlands (Government of the Netherlands n.d.).

Aruba

Alonso de Ojeda landed on Aruba in 1499. The Caqueto Indians of the Arawak tribe, also known as the Amerindians, first inhabited Aruba. These inhabitants were

simultaneously fishers, hunters, and gathers. In 1513, the Spanish enslaved the Caqueto people to work on the Spanish plantations currently known as the Dominican Republic and Haiti. According to historians, by 1862, the Amerindians were decimated (CIA 2017a).

The Dutch colonized Aruba in 1636. Formerly a part of the Netherlands Antilles, it became a self-governing country within the Kingdom of the Netherlands in 1986. Aruba began the process of becoming completely independent, but halted this in 1990 (CIA 2017a).

Many Arubans speak multiple languages, including English, Spanish, and Portuguese. Dutch and Papiamentu are the island's official languages. As of July 2016, Aruba's population was 113,648. Under the age of 15 years, males (10,068) outnumbered females (9,999). Additionally, Aruba had more men (7,441) between the ages of 15 and 24 than women (7,366). However, over the age of 25, women outnumbered men in all age groups. The birth rate out of 1,000 live births was 12.5. The death rate was 8.3 (CIA 2017a).

Bonaire

The history of Bonaire began approximately 1,000 years ago when the Caiquetios sailed from Venezuela. In 1499, the Spanish, specifically Alonso de Ojeda and Amerigo Vespucci, landed on the island and claimed it. However, not seeing commercial value, they departed, taking along

with them enslaved Caiquetios to work on Hispaniola (InfoBonaire 2017).

In 1634, the Dutch colonized Bonaire and Curaçao (CIA 2017b). The Dutch West Indies made the island a large plantation and brought the first enslaved African slaves to work in agriculture, cultivating maize and harvesting salt. In the following 182 years, the islands changed hands many times. However, the 1816 Treaty of Paris returned the island to the Dutch. Bonaire is now a part of the ABC (Aruba, Bonaire, Curaçao) islands, and in 2010, the island became a special municipality of the Netherlands (InfoBonaire 2017).

Bonaire's population is 18,905 people. Eighty percent of the population is of Dutch nationality. Sixty-four percent of the island inhabitants' first language is Papiamentu (CBS 2015). In 2015, the number of women increased 22 percent compared to 17 percent for men. However, the majority of the population is men (52%) (Statistics Netherlands 2016).

Saba

Saba is a part of the Leeward Islands. The island is an extinct volcano that was discovered by the Europeans in 1632. The Arawak Indians first inhabited the island. Like the other Caribbean Netherlands islands, many European colonists claimed it before the Dutch acquired it in 1816 (Caribya! 2017).

Saba has 1,947 inhabitants, 978 men and 969 women. There are 278 children under the age of 15, and 103 men are older than age 65. Fifty-five percent of the population was born elsewhere, such as the United States, Canada, or the Dominican Republic (Statistics Netherlands 2016).

Curaçao

Curaçao is part of the Windward Islands and was settled by the Arawak Indians. In 1634, the Dutch colonized the country (CIA 2017b). The island, which is 30 miles off the coast of Venezuela, is twice the size of Washington, D.C. (CBS 2011). The highest point of elevation is Mount Christoffel, which is 1,230 feet. The flattest part of the island is Table Mount. Curaçao's population is 150,563, with 68,848 men and 87,715 women, or 84.3 men per 100 women. Most live in the south-central area of the island near the oil refinery, the harbor, and the government offices (CBS 2011).

Curaçao became the center of slave trade. The island was so dependent on the slave trade that slavery was not abolished until 1863. Some sources state that the abolition of slavery hurt the island's economy. As a result, Curaçao's economy did not fully recover until the 20th century, when

oil was discovered. In 1954, the island became of a part of the Netherlands Antilles. In two referendums held in 2005 and 2009, the people voted for Curaçao to become a self-governing nation. The wishes of the Curaçao people did not occur until 2010, when the Netherlands Antilles was dissolved (CIA 2017b).

Sint Eustatius

Sint Eustatius (also known as Saint Eustatius and Statia) is 6 miles long and 3 miles wide and has two distinct volcanos. Sint Eustatius was colonized by the French and English in 1625. In 1632, the Dutch, who initially named it Niuew Zeeland, claimed it from the French and English. Between 1664 and 1674, Sint Eustatius was taken 10 times. By 1780, Statia became a center of trade, including for slavery. In November 1776, the island was the first foreign government to recognize the United States as an independent country and became a major source of supplies for the North American colonies.

Sint Maarten

The first inhabitants of Sint Maarten (also St. Maarten) were from the Amazon basin, likely the Arawak, followed by Christopher Columbus, the first European to see Sint Maarten and claim it for Spain in 1493. The island did not appear on a map until 1516, as Sam Mtim, when the Spanish began colonizing it. In 1648, Spaniards left the island to the French and Dutch to fight over. It changed hands 16 times until the 1817 Treaty of Paris, which drew the boundaries it has today (UNDP 2011).

In 1633, the Spanish took it back from the Dutch. In 1648, the Dutch and the French split the island. The Dutch side of the island is named Sint Maarten, while the French side is called Saint Martin (or St. Martin). In 1863, slavery on the Dutch side of the island was abolished. The decline of the economy in 1939 was attributed to the establishment of a free port. In the 1950s, Sint Maarten became a place for vacationing tourists. In 1954, the island became a part of the Netherlands Antilles, and in 2010, it became an autonomous country within the Kingdom of the Netherlands (CIA 2017c).

In 2016, Sint Maarten's total population was 41,486. Of that number, 21,007 women lived on the island compared to 20,479 men. Males 19 years old and younger slightly outnumber females of the same age. However, between the ages of 20 and 34, women slightly outnumber men. This trend also occurs for almost all ages 45 and older (CIA 2017c).

Overview of Women's Lives

The Dutch Caribbean islands are included in the UN list of Small Islands Developing States (SIDS), along with many of the other islands in the Caribbean and the Pacific (IFAD 2016). By joining in this way, the islands can promote their resilience and protection, and this affords international comparisons, such as the Gender Inequality Index (GII). Taken as a whole, the SIDS calculated GII was 0.474 in 2014, placing it above the world value of 0.449 (UNDP 2015). Women in this region are supported by UN Women to promote women's leadership, economic empowerment, and nondiscrimination and planning and to combat gender-based violence. Successes include the institutionalization of the Caribbean Institute for Women in Leadership program, which promotes women's, including young women's, participation in politics; strengthening domestic workers rights; the creation of national action plans to combat violence against women; and encouraging countries' compliance with the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) goals (UN Women 2017).

Girls and Teens

Girls often grow up with a large extended family. If their mother is young, their grandmother may step in and act as a second mother. While girls generally like and are proud of their islands and small communities, they recognize the sometimes limiting opportunities, including poor schooling, family violence, and poverty. Many escape to the European Netherlands, and some return to help develop their home islands (Kloosterboer 2013 15).

Dutch Caribbean girls and teens, like those around the world, enjoy sports such as soccer (or football), which they participate in through the Oualichi Women's Soccer Association. Sint Maarten recently hosted a soccer tournament where the Oualichi Women's Soccer Team, CVV Willemstad from Curaçao, Sv. Oemasoso from Surinam, and the Bonaire Female Selection all competed. Soccer is relatively new for Bonaire and Sint Maarten and less so for Curaçao (721new.com 2015).

Education

The Minister of Education, Culture, and Science is responsible for Bonaire, Sint Eustatius, and Saba's (BES) education policies. The future goal is for students in BES to have a diploma comparable to the one students receive in the Netherlands (Rijksdienst Caribisch Nederland 2016).

Bonaire has seven government-funded primary schools, one secondary school, and vocational schools. Saba has one government-funded primary and one secondary school (CBS 2015). Saba workers who are born on the island have lower levels of education (CBS 2015).

Aruba

The Aruban government almost entirely finances the national education system, except private schools. Aruba has three types of general secondary education schools: MAVO, HAVO, and VWO. Students attend MAVO schools for four years and get a general secondary education. HAVO is the higher general education and lasts five years. VWO is a preuniversity education that lasts six years (Visit Aruba 2017).

In 2014, the net enrollment for preprimary education for females was 98.5 percent, compared to males at 99.3 percent. Primary education enrollment for females (99.4%) and males (99.1%) were nearly equal. In tertiary education, gross enrollment was doubled for females (23.04%) compared to males (10.14%). Aruba's total literacy rate for 2015 was 99.37 percent. For adults 15 years and older, the percentage for males was 97.54 and 97.51 for females. In 2014, Aruba ranked 111th in gender inequality in education compared to other countries (UNESCO 2016a).

Curaçao

At 99 percent, almost all Curaçaoan children enrolled in primary education in 2014; there was little difference by gender at this level of schooling (UNESCO 2016b). In 2011, 76 percent of children enrolled in secondary education, but more girls enrolled (80%) than boys (73%). This gap increased for tertiary, or postsecondary, education. In 2015, 12 percent of Curaçaoan men attended, representing half the rate of women. Twenty-eight percent of women enrolled in tertiary education (UNESCO 2016b).

Employment

Aruba

In 2010, 60.5 percent of females 15 years and older participated in the Aruban labor market. Many work in government and the tourism sector. In 2010, 17.4 percent of males compared to 23.7 percent of females were employed in the tourism trade (Aruba Demographics 2015).

Aruban women in 2014 never made more than a 78.1 employment percentage rate. This percentage includes women of all ages. Women aged 35–39 (78.1%) and 40–44 (78%) have the highest rates of employment among all women, while men aged 40–44 (87.2%) have the highest employment rate among men and women (CBS 2014b, 53).

In 2010, unemployment was lower among women than men across several age groups. Females in their teens and early twenties (46% and 21%, respectively) had a slightly lower unemployment rate compared to males (48% and 23%, respectively). During their childbearing and child-rearing ages of 25–44, more women, approximately 10 percent, were unemployed compared to approximately 9 percent of men. This reversed for women aged 45 and older, when Aruban women, about 7 percent, had a lower unemployment rate than men, about 8.7 percent, the same age (CBS 2014b, 53).

According to Aruban labor market data, women outnumbered men in education, sales and service, clerical workers, trade, real estate, public administration, and the restaurant and hotel sectors. For example, less than 3,000 men compared to nearly 5,000 women were employed in education. In service and sales, there are approximately 7,500 women employed and 5,000 men. In the hotel and restaurant industry, 4,000 men are employed and approximately 9,000 women. More women are in real estate and public administration, with over 8,000 employed in both industries, compared to more than 4,000 men in both industries (Aruba Demographics 2015).

Bonaire

Sixty-nine percent of the Bonaire population between the ages of 15 and 74 work. Seventy percent of the men work, while 65 percent of the women work. In 2014, the unemployment rate was 6.4 percent, or 700 people out of work, 337 males and 341 females. In the same year, the labor force was 10,637, and of this, 5,835 were male and 4,801 female (Statistics Netherlands 2016, 29).

Curaçao

The total employed population in Curaçao was 63,493 people; of these, 32,143 were women and 31,350 men. Conversely, at 3,671, fewer men (10.5%) were unemployed compared to 5,841 (15.4%) women (CBS 2013).

Approximately 1,500 Curaçao women earn a monthly income of 500 Antillean guilders (ANG) or less (USD\$280), while nearly 1,000 men earn this monthly income. More

men (14,692) earn ANG 3,001 (USD\$1,676) compared to women (11,377) (CBS 2013).

Saba

Sixty percent of women and men are employed on Saba. Although women (771) outnumber men (746) in terms of total population, more men (452) are employed than women (448). Many are employed by the government, in the tourism industry, in construction, in culture and recreation services, and in other business industries; this includes Dutch nationals who move to Saba (CBS 2015, 64–67).

Sint Eustatius

The labor force in St. Eustatius in 2014 totaled 2,240. More men worked in the technical industries than women, and more women worked in the service, health and welfare, and teaching areas. Fifty-five percent of women worked full-time compared to 68 percent of men. Sixty-five percent of women worked part-time versus 70 percent of men. Income garnered follows a person's age, typically, with younger people earning less and people earning more as they gain experience and better paying work (Statistics Netherlands 2016, 92–99).

Sint Maarten

Sint Maarten's employed population total for 2013 was 19,137. Of that number, 9,729 males (90.1%) were employed and 9,408 females (91.6%). The unemployed population of men was 1,067 compared to 866 women. The total unemployment rate was 9.2 percent. The men's unemployment rate was 9.9 percent compared to women's rate of 8.4 percent. Youth employment rate was 25.9 percent. Men in the age groups of 25–44 (397) and 45 and older (360) were the highest unemployed group compared to women 25–44 (325) and 45 and older (293). Women 25–44 years old were the highest unemployed in all age groups. The employment statistics included 15-year-olds (Department of Statistics of St. Maarten 2013).

The minimum hourly wage in Sint Maarten is ANG 8.56 (USD\$4.78). The monthly wage is ANG 1,483.73 (USD\$828.9). In 2013, women (789) earned a monthly income of ANG 500 (USD\$280) or less than men (580). More than 3,000 women earned ANG 1,001–2,000 (USD\$559.22–\$1,117.32) compared to 2,813 men. More women are in this income range than any other pay range, including the pay range of males (Department of Statistics of St. Maarten 2014).

Discrimination and Income Disparity

Dutch Antillean people face three times the unemployment rate of their white Dutch counterparts. The African Dutch Antillean is also discriminated against in employment and pay rates.

Health

Access to Health Care

Health care is accessed through a network of care facilities through private foundations and companies. Each island has a hospital, with those on Curaçao and Sint Maarten providing more services for which the smaller islands are not equipped. These are complemented by clinics, pharmacies, and nursing homes. Employees have access to health insurance whether in the public or private sphere. The Social Security Bank provides compulsory insurance for those working for private businesses (PAHO 2012).

Maternal

Maternal mortality rates were the same in 2015 for Aruba, Curaçao, and Sint Maarten. Rates fall into three categories for maternal mortality: high-income, middle-income, and low-income women. The rates are 496 for low-income, 180 for middle-income, and 10 for high-income (World Bank 2017). The higher-income Caribbean Netherlands women have the better chances of surviving childbirth.

Fertility rates

Aruba

In 2015, the fertility rate 1.84 percent (CIA 2017a). In 2014, Aruba had 1,376 live births. Of these, 725 were male, and 651 were female babies. The birth rate in Aruba in 2014 was 12.7 percent. Out of 100 girls' live births, Aruba had 111.4 male births. The number of births to single parents out of 100 was 65.7. The fewest live births were those women 15 years or younger as well as women 45–49 years old. Each group had 2 live births. The majority of women with the most live births were those ages 30–34 with 350 and 20–24 years with 343. Teenagers (ages 15–19) had 131 live births (CBS 2014b).

Curaçao

The mean age when Curaçao women had children increased from 27.2 (2001) to 28.2 (2011). This number includes all live births. The age a woman had her first child

decreased from 26.5 years (2001) to 25.8 (2011). In 2011, most children, 66 percent, were born into single-parent households compared to 58 percent in 2001. In the same years, 32 percent of children had married parents, down from 39 percent in 2001 (CBS 2011).

The total infant mortality rate per 1000 children in 2016 was 8.3 percent. More male children (9.1%) died at birth than females (7.6%) (CIA 2017b). Of the total live births in 2013, 987 were male and 972 female. Women younger than 15 years old had 3 births. Teenagers (ages 15–19) had 181, and women aged 25–29 had the most live births (491) for the year. Women aged 45 and older had 7 live births. The average age of the mother at the first child's birth was 28.9 years (CBS 2013).

Sint Maarten

The 2016 fertility rate is 2.06, with 8.3 deaths per 1,000 live births. For males, the infant mortality rate was 9.1 deaths per 1,000 births. For females, the number of deaths was 7.6 per 1,000 births (CIA 2017c).

In 2011, 93 girls ages 14–19 had more than child. In addition, approximately 700 women ages 25–29 had 1 to 10 or more children (Department of Statistics of St. Maarten 2014).

Contraception

Aruba

In 2014, 3,120 people registered in the Family Planning Foundation, 2,672 people visited the clinic, and 1,676 visitors were teens (less than 20 years old). Total new registrants for 2014 were 662. Of the total, 389 were teens, 49 males, 340 females, and 233 were adults (CBS 2014b).

In 2014, the Family Planning Foundation donated 35,500 condoms. Other types of contraceptives include 1,570 oral contraceptives, 636 injectable birth control, and 78 IUDs (CBS 2014b).

Curaçao

The Foundation for the Promotion of Responsible Parenthood distributed 28,812 contraception methods in 2013. Of the total varying types of birth control, 6,323 were the birth control pill. Approximately 18,000 condoms were distributed (CBS 2013).

Diseases and Disorders

Aruba

In the decade of 2010, 126 Aruban men 25–44 years old reported having HIV/AIDS. In the same age group and

decade, 45 women were reported acquiring the disease. In the age range 45–64, 50 men reported having HIV/AIDS compared 22 women. Therefore, Aruban men between the ages of 25 and 64 were more likely than women in the same group to contract the virus. In 2014, 24 males tested HIV-positive and only one female. Aruba did not have registered AIDS cases in this year (CBS 2014b).

Curaçao

In 2013, Curaçao had 122 newly registered known cases of HIV. Of those known, 76 were males and 46 females (CBS 2013). In 2015, Curaçao had 960 HIV-registered patients. In the same year, 171 patients died, 12 moved abroad, and 547 were in clinical care. Two-thirds of those infected contracted the disease through heterosexual intercourse (United Nations 2016).

Sint Maarten

In 2011, 18 newly registered HIV-positive cases were reported. Ten of the new cases were men, and the remaining were women. Each group of women between the ages of 20 and 24, 25 and 29, and 35 and 39 have two newly reported cases. These groups are the highest for all age sets. Men (40–44) have three newly reported cases (Department of Statistics of St. Maarten 2014).

The first Zika virus was identified in Uganda, Africa, in 1947. The first human case of the virus was in 1952 (WHO 2017). The virus made a recent appearance in Brazil in May 2015 (*Daily Herald* 2016b). In 2016, the virus appeared in Venezuela (WHO 2017). Saba's first case came in June 2016 (*Daily Herald* 2016a). By September, St. Maarten had 54 confirmed cases (SXM Talks 2016).

The virus is initially transmitted by an *Aedes* mosquito. The virus can also be sexually transmitted from the host to another. The infected person may experience mild to severe (paralysis) symptoms. However, this virus might not only affect the host; it can also cause birth defects in unborn children if a pregnant mother is infected (CDC 2017).

Family Life Marriage and Sexuality

Aruba

In 2010, 11,928 Aruban couples were married without children, and 38,343 couples were married with children. Nearly 25,000 children lived in a house with only their mothers. However, 2,131 Aruban children lived with only their fathers. Approximately 10,200 children lived with

both parents who were not married or were cohabiting. Some 3,466 couples cohabitated who did not have children (CBS 2010). In 2014, 617 couples were married. In the same year, 468 couples divorced, or for every 100 marriages nearly 76 couples divorced. In addition, 65.7 children out of 100 live births were born to a single parent (CBS 2014b).

Bonaire

Almost 42 percent of Bonaire's households were single. Fourteen percent of the population were unmarried couples. Bonaire had the largest population of married couples (29.1%) compared to Saba and Sint Eustatius. In January 2014, 12.51 children lived in a single-parent household (CBS 2015).

Saba

In January 2014, 52.11 percent of Saba households were single. Nearly 15 percent of households were made up of unmarried couples. Approximately 22 percent of the population was married. Despite the high number of single households, only 9.74 percent of the children lived in single-parent households (CBS 2015).

Sint Eustatius

Like Saba, on Sint Eustatius, slightly more than 52 percent of the population is single. More than 12 percent of the population lives as unmarried couples. Twelve percent of Sint Eustatius children live in single-parent households (CBS 2015).

Sint Maarten

Data from 2008 show that there were 232 marriages and 108 divorces in St. Maarten out of a population of about 39,000 (2012 estimate) (NationMaster.com 2003–2017).

LGBTQ

Same-sex marriages performed in the Netherlands are recognized and protected under the islands' laws; however, they are not performed in the islands. Protections in housing and employment are not secured, though same-sex activity is legal as is serving in the military. Except for Aruba and Bonaire, it is not legal for persons to change their gender, limiting the rights of transgender people (Equaldex 2017).

Politics

Aruba

Aruba is a country within the Kingdom of the Netherlands. The Queen of the Netherlands, Queen Maxima, appoints the governor for a six-year term. The prime minister is

the head of the country and is a part of a seven-member Council of Ministers. Parliament, which is the legislative part of the government, is made up of 21 elected officials (Aruba Travel Guide 2017). Of the 21 elected, 8 are women (CBS 2014b).

Curaçao

The Curaçao Parliament has nine seats. Three of the seats are held by women (CIA 2017b).

Saba

The island of Saba is a special municipality of the former Netherlands Antilles. The island is a part of the Kingdom of the Netherlands. Therefore, the King of the Netherlands, Willem-Alexander, is the head of Saba's government. The king appoints the island governor to a six-year term. The two other branches of Saba's government are the Executive Council and the Island Council. The Executive Council is appointed by the Island Council. The Executive Council includes the island governor and two commissioners. The Island Council is a five-member legislative body. Its members are elected by Saba islanders. The Island Council serves a four-year term. Of the five elected officials, one woman was elected to the council (Public Entity Saba 2017).

Sint Maarten

As with Aruba and Curaçao, Sint Maarten is an independent country within the Kingdom of the Netherlands. It has a Council of Ministers, which includes the prime minister and six additional ministers. Of the total seven ministers, one woman holds an office (Government of Sint Maarten 2017).

Judicial System

Prison

The Institute for Criminal Policy Research provided statistics of women in prison in Aruba, Sint Maarten, and Curaçao for 2014. The statistics were for one day in 2014; therefore, the numbers can only be an estimate of the number of prisoners in the institution.

Aruba

In Aruba, the female prisoner rate per 100,000 of the national population is 5.8. The number of women imprisoned fell from 23 in 2007 to 6 in 2014, which represented 3.5 percent of the total prison population. Aruba has only

one prison, Aruba Correctional Institution (Korrectie Instituut Aruba, KIA), in which men, women and juveniles are housed. The total capacity is 310 prisoners (ICPR 2014).

Curaçao

The prison population rate in the Curaçao Detention and Correctional Center (Sentro di Detenshori Koreshon Korsou, SDKK) is 225 per 100,000 of the national population. The total prison population is 348. The percentage of the total population who are women is 3.2 percent. The total number of female prisoners was 11 in 2014, a reduction from 41 women prisoners in 2007. As in Aruba, Curaçao has only one prison on the island to house women, men, and juvenile detainees (ICPR 2014).

The Netherlands 2015 *Human Rights Report* found that Aruba, Curaçao, and Sint Maarten had substandard conditions as a result of inadequate medical care, including mental and dental health facilities. In addition, all three prisons had reports of violence, intimidation among prisoners, prison staff mistreatment, and police abuse of detainees (U.S. Department of State 2015).

Sint Maarten

In 2012, Sint Maarten's prison population in Pointe Blanche was 180 out of the national population of 46,400. Sint Maarten has only one prison that houses juveniles, men, and women. The percentage of female prisoners is 5 percent. World Prison Brief (WPB) does not provide the total number of women detainees for 2007 or 2014 (ICPR 2014). As of 2015, Point Blanche is overcrowded due to renovations on the prison (U.S. Department of State 2015, 3).

Religious and Cultural Roles

Aruba and Curaçao are predominately Catholic, at 75 percent and 72 percent, respectively. Protestants make up less than 5 percent of the religiously affiliated persons on each island. At 6 percent, Pentecostal Curaçaoans is the next largest group. Those who claim no religious affiliation are 6 percent in Curaçao and 5 percent in Aruba (CIA 2017a, b; CIA 2017b).

Sint Maarten is primarily Protestant at 41.9 percent. Of these faiths, Pentecostals are the largest, at 14.7 percent, followed by Methodist at 10 percent, Seventh-day Adventist at 6.6 percent, and other faiths. Roman Catholics number the largest religiously affiliated at 33 percent. Like the other islands, Sint Maarten is predominately Christian; however, its diversity includes Hindus at 5.2 percent and

Muslim/Jewish at 1.1 percent. At 7.9 percent, the religiously unaffiliated also comprise a notable minority (CIA 2017c).

Bonaire, Saba, and St Eustatius are similarly religious; over 80 percent on each island identify as Christian, with Catholics being the most numerous. Christians on Bonaire, Saba, and St Eustatius number 70 percent, 40 percent, and 25 percent, respectively. Saba's diversity includes 6 percent Muslims, and at 18 percent, it has the largest group of the religiously unaffiliated. Overall, women on these islands, especially older women, tend to practice more than men. Additionally, those with the highest education levels tend to practice more (CBS 2014a).

Issues

Abortion

Curaçao

Although abortions in Curaçao are legal, the government's attitude is one of tolerance rather than support. The number of abortions per 1,000 women aged 15–45 was 38. Eleven of the 102 general practitioners on the island perform abortions (Boersma 2011). A study looked at Curaçao women's attitudes toward abortion and found a high incidence of unintended pregnancies. Factors contributing to the high incidence include a cultural norm where discussing sexuality is taboo, the transitory nature of some relationships, the cost of contraception, and a lack of knowledge about contraception. Fifty percent, or 60 of 120 respondents, reported not having reliable knowledge of contraception. Seventy-three of the women reported that they used birth control pills but believe that long-term use is harmful. Seventy-one of the Curaçao women have an experience using a condom. However, the reasons they gave for not using a condom included reduced pleasure and possibility of breakage. Forty percent of the women studied had had an abortion. Twenty-eight had had one abortion and 12 percent more than one abortion. The women reported that they had abortions between the ages of 15 and 41 (Van den Brink et al. 2011).

Bonaire, Sint Eustatius, and Saba

As of October 2011, abortion in the Bonaire, Sint Eustatius, and Saba (BES) islands became legal. However, at the time, no doctor on the island had applied for a permit to provide abortions. Despite this, Edith Schippers, the minister of public health, well-being, and sports, claimed that 50 percent of pregnancies end in abortion, indicating that doctors were quietly providing this service. To prevent

unintended pregnancies, BES's basic health insurance covers the contraception pill (Annemieke 2012).

Prostitution

The Dutch Caribbean has legal and regulated prostitution. This includes the islands of Sint Maarten, Saba, Sint Eustatius, Aruba, Bonaire, and Curaçao. According to a study, sex workers are required to take a weekly test for sexually transmitted diseases and a health screening. Women of lighter skin are imported into the region because the darker-skinned locals are considered undesirable to tourists. Therefore, women are permitted to enter the country on three-month prostitution visas. Unfortunately, the importation of sex workers leads to illegal sex trafficking. The victims of sex trafficking are often forced into prostitution to pay for their travel and boarding. Many of the victims are unaware that they will be sex workers (Walker 2012).

Trafficking

The Trafficking Victims Protection Act (TVPA) categorizes severe forms of trafficking as sex trafficking where a commercial sex act occurs by force, fraud, or coercion or to a minor. Trafficking also includes the recruitment, harboring, transportation, provision of, or obtaining of a person for labor or services through force or fraud for the purpose of involuntary servitude. The most susceptible persons to trafficking are children, those in the commercial trade, and construction workers. The U.S. Department of State categorizes trafficking by tier placements. Countries are placed in one of four tiers. Aruba and Curaçao are classified in Tier 2. Although they do not meet the minimum TVPA standards, they are progressing toward meeting those standards (U.S. Department of State 2016b).

In 2011, 4 victims were identified as victims of human trafficking for all of the Dutch Caribbean. Because all Dutch Caribbean victims are counted as coming from the same place, rather than by island, victims are difficult to identify (Maduro 2013). In 2013, 2 traffickers were sentenced and convicted. Aruba uses checklists to surface trafficking activity, but not always at the times when activity is likely to happen. Those at risk include women from other countries who work in the commercial sex trade and foreign men and women working in the construction and service industries (U.S. Department of State 2014). St. Maarten conducted its largest investigation into trafficking in 2015 and freed 14 sex trafficking victims and charged 6

defendants. Those most at risk for trafficking are women and girls from other countries (U.S. Department of State 2016a).

Sexual Violence

Curaçao

In 2011, 27 rapes and sexual assaults were reported in Curaçao. This number is down from 57 reports in 2010 (OSAC 2014).

Sint Maarten

On Sint Maarten, 13 rapes and 4 sexual assaults were reported in 2012. Four illicit sexual abuse occurred. Six rapes of girls between 12 and 15 years were reported. In addition, 4 rapes of girls younger than 12 years old occurred (Department of Statistics of St. Maarten 2014).

Domestic Violence

The Caribbean Netherlands has laws against domestic violence, all categories of rape, sexual harassment, and female genital mutilation (FGM). These crimes, except spousal rape and FGM, carry a fine and sentence of 15 years in prison. If convicted, the spousal rapist will serve an 8-year sentence. FGM, which is classified as a “harmful traditional practice,” has a 12-year maximum prison sentence.

AUDREY ROBINSON-NKONGOLA

Further Resources

- Annemieke. 2012. “Abortions Still Illegal on Bonaire, Statia, Saba.” Statianews, February 4. Retrieved from <http://statianews.com/abortions-still-illegal-on-bonaire-statia-saba>.
- Aruba Demographics. 2015. “The Aruban Labor Market: The Data and the Facts.” PowerPoint. Retrieved from <http://arubademographics.com/chapters/labor>.
- Boersma, Adriana Akke. 2011. “Reproductive Health Care for Women in Curaçao.” University of Groningen. Retrieved from <http://hdl.handle.net/11370/34938318-ae96-4db5-8227-a4b5f16ff879>.
- Caribya!. 2017. “History of Saba.” Retrieved from <http://caribya.com/saba/history>.
- CBS (Central Bureau of Statistics). 2010. “Fifth Population and Housing Census: Aruba.” September 29. Retrieved from http://www.caribbeanelections.com/eDocs/statistics/aw_stats/aw_population_housing_census_2010.pdf.
- CBS (Central Bureau of Statistics). 2011. “Demography of Curaçao: Census 2011.” Retrieved from http://www.cbs.cw/website/publications_231/item/demography-of-curacao_244.html.
- CBS (Central Bureau of Statistics). 2013. “Statistical Yearbook: Curaçao 2013.” Retrieved from <http://www.cbs.cw/document>.

[php?m=1&fileid=428&f=961d615f740c4b7a7d4db080b0652d91&attachment=0&c=199](http://www.cbs.cw/website/publications_231/item/demography-of-curacao_244.html).

- CBS (Central Bureau Statistics). 2014a. “Over 80 Percent of Caribbean Netherlands Population Are Religious.” Retrieved from <https://www.cbs.nl/en-gb/news/2014/51/over-80-percent-of-caribbean-netherlands-population-are-religious>.
- CBS (Central Bureau of Statistics). 2014b. “Statistical Yearbook 2014: Aruba.” Retrieved from <http://cbs.aw/wp/wp-content/uploads/2016/10/05-02-H-Statistical-Yearbook-2014.pdf>.
- CBS (Central Bureau of Statistics). 2015. “Many Caribbean Households Consist of Extended Families.” Retrieved from <https://www.cbs.nl/en-gb/news/2015/24/many-caribbean-households-consist-of-extended-families>.
- CDC (Centers for Disease Control and Prevention). 2017. “Transmission and Risks.” Retrieved from <https://www.cdc.gov/zika/transmission/index.html>.
- CIA (Central Intelligence Agency). 2017a. “Aruba.” *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/aa.html>.
- CIA (Central Intelligence Agency). 2017b. “Curaçao.” *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/cc.html>.
- CIA (Central Intelligence Agency). 2017c. “Sint Maarten.” *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/sk.html>.
- Daily Herald. 2016a. “First Case of Zika on Saba.” June 21. Retrieved from <https://www.thedailyherald.sx/islands/58246-first-case-of-zika-on-saba>.
- Daily Herald. 2016b. “Zika Registration Mandatory in Caribbean Netherlands.” May 6. Retrieved from <https://www.thedailyherald.sx/islands/57253-zika-registration-mandatory-in-caribbean-netherlands>.
- Department of Statistics of St. Maarten. 2013. “Results Labour Force Survey 2013.” Retrieved from http://stat.gov.sx/downloads/LFS/Results_STAT_Labour_Force_Survey_2013.pdf.
- Department of Statistics of St. Maarten. 2014. “Statistical Yearbook 2014, Sint Maarten.” Retrieved from http://stat.gov.sx/downloads/Statistical_Yearbook_2014.pdf.
- Equaldex. 2017. “LGBT Rights in Curaçao.” Retrieved from <http://www.equaldex.com/region/curacao>.
- Government of Sint Maarten. 2017. “Council of Ministers.” Retrieved from <http://www.sintmaartengov.org/government/COM/Pages/default.aspx>.
- Government of the Netherlands. n.d. “Parts of the Caribbean Netherlands: Bonaire, Sint Eustatius, and Saba.” Retrieved from <https://www.government.nl/topics/caribbean-parts-of-the-kingdom/contents/bonaire-st-eustatius-and-saba>.
- ICPR (Institute for Criminal Policy Research). 2014. “World Prison Brief: Curaçao (Netherlands).” Retrieved from <http://www.prisonstudies.org/country/cura%C3%A7ao-netherlands>.
- IFAD (International Fund for Agricultural Development). 2016. “List of Small Island Developing States (SIDS).” Retrieved from <https://www.ifad.org/topic/tags/sids/2784394>.

- InfoBonaire. 2017. "Bonaire's History." Retrieved from <https://www.infobonaire.com/history>.
- Kloosterboer, Karin. 2013. "Child on Bonaire, St. Eustatius and Saba Children's Rights in the Caribbean Netherlands Summary." Retrieved from https://www.unicef.nl/media/1409101/child_on_bes-summary.pdf.
- Maduro, Letizia. 2013. "A Situational Analysis of Aruba's Response to Human Trafficking." International Organization for Migration. Retrieved from http://publications.iom.int/system/files/pdf/situational_analysis_aruba_10sep.pdf.
- NationMaster. 2003–2017. Sint Maarten (Dutch part) "People Stats." Retrieved from <http://www.nationmaster.com/country-info/profiles/Sint-Maarten-%28Dutch-part%29/People#stat>.
- OSAC (Overseas Advisory Council). 2014. "Curaçao 2014 Crime and Safety Report." U.S. Department of State. Retrieved from <https://www.osac.gov/pages/ContentReportDetails.aspx?cid=16124>.
- PAHO (Pan American Health Organization). 2012. "Health in the Americas: Netherlands Antilles 2012." Retrieved from http://www.paho.org/salud-en-las-americas-2012/index.php?option=com_content&view=article&id=47&Itemid=158&lang=en.
- Public Entity Saba. 2017. "Council Members." Retrieved from http://www.sabagov.nl/island_members.html.
- Rijksdienst Caribisch Nederland. 2016. "Education Agenda for the Dutch Caribbean: Working Together on Quality." Retrieved from <https://www.rijksdienstcn.com/en/education/education-agenda-for-the-dutch-caribbean-working-together-on-quality>.
- 721new.com. 2015. "Oualichi Women's Soccer Association to Host Dutch Caribbean Women's Soccer Cup." June 18. Retrieved from <http://721news.com/top-story/oualichi-womens-soccer-association-to-host-dutch-caribbean-womens-soccer-cup>.
- Statistics Netherlands. 2016. *Trends in the Caribbean-Netherlands 2016*. Henri Faasdreef, The Hague. Retrieved from <https://www.cbs.nl/en-gb/publication/2016/26/trends-in-the-netherlands-2016>.
- SXM Talks. 2016. "123 Reported Case of Zika, 54 Confirmed on Dutch Side." *Daily Herald*, September 13. Retrieved from <http://www.sxm-talks.com/the-daily-herald/123-reported-cases-of-zika-54-confirmed-on-dutch-side>.
- UNDP (UN Development Programme). 2011. "First Millennium Development Goals Report: Curaçao & Sint Maarten 2011." Retrieved from <http://www.undp.org/tt/NA/MDGReportCURandSXM.pdf>.
- UNDP (UN Development Programme). 2015. "Table 5: Gender Inequality Index. Human Development Reports." Retrieved from <http://hdr.undp.org/en/composite/GII>.
- UNESCO. 2016a. "Aruba." Retrieved from <http://uis.unesco.org/country/aw>.
- UNESCO. 2016b. "Curaçao." Retrieved from <http://uis.unesco.org/en/country/cw?theme=education-and-literacy>.
- United Nations. 2016. "UNGASS Country Progress Report: The Netherlands and Parts of the Dutch Kingdom in the Caribbean." Retrieved from http://www.unaids.org/sites/default/files/country/documents/NLD_narrative_report_2016.pdf.
- UN Women. 2017. "Multi-Country Office—Caribbean." Americas and the Caribbean. Retrieved from <http://lac.unwomen.org/en/donde-estamos/Caribe>.
- U.S. Department of State. 2014. "Aruba." *Trafficking in Persons 2014 Report: Country Narratives*. Retrieved from <https://www.state.gov/j/tip/rls/tiprpt/countries/2014/226671.htm>.
- U.S. Department of State. 2015. "2015 Country Reports on Human Rights Practices: Netherlands." Retrieved from <https://www.state.gov/documents/organization/253095.pdf>.
- U.S. Department of State. 2016a. "St. Maarten" *Trafficking in Persons Report: June 2016*. Retrieved from <https://www.state.gov/j/tip/rls/tiprpt/countries/2016/258865.htm>.
- U.S. Department of State. 2016b. *Trafficking in Persons Report: June 2016*. Retrieved from <https://www.state.gov/documents/organization/258876.pdf>.
- Van Den Brink, Maaike, Adriana Boersma, Betty Meyboom-de Jong, and Jeanne G. M. de Bruijn. 2011. "Attitude toward Contraception and Abortion among Curaçao Women: Ineffective Contraception Due to Limited Sexual Education?" *BMC Family Practice* 12.55: 1–8. Retrieved from <http://hdl.handle.net/11370/34938318-ae96-4db5-8227-a4b5f16ff879>.
- Visit Aruba. 2017. "Education." Retrieved from <https://www.visitaruba.com/about-aruba/general-aruba-facts/education>.
- Walker, Aleia. 2012. "Sex Tourism and Trafficking in the Dutch Caribbean." *Curaçao Chronicle* (Washington, D.C.), November 26. Retrieved from <http://curacaochronicle.com/judicial/sex-tourism-and-trafficking-in-the-dutch-caribbean>.
- WHO (World Health Organization). 2017. "Zika Virus and Complications." Retrieved from <http://www.who.int/emergencies/zika-virus/en>.
- World Bank. 2017. "Health: Maternal Health." Retrieved from <http://datatopics.worldbank.org/gender/country>.

Nicaragua

Overview of Country

Nicaragua is one of seven countries that form Central America. Costa Rica borders it to the south and Honduras lies to the north. It is the largest country in Central America, encompassing an area of 50,336 square miles (130,370 sq. km), which is slightly larger than the state of Pennsylvania (CIA 2015). The central interior of the country is mountainous, ascending to the highest point, Pico Mogton, at 7,998 feet (2,438 m). The Atlantic coastal plains region is extensive, while the Pacific coastal territory is narrow and interspersed with volcanoes. Located near the

border with Costa Rica, Lake Nicaragua is the largest fresh lake in Central America. Spanish is the official language of its more than 6 million inhabitants. The majority of Nicaraguans, 69 percent, identify as mestizo, of Amerindian and European descent (CIA 2015). The remainder of the population is composed of 17 percent white, 9 percent black, and 5 percent Amerindian (CIA 2015).

Three indigenous groups inhabited the area prior to the arrival of Europeans: the Niquirano, the Chorotegano, and the Chonta (Merrill 1993). Each had its own culture and language. The Spanish began colonizing Nicaragua in the 16th century, settling primarily in the western region. The English settled in the Caribbean coastal region. Nicaragua secured its independence from Spain in 1821 and established itself as an independent republic in 1838. The English continued to occupy the eastern region of the country until the mid-1800s. British interest in the country was its geographic location, which provided an important route for commercial transit. In 1860, under the Treaty of Managua, the British government ceded its control of the Miskito coastal region to Nicaragua (Sy-Wonyu 2005).

Throughout the 19th and 20th centuries, internal conflict persisted in Nicaragua. The initial unrest developed between liberals, primarily merchants and professionals, and conservatives, the landowners. Liberals wanted the city of León to be the country's capital, while conservatives pushed for Granada. In the end, Managua was chosen with the hope of subduing the conflict. In 1856, William Walker, an American, seized control of the government and became the first president of the country. He was ousted the following year, but the United States continued its presence in the country. U.S. Marines occupied Nicaragua from 1912 to 1933. For the next 40 years, Nicaragua was held under the control of the Somoza family, whose authoritative rule gave rise to more internal opposition.

Nicaragua's 1979 social revolution is the only one in that region. The Frente Sandinista de Liberación Nacional (FSLN, Sandinista National Liberation Front) overthrew the Somoza regime, drawing the attention of the United States and other international governments. The new leadership instituted widespread social, economic, and political changes. More conflict ensued as a new counterrevolutionary group gained force. The Contra War, in which the United States provided covert military assistance to the opposition military, dominated the nation throughout the 1980s. Pressured by the international community to hold democratic elections, FSLN representative Daniel Ortega won the presidency in 1984. In 1990, an opposition

coalition defeated Ortega, and Violeta Barrios de Chamorro became the first female president of Nicaragua.

Into the early 21st century, Nicaragua's internal politics have been contested nationally and internationally. Reports of widespread election irregularities dominated multiple elections, including the 2008 and 2012 municipal elections, the 2010 and 2013 regional elections, and the 2011 presidential election. In 2006, former Sandinista president Daniel Ortega was reelected president after losing the previous three elections. He was reelected in 2011, ignoring a constitutional ban on presidents serving consecutive terms in office.

Changes in Nicaragua's political landscape have affected domestic policies. In 2014, the government approved the construction of an interoceanic canal to rival the Panama Canal. Local residents who fear the environmental impact of the project will be detrimental to the area have challenged the decision.

Social programs in health, education, and employment enacted under the Sandinista government have suffered due to budget constraints. Nicaragua continues to struggle to provide its citizens with access to a standard of living that meets their essential needs. It is the second-poorest country in the region, behind Haiti (World Bank 2015). Even though the per capita gross domestic product (GDP) has been growing, from USD\$4.9 billion in 2014 to USD\$5.3 billion in 2016 (CIA 2017), 45 percent of the income goes to the wealthiest 10 percent of the population, and the poorest receive just 14 percent (UN Girls Education Initiative n.d.). Almost 43 percent of the population lives below the poverty line, and more than 80 percent of the poor population lives in rural areas where people have limited access to resources needed to improve their livelihood (CIA 2015). Life expectancy is 74.4 years, and the infant mortality rate is 21 deaths per 1,000 live births (World Bank 2015). In comparison to Honduras and El Salvador, two countries with similar population sizes, Nicaragua ranks lowest in expected years of schooling—10.5 versus 11.6 and 12.1, respectively. In 2013, Nicaragua's Human Development Index (HDI) was 0.614, a continuous improvement since 1980, but it remains the lowest among Latin America countries (UNDP 2014; *Eye on Latin America* 2014a).

Women have achieved success in organizing and raising awareness about the challenges they regularly confront due to gender inequality. However, they continue to struggle with access to health care and education as well as equality in the workplace, which is reflected in its Gender

Inequality Index (GII) value. In 2013, Nicaragua received a 0.458, ranking it 90th out of 149 countries (UNDP 2014). The Gender Gap Index, which measures gaps in access to resources and opportunities between women and men, ranked Nicaragua 12th out of 145 countries (World Economic Forum 2014). Nicaragua is the only Latin American country to be ranked in the top 20 of the Index.

Girls and Teens

According to the UN Development Programme (2014), Nicaragua's teen birth rate is 100.7 births per 1,000 for young women aged 15–19, and the rate of teenage pregnancy is one of the highest in the Western Hemisphere. Young girls in rural areas are more likely to become mothers during adolescence than those living in an urban environment. Approximately 42 percent of Nicaragua's population lives in rural areas, where there are higher rates of poverty (UNESCO 2012). In these areas, 7 of every 10 people are low-income, and 3 of every 10 children are undernourished (PAHO 2007). Because of poverty and lack of education, many young women, especially in marginal urban and rural areas, have low self-esteem, no future expectations, and nothing else to do except have a baby.

Recent statistics indicate that 62 percent of women had given birth before the age of 20 (Guttmacher Institute 2008). A 2006 report found that 11 percent of Nicaraguan women had become sexually active before the age of 15 (Guttmacher Institute 2006). The Ministry of Health reported that, from 2000 to 2009, the number of births to girls aged 10–14 increased by almost 50 percent (Amnesty International 2014). Girls who become pregnant are expelled from school, thus decreasing their opportunity to continue their education. Sexual education is prohibited in schools, and abortion is illegal; both contribute to Nicaragua's relatively high rate of teen pregnancy.

Sexual violence against girls and young women is high. According to official police statistics, in the first half of 2012, the Police Unit for Women and Children reported 1,862 cases of sexual violence. Children 14 years old or younger were 1,048 of the victims, and 80 percent of the victims were 17 years old and younger (Amnesty International 2013). In 2013, the Instituto de Medicina Legal, the national agency responsible for investigating violent crimes, reported 6,069 sexual violence offenses. Of these offenses, 88 percent of the victims were female. The highest number of victims were girls aged 13 or younger, 42 percent, 2,537 cases, followed by girls aged 14–17 at 30

percent, 1802 cases (Corte Suprema de Justicia 2013). More victims are reporting offenses to authorities, but rape and sexual abuse are typically underreported crimes; thus, the actual number of girls and young women who are victims is unknown.

Under Nicaraguan law, statutory rape is defined as sexual intercourse with a child under the age of 14, but the law is not enforced. In many cases, the perpetrator is a relative, and victims fear speaking out against the individual. In 2010, Amnesty International completed an in-depth report focusing on personal interviews with victims of sexual violence. In it, victims stated they often did not report sexual abuse because the perpetrator was a known relative (Amnesty International 2010).

The primary reasons for maternal morbidity, illness, or mortality among pregnant young women are suicide or attempted suicide and complications during pregnancy, childbirth, and puerperium (six weeks after childbirth when the uterus returns to normal size). Domestic and sexual violence, injury, and poisoning were other named causes. Adolescents aged 15–19 caused an estimated 32 percent of self-inflicted injuries (meaning intentional self-harm) (PAHO 2007). Of all the deaths classified as maternal mortality, one-third occurred among adolescent girls (2012).

Nicaragua is a signatory on the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). That agreement obligates the country to provide equal rights and opportunities to men and women in sports, physical education, and recreational activities. But according to studies, Nicaraguan girls and young women are not encouraged to participate in sports. In fact, they often confront barriers to playing sports and physical activity. Outside of physical activity mandated at schools, only a small percentage of girls participate in sporting activities, either formal or informal, while the majority of boys do (Rock, Valle, and Grabman 2013, 51). Nicaraguan girls receive less support from their families, confront more safety issues when playing sports, and are subjected to gender stereotyping regarding physical activity (52). A lack of physical activity can lead to more health risks and illnesses in females, such as obesity, diabetes, and cardiovascular disease. The Nicaraguan government has passed laws to promote equal opportunity for females to participate in physical activity and receive equal treatment. A lack of opportunity still needs to be addressed, and more government initiative is needed to create and promote physical activity and sports participation so

Women's Voices

Lucía Robelo

My name is Lucía Robelo. I grew up in Nicaragua during the times of the last Somoza Regime, in the 1960s.

Censorship was widespread. *La Prensa*, the only opposition paper, was repeatedly closed down and imposed a hefty fine before it could be reopened, just for reporting the truth. Readers deposited a contribution to pay for the fine in a bank account opened up for that purpose. A few days later, *La Prensa* was up and running again.

Jokes circulated about how dumb Somoza members of the *Guardia Nacional* were and how dumb Somoza himself was (“Tachito”). The truth is the *guardias* were poor and hungry, and corruption was only natural.

Carrying a gun gave these *guardias* a sense of power without responsibility or consequence. “Accidents” happened often. My own brother fell victim of an accidental bullet from a drunk *guardia nacional*’s rifle when the *guardia* started shooting in midair at a local patron saint’s celebration in Managua. These kinds of deaths were common occurrence. My brother was only 18.

Orejas were also common—nonmilitary spies for the regime. The expression *las paredes hablan* (walls can hear you, and they will speak up) was used to hush someone when talking about politics in private conversations. You never knew who to trust.

Those were really repressive times.

One of the jokes went something like this: A drunkard was apprehended for yelling in the middle of the street: “Death to the most corrupt president of the Central American nations!” The *guardias* soon came to apprehend him by saying, “Come on, you are going to jail.” The drunkard said, “But I have not even said who it is!” To which the *guardias* quickly replied (and this was the punch line), “And who else is it gonna be? Come on, let’s go to jail.” Humor was a way to numb the general feeling of powerlessness and the pain about the *desaparecidos* that dominated the times.

I have lived in the United States for several decades. But I am not sure I have ever overcome that sense of fear about speaking up about issues that I learned when I was growing up in Nicaragua.

Nicaraguan girls can maintain a healthy lifestyle and achieve genuine equal access (57).

Education

The Ministry of Education manages the educational system. According to the constitution, education is a basic universal human right. Prior to 2007, the country had an Autonomous School Model. Under that model, school control was decentralized, and local councils composed of parents, school principals, teachers, and students were responsible for the decisions regarding the academic and material realms of the school (King, Özler, and Rawlings 1999, 3). Since then, the government has prioritized free access to education for all Nicaraguan children and has taken steps to monitor the education system rather than have it be under the authority of local units. Current education officials have criticized the previous autonomous system for its lack of monitoring educational funds (Visser-Valfrey et al. 2010, 20).

The school year runs from January to December, and education is compulsory from ages 6 to 12 (Education Policy and Data Center, 2012). The government spent 4.5 percent of its GDP on education in 2013 (CIA 2014). Teachers in Nicaragua earn 10–25 percent less than other comparable professional or technical workers (Bruns and Luque 2014, 86).

Students enter primary school at the age of 7, and enrollment is for 6 grades. Secondary school is divided into lower secondary, consisting of grades 7 to 9, and upper secondary, consisting of grades 10 and 11. In principle, one year of preprimary, primary school, and secondary school are free and compulsory; however, schools require uniforms and charge fees for books and materials, which families are expected to pay. Such costs can lead to students dropping out of school early. Eighteen percent of children of official primary school age are not enrolled in school, and a majority of these students, 28 percent, reside in rural areas. For secondary school, 43 percent of students are out of school, and 60 percent of these students live in

rural locations (Education Policy and Data Center 2012). Critics of Nicaragua's educational system say that classroom instruction often promotes gender stereotypes in the country and subordinates women in Nicaraguan society (IPS News 2010).

The literacy rate, or those aged 15 and older with the ability to read and write, is 82.8 percent in Nicaragua. For women, the estimated literacy rate as of 2015 is 83.2 percent, slightly higher than for men at 82.4 percent (CIA 2015). Nicaragua has one of the highest dropout rates in the region. In 2009, the dropout rate was 52 percent, substantially higher than Guatemala, 35 percent, and Honduras, 24 percent (UNESCO 2012). In 2011, only 55.2 percent of girls completed their primary education. In addition, girls' transition from primary to secondary enrollment dropped 2.8 percent in the same year (Education Policy and Data Center 2012). The mean years of schooling for women ages 25 and above is 6.2 compared to 5.8 for males of the same age population (UN Women 2015). The lack of completion among early years of schooling continues for girls, which limits their ability to access higher education. Reasons for dropping out include pregnancy as well as fulfilling family expectations, such as care of younger family members or helping with household chores.

The National Council of Universities (NCU), a separate entity from the National Ministry of Education, governs higher education and technical education. The NCU is primarily responsible for enacting higher-education policy in Nicaragua as well as approving the creation of new universities and vocational colleges and disseminating funds directed to higher education. In 2001, only 6.4 percent of the female population achieved higher education (WHO 2015). That rate increased to 19 percent, showing strong growth, compared to men at 17 percent (*Eye on Latin America* 2014a). However, only 5 percent of teen girls living in rural areas attend university (PAHO 2007).

Health

In 2013, the average life expectancy for women was 78 years, a consistent increase since 2001 when it was 73. For men in 2013, the life expectancy was 72 years. The five leading causes of death among Nicaraguans are malignant tumors, cerebrovascular diseases such as atherosclerosis, heart disease, diabetes, and chronic kidney failure. Men suffer from these conditions at a higher rate, 51 percent, than women. Among women, cancer-related deaths have become a health concern. In 2011, 1,671 women died from

some form of cancer. The most frequent diagnosis was cervical cancer, 22 percent, or 374 deaths (PAHO 2012). Female deaths from breast and liver cancer followed with 11 percent each of all cancer-related mortalities. Ten percent of women died from stomach cancer (PAHO 2013).

Access to Health Care

Health care is mainly provided by the Ministry of Health (MINSA) and is financed by taxes. About 70 percent of the population is covered by MINSA (Sequeira et al. 2011). Under the Ortega administration, the government restored the right to free universal health care (IMF 2011). The Nicaraguan Social Security Institute (INSS) finances health care for about 10 percent of the population employed in the formal sector (jobs of 40 hours per week that pay regular wages). A small percentage of people purchase private insurance. In 2013, while the government spent 8 percent of its GDP on health expenditures, an estimated 35–40 percent of people did not have health care services (Sequeira et al. 2011). Residents in rural areas, where people are scattered and the availability or use of services is low, suffer from the lowest levels of health care coverage (Doctors for Doctors n.d.). For example, in Nicaragua's Caribbean region, which covers approximately 55 percent of the country's territory, there are only three hospitals (Sequeira et al. 2011). As of 2013, there was just one physician per 1,000 people in Nicaragua.

Maternal Health

Nicaragua's estimated fertility rate is less than 2 children per woman, a decrease since 2001, when the rate was 3.2 (CIA 2015; PAHO 2007). The total fertility rate decreased from 3.6 children per woman in 1998 to 3.2 in 2001, though this differed based on income. Women with the lowest incomes had a higher actual fertility rate than their desired fertility (5.5 actual versus 3.8 desired) than women with high incomes (1.7 actual versus 2.5 desired) (PAHO 2007).

The maternal mortality rate is 95 per 100,000 live births. Postpartum hemorrhage is the leading cause of maternal mortality, accounting for 48 percent, followed by puerperal sepsis, 15 percent, and eclampsia, 14 percent. Several factors were associated with maternal mortality; they include high fertility, short birth spacing, limited coverage and quality of prenatal care, less attendance at birth, and less care for complications. Maternal mortality rates remained high in rural areas and in areas with limited access to

health care, low educational attainment, and high poverty (PAHO 2007).

Recent UN data indicate more women use contraception to prevent pregnancy. In 2015, 75 percent of women reported using a modern form of contraception, an increase since 1993, when less than 45 percent of women indicated doing so (USAID 2016). Contraceptive options include the contraceptive pill, intrauterine devices (IUDs), injectables, and male condoms (SWISSAID n.d.; USAID 2016).

Diseases and Disorders

Nicaragua has a low rate of HIV infection, and in 2010, estimates of adult prevalence of the disease was about 0.2 percent, or about 7,700 people living with the disease (Espinoza et al. 2011). Unfortunately, the number has been increasing. In 2001, there were 3700 reports of HIV cases, which increased to 7,700 in 2010 (Colasanti et al. 2013, 16). Experts believe that Nicaragua's isolation due to the 1980s economic blockade, low HIV infection rates among drug users, a controlled sex trade, and a ban on the sale of blood have contributed to the low infection rate. Those most at risk for contracting HIV are men who have sex with men. However, over the past few decades, the infection rate among women has increased sharply. The Nicaraguan National AIDS program now includes "housewives" as well commercial sex workers as at-risk groups (Colasanti et al. 2013, 16).

The challenges for women to prevent infection involve confronting their partners about HIV and safe sex in a culture where machismo, or male dominance and superiority, still thrives. Furthermore, social stigmas and discrimination of homosexuals and people with HIV contribute to Nicaraguans not getting HIV tested. The government has taken steps to increase HIV diagnosis by decentralizing the administration of rapid HIV tests.

Employment

Over the years, Nicaraguan women's participation rate in the labor force has grown almost 13 percent, from 35 percent in 1990 to 47.9 percent in 2013. Male participation rates decreased from 83.1 percent to 80.3 percent during the same time. The unemployment rate for women aged 15 and older was 7.5 percent in 2013 and 7.0 percent for men (UN Women 2015). The government has adopted policies banning gender discrimination and sexual harassment in the workplace. Employers must also provide at least 12 weeks of paid maternity leave.

Women work in the agriculture, service, and industry sectors. The percentage of women in the service sector decreased slightly, from 39.5 percent in 1993 to 36.1 in 2009. Conversely, female employment in agriculture has grown slightly, from 6.9 percent in 1993 to 10.3 percent in 2009. Female employment grew in the industry sector; in 1993, women's employment was 13.1 percent, and by 2009, it was 15.1 percent (ECLAC 2015b). One area where women dominate in employment is in the export-processing zones (EPZs). More than 75 percent of women are employed in EPZs as opposed to men (UNIFEM 2008).

EPZs are business areas formed to promote commercial and industrial exports. The majority of EPZs in Nicaragua are in the garment production industry, accounting for approximately one-third of the country's exports (Frederick, Bair, and Gereffi 2015, 409). These zones are excluded from environmental and labor regulations, and accountability and grievance procedures remain concealed (UNIFEM 2008). The increase of EPZs in the apparel industry has been attributed to the Central American Free Trade Agreement (CAFTA), which allows "duty-free access to the U.S. market" (Frederick, Bair, and Gereffi 2015, 404). Less than 15 percent of the total employees in EPZs are male (UNIFEM 2008). Low wages and employment violations have characterized labor practices in EPZs (McCallum 2011).

Women typically earn less than men, have less job security, work longer days, and are often concentrated in temporary work and home-based subcontracting (PAHO 2007). Regardless of schooling, women on average earn less than men. According to the Economic Commission for Latin America and the Caribbean, for every USD\$100 earned by a Nicaraguan man, a woman only earns USD\$89.70 (ECLAC 2015b).

Nicaraguan women led the movement for workplaces to adopt guidelines known as "Employment Yes, but with Dignity," which encourages employers to treat women equally in the workplace. Unfortunately, following them is voluntary, and women often accept poor working conditions and bad wages, despite the code's specifications. Women workers have complained that employers have not met the guidelines, and so they continue to contend with low wages, lack of child care, and unsafe late-night commutes from the work to home. Some changes have occurred in the working environment, such as more fresh air and light, a cleaner workplace, and emergency exits (UNIFEM 2008).

Women's employment in the informal sector is higher than men's. Informal-sector work includes unpaid care

and domestic work, such as housework (preparing meals and cleaning); care of people (children, the sick, people with disabilities, and the elderly); collecting water and fuel; and voluntary work in the community. Women spend approximately five hours a day on domestic work activities and care of people in comparison to men, who spend less than 50 minutes per day (UN Women 2015).

As part of its antipoverty program, the Nicaraguan government instituted the *Hambre Cero* (Zero Hunger) program to help women who work in the agriculture sector. The program provides rural women a production package, which includes animals and seeds, materials, technical training, and a savings program. Between 2007 and 2010, the program provided funds for 59,755 rural women and their families (Hoyt n.d.).

Women living in rural poverty often migrate when seeking employment. These internal migrants tend to stay close to Managua and other urban areas to take advantage of work opportunities as domestic servants and other jobs in the informal sector (PAHO 2007). Women leave behind their families, often children, in the hope of earning enough money to better support them. Nicaraguans who migrate abroad primarily go to Costa Rica or the United States. In 2001, more Nicaraguans reported having relatives in Costa Rica than the United States, 55 percent compared to 36 percent, respectively (Hobbs and Jameson 2012, 2454). For poorer Nicaraguans who want to leave their homeland, Costa Rica is a low-cost, accessible option and involves less risk. Nicaraguans with financial means migrate to the United States. For many women, Costa Rica is a more viable option than the United States. Although data is scarce on female migration, studies show that women were 46 percent of those who applied for migration amnesty in Costa Rica; they tend to be from rural, poor households, with little education, and are under the age of 15 (D'Angelo and Marciacq 2002).

Land Rights

Under the Sandinista government, large land properties were expropriated and redistributed as cooperatives and to individual landowners as small landholdings to create state farms to produce foods for domestic consumption. The Chamorro government attempted to recognize individual property rights while protecting the rights of land recipients under the social changes instituted by the Sandinista government. Land rights continue to be an important issue where 9 percent of landowners control 56 percent of

the farmland and where 61 percent of the smallest farmers hold only 9 percent of the land area. The government has made progress to improve women's access to landownership. Under the law, women have equal access to inherit, own, and manage financial assets. However, Nicaraguan customs continue to give men control over land and its use (USAID 2011). In addition, women without landownership struggle to obtain credit and often have difficulty claiming their rights.

Women's organizations have tried to fill the need for land equality in Nicaragua. The *Fundación Mujer y Desarrollo Económico Comunitario* (FUMDEC, Women and Community Economic Development Foundation) is one local nongovernmental organization (NGO) dedicated to improving women's access to land and developing their agricultural skills and knowledge. According to FUMDEC, by owning property, a business, or any type of asset, women then hold power to negotiate and have confidence to play an integral role in improving their livelihood (Pena, Maiques, and Castillo 2008, 65).

Family Life

The importance of family is apparent in Nicaragua. In fact, Chapter IV of the National Constitution states, "The family is the fundamental nucleus of society and has the right to protection by society and the State" (World Family Declaration n.d.). By law, women must be at least 18 to marry without parental consent, and men must be 21. But, a 14-year-old female can get married with parental authorization. For males, the minimum age is 15 (UNICEF 2016).

The importance of family that is recognized by Nicaraguan law is often not evident in the actual home. The number of female heads of household has grown. In 2003, 39.1 percent of the nation's urban households had a female head, an increase of almost 6 percent since 1993 (CEPAL 2007). Scholars contend that *machismo* is one factor contributing to the high rate of female households. *Machismo* includes womanizing, gambling, drinking, and other acts of independence, regardless of marriage status or fatherly expectations (Hagene 2010, 31). Many Nicaraguan women are expected to accept such behavior by their husbands or the fathers of their children without protest. In addition, women in such situations cannot depend on men for economic survival. In these situations, the woman is the sole provider for the family's economic and emotional well-being (31).

LGBT Rights

In 1992, the Nicaraguan National Assembly passed what was called “the worst anti-LGBT legislation in the Americas” (Kampwirth 2014, 323). During Violeta Chamorro’s presidency, the National Assembly passed Article 204 that criminalized sexual activity between persons of the same sex and legally sanctioned sexual practices related to procreation (Babb 2003, 309). Although the penalty of one to three years in prison was not regularly enforced, the threat was apparent. The ruling ignited an opposition movement by gay and lesbian groups protesting the law. In 2007, when FSLN regained control of the government, leaders revised the Penal Code, Article 204 was eliminated, and the government approved a series of articles that banned discrimination based on sexual orientation (Kampwirth 2014, 324).

Women have been recognized as the most active leaders for LGBT rights in Nicaragua. During the 1990s, AIDS-related NGOs, such as Nimehatzín and Xochiquetzal, and feminist NGOs, such as Puntos de Encuentro, founded by women, dedicated their work to demanding equal rights for gays and lesbians (Babb 2003, 310). LGBT groups such as these were key players in the country’s adoption of a Gay Pride celebration, held every June. However, LGBT families have yet to achieve the same equal rights as opposite-sex families. In 2012, the National Assembly proposed a Family Code that excludes families headed by an LGBT couple (Kampwirth 2014, 330).

Politics

Nicaraguan women have made strides in the political arena. The country is divided into 17 political and administrative departments. Unlike neighboring countries—Honduras and Costa Rica—voting is not compulsory in Nicaragua. The minimum age to vote is 16, and women won the right to vote in 1955. In the 2011 parliamentary election, voter turnout in the country was 79.09 percent (International Institute for Democracy and Electoral Assistance 2011). The Nicaraguan government has instituted quotas for women’s political representation. The goal of these quotas is to promote gender balance within political positions.

A 2000 Electoral Law requires political parties, or a coalition of parties, that participate in the National Assembly elections to include 50 percent men and 50 percent women candidates in their electoral lists. The percentage of seats occupied by women grew from 15 percent in 1990 to 21 percent in 2011 (ICPD 2012). Nicaragua has a “closed-list”

system for its unicameral Parliament (Htun 2007). With a closed-list system, a person votes for a party list, and party leaders determine the order in which candidates are listed. This system tends to elect more women than open-list systems, where a person votes for an individual candidate (Htun 2007). According to Nicaraguan law, candidate lists must alternate between male and female candidates. In 2011, of the 92 seats in the Nicaraguan Parliament, women held 37 (Quotaproject 2011). This rose to 42 in 2013.

There are three main political parties in Nicaragua—Frente Sandinista de Liberación Nacional (FSLN, Sandinista Front for National Liberation); Partido Liberal Constitucionalista (PLC, Liberal and Constitutionalist Party); and Alianza del Movimiento Renovador Sandinista (MRS, Sandinista Renovation Movement). Each party has instituted quota provisions for female representation. The FSLN holds 40 percent of the candidate list, the PLC has a combined quota of 40 percent of women and youth representation, and MRS has a quota of at least 40 percent women on its candidate list (Quotaproject 2011).

With the quotas for female participation, the percentage of women elected nationally has changed over time. In the 1990 and 1996 elections, 17 percent and 11 percent, respectively, of the deputies elected were women (Clulow 2005). By 2016, women held 45 percent of the national assembly’s seats (Inter-Parliamentary Union 2016).

Women have had more success winning mayoral and city council elections. In 2013, 40 percent of Nicaragua’s mayors and 24 percent of the city councillors were female (ECLAC n.d.). Newly elected female politicians often need guidance to face the challenges in their positions. International NGOs, such as UN Women and the National Democratic Institute, have been integral to helping women gain these skills (NDI 2013).

Religious and Cultural Roles

The Catholic Church plays an important role in Nicaraguan life and politics. In 2005, 58.5 percent of the population followed the Roman Catholic Church (CIA 2015). The illegalization of abortion is a direct example of the influence of the Catholicism in the country. Prior to a widespread 2006 publicity campaign by the church pushing for the illegalization of “therapeutic abortions” (ending pregnancies resulting from rape or where women’s lives or health are in danger), the National Assembly allowed them if three specialists from the Ministry of Health and the woman gave their consent (Human Rights Watch 2017).

Protestant religions are starting to attract followers in Nicaragua. In 2015, 23.2 percent of the population identified as Protestant; the majority identify as Evangelical, 21.6 percent (CIA 2015). In 1993, 17.3 percent of the population identified as Protestant (Hallum 2003, 173). Factors contributing to the growth of Evangelicalism include the personal relationship followers have with the pastor, the intense study of the Bible, and the strict moral code (Pisani, Pisani, and Duncan 2001, para. 44). The combination of the faith's moral code (no smoking, drinking, dancing, swearing, gambling, or extramarital sex) and the requirement that spouses be faithful and financially responsible have improved the socioeconomic environment for Nicaraguan women whose families have converted to Evangelicalism (Pisani, Pisani, and Duncan 2001, para. 46).

Although divorce is legal, 44 percent of Nicaraguans say divorce is morally wrong. Among those who identified as practicing a particular faith, 53 percent of Protestants and 38 percent of Catholics agreed that divorce is morally wrong (Pew Research Center 2014a, b).

Nicaraguan women are actively involved in their communities. As the Sandinista movement grew during the 1970s, female supporters of the revolution formed the first women's organization in Nicaragua, the Association of Nicaraguan Women Confronting the National Problem (AMPRONAC) (Isbester 2001, 5). Since then, women have been able to create feminist organizations separate from the revolutionary movement. One example is the Matalgalpa Women's Network, which began in 1992 and considers itself completely autonomous and without affiliation to any church, political parties, or related groups. Women's organizations have focused on promoting citizenship and sexual rights and stopping violence in the country.

After the Sandinista movement gained control of the country in 1979, the new government did not take aggressive steps to change the status quo for women's rights (Daniel 2000, 20). Cuts in social services made by post-Sandinista government officials forced women to choose between community involvement and seeking employment. In addition, a growing antifeminist movement spread in Nicaragua, garnering support from powerful groups such as the Catholic Church, Evangelical churches, and state agencies such as the Ministries of Health and Education (Kampwirth 2011, 10).

Recently created government programs have relied on women's participation to accomplish their goals. They include Programa Amor (Program Love, emphasizing the importance of early childhood encouragement); Agua

Segura (Safe Water); and Plan Parto (Plan Pregnancy) (Neumann 2013, 804). Programs like these focus on important challenges that many Nicaraguan women confront daily. Women continue to carry the primary care for their families, child care, cooking, and the like, and they struggle to balance both. For many families, mothers tend to rely on their daughters to absorb household obligations. Opponents have argued that government programs such as these contribute to the deeply rooted gender roles in which community work is considered "women's work" (Neumann 2013, 807).

Issues

Racism

Racism is not typically discussed in Nicaraguan culture. People engaging in racist behavior are considered "barbaric," and discrimination of others because of their differences is viewed as offensive (Kain 2006). Nonetheless, racism does exist. The black and indigenous populations, 9 percent and 2.2 percent of the total population, respectively, have been the victims of racism (CIA 2015). Insufficient data has been collected about black and indigenous populations, in part because of their relatively small numbers. Both groups primarily reside in the Atlantic coastal region of the country, colonized by the British, which is relatively isolated from the western region's metropolitan areas. The Afro-Nicaraguan population is mainly descendants of slaves brought to the country to work in agriculture. The country's indigenous populations have been driven from their lands and forced to work for international companies seeking to exploit Nicaragua's natural resources.

The remote locations of Afro-Nicaraguan and indigenous communities have led to marginalization and limited access to basic social services. The Miskitos, the largest indigenous population in the country, suffer from high rates of illiteracy and alcoholism. Access to health care is limited. Doctors usually originate from the western region of the country and are unable to communicate with local residents because of language barriers. Similar challenges are evident in education, where bilingual education is limited and residents feel their language and culture are marginalized in the classroom (Kinney and Norris 2013). Although the law prohibits discrimination, Afro-Nicaraguans and indigenous people are paid a lower rate and are not offered employment because of their lack of Spanish (Kain 2006).

Both groups seek to improve their present circumstances through civic engagement and developing programs to fight against racism, discrimination, and exclusion. In fact, the Miskitos succeeded in creating its own local political party—YATAMA (meaning “sons of mother earth” in the Miskito language) (Kinney and Norris 2013). The party is not recognized at the national level.

Violence

Violence against females continues to be a serious concern; domestic and sexual violence are the most frequent violations of women’s rights. In 2007, estimates found that 30 percent of women between 15 and 49 years old had been physically abused by their partners (PAHO 2007). Femicides, or murders of women at the hands of men, are numerous, and according to reports, there were more than 700 femicides committed in 2012, making the rate of women’s deaths at the hands of their intimate partners or former partners 64 per 100,000 inhabitants (Witte-Lebhar 2012; ECLAC 2015a). This high rate of violence against women compelled the government to take steps to prosecute offenders and protect women.

The National Assembly passed Ley 779, *Ley Integral contra la Violencia hacia las Mujeres* (Law 779, Integral Law against Violence against Women) (Asamblea Nacional 2012). In it, the government defines *femicide* as a form of gender-specific abuse that is distinct from “normal” homicide. The law provides sentencing guidelines for offenders and makes it a crime to not report cases of violence, including sexual abuse (Witte-Lebar 2012). Unfortunately, the government has not appropriated sufficient funds to enforce the law. The law explicitly states that new judges be assigned to handle Law 779 cases, and the Public Ministry contends that it will need to hire new prosecutors and create offices to assist victims of gender-based violence (Witte-Lebar 2012).

Nicaraguan women’s groups have praised the approval of Law 779, but they, along with international human rights groups, such as Amnesty International, condemned the government’s failure to enforce the law. In 2013, the government took steps to weaken Law 779. The National Assembly voted to retract the part of the law that bans mediation that could lead to women being subjected to further abuse by their accusers (Konczal 2013). The ban also allows accusers of certain crimes to be allowed mediation rather than face criminal prosecution (Amnesty International 2013).

Abortion

In 2006, the National Assembly banned all forms of abortion in Nicaragua, making it the only Latin America country with a blanket abortion ban. Supporters of the ban include the Catholic Church; Daniel Ortega, the president of Nicaragua; and members of the Ortega administration, who state that, according to government statistics, prior to the ban very few abortions occurred in the country. Nicaraguan women’s groups such as the *Movimiento Autónomo de Mujeres* (Autonomous Women’s Movement) vehemently oppose the ban and have gathered signatures of fellow opponents to challenge the law (Getgen 2007). External pressure from international organizations such as Amnesty International, Human Rights Watch (HRW), and the UN Office of the High Commissioner for Human Rights on the Nicaraguan government to relax the ban has made little progress. Under the ban, women as well as health care practitioners are subject to lengthy prison sentences. The law also forbids providing medical treatments to pregnant women that may inadvertently terminate a pregnancy (Witte-Lebhar 2010). The law does not provide options for girls and women who became pregnant due to rape or incest. Opponents of the ban insist that Nicaraguan women will suffer from serious mental anguish as well as physical harm that may result in death.

SUSAN E. MONTGOMERY

Further Resources

- Amnesty International. 2010. “Nicaragua: Listen to Their Voices and Act: Stop the Rape and Sexual Abuse of Girls in Nicaragua.” Retrieved from <https://www.amnesty.org/en/documents/amr43/008/2010/en>.
- Amnesty International. 2013. “Nicaragua: Women’s Rights under Threat in Nicaragua.” Retrieved from <https://www.amnesty.org/en/documents/amr43/002/2013/en>.
- Amnesty International. 2014. “Nicaragua: Key Concerns Relating to Human Rights Promotion and Protection in Nicaragua.” Retrieved from <https://www.amnesty.org/en/documents/amr43/004/2013/en>.
- Asamblea Nacional. 2012. “La Gaceta: Diario Oficial.” Retrieved from http://www.poderjudicial.gob.ni/pjupload/leyes/Ley_No_779_Ley_Integral_Contra_la_Violencia_hacia_la_Mujer.pdf.
- Babb, F. 2003. “Out in Nicaragua: Local and Transnational Desires after the Revolution.” *Cultural Anthropology* 18: 304–328.
- Bruns, B., and J. Luque. 2014. “Great Teachers: How to Raise Student Learning in Latin America and the Caribbean.” Washington, D.C.: World Bank Publications.
- CEPAL (Comisión Económica para América Latina y el Caribe). 2007. “Estadísticas Sociales.” Retrieved from http://www.cepal.org/publicaciones/xml/6/32606/LCG2356B_1.pdf.

- CIA (Central Intelligence Agency) 2015. "Central America and Caribbean: Nicaragua." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/nu.html>.
- CIA (Central Intelligence Agency) 2017. "Central America and Caribbean: Nicaragua." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/nu.html>.
- Clulow, M. 2005. "Women and Local Democracy: Lessons from Central America." Retrieved from <http://iknowpolitics.org/en/2009/05/women-and-local-democracy-lessons-central-america>.
- Colasanti, J., M. Rugama, K. Lifschitz, M. Largaespada, B. Flores-Lopez, C. Dodd, D. Feaster, M. Pereyra, and L. Metsch. 2013. "HIV Testing Rates among Pregnant Women in Managua, Nicaragua, 2010–2011." *Revista Panamericana Salud Publica* 33: 15–21.
- Corte Suprema de Justicia. 2013. "Anuario 2013." Retrieved from http://www.poderjudicial.gob.ni/pjupload/iml/pdf/Anuario_2013.pdf.
- D'Angelo, A., and M. P. Marciacq. 2002. "Nicaragua: Protecting Female Labour Migrants from Exploitative Working Conditions and Trafficking." Geneva, Switzerland: International Labour Office. Retrieved from [http://web4.uwindsor.ca/units/socialjustice/main.nsf/982f0e5f06b5c9a285256d6e006cff78/a9fee0f9ae7e1026852573d40063d1e5/\\$FILE/nicaraguan%20migrant%20women%20ilo.pdf](http://web4.uwindsor.ca/units/socialjustice/main.nsf/982f0e5f06b5c9a285256d6e006cff78/a9fee0f9ae7e1026852573d40063d1e5/$FILE/nicaraguan%20migrant%20women%20ilo.pdf).
- Daniel, P. 2000. "Mujer! Women, the Nicaraguan Literacy Crusade and Beyond." *Equal Opportunities International* 19: 17–24.
- Doctors for Doctors. n.d. "Rural Nicaragua." Retrieved from <http://www.doctorsfordoctors.ca/dfdrural-nicaragua>.
- ECLAC (UN Economic Commission for Latin America and the Caribbean). 2015a. "Equality Indicators: Nicaragua." Retrieved from <http://www.cepal.org/oig/WS/getCountryProfile.asp?language=english&country=NIC>.
- ECLAC (UN Economic Commission for Latin America and the Caribbean). 2015b. "Nicaragua: Country Profile." Retrieved from http://interwp.cepal.org/perfil_ODM/perfil_Pais.asp?Pais=NIC&Id_idioma=2.
- ECLAC (UN Economic Commission for Latin America and the Caribbean). 2015c. "Nicaragua: National Socio-Demographic Profile." Retrieved from http://interwp.cepal.org/cepalstat/Perfil_Nacional_Social.html?pais=NIC&idioma=english.
- ECLAC (UN Economic Commission for Latin America and the Caribbean). n.d. "Nicaragua: Country Profile." Gender Equality Observatory for Latin America and the Caribbean. Retrieved from <http://oig.cepal.org/en/countries/17/profile>.
- Education Policy and Data Center. 2012. "Nicaragua." Retrieved from <http://www.epdc.org/country/Nicaragua>.
- Espinoza, H., M. Sequeira, G. Domingo, J. Amador, M. Quintanilla, and T. de los Santos. 2011. *Management of the HIV Epidemic in Nicaragua: The Need to Improve Information Systems and Access to Affordable Diagnostics*. Bulletin of the World Health Organization. Retrieved from <http://www.who.int/bulletin/volumes/89/8/11-086124/en>.
- Eye on Latin America. 2014a. "Does Nicaragua Match Up to Its Global Gender Gap Report Ranking on Women's Rights?" Blog, November 6. Retrieved from <https://eyeonlatinamerica.wordpress.com/2014/11/06/nicaragua-global-gender-gap-report-2014>.
- Eye on Latin America. 2014b. "UN Human Development Index 2014—Latin American Perspectives." Blog, August 12. Retrieved from <https://eyeonlatinamerica.wordpress.com/2014/08/12/un-hdi-2014-latin-america>.
- Frederick, S., J. Bair, and G. Gereffi. 2015. "Regional Trade Agreements and Export Competitiveness: The Uncertain Path of Nicaragua's Apparel Exports under CAFTA." *Cambridge Journal of Regions, Economy and Society* 8: 403–420.
- Getgen, J. 2007. "Countering Prevailing Trends in Violation of Women's Rights to Life & Health: An Analysis of Nicaragua's Complete Abortion Ban." Retrieved from http://www.jhsph.edu/academics/degree-programs/master-of-public-health/_pdf/getgen_jocelyn_capstone_paper_2007.pdf.
- Guttmacher Institute. 2006. "Early Childbearing in Nicaragua: A Continuing Challenge." Retrieved from https://www.guttmacher.org/pubs/2006/09/21/rib_Nicaragua2006-09en.pdf.
- Guttmacher Institute. 2008. "Datos sobre la salud sexual reproductiva de la juventud nicaragüense." Retrieved from https://www.guttmacher.org/pubs/2008/07/02/fb_Nicaragua.pdf.
- Hagene, T. 2010. "The Role of Love in the Reproduction of Gender Asymmetries: A Case from Post-Revolutionary Nicaragua." *European Review of Latin American and Caribbean Studies* 89: 27–45. Retrieved from http://www.cedla.uva.nl/50_publications/pdf/revista/89RevistaEuropea/89-HAGENE-ISSN-0924-0608.pdf.
- Hallum, A. M. 2003. "Taking Stock and Building Bridges: Feminism, Women's Movement, and Pentecostalism in Latin America." *Latin America Research Review* 38:1 169–186.
- Hobbs, A. W., and K. P. Jameson. 2012. "Measuring the Effect of Bi-Directional Migration Remittances on Poverty and Inequality in Nicaragua." *Applied Economics* 44: 2451–2460.
- Hoyt, K. n.d. "Report from a Fact-Finding Trip to Nicaragua: Anti-Poverty Programs Make a Difference." Retrieved from <https://nacla.org/news/report-fact-finding-trip-nicaragua-anti-poverty-programs-make-difference>.
- Human Rights Watch. 2017. "Nicaragua: Abortion Ban Threatens Health and Lives." July 31. Retrieved from <https://www.hrw.org/news/2017/07/31/nicaragua-abortion-ban-threatens-health-and-lives>.
- Htun, Mala N. 2002. "Women in Political Power in Latin America." In International IDEA, *Mujeres en el Parlamento: Más allá de los números*, 1–12. Retrieved from <http://www.idea.int/publications/wip/upload/Chapter1-Htun-feb03.pdf>.
- ICPD (International Conference on Population and Development). 2012. "Nicaragua: Country Implementation Profile."

- UN Population Fund (UNFPA). Retrieved from <http://hdr.undp.org/en/countries/profiles/COL>.
- IMF (International Monetary Fund). 2011. *Nicaragua: Poverty Reduction Strategy Paper—Progress Report on National Human Development Plan as of 2010*. Retrieved from <http://www.imf.org/external/pubs/ft/scr/2011/cr11323.pdf>.
- International Institute for Democracy and Electoral Assistance. 2011. "Voter Turnout Data for Nicaragua." Retrieved from <http://www.idea.int/vt/countryview.cfm?CountryCode=NI>.
- Inter-Parliamentary Union. 2016. Nicaragua Asamblea Nacional (National Assembly). Retrieved from http://www.ipu.org/parline-e/reports/2235_E.htm.
- IPS News. 2010. "Nicaragua on Obstacle Course to Women's Equality." Retrieved from <http://www.gmfc.org/en/action-within-the-movement/latin-america-a-caribbean/regional-news-in-latin-america-a-caribbean/910-nicaragua-on-obstacle-course-to-womens-equality>.
- Isbester, K. 2001. *Still Fighting: The Nicaraguan Women's Movement, 1977–2000*. Pittsburgh, PA: University of Pittsburgh Press.
- Kain, M. C. 2006. "Racism and Ethnic Discrimination in Nicaragua." Retrieved from http://tbinternet.ohchr.org/Treaties/CERD/Shared%20Documents/NIC/INT_CERD_NGO_NIC_72_9739_E.pdf.
- Kampwirth, K. 2011. *Latin America's New Left and the Politics of Gender: Lessons from Nicaragua*. New York: Springer.
- Kampwirth, K. 2014. "Organising the *Hombre Nuevo* Gay: LGBT Politics and the Second Sandinista Revolution." *Bulletin of Latin American Research* 33: 319–333.
- King, E. M., B. Özler, and L. B. Rawlings. 1999. "Nicaragua's School Autonomy Reform: Fact or Fiction?" World Bank's Development Research Group. Retrieved from <http://datatopics.worldbank.org/hnp/files/edstats/NICimp99.pdf>.
- Kinney, W., and A. Norris. 2013. "Ethnic Exclusion in Nicaragua: Ongoing Challenges to Democratic Consolidation." Council on Hemispheric Affairs. Retrieved from <http://www.coha.org/ethnic-exclusion-in-nicaragua-ongoing-challenges-to-democratic-consolidation>.
- Konczal, L. 2013. "Violence against Women: When Will Nicaragua Wake Up?" Amnesty International. Retrieved from <http://blog.amnestyusa.org/americas/violence-against-women-when-will-nicaragua-wake-up>.
- McCallum, J. K. 2011. *Export Processing Zones: Comparative Data from China, Honduras, Nicaragua and South Africa*. Geneva, Switzerland: International Labour Office. Retrieved from http://www.oit.org/wcmsp5/groups/public/---ed_dialogue/---dialogue/documents/publication/wcms_158364.pdf.
- Merrill, T. 1993. "Nicaragua: A Country Study." Washington, D.C.: GPO for the Library of Congress. Retrieved from <http://countrystudies.us/nicaragua/4.htm>.
- NDI (National Democratic Institute). 2013. "A 'Head Start' for Women Mayors and Councilors in Nicaragua." 2013. Retrieved from <https://www.ndi.org/women-mayors-nicaragua>.
- Neumann, P. 2013. "The Gendered Burden of Development in Nicaragua." *Gender & Society* 27: 799–820.
- PAHO (Pan-American Health Organization). 2007. "Health in the Americas: Nicaragua." Retrieved from http://ais.paho.org/hia_cp/en/2007/Nicaragua%20English.pdf.
- PAHO (Pan-American Health Organization). 2012. "Health in the Americas: Nicaragua." Retrieved from http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=140&Itemid=.
- PAHO (Pan-American Health Organization). 2013. "Cancer in the Americas: Country Profiles: Nicaragua." Retrieved from <http://www.uicc.org/sites/main/files/private/Cancer-Country-Profiles-2013-ENG.pdf>.
- Pena, N., M. Maiques, and G. Castillo. 2008. "Using Rights-Based and Gender-Analysis Arguments for Land Rights for Women: Some Initial Reflections from Nicaragua." *Gender & Development* 16: 55–71.
- Pew Research Center. 2014a. "Demographic Profile of Religious Groups." November 13. Retrieved from <http://www.pewforum.org/2014/11/13/chapter-10-demographic-profile-of-religious-groups>.
- Pew Research Center. 2014b. "Religion in Latin America." November 13. Retrieved from <http://www.pewforum.org/2014/11/13/chapter-5-social-attitudes/>.
- Pisani, M. J., J. S. Pisani, and W. B. Duncan Jr. 2001. "Contemporary Evangelicalism and Catholicism in Comparative Perspective: A Case Study from a Rural Nicaraguan Village." *Estudios Interdisciplinarios de América Latina y el Caribe* 12:2. Retrieved from <http://eial.tau.ac.il/index.php/eial/article/view/978>.
- Quotaproject. 2011. "Nicaragua." Retrieved from <http://www.quotaproject.org/uid/countryview.cfm?country=169#additional>.
- Rock, K., C. Valle, and G. Grabman. 2013. "Physical Inactivity among Adolescents in Managua, Nicaragua: A Cross-Sectional Study and Legal Analysis." *Journal of Sport for Development* 1:1 48–59. Retrieved from <https://jsfd.files.wordpress.com/2013/04/jsfd-rock-et-al-20131.pdf>.
- SWISSAID. n.d. "Family Planning in Nicaragua: Contraception Is Available, but There Is a Deficit in Knowledge." Retrieved from <https://www.swissaid.ch/en/family-planning-in-nicaragua>.
- Sequeira M., H. Espinoza, J. J. Amador, G. Domingo, M. Quintanilla, and T. de los Santos. 2011. "The Nicaraguan Health System." Seattle, WA: PATH. Retrieved from <http://www.path.org/publications/files/TS-nicaragua-health-system-rpt.pdf>.
- Sy-Wonyu, A. 2005. "Nicaragua." In *Britain and the Americas: Culture, Politics, and History*, edited by W. Kaufman and H. Macpherson. Santa Barbara, CA: ABC-CLIO. Retrieved from <http://ezproxy.rollins.edu:2048/login?url=http://search.credoreference.com.ezproxy.rollins.edu:2048/content/entry/abcbamrle/nicaragua/0>.
- UNDP (UN Development Programme). 2014. "Nicaragua: Human Development Report." Retrieved from http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/NIC.pdf.
- UNESCO. 2012. "Opportunities Lost: The Impact of Grade Repetition and Early School Leaving." Retrieved from <http://www>

- .uis.unesco.org/Education/GED%20Documents%20C/GED-2012-Complete-Web3.pdf.
- UN Girls Education Initiative. n.d. "Nicaragua: Background." Retrieved from <http://www.ungei.org/infobycountry/nicaragua.html>.
- UNICEF (United Nations Children's Fund). 2016. "Legal minimum ages and the realization of adolescents' rights." Retrieved from [https://www.unicef.org/lac/20160406_UNICEF_Edades_Minima_Eng\(1\).pdf](https://www.unicef.org/lac/20160406_UNICEF_Edades_Minima_Eng(1).pdf).
- UNIFEM. 2008. "Who Answers to Women?: Gender and Accountability." Retrieved from http://www.unifem.org/progress/2008/media/POWW08_Report_Full_Text.pdf.
- UN Women. 2015. "Progress of the World's Women 2015–2016: Transforming Economies, Realizing Rights." Retrieved from http://progress.unwomen.org/en/2015/pdf/UNW_progress_report.pdf.
- USAID (U.S. Agency for International Development). 2011. "Country Profile Property Rights and Resource Governance: Nicaragua." Retrieved from http://usaidlandtenure.net/sites/default/files/country-profiles/full-reports/USAID_Land_Tenure_Nicaragua_Profile.pdf.
- USAID (U.S. Agency for International Development). 2016. "USAID's Partnership with Nicaragua Advances Family Planning." Nicaragua. Retrieved from <https://www.usaid.gov/sites/default/files/documents/1864/nicaragua-508.pdf>.
- Visser-Valfrey, M., E. Jané, D. Wilde, and M. Escobar. 2010. "Country Case Study: Nicaragua." Retrieved from [http://www.camb-ed.com/fasttrackinitiative/download/FTI_CR_Nicaragua\(Feb2010z\).pdf](http://www.camb-ed.com/fasttrackinitiative/download/FTI_CR_Nicaragua(Feb2010z).pdf).
- WHO (World Health Organization). 2015. "NLI Country Profile: Nicaragua." Retrieved from <http://apps.who.int/nutrition/landscape/report.aspx?iso=nic>.
- Witte-Lebhar, B. 2010. "Nicaragua: Government Firm on All-Out Abortion Ban." *NotiCen: Central American & Caribbean Affairs*, February 25. Retrieved from <https://www.highbeam.com/doc/1G1-219684319.html>.
- Witte-Lebhar, B. 2012. "Cash-Strapped Femicide Law Takes Effect in Nicaragua." *NotiCen: Central American & Caribbean Affairs*, July 26. Retrieved from <https://www.highbeam.com/doc/1G1-298751011.html>.
- World Bank. 2015. "Development Indicators: Nicaragua." Retrieved from <http://data.worldbank.org/country/Nicaragua>.
- World Economic Forum. 2014. "Country Profiles: Nicaragua." Retrieved from <http://reports.weforum.org/global-gender-gap-report-2014/economies/#economy=NIC>.
- World Family Declaration. n.d. "World Family Declaration." Retrieved from <http://worldfamilydeclaration.org/WFD>.

O

Organization of Eastern Caribbean States (OECS)

Overview of Country

The Organization of Eastern Caribbean States (OECS) was established on June 18, 1981, when seven Eastern Caribbean countries signed the Treaty of Basseterre. OECS members are Antigua and Barbuda, the Commonwealth of Dominica, Grenada, Montserrat, Saint Lucia, Saint Kitts and Nevis, and Saint Vincent and the Grenadines. Anguilla and the British Virgin Islands (BVI), both British Overseas Territories, are associate members (OECS 2016).

The OECS mission outlined in the Treaty of Basseterre is to encourage regional and international cooperation among member states, promote unity and solidarity, advocate for the regional recognition of international law, and increase economic integration among member states. In the 1970s, the regular members agreed to enter a formal arrangement to meet these goals—particularly of achieving economic development—to compensate for their smaller populations and physical sizes.

The OECS Central Secretariat is located at Morne Fortune, Castries, Saint Lucia, and is headed by the director general. OECS member states share a common currency, the Eastern Caribbean dollar (ECD\$2.70 = USD\$1). The Eastern Caribbean Central Bank acts in an administrative capacity over

the organization's currency for the seven OECS governments and the government of Anguilla; the British Virgin Islands uses the U.S. dollar as its currency (OECS 2016). The OECS is composed of physically small member states.

The total population of the OECS on January 26, 2017, is 680,079 (Worldometers 2017), with a national breakdown as follows:

- Antigua and Barbuda: 93,266, with 52.63 percent female
- Dominica and Grenada: 73,353 and 107,850, respectively, with female populations at 49.53 percent and 49.39 percent, respectively
- Saint Kitts and Nevis: 56,780, with 50.01 percent female
- Saint Lucia: 187,768, with 51.26 percent female
- Saint Vincent and the Grenadines: 109,788, with 49.2 percent female
- Anguilla: 14,906, with 52.06 percent female
- The BVI: 31,200, with 52 percent female

Montserrat has the lowest population in the OECS at 5,168, as of January 26, 2017, largely due to the eruption of the Soufriere Hills volcano that began on July 18, 1995, causing two-thirds of the inhabitants, approximately 8,000 people, to immediately evacuate the island. Females comprise 50.01 percent of Montserrat's population. On average, the female population of the OECS is 50.77 percent of the entire population (CIA 2016).

Ethnicity in the OECS is on average 84.89 percent black or of African descent, except for Saint Kitts and Nevis (CIA 2016). The population is largely descended from African slaves, with only a small portion on some islands representing the Amerindian population, mixed-race individuals, and other ethnic groups, including European Caucasians. Dominica and Saint Vincent were home to the Garifuna, a people of Kalinago and African descent, until their forcible removal to the island of Raotán and eventual migration to the Central American coast (Shepherd 1999, 17). The major religious groups in the OECS are Protestant, comprising 75.32 percent of the population; in Saint Kitts and Nevis, Anglican is the largest Protestant group. The next most populous religion in the OECS is Roman Catholicism.

Girls and Teens

Antigua and Barbuda

The government of Antigua and Barbuda charged Lebrechtta Nana Oye Hesse-Bayne with producing a document outlining the nation's 20-year adoption of the Beijing Platform for Action (BPfA). The document outlined six vulnerable factors, two of which affect girls and teens. Girls have the greatest opportunity for success if they obtain a strong educational background, which is only possible with support from their immediate or extended families. Yet, the BPfA-based report notes that of the twelve critical areas of concern, "the girl child" remains a category of "moderate progress" (Hesse-Bayne 2014). This statement suggests that, despite the progress that has already been made toward improving the lives of girls in Antigua and Barbuda, there is still much to be done. Young single mothers can be at an economic disadvantage if they do not receive familial or state-sponsored support. Of these forms of support, familial may be more helpful, as it typically involves finances, emotional support, and child care.

Dominica

Some gender-based issues disproportionately impacting girls and teens in Dominica are discrimination, an inadequate juvenile justice system, teen pregnancy, abuse, and human trafficking. Children with disabilities and the LGBT community face discrimination (Humanium 2013). In rural areas, children with disabilities have no access to education. There are only two schools in Roseau, the capital, that accommodate children with disabilities. In

Table 1 OECS Member States and Their Size

Island(s)	Area
Antigua, Barbuda, and Redonda	170.8 square miles (442.6 sq. km)
Dominica	289.9 square miles (751 sq. km)
Grenada	132.8 square miles (344 sq. km)
Montserrat	39.4 square miles (102 sq. km)
Saint Kitts and Nevis	100.8 square miles (261 sq. km)
Saint Vincent and the Grenadines	150.2 square miles (389 sq. km)
Anguilla	31.1 square miles (91 sq. km)
The BVI	58.3 square miles (151 sq. km)

Dominica, homosexuality is penalized. Penalties for consensual homosexual sexual intercourse are 25 years of imprisonment or commitment to a mental health facility. There are no juvenile courts, so children are, essentially, penalized as adults. For example, a child can be sentenced to life imprisonment, and children are not segregated from adults in jails, which can lead to additional abuses.

Teen pregnancy is a major concern in developing nations, and this issue, along with abuse and human trafficking, touches girls and teens more than any other portion of the population. A report by the International Monetary Fund (IMF) states that 60 percent of adolescents ages 15–19 disclosed having sexual intercourse, but only 25 percent of these participants acknowledged using contraception for every sexual encounter. Low contraception use among Dominican adolescents is surprising given the availability of free contraception at clinics. Among households with teens under the age of 18, 17 percent reported teen pregnancies. Of these households, 80 percent were single-parent homes (IMF 2006, 17).

Child sexual abuse is gaining more governmental and public attention. In April 2016, pastor and assistant chief welfare officer Oliver Wallace held an open meeting in Peebles Park to discuss child abuse in Dominica. Wallace stated that between 2010 and 2015, there were 900 reported cases of child abuse; 80 percent of those cases involved child sexual abuse (Dominica News Online 2016a). Jemma Azille-Lewis, the coordinator of the Child Abuse Prevention Unit, stated that, in 2015, 128 children were sexually abused in Dominica; 73 of those cases involved children 10 years old and younger (Dominica News Online 2016b). Given Dominica's population, this number is high, but the willingness of government officials to publicly address these issues bodes well for a process of resolution.

Human trafficking is on the rise globally; the developed and developing world both profit from this form of abuse. While UN reports suggesting that Dominica and other OECS member states are unwilling to address human trafficking, the opposite seems to be the case regarding Dominican law and its enforcement. There are two Dominican laws that can apply to human trafficking: the Sexual Offenses Act (1998) and the Offenses against the Person Act (2003). These laws are less than 20 years old, implying that the government of Dominica actively addresses sexually based crimes, including sex trafficking. As an example of the Dominican government's commitment, in 2014, Dominica intercepted a human trafficking ring responsible for sending English-speaking workers to neighboring French-speaking Guadeloupe (Kentish 2015).

Grenada

Girls and teens in Grenada face issues such as poverty, HIV/AIDS, teen pregnancy, physical and sexual violence, and underage sex with older men. Humanium reports that while the World Bank classifies Grenada as an upper middle-income nation, 56 percent of the population under the age of 25 lives in poverty, which is significant, as 25 percent of the population is under the age of 14 (Humanium 2013). A large percentage of the nation's young living in poverty leads to an increase in child labor. While it is illegal for children under the age of 14 to work, there is little monitoring to ensure that children are not working or that the children 15 years old and older who are working follow the guidelines.

The greatest health challenge Grenadian girls and teens face is the prevalence of HIV/AIDS and other sexually transmitted infections. Currently, condom use and other forms of birth control are available, but there is a hesitance to utilize them that is possibly related to a lack of sex education in both the schools and homes. Limited sex education and birth control use led to teen pregnancy on the island, and pregnant teens are dismissed from school, which leads to higher rates of poverty among women and their children.

Physical violence in the form of corporal punishment is an issue in Grenada that remains difficult to combat because of a culture that largely permits this form of discipline. In Grenada, "sexual violence is a recurring problem," with around one-third of Grenadian children suffering sexual violence (Humanium 2013). Incest is one cause of sexual violence. It is a widespread issue, and many cases

go unresolved due to stigma, resulting in victims and their families not reporting it.

Humanium (2013) notes that UNICEF is concerned by the rise in "sugar daddies" offering "protection" to young girls in exchange for long-term sexual favors. Legislation exists to protect girls under the age of 16, the age of consent; however, those laws demonstrate a gender bias, as they do not protect boys. In addition, older male perpetrators are rarely subject to legal ramifications when they have long-term sexual relationships with underage girls.

Montserrat

UN Women's "Montserrat: Overview of Country Gender Equality Status" (2015) notes that female unemployment was 4.1 percent in 2011. The same overview, citing the UNESCO Institute for Statistics, found that, in 2007, female net enrollment in secondary school was 96 percent. However, a 2004 UN Women's report on Montserrat found that 33.5 adolescents per 1,000 gave birth (UN Women 2015). The nation has no gender policy or national strategic plan on gender-based violence, but in 2013, no intimate-partner homicides occurred. In addition, Montserrat has neither signed nor ratified the UN Convention on the Rights of the Child (UNCRC).

Despite appearances of being free of violence against women (VAW), in December 2013, an author using the name "An anonymous young lady" submitted a poem titled "The Concealed Secrets of Montserrat" to *Montserrat Reporter Online* listing the many issues faced by girls and teens on the island. The poem mentioned sex trafficking by "big fish," early prostitution initiated by "mothers marketing their daughters," teen pregnancy that is "now more common than colds," pornography, incest, domestic violence, and sexually transmitted infections. No official reports exist to support these claims, which the author states are because "many want to hide the truth of the situation under the carpet" and the "police's excuse is always lack of proof. No evidence." In fact, little to no official valuable information is available on issues involving girls, teens, or women to dispute this writer's contentions. If even a portion of the claims made in this poem can be proven, Montserrat faces the possibility of a lost generation of girls and teens who may very well grow and perpetuate many of these social issues. However, without any statistics to back these claims, any additional information on girls and teens in Montserrat remains unknown.

Saint Lucia

Humanium (2013) identifies seven issues relevant to children in Saint Lucia. Those issues are poverty, corporal punishment, sexual violence, child labor, the right to an education, the right to health care, and alcohol and drug addiction. Poverty in Saint Lucia remains an issue reflected by the fact that 25 percent of the entire population lives in poverty. Poverty affects children in several ways, including access to food on a consistent basis; half of all Saint Lucian children lack access to a secure food source. Poverty also places children in the position of working to help support their families. Saint Lucia is like most countries that rely on agriculture: there are few safety regulations or restrictions. Children in rural areas in Saint Lucia often work with their families to harvest bananas. The children of the working poor can be excluded from obtaining an education. Until the 2006–2007 school year, Saint Lucian children who did not pass the Common Entrance Examination were excluded from attending secondary school (Commonwealth Network 2017c), thus contributing to the continuation of the cycle of poverty.

In addition, there are many children whose parents cannot afford to access health care. Humanium (2013) reports that HIV/AIDS is rising among teenagers, while the number of children born underweight and “teen health issues such as mental, developmental, and reproductive health problems” remain slow to address and resolve. One of the health-related issues that continues to increase is teen alcohol and drug abuse. While many children between the ages of 10 and 19 drink and smoke marijuana, incidents are lower among females than males.

Saint Lucian children also face corporal punishment and sexual violence. In Saint Lucia, children and teens can be subjected to a “reasonable” amount of corporal punishment by their parents, guardians, caregivers, and teachers. The issue is the definition of *reasonable*; the adults responsible for reprimanding children and teens often allow punishment to become abuse. Saint Lucia’s Criminal Code (2005) attempts to deal with sexual offenses while respecting children’s rights. For example, children under the age of 12 cannot be charged with rape (88). The age of consent is 16 years of age (88), and adolescents under the age of 21 cannot be charged with unlawful sexual connection (90). The Criminal Code (91) offers a strict penalty of life imprisonment for sexual contact with a child under the age of 12. The issue with sexual violence in Saint Lucia is that because of the social stigma, familial relationships, or

fear of retribution, many victims do not report offenders, despite the avenues available, making it difficult for police to enforce the Criminal Code.

Saint Kitts and Nevis

Jacqueline Sealy-Burke (2007) produced a report for UNICEF identifying three forms of abuse in Saint Kitts and Nevis that affect girls and teens. They are neglect, physical abuse, and sexual abuse. Of these three, neglect cases comprise the largest number at 84 cases, or 61.7 percent of all reported cases. Physical abuse cases numbered 27, or 19.8 percent, and sexual abuse numbered 11 cases, or 8.08 percent. Of the sexual abuse cases, 18, or 33 percent, were committed against children (4). In addition, the report states that teen pregnancy—particularly among girls and teens under the age of 16—is rising. The chief medical officer noted that pregnancies among girls and teens between the ages of 10 and 14 were increasing, which could reflect an increase in sexual abuse or a lack of sex education as a part of the curriculum or in the home.

Another child-specific issue that children in Saint Kitts and Nevis face is the juvenile justice system. Children can be held criminally responsible beginning at age eight, which means that children can also be imprisoned at this age. Because there are no juvenile facilities, these children are housed in prisons with adults, where they are subjected to additional abuse and isolation. The code of justice also allows for children to be punished by whipping, which is administered by a police officer in the presence of the child’s parents and civil servants (Humanium 2013). The child is subjected to a medical exam before the punishment is administered.

Saint Vincent and the Grenadines

The UN Women’s National Review of the Beijing Platform for Action + 20 (Ellis & Associates 2014) reveals that the major issue for girls and teens in Saint Vincent and the Grenadines (SVG) is pregnancy. A 2013 news report noted that, in 2012, 8 girls, or 17.9 percent, between the ages of 11 and 14 gave birth in SVG (Caribbean360 2013). The 2007–2008 country poverty assessment noted that 49.3 percent of women in SVG “had their first pregnancy between 15 and 19 years of age” (Ellis & Associates 2014, 15). The 60.2 percent of women who had children in their teens live in the poorest 20 percent of the population, which connects teen pregnancy to long-term poverty. In addition, in SVG, teenage girls who become pregnant are

not allowed to continue their education, and underemployed or unemployed single mothers contribute to the cycle of mother-child poverty.

Another element to teen pregnancy in SVG that is troubling is the fact that many of the children's fathers are older men, with multiple sexual partners, in relationships with children and teens. The presence of older men in this cycle, who are not necessarily contributing to the care of their children from these relationships, are the elements of exploitation and abuse. The age of consent in SVG is 16; therefore, these relationships are illegal by nature. Children ages 11–12 may not be aware of sexual intercourse, relationships, or consent. Sexual relationships between girls of this age range and older men may rest solely on the older man sexually abusing children. Teen girls may be sexually exploited by these older men, trading sex for money or material items. These relationships not only produce another generation of children living in poverty, but mothers, who are victims, enter an inescapable cycle.

The SVG Division of Gender Affairs in the Ministry of National Mobilisation instituted some programs to combat the cycle of poverty caused by teen motherhood. A program helps teen mothers return to school to complete their secondary education. Student mothers receive financial assistance for day care, school uniforms, and transportation.

Anguilla

In Anguilla, the girls and teens are impacted by disabilities and teen pregnancy. A Caribbean Development Bank (2009) report notes that the Arijah Children's Foundation is working toward helping children with disabilities, particularly those in preschool, as this population is not receiving the required resources. In addition, Arijah attempts to provide more outreach to the parents of children with disabilities, but it finds this task difficult because many parents refuse to accept that their children have disabilities. As with the rest of the region, Anguilla has problems combating teen pregnancy, which could stem from a variety of sources, including child sexual abuse, incest, or sex trafficking. Yet, there are few figures available.

British Virgin Islands

Teens and girls in the British Virgin Islands (BVI) often participate in at-risk sexual behavior, which can lead to teen pregnancy. Minister of Education and Youth Myron Walwyn stated that teen pregnancy was becoming a major

issue in the country, and the evidence provided was 12 pregnant teens in secondary schools in the 2014–2015 school year alone (BVINews.com 2014). Unprotected sex increases the number of unplanned pregnancies and incidents of sexually transmitted infections. While Walwyn claimed that teen pregnancy is typically a topic that many nationals would rather avoid, it must be addressed, and not necessarily by the government, which is already overtaxed. Walwyn also mentioned that the increase in teen pregnancy may be the result of more focus on young men than on young women, demonstrating a gender bias in how youth issues are addressed. Although there are many civic organizations in the BVI working together and with the government to address youth issues, these organizations are not offering concrete solutions, such as sex education or job preparation; instead, they are focusing on raising self-esteem and changing behavioral attitudes. These programs do not necessarily help prevent at-risk sexual behavior or teen pregnancy.

Conclusion

The OECS are, in addition to developing educational and social service programs directed at girls and teens, also working on implementing national policies that target the sex trafficking industry. However, with economic concerns taking precedence, these policies may trail behind.

In addition to sex trafficking, girls and teens in the OECS sometimes engage in sexual relationships in early adolescence, typically with older men. This often leads to pregnancy and the births of, on average, two children to each woman before she reaches age 20 (Braithwaite 1988, 68). The UNFPA report on adolescent pregnancy states, "Zero tolerance toward child marriage and pregnancy among adolescent-girls is the goal" (Loaiza and Liang 2013, 34). The economic effect of teen pregnancy on the region notwithstanding, there are also many impacts on society and the families resulting from teen pregnancy and motherhood, including an increase in single-parent families, low educational attainment for both mother and children, and a lack of participation by the father in child-rearing.

Early sexual activity without sexual education can also lead to an increase in reported cases of HIV/AIDS in the region. Luckily, Medwiser (2014) reports that, after 2009, the number of new HIV/AIDS cases in the Caribbean decreased. Yet, the same report states that, as of 2009, 240,000 people throughout the Caribbean were living with HIV. As with most reports of its kind, it fails to account

for the number of people who are infected and not seeking treatment or who do not know that they are infected. Therefore, the number may be higher. Medwiser (2014) also claims that women between the ages of 22 and 44 are at the highest risk; however, with the early onset of sexual activity among girls and teens, there is a possibility that the age group is considerably lower.

The prevalence of corporal punishment in the OECS also remains an issue. The practice of publicly beating a child seems not only cruel but outdated. It is also somewhat hypocritical that nations in the Middle East, Asia, and Africa receive international attention for public displays of corporal punishment; yet, nations in the Caribbean are excused.

Overall, girls and teens are in a precarious position because of the issues mentioned. One of the barriers to resolving these issues remains the unwillingness to publicly address them. There is some attempt in each nation to address and resolve these issues, but to varying degrees. While economic concerns make the implementation of many programs problematic, there are still efforts to work toward resolutions.

Education

Educational Opportunities and Availability

Formal, public, and universal education in the Caribbean has a short history of less than 200 years. For the most part, religious schools undertook the responsibility for regional children's basic education. Later, after emancipation in the British colonies, the Negro Education Grant opened more opportunities for newly emancipated Caribbeans, but those opportunities disproportionately favored urban children (Spry Rush 2011, 23). Few slaves received an education, but mixed-race female descendants of slaves and European landowners did. Research by Verene A. Shepherd (1999) reveals that education for free women of color was limited, but they did receive training focused on improving their opportunities in "feminine occupations," such as needlework and embroidery (Shepherd 1999, 74). Free children of color with more affluent fathers were often sent to Europe to complete their educations, which consisted of "genteel" occupations, such as music and dancing (Shepherd 1999, 74). While these girls were prepared for marriage to wealthy, most likely European, men they were unprepared for life in the Caribbean colonies. In the 21st century, educational opportunities for Caribbean girls and women have increased significantly, and throughout the

OECS, girls and women are encouraged to pursue educational opportunities to secure successful careers at home and abroad.

Reports initiated by both UNESCO and the OECS nations indicate that education in the OECS is compulsory in primary school and secondary school (ages 5–16). Education is divided into four levels: preprimary and early childhood education (ECE), primary, secondary, and tertiary. In countries where public education is available, it is also free. While tuition costs are waived, parents are expected to pay fees and purchase books and uniforms; however, assistance is available to parents unable to meet these additional costs.

Antigua and Barbuda

The Antigua and Barbuda Educational Statistical Digest provides information on enrollment trends in the nation (Nicholas and George 2012). Females comprise 80 percent of all teachers, with 16 percent untrained and 28 percent trained (14). Day care/crèche and preschool female enrollment was 65.8 percent between the 2005–2006 and 2010–2011 school years (19). Primary and secondary school female enrollment is considerably lower. All primary, junior secondary, and special education schools had cumulative female enrollments of 48.9 percent and 49.1 percent in 2010–2011 and 2011–2012, respectively (20). This indicates a 16–17 percent decrease in female enrollment after preschool. More specifically, junior secondary enrollment in 2010–2011 was 31.8 percent female (20). This grade-level classification was phased out in 2011, leaving only ninth grade statistics (33). Secondary school enrollment was slightly higher, with 51.8 percent and 50.4 percent females in 2010–2011 and 2011–2012, respectively (34).

The results of the Statistical Digest show "a sharper decline in the enrollment of girls (11.0 percent) in primary schools than there has been boys' enrollment (9.1 percent) over the 7-year period 2005–2006 to 2011–2012" (45). The Digest also shows that although boys' enrollment in secondary school is typically lower than girls', it has been increasing at a rate of 51.2 percent, whereas girls' secondary enrollment increased 20.7 percent between 2005 and 2012 (46). Statistics suggest that males benefit more from Antigua and Barbuda's move toward universal secondary education (USE) than females.

The Digest reports that by July 2010, 5.4 percent of females repeated in grades K–6, and 0.7 percent dropped out. By July 2010, the secondary school female repetition

was 6.8 percent, and the dropout rate was 1.8 percent. Female promotion rates were 93.9 percent and 91.4 percent for primary and secondary schools, respectively (49). Overall, males tended to repeat more than females. However, females were slightly more likely to drop out during secondary school than males. The Digest also mentions that these statistics are incomplete, as not all schools reported.

The government of Antigua and Barbuda's educational programs includes Social Safety Net Programs to help parents and to ensure school attendance and completion. One of these programs is the School Meals Programme. The Digest reports that between September 2010 and June 2011, the Meals Programme served 312,918 meals at a total cost of ECD\$2,038,914.26 (approximately USD\$755,000) (53). Again, these figures do not represent all public schools, as in some areas, students returned home for lunch and did not require the meal vouchers. In addition, there is a Schools' Uniform Programme. Parents may receive two vouchers per school year for each part of the uniform; for example, one voucher for a shirt and another for pants. In the 2011–2012 school year, 36,411 uniform vouchers were issued to a total of 12,137 students from 8,092 parents (53).

There are only two foreign tertiary institutions in Antigua: the University of Health Sciences Antigua and the American University of Antigua. Both are private, for-profit medical schools. There are three other tertiary institutions in Antigua and Barbuda: Antigua State College in Golden Grove, Antigua; the Antigua and Barbuda Hospitality Training Institute in Dutchman's Bay, Antigua; and the Antigua and Barbuda Institute of Information Technology in Saint John's, Antigua.

Dominica

World Data Atlas reports that the Dominican Ministry of Education (MOE) spent 5 percent of its gross domestic product (GDP) on education in 1999, totaling USD\$191.5 million. Primary education received the largest share of public education funding at 51.7 percent. There is a marked gender disparity in staffing; 72 percent of primary teachers and 70 percent of secondary teachers are female, leading to the "feminization" of the school system and male students rarely encountering male teachers. Dominican female teaching staff is 100 percent in preschool, 85 percent in primary, and 58.5 percent in secondary. As of 2005, there were 60.1 percent, 59.9 percent, and 31.3 percent trained teachers in preschool, primary, and secondary schools, respectively.

The UNESCO report suggests that the high percentage of male primary and secondary school student repetition may be the result of fewer male teachers as well as the presence of untrained teachers in the classrooms. As of 1998, 36.8 percent of Dominican teachers were classified as unqualified.

The UNESCO World Data Report (2006) shows that female enrollment in Dominican primary and junior secondary schools averaged 48 percent between 1985–1986 and 1997–1998. As of 2004, secondary school enrollment was 7,477 students, with 50 percent females. The report also states that female students have historically dominated secondary school education enrollment in Dominica.

A report by the UNESCO Institute for Statistics (2007) indicates that as of 2005, female student enrollment was slightly higher than that of male student enrollment. The enrollment for Dominican preschools was 1,500 female students, or 50 percent. Primary school enrollment was 5,000 female students, or 50 percent, and secondary school enrollment was 4,000 female students, or 57 percent. Primary schools have a female student intake of 46.1 percent, a repetition rate of 2.3 percent, and a survival rate to last primary grade of 83 percent. Secondary school intake is 92.1 percent of the female school-age population, and the repetition rate is 7.7 percent, which is lower than the male repetition rate of 10.6 percent. Female students, while slightly less likely to complete primary school than their male counterparts, are more likely to complete their secondary educations.

There are six tertiary institutions available after secondary school completion. Clifton Dupigny Community College, formerly Dominica State College, is the main center of higher education in Dominica, offering academic and vocational and technical courses. In 1997–1998, 199 students were enrolled in the academic programs, and 70 percent were female; female enrollment in the vocational and technical division was 20 percent.

The Teacher's Training College is available to students interested in teaching and is operated by the MOE. The Princess Margaret Hospital School of Nursing is attached to the main hospital and serves Dominicans and other nationalities. Ross University School of Medicine offers medical degrees, but predominantly to American citizens. There are some bachelor's and master's degrees available at University of the West Indies through its School of Continuing Studies and Distance Education Center. The Institute for Tropical Marine Ecology (ITME) is a newly established institution in Dominica that is part of a 13-nation

educational partnership. While ITME does not offer degrees, it does offer high school graduates and university students specialized courses in marine ecology, research, and conservation.

There are also several open or distance education programs available to Dominicans. They are offered through the following universities: the University of London, Leicester University, the Commonwealth of Learning, the University of Cambridge, the Association of Chartered Accountants, and the Institute of Canadian Bankers.

Grenada

The national education system in Grenada falls under the Ministry of Education, Human Resource Development, and the Environment. In addition to basic primary and secondary education, the MOE oversees additional services, such as adult education and literacy, drug control, early childhood education, a school food program for primary and secondary schools, student support services, and a special education program that covers the following categories: autism, blindness, deafness and hearing impairments, emotional disturbance, mental retardation, multiple disabilities, orthopedic impairment, speech or language impairment, traumatic brain injury, and visual impairment (MOE 2014).

Statistics compiled by the Commonwealth of Nations show that, as of 2008, Grenada had 98.5 percent elementary and 85.4 percent secondary enrollment. The gross enrollment as of 2009 was 91.8 percent, with a primary female-to-male ratio of 0.94:1 and a secondary female-to-male ratio of 1.01:1 (Commonwealth Network 2017b). Like many nations in the OECS, Grenadian primary and secondary schools boast a low student-to-teacher ratio. The MOE reports that, in 2009, the ratios were 17:1 and 18:1 in primary and secondary, respectively. These low numbers in the classroom mean more individualized attention for the students and, possibly, a higher successful completion rate.

In Grenada, there are three tertiary institutions: TA Marryshow Community College, Saint George University, and the UWI DEC. Marryshow offers associate degree programs, first-year university courses, and GCE A-level courses. Saint George's primary bachelor's degree program is medicine, but the university also offers programs in veterinary medicine, arts, and sciences. Students may also participate in the UWI's programs through its DEC. UWI also offers a teacher training certificate that is obtainable in two years and an ECE diploma in three years.

Montserrat

The education system in Montserrat is maintained by the Ministry of Education, Health, Community Services, Sports, and Youth. The MOE oversees different aspects of youth services on the island largely because of the island's small population. Because of the MOE's large scope, education in Montserrat is the specific responsibility of the Permanent Secretary of Education.

Before the eruption of the Soufriere Hills volcano in 1998, Montserrat allocated approximately 20 percent of its annual budget to education (StateUniversity.com 2017). Immediately after the eruption, which led to a drastic decrease in the local population, only 8 percent was spent on education (StateUniversity.com 2017).

Education on Montserrat is compulsory from ages 4–14 and free to age 17, which covers ECE, primary, and secondary education to Caribbean Secondary Education Certificate (CSEC) examinations. Reports by UN Women indicate that, in 2014, 49 percent of female students, or 215, were enrolled in primary school in Montserrat (UN Women 2015). The same report states that 48.4 percent of female students, or 166, were enrolled in secondary school in Montserrat (UN Women 2015). These figures indicate that fewer female students are taking advantage of compulsory education on the island. Females under the age of 15 are only 49.5 percent of the island's population, according the island's statistics department, which means that fewer female students will enroll than male (Statistics Department, Montserrat 2011).

Tertiary education on Montserrat is limited, reflecting the island's financial predicament and low population. With fewer Montserratians to serve, these institutions' services are no longer as needed. Between 1972 and 1997, Montserrat Technical College provided tertiary education on the island. In addition, the UWI school of Continuing Studies offered some postsecondary educational opportunities. In 2004, Montserrat Community College was established to provide additional postsecondary education to Montserratians (Montserrat Community College 2016). To date, little information is available on the institution.

The UNESCO Institute for Statistics, as reported by UN Women, notes that, by 2010, an estimated 1,212 Montserratians were enrolled in tertiary institutions (UN Women 2015). The breakdown of student enrollment per institution is not available.

Because the island continues to recover from the eruption of the Soufriere Hills volcano, information on the

availability of education in Montserrat remains limited. Statistics on the island regarding enrollment, number of teachers, or even the number and locations of schools is also lacking.

Saint Lucia

Education in Saint Lucia has trailed behind other nations in the OECS with universal education. The 1997 Saint Lucia Education Act mandated compulsory education to age 16; however, universal secondary education was not introduced in Saint Lucia until the 2006–2007 school year (Commonwealth Network 2017c). The education system in Saint Lucia is maintained by the Ministry of Education, Innovation, Gender Relations, and Sustainable Development. The education portion of the ministry is under the direction of the chief education officer who oversees the school system. Currently, the ministry is contemplating the development of a technical and vocational education section to reach interested students.

UN Women, citing the UNESCO Institute for Statistics, noted a 91.5 percent female net enrollment of 8,592 students and an 81.1 percent net enrollment of 7,021 students in primary and secondary, respectively, in 2013 (UN Women 2015). The female primary net enrollment percentage was slightly lower than male enrollment, which was 94.5 percent. This deviation could be explained by the population of children ages 14 and under, which was 49.5 percent female and 50.5 percent male (Statistics Department, Montserrat 2011).

Saint Lucia is host to 10 tertiary institutions, 5 of which specialize in the health sciences or medicine. Several are in collaboration with American universities and offer Saint Lucian students a variety of higher education options. While the ministry regulates and monitors primary, secondary, and some tertiary educational institutions, offshore medical schools are neither licensed nor regulated by any government entity, thus making the island more appealing to less-reputable institutions. Despite this issue, Saint Lucia's only community college, named in honor of Sir Arthur Lewis, the late Nobel laureate in economics, maintains a high standard of education, enabling its students to complete their bachelor's degrees at any number of colleges and universities in the region and abroad. In addition, the college's Division of Teacher Education and Educational Administration offers a variety of programs that instruct teachers and administrative staff.

Saint Kitts and Nevis

The Ministry of Education in Saint Kitts and Nevis is responsible for overseeing the education system on both islands. A chief education officer in Saint Kitts and the principal education officer in Nevis uphold ministry policies on each island. In addition, the ministry maintains a special education unit on each island to meet this population.

In 2013, in a report by the UNESCO Institute for Statistics cited by UN Women, 80.7 percent of females were enrolled in primary school, and 87.9 percent were enrolled in secondary school. UNESCO reports a total of 5,366 girls and adolescents in primary and secondary schools in 2013 (UN Women 2015).

There are six tertiary institutions on Saint Kitts and Nevis: Clarence Fitzroy Bryant College (CFBC), the International University of the Health Sciences, the Medical University of the Americas, Saint Teresa's Medical University, the Ross University School of Veterinary Medicine, and a branch of UWI. The Commonwealth Network reports that the student populations at the offshore universities are almost entirely North American, meaning that these institutions are not serving local populations. Of the institutions, CFBC is the only locally based tertiary institution. CFBC offers programs in teacher education, technical and vocational education, management studies, and nursing and health sciences. As of 2008, female-to-male gross enrollment at the tertiary institutions was 2.1:1 (Commonwealth Network 2017d).

Saint Vincent and the Grenadines

The Ministry of Education in Saint Vincent and the Grenadines is divided into 10 departments overseeing the educational system. The MOE is headed by a minister of education and a permanent secretary. UN Women reports that the primary enrollment rate for females was 90 percent in 2013; male enrollment was 93.1 percent (UN Women 2015). Female net enrollment in secondary school surpassed male enrollment by 2.6 percent, for 86.5 percent. UNESCO (2016b) reports that, in 2010, there were 213 out-of-school adolescent females, and in 2014, there were 578 out-of-school primary school girls, which dropped significantly to 78 in 2015. However, the school-age population in primary was 12,784 and 9,664 in secondary in 2014 (UNESCO 2016b). While 578 female students out of school is significant based on the educational level and the ages this statistic encompasses, the number of girls enrolled in school is still an accomplishment given the country's financial needs.

Saint Vincent and the Grenadines have three tertiary institutions: Saint Vincent Technical Community College, the Trinity School of Medicine, and the Teachers Training College (UWI). The community college (CC) and Teachers Training College serve local populations. Students from the CC are prepared to pursue educational opportunities regionally and abroad. Trinity, however, does not serve local populations. The International Medicine Studies recognized that a physician shortage was imminent and that U.S. medical schools were unable to produce enough graduates to fill first-year residency slots. A group of educational and business leaders joined together to provide greater opportunity for aspiring physicians (IMS-Medstudy 2016).

Trinity currently has an enrollment of 407 students, with 11 percent from the Caribbean (45 students), and is 55 percent female. Unlike many offshore medical schools, Trinity accepts regional students, but there is no information available on whether this population includes Vincentians.

Anguilla

The education system in Anguilla is monitored by the Education Department under the direction of the chief education officer. In addition, five other officers oversee specific areas of education. Information on enrollment in Anguilla is limited and, in some areas, unavailable.

The UNESCO Institute for Statistics has collected some information on education in Anguilla that indicates relatively low student enrollment. In 2011, there were 766 and 335 female students enrolled in primary and secondary school, respectively (UNESCO 2016a). Secondary school enrollment is around half of the primary school enrollment, suggesting that adolescent females in Anguilla are not getting access to education, which limits future financial independence.

There are two tertiary educational institutions in Anguilla. The UWI maintains an open campus in The Valley, the capital city, and Anguilla Community College also offers some programs. However, with limited employment available postgraduation, these tertiary educational opportunities may reflect the immediate needs of Anguillians.

British Virgin Islands

Education in the BVI is monitored by the Ministry of Education and Culture, under the direction of the minister, the permanent secretary, and the deputy secretary. The ministry has a wide variety of responsibilities, such

as censorship, cinemas, colleges and universities, culture, ecclesiastical affairs, education, festival and fairs, historical sites and monuments, museums, prisons, public libraries, scholarships, sports and recreation, and youth affairs (Ministry of Education and Culture 2017).

The UNESCO Institute for Statistics reports that primary school enrollment for female students was 1,552 in 2014. This number is quite high given the overall population of the islands. Secondary school enrollment for females was considerably lower at 678. The low number of students in secondary school may not reflect the reality of enrollment, as the report covers only the first three years of secondary school.

The BVI has one tertiary institution. H. L. Stouff Community College opened in 1991 and continues to serve British Virgin Islanders. However, no four-year or upper division institution exists in the BVI, limiting tertiary educational opportunities for residents.

Conclusion

Overall, while primary and secondary education are mandatory and state-sponsored in the OECS, enrollment numbers indicate that, in some nations, female students continue to trail behind their male counterparts when enrollment is examined in relation to the overall population. This situation could reflect economic issues, both regional and global, that continue to affect women and children more than men. In some households, female children may be expected to stay at home and care for younger siblings or older adults. While school is mandatory and offered to the public, parents may struggle to provide other school necessities, such as uniforms, textbooks, supplies, and transportation. For single-parent households, a lack of additional financial support from the absent parent and limited community support could result in low female primary and secondary school enrollment due to the costs.

Tertiary institutions are plentiful and available in some nations, but fledgling in others. However, the extent to which those institutions support local students remains to be seen. For example, many offshore medical schools continue to present a problem to regional education. These schools are not situated in the region to encourage enrollment among local students, but to offer places to affluent North American students. Although female students outnumber male students in tertiary education, in the OECS, this is not necessarily the case. One of the issues is access to a tertiary institution. Another factor impacting female

enrollment is low enrollment in secondary school. Without a secondary education, students in the OECS cannot enroll in a regional college or university. No opportunities exist in the region to obtain a general education diploma. Therefore, students in the OECS who are academically capable but unable to obtain a traditional high school education remain at a disadvantage, limiting employment opportunities in fields requiring higher education.

Health

Access to Health Care

On October 13, 2016, OECS health ministers met for the second time that year to discuss a plan to institute national health care for citizens of member states (GIS 2016). Typically, OECS citizens travel to the United States for medical treatment that is not available locally. With no health insurance to cover medical treatment outside of the region, simple procedures can become financially draining. OECS nationals who do not have the financial resources to travel for treatment are at a disadvantage. To resolve these issues, Dr. Stanley Lalta, the head of the UWI Health Economic Unit, suggested a regional medical cooperative that is both convenient and cost-effective (GIS 2016).

OECS health ministers are also addressing the issue of health care coverage for single mothers. To begin the process of resolving this issue, the government of Dominica allocated funds as a part of the 2016-2017 national budget to provide health insurance to single mothers so that health and physical well-being will not prohibit this group, which is considered “vulnerable,” from continuing to care for their children (GIS 2016a). This plan targets single mothers who are either unemployed or underemployed in the island’s tourism industry and will be under the auspices of a new department in the Social Security Ministry (GIS 2016).

Conclusion

One of the goals of OECS member states is to facilitate access to health care for nationals. The implementation of national health care plans is a major improvement, given the economic status of many of these nations. Efforts to target underserved groups with health care plans demonstrate their willingness to place the well-being of their nationals above other concerns. In addition, Dominica’s commitment to single mothers as a part of its health care plan is a sign that the nation is placing the health of underserved women and children first.

Employment

The employment sector in the OECS, while not completely stagnant, is neither growing at a rate to sustain the entire population nor recovering from the recent global financial crisis. Research by Kim Clarke and David Popo (2014) refers to OECS member states as “small open economies” that are “vulnerable to external shocks while being plagued with internal issues.” Internal issues include changes to labor force trends, poverty level increases, and fluctuating adjustments to trade agreements. An inert economy impacts the labor force by decreasing the number of available jobs, causing unemployment and, by extension, higher poverty (Clarke and Popo 2014).

Antigua and Barbuda

Employment in Antigua and Barbuda is dominated by the islands’ tourism sector. In 2011, tourism and travel comprised 69.8 percent of the islands’ total employment, offering 19,500 jobs in this service industry (Commonwealth Network 2017a).

Dominica

Dominica’s economy was, until recently, dominated by agriculture—primarily with bananas (CIA 2016). However, in recent years, the economy has shifted from a focus on agriculture to the service sector, driven by tourism. Because of this shift, Dominica’s service industry comprises 68 percent of the economy, with agriculture and industry at 16.5 percent and 15.5 percent, respectively (CIA 2016).

Grenada

Grenada’s economy is heavily dependent on tourism. However, construction and manufacturing are gaining ground. Currently, jobs in the service industry top the employment sector at 76.7 percent, while industry and agriculture offer less employment at 13.9 percent and 9.4 percent, respectively (CIA 2016).

Montserrat

Montserrat’s economy continues to struggle after the volcanic eruption in 1995. In addition, the country’s volcanic activities play a large role in recovery, as half of the island remains uninhabitable (CIA 2016). While public-sector construction is a possibility for boosting the economy, the current economic structure relies on service positions,

which comprise 76.7 percent of the nation's jobs (CIA 2016). The nation's physical size, small population, and limited opportunities contribute to economic stagnation. Industry offers 21.7 percent of the country's jobs, and agriculture now provides only 1.6 percent (CIA 2016).

Saint Lucia

Saint Lucia is attractive to foreign investors because of its offshore banking industry, but tourism provides many service jobs on the island at 83.3 percent (CIA 2016). Agriculture was Saint Lucia's primary economic sector, and bananas were the staple crop. However, competition created the need for Saint Lucian to export crops. Because of the decrease in exporting crops, agricultural jobs are down to 2.9 percent of all positions, but industrial jobs have increased to 13.8 percent (CIA 2016).

Saint Kitts and Nevis

Since the 1970s, the economy in Saint Kitts and Nevis has relied on tourism, which replaced sugar as the nation's main source of revenue. The government officially ended sugar production for export after decades of losses and is turning the country's attention to other income sources, such as offshore banking and manufacturing for export. However, these gains are slow, and the nation continues to rely on tourism. Today, the service industry comprises 72.1 percent of the nation's jobs. Industry gained ground at 26.5 percent, but agriculture is losing its position, falling to 1.4 percent of all jobs (CIA 2016).

Saint Vincent and the Grenadines

The economy of Saint Vincent and the Grenadines is dependent on agriculture, tourism, and construction, but these employment sectors are mercurial—fluctuating because of natural disasters such as tropical storms. Because the nation faces high unemployment, many Vincentians are immigrating to more sustainable economies. As of 2015, 75 percent of the positions were in the service industry, with 7.9 percent in agriculture and 17.2 percent in industry (CIA 2016).

Anguilla

The largest areas of employment in Anguilla are services, such as tourism, boat building, and offshore financial services. The service industry comprised 76.5 percent of all

employment on the island in 2015. The next largest form of employment is 21.1 percent in industries, and agriculture trails at 2.3 percent (CIA 2016).

British Virgin Islands

The economy of the BVI is considered one of the most stable in the Caribbean. While this economy relies heavily on tourism, it is growing because the government is offering foreign entities offshore registration. This island chain also has a strong livestock-raising agricultural industry; however, crops are not suitable to the islands because of the chain's poor soil quality. Employment in the BVI is distributed into services at 59.4 percent, industry at 40 percent, and agriculture at 0.6 percent (CIA 2016).

Conclusion

Throughout the OECS, the service industry, which consists of positions in a variety of fields, accounts for an average of 74.26 percent of employment. Tourism and offshore banking provide many of these service-oriented positions. The reliance on external sources for such a large portion of a nation's income places women and children at risk. The UN's Women Watch (2010) notes that while women number 1 billion people worldwide, many live in poverty, which means that their children also "live in unacceptable conditions of poverty." Tourism in the Caribbean is a mercurial business, as it is based on factors such as affordability and weather; therefore, jobs in this industry remain in a precarious position. As many service industries are staffed by women, despite the increase in employment opportunities, women, and by extension their children, remain at economic risk.

Family Life

Women's roles in Caribbean families are traditionally as caregivers and nurturers. However, this pattern is more prevalent in two-parent families. While the overwhelming number of Caribbean children live in two-parent homes, a large percentage of them live in single-parent homes headed by mothers or grandmothers. In single-parent families, the roles of caregiver and nurturer may be difficult for women to perform because of work obligations and time spent away from home. In these situations, children are usually left in the care of "other" mothers, who are women either biologically related to the children or who are unrelated but take on the roles of caregivers and nurturers, allowing mothers to work knowing that their children are cared for.

The issue of single-parent or mother-headed families seems to be more common among Afro-Caribbeans than any other racial or ethnic group in the Caribbean, and Afro-Caribbeans make up the largest portion of the population in the OECS. Single-parent households in the region tend to be more economically disadvantaged than other groups, and there may be many people relying on a sole income. The correlation between poverty and low educational attainment suggests that children in single-parent households are more at risk than children from two-parent households.

Politics

Caribbean history is one of political activism. Local leaders such as Dr. Eric Williams (1911–1981) and Norman Manley (1893–1969) are just two examples of regional leaders at the forefront of the independence movement. While many examples of Caribbean female political activists exist, their stories are not as well recorded as those of their male counterparts. Shepherd's *Women in Caribbean History* (1999) provides some background on the roles Caribbean women played in emancipation, independence, labor parties, and government leadership. Dominica elected Dame Eugenia Charles (1919–2005) its first female prime minister in 1980 (Shepherd 1999, 177), and she is only one example of Caribbean women who are active in politics.

Despite this rich history of political activism, in a 2013 interview, René Baptiste, the OECS Speaker of the House for the General Assembly, noted that Caribbean women have still not been fully integrated into the decision-making processes of their countries. Baptiste believes that regional women are deterred by the “rough and tumble” of politics—that they fear the unpleasantness of the political process (Simon 2013). Politics can be a very disagreeable business, but when women hesitate to become actively involved in the political process, they are further marginalized. Female participation in Caribbean politics is as critical now as in the past, and if women are to prevent gender-based issues from being sidelined, they must actively participate in regional politics.

Caribbean women, particularly in the OECS, where women's employment and means of financial independence are reliant on external sources, must advocate more for themselves. While organizations such as UN Women continue to provide support, these organizations are external in origin and struggle to understand the local issues that women face. For example, the United Nations and other

nonregional organizations continue to group Latin America and the Caribbean together as though they are a monolithic region rather than two distinct regions that happen to be close geographically but with different histories and currently pressing issues. In addition, external organizations often have agendas that either deviate from the needs of local stakeholders or are simply not productive.

For example, the European Union disbursed a USD\$55.2 million aid package to Montserrat in January 2013 to boost the nation's economy “with a specific focus on public finance management, public sector reform, and prudent economic management” (CIA 2016). To a nation as devastated as Montserrat, management and reform are long-term goals; more immediate solutions are needed to pull the country out of a two-decade financial slump. In addition, no mention is made of schools, hospitals, or housing as provisions of this aid package, which are immediate needs to Montserratians.

Situations such as this one prove that the increased involvement of Caribbean women in politics as advocates for regional causes may help to address some of these issues that are most pressing to women and their children.

Religious and Cultural Roles

The Caribbean is home to indigenous and multiple settler populations, impacting regional culture. There are many languages spoken and religions practiced in the region. Overall, throughout the Caribbean, women take a participatory role in religious practice—particularly in Afro-Christian religions. Research by Dianne M. Stewart (2006) indicates that although women actively participate in many ministries in Caribbean Christian churches, they remain marginalized. Women are not encouraged to “pursue formal theological studies and academic credentials for teaching” (122). This means that women function in churches as the laborers, but they are not encouraged to be leaders or educators. Therefore, they have fewer opportunities to advocate for themselves or other women in the churches. In comparison to Christian churches, African Caribbean religions have high numbers of female participants in leadership positions and as teachers (122). Stewart notes that the power of female leaders in African Caribbean religions is uncontested and that they are well represented in the priesthood (122). Rastafari, despite its message of liberation, was and remains a male-centered religion. The basic tenets of Rastafari subordinate women to men. However, Stewart (123) suggests that, since the

1970s, female Rastafarians have become more vocal—advocating for reform that is more inclusive and less oppressive of women.

Issues

Research indicates that there are four major issues affecting women in the OECS countries. One issue is the number of female-headed households, which represent many households. The second issue is the large number of families living below the poverty level, which is a different measurement than in the United States or Canada, for example. Another issue is the high incidence of teen pregnancies in these countries, which, in turn, could lead to more families living below the poverty level. Perhaps the most critical issue is female employment, particularly the number of women who are underemployed or unemployed (Alonso 2003, 253–254). Currently in OECS nations, incidents of violence against women and girls are becoming a major concern (Olibert 2014). Halima-Sa'adia Kassim notes, "Violence against women or VAW ... remains a pervasive problem and barrier to gender equality and women's empowerment" (Kassim 2014, 1). While the outcomes associated with VAW seem immediate, they have a long-term impact on the immediate family and the public regarding the effect on the public budget (cost to taxpayers) (Kassim 2014). In 2012, the Organization of American States issued a report addressing the issue of domestic violence perpetrated against girls and women, noting that although these incidents are on the rise, both the government and private sector are working to raise awareness and provide help to the victims by providing shelters and educational programs and by focusing on involving those most likely to perpetrate violence against women. For example, a 2014 conference sought to involve men more in finding solutions to domestic violence (Olibert 2014).

Many of the social issues facing women could be alleviated with greater focus on education. The CARICOM Plan of Action states that education opens more avenues of opportunity to become financially independent, which is critical for girls and women in the OECS (Andaiye 2005).

CAMILLE S. ALEXANDER

Further Resources

Alonso, Irma T. 2003. "The Organization of Eastern Caribbean States." In *The Greenwood Encyclopedia of Women's Issues Worldwide: North America and the Caribbean*, edited by Lynn Walter and Aili Mari Tripp, 251–272. Santa Barbara, CA: Greenwood.

- Andaiye. 2005. "Plan of Action to 2005: Framework for Mainstreaming Gender into Key CARICOM Programmes." CARICOM Secretariat. Retrieved from <http://unpan1.un.org/intradoc/groups/public/documents/caricad/unpan010972.pdf>.
- Braithwaite, Carlyle, et al. 1988. *The Caribbean: Our Changing Environment*. London, England: Heinemann.
- BVINews.com. 2014. "12 Pregnant in High School This School Year: Walwyn Asks for Help." July 10. Retrieved from <http://bvnews.com/new/12-students-pregnant-this-school-year>.
- Caribbean Development Bank. 2009. *Anguilla: Country Poverty Assessment 2007/2009*, Vol. 3, *Institutional Assessment*. Caribank.org. Retrieved from <http://www.caribank.org/uploads/2012/12/Anguilla-CPA-Volume-3-Final-Submitted.pdf>.
- Caribbean360. 2013. "St Vincent Records Eight Births from Girls Aged 11–14 in 2012." March 12. Retrieved from http://www.caribbean360.com/news/st_vincent_news/st-vincent-records-eight-births-from-girls-aged-11-14-in-2012.
- Central Statistics Office. 2010. "2010 Population and Housing Census." Retrieved from http://unstats.un.org/unsd/demographic/sources/census/wphc/Saint_Lucia/SL_PreCensusRepApr11.pdf.
- CIA (Central Intelligence Agency). 2016. "OECS." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/docs/faqs.html>.
- Clarke, Kim, and David Popo. 2014. "Introduction." *Social Development and Protection in the OECS Member States*. Retrieved from <http://caribbean.cepal.org/content/social-development-and-protection-oecs-member-states>.
- Commonwealth Network. 2017a. [0] "Business Sectors: Tourism and Travel Organizations in Antigua and Barbuda." Retrieved from http://www.commonwealthofnations.org/sectors-antigua_and_barbuda/business/tourism_and_travel.
- Commonwealth Network. 2017b. "Education in Grenada." Retrieved from <http://www.commonwealthofnations.org/sectors-grenada/education>.
- Commonwealth Network. 2017c. "Education in Saint Lucia." Retrieved from http://www.commonwealthofnations.org/sectors-saint_lucia/education/.
- Commonwealth Network. 2017d. "Universities and Colleges in St Kitts and Nevis." Retrieved from http://www.commonwealthofnations.org/sectors-st_kitts_and_nevis/education/universities_and_colleges.
- Criminal Code. 2005. "Laws of Saint Lucia." Retrieved from <http://www.wipo.int/edocs/lexdocs/laws/en/lc/lc013en.pdf>.
- Dominica News Online. 2016a. "More Concerns Raised over Child Abuse in Dominica." April 18. Retrieved from <http://dominicanewsonline.com/news/homepage/news/general/more-concerns-raised-over-child-abuse-in-dominica>.
- Dominica News Online. 2016b. "128 Children Sexually Abused in Dominica in 2015." February 17. Retrieved from <http://dominicanewsonline.com/news/homepage/news/educationyouth/128-children-sexually-abused-in-dominica-in-2015>.
- Ellis & Associates. 2014. "St. Vincent and the Grenadines National Review of the Beijing Platform for Action + 20." Ministry of

- National Mobilisation, Social Development, the Family, Gender and Youth Affairs. UNWomen.org. Retrieved from http://www.unwomen.org/~media/headquarters/attachments/sections/csw/59/national_reviews/saint_vincent_and_the_grenadines_review_beijing20.pdf.
- GIS (Government Information Service). 2016a. "New Health Insurance Scheme for Single Mothers." August 4. Retrieved from <http://news.gov.dm/index.php/news/3848-new-health-insurance-scheme-for-single-mothers>.
- GIS (Government Information Service). 2016b. "OECS Health Ministers Focus on National Health Insurance for the Region." October 17. Retrieved from <http://news.gov.dm/index.php/news/4064-oecs-health-ministers-focus-on-national-health-insurance-for-the-region>.
- Hesse-Bayne, Lebrechtta Nana Oye. 2014. "Antigua and Barbuda National Review of the Beijing Platform for Action + 20." Ministry of Education, Sports, Youth, and Gender Affairs. Retrieved from http://www2.unwomen.org/~media/headquarters/attachments/sections/csw/59/national_reviews/antigua_and_barbuda_review_beijing20.ashx?v=2&d=20140917T100714.
- Humanium. 2013. "Americas." Retrieved from <http://www.humanium.org/en/americas>.
- IMF (International Monetary Fund). 2006. "Dominica: Poverty Reduction Strategy Paper." IMF Country Report No. 06/289. Retrieved from <http://www.imf.org/external/pubs/ft/scr/2006/cr06289.pdf>.
- IMS-Medstudy. 2016. "Trinity School of Medicine." IMS-Medstudy.com. Retrieved from http://www.ims-medstudy.com/_Trinity_School_Of_Medicine.
- Jones, Adele D., and Ena Trotman Jemmott. 2011. "Child Sexual Abuse in the Eastern Caribbean." UNICEF.org. Retrieved from https://www.unicef.org/media/files/Child_Sexual_Abuse_in_the_Eastern_Caribbean_Final_9_Nov.pdf.
- Kassim, Halima-Sa'adia. 2014. "Evaluation of National Initiatives on Violence against Women in the OECS States—Discussion of the Consultant's Report." Second OECS Roundtable and Validation Conference on Evaluating National Initiatives and Producing Comparative Data on Violence against Women for the OECS States, September 23–24, Saint Lucia. Retrieved from https://www.researchgate.net/publication/280156171_Evaluation_of_National_Initiatives_on_Violence_against_Women_in_the_OECS_States-Discussion_of_the_Consultant's_Report.
- Kentish, Alison. 2015. "Caribbean Tackles Human Trafficking." Telesur, August 18. Retrieved from <http://www.telesurtv.net/english/news/Caribbean-Tackles-Human-Trafficking-20150818-0015.html>.
- Loaiza, Edilberto, and Mengjia Liang. 2013. "Adolescent Pregnancy: A Review of the Evidence." Retrieved from https://www.unfpa.org/sites/default/files/pub-pdf/ADOLESCENT%20PREGNANCY_UNFPA.pdf.
- Medwiser. 2014. "AIDS in the Caribbean." Retrieved from <http://www.medwiser.org/hiv-aids/around-the-world/aids-in-the-caribbean>.
- Ministry of Education and Culture. 2017. Retrieved from <http://www.bvi.gov.vg/content/ministry-education-and-culture>.
- MOE (Ministry of Education, Human Resource Development, & the Environment Grenada). 2014. "Services." Retrieved from <http://www.moe Grenada.org/contact>.
- Montserrat Community College. 2016. "History." Retrieved from <http://www.mcc.ms/about/history/history.html>.
- Nicholas, Priscilla, and Patricia George. 2012. "Antigua and Barbuda: Educational Statistical Digest 2012." Ministry of Education, Sports, Youth, and Gender Affairs. Retrieved from http://www.education.gov.ag/pdf/Ed_Digest_2011_V2.pdf.
- OECS (Organization of Eastern Caribbean States). 2016. "The OECS." Retrieved from <http://www.oecs.org>.
- Olibert, Petulah. 2014. "OECS Conference on Violence against Women Addresses Men's Issues." Government of Saint Lucia News. Retrieved from <http://www.govt.lc/news/oecs-conference-on-violence-against-women-addresses-men-s-issues>.
- Sealy-Burke, Jacqueline. 2007. "The Status of Child Protection in St. Kitts/Nevis: The Need for a National Reporting Protocol." Retrieved from http://www.unicef.org/easterncaribbean/cao_unicefeco_child_protection_Skn.pdf.
- Shepherd, Verene. 1999. *Women in Caribbean History*. Kingston, Jamaica: Ian Randle Publishers.
- Simon, Alicia. 2013. "OECS Assembly Speaker Advocates for Women in Politics." *Daily Observer*, March 28. Retrieved from <http://antiguaobserver.com/oecs-assembly-speaker-advocates-for-women-in-politics>.
- Spry Rush, Anne. 2011. *Bonds of Empire: West Indians and Britishness from Victoria to Decolonization*. Oxford, U.K.: Oxford University Press.
- StateUniversity.com. 2017. "Montserrat." Retrieved from <http://education.stateuniversity.com/pages/1015/Montserrat.html>.
- Statistics Department, Montserrat. 2011. "Census 2011: Montserrat at a Glance." Retrieved from <http://www.gov.ms/wp-content/uploads/2011/02/Montserrat@AGlance.pdf>.
- Stewart, Dianne M. 2006. "Women in African Caribbean Religious Traditions." In *Encyclopedia of Women and Religion in North America*, edited by Rosemary Skinner Keller and Rosemary Radford Ruether, 116–126. Bloomington: Indiana University Press.
- UNESCO. 2016a. "Anguilla." Retrieved from <http://uis.unesco.org/en/country/ai?theme=education-and-literacy>.
- UNESCO. 2016b. "Saint Vincent and the Grenadines." Retrieved from <http://uis.unesco.org/en/country/vc>.
- UN Women. 2015. "Caribbean Gender Portal." Retrieved from <http://caribbean.unwomen.org/en/caribbean-gender-portal>.
- Women Watch. 2010. "Women and Poverty." Retrieved from http://www.un.org/womenwatch/directory/women_and_poverty_3001.htm.
- Worldometers. 2017. "Population: Caribbean." Retrieved from www.worldometers.info/population/latin-america-and-the-caribbean/caribbean.

P

Panama

Overview of Country

Panama, officially the Republic of Panama, is located in Central America and is bordered by Costa Rica to the west, Colombia to the southeast, the Caribbean islands to the northeast, and the Pacific Ocean to its south. Spanning 29,119.825 square miles (75,420 sq. km), it is the smallest Spanish-speaking Latin American country. The capital and largest city is Panama City and it is home to nearly half of the country's 3.6 million people (CIA 2016).

Prior to the Spanish arrival in the 16th century, more than 60 distinct indigenous groups with an estimated population ranging from 200,000–2 million lived in Panama. After Europeans colonized the region, indigenous peoples fled into the forests and onto islands to avoid enslavement, torture, and death, but the spread of infectious disease caused a large decline among the indigenous (World Bank 2014). Panama is a constitutional democracy and adopted its constitution in 1904. In 1968, the National Guard staged a coup, which brought indirect military control over the government until 1990. During this time, the National Guard handpicked presidential and legislative candidates and then ensured their victory via subversive means (Hassig and Quek 2007).

As of 2013, more than 24 percent of Panama's population lived in poverty and, according to the World Bank,

3 percent in extreme poverty. Indigenous peoples make up a growing percentage of those in poverty (World Bank 2014; CIA 2016). According to the May 2010 census, the population is 70 percent mestizo (mixed Amerindian and white), 14 percent Amerindian and West Indian mixed, 10 percent white, and 13 percent Amerindian (International Work Group for Indigenous Affairs 2014). More than half of the population lives in the Panama City–Colón metropolitan area, with an urban population of 70 percent spanning several cities, making Panama the most urbanized country in Latin America (CIA 2016). Due to the country's historical reliance on commerce, there is great ethnic diversity, particularly those of Afro-Antillean and Chinese descent, whose ancestors were brought to Panama in the 19th century to help build the Panama railroad. Afro-Panamanians are also significantly represented in the population. Most Panamanians of West Indian descent came to help build the Panama Canal in the 18th and 19th centuries.

Panamanian subcultures have merged to the point where it is difficult to distinguish individual ethnic groups. More so than ethnic distinctions, Panamanians classify themselves along religious lines: the Spanish-speaking Roman Catholic mestizo, the English-speaking Protestant Afro-Caribbeans, and indigenous Indians. The mestizos and Afro-Caribbeans reside throughout most of the country, whereas the majority of indigenous Indians live in the more remote regions. Caucasians primarily reside in larger cities.

Indigenous Peoples of Panama

Today, Kunas (or Guna) constitute 30 percent of the indigenous population of Panama. More than any other group, they have retained much of their cultural heritage (Hassig and Quek 2007). Kunas live mainly on the San Blas Islands or in the Darien region.

The Kuna family is considered the most important unit, with labor traditionally divided along gender lines. Men hunt and gather for food, and women perform household duties and sew. Families in Kuna culture are typically large. Women inherit land from fathers, so parents often hope for female children. When an infant girl is one month old, her nose is pierced; eventually, a ring is inserted through the hole, and larger rings are added as the child grows.

Kuna women have a traditional dress that consists of a blue wrap dress, gold rings in the nose and ears, strings of yellow and red beads around the arms and legs, a black line painted on the nose, and a blouse with mola panels. Mola panels are beautiful and intricate appliqué panels, and the production of these has become a major source of income for the group. Mola makers believe all things have a spirit, so each mola has its own spirit to be revered. Women are expected to be good mola makers, and they begin training at a young age to do so. Molas are typically 16–24 inches and take several months to make.

Emberas reside in the Darien Gap, the largest region in Panama with the fewest inhabitants. The area includes 12 million acres of rain forests and swamps (Hassig and Quek 2007). The Emberas live much like their ancestors, focusing on hunting, gathering, and using forest plants for medicine. Emberas worship their own gods and heal themselves using medicinal plants or *jabainas* (medicine men) when the plants are not sufficient (Hassig and Quek 2007). The Emberas still practice customs such as body painting with plant dyes, and they use traditional hunting methods, using poisoned blowgun darts. More so than any other indigenous group, Emberas elevate women to a more equal status in society, although it is still a patriarchal society. Emberas are skilled artisans who specialize in baskets, carvings, and necklaces, often preferring to exchange items rather than sell them. However, widespread deforestation and aggressive farming are threatening their way of life.

Ngobe-Bugles are related to the Mayas of Mexico and live along the Costa Rican border. The Ngobe-Bugles account for 60 percent of Panamanian indigenous peoples (Hassig and Quek 2007). They rely on the land for their livelihood. Ngobe-Bugles live in hamlets, with family members and relatives residing within the same settlement. There are clearly defined roles for men and women. They also permit polygamy. Ngobe-Bugle Indians sell exquisite jewelry, with their specialty being *chaquira*, a multicolored beaded necklace. They have their own religious beliefs, with music and celebration central to their rituals, as Ngobe-Bugles often make their own instruments out of animal products and wood.

—Jennifer deCoste

Today, six indigenous groups remain, including the Kuna, Embera, Ngobe-Bugle, Wounaan, Naso, and Bribri, with the first three being the most populous. Indigenous groups have traditional gender roles for men and women and their own dialects and languages. Constitutional protections require the government to provide bilingual education in indigenous communities. In addition, indigenous groups have contributed enormously to Panama's visual arts culture, including sculpture, wood carvings, weavings, ceramics, and masks.

Indigenous peoples typically practice faiths specific to their own group. Eighty-four percent of Panamanians are Roman Catholics, 15 percent are Protestant, and the

remaining 1 percent consists primarily of Jews, Muslims, Baha'is, and Hindus (Pew Research Center 2014).

Overview of Women's Lives

In 2014, the UN Development Programme ranked Panama 92nd out of 187 nations based on the Gender Inequality Index (GII, 0.506), placing it in the high human development category (UNDP 2015). The Panamanian Constitution stipulates that all citizens have access to education. Recent legislation and activity has also protected and enhanced women's right to an education, and statistics show that girls are increasing in number in the educational system.

Despite these advances, women still struggle to increase their social and economic statuses and literacy rates, especially among indigenous populations (CEDAW 2010).

The National Directorate of Women, the Ministry of Women, Youth, Family, and Childhood promotes equality of women in the workplace and equal pay for equal work, attempts to reduce sexual harassment, and advocates for legal reforms. A number of private women's rights groups, including the New Men and Women of Panama, APLFAFA (a Planned Parenthood affiliate in Panama), the Center for the Development of the Woman, and the Foundation for the Promotion of Women, concentrate on disseminating information about women's rights, countering domestic abuse, enhancing employment and other skills, and pressing for legal reforms (U.S. Department of State 2007a).

There has been substantial discrimination against persons with disabilities in employment, education, access to health care, and in the provision of other state services; the administration has taken steps to decrease discrimination. Job discrimination based on race, birth, disability, social class, sex, religion, or political ideals is illegal (CEDAW 2010). The law mandates access to new or remodeled public buildings for persons with disabilities; however, the government generally fails to enforce these provisions in practice (U.S. Department of State 2007a).

Latin American women earn, on average, 30 percent less than men with similar skills. In the public sector, a highly significant gap (greater than one-third) exists in wage gaps in Panama between men and women (Ruiz and Rivera 2004). Unequal opportunities affect women's access to paid work and hinder their chances of achieving financial independence. The most visible aspect of women's lack of economic autonomy is poverty, which is accompanied by the lack of freedom and time to travel and exclusion from the social protection that autonomy confers. Many married women, living in either poor or wealthy households, are in a dependent position in relation to the head of the household due to their domestic activities (De Leon n.d.).

Although the government generally respects the rights of citizens, there continue to be problems related to harsh prison conditions, discrimination, violence against women and ethnic minorities, human trafficking, and child labor (U.S. Department of State 2007a).

Girls and Teens

The Panamanian Constitution stipulates that all citizens have access to education, and statistics show that girls are

increasing in number in the educational system (CEDAW 2010). Recent legislation and activity has also protected or enhanced women's right to an education. Subsequently, most girls and teens are in school during the week. Dress is typically casual (jeans and T-shirts). Panama is seeing a growing teen pregnancy rate, and currently 20 percent of all children born in Panama are born to women aged 15–19. Sex education in schools is not prevalent, and abortion is not legal (Sheppard 1992).

Recreation

The heat and humidity is quite intense in Panama, making water and indoor sports quite popular, with martial arts, ballet, swim teams, and canoeing popular choices for children. Wealthier teens also have the option to play sports through members-only clubs, while middle-class and lower-income students play in the health and recreation centers typically located around cities. Although schools offer sports, these are not central to most students' lives (Tompkins and Sternberg 2004). Males tend to be more involved in sports, particularly soccer, while girls typically participate in music, also a central element to youth culture. For urban youth from poorer communities, *padillas*, or gangs, can be an issue. Most youth view the streets as their playground; however, girls are more closely supervised than boys. For a girl's 15th birthday, a quinceañera is celebrated by wealthier families, which includes a reception and dance.

In rural areas, festivals and agricultural fairs are common. In fairs, a queen is crowned, animals are judged for prizes, and carnival rides are available for children. Other traditional forms of entertainment are falling aside for more contemporary forms: nightclubs, movies, and television. Daily recreational activities for rural youth often center on family chores, such as farming, gardening, and caring for animals. Outdoor activities such as swimming, mountain climbing, and hiking are also popular (Tompkins and Sternberg 2004).

Education

Free basic education is offered to the entire school-aged population up to and including the ninth grade. Statistics show that girls are increasing in number in the educational system. In secondary education, girls slightly outnumber boys, although that reverses rather sharply in higher education (CEDAW 2010). The female literacy rate in Panama

is 92 percent, only 1 percent behind males (Knomea 2016). In 2004, 98 percent of girls were enrolled in primary education (Index Mundi 2007). Panama has the second-highest Central American literacy rate, right behind Costa Rica, as directed by the Mesoamerica Project (PM). The PM was developed to remedy the lack of investment and stimulate trade in Central America by building or improving large infrastructure projects, including human development (Pickard 2004). In addition, Panamanian women typically receive more education and stay longer in the system than men (Republic of Panama 2004). Not surprisingly, urban residents have more access to education than rural and indigenous populations. In 2005, 99 percent of boys and girls attended primary school, although only 67 percent of teenage girls continued on to high school (Raad 2007).

In recent years, Panama has made significant strides in eliminating gender inequalities in the area of education, and it is anticipated that, by 2015, the governmental goal of universal primary education will be achieved. Government-sponsored activities to work toward educational gender balance include the institutionalization of gender-based educational policies, intersectional coordination of organizations that work to promote gender balance, nationwide training on gender, and publishing materials that focus on gender inequities (Republic of Panama 2004).

Recent legislation and activity has also protected or enhanced women's right to an education. In 2001, the government passed Executive Decree No. 443, which guaranteed pregnant minors the opportunity to continue and to complete their education. The Ministry of Education has sponsored training regarding laws aimed at stopping gender discrimination and violence. It is illegal to provide differing conditions for career guidance, stereotyped concepts of careers, differing access to career programming, limited access to sports, and limited access to health information based on gender. Despite these advances, women still struggle to increase their social and economic statuses as well as literacy rates, especially among indigenous populations (CEDAW 2010).

Health

Access to Health Care

Public health care at clinics and hospitals is free, and 90 percent of the population has access to health services. The other 10 percent are primarily rural and indigenous peoples who face both economic and geographic access challenges. In addition, limited intercultural contact; limited

health infrastructure, including health care workers; lack of access to medicine; and lack of technology present barriers to access (WHO 2014). The World Health Organization's (WHO) 2014 strategic priority in universal health coverage specifically requested the government of Panama address these challenges for rural and indigenous peoples. Public hospitals often lack enough doctors and beds to treat patients, who often must line up early and wait hours to be seen (World Bank 2014).

Maternal Health

The Panama Declaration, signed by 26 governments in 2013, worked to address inequalities in maternal and child health in Latin America and the Caribbean. Panama's greatest challenge to meeting the declaration's goals is reaching those in remote areas. Maternal mortality rates in these regions range from 10 to 44 times higher than areas with better access to services (Valdivieso 2013).

To a certain extent, the Panamanian government is meeting the goals of the declaration; in 1998, 72 percent of pregnant women received prenatal care, and by 2009, that had jumped to 96 percent (Index Mundi 2016). Women typically give birth in hospitals. Women in labor tend to do so in the same room with limited to no access to pain medication. Women do not receive confidential care and are often not informed of consent processes or of their right to refuse aspects of care (Birth Institute 2016).

Panama practices the tradition of *cuarentena* (quarantine), which lasts up to 40 days, where relatives assist the new mother so she can bond with the baby. New mothers are typically served healthy, fresh meals, and sweets and prepacked foods are avoided during this time. More than 60 percent of mothers indicated they participated in some form of *cuarentena* after the birth of a child (Murray 2014). If a mother returns to work, mothers are guaranteed paid time for breastfeeding for six months after returning to work (International Baby Food Action Network 2011).

Diseases and Disorders

In 2010, the highest-ranking causes of premature death in Panama were heart disease, HIV/AIDS, and stroke (Institute for Health Metrics and Evaluation 2010). The primary causes of heart disease and stroke are related to diet, high blood pressure, and high body-mass index (BMI). In 1990, however, only 2 percent of premature deaths were caused by HIV/AIDS; by 2010, that had increased to 9 percent

of all premature deaths (Institute for Health Metrics and Evaluation 2010).

There is a high rate of HIV/AIDS among youth in Panama. Caribbean women represent 50 percent of all reported cases of HIV, and the prevalence is especially high among adolescent women, who tend to have higher rates than adolescent males (UNESCO 2010). Ministry of Health statistics on HIV/AIDS indicate that, in 2014, 37 preteens (10–14 years old) had been infected, while in 2013, 42 cases were reported. In the 15–19 age group, there were 234 cases in 2014 versus 249 in 2013 (Newsroom Panama 2014). The rate of HIV transmission for the Kuna people is approximately 45 percent higher than in the general population. It is believed that this higher HIV rate among adolescent women and the Kuna is related to the lack of sexual health information as well as an increase in the number of men who have sex with men, who tend to have female partners as well (WHO 2005). According to a 2009 survey, 86 percent of men and 82 percent of women approve of sex education (Newsroom Panama 2014). An affiliate of Planned Parenthood, the Asociacion Panamena papra el Planeamiento de la Familia, is working with adolescents on health care, with specific programs targeting HIV and AIDS (WHO 2005).

Employment

Typical Careers and Jobs

Panama's labor force consists of more than 1.4 million people, with one of the largest employers being the Panama Canal, which contributes more than 10 percent of the gross domestic product (GDP), more than any other source in the country (World Bank 2014). Sixty-three percent of Panamanians work in the services sector, as there are more than 2,000 companies in the Colón Free Zone, the second-largest duty-free zone in the world. Twenty-one percent of the workforce is employed in natural resources industries, and the remaining 16 percent are primarily in manufacturing, mining, and construction. There is also a large contingent of Panamanians who are informally employed that work as street vendors and peddlers. This is also reflected in the GDP growth rate of approximately 4 percent. Despite this participation in the workforce, 40 percent of Panamanians still live in poverty (Hassig and Quek 2007).

From 1969 to 1977, the government redistributed land (previously taken simply by anyone who wanted to clear and cultivate it) and organized farmers into groups to try

to stop overfarming and spiraling farming unemployment. Redistribution resulted in more than 18,000 families receiving lots. In addition, the government assisted farming groups by providing them with credit, training, roads, wells, and health programs (Hassig and Quek 2007).

Panama is one of the Latin American and Caribbean countries whose population largely has the potential to enjoy a medium to high standard of living, as the Panamanian economy has historically been open to trade and international investment. In contrast, the country ranks fourth in social inequality based on income distribution. There are many signs of rural and urban poverty and related shortcomings, including little access to basic services, production resources, employment, and production and transport infrastructure; limited health equipment and human resources; and a shortage of schools and teachers in remote areas (Republic of Panama 2004). The gender differential in pay for those with no formal education is probably the result of migration from rural to urban areas, where women often become employed as maids, which is less pay than men hired for labor. As for women with formal secondary or technical education, most are employed in the service sector, in clerical, secretarial, or lower management jobs (Herrera and Madrid-Aris 2000).

As of 2014, women made up 49 percent of the entire workforce, a steady increase from 39 percent in 1980 (World Bank 2016). The majority, at 88 percent, is employed in the service economy (Raad 2007). It is estimated that women in the service economy, which is about 75 percent of the workforce, are paid 58 percent of what their male counterparts make (Mordok 2007).

Pay

On average, Latin American women earn 30 percent less than men with similar skills. In the public sector, there is a greater than one-third wage gap between men and women (Ruiz and Rivera 2004). While Panama has a relatively high rate of female enrollment in higher education, many female graduates are still forced to take low-paying jobs. At all education levels, the income gap between men and women persists as women's salaries are 70–80 percent of men's salaries (DevTech Systems 2004).

The Equal Opportunities for Women law in Panama provides for women's equal treatment in the workplace, and women's right to equal pay is set out in the constitution. Panamanian law provides for an eight-hour day, a six-day week, minimum wages, one month's vacation with

pay, maternity benefits, equal pay for women, and restrictions on the employment of minors. The minimum wage was raised to USD\$2.92–USD\$3.76 per hour based on a 45-hour work week, depending on which zone an employee works in (CentralAmericaData.com 2016). All employees are entitled to a one-month annual bonus in three equal installments, two of which the worker receives directly and one of which is paid into the Social Security Fund. Employed women receive at least 14 weeks of maternity leave (Rognoni and Navarrete 2014). Numerous groups and organizations continue to work toward women's rights, including (but not limited to) the Inter-American Commission of Women, the Panamanian Observatory against Gender Violence, and the Asociacion Panamena Para El Planeamiento de la Familia (Panamanian Association for Family Planning) (IPPF 2014).

Family Life

Panamanian men and women typically choose their own spouses, although the formal ceremony does not always precede children. Children born out of wedlock in Panama do not carry a stigma. Typically, although certainly not always, middle- and upper-class Panamanians engage in formal wedding rituals before having children, particularly when marriage maintains or enhances a family's social status. Children tend to live with parents until they marry, and sometimes even into the marriage, particularly in rural areas. Marriages are typically celebrated with festivals, often called a *fiesta*, and involve a religious ceremony (Hassig and Quek 2007).

Within indigenous communities, most couples are from the same ethnic group, and marriage is often viewed as the most important event in a person's life. Marriage rituals typically reflect their cultural practices. The Ngobe-Bugle view marriage as the most important life event, and fathers often arrange marriages based off landholding, wealth, or social position. In some cases, polygamy is an acceptable alternative, particularly marrying the sister of an existing spouse so they can raise their children in the same household. In Kuna families, couples hope for a girl so she will bring a son-in-law into the family, as the new couple is absorbed into the woman's family (Hassig and Quek 2007).

The overwhelming majority of Panamanian couples have children (Hassig and Quek 2007). Infants in Panama, particularly those in rural indigenous groups, often face malnutrition and inadequate medical care related

to poverty, although Panama's Family Code establishes medical and health services as well as access to food free of charge to expectant mothers and during childbirth (CEDAW 2010). The average Panamanian family consists of four or five family members, and 22 percent of those families are headed by a female (Hassig and Quek 2007).

The ideal family unit for most Panamanians is the nuclear family of a married couple and their children (Countries and Their Cultures 2014). The Kuna Indians, however, prefer to have new husbands live with their brides in the latter's house. These then become extended families around a grandmother, her husband, and her married daughter (DevTech Systems 2004).

In the Panamanian family, male and female gender roles vary. The female gender roles consist of child care, cooking, household chores, minimal farming, making clothing for family and making bead art by hand to sell at local markets. Some of the male gender roles consist of full-time employment outside of the home, making items by hand to sell at local markets, working in the fishing or forestry industry, farming, and maintaining heavy household work (Barriteau 2014).

Marriage

Under Panama's Family Code, the minimum age for opposite-sex marriage with parental consent is 16 for males and 14 for females, and it is 18 for both without parental consent (UNSD 2008). Panamanian law "provides that women and men may freely choose their spouse and enter into marriage by their own free will" (CEDAW 2010, 37). Concerning early marriage, according to 2002–2012 data, 3.8 percent of children were married by the age of 15 and 22.2 percent by the age of 18 (UNICEF 2013). Women, both married and unmarried, can be heads of household in Panama (World Bank 2014).

Sexuality

The traditional Hispanic concepts of machismo and marianismo provide a sexual double standard, as male sexual promiscuity is viewed as a sign of virility while there is an equally strong emphasis on female virginity and purity (Pankake 2011, 1068).

Same-sex sexual activity is legal as of 2008 (Charman 2008), with an age of consent of 18. There is no legal recognition of same-sex couples, and a proposal that would have provided for same-sex civil unions was defeated in 2004, mainly due to pressure on the government from the

Catholic Church. Twelve percent of Panamanians support state recognition of same-sex marriage (Charman 2008).

According to the United Nations, the annual population rate of change for 2005–2010 was expected to be 1.8 percent, a rate the government viewed as too high; it addressed the relatively high fertility rate with family life and sexuality education programs in primary and secondary schools. Luis Soane, the coordinator for the Panamanian Coalition for Comprehensive Sexuality Education, states that the age of initiation of sexual intercourse has declined in recent years (Newsroom Panama 2014).

Double Bind

Gender discrimination is reflected in the labor market through the sexual division of labor, as women bear the responsibility of caring for the family, while men are responsible for seeking sustenance. This distribution of opposite roles forms the basis of women's positioning toward employment; women have had to give up work or combine it with domestic work, in a model of "double presence," which explains the multiplicity of roles that women assume today. Women split their time, attention, spaces, and energy to make it possible for the house to function as if it were a full-time occupation, resulting in a marked inequity in the use of time and distribution of work (De Leon n.d.).

Politics

Panama is a constitutional democracy, with a constitution that was updated in 1983, 1994, and 2004, and has executive, legislative, and judicial branches of government. The president and vice president are elected for 5-year terms, and the president appoints a cabinet of ministers (Hassig and Quek 2007). Currently, 31 percent of all ministerial positions are held by women (CEDAW 2010). The president also appoints nine judges to serve a 10-year term on the Supreme Court. Local government is organized around 65 districts and 505 subdistricts. Voters choose mayors and councillors in each of these areas. For approximately 50 years, a few political parties have achieved prominence, including the Democratic Revolutionary Party, the Arnulfista Party, the Mother Earth Party, the National Liberal Republic movement, the Christian Democratic Party, the Morena Party, the Renovación Civilista, and the Partido Solidaridad (Hassig and Quek 2007).

The constitution assures that government authorities can only prosecute citizens for violations of the constitution or the law. Arrests may result from response to complaints made to the police or from direct action on the part of police at the scene of the crime or disturbance. The police may not hold persons for more than 24 hours without being brought before the appropriate authorities or being charged with an offense. The constitution forbids arrest or detention for violation of purely civil obligations or for debts (Ropp 1987). During the course of an investigation, the accused and all witnesses are questioned, the latter under oath. The constitution guarantees that no accused person may be forced to incriminate himself or herself, and authorities are forbidden to force testimony from any close relative. Investigators may enter a person's home only with consent or a search warrant from a competent authority or to assist victims (Ropp 1987).

In early 1999, Panama's largest political parties agreed to ban anonymous campaign contributions in an effort to stem the infiltration of drug money into the political process. Nevertheless, widespread corruption of the governmental apparatus indicates the difficulty in enforcing any such bans (Freedom House 2015).

Freedom of assembly is generally recognized, and non-governmental organizations (NGOs) are free to organize. Although only about 10 percent of the labor force is in a labor union, unions are well organized and powerful. The government has issued decrees that do not allow union organization in export-processing zones. The judicial system, headed by the Supreme Court, was revamped in 1990. However, it remains overworked, and its administration is inefficient, politicized, and prone to corruption (Freedom House 2015).

The Panamanian Defense Force (PDF) was dismantled after 1989, and the military was formally abolished in 1994. However, the civilian-run Panamanian Public Forces (the national police) that replaced the PDF, although accountable to civilian authorities through a publicly disclosed budget, are poorly disciplined and corrupt. There are four components of the force: the Panamanian National Police, the National Maritime Service, the National Air Service, and the Institutional Protection Service (Freedom House 2015).

Panama's Constitution protects freedom of speech and of the press, but these rights are not consistently upheld in practice. Libel is a criminal offense, though no one has been jailed for it since 2008. Independent or critical journalists and outlets face pressure from the government

(Freedom House 2015). The UN Human Rights Council expressed concerns in 2015 about discrimination and lack of opportunities for women, indigenous peoples, and children. They noted the high rates of illiteracy in indigenous women, although the illiteracy rate has fallen for the general population by about 3 percent (CEDAW 2010). In addition, the number of underage children working was deemed shocking, with an increase of 25 percent in five years (Cultural Survival 2015).

In 1925, the Kuna Indians rebelled and declared themselves an independent state, and today they remain politically autonomous. Kuna political life centers on a nightly gathering of the community, where the men, who form the congress, meet with chiefs to discuss business. These gatherings also allow the Kuna people to resolve differences through mutual consensus. Several times a year, every village sends at least one chief to a general congress (Hassig and Quek 2007).

Religious and Cultural Roles

Catholicism came to Panama in the 16th century via Spain. Devout Catholics visit church and attend to their religious needs daily, whereas those who are more liberal follow a more traditional religious calendar. While the constitution allows citizens to choose their own religion, it does not call for separation of church and state; clergy members are not allowed to hold public office except under specific circumstances. Foreign clergy in Panama are granted the same religious freedoms as citizens (Hassig and Quek 2007). Many of Panama's national holidays are also religious, including Easter, Christmas, Shrove Tuesday, Maundy Thursday, Good Friday, All Souls' Day, and Immaculate Conception Day. Almost all Panamanian heads of government have been Roman Catholic. Rural Panamanians are often Roman Catholic, although folk beliefs often blend with Catholic beliefs. For example, Jesus Christ is viewed as one of many saints and is not central to the faith, as in traditional Catholicism. Parents begin children's religious instruction at an early age, with mothers frequently taking children to daily mass. Despite the small percentage of Baha'is in Panama, the country contains one of seven Baha'i houses of worship worldwide (Hassig and Quek 2007).

Indigenous peoples typically practice faiths specific to their own group. For example, Kunas believe in ritual, particularly the ritual of *inna-nega*, a form of "coming out" party for young women who reach puberty. In addition, they believe in reincarnation and try to strive for achievement

in this life. The Emberas worship their own gods and have their own religious ceremonies. The Ngobe-Bugle embrace a more ritualistic faith, with music and celebration at the heart of much of what they do. Similar to the Kunas, they too have a "coming out" party at the onset of puberty, called a *guro*, but theirs is for boys (Hassig and Quek 2007).

Issues

Violence

Domestic violence is a serious problem. The Family Code criminalizes rape, spousal rape, and family violence, including psychological, physical, or sexual abuse, and assigns prison terms of one to five years. Convictions for rape and domestic violence are rare, as victims generally choose spousal therapy over prosecution. Abusers are commonly convicted of unintentional killing in cases of spousal death. Between January and September 2007, there were 1,224 registered cases of domestic violence, 588 cases of rape, and 120 cases of attempted rape. Panama's Judicial Technical Police investigated each case it received that year. The Foundation for the Promotion of Woman and the Center of Colón Women along with other advocacy groups and government agencies provide education and support to survivors (U.S. Department of State 2007b).

Panama's cities experience violent crime, including shootings, muggings, theft, and kidnapping. The city of Colón is particularly dangerous, and Panama City has experienced kidnappings. Credit card and ATM card fraud is common. Panama City has a curfew for people younger than 18. Panama shares its southern border with Colombia, and drug trafficking activities occur in Darien Province, including kidnappings and murders. The Revolutionary Armed Forces of Colombia (FARC), a terrorist group, also uses the border region for its activities (Potter n.d.).

LGBT Community

There are no laws protecting LGBT people from discrimination. Article 39 of the Constitution forbids the creation of "companies, associations or foundations" that are contrary to moral or legal order. In the past, this has been used to refuse registration of gay organizations. Panama's first lesbian and gay organization, Asociación Hombres y Mujeres Nuevos de Panamá (AHMNP) (New Men and Women Association of Panama), was founded in 1996. It received legal recognition in 2005 after a three-year battle with the authorities and the Catholic Church. It is still the

only gay and lesbian organization in Panama. In 2004, they presented a petition calling for partnership rights. In June 2005, Panama's first Gay Pride March was held with 100 AHMNP demonstrators.

Poverty

Approximately 40 percent of the Panamanian population lives in poverty (World Bank 2014). Political instability; economic collapse; foreign invasion, primarily from the United States; and development all factor into growing economic inequality, as internationalization profits some, but not all, making sustainable economic growth difficult (King n.d.). Urban citizens tend to be healthier and better educated than rural citizens, leading to an ever-widening socioeconomic gap. Data from the last 30 years indicates that, despite the economy's steady growth during this time, the nation's level of inequality has not significantly improved. It is widely viewed that a "business as usual" policy should cause alarm for Panamanian leaders, for any strides being made in poverty reduction are not being distributed evenly among the population. Government initiatives are viewed as making a good start for the future but provide little short-term reduction in inequality (King n.d.).

Two large-scale social programs are working to combat poverty and its effects, the Get Ahead for Panama program, which focuses on literacy for those excluded from formal education programs, and the Opportunities Network Program, which guarantees health care and education for poor families (CEDAW 2010). The Opportunities Network Program has had a direct effect on indigenous women, as it provides financial support to rural and indigenous women who are heads of household and ensures their children receive health care and stay in school (CEDAW 2010). The Office of the First Lady runs an additional program, the United Families Program, which lends health care, nutritional, and educational support to rural women (CEDAW 2010).

Sex and Human Trafficking

Panama is a source, transit, and destination country for women and children subjected to trafficking in persons, specifically forced prostitution. Although some women and girls are found in forced prostitution in other countries in Latin America and in Europe, most trafficking victims are exploited within the country. Although statistics are lacking, both NGOs and government officials

anecdotally report that commercial sexual exploitation of children was greater in rural areas and in the city of Colón than in Panama City. NGOs report that some Panamanian children, mostly young girls, are subjected to involuntary domestic servitude. Most foreign sex trafficking victims are adult women from Colombia, the Dominican Republic, and neighboring Central American countries; some victims migrate voluntarily to Panama to work but are subsequently forced into prostitution. Weak controls along Panama's borders make the nation an easy transit point for irregular migrants from Latin America, East Africa, and Asia, some of whom may fall victim to human trafficking. The Panamanian government does not fully comply with the minimum standards for the elimination of trafficking; however, it is making significant efforts to do so. Authorities have increased public awareness about the prostitution of children through seminars in schools and an outreach campaign with the tourism sector. Despite such efforts, there is little evidence of progress (U.S. Department of State 2007a).

Article 178 of the Panamanian Penal Code prohibits the internal and transnational movement of persons for the purpose of sexual servitude or forced commercial sexual activity. The prescribed sentence is 4–6 years' imprisonment, which is increased to 6–9 years if trafficking offenders use deceit, coercion, or retain identity documents, and it is further increased to 10–15 years if the victim is under 14 years of age. Article 177 prohibits sexually exploiting another person for profit (U.S. Department of State 2007a).

Beauty Standards

Skin color and hair texture are extremely important for daily definitions of beauty and identity. These two elements determine whether a person is called a *culisa* (a mixture of black and Indian, mostly applied to women with brown skin and straight hair); a *chombo blanco* (a person with light skin color and extremely curly, "kinky" hair); a *Pania* (a white or Latino person who speaks Spanish and has light features and straight hair); or a *gringo/gringa* (white man or woman from the United States or Europe) (Guerron Montero 2012, 21). Standards of beauty still rest heavily on how closely one approximates a European ideal, reinforcing a racial dimension to the issue of gender and status (Wiltshire-Brodber 1999, 137).

Throughout Latin America, skin tone is a major marker of status and a form of symbolic capital, despite national

ideologies of racial democracy. Skin tone, along with other phenotypical traits, is a significant marker of social status, with lightness signifying purity and beauty and darkness signifying contamination and ugliness (Stepan 1991, 135). A few organizations, including Woody's House of Hope, FRIDA, and the Central American Women's Fund, address beauty standards and norming for girls and women (FRIDA 2016).

JENNIFER DE COSTE

Further Resources

- Anywhere Panama. 2015. "The People and Culture of Panama." January 4, 2016. Retrieved from <http://www.anywherepanama.com/travel-guide/people-and-culture>.
- Arriola, Elvia R. 2009. "Gender, Globalization, and Women's Issues in Panama City: A Comparative Inquiry." *University of Miami Inter-American Law Review* 41: 19–41.
- Barriteau, Paige. 2014. "Gender Roles in the Republic of Panama." August 15. Retrieved from <http://ruby.fgcu.edu/courses/10251/e08barrit.htm>.
- Birth Institute. 2016. "Birth in Panama: A Look at the Rights of Childbearing Women." January 27. Retrieved from <http://www.birth-institute.com/alternative-medicine-and-childbirth/how-to-become-midwife/birth-in-panama>.
- CEDAW (Committee on the Elimination of Discrimination against Women). 2010. "Consideration of Reports Submitted by States Parties under Article 18 of the Convention on the Elimination of All Forms of Discrimination against Women." Geneva, Switzerland. Retrieved from digitallibrary.un.org/record/686093/files/A_65_38-EN.pdf.
- CentralAmericaData.com. 2016. "Panama: 8.5% Increase in Minimum Wage." January 4. Retrieved from http://www.centralamericadata.com/en/article/home/Panama_Minimum_Wage_Rises_by_85.
- Charman, Rachel. 2008. "Gay Sex Becomes Legal in Panama." *PinkNews*, August 14. Retrieved from <http://www.pinknews.co.uk/2008/08/14/gay-sex-becomes-legal-in-panama>.
- CIA (Central Intelligence Agency). 2016. "Panama." *CIA World Fact Book*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/pm.html>.
- Countries and Their Cultures. 2014. "Panama." July 22. Retrieved from <http://www.everyculture.com/No-Sa/Panama.html>.
- Cultural Survival. 2015. "UN Human Rights Council Reviews Panama." May 26. <https://www.culturalsurvival.org/news/un-human-rights-council-reviews-panama>.
- De Leon, Aracelly. n.d. "Education and Labor in Panama: The Feminist View." Retrieved from https://editorialexpress.com/cgi-bin/conference/download.cgi?db_name=IAFFE2013&paper_id=171.
- DevTech Systems. 2004. "Gender Assessment for USAID /Panama." Retrieved from http://pdf.usaid.gov/pdf_docs/Pnax772.pdf.
- Freedom House. 2015. "Panama." Retrieved from <https://freedomhouse.org/report/freedom-world/2006/panama#.VJCUTSvF98E>.
- FRIDA. 2016. "About." Retrieved from <http://youngfeministfund.org/about-frida>.
- Guerron Monterro, Carla. 2012. "Black Is Not as Beautiful: Gender, Sexuality, and Tourism in Panama." *Communication Papers: Media and Literacy Studies* 1: 17–28. Retrieved from <http://www.raco.cat/index.php/communication/article/download/276446/364369>.
- Hassig, S., and Lynette Quek. 2007. *Panama*. New York: Marshall Canvendish.
- Herrera, V. H., and Manuel Madrid-Aris. 2000. "Earnings Profiles and Returns to Education in Panama." Retrieved from www.madrid-aris.com/Publications/PapersPDF/ReturnEducation-Herrera-Madrid.PDF.
- Index Mundi. 2007. "Net Enrollment Ratio in Primary Education, Girls—Panama." Retrieved from <http://www.indexmundi.com/panama/net-enrolment-ratio-in-primary-education-girls.html#C>.
- Index Mundi. 2016. "Panama: Pregnant Women Receiving Prenatal Care." Retrieved from <http://www.indexmundi.com/facts/panama/pregnant-women-receiving-prenatal-care>.
- Institute for Health Metrics and Evaluation. 2010. "GBD Profile: Panama." Retrieved from http://www.healthdata.org/sites/default/files/files/country_profiles/GBD/ihme_gbd_country_report_panama.pdf.
- International Baby Food Action Network. 2011. "Report on the Situation of Infant and Young Child Feeding in Panama." Retrieved from http://www.ibfan.org/art/IBFAN_CRC58-%202011Panama.pdf.
- International Work Group for Indigenous Affairs. 2014. "Update 2011: Panama." Retrieved from <http://www.iwgia.org/regions/latin-america/panama/887-update-2011-panama>.
- IPPF (International Planned Parenthood Federation). 2014. "Association Panamena Para el Planeamiento de la Familia." Retrieved from <https://www.ippfwhr.org/en/country/panama>.
- King, M. n.d. "Crossing Over: Development and Inequality in Panama's Dual Economy." Retrieved from http://pardee.du.edu/sites/default/files/King%20Michael_Panama.pdf.
- Knoema. 2016. "Panama—Literacy—Adult (15+) Literacy Rate." Retrieved from <http://knoema.com/atlas/Panama/topics/Education/Literacy/Adult-literacy-rate>.
- Mordok, I. 2007. "Mujeres Sufren Disparidad Salarial." *Panama America*. Retrieved from www.pa-digital.com.pa/archive/08102007/topstory.shtml.
- Murray, Linda. 2014. "Care after Birth: Different Moms, Different Realities." *Huffington Post*, January 23. Retrieved from http://www.huffingtonpost.com/linda-murray/care-after-birth-different-moms-different-realities_b_2970981.html.
- Newsroom Panama. 2014. "Sex Education Debate Reflects Child Horror Statistics." Retrieved from <http://www.newsroompanama.com/news/panama/sex-education-debate-reflects-child-horror-stats>.
- Pankake, A. M. 2011. "Panama." In *Encyclopedia of Women in Today's World*, edited by Mary Zeiss Stange, Carol K. Oyster, and Jane E. Sloan. Thousand Oaks, CA: Sage.
- Pew Research Center. 2014. "Religion in Latin America." November 13. Washington, D.C.: Pew Research Center. Retrieved

- from <http://www.pewforum.org/2014/11/13/religion-in-latin-america>.
- Pickard, M. 2004. "The Plan Puebla-Panama Revived: Looking Back to See What's Ahead." Montreal, Canada: Interhemispheric Resource Center.
- Potter, Heather. n.d. "Travel Warnings for Americans in Panama." *USA Today*. Retrieved from <http://traveltips.usatoday.com/travel-warnings-americans-panama-61722.html>.
- Raad, Nayla. 2007. "Women in Panama: Navigating Upstream against the Current." A New Path for Panama. Paper 12. Retrieved from <http://preserve.lehigh.edu/perspectives-v25/12>.
- Republic of Panama. 2004. "Major Achievements and Obstacles in the Implementation of the Beijing Platform for Action." Mexico City: Ninth Regional Conference on Women in Latin America and the Caribbean, June 10–12. Retrieved from www.un.org/womenwatch/daw/Review/responses/PANAMA-English.pdf.
- Rognoni, H., A. Mario, and José Miguel Navarrete. 2014. "Employment and Employee Benefits in Panama: Overview." *Practical Law*. Thomson Reuters, December 1. Retrieved from <http://us.practicallaw.com/0-503-2500#a912251>.
- Ropp, S. C. 1987. "Administration of Justice." In *Panama: A Country Study*, edited by Sandra W. Meditz and Dennis M. Hanratty, 250–253. Washington, D.C.: Library of Congress. Retrieved from <http://hdl.loc.gov/loc/gdc/cntrystd.pa>.
- Ruiz, A. L., and Angel Rivera. 2004. In *Teen Life in Latin America and the Caribbean*, edited by Cynthia Tompkins and Kristen Sternberg. Santa Barbara, CA: Greenwood.
- Sheppard, Nathaniel. 1992. "In Panama, a Familiar Tale of Teenage Moms." *Chicago Tribune*, August 30. Retrieved from http://articles.chicagotribune.com/1992-08-30/news/9203190055_1_mothers-abortions-central-america.
- Stepan, Nancy Ley. 1991. *"The Hour of Eugenics": Race, Gender, and Nation in Latin America*. Ithaca, NY: Cornell University Press.
- Tompkins, Cynthia, and Sternberg, Kristen. 2004. *Teen Life in Latin America and the Caribbean*. Santa Barbara, CA: Greenwood.
- UNDP (UN Development Programme). 2015. *Human Development Report 2015*. New York: UNDP. Retrieved from http://hdr.undp.org/sites/default/files/2015_human_development_report_1.pdf.
- UNESCO 2010. "Education, Youth, and Development: UNESCO in Latin America and the Caribbean." Leon, Mexico: World Youth Conference. Retrieved from <http://unesdoc.unesco.org/images/0018/001891/189108e.pdf>.
- UNICEF. 2013. "Statistics." Retrieved from http://www.unicef.org/infobycountry/panama_statistics.html.
- UNSD (UN Statistics Division). 2008. "Minimum Legal Age of Marriage without Consent." Retrieved from http://data.un.org/Data.aspx?d=GenderStat&f=inID:19#f_9.
- U.S. Department of State. 2007a. "Panama." International Religious Freedom Report 2007. Retrieved from <http://www.state.gov/j/drl/rls/irf/2007/90262.htm>.
- U.S. Department of State. 2007b. "Panama." Retrieved from <https://www.state.gov/j/drl/rls/hrrpt/2006/78900.htm>.
- Valdivieso, Veronica. 2013. "The Issue of Inequalities: A Look at the Underlying Causes of Maternal and Child Death in Latin America and the Caribbean." *USAID Impact Blog*. Retrieved from <https://blog.usaid.gov/2013/09/the-issue-of-inequalities-a-look-at-the-underlying-causes-of-maternal-and-child-death-in-latin-america-and-the-caribbean>.
- WHO (World Health Organization). 2014. "County Cooperation Strategy at a Glance." Retrieved from http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_pan_en.pdf.
- Wiltshire-Broder, Rosina. 1999. "Gender, Race, and Class in the Caribbean." In *Gender in Caribbean Development*. 2nd ed. Edited by Patricia Mohammed and Catherine Shepherd. Kingston, Jamaica: Canoe Press, University of the West Indies.
- World Bank. 2014. "Panama." Retrieved from <http://www.worldbank.org/en/country/panama>.
- World Bank. 2016. "Labor Force Participation Rate, Female (% of Female Population Ages 15+) (Modeled ILO Estimate)." Retrieved from <http://data.worldbank.org/indicator/SL.TLF.CACT.FE.ZS?locations=PA>.

Paraguay

Overview of Country

The Republic of Paraguay is a landlocked country in South America bordered by Argentina to the southeast, Brazil to the east and northeast, and Bolivia to the northwest. Given its central location within South America, Paraguay is commonly referred to as the "heart of America." As of July 2014, the population is about 6.7 million inhabitants. However, the country's population is not evenly distributed. Most Paraguayans live in the eastern region of the country within 100 miles of the capital city of Asunción, the largest city (CIA 2014). The Gran Chaco, an arid and hot lowland region of the Río de la Plata basin divided among Bolivia, Paraguay, northern Argentina, and a portion of the Brazilian states of Mato Grosso and Mato Grosso do Sul, accounts for approximately 60 percent of Paraguayan territory. Yet, Paraguay's portion of the Gran Chaco is home to less than 20 percent of the nation's overall population (Secretaría Nacional de Turismo 2014). Roughly 62 percent of the population lives in urban spaces (CIA 2014). Although the male-to-female ratio for the overall population is fairly even, Paraguay has a slightly greater percentage of male citizens. Like its Latin American neighbors, Paraguay is largely a Roman Catholic country. Roughly 90 percent identify as Roman Catholic (Baldauf and Kaplan 2007, 30).

Paraguay has historically been a country of emigration due to periods of political instability and civil war, but the nation has also had moments of sizable immigration. Significant immigration began in the 19th century following the nation's profound population loss during the Paraguayan War (1864–1870), also known as the War of the Triple Alliance or (more commonly in Paraguay) the Great War. The conflict began in 1864 between Paraguay and the triple alliance of Argentina, Brazil, and Uruguay. The fighting resulted in nearly 400,000 deaths and proved disastrous for Paraguay. The nation lost roughly 30 percent of its population, though some scholars have estimated that the population loss was as high as 70 percent (Crow 1992, 604–606). Compounding the large death toll, Paraguay was forced to cede portions of its territory to Argentina and Brazil. As Paraguay moved into the 20th and 21st centuries, it witnessed continued and diversified immigration. The population has gained sizable numbers of immigrants from countries such as Germany, France, Italy, Japan, China, Korea, Ukraine, Argentina, and Brazil. Since the 1960s, many Brazilians have arrived to work in the nation's large agriculture industry (CIA 2014).

Still, Paraguay continues to be characterized by considerable emigration. In previous decades, many Paraguayans relocated to neighboring Argentina, Brazil, and Uruguay—as well as more distant nations such as the United States, Italy, France, and Spain (CIA 2014). One of the major factors contributing to the country's prolonged history of emigration is a high poverty rate. Poverty is particularly palpable in rural areas, where more than one-third live below the poverty line. Compared to other Latin America nations, Paraguay suffers from greater rates of income inequality (CIA 2014).

Roughly 95 percent of Paraguay's population is *mestizo* (a mixture of Spanish and indigenous descent), and the nation's indigenous history and heritage are most felt through language (Melià 1992, 299). There are also sizable Afro-Paraguayan communities throughout the country, particularly near Asunción (Pedro 2000). There are two official languages: Spanish and Guaraní. The indigenous Guaraní are distinguished from the indigenous Tupinambá (located especially in the region between the Uruguay and the Paraguay Rivers as well as in parts of Argentina, Brazil, Uruguay, and Bolivia) by their use of the Guaraní language (Melià 1992, 242). The Guaraní language represents a subfamily of the Tupian languages and is sometimes referred to as “Tupí-Guaraní.” Guaraní is officially taught in public schools and learned informally

through social interaction. The term *Guaraní* has been commonly used across Latin America to refer to any citizen of Paraguay, in the same way citizens of France are sometimes called *Gauls*. Approximately 94 percent of the population is literate in at least one of Paraguay's official languages (CIA 2014).

Overview of Women's Lives

Paraguayan women live in a diverse culture that has been undergoing rapid changes in recent decades. Although women's rights have expanded because of constitutional and legal changes in the 1990s, dominant cultural attitudes toward women and girls have been developing more slowly. While the lives of women and girls have steadily improved, females still struggle to attain full social and economic equality, which is reflected in its Gender Gap Index ranking of 71st out of a possible 135 countries (UNDP 2014a). A nation's Gender Gap Index (also called a Gender Inequality Index (GII)) reflects gender-based inequality in dimensions such as reproductive health, political empowerment, employment, and economic activity.

Girls and Teens

Despite the large number of teen pregnancies in the country's forest zones, female adolescent fertility has been declining in recent years. In fact, Paraguay is one of only four countries in the region (along with Belize, Guatemala, and Nicaragua) that has seen that percentage decline (CIA 2014). The legal age for marriage in Paraguay is 16. The percentage for early marriage (women between the ages of 15 and 19) is only 12 percent, but the adolescent fertility rate (the percentage of women between the ages of 15 and 19 per 1,000 births) is 65 percent (CIA 2014).

Education

Historically, Paraguay has not placed a high value on female education. During the long and repressive dictatorship of Alfredo Stroessner (1954–1989), the longest unbroken rule by any individual in South America, education was overlooked in favor of economic concerns, and teacher salaries fell to extreme lows (Lewis 1980, 131). The constitution of 1992, the country's sixth since it gained independence from Spain in 1811, attempted to remedy the long neglect of education. Article 85 of the Constitution mandates that 20 percent of the government budget

must be allocated to education (Library of Congress 2005, 8). However, this measure has proven to be largely impractical and is often ignored.

Almost 96 percent of girls are enrolled in primary school, but this percentage remains lower than that of boys, which is more than 99 percent (UNICEF 2014). Homework is considered very important for both girls and boys at the primary school level. Secondary school enrollment for teen girls is considerably lower than female enrollment in primary schools. Just over 63 percent of teen girls are enrolled in secondary schools (UNICEF 2014). This is slightly larger than the male percentage (approximately 59%), which reflects young men entering the labor force at a greater (and quicker) rate than their female counterparts (UNICEF 2014).

In recent decades, the government has expanded tertiary education. Between 2000 and 2001, the state established 35 universities across Paraguay (Ministerio de Educación y Cultura 2014). In total, there are 53 universities; 8 are public, and the remaining 45 are private (Ministerio de Educación y Cultura 2014). Forty-three percent of college-age females are enrolled in university education, compared to only 30 percent of college-age males (Ministerio de Educación y Cultura 2014). The expansion in tertiary education, especially for females, represents a major accomplishment for Paraguay, which in 1995 had approximately only 10 percent enrollment in university education for males and females combined (Ministerio de Educación y Cultura 2014). The increased percentage of teen girls in secondary schools and young women in universities is perhaps one reason behind the nation's slightly higher adult literacy rate for females, which is 98–99 percent (UNICEF 2014). However, it is important to note that these numbers represent overall percentages for Paraguay. There is great variation in percentages and statistics from city to city as well as between white, mestizo, and black (West African descent) inhabitants, and especially between urban and rural spaces. Still, despite some differences in percentages between females and males, the World Economic Forum reports that Paraguay has reached gender parity in primary, secondary, and tertiary education (CIA 2014).

It has proven difficult for teen girls (particularly Guraní girls) in provincial and forest regions to gain access to education past junior high school, and many do not have access to any formal education. In Paraguay's forest zones, many girls are sold into human trafficking and prostitution—eliminating the chances of gaining an

education (Global Giving 2014). Additionally, adolescent pregnancy is significantly more prevalent in Paraguay's forest region, further hindering girls' ability to attend secondary school.

Health

In 1999, the Paraguayan government passed a National Policy for Comprehensive Health Care for Women, marking a watershed moment in women's health.

Maternal Health

Although the policy has improved women's access to health care, maternal mortality remains a key issue facing women. Statistics show that Paraguay's maternal and infant mortality rates (especially outside of Asunción) are among the highest in Latin America (CEPAL 2014).

Access to Health

The Paraguayan government does subsidize health care. However, women in rural areas suffer more than those in urban centers. Only 15 percent of Paraguayans in rural areas have access to safe drinking water, and only 42 percent have access to medical care. In recent years, the government and nongovernmental organizations (NGOs) have worked together to raise awareness regarding access to health care, reproductive rights, and family planning (CEPAL 2014).

Diseases and Disorders

A major unresolved challenge is the spread of HIV/AIDS infections among women. The government has allocated additional funding in recent years to AIDS research and has worked to spread awareness and encourage nondiscrimination in schools and the workplace (CEPAL 2014). Domestic violence is also an issue affecting women's health.

Since 2000, the number of reported cases of violence against women has been steadily increasing. This violence includes physical, psychological, economic, and sexual abuse. The most reported forms of violence against women are psychological, followed by economic, physical, and sexual (UNFPA 2014). Studies reveal that women across class, racial, and economic divides have filed complaints of abuse and violence. The most common perpetrator in reported cases is either a woman's husband or boyfriend (UNFPA 2014).

Employment

In nearly all of the available statistics and data for employment, women trail behind their male counterparts. Yet, statistical evidence reveals only part of the story. Paraguay is a largely mestizo country, but, unfortunately, most available statistical data do not distinguish between differing racial classifications—particularly between nonwhite groups. Important statistics do speak to the nation's gendered division of labor. As of 2012, 59 percent of females were participating in the labor force and were characterized by the Paraguayan state as “economically active.” Males, however, accounted for 88 percent of the “economically active” population (World Economic Forum 2016). Such disparities are particularly evident in management positions and senior-level jobs. Only 34 percent of women hold management or senior-level positions, a sharp contrast to the 66 percent of males that occupy similar positions (Ulandssekretariatet 2013, 14).

Such a gender gap is also evident in the realm of professional and technical workers as well as the nation's unemployment rate, where overall, 3 percent of men characterize themselves as unemployed and 4 percent of females report not having stable employment (World Economic Forum 2016). Although yearly income varies greatly by position and educational level, on average, males have a significantly higher earned income than their female contemporaries, \$11,168USD for men compared to \$6,586USD for women (World Economic Forum 2016). Paraguay's Gender Gap Index employment dimension ranked it second to last, with only political empowerment garnering a lower rating (UNDP 2014b).

Women in the workforce receive 12 weeks of maternity leave and are awarded 50 percent of their wages over the first 9 weeks of leave. Once women return to work, there are private and public day care services available to families, but these services are restricted by allowances and are (normally) only for children between birth and five years old (UNFPA 2014). The labor market is one of the areas least covered by national policies targeted at women's rights and gender equality. There have been measures to reduce employment inequality between men and women. In 2003, for example, Act no. 2263 equalized social security benefits and pensions for men and women. Also in 2003, in the capital city of Asunción, the government approved the creation of a “category A” driver's license for women, which permits them to secure jobs driving vehicles such as taxis, buses, and trucks (UNFPA 2014). The expanded

driver's license was accompanied by the bill *Mujeres al Volante* (Women at the Wheel), which encourages women's employment in this sector (UNFPA 2014).

Despite these reform efforts, employment inequality between men and women remains a grave problem. Although poverty is widespread throughout the country, studies indicate that women head the majority of households living in poverty. Across Paraguay, women head more than 25 percent of households, 30 percent of which live in urban areas (UNDP 2014b). Women often face segmented labor markets that place them in occupations of lower status and social recognition; as a result, women also face lower remuneration (UNDP 2014b). Women are also largely confined to domestic labor or unpaid family work. Domestic labor has proven to be a vulnerable form of employment for women due to physical and sexual abuse. The risk of being physically or sexually mistreated in the workplace further complicates female labor outside the home. Additionally, domestic work does not allow women access to credit or social security. This is particularly impactful given that social security is responsible for providing women with maternity coverage. For female domestics, workdays are often long and with low financial compensation. Men are almost never employed in the realm of domestic service (UNFPA 2014). The nation's Labor Code provides major differences in the protection of domestic work vis-à-vis other forms of employment. The Labor Code permits domestic work to be as long as 12 hours per day, and wages may be up to 40 percent less than the country's standard minimum wage (UNFPA 2014).

In contrast to the limitations of women in urban centers (where domestic labor is the primary means of employment), women in more rural and provincial settings have found work in the agricultural industry. Since 2000, roughly 20 percent of women have worked in agriculture (UNDP 2014b). Beginning in 2002, the Paraguayan government established measures to ensure equal access for women (particularly Guaraní women) to acquire resources such as land and credit in the rural economy—hoping to both encourage women to enter the agricultural field and to help eliminate gender inequality (UNDP 2014b). Although many women work in domestic service and agriculture, they have also established themselves in more prominent positions, such as education.

Women moving through the educational system to the university level are finding positions in many previously male-dominated fields, such as media and communications.

Recently, 63 percent of graduates with communications degrees at the Catholic University were women, and there has been a steady increase in the proportion of females working in journalism. Yet, in media and communications, as in many other fields, women face uneven pay scales (UNFPA 2014). Thus, while it appears there have indeed been improvements to gender inequality in the realm of employment and that structural changes are coming, the Paraguayan government still has no specific policies of guaranteeing employment equity.

Family Life

While there are many issues surrounding family life that have occupied public and state discourse in recent decades, perhaps no issue has received more attention than domestic violence. In 2000, the Paraguayan state passed the Domestic Violence Act, which guaranteed women and men a life free of physical, psychological, and sexual violence (UNFPA 2014). However, this act has proven to be inconsistent with the Paraguayan Penal Code. The Penal Code only considers physical abuse a form of domestic violence, and even when the aggressor is convicted, the punishment typically only consists of a fine (UNFPA 2014).

Various groups have begun engineering awareness campaigns to stop the spread of domestic violence and change the Penal Code, such as the 1998 campaign Against Sexual Harassment instituted by the Labor Union Congress. Additionally, the Paraguayan Women's Bureau has carried out radio programs in Asunción and elsewhere to support awareness (UNFPA 2014). Despite these efforts, calls to police reporting domestic abuse are still one of the most recurring categories of any type of emergency call (UNFPA 2014). Like other issues, domestic violence is lessening, but the process has been slow moving.

Currently there are no government policies designed to achieve a more equal distribution of familial responsibilities between men and women. The government has tried to amend unequal familial responsibilities. In more urban areas, for example, the state has worked to place child care facilities closer to men's places of work so that fathers (not just mothers) can take responsibility for transporting their children when both parents work outside the home (UNFPA 2014). While there is a division of familial labor between men and women throughout the country, it is particularly evident in rural and farming families. In most rural areas, women are responsible for obtaining and transporting water, which can often prove difficult and

dangerous in rough currents. In August of 1999, for example, a 50-day drought forced women to walk 3–4 miles (5–7 km) to fetch freshwater from the Apa River (UNFPA 2014). Men are responsible for work in the fields, and when the quality of production is low, rural families face an unbalanced and unhealthy diet (UNFPA 2014). Women often raise small animals. In rural areas, men are generally considered the heads of household, and women are primarily considered mothers above all else (UNFPA 2014).

This has begun to change (gradually) in more rural regions due to increased poverty. The agricultural economy has begun to decompose, and, as a result, there has been an erosion of economic dynamism. The poor economic trajectory has engendered increasingly sizable migration, especially among women. Paraguayan women account for almost 60 percent of migrants to Argentina seeking greater and more varied economic opportunities, and over 45 percent of these migrants are female heads of families (Cerrutti and Magali 2008). Chains of help often assist women's independent migration, particularly aid from sisters as well as assistance from other relatives and friends (Cerrutti and Magali 2008).

Often families form early because it is considered socially unacceptable for women of a certain age (generally 23) to be unmarried. Rarely do women live alone, even if single. Single women still tend to live with their immediate family. Even when daughters get married, they frequently visit their parents and extended family. It is common for married women to live close to their parents (UNICEF 2014).

Marriage is only considered legitimate between men and women. The 1992 constitution legally prohibits LGBT couples from entering into marriage. Although LGBT activity is indeed legal (as it has been since 1880), these households are not eligible for the same protection as opposite-sex married couples. Homosexuals tend to be more discreet in Paraguay than places where LGBT marriage is legal and usually go to more private places to feel more comfortable (SomosGay 2014). In 2010, the organization SomosGay (We Are Gay) submitted a same-sex marriage bill to Parliament, but, as of 2014, same-sex marriage remains illegal (SomosGay 2014). There are also different rules for the LGBT community. For example, the legal age for consent for heterosexual couples is 14. However, the legal age of consent for homosexuals is 16 (SomosGay 2014). Since LGBT marriage is unsanctioned, it is difficult for LGBT parents to adopt children. Although LGBT adoption is legal in other Latin American countries,

such as Argentina, Brazil, Uruguay, and French Guiana, it is illegal in Paraguay (SomosGay 2014). Even though LGBT adoption is illegal, there is no constitutional ban on such adoptions, as there is in nations such as Ecuador and Honduras (SomosGay 2014).

Politics

In 1961, women gained the right to vote, the last country in Latin America to grant female suffrage. Women's role in politics intensified in the 1980s when many women protested the oppressive dictatorship of Alfredo Stroessner, particularly through trade union activism (Díaz 2009). This was an important political development for women, as they were not permitted to organize and campaign for improved legal rights until Stroessner was overthrown. In 1989 (the year Stroessner's rule ended), two groups emerged: the Paraguayan Women's Coordinating Committee (composed of 11 groups) and the Multisectorial Women's Group, which no longer exists (CEDAW 2011). In 1991, women's organizations held two public forums and presented proposals to the constituent assembly in charge of rewriting the nation's constitution, an important development, as only 21 members of the almost 200-member assembly were women (CEDAW 2011).

Because of these organizing efforts, the 1992 constitution incorporated the principal of gender equality, though this has not always been applied in practice. In 1992, Paraguay created the Secretariat of Women's Affairs, which holds a ministerial rank and functions as a specialized branch of the Paraguayan government (Díaz 2009). The ongoing lack of female representation helps explain the lack of legislation protecting women, such as laws pertaining to domestic violence.

Unlike many of its Latin American neighbors (Argentina, Chile, Brazil, Costa Rica, Panama, Ecuador, Nicaragua, and Bolivia), Paraguay has never had a female head of state. In the 2008 presidential election, Blanca Ovelar (1957–) was the candidate for the Colorado Party, which had governed the country for over 60 years. That said, Ovelar faced internal resistance and was disparaged by some members of her own party (Díaz 2009). More recently (2013), Lilian Soto (1962–) ran for president as a member of the feminist party *Kuña Pyrenda* ("Platform" in Guaraní), which was created in 2010). Soto, a surgeon and graduate of the University of Ottio, lost to current president Horacio Cartes (1956–), a tobacco magnate. Although Soto only received 3,925 votes out of a possible 2,409,437,

less than 70 percent of registered voters turned out at the polls, a continual problem (Legrand 2013).

Soto and her Platform Party have struggled for the legalization of abortion. Like many Latin American countries, clandestine abortions are a leading cause of mortality for young women (Legrand 2013). Soto has also been an avid supporter of gay marriage and LGBT rights as well as protection for minorities against discrimination (Legrand 2013). Journalists on the campaign trail often harried Soto due to persistent questions concerning her status as a single woman without children. Her private life became such a distraction that she was forced to publicly proclaim, "No, I am not a lesbian," to a swarm of reporters (Legrand 2013). She has emphasized a rethinking of Paraguayan historical consciousness—emphasizing how women helped rebuild Paraguay after the nation's devastating loss in the War of the Triple Alliance. The Platform Party produced posters that read, "If women were able to rebuild Paraguay after war, I want women to govern my country in 2013" (Legrand 2013).

Soto was in the public spotlight before her presidential run in 2013 as the former secretary of state for public service in the center-left government of Fernando Lugo (2008–2012). Lugo, who labeled himself the "bishop of the poor," was ousted by the Paraguayan Parliament and impeached after a coup d'état. In June of 2012, 17 people were killed in a clash between landless farmers and police that were attempting to evict them. This served as a pretext for Parliament to expel Lugo, and the Chamber of Deputies cited this event along with growing insecurity, nepotism, and a controversial land purchase as reasons to impeach Lugo with a vote of 76 to 1 (Supreme Electoral Justice Tribunal 2013). Additionally, Lugo faced controversy during his administration when it was revealed he had fathered a child while he was a priest. The child's mother, Viviana Carillo, also claimed Lugo had beaten her (Legrand 2013).

While serving in the Lugo administration, Soto served as an activist against violence targeted at women and was a vocal defender of mothers' rights. During her presidential run, as well as her time in the Lugo administration, Soto asserted that Paraguay was still rife with polygamy. Although Soto addressed many issues concerning women and low-income families, she was not as vocal on issues affecting many indigenous communities, such as the protection of ancestral lands and forced eviction (UNFPA 2014).

While women have not had success attaining the presidency, they have had limited success in Parliament.

Women accounted for 15 percent of the seats in Parliament, though that is below the overall percentage for Latin America and the Caribbean (World Economic Forum 2016). Paraguay's overall percentage of woman in Parliament currently ranks 98th out of a possible 135 countries (World Economic Forum 2016). As of 2016, only 8 percent of women held ministerial positions, and female empowerment ranked 120th out of 135 countries (World Economic Forum 2016). Despite these low numbers, Paraguay has made strides in recent decades. In 1996, the country set hopes for a 20 percent quota for women on a candidates' list. This percentage is in line with many of the other Latin American countries (Argentina, Bolivia, Brazil, Costa Rica, the Dominican Republic, Ecuador, Honduras, Mexico, Panama, and Uruguay) that have set the proportion of female candidates as between 20 percent and 50 percent (UNFPA 2014). This has helped counterbalance resistance to female political participation from traditional parties, who hold a majority in Parliament (UNFPA 2014). Breaking with a long-standing culture of patriarchy and an older European-style of Parliament has proven difficult.

Religious and Cultural Roles

According to the most recent data (provided by the 2002 census), approximately 90 percent of Paraguayans identify as Catholics, and only roughly 2 percent identify themselves as having no religious affiliation. The remaining 8 percent classify themselves as Jews, Muslims, or followers of traditional indigenous faiths (UNFPA 2014). The ubiquity of Catholicism is a result of centuries of Christian European missionary activities in the region, particularly during the Latin American colonial period (1490s–1820s). This period saw the construction of numerous churches throughout the country that serve as examples of both colonial architecture and religious conversion. In 1610, for example, the Jesuits began their first mission to convert Guaraní groups to Catholicism (Burkholder and Johnson 2012, 288).

Although there were mass conversions, the process is perhaps best categorized as a form of syncretism rather than full-scale religious change. Over the centuries, folk Catholicism emerged as a prominent form of religious expression as indigenous and African women blended alternative rituals and beliefs with Catholic teaching (Sloan 2011, 71). Since the colonial period, becoming a nun has proven an alternative to marriage, though fewer women are joining the sisterhood now than in past decades (Sloan 2011).

Religion, and the ceremonies and celebrations that accompany it, has traditionally marked watershed moments in a woman's life: First Communion, marriage, the baptism of children, and the deaths of loved ones (Sloan 2011, 71). Perhaps Paraguay's most revered image is the Virgin of Caacupé, a Guaraní woman. Pope Francis described the Virgin of Caacupé as "the most glorious woman" (Tase and Barillas 2013).

Historically, women have tended to show more religiosity than their male contemporaries. Traditional Catholic families commonly display small religious statues, artwork, rosary beads, and candles in a corner of the living room and in bedrooms. Creating these displays is the responsibility of the women in each household (UNFPA 2014). Such displays of religious devotion can also be seen on outdoor patios—a space women take great pride in because it is where guests come to drink *tereré* (a drink similar to yerba mate, but prepared with cold water rather than hot). Guests drink *tereré* out of a cup called a *guampa* and a metal straw called a *bombilla* (Lambert and Nickson 2013, 1–11). In this sense, the space of the patio combines women's religious and cultural roles in Paraguayan society. Women are responsible for decorating the space in a manner that appropriately displays the family's religiosity as well as serving guests the customary cup of *tereré*.

Another prominent cultural role for women is the planning of holidays and events, such as a quinceañera, a celebration when a girl turns 15 years old. The quinceañera signifies a girl becoming a young woman. Even after a girl turns 15, it is not uncommon for her mother to accompany her to different public events, such as dances (UNFPA 2014). Another special event that women help plan and organize is the Virgin of Caacupé Day (December 8). This holiday is one of the most important and is a day when women do large amounts of cooking for their entire extended family. It is a day filled with large festivals throughout the country (UNFPA 2014). Another important religious and cultural gathering is the *novena*—the nine days of prayer after someone dies. After the prayer, the family of the deceased usually provides snacks such as candy, cookies, or *chipa* (hard cheese bread). The last day of the *novena* calls for a large lunch that is usually prepared jointly by the women in the family (UNFPA 2014).

Issues

Perhaps the biggest issue facing women in 21st-century Paraguay is human trafficking. As previously mentioned,

Paraguay's central location within South America makes it relatively easy for human traffickers to transport women across the region. Trafficked victims are often sent to Argentina, Brazil, Chile, Bolivia, France, Spain, Korea, and Japan (Footner 2008). Although all women are at risk, girls and teens of lower economic status and indigenous heritage tend to be the most recurring victims of trafficking. Women from the Paraguayan interior have emerged as prominent "merchandise" in the triple-border shopping region with Argentina and Brazil (Footner 2008). Street children, who are separated from families and communities, have little protection and are targeted. Studies estimate that nearly 85 percent of trafficking is to support sexual exploitation as well as commercial and domestic service (Footner 2008). Although trafficking is not solely a problem for women and children, estimates suggest that approximately 70 percent of trafficked victims are either women or children (Footner 2008). Some trafficked persons are victims of forced capture and movement, but many traffickers lure victims with false promises of work, especially in the domestic economy (Footner 2008).

The government has increased efforts in recent decades to halt human trafficking and spread awareness across the country. The Paraguayan state revised the Penal Code to strengthen the government's ability to prosecute international cases of trafficking. However, these changes to the Penal Code have not adequately reduced internal cases of forced labor and prostitution (UNFPA 2014). In conjunction with the changes to the Penal Code, the Paraguayan government has forged partnerships with neighboring countries and has recently hosted two antitrafficking seminars with Brazilian and Argentine antitrafficking experts. During the seminar in Asunción, approximately 300 individuals attended (Footner 2008). The government also created 12 regional workshops, highlighting the local response. In these workshops, roughly 1,000 individuals took part (Footner 2008). In recent years, there have also been numerous publicity campaigns to bring attention to human trafficking. These campaigns have made use of radio, posters, and even messages on bus tickets regarding the dangers of human trafficking (UNFPA 2014). It is not uncommon for activists against human trafficking to face threats of physical abuse or even death (UNFPA 2014).

Since the 1980s, the Paraguayan government has worked to address violence against women. The state created numerous organizations designed to offer counseling, housing, and medical care for women. There are also centers that provide female victims of abuse with legal,

psychological, and educational assistance. These organizations have been dispersed among many different ministries (UNFPA 2014). Yet, these centers are largely confined to urban spaces, particularly Asunción—and even in the nation's capital, centers generally do not have the capacity to care for the large number of abused women. Additionally, Paraguayan law stipulates that abuse must be habitual before being recognized as a crime. Even then, punishments generally only consist of a fine (UNFPA 2014).

A final issue is the nation's standard of "ideal" female beauty. Historically, Paraguay has identified "proper" female beauty with "whiteness" (which is accompanied by the appearance of straight hair). It is common for women with darker complexions to classify themselves as "white," and roughly one-third self-identify as "white" (Telles and Flores 2013, 412). Standards of beauty and desires to appear "whiter" also serve as a way for women to alter their social status and gain greater social recognition in a nation where racial and gender ideals still govern social interactions.

THOMAS J. BRINKERHOFF

Further Resources

- Baldauf, Richard, Jr., and Robert B. Kaplan. 2007. *Language Policy and Planning in Latin America*, Vol. 1, *Ecuador, Mexico, and Paraguay*. Edited by Richard Baldauf Jr. and Robert B. Kaplan. Clevedon, U.K.: Multilingual Matters.
- Burkholder, Mark, and Lyman Johnson. 2012. *Colonial Latin America*. 8th ed. Oxford, U.K.: Oxford University Press.
- CEDAW (Convention to Eliminate All Forms of Discrimination against Women). 2011. "Shadow Report to CEDAW Paraguay 2011." Retrieved from http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/PRY/INT_CEDAW_NGO_PRY_50_9953_E.pdf.
- CEPAL (Comisión Económica Para América Latina y el Caribe). 2014. "Paraguay." Retrieved from <http://www.cepal.org/mujer/noticias>.
- Cerrutti, Marcela, and Magalí Gaudio. 2008. *Gender Differences between Mexican Migration to the US and Paraguayan Migration to Argentina*. Buenos Aires, Argentina: Centro de Estudios de Población.
- CIA (Central Intelligence Agency). 2014. "Paraguay." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/resources/the-world-factbook/geos/pa.html>.
- Crow, John A. 1992. *The Epic of Latin America*. Berkeley: University of California Press.
- Díaz, Natalia Ruíz. 2009. "Paraguay: Women Growing in Politics—At a Pace Set by Men." IPSNews, April 7. Retrieved from <http://www.ipsnews.net/2009/04/paraguay-women-growing-in-politics-at-pace-set-by-men>.
- Footner, Andy. 2008. "Paraguay's Traffic Hub Imperils Female Tens." *Women's News*, January 8. Retrieved from <http://www.womennews.org/Paraguay>.

- Global Giving. 2014. "Empowering Poor, Rural Girls in Paraguay." Retrieved from <http://www.globalgiving.org/projects/empowering-poor-rural-girls-in-paraguay>.
- Ishida, Kanako, Paul Stupp, and Mercedes Melian. 2009. "Fertility Decline in Paraguay." *Studies in Family Planning* 40: 227–234.
- Lambert, Peter, and Andrew Nickson. 2013. "Introduction." In *The Paraguay Reader: History, Culture, Politics*, edited by Peter Lambert and Andrew Nickson, 1–11. Durham, NC: Duke University Press.
- Legrand, Christine. 2013. "Paraguay's First Woman Presidential Candidate Tries to Crack Macho Culture." Worldcrunch, April 19. Retrieved from <http://www.worldcrunch.com/world-affairs/paraguay039s-first-woman-presidential-candidate-tries-to-crack-macho-culture>.
- Lewis, Paul H. 1980. *Paraguay Under Stroessner*. Chapel Hill: University of North Carolina Press.
- Library of Congress. 2005. "Country Profile: Paraguay." Retrieved from <https://www.loc.gov/rr/frd/cs/profiles/Paraguay-new.pdf>.
- Melià, Bartomeu. 1992. *La lengua Guaraní del Paraguay: Historia, sociedad y literatura*. Madrid, Spain: Mapfre.
- Ministerio de Educación y Cultura. 2014. "Docentes y Funcionarios." Retrieved from <http://www.mec.gov.py/cms>.
- Nickson, Robert Andrew. 2009. "Governance and the Revitalization of the Guaraní Language in Paraguay." *Latin American Research Review* 44: 3–26.
- Pedro, Juan. 2000. *The Afro-Paraguayan Community of Camba-cuá*. London: Minority Rights and Development Micro Study.
- Secretaría Nacional de Turismo. 2014. "El Gran Choco." Retrieved from <http://www.senatur.gov.py>.
- Sloan, Kathryn A. 2011. *Women's Rights in Latin America and the Caribbean*. Santa Barbara, CA: Greenwood, 2011.
- SomosGay. 2014. "El Centro." Retrieved from <http://www.somosgay.org>.
- Supreme Electoral Justice Tribunal. 2013. Justicia Electoral, República del Paraguay. Retrieved from <http://tsje.gov.py/>.
- Tase, Peter M., and Martil Barillas. 2013. "What Pope Francis Learned from the People of Paraguay." Spero News, March 19. Retrieved from <http://www.speroforum.com/a/NQNRMAUYL18/73824-What-Pope-Francis-learned-from-the-people-of-Paraguay#.WRa-M-XyuM8>.
- Telles, Edward, and René Flores. 2013. "More Than Just Color: Whiteness, Nation, and Status in Latin America." *Hispanic American Historical Review* 93: 411–449.
- Ulandssekretariatet. LO/FTF Council. Danish Trade Union. Council for International Development Cooperation. "Paraguay: Labour Market Profile." INFORM 3 (2013): 102. http://www.ulandssekretariatet.dk/sites/default/files/uploads/public/PDF/LMP/lmp_paraguay_2014_final_version_revised.pdf
- UNDP (UN Development Programme). 2014a. "Human Development Reports." Retrieved from <http://hdr.undp.org/en/content/table-4-gender-inequality-index>.
- UNDP (UN Development Programme). 2014b. "Paraguay 2013." Human Development Reports. Retrieved from <http://hdr.undp.org/en/countries/profiles/PRY>.
- UNFPA (UN Population Fund). 2014. "Paraguay: Country Assessment on Violence against Women." Retrieved from <http://www.un.org/womenwatch/ianwge/taskforces/vaw/Paraguay.pdf>.
- UNICEF. "At a Glance: Paraguay." 2014. Retrieved from <https://www.unicef.org/infobycountry/paraguay.html>.
- World Economic Forum. 2014. "Country Profile: Paraguay." Gender Gap Report. Retrieved from <http://reports.weforum.org/global-gender-gap-report-2016/economies/#economy=PRY>.

Peru

Overview of Country

Peru is located on the west coast of South America. The country spans an area of 496,225 square miles (1,285,216 sq. km) and is the third-largest country in South America, after Brazil and Argentina. Ecuador and Colombia neighbor it to the north, Brazil and Bolivia border it to the east and south, and a small section of Chile lies directly south. The country has three main geographic regions: the western coastal plain called the *costa*; the *sierra*, or the Andean highlands, located in the center of the country; and the *selva*, in the eastern jungle lowlands of the Amazon basin. Lake Titicaca, the world's highest navigable lake, is located at an altitude of 12,510 feet (3,814 m) on Peru's border with Bolivia. Both countries share control of the lake (CIA 2016).

Peru has three official languages: Spanish, spoken by 84.1 percent of the population; Quechua, spoken by 13 percent; and Aymara, spoken by 1.7 percent. In 2015, Peru's population was estimated at about 30.5 million. The two largest ethnic groups are Amerindian, estimated at 45 percent, and mestizo, a mixture of Amerindian and white, at 37 percent. The remainder of the population consists of 15 percent white and 3 percent black, Japanese, Chinese, and other. Almost 80 percent of Peru's population live in urban areas, and Lima, the country's capital, is the most populous city with more than 9 million inhabitants (CIA 2016).

Peru has a strong connection with its indigenous history. The Inca Empire (ca. 1400–1533 CE) was extremely powerful, controlling a large swath of land that contributed to their wealth. Although very little is known about women's roles during the Inca Empire, Chosen Women, or *aclyaconas*, were selected from the people conquered by

the Incas. These women, chosen because of their beauty at a young age, were taught how to spin and weave cloth as well as cook and other domestic work (Malpass 1996, 52). Outside of their contribution to domestic duties, Chosen Women were served as a commodity under the Incas. Highly protected and coveted by the Inca government, Chosen Women were offered as favors to established leaders and those conquered by the Incas as a way to forge alliances (53).

In 1533, the Spanish, led by Francisco Pizarro, conquered the Incas, killing their leader, Atahaulpa. The Inca Empire suffered under Spanish rule; war and infectious diseases decimated the population during the colonial period. The ruins of Machu Picchu remain as evidence of the Incan civilization and are considered an international wonder.

Spanish interest in Peru centered on its extraordinary mineral wealth, particularly silver, as well as access to land for farming and ownership. Indigenous groups united and fought against Spanish rule during the colonial period. Peru proclaimed independence from Spain on July 18, 1821, but it was not formally independent until 1824 (Library of Congress 1993, 3).

During the 20th century, the Sendero Luminoso (Shining Path) guerrilla movement plagued the country. The group followed a radical Maoist ideology and garnered support in the Ayacucho region and later throughout the Andean highlands. Initially, supporters of the guerrilla movement were frustrated with the military government's abuse of power. However, over time, the group increasingly adopted repressive actions against the intended beneficiaries of its revolution (Palmer 2008). In 1992, the government succeeded in capturing the movement's leadership, which led to its decline.

An increase in coca production to satisfy foreign demand for cocaine added to internal strife. The Peruvian government, under pressure from the United States, attempted to curb production by offering farmers incentives to substitute crops (Library of Congress 1993, 56). They also adopted crop-eradication tactics executed by military and police forces.

Challenging economic times and increasing domestic unrest during the 1980s inspired the election of a populist president. Alan García Pérez served as president from 1985 to 1990. García's impressive oratory skills helped him garner popularity ratings of more than 75 percent early in his presidency (Library of Congress 1993, 243). However, his act to nationalize the bank system severely weakened

Peruvian citizens' confidence in his leadership abilities, which eventually led to his political defeat.

In 1990, Alberto Fujimori was elected president. During his presidency, he took steps to retain complete control of the government. He was forced to resign in 2000 due to a corruption scandal and allegations of human rights abuses. Subsequently, Fujimori went into self-imposed exile. In 2007, he was extradited from Chile to Peru and tried and convicted of murder for the death-squad killings of 25 people in 1991 and 1992, resulting in a 25-year prison sentence (Palmer 2008). Alejandro Toledo Manrique, Peru's first democratically elected president of indigenous ethnicity, served as president from 2001 to 2006. During his presidency, Toledo authorized the Peruvian Truth and Reconciliation Commission to investigate the internal armed conflict, focusing its work on human rights violations. For the 2016 presidential election, Fujimori's daughter ran against Pedro Pablo Kuczynski. While some feared that she would reimplement her father's oppressive tactics if she won, in the end Kuczynski, a former investment banker, was elected.

Overview of Women's Lives

The Human Development Index (HDI) measures a country's progress in three basic dimensions of human development: opportunity for a healthy life, access to knowledge, and a suitable or appropriate standard of living. In 2014, Peru received an HDI of 0.734, placing it in the high human development category (UNDP 2015). The life expectancy was at 74.6, and expected years of schooling was 13.1. Peru's HDI has consistently increased since 1980, when its HDI was 0.577. Then, life expectancy was 60.1, and the expected years of schooling was 10.9. Despite gains, Peru's 2014 HDI is below the average of 0.744 for countries in the same development category as well as below the average for Latin American and Caribbean countries, 0.748. In comparison to Venezuela and Chile, two Latin American countries close in HDI rank and similar in population size, Peru's HDI is lower. Venezuela's HDI in 2015 was 0.762, and it was ranked 71st; Chile's HDI was 0.832, and it was ranked 42nd.

The Gender Inequality Index (GII) measures gender inequalities based on three elements: women's reproductive health, empowerment, and economic activity. Peru's GII value in 2014 was 0.406, ranking it 82nd out of 155 countries. The GII also looks at maternal mortality and adolescent birth rates as well as women in parliament and female labor market participation. In comparison to

Venezuela and Chile, Peru's rank is lower than Chile, 65th, but higher than Venezuela, 103rd (UNDP 2015).

Girls and Teens

In 2013, 28 percent of Peru's total population was between the ages of 10 and 24 (Population Reference Bureau 2013). The adolescent fertility rate, the number of births per 1,000 women ages 15–19, has consistently decreased. In 2011, the fertility rate was at 53, and in 2014, it had declined to 50 (World Bank 2016a). Peru's adolescent fertility rate is lower than Chile's and Argentina's, 56 and 54, respectively (Population Reference Bureau 2013).

The percentage of girls living in rural areas has held steady. In 1993, rural girls and women aged 14–35 comprised 4 percent of the national population. That population grew 1 percent in 2007. With respect to the national youth population, rural girls comprised 10 percent in 1993 and 13 percent in 2007 (Agüero and Barreto 2012). Girls living in rural areas face substantial challenges in economic and social development compared to their urban counterparts. Poverty in rural areas has been registered at more than 55 percent. Almost 50 percent of this population accesses unimproved sanitation, while 30 percent has access to an unimproved drinking water source (CIA 2016).

Rural women aged 15–19 had a higher rate of childbearing than their urban counterparts. The national rate for childbearing for women in that age group was 14 percent in 2007; for rural women, the rate was 20 percent, while in urban areas, it was 11 percent (Population Reference Bureau 2013).

Rural women often leave home for urban centers to work. For some women, their obligation stems from their families' financial need. Others might flee their homes to escape domestic abuse. However, their employment opportunities are limited once they reach the city. Women are employed as maids or servants in family homes, where responsibilities include cooking, washing, food shopping, and tending to younger children. Indigenous women who are employed as domestic servants are referred to as *cholas*, a derogatory term (Sloan 2011, 105).

Indigenous children suffer from limited access to schooling. In 2000, test scores among Peruvian children showed that Quechua children scored substantially lower than nonindigenous. Quechua girls scored lower than 20 on national tests, and nonindigenous girls scored higher than 25 (Lewis and Lockheed 2007, 7). Furthermore, it is estimated that 65 percent of indigenous girls and women

are illiterate, as opposed to 26 percent of nonindigenous girls and women (Cevallos 2002).

Education

Since 2008, the government has steadily increased its national expenditure on education. In 2008, the government spent 2.88 percent of its gross domestic product (GDP) on education, and in 2014, it spent 3.66 percent. The Ministry of Education oversees all educational institutions in the country. In 2010, the average number of years of schooling for Peru's female population age 25 years and above was 8 years, slightly lower than the average for all Latin America and Caribbean nations at 8.1. Males in the same age group average 9.3 years of schooling (UNESCO Institute for Statistics 2014).

Peru prides itself on providing universal primary education. In 1928, the first public high school for girls opened, and since 1996, Peru has supported free, compulsory education to all youth ages 5–16. The academic year runs from March through November or December.

Although primary school is free and compulsory, Peru struggles with maintaining a strong enrollment among school-aged children. In 2012, the out-of-school student population peaked with 238,095 unenrolled children. That number has since decreased. Most recently, in 2014, there were 161,695 children out of school, and 72,356 were female. Although more girls than boys attend school in the early years, access to secondary education is a growing challenge for girls across the country. The transition rate from primary to secondary education in 2013 for females was 93.74 percent, compared to 95.17 percent for males, a significant drop from the previous year when 98.31 percent of females and 99.94 percent of males transitioned from primary to secondary education (UNESCO Institute for Statistics 2014).

In 2007, the illiteracy rate was 7.1 percent, dramatically reduced from 12.8 percent in 1992. In rural areas, illiteracy is markedly higher, 19.7 percent, compared to urban areas, where the rate is 3.7 percent. At 10.6 percent, women have a higher illiteracy rate than men at 3.6 percent (PAHO 2013). However, among 15- to 24-year-olds, the literacy rate is about the same—99 percent for women and 98.9 percent for men (ECLAC 2015b).

The average number of years of education is lower in rural than in urban areas, 6.4 versus 10.9 years, respectively (PAHO 2013). For girls living in rural areas, access to education is more challenging. Families often live far from towns where schools are located. Without transportation,

girls are forced to walk long distances, in some places as much as an hour, to get to school (Salazar 2011). Not surprisingly, many girls drop out. The female out-of-school population was approximately 49 percent in 2010 (UNESCO Institute for Statistics 2014). A study completed in 2009 revealed that only 43 percent of young rural women between the ages of 20 and 24 had finished secondary school, compared to 58 percent of young men in the same age range (Salazar 2011).

Cultural factors also play a role in limiting female education. Rural families often encourage girls to take jobs that are more productive and can contribute to the family's finances rather than attend school. However, recent research found that families are beginning to change their perspective on the value of education. One report that focused on young women in rural Peru stated that mothers and girls see education as a "source of progress" and "gives them the opportunity to become someone in their lives" (Agüero and Barreto 2012).

Universities

Peru has 78 universities that enroll approximately 500,000 students, a dramatic increase from the previous century. In 1900, only 1,000 students attended a higher education institution, and in 1962, only 7 universities were in operation (Karim 2011). Women were first allowed to receive a university education in 1908. In 1970, there were 34 universities, and by 1990, that number had increased by 51 (Karim 2011). Between 2005 and 2009, the percentage of women over 15 years of age with a university-level education increased from 8.7 percent to 12.1 percent, while among men it grew from 11.1 percent to 14.3 percent (UNESCO Institute for Statistics 2014). A 2015 law created the Superintendencia Nacional de Educación Superior Universitaria (SUNEDU, National Superintendency of University Higher Education), which is responsible for overseeing all the activities and programs of Peru's higher education institutions. The group reports to the Ministry of Education and is charged with improving institutions' standards. In 2010, women surpassed men in postsecondary education, 42.5 percent versus 38.59 percent, respectively (UNESCO Institute for Statistics 2014).

Technical Education

Students have the option of attending technical schools. Many technical vocational education and training programs are available to poor families in urban areas. The

ProJoven program provides access to three months of classroom training and internships and is aimed at teaching women the skills for traditionally male occupations, such as hotel and tourism services, IT support, logistics, warehouse management, industrial welding, food industry, and mechanics and automotive electrical systems. Trainees receive a stipend, with mothers receiving double the regular amount to support their participation. After 18 months, female participants were 15 percent more likely to be employed, and they generated 93 percent more labor income compared to nonparticipants with similar backgrounds (UN Women 2015). Educational programs such as ProJoven offer much-needed alternatives for girls who are unable to enroll in university programs.

Health

Peru has a decentralized health care system administered by five different entities. These include the Ministry of Health (MINSA), which provides health services for 60 percent of the population; EsSalud, which provides for 30 percent of the population; and the Armed Forces (FFAA), the National Police (PNP), and the private sector together provide services to the remaining 10 percent (WHO 2016a).

In 2015, women's life expectancy was 75.6 years, higher than men's, which was 71.45 years. The government spent 5.3 percent of its GDP on health payments in 2013 (CIA 2015). That percentage has increased since 2005, when the government spent 4.5 percent of its GDP on health (PAHO 2013).

Access to Health Care

In 2002, the government established a Comprehensive Health Insurance program (SIS). It created a decentralized agency with an independent administration and financing. Its purpose is to protect uninsured Peruvians' health, making them a priority because they are the most vulnerable due to poverty (Cancer Control 2014).

In 2012, the physician's density was 1.13 physicians per 1,000 people (CIA 2016). Peruvians suffer from an unequal geographic distribution of health care workers. The majority is located in Lima and the coastal areas, and the rural areas of Piura, Lambayeque, and Loreto have the lowest densities of health care workers. In Piura, a rural area in the north with over 1 million inhabitants, the number of doctors in 2009 was 594, less than 4 percent of Peru's total population of doctors (Ministerio de Salud 2011).

Out-of-pocket payments (OPPs) for women's health care adds to the inequity apparent in Peruvian society. Compared to men's health treatment, OPPs for women are systematically higher, which often prevents them from seeking medical attention. More than 90 percent of women in the lowest wealth quintile reported barriers such as limited finances, restrictions on mobility, or the need to obtain consent from family members. The distance to a health care facility is a major concern, particularly for women living in rural areas. In fact, 67 percent of women living in rural areas and 34 percent in urban areas reported distance to a health care facility as a difficulty to receiving health care (UN Women 2015). The lack of female medical doctors is also a deterrent to seeking health care.

Access to Family Planning

The Catholic Church plays a strong role in Peru's public policy, and in the mid-20th century, an intense debate started due to the church's opposition to birth control and the challenges of population growth. The 1985 Law of the National Population Council established guidelines guaranteeing couples the freedom to choose a birth control method for family planning. Abortion and voluntary sterilization were excluded under the law. The Peruvian Catholic Church vehemently opposed the law.

The National Ministry of Health oversees all family planning programs. The prevalence of contraceptives for women ages 15–49 has declined recently. In 2012, the percentage of women in that age group with access to contraception was 75.5 percent; this decreased to 74 percent in 2013 (World Bank 2016b). Abortion continues to be illegal, except when the woman's physical or mental health is at risk. Under the criminal code, a woman who causes her own abortion or consents to an abortion can be punished by up to two years' imprisonment or be required to complete community service for 52–104 days. Abortions must be performed by a physician, with the pregnant woman's consent and after consultation with two physicians.

Indigenous women have faced additional challenges with respect to their reproductive freedom. Feminist lawyers and women's rights organizations uncovered mass sterilization campaigns that systematically targeted indigenous women in poor rural communities as part of a broader family planning program under Fujimori's presidency (1990–2000) (UN Women 2015). Although the program was intended to show a commitment to reproductive health care, women's reproductive rights, and the

promotion of gender equity, 217,446 indigenous women were sterilized from 1996 to 1998, many without voluntary consent and often in poor conditions (Ewig 2006, 633–634). These findings prompted an investigation by the national human rights commission that eventually led to national reform (UN Women 2015).

Maternal Health

Peru's estimated overall fertility rate as of 2015 was 2.18 children per woman (CIA 2015). The rate has been declining from 2.9 in 2000 to 2.5 in 2010. However, in rural areas, the rate was higher at 3.5. As of 2013, one-quarter of the country's population were women of childbearing age (15–49 years old), and women younger than 30 years old made up 48.1 percent of the population. At 3.6 and 4.0 children per woman, uneducated and poorer women had higher fertility rates. In 2010, 13.5 percent of all adolescents had been pregnant at least once. From 2000 to 2010, Peru experienced a higher fertility rate among adolescent women, ages 15–19 years old. The rate increased from 66 to 68 births per 1,000 women. For women in urban areas, the rate was 54 per 1,000, while for women in rural areas, it was substantially higher at 110 per 1,000 (PAHO 2013).

To encourage women to obtain health care assistance during pregnancy and for their young, the government instituted a cash transfer system for low-income and economically disadvantaged women. The program offers cash assistance to expectant mothers and those with young children to help pay for medical assistance. However, women still face challenges, such as distant health facilities, long waiting times, and mistreatment by staff (UN Women 2015). As a result, some women do not seek out maternal health services, even when conditions support their use.

Since 1990, the maternal mortality ratio for women ages 15–49 has been declining. In 1990, the ratio was 251 deaths per 100,000 births in the country. In 2015, the ratio decreased to 68, with 420 maternal deaths, a dramatic drop from 1990 when the number of deaths was 1,700. The country's annual rate of reduction from 1990 to 2015 was 5.2 (WHO 2016b).

Diseases and Disorders

Both women and men suffer from acute respiratory infections from influenza and pneumonia, and in 2014, it was the leading cause of death for both sexes. Over 16 percent of female deaths and over 21 percent of male deaths were caused by such infections (Ministerio de Salud 2014).

Cancer is a growing health concern. In 2000, 1,187 females died from breast cancer. That number grew to 1,261 in 2007 (WHO 2013). Between 2000 and 2011, because of early detection and improved diagnostics, the National Institute of Neoplastic Diseases (INEN) Hospital Registry reported 109,251 new cases of cancer in the country. According to the group, cervical cancer, at 16 percent, was the most frequent type reported, followed by breast, 12.1 percent; stomach, 8.1 percent; leukemia, 5.6 percent; prostate, 4.6 percent; melanoma, 4.4 percent; lung, 4.2 percent; colorectal, 4.1 percent; lymphoma, 3.6 percent; and thyroid, 3.1 percent. Females accounted for 63 percent of the new cases, while 37 percent were male (Cancer Control 2014). Cancer diagnosis and treatment had been primarily centralized in Lima, creating unequal access across the country. In 2012, the government started Plan Esperanza (Plan for Hope), which focused its efforts on promoting early detection, health care, and decentralizing cancer treatment facilities in the country.

HIV/AIDS

HIV cases are most frequently reported among men who have sex with men and transgender women. In 2014, approximately 72,000 people were living with HIV. Of these, about 21,000 were women aged 15 and older (UNAIDS 2014b). In 2012, pregnant women aged 15–24 accounted for approximately 0.23 percent of the national total (PAHO 2013). In 2016, there were an estimated 2,200 deaths due to HIV/AIDS (CIA 2016). The majority of reported cases occurred in Lima. Between 1983 and 2014, among women who contracted HIV, 1,382 were between the ages of 25 and 29, the highest concentration of cases (UNAIDS 2014a).

Individuals infected with AIDS often face discrimination and harassment in areas such as employment and housing. HIV-positive Peruvians have also reported discrimination when seeking assistance at state health agencies as well as in public areas. To address this, in 2008, Peru passed a ministerial resolution to prevent discrimination of HIV-positive employees in the workplace, but there continues to be a lack of education and prevention programs in the country.

Employment

By law, women cannot be discriminated against in the workplace and are entitled to equal pay for equal work. The

government has passed minimum-wage legislation for all workers regardless of the employment sector or worker status. This legislation included informal workers, leading to an increase of 7 percent in their earnings. Women also have the right to receive 13 weeks of paid maternity leave and earn 100 percent of their wages during their leave (UN Women 2015).

Female participation in employment has increased dramatically. In 1990, female employment was 46 percent; this grew to 68.2 percent in 2013 (UN Women 2015). In 2014, it increased slightly to 69 percent, but it remained lower than male participation at 87 percent (World Economic Forum 2014). Despite the growth of women's participation in the labor force, unemployment among women has grown from 2011, 4.3 percent in 2012 to 7.6 percent in 2016 (World Bank 2016c).

The majority of women are employed in the service sector, approximately 60 percent, followed by agriculture and industry (CEPAL 2007). In rural areas, women who live in extreme poverty primarily work in agriculture. A 2012 report showed that, in 2010, 89 percent of women aged 26–35 who lived on USD\$2 per day were agricultural workers working the fields. Sixty-one percent of women aged 18–25 and 56 percent of women aged 26–35 were employed as field laborers. Although women work as agricultural laborers at a higher rate than men, they face challenges when it comes to obtaining an agricultural position with more responsibility. Among male agricultural workers aged 26–35, 42 percent are employed as land overseers or cultivators. Among men aged 18–25, 9 percent had that responsibility. For female agricultural workers, only 7 percent of those aged 26–35 are hired as land overseers, and for ages 18–25, only 2 percent were female (Agüero and Barreto 2012).

For rural women, access to landownership is a concern because owning land is essential to their economic development. Traditionally, land allotment has been based on patriarchal values, thus excluding women. Furthermore, landowners had to have legal identification, thus preventing rural women from asserting their rights to ownership, as many are illiterate and lack proper documentation.

Water transfer agribusiness (WATA) has developed in Peru's arid coastal region, such as Arequipa. The government touted large-scale irrigation projects as a way to improve food scarcity among the poor and to contribute to the area's economic development. However, women were completely ignored throughout the

process. The design and implementation of these projects were geared toward “modern” farmers, excluding female growers because they were perceived as being too traditional and unwilling to adapt to the proposed agricultural changes. Because land reform did not include women as beneficiaries, they were excluded from negotiations with the government. However, women led protest marches in their communities opposing the projects, making them victims to military repression. (Vera Delgado 2015).

Peru’s mining industry is another employment sector where women have confronted immense challenges, whether as artisanal miners or as part of large-scale operations. Artisanal miners use rudimentary techniques to extract minerals, and their work is not regulated by the government and can be dangerous for the employees. In Latin America, approximately 10–20 percent of artisanal miners are female (Hinton, Veiga, and Beinhoff 2003, 2). These women often face physical abuse and violence in their employment. Because of the lack of government oversight, they often have no legal recourse to help them communicate grievances. There have been reports of abuse at the hands of police officers in mining areas.

Women have achieved success in uniting and creating cooperatives to improve working conditions in the mines. For example, in the La Rinconada and Cerro Lunar mining settlements, approximately 800 women belong to a cooperative that reworks tailings to mine gold (16). Women have also been active in opposing large-scale mining developments in rural Peru. The Asociación de Mujeres Protectoras de los Páramos (AMUPPA, Association of Women Protectors of the Highlands) in Huancabamba, Northern Peru, resisted the Rio Blanco copper project. Activists raised concerns that the mine would negatively impact the cloud forests in the region that the local population relies on for watering their crops. They also feared the mine would be detrimental to the fragile biodiversity of the region.

Throughout the country, women have become more integrated in local economies as street vendors. These women sell items such as homemade goods or candy as part of the informal economy. Estimates indicate that as many as 60 percent of women participate in the informal economy, which has limited health benefits (Asencios 2009). Some women have joined or created cooperatives where they develop much-needed business skills, such as market knowledge and product development, to help improve their economic success.

Family Life

The average size for a family in 2012 was 3.92 (Nakono 2016). Like other South American countries, children are often raised in families that include extended family members. In 2012, 45 percent of children under the age of 18 lived in a household with adults in addition to their parents (Institute for Family Studies 2015). Peruvian society has a strong history of maintaining traditional family roles. In fact, in 1957, the government passed legislation for public elementary and high schools to create courses designed to train girls to understand and meet their roles as wives, mothers, housewives, and citizens (Necochea 2014, 40). Many of today’s rural women continue to face expectations of having traditional roles.

Rural women tend to live with their partners rather than marry to save money, spending it on food, education for their children, or improving their home. Choosing to live with a partner rather than marry can be a traumatic change, as the woman often lives with her partner’s family, leaving hers behind, which puts a strain on the couple’s privacy and restricts their living space (Agüero and Barreto 2012).

Women traditionally care for older family members. Among urban families, 86 percent of caregivers are female, and among rural families that percentage increases to 89 (UN Women 2015). Caregivers are forced to reduce their paid employment hours to provide the needed care. Daughters, daughters-in-law, and spouses are the principal caregivers for dependents suffering from dementia.

Among young rural women, obligations to tend to family are substantially higher. Almost 60 percent of women ages 18–25 perform some type of family work to satisfy the needs of dependent adults or children in the house, such as cooking, cleaning, or child care (Agüero and Barreto 2012). These women are not paid for their work. In comparison, only 31 percent of males in the same age group perform such work. It is common for these women to prepare breakfast or wash clothes before going to school, and then in the afternoons, they take care of younger siblings. After marriage, these women often live with their spouse’s family, where they perform the same tasks and care for their in-laws.

LGBTQ Issues

The strong Catholic tradition and prevalent machismo, or masculine pride, has limited the activities of the LGBTQ community. A 2014 national poll showed that

73 percent of the national population opposes same-sex civil unions (Herrera 2015). According to the constitution, marriage is ambiguously defined, but the law endorsed by Congress states that “marriage may only be undertaken by one man and one woman” (De la Cruz 2013). Any change to the marriage definition is under the purview of Congress or the judiciary and is tied to securing political party support. The LGBTQ community has faced challenges in revising national policy, and the slow progress of accepting LGBT rights has delayed marriage-equality advocacy efforts. Despite this, Peruvian congressman Carlos Bruce, the first political figure to come out as homosexual, introduced a bill to recognize same-sex civil unions in 2013.

Most advocacy efforts for gay rights have occurred at the local level. In Lima, the leading LGBT rights organization, *Movimiento Homosexual de Lima* (MHOL), advocates for equality. Groups like MHOL have focused their efforts on discrimination and violence against members of the LGBTQ community. The lack of data collection by government agencies regarding discrimination or violence against the LGBTQ community makes it difficult to make analyses about the magnitude of these issues. Furthermore, Peru does not have a law that specifically prohibits discrimination against persons based on sexual orientation or gender identity. Local organizations, such as the *Centro de Promocion y Defensa de los Derechos Sexuales y Reproductivos* (Center for the Advancement and Defense of Sexual and Reproductive Rights), have relied on individual accounts and newspaper reports to document the struggles of LGBTQ Peruvians (PROMSEX 2013).

Politics

Peru is divided into 25 political regions and the province of Lima (World Scholar 2011). Peruvian law requires a quota of 30 percent of women for each candidate list for local, regional, and national elections (Ames 2013, 268). The quota law has boosted female representation by 7 percent (Htun 2002). However, in the 2001, 2006, and 2011 congressional elections, female representation did not meet the target quota. In 2006, only 36 legislators were women, and in 2011, this decreased to 28 (CLADEM 2016).

Women won the right to vote in 1955. However, only women who were at least 21 and literate and women over 18 and married were allowed to vote. Peru's high rate of illiteracy among women disqualified many from voting

in elections. It was not until the constitutional reforms of the late 20th century that all women secured equal rights (Zavaleta 2010).

Peru's government has several political parties and alliances, which include *Gana Peru* (Peru Wins), an alliance of the *Partido Nacionalista Peruano* (Peruvian Nationalist Party) and Communist PCP, the Socialist PS, the *Partido Socialista Revolucionario* (Socialist Revolutionary Party), and the *Movimiento Politico Voz Socialista* (Political Movement Socialist Voice); *Fuerza Popular Perú* (Popular Force Peru); *Peru Posible* (Possible Peru); and *Alianza por el Gran Cambio* (Alliance for Great Change).

Peruvian women have successfully won national elections. Irene Silva de Santolalla, the first female senator, was elected in 1956 to represent the state of Cajamarca. In 2011, Peru elected Marisol Espinoza Cruz as its first vice president. Espinoza Cruz first served as a congresswoman representing the Peruvian Nationalist Party. Overall, female political participation has fallen to just 27.4 percent from a high of 89 percent of women holding ministerial cabinet positions. Between 2006 and 2008, 29.2 percent of the legislators were female. In the 2015 elections, only 22.3 percent were female legislators (ECLAC 2015a).

Similarly, the number of women judges has recently declined. In 2013, women comprised 28.9 percent of the judges in the highest court. At the local government level, women have made advances in their political representation. The number of female mayors increased to 5.6 percent in 2014. Lima elected its first female mayor, Susanna Villaran, in 2010. She won the election as the nominee for the Social Force Decentralisation Party (FS), which was formed by the merger of the PDS and eight other center-left parties. Villaran's election was the first left-wing candidate to win the mayoral post in the capital since 1983. She secured the win with 38.4 percent of the vote, while her closest rival, Lourdes Flores, a candidate of the conservative Popular Christian Party (PPC), won 37.6 percent of the vote (Perry 2011). At the municipal level, the percentage of female city councillors increased from 27.4 percent in 2013 to 30.5 percent in 2014 (ECLAC 2015a).

Religious and Cultural Roles

Roman Catholicism is Peru's official state religion, and more than 80 percent of the population practice it (CIA 2016). After the Spanish conquest, the Catholic Church established a strong presence. Spanish friars, inspired by

their faith, worked to convert indigenous people while acquiring land and wealth and integrating itself with the ruling government. That relationship continues today. In Lima, the National Cathedral is symbolically located alongside the National Palace. In between these two buildings is the Archbishop's Palace of Lima, the headquarters for Peru's Catholic Church. However, many indigenous people practice their beliefs in concert with Catholicism. In some communities, local festivals coincide with harvests representing indigenous traditions of celebrating crops.

Issues

Violence

Violence against women is a serious concern. Estimates indicate that 4 out of 10 women in Lima have experienced some sort of violence (Espinoza 2012). Across the country, physical abuse by a spouse or partner against a woman is reported to be at almost 40 percent. Of these women, more than half are divorced, separated, or widowed, and 42.1 percent lack education (CLADEM 2016).

The Ministry of Women and Vulnerable Populations is a national agency charged with investigating crimes against women, including rape, domestic violence, and femicide, killing a woman who is an immediate relative, spouse, or partner. The government has a comprehensive legal framework in place to protect women from rape. According to the law, the penalty for rape, including spousal rape, is six to eight years in prison. During 2014, there were 1,920 reported cases of rape. Among nongovernmental organizations (NGOs) working in Peru, there are concerns that rapes often go unreported due to a women's fear of retribution or further violence by the attacker (U.S. Department of State 2015).

The law also prohibits domestic violence. Punishments range from one month to six years in prison. According to the Ministry of Women and Vulnerable Populations, 7 out of 10 women have suffered physical or emotional abuse (U.S. Department of State 2015). Unfortunately, the agency does not have records of men sentenced because of domestic violence. As with rape, many domestic violence incidents go unreported for fear of retaliation or because of the expense of filing a case.

Peru incorporated femicide into the criminal code. The penalty for an individual convicted of femicide is a minimum sentence of 15 years' imprisonment. The law mandates sentences of up to life in prison when the victim is a minor, pregnant, or disabled. On average, seven women die each month due to domestic violence (U.S. Department of

State 2015). The majority of victims are women between the ages of 18 and 35, where the perpetrator is a partner or ex-partner who is between the ages of 25 and 44 (CLADEM 2016).

Through the work of NGOs and the Ministry of Women and Vulnerable Populations, support for women who suffer from domestic violence has improved. The Women's Emergency Program involves the police, prosecutors, counselors, and local welfare agents to help victims of domestic violence. The program provides 216 service centers throughout the country, and the ministry created a toll-free hotline that receives approximately 25,000 calls per year. Through July 2014, the Women's Emergency Program responded to 24,879 cases of domestic and sexual violence, of which 21,808 cases represented violence against women (U.S. Department of State 2015).

Indigenous Rights

Peru signed the 2007 UN Declaration on the Rights of Indigenous Peoples that established universal minimum standards for the "survival, dignity, well-being and rights of the world's indigenous peoples" (UNHR 2016.). The declaration includes the right of indigenous peoples to access education, health, language, and other basic rights. It also prohibits discrimination against indigenous peoples. According to government data, there are 55 indigenous towns in Peru (Ministerio de Cultura 2016). Peru has the second-largest population of indigenous women, totaling about 3.2 million (Portalewska 2013). However, these populations are facing serious threats from illegal loggers and miners that are encroaching on remote indigenous communities in search of natural resources such as mahogany and oil. Contact with these communities can have disastrous results, as their inhabitants are isolated and not immune to Western diseases.

The conflict between the rebel group Sendero Luminoso and the Peruvian armed forces during the late 20th century spilled into armed conflicts in indigenous villages. The rebel group forced villagers out of their communities in an effort to foster a cultural revolution in Peru. Approximately 75 percent of the 70,000 victims who were killed or disappeared during the conflict were young, male, and indigenous (Barrios Suarez 2015, 7). The targeting of the indigenous population by the Sendero Luminoso devastated their villages.

However, indigenous communities are gaining opportunities to promote their interests in national politics. The

government increased the quota for representation of the indigenous population to at least 15 percent of candidates on electoral lists for regional and provincial elections in certain areas of the country. The reform also increased the indigenous quota to 18 regions from 13 (U.S. Department of State 2015). Even with the increased political representation, indigenous women continue to have higher rates of illiteracy, poverty, and unemployment. Furthermore, a disproportionately high number of indigenous women lack identity documents, limiting their ability to receive government services, including health and education; to own land; and to participate in elections.

Afro-Peruvians

The history of the Afro-Peruvian population has ancestral links to the 16th-century Pizarro regime, when Spaniards used black soldiers, *ladinos*, to conquer indigenous tribes. Following the establishment of the Spanish Empire, enslaved Africans were brought to work on plantations and in mines. They originated from various African countries, including Angola, Congo, and Mozambique. A high number of blacks, estimates as high as one-quarter of the population, remained in Lima, causing the city to be labeled the “black city” at one time.

Efforts to end slavery began in 1821 under the leadership of José de San Martín, but it was not completely abolished until 1854. Current estimates of the Afro-Peruvian population vary. Official sources indicate that they comprise 6–10 percent of the total population (Minority Rights Group International 2016). School attendance for Afro-Peruvian children and adolescents is lower, 4 percentage points in preschool and 8.5 percentage points in secondary school, than their counterparts in other groups, which includes white and mestizo (UNICEF 2016). In addition, Afro-Peruvians are often the victims of hate crimes and discrimination. National groups such as Asociación pro Derechos Humanos del Negro and LUNDU Centro de Estudios y Promoción Afroperuanos have organized to promote development and to encourage Afro-Peruvians to unite in fighting racism and demanding equal rights. These organizations stress the plight of Afro-Peruvian women, who are subjected to both the *machista* mentality of Peruvian society and discrimination based on their ethnicity.

Deforestation

Deforestation is a serious concern. Peruvian forests comprise approximately 278,000 square miles (72 million

hectares) of the country, making it the fourth-largest area of rain forest in the world. Since 2000, the government has taken steps to reduce deforestation. At that time, the deforestation rate was 250,000 hectares per year. In 2005, the rate had decreased to 150,000, and the government has committed to reaching zero in 2021 (*The Economist* 2010). The main causes for deforestation are the logging and mining industries as well as road development and petroleum drilling. These industries are very powerful, and corruption is common. Employees often fabricate documentation, and bribing officials is expected (Neuman and Zarate 2013).

Because many indigenous populations live in the rain forest, there has been heightened concern for their livelihoods if their habitat continues to be destroyed. Women such as Nery Zapata, representing CORPIAA (Regional Coordination of Indigenous People, AIDESEP in Atalaya), and Patricia Cachique from the Boca Apinihua community advocate for more women to receive training just as men do in forest management and to promote shared decision making between men and women about the forests.

SUSAN E. MONTGOMERY

Further Resources

- Agüero, Aileen, and Mariana Barreto. 2012. “El nuevo perfil de las mujeres rurales jóvenes en el Perú.” Lima: Instituto de Estudios Peruanos. Retrieved from <http://americalatinagenera.org/newsite//images/cdr-documents/publicaciones/nuevastrenzass-ddt2informenacionalperu.pdf>.
- Ames, Patricia. 2013. “Constructing New Identities?: The Role of Gender and Education in Rural Girls’ Life Aspirations in Peru.” *Gender and Education* 25.3: 267–283. doi:10.1080/09540253.2012.740448.
- Asencios, Maritza. 2009. “Peru: Women Workers Forced into Informal Economy.” Retrieved from <http://www.ipsnews.net/2009/12/peru-women-workers-forced-into-informal-economy>.
- Barrios Suarez, Eliana. 2015. “Surviving Juntas (Together): Lessons of Resilience of Indigenous Quechua Women in the Aftermath of Conflict in Peru.” *Intervention* 13.1: 6–18. Retrieved from http://www.interventionjournal.com/sites/default/files/Surviving_juntas_together_lessons_of.3.pdf.
- Cancer Control. 2014. “Plan Esperanza: A Model for Cancer Prevention and Control in Peru.” Retrieved from <http://www.cancercontrol.info/cc2015/plan-esperanza-a-model-for-cancer-prevention-and-control-in-peru>.
- CEPAL (Comisión Económica para América Latina y el Caribe). 2007. “Estadísticas sociales.” Retrieved from http://www.cepal.org/publicaciones/xml/6/32606/LCG2356B_1.pdf.
- Cevallos, Diego. 2002. “Americas: Indigenous Women Summit Rejects Free Trade Area.” Global Information Network, December 5. Retrieved from <http://ezproxy.rollins.edu:2048>

- /login?url=http://search.proquest.com/docview/457553270?accountid=13584.
- CIA (Central Intelligence Agency). 2016. "South America: Peru." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/resources/the-world-factbook/geos/pe.html>.
- CLADEM (Comité de América Latina y el Caribe para la Defensa de los Derechos de la Mujer). 2016. "Alguans cifras." Retrieved from <http://www.cladem.org/america-y-el-caribe/71-cladem-peru>.
- De la Cruz, Daniel. 2013. "Explaining the Progression of the Rights of Same-Sex Couples in South America." *San Diego International Law Journal* (Spring): 323–357.
- ECLAC (Economic Commission of Latin America and the Caribbean). 2015a. "Equality Indicators: Peru." Retrieved from <http://www.cepal.org/oig/WS/getCountryProfile.asp?language=english&country=PER>.
- ECLAC (Economic Commission of Latin America and the Caribbean). 2015b. "Peru: National Socio-Demographic Profile." Retrieved from http://interwp.cepal.org/cepalstat/Perfil_Nacional_Social.html?pais=PER&idioma=English.
- The Economist*. 2010. "Seeing the World for the Trees." December 16. Retrieved from <http://www.economist.com/node/17730208>.
- Espinoza, Silvia Loli. 2012. "Mobilization by Municipalities to End Violence against Women." Retrieved from <http://www.unwomen.org/en/news/stories/2012/10/mobilization-by-municipalities-to-end-violence-against-women>.
- Ewig, Christina. 2006. "Hijacking Global Feminism: Feminists, the Catholic Church, and the Family Planning Debacle in Peru." *Feminist Studies* 32.3: 632–659.
- Gale World Scholar*. 2011. "Peru." *Latin America & the Caribbean*. Retrieved from <http://www.gale.com/c/gale-world-scholar-latin-america-and-the-caribbean>.
- Herrera, Mariana Araujo. 2015. "LGBT Rights in Latin America: Do Progressive Laws Equal Progressive Societies?" *Washington Report on the Hemisphere* 35.17: 6–8.
- Hinton, Jennifer J., Marcello M. Veiga, and Christian Beinhoff. 2003. "Women and Artisanal Mining: Gender Roles and the Road Ahead." In *The Socio-Economic Impacts of Artisanal and Small-Scale Mining in Developing Countries*, edited by Gavin M. Hilson, 149–188. Lisse, the Netherlands: A. A. Balkema, Swets & Zeitlinger Publishers. Retrieved from <http://siteresources.worldbank.org/INTOGMC/Resources/336099-1163605893612/hintonrolereview.pdf>.
- Htun, Mala N. 2002. "Mujeres y poder político en Latinoamérica." *Mujeres en el Parlamento: Más allá de los números*. Retrieved from <http://www.idea.int/publications/wip/upload/Chapter1-Htun-feb03.pdf>.
- Institute for Family Studies. 2015. "World Family Map 2015: Mapping Family Change and Child Well-Being Outcomes." Retrieved from <http://worldfamilymap.ifstudies.org/2015/wp-content/themes/WorldFamilyMap/WFM-2015-ForWeb.pdf>.
- Karim, Sabrina. 2011. "Higher Education in Peru." *America's Quarterly*, October 20. Retrieved from <http://www.americasquarterly.org/node/2961>.
- Lewis, Maureen A., and Marianne E. Lockheed. 2007. "Getting All Girls into School." *Finance and Development* 44.2. Retrieved from <http://www.imf.org/external/pubs/ft/fandd/2007/06/lewis.htm>.
- Library of Congress. 1993. "Peru: A Country Study." Retrieved from <https://www.loc.gov/item/93019676>.
- Malpass, Michael A. 1996. *Daily Life in the Inca Empire*. Santa Barbara, CA: Greenwood.
- Ministerio de Cultura. 2016. "Pueblos indígenas del Perú." Retrieved from <http://bdpi.cultura.gob.pe/lista-de-pueblos-indigenas>.
- Ministerio de Salud. 2011. "Recursos Humanos En Salud al 2011." Retrieved from <http://www.bvsde.paho.org/texcom/cd046043/serieRHUS14.pdf?ua=1>.
- Ministerio de Salud. 2014. "Principales Causas de Morbilidad en Consulta Externa de Establecimientos Minsa y Gobiernos Regionales: Peru." Retrieved from <http://www.minsa.gob.pe/estadisticas/estadisticas/Morbilidad/CEMacros.asp?00>.
- Minority Rights Group International. 2016. "World Directory of Minorities and Indigenous Peoples—Peru: Afro-Peruvians." Retrieved from <http://www.refworld.org/docid/49749ccca.html>.
- Nakono. 2016. "Households: Average Household Size: Peru." Retrieved from <http://www.nakono.com/tekcarta/databank/households-average-household-size>.
- Necochea López, Raúl. 2014. *A History of Family Planning in Twentieth-Century Peru*. Chapel Hill: University of North Carolina Press.
- Neuman, William, and Andrea Zarate. 2013. "Corruption in Peru Aids Cutting of Rain Forest." *New York Times*, October 18. Retrieved from <http://www.nytimes.com/2013/10/19/world/americas/corruption-in-peru-aids-cutting-of-rain-forest.html>.
- PAHO (Pan American Health Organization). 2013. "Health in the Americas: Peru." Retrieved from http://www.paho.org/saludenlasamericas/index.php?option=com_content&view=article&id=51&Itemid=44&lang=en.
- Palmer, David Scott. 2008. "Shining Path." In *Encyclopedia of Latin American History and Culture*. 2nd ed. Vol. 5. Edited by Jay Kinsbruner and Erick D. Langer, 202–204. Detroit, MI: Charles Scribner's Sons.
- Perry, Kurt. 2011. "Peru." In *The 2011 Annual Register: World Events 2010*, edited by D. S. Lewis and Wendy Slater. Ann Arbor, MI: ProQuest. Retrieved from <http://ezproxy.rollins.edu:2048/login?url=http://search.credoreference.com/content/entry/pqar/peru/0>.
- Population Reference Bureau. 2013. "The World's Youth." Retrieved from <http://www.prb.org/pdf13/youth-data-sheet-2013.pdf>.
- Portalewska, Agnes. 2013. "Indigenous Women of the World Unite in Lima, Peru." Retrieved from <https://www.cultural-survival.org/news/indigenous-women-world-unite-lima-peru>.
- PROMSEX. 2013. "Informe anual sobre derechos humanos de personas trans, lesbianas, gays y bisexuales en el Perú." Retrieved from <http://www.portalsida.org/repos/informetlgb2012.pdf>.

- Salazar, Milagros. 2011. "Peru: Rural Girls Face Barriers to Education." Retrieved from <http://www.ipsnews.net/2011/02/peru-rural-girls-face-barriers-to-education>.
- Sloan, Kathryn, A. 2011. *Women's Roles in Latin America and the Caribbean*. Santa Barbara, CA: Greenwood.
- UNAIDS. 2014a. Informe Nacional sobre los Progresos Realizados en el País Peru Periodo 2012 – diciembre 2013. Retrieved from http://files.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2014countries/PER_narrative_report_2014.pdf.
- UNAIDS. 2014b. "Peru: HIV and AIDS Estimates." Retrieved from <http://www.unaids.org/en/regionscountries/countries/peru/#>.
- UNDP (UN Development Programme). 2015. "Human Development Report 2015: Peru." Retrieved from http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/PER.pdf.
- UNESCO Institute for Statistics. 2014. "Country Profile: Peru." Retrieved from <http://www.uis.unesco.org/DataCentre/Pages/country-profile.aspx?code=PER>.
- UNHR (United Nations Human Rights). 2016. "Declaration on the Rights of Indigenous Peoples." Retrieved from <http://www.ohchr.org/EN/Issues/IPeoples/Pages/Declaration.aspx>.
- UNICEF. 2016. "Here We Are!: Afro-Peruvian Children and Adolescents." Retrieved from <http://www.unicef.org/peru/spanish/Here-we-are-Afro-peruvian-children-and-adolescents.pdf>.
- UN Women. 2015. "Progress of the World's Women 2015–2016: Transforming Economies, Realizing Rights." Retrieved from http://progress.unwomen.org/en/2015/pdf/UNW_progress_report.pdf.
- U.S. Department of State. 2015. "Country Reports on Human Rights Practices for 2015: Peru." Retrieved from <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm?year=2015&dliid=253035>.
- Vera Delgado, Juana. 2015. "The Socio-Cultural, Institutional and Gender Aspects of the Water Transfer–Agribusiness Model for Food and Water Security: Lessons Learned from Peru." *Food Security* 7.6: 1187–1197. doi:10.1007/s12571-015-0510-5.
- WHO (World Health Organization). 2013. "Mortality from Female Breast Cancer in the Region of the Americas, 2000–2009." Retrieved from <http://www.who.int/bulletin/volumes/91/9/BLT-12-116699-table-T1.html>.
- WHO (World Health Organization). 2016a. "Global Health Workforce Alliance: Peru." Retrieved from <http://www.who.int/workforcealliance/countries/per/en>.
- WHO (World Health Organization). 2016b. "Trends in Maternal Mortality: Peru." Retrieved from http://www.who.int/gho/maternal_health/countries/per.pdf?ua=1.
- World Bank. 2016a. "Data: Adolescent Fertility Rate (Births per 1,000 Women Ages 15–19)." Retrieved from <http://data.worldbank.org/indicator/SP.ADO.TFRT>.
- World Bank. 2016b. "Data: Contraceptive Prevalence." Retrieved from <http://databank.worldbank.org/data/reports.aspx?source=world-development-indicators&Type=TABLE&preview=on#>.
- World Bank. 2016c. "Data: Unemployment, Female." Retrieved from <http://databank.worldbank.org/data/reports.aspx?source=gender-statistics&Type=TABLE&preview=on>.

World Economic Forum. 2014. "Country Profile: Peru." *The Global Gender Gap Report 2014*. Retrieved from <http://reports.weforum.org/global-gender-gap-report-2014/economies/#economy=PER>.

Zavaleta, Jennifer. 2010. "Improving the Status of Indigenous Women in Peru." Retrieved from http://scholarship.claremont.edu/cgi/viewcontent.cgi?article=1232&context=cmc_theses.

Puerto Rico

Overview of Country

The island of Puerto Rico (Spanish for "rich port") is a territory of the United States located in the Caribbean Sea, southeast of Cuba, Haiti, and the Dominican Republic. Puerto Rico is an archipelago, or cluster of islands, composed of the main island itself, the island-municipality Vieques, and several smaller islands, such as Culebra, Mona, Desecheo, Caja de Muertos, and numerous islets. At 100 miles long and 35 miles wide, Puerto Rico is the smallest island of the Greater Antilles, a group of Caribbean islands that includes Cuba, the Dominican Republic, Haiti, and Jamaica (CIA 2017).

Puerto Rico is not an independent country; rather, it has been a "commonwealth" of the United States since 1952 (Puerto Rico Report 2017). The term *commonwealth* describes the political relationship between the United States and its overseas unincorporated territories. Latino/a studies scholars point out that the territory remains a U.S. colony and is often referred to as the oldest colony in the world (Monge 1999). A colony is a territory under the immediate control of another, dominant nation-state that is not the home territory. Therefore, Puerto Ricans are U.S. citizens by birth who have all the rights of other Americans, such as the vote. However, similar to other U.S. territories, those who live in Puerto Rico are not allowed a vote in U.S. elections. Prior to its status as a U.S. commonwealth, Puerto Rico had a long history of colonization by the Spanish before it was ceded to the United States in 1898 because of the Spanish-American War (Novas 2008).

The official languages of Puerto Rico are Spanish and English, and many Puerto Ricans learn both languages at home and in school (CIA 2017).

As of July 2015, an estimated 3,598,357 people reside in Puerto Rico. Almost as many Puerto Ricans live in the

mainland United States as on the island. Those Puerto Ricans living elsewhere comprise the *diaspora*, which refers to a scattering or dispersion of a people outside of their homeland. Life expectancy at birth is 75.96 years for the total population and 80.66 years for women. The median age of women on the island is currently estimated at 41 years. The death rate is 7.6 per 1,000 population (CIA 2017).

Puerto Ricans are the second-largest group of Latinos in the country. Their experience in the United States is markedly different from that of other Latino groups, such as Mexicans and Mexican Americans. Most prominently, Puerto Ricans are American citizens by virtue of the island commonwealth's association with the United States. As a result, migration between Puerto Rico and the United States has been constant. An additional estimated 2.7 million Puerto Ricans live in the U.S. mainland, mainly in the New York and northern New Jersey metropolitan area, where they are known as "Nuyoricans" or "Jerseyricans." There are Puerto Ricans throughout all the states, including Hawaii, where a large community was established in the 1940s and 1950s.

Major migration to the New York area occurred in the 1950s and 1960s as people looked for better occupational opportunities. Since the mid-1970s, there has also been a trend of reverse migration to the island. There are many more still who travel migration circuits—extensive travel that loops back and forth between the island and the U.S. mainland, sometimes residing in either location for extended periods of time. A recent loss of job opportunities led to increased out-migration as Puerto Ricans sought work off-island. As a result, a 2016 estimate of the island's net migration rate is -7.4 migrant(s) per 1,000 people (CIA 2017).

Applying U.S.-based racial categories on the island presents problems when attempting to understand the ethnoracial composition of the Puerto Rican people. Due to a long history of colonization, most Puerto Ricans understand themselves to be a multiracial people that includes indigenous, Spanish, and African heritages. While there is little institutional racial discrimination, as is characteristic of the United States, those who claim a Spanish or other European ancestry are esteemed among most elite members of Puerto Rican society (Hall 2000). Pointing to the presence of a color hierarchy, status was accorded to those who claimed a heritage related to light-skinned, European colonists. Indeed, Afro-Puerto Rican women have spoken out to bring attention to their experiences of colorism in a society that identifies as racially mixed. Therefore, the U.S. census numbers, which claim those identifying as white 75.8 percent, black/

African American 12.4 percent, mixed 3.3 percent, and other 8.5 percent (including American Indian, Alaskan Native, Native Hawaiian, Pacific Islander, and others) may tell us much about color hierarchy in Puerto Rican society and little of the historical origins of this Latino people (CIA 2017).

History

Indigenous peoples such as the Taíno lived on the island for centuries prior to European intrusion on the home they called Borikén. Archaeological evidence of the presence of native peoples has been traced back as far as 3000 to 2000 BCE. Multiple Amerindian tribes, including the Arawak peoples of South America, merged to form the Taíno culture, which flourished circa 1000 CE into the late 1400s. An estimated 30,000–50,000 Taíno lived throughout the greater Caribbean region prior to Columbus's second voyage in 1493 (Novas 2008). Once the area was claimed by Spain, the indigenous population was nearly exterminated over the 400 years of colonial rule (Novas 2008).

During the pre-Columbian period, women had more power and were highly respected (Jacobs and Collins 1992). Taíno women performed several important roles in society. In addition to mothering, cooking, and kincare, they tended to farms and harvested crops. Taíno women made goods, such as blankets and baskets, that were valuable to their community. They also carved petroglyphs, or rock engravings, which held deep significance for their people. Taíno women could also become tribal chiefs (Jacobs and Collins 1992). Another indicator of women's status in pre-Columbian society might be signified by the female deity, Atabey, the mother goddess and one of two supreme deities in Taíno religion (Rouse 1993). Additionally, pre-Colombian women are also believed to have had active sexual lives (Jacobs and Collins 1992).

When the Spanish enslaved the Taíno population, their numbers soon dwindled through disease, malnutrition, and massacre. The European colonists introduced African slave labor to the island in 1513, and soon the number of Africans on the island outnumbered the Spanish and native populations. This historical interaction changed the composition of the island's population over time as African, Spanish, and native peoples intermarried. Puerto Ricans mixed-race heritage is primarily composed of these three groups.

Most enslaved African women were forced to work in the fields when Spanish colonizers shifted their focus from gold to agriculture. However, according to a law passed in 1789, an

enslaved person could buy his or her freedom and become known as a freeman or a freewoman. One Afro–Puerto Rican freewoman, Celestina Cordero, gained notability for founding the first school for girls in San Juan in 1820. Slavery was finally abolished in Puerto Rico in 1873.

Women have long participated in the life and society of Puerto Rico. Though most scholarship on Puerto Rican women's history encompasses the decades since the 1950s, there are many celebrated women figures in Puerto Rican history that date back to the 19th-century struggle for independence.

Poet, author, and revolutionary Lola Rodríguez de Tió (1843–1924) wrote many works in her lifetime that were extremely influential in Latin American society. Her first, a patriotic song inspired by the call for Puerto Rican independence, became very popular among the Puerto Rican people but exposed her to scrutiny from Spanish authorities. Eventually, she and her family moved to Mayagüez, Puerto Rico, where she published her first book of poetry, and then fled to Venezuela. She returned to Puerto Rico but was exiled again, ultimately making her way to Cuba, where she met other Puerto Ricans who had been exiled and continued her revolutionary activities. She helped found the Cuban Academy of Arts and Letters and is attributed with suggesting that the Puerto Ricans should model their flag from the Cuban flag. In addition to the independence of Puerto Rico, Rodríguez de Tió was also committed to women's rights and the abolition of slavery.

Another famous historical Puerto Rican woman is Luisa Capetillo (1879–1922), who was a writer, worker's rights activist, and a feminist. Capetillo was a leading labor organizer and a feminist anarchist who linked women's oppression with the struggle for worker's rights. A prolific political writer, her 1911 essay "*Mi Opinión*" ("My Opinion") is credited as one of the first Caribbean feminist writings. There, she wrote, "It is ridiculous, stupid that a couple in love with each other cannot belong to each other physically because decrepit formulisms call it immoral." Capetillo was jailed for wearing pants in public—the first woman in Puerto Rico to do so. She bore three children outside of marriage and worked for labor and women's rights until her death.

Overview of Women's Lives

As a commonwealth of the United States, not all global measures are taken, such as the UN Development Programme's Gender Inequality Index (GII). Other comparisons reflecting women's and girl's lives can be made. Puerto

Rico overall enjoys high development, and this is reflected in women's low maternal mortality rate, ranking it 140th out of 184 countries (the United States ranks 136th) based on 2010 data (World Bank 2017a).

Girls and Teens

According to UN statistics, as of 2015, the literacy rate of female youth (aged 15–24 years) is 99 percent (UIS Data UNESCO Institute for Statistics 2017). The unemployment rate for adolescents and young adults is, like the rest of the island, quite high and has likely led to students extending their years of schooling in high school and college; thus, extending the island's rates overall. In 2012, the unemployment rate for female youth was 23.1 percent (CIA 2017). The adolescent birth rate on the island was 41 births per 1,000 population in 2015, its lowest rate on record (World Bank 2017a).

The government's policies are against comprehensive sex education; abstinence education is the rule. Studies of adolescents in public schools, however, have found that a good number are sexually active before the age of 15 and that most of them do not use contraceptives to prevent pregnancy or sexually transmitted diseases (Montesinos and Preciado 2004).

Education

Elementary and Secondary Education

Education is highly valued in Puerto Rico, which invests one-third of its annual budget accordingly. Schooling is compulsory and free for all residents between the ages of 6 and 16, and about half of adults are high school graduates. Puerto Rico has more than 1,530 public schools and more than 800 private schools. In public schools, all instruction takes place in Spanish, and English is taught from kindergarten to high school (SECG 2016).

Postsecondary Education

Puerto Rico has one of the highest college education rates in the world. There are 44 universities on the island, and bachelor's degrees are held by one-seventh of the population (SECG 2016). The major public institution of higher learning is the University of Puerto Rico, with its chief campus at Río Piedras.

Women's studies began as a project in 1986 by the University of Puerto Rico, Cayey campus. The Women's

Studies Project (PROM) celebrated its 25th anniversary on August 30, 2011, with a symposium event that recognized feminists, activists, scholars, and teachers with a series of panels and workshops.

Health

Access to Health Care

Puerto Ricans on the island do not enjoy the same benefits as people on the U.S. mainland. Puerto Rico enacted health reform in 2005, so the nearly 40 percent of the island's population who are indigent and impoverished are no longer provided care through government-owned hospitals and emergency centers, but through private health insurance contractors (Internations Puerto Rico n.d.).

An article published in *Science Daily* in June 2011 suggests that the quality of hospital care in U.S. territories, including Puerto Rico, is inferior to hospital care provided in the 50 states (Internations Puerto Rico n.d.). This disparity can be interpreted as a direct result of the funding inequalities between U.S. states and territories.

Maternal Health

The birth rate is 15.5 births per 1,000 population. The infant mortality rate is 9.9 deaths per 1,000 live births. The total fertility rate is 1.9 children born per woman.

Diseases and Disorders

In the United States, Puerto Rico has one of the highest HIV/AIDS rates, which greatly impacts the lives of women, who experience one of the highest death rates from HIV/AIDS. Twenty-seven percent of all new cases of HIV infection were among those aged 13–29 years (CDC 2016). Feminist activists and HIV-positive women, such as L'Orangelis Thomas Negrón, have worked to bring attention to HIV rates among adolescents on the island and the need for prevention education. Affiliated with Regional Reference of the Youth Positive Network of Latin America and the Hispanic Caribbean, Thomas Negrón works with young people and women so that people living with HIV can have a better quality of life and live free of stigma.

Employment

High levels of joblessness and poverty have been a continuing and defining characteristic of Puerto Rican society

since U.S. intervention on the island. In 2012, the labor force participation by women was 33.5 percent, compared to 50.8 percent of men (CIA 2017).

Puerto Rico's per capita income is about half of the U.S. mainland. The economy is largely based in manufacturing. The industrial sector is significantly larger than agriculture, which historically has employed many people. With an approximate 3.6 million tourists in 2008, Puerto Rico has focused on tourism as a way to support its economy. Finally, the state sector is another key pillar; it employs more than one-third of the active labor force (CIA 2017).

Family Life

Marriage and Divorce

The family is generally highly valued in Puerto Rican culture. Historians of Puerto Rico, such as Eileen Suarez Findlay (1999), have highlighted the ways that the island has had many uniquely Puerto Rican structures of marriage, family, and sexual life that differ from North American and Western regulations around gender roles, marriage, and divorce. Prior to U.S. colonization, many poor and working people were reluctant to enter into legally sanctioned marriage, which was also a religious union. Rather than marrying, many Puerto Ricans entered into consensual civil unions. Racial boundaries were not rigidly regulated by society or law, while antimiscegenation (interracial marriage) was a key aspect of the U.S. racial system. Large families were standard, and children outside of the formal marriage contract were not uncommon or stigmatized. For the upper classes, marriage was more common, and divorce was rare, even though extramarital relations were likely. Women were largely dependent on men for economic support and stability (Findlay 1999).

Puerto Rico was one of the earliest Latin American countries to institute divorce in 1902, at the behest of U.S. officials. While the United States believed this would make marriage more attractive, the requests for divorce were high, and women were the majority of divorce petitioners. As women entered the formal labor market in the first decades after U.S. rule, new conceptualizations of gender and sexuality emerged (Findlay 1999). Feminist and antiracist labor leaders in the Puerto Rican labor movement viewed marriage as women's subjugation. They advocated for sexual freedom, or the practice of "free love."

Today, the number of common-law partnerships has consistently increased during the last few decades, despite the fact that they are not recognized and consequently do

not have any of the entitlements of legally married couples. Additionally, children have the right to be supported by their parents until they are 21 years old. In matters of divorce, the custody of children is almost always awarded to the mother, but legal responsibility is shared. And regardless of which parent retains child custody, the other parent is obligated to provide economic support (Womens Law 2008).

The first same-sex couples began applying for marriage licenses on July 13, 2015, after same-sex marriage became legal in the United States and Governor Padilla signed an executive order requiring Puerto Rican government agencies to comply with the ruling within 15 days. Later, District Court Judge Juan Pérez-Giménez ruled that the Supreme Court's marriage equality decision did not apply to Puerto Rico as a territory. However, in April 2016, the federal appeals court affirmed that Puerto Rico's ban on same-sex marriage was unconstitutional (Denniston 2016).

Sexuality

Puerto Rican women were at the center of the first experiments in fertility and population control using state support under the U.S. jurisdiction, initially enacted on the island under the New Deal programs in the 1930s (Colón-Warren 1998). Due to opposition on moral grounds from the Catholic Church, and from proindependence sectors that denounced it as an imposition to appease economic and social crises, birth control was only ambivalently and covertly supported by the state in Puerto Rico by the 1940s. Programs were carried on through private organizations until the 1960s, when it also became an open U.S. policy. Particularly contentious was the dramatic increase in women's sterilization, including about a third of women in reproductive age groups by the 1960s and 45 percent of those of reproductive age in unions by 1995 (Briggs 2002).

Today, contraceptive use is widespread. It is estimated that 75 percent of Puerto Rican women have used contraceptives at least once (Davila 1990). Despite the purported influence of the Catholic Church, religious affiliation has no bearing on contraceptive use. Data show that Catholics use contraceptives as often as non-Catholics. Overall, birth control usage reflects the prevalent belief that birth control is the main responsibility of women (Davila 1990).

Members of the lesbian, gay, bisexual, transgender (LGBT) community have the same protections and rights as heterosexual individuals. Persisting opposition to LGBT rights is due to the strong influence of Catholicism as

well as socially conservative Protestantism, some argue. Public education about sexual and gender identity issues throughout the island has brought about both cultural and legal changes, as has the island's relationship to the U.S. legal system. On December 10, 2015, a Puerto Rican court approved the first adoption order for an LGBT couple, which had previously been prohibited by Puerto Rican law (LGBTQ Nation 2015).

Household Roles

Gender roles continue to change drastically on the island. As more women enter the workforce and pursue an education, the role of women as mothers that is marked as traditional has changed, as evidenced by the large number of Puerto Rican women who postpone marriage and childbearing until their late thirties (Colón-Warren 1998). Another indicator is that nonmarriage partnerships have increased in popularity among white-collar workers and educated Puerto Ricans.

Politics

Puerto Rico has been under U.S. sovereignty since 1898, when the Treaty of Paris ended the Spanish-American War. Since 1917, Puerto Ricans have officially been citizens of the United States, but they cannot vote in presidential elections and have no voting representation in either the Senate or the House of Representatives. Puerto Rico achieved commonwealth status in 1952, when the governor of Puerto Rico proclaimed the Constitution, which had been drafted by an elected convention and approved by Congress and the president of the United States. However, the old laws defining the political, economic, and fiscal relationship between Puerto Rico and the United States remained effective.

In June 2011, the UN Special Committee on Decolonization called on the United States to expedite a process that would "allow Puerto Ricans to fully exercise their inalienable right to self-determination and independence." As a result, a two-step plebiscite was set up, the first of which was held in November 2012. In the referendum, voters were asked whether they want to maintain the status quo (i.e., commonwealth status under the territorial clause of the U.S. Constitution). The three options given were statehood, independence, and free association. However, as of the beginning of 2013, unambiguous results and consequences remain to be seen. It is widely

assumed that a clarification of Puerto Rico's status will benefit the island's economy, as the current uncertainty is seen as an obstacle to economic development (Puerto Rico Report 2017).

Puerto Rican women gained suffrage in 1932, and women taking roles as political leaders can be observed toward the second half of the 20th century. The first woman mayor of San Juan, the capital of Puerto Rico, was Doña Felisa Rincón de Gautier (1897–1994), elected to office in 1946. Rincón de Gautier not only made history in Puerto Rico, but she was also the first woman to be elected as the mayor of a capital city in all of the Americas. Rincón de Gautier was also a proponent of women's rights and the vote. After 22 years as mayor, she also served as an American goodwill ambassador for four U.S. Presidents (Negrón Hernández 2016).

The major political parties are New Progressive, Popular Democratic, Puerto Rican Independence Party, and Independent. Today, a large number of women have entered Puerto Rican politics as mayors, senators, and representatives, shifting an almost exclusively men's arena toward gender equity. In 2000, a woman governor, Doña Sila María Calderón, was elected. In 2016, attorney Alexandra Lúgaro (1981–) became the first woman to run as an independent candidate for governor of Puerto Rico in its history. Lúgaro lost the four-way race to the New Progressive candidate, but she beat the other Independent candidate with twice the votes for a total win of 11.12 percent of the popular vote. Another sign of changing roles on the island, prior to her run for governor, Lúgaro gave birth to a daughter, Valentina, through in vitro fertilization (IVF) with an anonymous donor (El Nuevo Día Noticias 2015).

Religious and Cultural Roles

Religion

Spanish colonial influence on the island over four centuries, beginning in 1508, has left many cultural legacies in Puerto Rico, one of which is religious tradition. During those years, Roman Catholicism was spread throughout the population. Most Puerto Ricans today, as many as 70–90 percent of the island population, count themselves as Catholics, with 97 percent saying they believe in God. Once the U.S. presence arrived in Puerto Rico, Protestant Christianity also began to grow on the island, and all major sects are represented. Pentecostal fundamentalism has developed in recent decades, and there is

a small Jewish community on the island as well, which represents close to 10 percent, with the remainder following Islam or practicing Santería (Frommer's Media LLC 2017).

Practiced in much of the Hispanophone Caribbean, Santería is a syncretic religion that developed among the region's West African descendants that blends with the practices and beliefs of Catholicism. In Puerto Rico, Santería developed from *espiritismo* (spiritualism) circa the 1950s (Santería Church of the Orishas 2016). Followers of Santería worship Yoruban gods and goddesses alongside Catholic saints. Many of the saints in the Catholic faith have their counterpart *santos* among Yoruban deities. Puerto Rican migrants also bring Santería traditions to the U.S. mainland, where we see the religion practiced in centers of the Puerto Rican and Caribbean diaspora, such as in Miami and New York.

In contrast to the Catholic Church, where women's roles in religious leadership are quite limited, in Santería, women are initiated into the priesthood as *santeras*, or priestesses. As Santería is rich in symbolism and ceremony, practitioners are expert herbalists who use flowers and herbs in their rituals and burnt offerings. Practitioners patronize the island's *botanicas*, stores that sell roots, herbs, candles, soaps, and amulets, which are employed to sway the spirits to help individuals achieve success. These *botanicas*, which are so important to the religious practice, are typically owned by priestesses. Santería followers also emphasize how women saved the religion from extinction during the persecution of the faith under colonial rule (Santería Church of the Orishas 2016).

Culture

The culture of Puerto Rican life has been significantly shaped by its history. It was originally inhabited by a society of peaceful, agriculturally based indigenous people who migrated to the island from South America. Puerto Rico's population is ethnically mixed because of centuries of immigration and cultural assimilation.

Puerto Ricans have worked to preserve their Latin American and Caribbean heritage while welcoming U.S. economic and social innovations. The idealized folk hero of Puerto Rico is the *jíbaro*, a rustic, independent hill farmer, whose status in local song and story is similar to that of the gaucho of Argentina. However, modern Puerto Rican cultural life is a blend of North American, Latin, Caribbean, and African forms, as is evident in much of

the island's dance, music, art, literature, and sports. The typical dances of Puerto Rico, such as the *bomba* and the *plena*, are rooted in Africa. African influences are also found in food, music, and art. Music festivals, museums in Ponce and San Juan, and theatrical performances encourage *hispanidad*, or Spanish customs.

African women contributed to the development of Puerto Rican cuisine's potpourri of flavors. *Pasteles*, small bundles of meat stuffed into dough made of grated green banana (sometimes combined with pumpkin, potatoes, plantains, or yautía) and wrapped in plantain leaves, were devised by African women on the island and based on food products that originated in Africa.

Arts and Letters

Puerto Rican women have a long and robust history of contribution to the letters. Julia de Burgos (1914–1953) is the best-known female poet in Puerto Rico and one of the most famous Puerto Rican poets in Latin America. De Burgos graduated from the University of Puerto Rico; studied in Havana, Cuba; and later moved to New York. She published several books of poetry and over 200 poems, winning many honors before and after her death. A fierce voice for Puerto Rican independence, Afro-Caribbean writers, women's rights, and social justice, her legacy is powerful on the island and beyond. Organizations in Puerto Rico and the U.S. mainland bear her name, such as the Julia De Burgos Cultural Arts Center in Cleveland, Ohio, and the Julia de Burgos Latino Cultural Center, and seek to promote Latino heritage through the teaching and practice of the arts and letters. A park in Chicago and schools from Philadelphia to San Juan are also named after her.

Leading 20th-century and contemporary women authors include novelist Rosario Ferré (1938–2016), author of *Eccentric Neighborhoods* and *The House on the Lagoon*, which was a finalist for the National Book Award in 1995. She earned a master's degree in literature from the University of Puerto Rico and a PhD from the University of Maryland. Ferré wrote about Puerto Rican intergenerational identity and history, often through a feminist perspective. Ferré was also an essayist, children's book author, editor of a literary magazine, and a newspaper columnist and critic during her career.

Esmeralda Santiago (1948–) describes her life as in between cultures in her memoirs *When I Was Puerto Rican*, *Almost a Woman*, and *The Turkish Lover*. Santiago was born in San Juan, the eldest in a family that included

11 children, and moved to New York in 1961, when she was 13 years old, which strongly informed her writing. She writes of her humble beginnings, the poverty her family experienced, and how she went on to attend New York City's Performing Arts High School. She graduated from Harvard University and holds an MFA from Sarah Lawrence College.

Issues

Reproductive Justice

Historically, Puerto Rico has had the highest female sterilization rate in the world; one-third of Puerto Rican women living on the island have been sterilized, a consequence of a U.S. government policy to curb population growth (particularly among the poor) and ensure a cheap labor pool of women workers. Legislation cut the amount of federal assistance a woman would receive if she did not stop having children. Many women were sterilized without their knowledge while undergoing an operation. Others were given few options for contraception other than sterilization. The sterilization procedure was so common it became known colloquially as *La Operacion* (the operation) (García 1982). Today, feminist organizations such as the National Latina Institute for Reproductive Health fight for access to quality reproductive health and preventive services for all Latinas. Activists seek to empower Latinas and eliminate the major health inequities and poorer health outcomes that they experience.

Gendered Violence

Puerto Rico suffers one of the world's worst rates of intimate-partner violence. An international survey in 2006 that compared women's lives on the island to other nations concluded that a Puerto Rican woman is more likely to be killed by an intimate partner than women in 35 of the countries surveyed. In 1989, Puerto Rico adopted one of the first and most progressive laws against domestic violence in Latin America and the Caribbean. It provides civil protective orders for victims and criminalizes physical and emotional violence perpetrated by partners or ex-partners, legally married or not. It also eliminates the right of a married man to nonconsensual sexual intercourse with his wife or partner. However, women's advocates, such as the Movimiento Amplio de Mujeres de Puerto Rico (MAMPR, General Organization of Women of Puerto Rico), have denounced the government for

not doing more to confront this issue. The Caguas-based Proyecto Matria, an advocacy group for survivors of domestic and sexual violence, argues that the economic, social, and political crises on the island; inaction on the part of the government; and an increasing fundamentalist movement have worsened the situation for women.

As for domestic violence, activists have visited the offices of female legislators and heads of agencies and have reviewed the absence of gender perspective in legislation and public policies. Casa de la Bondad, a shelter that serves the Eastern region of the island, stated that the need for services is not decreasing, and all of the shelters on the island are usually full. Casa de la Bondad is one of the groups fighting to offer shelter, counseling, legal advocacy, supportive housing, and collateral services to women survivors of domestic violence and their children.

LGBTQ Equality

The history of gay and lesbian civil rights movements in Puerto Rico stretches more than 40 years. The Comunidad de Orgullo Gay (Gay Pride Community) was founded in 1973 and operated for a short time; since then, other organizations have been established. In 1991, the Coalición Puertorriquena de Lesbianas y Homosexuales (Puertorican Coalition of Lesbians and Homosexuals) created a bimonthly magazine dealing specifically with issues of discrimination and encouraging support among the LGBTQ community. And organizations such as Puerto Rico para Tod@s (Puerto Rico for All), an advocacy group for lesbian, gay, bisexual, and transgendered people, has partnered with other women's advocacy groups on issues such as intimate-partner violence.

HIV/AIDS/SIDA

There is an HIV/AIDS crisis on the island, and Puerto Rico has some of the most concerning HIV/AIDS statistics in the United States. In 2010, the rate of HIV infection diagnosis was 33.8 (4th in the United States), compared with the United States' total rate of HIV infection of 19.7. Additionally, Puerto Rico has an HIV death rate higher than any U.S. state or territory and nearly 4 times the national rate (AIDS United 2015).

The epidemic of HIV/AIDS/SIDA has propelled this issue to the forefront, establishing groups in different parts of the island to specifically serve HIV-positive individuals. AIDS United's funding collaborative with the Elton John AIDS Foundation, the H. van Ameringen Foundation,

Johnson & Johnson, and the MAC AIDS Fund is designed to build the capacity of community-based organizations on the island to most effectively combat the epidemic. The funds from this collaborative have supported the prevention work of six organizations to reach the islands most impacted populations, including young gay and bisexual men, young people, and substance users (AIDS United 2015).

Women's Poverty

Puerto Rico is poorer than the poorest state of the United States, with 45 percent of its population living below the poverty line. In 2014, the U.S. Census estimated that 58 percent of Puerto Rico's children live below the federal poverty level, which is much higher than the overall rate of 22 percent of children living below the poverty line throughout the U.S. mainland. Many children live in single-parent households, with women heads of household, and many of these are in high-poverty areas.

It is argued that women's employment has resulted in many advances in gender equality, and women's education and employment have been an important means of reducing family poverty. Yet, continuing joblessness on the island places even those with higher levels of education on the verge of economic precariousness. While the relationship between Puerto Rico and the United States has historically left the island impoverished, new factors related to today's global economy are exacerbating the issues. Women in Puerto Rico face the fallout of the debt crisis, high unemployment rates (10% as of 2016), and inconsistent access to wages (World Bank 2017b).

HEATHER MONTES IRELAND

Further Resources

- Acosta-Belen, E. 1986. *The Puerto Rican Woman: Perspectives on Culture, History and Society*. Rio Piedras: Universidad de Puerto Rico.
- AIDS United: Puerto Rico. 2015. Retrieved from www.aidsunited.org/Programs-0024-Grantmaking/Puerto-Rico.aspx.
- Aranda, Elizabeth M. 2003. "Global Care Work and Gendered Constraints: The Case of Puerto Rican Transmigrants." *Gender & Society* 17: 609–626.
- Boriqua Chicks: A Fresh, Urban, Afro-Latina Perspective. 2017. Retrieved from <http://www.boriquachicks.com>.
- Briggs, Laura. 2002. *Reproducing Empire: Race, Sex, Science, and U.S. Imperialism in Puerto Rico*. Berkeley: University of California Press.
- CDC (Centers for Disease Control and Prevention). 2016. "CDC 24/7: Saving Lives, Protecting People." Retrieved from

- <https://www.cdc.gov/cdctv/emergencypreparednessandresponse/cdc-24-7.html>.
- CIA (Central Intelligence Agency). 2016. "Honduras." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/ho.html>.
- Colón-Warren, Alice. 1998. "The Feminization of Poverty among Women in Puerto Rico and Puerto Rican Women in the Middle Atlantic Region of the United States." *Brown Journal of World Affairs* 5.2: 263–281.
- Davila, A. L. 1990. "Esterilizacion y practica anticonceptiva en Puerto Rico, 1982." *Puerto Rican Health Sciences Journal* 9: 61–67.
- Denniston, Lyle. 2016. "Same-Sex Marriage Right Reaches Puerto Rico." SCOTUSblog, April 7. Retrieved from <http://www.scotusblog.com/2016/04/same-sex-marriage-right-reaches-puerto-rico>.
- El Nuevo Dia Noticias. 2015. "Alexandra Lúgaro se Divorcia." December 22. Retrieved from <https://www.elnuevodia.com/noticias/politica/nota/alexandralugarosedivorcia-2142378/>.
- Findlay, Eileen J. Suárez. 1999. *Imposing Decency: The Politics of Sexuality and Race in Puerto Rico, 1870–1920*. Durham, NC: Duke University Press.
- Frommer's Media LLC. 2017. "Puerto Rico: Religion." Retrieved from <http://www.frommers.com/destinations/puerto-rico/religion>.
- García, Ana María. 1982. *La Operación*. Latin American Film Project.
- Hall, Ronald E. 2000. "A Descriptive Analysis of Skin Color Bias in Puerto Rico: Ecological Applications to Practice." *Journal of Sociology & Social Welfare* 27.4: 171.
- Internations Puerto Rico. n.d. "Internations: Connecting Global Minds." Retrieved from <https://www.internations.org/puerto-rico-expats/guide>.
- Jacobs, Francine, and Patrick Collins. 1992. *The Tainos: The People Who Welcomed Columbus*. New York: G. P. Putnam's Sons.
- La Fountain-Stokes, Lawrence M. 2009. *Queer Ricans: Cultures and Sexualities in the Diaspora*. Minneapolis: University of Minnesota Press.
- LGBTQ Nation. 2015. "For the First Time, Puerto Rico Allows Same-Sex Couple to Adopt." December 10. Retrieved from <http://www.lgbtqnation.com/2015/12/puerto-rico-for-first-time-allows-same-sex-couple-to-adopt>.
- Library of Congress. 2016. "Hispanic Reading Room: Area Studies Hispanic Division." Retrieved from <http://www.loc.gov/rr/hispanic/1898/lola.html>.
- Monge, José Trías. 1999. *Puerto Rico: The Trials of the Oldest Colony in the World*. New Haven, CT: Yale University Press.
- Montesinos, Luis, and Juan Preciado. 2004. "Puerto Rico." In *The Continuum Complete International Encyclopedia of Sexuality*, edited by Robert T. Francoeur and Raymond J. Noonan, 877–887. New York: Continuum Press.
- National Latina Institute for Reproductive Health. 2016. "What We Do." Retrieved from <http://www.latinainstitute.org/en/what-we-do>.
- Negrón Hernández, Luis R. 2016. "Doña Felisa Rincon de Gautier: Official Biography." *Puerto Rico en breve*. Retrieved from <http://www.preb.com/biog/felisare.htm>.
- Novas, Himilce. 2008. *Everything You Need to Know about Latino History*. New York: Plume.
- Puerto Rico Report. 2017. "The Meaning of 'Commonwealth.'" Retrieved from <http://www.puertoricoreport.com/>.
- Rouse, Irving. 1993. *The Tainos: Rise and Decline of the People Who Greeted Columbus*. New Haven, CT: Yale University Press.
- Santeria Church of the Orishas. 2016. "The Seven African Powers." Retrieved from <http://santeriachurch.org/the-seven-african-powers>.
- SECG (Spain Exchange Country Guide). 2016. "The Education System in Puerto Rico." Retrieved from <http://www.studycountry.com/guide/PR-education.htm>.
- UIS Data UNESCO Institute for Statistics. 2017. "Youth Literacy Rate, Population 15–24 Years (%)." UN Data. Retrieved from http://data.un.org/Data.aspx?d=UNESCO&f=series%3ALR_AG15T24.
- UNDP (UN Development Programme). 2014. "Human Development Reports: Honduras." Retrieved from <http://hdr.undp.org/en/countries/profiles/HON>.
- WomensLaw. 2008. "Know the Laws: Puerto Rico." Retrieved from http://www.womenslaw.org/laws_state.php?state_code=PR.
- World Bank. 2017a. "Adolescent Fertility Rate (Births per 1,000 Women Ages 15–19)." Retrieved from <http://data.worldbank.org/indicator/SP.ADO.TFRT?locations=PR>.
- World Bank. 2017b. "Unemployment, Female (% of Female Labor Force) (Modeled ILO Estimate)." Retrieved from <http://data.worldbank.org/indicator/SL.UEM.TOTL.FE.ZS?locations=PR>.

R

The Republic of Trinidad and Tobago

Overview of Country

The Republic of Trinidad and Tobago (T&T, or Trinidad and Tobago) consists of several small landforms and the two main islands. At 1,980 square miles (5,128 sq. km), the islands are slightly smaller than the state of Delaware (CIA 2016). The twin-island country shares maritime borders with Barbados to the northeast, Grenada to the northwest, Guyana to the southeast, and Venezuela to the south and west. Although located geographically in South America, T&T is often regarded as part of North America and typically considered part of the Caribbean because it shares language and cultural links with the rest of the English-speaking Caribbean.

Originally inhabited by the Caribs and Arawaks, most of whom died from diseases introduced to the country by colonizers, Trinidad was first colonized by Spain in 1498 and later Great Britain, which brought enslaved Africans to work on the island's sugar and cocoa plantations in the early 19th century. Following the abolition of slavery in 1838, there was an influx of indentured laborers and merchants from India, China, the Middle East, the Mediterranean Islands, Portugal, Italy, Madeira, and Ireland. Ruled by the Spanish, French, Dutch, Latvians, Germans, Danes, and the British, Tobago, the smaller of the two islands, "changed hands more often than any other Caribbean

island" during the colonial period (Youngblood Coleman 2014, 7). Trinidad and Tobago were incorporated into a single crown colony in 1888. On August 31, 1962, the country gained its independence from Great Britain, and in 1976, it severed its links with the British monarchy and became a republic within the Commonwealth of Nations.

T&T's capital is Port of Spain, and English is its official language. As of 2015, T&T has a population of 1,222,363 people. Between 2000 and 2011, the population of Tobago grew by 12.55 percent, making it one of the fastest-growing areas of the country. The majority of T&T's population is between the ages of 25 and 54 (46.5%), followed by individuals under the age of 14 (19.4%), those aged 15–24 (12.5%), those aged 55–64 (11.5%), and then those aged 65 or older (9.8%). Until the age of 54, men outnumber women; however, over the age of 55, women outnumber men, with the starkest contrast coming after the age of 65. The average life expectancy is 72.59 years, with men averaging 69.69 years and women 75.56 years (CIA 2016).

Sometimes affectionately referred to as "rainbow island" or "rainbow country," the "nation of ethnic minorities" takes pride in its ethnic, religious, and cultural diversity. Once 40 percent each, Indians and Africans comprise the country's two largest ethnic groups at 35.4 percent and 34.2 percent, respectively. Individuals self-identifying as mixed represented 22.8 percent, of these 7.7 percent have both Indian and African heritage, and 15.1 percent are mixed though not of Indian/African descent. Census

takers declining to state an ethnicity accounted for 6.2 percent, and individuals of European, Chinese, and Middle Eastern descent comprise the remaining 1.4 percent of the respondents. Whereas Trinidad is ethnically heterogeneous, Tobago's population is rather homogenous: Africans (85.2%), mixed (8.5%), and Indians (2.54%) (Caribbean Communication Network 2013).

The Roman Catholic, Hindu, Anglican, and some Muslim faiths represent the country's largest religious denominations. Islam, Baptist, Jehovah's Witness, and Seventh-day Adventist as well as Pentecostal, Evangelical, and Full Gospel denominations were registering growth, with the latter group experiencing a 108.4 percent increase in membership. The 2011 census data also revealed a decline in the number of individuals declaring any religious affiliation, with 146,798 persons not stating their religion and 28,842 declaring no religion (Caribbean Communication Network 2013).

Overview of Women's Lives

The country seems poised for continued radical change in regard to issues of gender equality and human rights. T&T's Gender Inequality Index (GII) ranking rose from 73rd in 2014 to 64th, out of 188, in 2105, placing it in the high human development category (UNDP 2015b). Women in T&T are making strides in education and politics and challenging assumptions about gender, sexuality, equality, and standards of beauty through their engagement in political, social, and grassroots activism. An active women's movement has put domestic and intimate partner violence, rape and sexual assault and sexual harassment on the public agenda.

Girls and Teens

Employment

The minimum age for employment is 16. However, children between the ages of 14 and 16 can work if the Ministry of Education approves the activity as vocational or technical in training or the work activities are for a family-owned business that only employs family members. Individuals under the age of 18 cannot work between the hours of 10:00 p.m. and 5:00 a.m. unless they are employed by a family-owned business. Youth ages 15–24 have an unemployment rate of 9.2 percent. Female youth experience a higher rate of unemployment (11.4%, 2013 estimate) than male youth (7.7%) (CIA 2016).

Sexual Assault and Statutory Rape

The age of consent is 16, although the law does not apply if the individuals are married. Rape, including spousal rape, is illegal and punishable by up to life in prison. An individual found guilty of having sex with a minor could face life imprisonment if the minor is under the age of 14, 12 years in jail for first-time offenders if the minor is between the ages of 14 and 16, and 15 years for subsequent offenses. Parents are required by law to report suspected cases of statutory rape. As happens with cases of sexual assault with adults, perpetrators often escape prosecution and usually receive lighter sentences when they are punished (U.S. Department of State 2013).

Consequently, teenage pregnancy is a significant area of concern because of the implications of statutory rape associated with it. Girls and young women are particularly vulnerable to physical and sexual abuse. The nation's adolescent birth rate per 1,000 births is 34.8. More than 2,500 teenage pregnancies are reported each year, and more than 1,000 women had four children by the age of 19 (UNDP 2015a).

Extracurricular Activities

Youth in T&T are highly likely to participate in extracurricular activities, with some youth participating in three or more activities, a rate that exceeds the participation levels of their American counterparts (Mello and Worrell 2008, 99). Whereas adolescent males participate in more athletic activities (football, hockey, basketball, netball, cricket, swimming, and table tennis) and organized activities (Scouts and Cadets), adolescent females participate in more artistic activities (dance, solo instrumental music, choir music, steelband music, drama and acting, and photography) and religious activities (religious clubs) (100).

Education

Education is compulsory and free for all children 5–12 years of age, and 98.8 percent of individuals over the age of 15 are literate. Some students begin their education as early as three years of age by attending a free Early Childhood Care and Education Centre. Upon the completion of primary school, students may continue on to secondary school, vocational studies, or craft training, or they may opt to end their formal education. Slightly over 72 percent of students 12–18 years of age continue on to secondary school. Students with satisfactory grades can choose to continue their

secondary studies for two additional years. The tertiary level, at which students can earn a bachelor's degree, is also free for Trinidadian and Tobagonian nationals attending public institutions. The average school life expectancy from primary to tertiary levels is 12 years. Women enjoy a slightly longer expectancy rate at 13 years than their male counterparts' average of 12 years (CIA 2016).

Health

At the present, the population growth rate of T&T is -0.083 percent. The birth rate per 1,000 people is 13.07, but the death rate per 1,000 people is 10.76 percent. The infant mortality rate is 24 deaths for every 1,000 births. In comparison to its peers in the World Health Organization (WHO) Americas Region, which includes Argentina, Canada, Colombia, Chile, Costa Rica, Ecuador, Mexico, Panama, Peru, and the United States, T&T leads its peers in the mortality rates for children under the age of 5, adults between the ages of 15 and 60, and women while pregnant or within 42 days of the termination of pregnancy. Per 1,000 live births, the under-5 mortality rate in the country for both sexes is 21, compared to the Americas Region average of 15. The maternal mortality rate per 1,000 live births is 0.84, compared to the Americas Region average of 0.68. The adult mortality rate, the probability of dying between the ages of 15 and 60, is 229 for men and 130 for women per 1,000 population, compared to 161 for men and 89 for women in the Americas Region (WHO 2015).

Twenty percent of male youths and 16.3 percent of female youths admit to using tobacco. Of male adults, 39.5 percent smoke, and 29.1 percent smoke daily. Of adult females, 9.4 percent smoke, and 7.7 percent smoke daily (WHO 2013). Although health warnings appear on cigarette packages and public places offer smoke-free spaces, as of 2011–2012, there were no national mass media campaigns warning about the dangers of tobacco.

The minimum legal drinking age in T&T is 18. While men are more likely to engage in heavy episodic drinking than women, the country's average recorded alcohol consumption, up since 2003–2005, remains lower than that of its WHO Americas Region peers (WHO 2014a).

Access to Health Care

The two-tiered health care system affords citizens the option of private and public health care facilities. Free and paid for by the government and taxpayers, public health

care consists of major hospitals and smaller regional centers and clinics. These facilities are used on a walk-in basis. T&T spends 59.4 percent of its gross domestic product (GDP) on industry (40% of which is spent on oil and gas production) and 40 percent on services (5.93% of which is spent on health care expenditures) (CIA 2016; World Bank 2015).

Maternal Health

T&T's maternal mortality rate belies their commitment to women's and children's health, a commitment embodied by policy adoption and service provision (Theodore 2012, 9). In 1990, T&T adopted and ratified the Millennium Development Goal of improving maternal health (9). Women can access prenatal health care for free from the public health system or for a fee from private care providers. For delivery, about 85 percent occur in public hospitals, 13 percent in private hospitals, and 2 percent at home or elsewhere (19). Antenatal care is free through over 100 care centers across the country (30). Despite the availability of care, some women are challenged in accessing it due to a lack of transportation or the understaffing of providers (29). One measure undertaken by the government to remedy this is a postgraduate program that registered nurses can take to become midwives (30).

Diseases and Disorders

Cardiovascular diseases (32%), cancers (16%), diabetes (14%), and chronic respiratory diseases (3%) account for 80 percent of total deaths (based on 13,000 deaths) (WHO 2014b). Between the ages of 30 and 70, the probability of dying from one of the four diseases is 26 percent. Injuries (11%) and communicable, maternal, perinatal, and nutritional conditions (9%) account for the remaining 20 percent of deaths. Men are more likely to die from noncommunicable diseases than women and experience elevated blood pressure (32.4%) more often than women (26.6%). However, more women (37.5%) suffer from obesity than men (20.6%). Breast cancer and prostate cancer are particularly fatal for women and men, respectively; 23 percent of cancer deaths for women were caused by breast cancer (more than cervical cancer (11%) and ovarian cancer (7%) combined), and 34 percent of cancer deaths for men were caused by prostate cancer (WHO 2014b). The high incidence of noncommunicable diseases could owe to several adult risk factors: tobacco smoking, alcohol consumption, elevated blood pressure, and obesity.

The rate of HIV per 100,000 population is 1,070, more than three times as high as the WHO Americas Region rate of 315 and twice as high as the global rate of 511 (WHO 2014c). Interestingly, T&T's prevalence of tuberculosis (TB) (28) is lower than the WHO Americas Region's (40) and significantly lower than the global (140) rate. Given the associated risk factors of TB, HIV being a major risk factor as well as cramped living spaces, tobacco use, substance abuse, overcrowding, diabetes mellitus, poor nutrition, and lack of health services, the low rate of prevalence of TB speaks well to the standard and quality of living in T&T.

Employment

Once an agrarian society, due in large part to its petroleum production, T&T is now one of the wealthiest countries in the Caribbean. The country reports one of the highest gross national incomes per capita, USD\$18,600, and is one of the fastest-growing economies in all the Caribbean, Central America, and South America (World Bank 2015). On average, women earned USD\$21,455 (TTD\$135,167), whereas men earned USD\$37,911 (TTD\$238,839) annually (Bagoo 2015).

Since the 1980s, women have made significant gains in terms of employment and careers, but there is more work to be done. Female participation in the labor market is 52.9 percent and 75.5 percent for males. Women now have access to fields previously dominated by men and have gained entry into white-collar occupations such as law, journalism, politics, and government posts. However, a gender divide in employment persists. Women are more likely to work in service-related professions—retail, salons, food service, sales, and light manufacturing—whereas their male counterparts are more inclined to be employed in agricultural, technical, and mechanical pursuits, particularly in the fishing, agriculture, and petroleum industries. Although women possess higher levels of educational attainment, they earn less than men on average, especially in private industry, where they are not afforded equal pay for equal work protections as they are in the government sector (Bagoo 2015).

Family Life

Marriage

T&T recognizes four types of marriage: civil (which is the most common form of marriage and includes all Christian marriages performed in churches), Hindu, Muslim, and

Orisa. The minimum age to marry legally is 18 for both girls and boys for civil and Christian marriage, 12 for girls and 16 for boys for Muslim marriage, 14 for girls and 18 for boys for Hindu marriage, and 16 for girls and 18 for boys for Orisa marriage (U.S. Department of State 2013).

The mean age of Trinidadians and Tobagonians at time of marriage is 27 years old. Even though some women are able to marry as early as ages 12 and 16, there is not a significant tendency to enter into unions at such a young age (SIGI 2014). Although the percentage of women in a consensual union was relatively the same across ethnic lines, East Indian women are more likely to be legally wed (54%) than to enter into common-law or visiting unions (14%). In comparison, 43 percent of African women enter into a common-law union, one in which the partners live together but are not legally wed, or a visiting union, in which the couple are in a relationship but are not legally wed and do not live together, and fewer are likely to legally wed (27%). However, it is worth noting that when African women marry, they often do so earlier than their counterparts or after having been in a common-law or visiting union for some time. The 2011 census data reveal several ongoing trends: the number of women who have never married or entered into a common-law union is almost equal to the number of married women sharing a household with their spouse, and women who have a secondary education are less likely to marry early than their peers with less education. Historically, the prevalence of common-law unions was higher among working-class and poor women. Women of a middle and higher socioeconomic level were more inclined to enter into formal marriage arrangements with religious sanction; however, in recent decades, common-law arrangements have become more common among women from middle and higher socioeconomic levels (St. Bernard 2003, 3).

Reproductive Health

In T&T, abortions are illegal except in instances where the woman's mental or physical health is in jeopardy. However, contraception, obstetrical care, and family planning are widely available from health care providers and online (U.S. Department of State 2013). As of 2012, T&T's total fertility rate was 1.8 children per woman, which is below the replacement level of 2.1. The mean age of first birth for women in 2010 was 27.66 years of age, with the peak of childbearing occurring between the ages of 20 and 29. As with the age of marriage, women's age at first birth

positively correlates to levels of educational attainment (St. Bernard 2003, 8). Therefore, the more education the mother has, the older she is likely to be at the time of first giving birth. Expectant mothers who are employed receive 13 weeks of paid maternity leave from their employers. They receive full pay for the first month and half pay for the remaining two months. Additionally, they receive a sum, depending upon their earnings and eligibility, from the national social security system (SIGI 2014).

The contraceptive prevalence rate, which refers to the percentage of women of reproductive age who use (or whose partner uses) a form of contraceptive, is 42.5 percent, lower than the WHO Americas Region average of 70.6 percent. Of women using some form of contraception, 37.5 percent use condoms (13%), oral contraceptives (10.9%), and female sterilization (8.4%), whereas 4.8 percent rely on withdrawal (1.8%) or the rhythm method (1.7%). Women in the country are informed of the various forms of contraception available; therefore, the discrepancy between knowledge and practice may be a result of the country's various religious influences and beliefs.

Family Structure and Roles and Responsibilities

The prevalence of female-headed households is high in the Caribbean, but it is lower in T&T. East Indian households tend to be patriarchal, and older men (and subsequently their sons) act as heads of household. African households, particularly those that are economically disadvantaged or working class, are more likely to be matrifocal and centered on the women and their children, even when male figures are present (St. Bernard 2003, 12). In this respect, Afro-Trinidadian women generally enjoy more power and autonomy within the household (17).

LGBTQ Rights

Homosexuality is a criminal offense punishable by up to 25 years' imprisonment. The "buggery" law is typically enforced when an individual is also being charged with or convicted of a more serious offense. Consequently, members of the LGBTQ community suffer a number of discriminatory practices: same-sex marriages are illegal, same-sex couples are not recognized nor can they adopt children, and members of the LGBTQ community are not protected by antidiscrimination laws in employment and the provision of goods. Members of the LGBTQ community are also not allowed to serve openly in the military,

to legally change their gender, or to enter into T&T if they are not citizens, although the latter has not been enforced.

In 2012, Prime Minister Persad-Bissessar was attributed with saying, "I do not support discrimination in any form against any individual, regardless of their gender identity and expression," pronouncing "stigmatisation of homosexuality . . . a matter which must be addressed on the grounds of human rights and dignity to which every individual is entitled under international law" (Baboolal 2012). Fearing the subject contentious and divisive, Persad-Bissessar declined to decriminalize same-sex activity, instead suggesting the country would need to vote on a referendum. Nonetheless, public opinion seems to be shifting as the LGBTQ community and its allies become more visible in society (Joseph 2014). The 2013 UNAIDS survey found that 56 percent of participants felt they were accepting or tolerant of homosexuals, 60 percent of young people and 62 percent of women believed they held positive attitudes about gay people, 78 percent thought gays should not be treated differently simply because of their sexual orientation, and 64 percent viewed violence against gays as being discriminatory.

Politics

Elections in T&T have been considered free and fair by international observers. The country's universal age of suffrage is 18. Women gained both the right to vote and to hold public office in 1946, and they are active participants in the electoral process but remain underrepresented in elected offices. Despite the failure of a bill in 2000 that sought to establish equal representation of men and women in Parliament, the number of women participating in politics increased between 2001 and 2009. As of November 2009, there were 11 women serving in the 28-member cabinet and 12 of the 37 judges on the High Court and the Court of Appeals were women (SIGI 2014.). As of December 2014, women held 12 of the 42 seats in the House of Representatives, representing 28.6 percent, and 6 of the 31 seats in the Senate, representing 19.4 percent (Women in National Parliaments 2014).

On May 26, 2010, Kamla Persad-Bissessar (1952–) became T&T's seventh prime minister and the first woman to hold the position. Persad-Bissessar began her career in politics at the local government level as an alderwoman and has participated at various levels of government, achieving along the way a number of firsts—the first woman attorney general, minister of legal Affairs, minister

of education, acting prime minister, leader of a political party (the United National Congress), and leader of the opposition. Her political platform includes addressing issues of gender equality and increasing women's political participation (Richards and IPS Correspondents 2010).

Problems that include domestic violence and discrimination persist and adversely affect women and members of the LGBTQ community. The 1999 Domestic Violence Act No. 27 and the Legal Aid and Advice Act both challenge ingrained societal beliefs that violence against women is a natural part of the culture. As recently as 2010, 19 percent of Trinidadians and Tobagonians believed domestic violence is "sometimes or always justifiable" (SIGI 2014). Additionally, the acts offer protections to victims of domestic and intimate partner violence, such as guaranteeing victims the right to an attorney and legal advice, access to a domestic violence hotline and shelters, and continued training in domestic violence intervention for police officers. The Equal Opportunity Act of 2000 and the Offenses against the Person (Amendment) (Harassment) Act of 2005 both offer protections against discrimination and harassment. Women cannot be discriminated against on the basis of gender in employment and hiring decisions, but no provisions exist to prohibit sexual harassment in the workplace. Even though the purpose of the two acts is to ensure equal treatment of all citizens, neither policy acknowledges sexual orientation and therefore excludes members of the LGBTQ community from legal protection against domestic violence.

Religious and Cultural Roles

Within Afro-Christian sects, women enjoy more influence and are central figures in the Orisa faith. However, within the Hindu and Islamic faiths, women are excluded from leadership positions. Although women are able to serve as swamis and yogis in the Hindu faith, they are prevented from performing priestly rites and rituals because of restrictions related to menstruation and the receipt of monetary compensation for the performance of religious services (Gopeesingh 2012, 9).

T&T is the birthplace of the steel drum and calypso (or "Kaiso") music. Traditionally the domain of men, women were discouraged from participating in calypso. Like their male counterparts, women's lyrics contain biting social commentary, with the women performers often stressing responsibility and protesting injustices such as domestic violence. Although their numbers have grown, women

calypsonians continue to be underrepresented within the genre because of the demands of home and family and the need for employment.

Women have always played a role in Carnival and actually outnumber men in the masquerade bands. Some critics find the provocative costumes and sexually suggestive dancing behaviors unbecoming women. More disturbing for some is that women's display of their sexuality and bodies are for their own enjoyment rather than that of their male counterparts. Yet, many of the women find playing *mas* (masquerade) to be personally, socially, and sexually liberating (de Freitas 1999, 28).

Issues

Standards of Beauty

Although T&T's population is multicultural, multiethnic, and diverse, some believe the country maintains a narrow and Eurocentric standard of beauty. In 2012, Athaliah Samuel was chosen to represent T&T in the Miss World Competition in China. Samuel's critics argued the dark-skinned Afro-Trinidadian was not a "traditional beauty" and labeled her "ugly" and "unfit." Supporters of the university graduate and model from Laventille, a predominately African Trinidadian working-class ward took to her defense, publishing a number of blog posts and articles accusing her detractors of colorism and classism.

The body size acceptance and health at every size movements in T&T also seek to resist and unlearn internalized beauty ideals by establishing more inclusive standards of beauty. Sheanna Allyne, CEO of the Caribbean Fashion Plus Week, asserts plus-sized women encounter difficulty purchasing figure-flattering clothes and finding stores and fashion designers that cater to them (Seebaran 2012).

Human Trafficking

The Trafficking Victims Protection Act (TVPA) upgraded T&T to the Tier 2 Watch List, which means the country has not fully complied with minimum standards but is making significant efforts to do so. Migrant workers and women from South America (notably Venezuela, Colombia, and Guyana) and the Dominican Republic are lured to T&T with the promise of employment, only to find themselves forced to work in the fishing industry, if they are men, and in brothels and clubs and sometimes coerced into marriage, if they are women. Transient children risk being forced to scavenge for trash and sell drugs.

T&T's Trafficking in Persons Act, enacted in 2011 but not proclaimed until 2013, established a Counter Trafficking Unit and protects victims from prosecution for crimes committed while being trafficked. Engaging in prostitution, owning a brothel, and pimping are illegal. The Children Act of 2012 criminalizes any attempt to subject a child to prostitution by carrying a sentence of 10 years to life. The country's failure to properly and fully enforce the legislation is a result of conflicts of interest and governmental complicity in human trafficking. In 2013, the arrest of 75 immigrant women, most from the Dominican Republic, on charges of prostitution revealed that the police did not provide the women with assistance, alert the antitrafficking unit, or screen the women for trafficking indicators. Instead, the women were detained until their court cases, and most were released on bail. Experts note that law enforcement officers, many of whom provide off-duty security for sex trade businesses, have a conflict of interest that might prevent them from fully investigating allegations of human trafficking.

Sexual Harassment

There are no laws in Trinidad and Tobago protecting women from sexual harassment in the home, workplace, or public domain. The prevailing belief has been that women should simply accept harassment as a part of the culture. In 2011, Simone Leid founded the WomenSpeak Project, an online platform using social media sites such as Facebook and Tumblr, to provide women with a forum to share their experiences with harassment. The WomenSpeak Project's goal is to help women process their thoughts and feelings regarding their encounters with harassment in all its forms and to bring about awareness that street harassment is a form of intimidation aimed to make the perpetrator feel empowered at the expense of the victim's sense of powerlessness. Women and members of the LGBTQ community affected by street harassment are encouraged to upload and share their stories, videos, and street harassment manifestos. On March 20, 2011, The WomenSpeak Project participated in the First International Anti-Street Harassment Day, which was expanded to a weeklong event in 2012 (Kearl 2011).

TRACY R. BUTTS

Further Resources

- Baboolal, Yvonne. 2012. "PM Promises Rights for Gays in Gender Policy." *Trinidad Guardian Newspaper*, December 18. Retrieved from <http://www.guardian.co.tt/news/2012-12-17/pm-promises-rights-gays-gender-policy>.
- Bagoo, Andre. 2015. "Women: \$135,167, Men: \$238,839." *Trinidad and Tobago Newsday*, May 26. Retrieved from <http://newsday.co.tt/news/0,211697.html>.
- Caribbean Communication Network. 2013. "Census: Mixed Population on the Rise." *Trinidad Express Newspapers*, February 20. Retrieved from http://www.trinidadexpress.com/news/Census__Mixed_population_on_the_rise-191944721.html#main.
- CIA (Central Intelligence Agency). 2016. "Trinidad and Tobago." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/td.html>.
- de Freitas, Patricia A. 1999. "Disrupting the Nation: Gender Transformations in the Trinidad Carnival." *New West Indian Guide/Nieuwe West-Indische Gids* 73.1–2: 5–34. doi:10.1163/13822373-90002583.
- Gopeesingh, Brenda. 2012. "An Ongoing Journey in the Pursuit of Agency: The Hindu Women's Organisation of Trinidad & Tobago." *CRGS: Caribbean Review of Gender Studies* 6: 1–16.
- Joseph, Jessica. 2014. "Influential Caribbean Country Is Leaning toward LGBT Rights." *Huffington Post*, October 13. Retrieved from http://www.huffingtonpost.com/jessica-joseph/influential-caribbean-cou_b_5970584.html.
- Kearl, Holly. 2011. "Breaking the Silence: Rallying around the World to End Gender-Based Street Harassment." Women's International Perspective, April 15. Retrieved from <http://thewip.net/2011/04/15/breaking-the-silence-rallying-around-the-world-to-end-gender-based-street-harassment>.
- Mello, Zena R., and Frank C. Worrell. 2008. "Gender Variation in Extracurricular Activity Participation and Perceived Life Chances in Trinidad and Tobago Adolescents." *Psyche* 17.2: 91–102. doi:10.4067/S0718-222820080002000224.
- Richards, Peter, and IPS Correspondents. 2010. "TRINIDAD: Women Demand a Real Gender Policy." Inter Press Service News Agency, March 8. Retrieved from <http://www.ipsnews.net/2010/03/trinidad-women-demand-a-real-gender-policy>.
- Seebaran, Desiree. 2012. "Plus-Size Army Growing." *Trinidad Guardian Newspaper*, October 28. Retrieved from <http://www.guardian.co.tt/entertainment/2012-10-27/plus-size-army-growing>.
- SIGI (Social Institutions & Gender Index). 2014. "Trinidad and Tobago." OECD Development Center. Retrieved from http://genderindex.org/country/trinidad-and-tobago#_ftn5.
- St. Bernard, Godfrey. 2003. *Major Trends Affecting Families in Central America and the Caribbean*. Report for UN Division of Social Policy and Development Department of Economic and Social Affairs Program on the Family. Retrieved from <http://www.un.org/esa/socdev/family/Publications/mtstbernard.pdf>.
- Theodore, Karl, Althea La Foucade, Kimberly-Ann Gittens-Baynes, et al. 2012. "Situation Analysis of Children and Women in Trinidad and Tobago." United Nations Children's Fund Office for the Eastern Caribbean Area. Retrieved from https://www.unicef.org/easterncaribbean/SITAN_Tdad.pdf.
- UNDP (UN Development Programme). 2015a. "Gender Inequality Index." Retrieved from <http://hdr.undp.org/en/composite/GII>.

- UNDP (UN Development Programme). 2015b. "Trinidad and Tobago." *The 2015 Human Development Report (HDR) Work for Human Development*. Retrieved from http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/TTO.pdf.
- U.S. Department of State. 2013. "2013 Trafficking in Persons Report—Trinidad and Tobago." June 19. Retrieved from <http://www.refworld.org/docid/51c2f37e4c.html>.
- WHO (World Health Organization). 2013. "WHO Report on the Global Tobacco Epidemic." Retrieved from http://www.who.int/tobacco/surveillance/policy/country_profile/tto.pdf?ua=1.
- WHO (World Health Organization). 2014a. "Global Alcohol Report." Retrieved from http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/tto.pdf?ua=1.
- WHO (World Health Organization). 2014b. "Trinidad and Tobago Cancer Country Profiles, 2014." Report. Retrieved from http://www.who.int/cancer/country-profiles/tto_en.pdf.
- WHO (World Health Organization). 2014c. "Trinidad and Tobago: Health Profile." Retrieved from <http://www.who.int/gho/countries/tto.pdf?ua=1>.
- WHO (World Health Organization). 2015. "Maternal Mortality Ratio (per 100 000 Live Births)." Retrieved from <http://www.who.int/healthinfo/statistics/indmaternalmortality/en/>.
- Women in National Parliaments. 2014. "Women in National Parliaments: World Classification." Retrieved from <http://www.ipu.org/wmn-e/classif.htm>.
- Youngblood Coleman, Denise. 2014. "Trinidad & Tobago: 2014 Country Review." *Trinidad & Tobago Country Review*: 1–277. Business Source Premier, EBSCOhost.

S

Suriname

Overview of Country

The Republic of Suriname, formerly called Netherlands Guiana or Dutch Guiana, is located on South America's northeast coast. It sits between Guyana to its west and French Guiana to the east, and it is bordered by the Atlantic Ocean to the north and Brazil to the south. Its landmass is 63,038 square miles (or 163,820 sq. km), making it the smallest country on the South American continent (CIA 2017). Suriname's abundant flora and fauna, along with its rain forest, are susceptible to environmental destruction and degradation due to commercial timber harvesting and extraction industries (IBP 2013). The population of 573,311 Surinamers primarily live in coastal villages that tend to be ethnically homogenous. They also live in urban areas, including Paramaribo, the largest city and capital, which is very multiethnic, and Nieuw Nickerie, which sits just across from Guyana (CIA 2017). Suriname has long been linked to Caribbean countries due to cultural and historical similarities, despite being situated on the South American continent.

Although the origin of the word *Suriname* is not clear, it is believed to come from the Surinen, one of the many indigenous tribes of the Amazon region. Within the Surinen, the largest tribes that lived along the coast—the Arawak and the Carib—were the first to encounter, resist, and, for some,

succumb to what became several waves of European explorers, settlers, and, ultimately, colonizers. Spaniards arrived in the 1500s, followed by the British in the mid-1600s. The Dutch claimed Suriname as a colony in 1667, after trading New York for Suriname to the British (Romero 2011). The Dutch brought enslaved Africans for harvesting sugarcane. They rebelled and attacked Paramaribo, but Paramaribo had been built to prevent such attacks. Through rebellion, Africans secured their freedom and set up their own villages inland, where they established peace treaties with the Dutch (Romero 2011). Slavery was abolished in 1863, but to replace formerly enslaved African labor, people from Indonesia and Java, primarily men, were brought to work as indentured laborers (CIA 2017; Hoeft 2014, 1).

In the 19th century, Western-educated and largely Dutch-speaking Surinamese began immigrating to the Netherlands. World War II interrupted the outflow in the 20th century, but immigration resumed after the war when Dutch labor demands grew. Emigrants included all segments of the Creole population (196).

Surinamers continued to retain strong linkages to the Netherlands because of job opportunities, family, and other ties. In the 1970s, Suriname's population dropped due to out-migration to the Netherlands "in anticipation of independence," which was granted in 1975 (Hoeft 2014, 3; CIA 2017).

In 1982, five years after independence, Suriname's civilian government was replaced by a military regime led by

Desire (Desi) Bouterse (1945–). Some considered his ruling style to be that of a dictator and cited as evidence his and his followers' involvement in what is now called the "December murders." Since then, Bouterse and 24 people have been suspected of executing 15 dissidents for not supporting the regime. The murders caused many Surinamers to leave the country (Hoeft 2014, 142). Among those who stayed were church women who protested the government (*Jamaica Observer* 2016; Hoeft 2014, 142). The regime continued to exert control through a succession of nominal civilian administrators until 1987, when international pressure finally forced a democratic election. However, in 1990, the military overthrew the civilian leadership, but a democratically elected government formed through a four-party coalition returned to power in 1991. Four more parties joined the coalition in 2005, and these eight parties were in power until 2010, when Bouterse and his coalition were elected (CIA 2017).

Bouterse's actions have not been ignored at the international level. Suriname's biggest supplier of development aid—the Netherlands—cut some of its aid in protest of an amnesty law that freed Bouterse and others from previous crimes (BBC 2013; CIA 2017). In 2015, elections were held again, and Bouterse was reelected as president after he ran unopposed (CIA 2017). Despite his reelection, many in Suriname continue to agitate for Bouterse to face trial (*Jamaica Observer* 2016).

Successive waves of migration, forced and free, have created a culturally and ethnically diverse population. In 2016, the population was 585,824 (CIA 2017). At 37 percent, Hindustanis, or East Indians, make up the largest ethnic group. Creoles (people with mixed white and black heritage) are 31 percent, and Javanese comprise 15 percent of the population (CIA 2017). Maroons (descendants of enslaved Africans) freed themselves and escaped to Suriname's interior forests. In the 17th and 18th centuries, they created their own autonomous communities and villages along the Coppename, Saramacca, Suriname, Tapananoni, Marowijne, and Lawa Rivers. Maroons make up 10 percent of the population and divide themselves into several bands: Saramacca and Ndyuka (about 50,000 each); Paramaka and Aluku (also called Boni) (about 6,000 each); Matawai (about 4,000); and the Kwinti (about 600) (CIA 2017; van An del 2012, 140; Heemskerk 2005; Price and Price 2005). Seeking work and educational opportunities, many leave the interior for cities and the Netherlands. Amerindians, or indigenous peoples, are 2 percent (approximately 20,000) of the population and primarily

live in the south and coastal savannah region (van An del 2012, 140). Chinese are 2 percent, whites are 1 percent, and 2 percent of the people are not assigned an ethnic category (CIA 2017).

Suriname is a young country, with 42 percent of the population under the age of 24. In this age group, males (128,149) outnumber females (123,195). The next largest group is those aged 25–54 years, who make up 44 percent of the population (132,334 males and 127,562 females). People aged 55–64 years are 6 percent, and people over the age of 65 comprise 5 percent of the population (CIA 2017).

Dutch is the official language, and it is used for education and government and is common to all in Suriname regardless of the language(s) spoken at home or in a community (CIA 2017). English is also widely spoken, as is Sranang Tongo (Surinamese). Sometimes called Taki-Taki, Sranang Tongo is native to Creoles and popular among Suriname's youth. It draws on English, Dutch, and Portuguese and is sometimes considered Suriname's lingua franca (CIA 2017; Romero 2011). The Javanese community speaks Caribbean Hindustani (a dialect of Hindi), and Portuguese and Chinese are spoken due to Brazilian and Chinese migration for work (CIA 2017). While the six Maroon societies retain their own unique languages, commonalities exist among the Saramaka, Matawai, and Kwinti and the Ndyuka, Aluku, and Paramaka (Price and Price 2005). With so many options, it is not uncommon for the language spoken to be determined based on the situation.

Suriname's diversity extends to religions practiced. Surinamers identify as Hindi (27.4%); Protestants (25.2%, predominantly Moravian); Roman Catholic (22.8%); Muslim (19.6%); and indigenous beliefs (5%) (CIA 2017). A simplistic version of Suriname's story describes the country's ethnic groups as interacting as a little United Nations; in reality, it is a day-to-day positioning of one's ethnic identity due to one's "colonial racial heritage, economic class, and ethnopolitics" (Tjon Sie Fat 2009, 2).

Suriname is noted for its intact rain forest. The government promotes tourism, and tourists from the Netherlands are the most common (Romero 2011). However, competition for Suriname's natural resources has long come from major international corporations, which has affected the landscape, as has illegal, small-scale gold mining by Brazilians, called *garimpeiros* (Romero 2011). Other natural resources include hydropower, fish, shrimp, and various minerals, such as aluminum, kaolin, bauxite, nickel, copper, platinum, and iron ore. Deforestation is a concern, as timber is harvested and exported (CIA 2017).

Overall, the country is in a postindustrial demographic transition, characterized by a low fertility rate, a moderate mortality rate, and a rising life expectancy. However, for the Maroon population of the rural interior, this is less so due to limited educational opportunities and access to contraceptives, higher malnutrition, and significantly less access to electricity, potable water, sanitation, infrastructure, and health care (CIA 2017).

Overview of Women's Lives

Women's lives and progress toward equity has progressed in some key areas: notably, more girls are able to access primary education, women's lives are less at risk when giving birth, and Suriname is combating HIV/AIDS and malaria. Importantly, it has ratified international agreements that affect women and adopting national legislation that lays the groundwork to implement the intent of such agreements (Hoeft 2014, 6). It is anticipated that this implementation will level social and economic inequities and access to day-to-day services and serve to upend the traditional gender ideology that women face at home and in the public sphere (6). By following through on legislative and policy changes, Surinamese women would benefit from structural mechanisms that mark their progress and show how the interplay of women's gender, ethnicity, and socioeconomic status serve to enhance or detract from their empowerment or continued discrimination (7).

All of these combine to influence Suriname's Gender Inequality Index (GII), which ranked it 100th out of 188 countries worldwide and gave it a value of 0.463 in 2014. The GII specifically evaluates women's reproductive health, empowerment in terms of political representation and levels of education, and participation in the labor force (UNDP 2015). The index points to where Suriname can change policy to foster women's equity.

Girls and Teens

Even though Suriname is placed in the high development category, educational and work opportunities remain limited for adolescent girls, especially those living in rural areas (UNDP 2015). Barriers to educational and professional success include violence against children in the home, early marriage, teen pregnancy, and poverty (CEPAL n.d.). Corporal punishment and violence toward children is widely accepted; 87 percent of children under the age of 15 are subjected to violent discipline by their caregivers (UNICEF 2016).

Reproductive health education and contraception are not yet widely disseminated to teenagers, resulting in a high level of unintended teen pregnancies. In 2016, the adolescent birth rate was 62 per 1,000 for girls ages 15–19 (UNICEF 2016). The teen pregnancy rate is even higher for girls living in the interior, and approximately 1 of every 10 young women is married or has a partner before the age of 15. Fifty percent are married before the age of 18 (UNICEF Suriname 2016). The nonprofit Stichting Lobi (Lobi) (Love Foundation) supports teen sexual health by training teens to participate in service delivery as advocates and peer health coaches. In addition to providing contraceptives through its clinics, it makes condoms available at schools and other locations where teens gather (IPPF 2014).

With 41 percent of children living in poverty, sexual activity is prevalent and contributes to teens not continuing with their education, as the need for work overrides the desire for education (UNICEF 2016). Children in rural villages are especially affected, as their families may not have the funds needed for them to attend school (UNICEF Guyana & Suriname 2016). A 2006 estimate found that 6 percent of children aged 5–14 were working (CIA 2017). Unemployment for 15- to 24-year-olds was 15 percent. Eleven percent of young men were unemployed, according to a 2013 estimate, and young women were almost twice that at 21 percent (CIA 2017).

Suriname's government has committed to working with the UN Development Programme to achieve the Gender Equality Seal, a certification process that guides countries as they evaluate their current gender equality status and provide a framework for developing a strategy for gender equality (UNDP 2016). To achieve gender equality, progress must start with young girls, and Suriname shows its commitment to this by working toward attaining the Equality Seal through examining and eradicating discrimination against young girls and female adolescents (CEPAL n.d.).

Education

Suriname has universal education, which includes primary education through grade 12. All years are mandatory (BSR 2017).

Access to university education is becoming available through Anton de Kom University (AKU) and its partnerships with other universities. AKU now offers a master's in public health through Tulane University's School of Public Health and Tropical Medicine in the United States. Since

the 1980s, more women have participated in higher education than men (Hoefte 2014, 216). Women attending university is valued and encouraged, which is reflected in the saying, “Your diploma is your first man” (20).

Even though some students face barriers in accessing education, others point out the need for better resources for their schools, and reports find that teachers are unskilled or underskilled. Despite this, 95 percent of those aged 15 and older can read and write. School is usually taught in Dutch (CIA 2017).

Health

Suriname spends 5 percent of its gross domestic product (GDP) on health care, ranking it 115th out of 191 countries (CIA 2017). The constitution mandates that the Ministry of Health promote its people’s health through a focus on the improvement of work and daily life and that it safeguard health care across the country (Sijem 2014). In the late 1970s, it ceded responsibility of care for communities in the interior—about 50,000 people—to a private nonprofit, Medical Mission (MZ). Three Christian medical missions form MZ. A decade later, a regional health service was created to provide care for coastal communities—about 145,000 people—many of whom are low-income and eligible for services from the Ministry of Social Affairs Housing, while many others are covered by the State Health Insurance Foundation. These actions follow the ministry’s philosophy of acting as a coordinator between the government, professional, and nongovernmental organizations (NGOs), which act autonomously to realize the goal of making care accessible, available, and focused on primary care (UNDESA n.d.).

Access to Health Care

During the economic downturn in the 1980s, many health care providers left the country for better pay. The health sector is also challenged by a lack of resources, such as drugs and medical equipment. In response, the government is focusing on controlling costs, promoting women’s and primary care health outcomes, converting public hospitals into private ones, and bolstering the nonprofit care providers’ responsibilities (UNDESA n.d.).

A 2014 presentation reported on the status and future plans of Suriname’s health care system. At that time, the regional health service provided primary care through 43 health clinics along the coast, and the MZ did the same in its 56 health clinics in the interior. The ministry planned

to upgrade and expand facilities, set up hospitals in rural areas, and offer more services through the clinics, such as 24-hour availability, emergency, chronic, and specialist care (Sijem 2014). The ministry also indicated plans for creating a health card for people who frequently cross the border and reported progress with addressing chronic and infectious diseases, with malaria almost being eliminated. The ministry also shared that it continues to provide high vaccination coverage and that it had work to do in the areas of school, maternal, and child health (Sijem 2014).

Maternal Health

About 60 percent of Surinamese women turn to Stichting Lobi (Lobi) clinics to meet their family planning, reproductive, and sexual health needs. With the slogan “Live a Responsible Love Life,” Lobi’s philosophical approach is to promote agency over one’s choices. Services include access to contraception, testing for sexually transmitted infections, gynecological care, and pregnancy testing. With Lobi and other providers, contraception prevalence reached 48 percent by 2015 (UNICEF 2016). Lobi also offers services to prevent cervical cancer and HIV. To support women in rural areas or those who are marginalized, Lobi has mobile clinics, and clients may pay on a sliding scale (IPPF 2014).

Women who become mothers face a maternal mortality rate of 155 deaths per 100,000 live births as of 2015, a rate that is up from 130 in 2013 (CIA 2017; WHO 2015). Ninety-one percent visit a health care provider at least once, and 67 percent make at least four visits; 91 percent have a skilled provider attend their birth, and 92 percent give birth in a facility while the remaining do so at home. As of 2015, the fertility rate was 2.3 children per woman, down from 1990’s rate of 3.3 (UNICEF 2016), and the infant mortality rate was 25 per 1,000 live births (CIA 2017). Neither the maternal mortality ratio nor the under-5 mortality rate (23 per 1,000 live births) meets the baseline Millennium Development Goals of 84 and 48, respectively; both rates are higher than the region (WHO 2015).

Abortion is illegal, and women who cause their own or who have another induce one can be punished with up to 3 years’ imprisonment for doing so. For women who obtain an abortion from another person, that person is subject to 4 years and 6 months in prison, or 12 years if the woman did not agree to the abortion. Medical practitioners are further penalized for providing this service (Women on Waves n.d.). According to the Center for Reproductive Rights, even though abortion is illegal, it may be possible

to obtain one when saving a woman's life because it is seen as a necessity. This is similar to its neighbors, such as Brazil and Venezuela, but unlike Guyana and French Guiana, who both have more women-centered laws (Center for Reproductive Rights 2017). Some have recognized the punitive nature of Suriname's law and advocated for changing the law or have supported women in creative ways, such as by making the abortion pill available through Women on the Web's mail-order service (Women on Waves n.d.). Changing the law would bring Suriname into alignment with its obligations as a signatory to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which calls for women's equal rights, including health care and in particular care related to family planning (Castelen 2009, 2–6).

Diseases and Disorders

Surinamers are living longer, with women typically living 74 years and men 69 years (CIA 2017). This is similar to the average life span of many other countries, according to the World Health Organization (WHO 2015). During their longer lives, Surinamers face on average 12 years of lost health due to illness and disability. The most common causes of death are cardiovascular disease and diabetes. Other diseases that cause death include cancer, respiratory and other infectious diseases, and HIV/AIDS. Between 2000 and 2012, diabetes, self-harm, and heart diseases all increased, and HIV/AIDS decreased (WHO 2015).

HIV/AIDS

Young people aged 25–29 had the highest number of new infections of HIV in 2008, and girls and young women were disproportionately affected. Suriname has been able to reduce the rate of folks contracting HIV in part due to promoting the use of condoms. For example, its Youth Advocacy Movement (YAM) promotes an ABC program of abstinence, being faithful (monogamy), and condom use.

Employment

Women's participation in the labor force has grown from 37 percent in 2005 to 39 percent in 2010, and during the same time frame, men's participation grew by 1 percent, from 67 percent to 68 percent (all based on estimates) (UN Statistics 2017). At 48 percent, the majority of employed women work in the services sector; this is followed by

agriculture (20%) and industry (10%), all according to 2013 data (ILO 2015).

Labor statistics do not capture the full breadth of women's participation in the labor force because much of their work goes unrecognized. Unrecognized work takes place in what is called the *informal economy* and takes many forms: street vendors selling their products, such as food or herbs at the market; domestic workers; child and elder care providers; and those who farm, hunt, and fish at a subsistence level to meet their families' needs (Advameg 2017).

Despite the higher rate of women getting university degrees compared to men, women are still clustered into lower-paying, lower-status jobs and have less access to jobs (Hoeft 2014, 20, 216). Even though younger women can increasingly choose to work or be a stay-at-home parent, most women still encounter gender discrimination (20).

A 1992 study found an even distribution of ethnicity for both higher-paying, such as executives and entrepreneurs, and blue-collar jobs. However, Creoles and Maroons clustered in jobs such as teaching, nursing, cleaning, and catering. Asians were clustered in such jobs as shopkeepers, traders, and drivers (193). The Chinese are often viewed as minorities because many do not speak Dutch, and, due to inherited colonial stereotypes, their lighter skin is considered to benefit them socioeconomically. In their lived work experience, many Chinese navigate the stratification between white and black (Tjon Sie Fat 2009, 3). In a 2005 study, many Hindustanis held agricultural jobs (Hoeft 2014, 193). This concentration is ascribed in part to stereotyping of Asians as being naturally predisposed to growing rice (9). Hindustani women have higher unemployment rates due to cultural expectations, which hold men to the role of financially providing for their families (193).

In 1976, Suriname ratified the UN legislation granting refugees and citizens equal treatment under the Social Security Convention of 1962. This grants a range of benefits, such as old-age benefits, medical care, and maternity benefits. While the Surinamese government has ratified or agreed to various UN policies around work, many still live in poverty, and women do not have full access to employment.

Family Life

Suriname is considered to have a patriarchal society in which men are the head of a family (Hoeft 2014). This cultural trait has been more common to Hindustani families

compared to Maroon families, who tend to be matrifocal, or headed economically and emotionally by women (Advameg 2017). Women grapple with various discriminatory or limiting beliefs, for example, some working-class women may be looked at as “immoral” for holding jobs outside the home. Dark-skinned and Creole women may be presumed to be matriarchal, while British Indian women may be labeled “submissive” and Javanese women may be labeled “sexually promiscuous” (Hoeft, 2014, 9).

LGBTQI

Overall, Suriname is not considered welcoming to the LGBTQI community. In a 2014 report to the UN Human Rights Committee, advocacy organizations reported open hostility toward LGBTI people despite the Surinamese Constitution’s recognition of personal freedom and security as rights as well as the right to not be discriminated against based on any status (LGBT 2014; WIPO n.d.). Gay and transgender sex workers are particularly vulnerable to what are considered weekend “clean ups,” where the police harass, intimidate, and arrest them. Lacking specific policies, legislation, and uniform acceptance from government officials, members of the LGBTI community experience discrimination in all areas of their lives. Discrimination includes a lack of marital rights, as same-sex marriage is illegal; the law defines marriage as between one man and one woman. Barring marriage means same-sex couples are also prevented from inheriting their partner’s property or belongings, and they are ineligible for their partner’s pension after death—rights automatically granted opposite-sex couples, whether legally married or not (LGBT 2014).

Transgender persons also face discriminatory practices in the form of structural violence, or the systematic social structures causing harm to people, as the government has consistently failed to create protections to support this community and has not enforced the structures offering gender-based protections (Burtles 2013; LGBT 2014). One example of structural harm is the lack of protections allowing transgender women to work as teachers; instead, the only way they can work as teachers is if they dress in line with their biological sex. Transgender teens face the same issue; they are not allowed to dress according to what they identify as their gender identity or expression (LGBT 2014).

Progress has come in some areas. For example, same-sex activity is legal, as are the rights to adopt, to serve in the military, and to have one’s sexual orientation protected from employment discrimination (Equaldex 2017).

In 2010, a study ranked Suriname 15th out of 25 countries in the Americas in its support for same-sex marriage. Canada, Argentina, and Uruguay were the three most supportive, and El Salvador, Guyana (Suriname’s southern neighbor), and Jamaica were the three least supportive. The study also found that people with higher levels of economic development and education indicated significantly more support for same-sex marriage (Lodola and Corral 2010). Suriname’s status in each area explains its ranking in the middle of the list.

LGBTQI members advocate for their rights and foster community building through pride parades. In 2013, Suriname hosted its third annual march. Since 2011, the organization LGBT Platform Suriname has organized an annual OUT@SU pride parade. One theme has been sexual diversity in the workplace (GayStarNews 2013).

Politics

As with many colonized countries, violence, authoritarian control, contestation, and resistance marked Suriname’s transition from a Dutch colony to an independent country (Hoeft 2014, 1–3). In 1948, Surinamers gained universal suffrage (3). One year after suffrage, Suriname held its first general elections. In 1954, it became autonomous; two decades later, it was deemed an independent republic (3). It celebrates its independence, obtained in 1975 from the Netherlands, on November 25 (CIA 2017). Former Surinamese governor Johan Ferrier (1910–2010) became the first president in 1975, and Henk Arron became prime minister (BBC 2012). Both represented the National Party (NPS), and while Ferrier had historically advocated for unity among all ethnicities, in practice, Creole elites benefited from his rise (CIA 2017; Hoeft 2014, 95).

In 1979, the military, led by Lieutenant-Colonel Bouterse, forced a coup of the civilian government. Promises of democracy were replaced with repressive tactics, which led to open protest by the Surinamese. Their open revolt was quelled in 1982 by the “December murders” (Hoeft 2014, 24; CIA 2017). In response, the Netherlands and the United States cut economic aid (BBC 2012), contributing to an economic downturn (Hoeft 2014, 24). Resolution to this massacre for relatives and the country as a whole remains elusive, as investigative efforts are regularly circumnavigated (Hoeft 2014, 3, 24; CIA 2017). During this time, Maroons in the interior region held an armed revolt. Hundreds died during the Interior War, and it was five years before the Maroons signed a peace treaty.

Even though Bouterse was forced to step down, he later reemerged and was elected president in 2010 after forming a large coalition among many political parties (Hoeft 2014, 24; BBC 2012). Presently, Suriname is considered a presidential republic, having ratified the current constitution in 1987, with Bouterse continuing his reign as president (CIA 2017).

To the disappointment of the Committee Commemorating the Victims in Suriname, the Organisation for Justice (OFJ), and others hoping to bring Bouterse to justice for his role in the “December murders,” he eluded trial in 2016 through what is seen as a loophole. The chair of OFJ, Betty Goede Jong-a-Liem, expressed her hope that the Surinamese government would not protect those responsible for the murders (*Jamaica Observer* 2016).

Except for the presidency, women have been appointed to or voted into the State Council and the National Assembly (DNA)—the highest levels of government. The 51 DNA members are elected to five-year terms through secret ballot and hold legislative authority along with the government. The current chair of National Assembly and speaker of the Parliament, Dr. Jennifer Geerlings-Simons, is serving her second term in the latter role (UNDP 2017). After a career as a medical doctor and professor at Anton de Kom University, she has been elected to the assembly three times (Summit of Women Speakers of Parliament, n.d.). Another notable woman leader was Minister of Social Affairs and Housing Alice Amafo. She was the first Maroon woman and the youngest minister when first appointed at age 28 in 2005. She was inspired to enter politics after visiting the interior and seeing the living conditions that offer few educational and work opportunities. She joined the Maroon Women’s Network and the cooperating Maroon Experts (CGM 1977). After the 2015 elections, women held 13 of 51 seats, which at 25.5 percent is close to the average of 27.7 percent for countries in the Americas (IPU 2016).

Religious and Cultural Roles

Many religions are practiced; Creoles and Maroons tend to be the largest practitioners of Catholicism and Protestantism. Hindustanis typically practice Hinduism, though some practice Islam or Christianity. Within the Javanese community, many are Muslim. A Jewish community of about 2,700 also exists. Jews originally fled to Suriname during the Spanish Inquisition and established a synagogue in 1719, which later, in 1835, became the Neve Shalom

synagogue (Connelly-Lynn 2015). In addition to being a religiously diverse country, many people reflect this diversity by practicing one or more religions. For example, some people practice Catholicism because they attended Catholic school while also attending Protestant or Hindi services to join their family members (Hoeft 2014, 10–11). That the synagogue is located next to the Ahmadiyya Anjumar Insha’at Muslim Mosque in Paramaribo is often said to exemplify Suriname’s acceptance of many religions, while some may point to the presence of Hindi temples dotting entrances to many homes throughout the city along with other churches (Connelly-Lynn 2015).

Winti

Many Maroons practice Winti (wind), a syncretic religion carried over from Africa and influenced by Amerindian beliefs, Christianity, and Judaism (van Andel 2012, 140). Winti practitioners believe in invisible, supernatural spirits that can control a person through dance, music, prayers, or herbs, unless specific, regular offerings are made to appease the spirits or to make peace with an ancestor and thus prevent disease and bad luck (140). Some believe that unbalanced interactions with nature, such as river pollution, cutting specific trees, or overhunting, can also upset spirits and result in illness or misfortune (140).

Winti practitioners believe that many plants and trees are sacred and magical. They may harvest plants from forests considered sacred or may cultivate them in their own gardens for their personal use or for sale at the Paramaribo market, which provides a small income (143). Sacred plants, leaves, or bark have many uses and are frequently used in herbal baths to promote spiritual well-being, personal happiness, good fortune, or cleansing from evil spirits (141).

Forests and trees considered sacred by Winti practitioners are vulnerable to several forces: migration of Maroons from the forested interior to urban areas; extraction industries including mining and logging; the possibility of evangelical religions overtaking Winti beliefs; and Maroons lack of ownership, or title, to their traditional forests (139). The Suriname federal government holds title to the land and wants to promote income-generating activities that multinational corporations based in the United States and China could provide (140). Scholars have pointed out that respect for Winti practices could contribute to environmental and forest preservation (140). Even though many Maroons live in urban areas and adopt Winti practices, the

loss of Maroon youth to other religions and their migration to cities for work bodes poorly for the passing on of this traditional culture (144). This “cultural destruction” also affects Amerindians (144).

Along with religious celebrations, numerous secular holidays are celebrated—some reflecting days unique to Suriname’s history or celebrating the traditions of one of the ethnic groups. Ketu Koti, or broken shackles, honors Emancipation Day, when enslaved Africans freed themselves (Ibuka News 2015). Maroon Day recognizes the signing of a peace treaty between Okanisi/Ndyuka (Maroons) and the Dutch. Independence Day celebrates Suriname’s independence from the Netherlands (Advameg 2017).

Art and Culture

Oral traditions are appreciated by many communities, as is music. While kaseko and kawina music is popular among Creoles, gamelan orchestras are associated with the Javanese. Artists in other areas, such as writers and painters, are not supported by the government or private organizations, causing many to leave to live and work in the Netherlands (Advameg 2017).

Issues

Suriname faces three significant transnational issues: ongoing border disputes between Suriname and its northern neighbor, Guyana; trafficking of women from nearby countries through Suriname; and transshipment of drugs through the country. The border is located along the lush, dense forest, where it is not always easy to patrol for drug trafficking. Many Amerindians and Maroons cross the border, seeking French Guiana’s better social security (Hoeft 2014, 214).

Human Trafficking and Violence against Women

Suriname is a source, destination, and transit country for women, men, and children who are subjected to sex trafficking and forced labor. Women and girls from Suriname, Guyana, Brazil, Venezuela, and the Dominican Republic are subjected to sex trafficking. Trafficking often occurs near mining camps in the interior and brothels in homes, which are harder to detect and have increased in number. The government has yet to meet the minimum standards to prevent and eliminate trafficking (U.S. Department of State 2016).

Trafficking extends to forced labor, to which men, women, and children are subjected. Chinese migrants are vulnerable to forced labor in agriculture, on fishing boats, in the service industry, and in construction, while children can fall victim to dangerous gold mining, where among other risks, they may be exposed to mercury. While there have been calls for the government to fight trafficking by prosecuting traffickers and by providing financial and other support to antitrafficking organizations, the government has failed to respond (U.S. Department of State 2016).

Migration

Immigrants who come to Suriname for work arrive mostly from Haiti, Brazil, China, and other Caribbean countries. Many Surinamers have become concerned about whether public funds will be used to pay for immigrants’ education, social services, and housing needs. Likewise, many Surinamers immigrate to the Netherlands, French Guiana, and the United States. Suriname’s immigration rules are flexible, and the country is easy to enter illegally because rain forests obscure its borders. Since the mid-1980s, Brazilians have settled in Suriname’s capital, Paramaribo, or eastern Suriname, where there is gold mining. Some Brazilian women have migrated to Suriname and married Surinamese (197).

JANE NICHOLS

Further Resources

- Advameg. 2017. “Suriname: Countries and the Cultures.” Retrieved from <http://www.everyculture.com/Sa-Th/Suriname.html#ixzz4ZOLCmyt5>.
- BBC. 2012. “Timeline: Suriname.” September 14. Retrieved from http://news.bbc.co.uk/2/hi/americas/country_profiles/1218515.stm.
- BBC. 2013. “Suriname Profile.” Retrieved from <http://www.bbc.com/news/world-latin-america-19997673>.
- Brana-Shute, Rosemary. 1989. “Approaching Freedom: The Manumission of Slaves in Suriname, 1760–1828.” *Slavery and Abolition* 10.3: 40–63.
- BSR (Business Schools Ranking). 2017. “Business Schools Ranking in Suriname.” Retrieved from <http://www.eduniversal-ranking.com/business-school-university-ranking-in-suriname.html>.
- Burt, Adam. 2013. “What Is Structural Violence?: Structural Violence: Inequality and the Harm It Causes.” Retrieved from <http://www.structuralviolence.org/structural-violence>.
- Castelen, Milton Andy. 2009. “Women’s Reproductive Health Rights the Rule of Law and Public Health Considerations in Repealing the Criminal Laws on Abortion in the Republic Suriname.” University of Toronto. Retrieved from <https://>

- tspace.library.utoronto.ca/bitstream/1807/18236/1/Castelen_Milton_A_200911_LLM_thesis.pdf.
- Center for Reproductive Rights. 2017. "The World's Abortion Laws 2015." Retrieved from <http://worldabortionlaws.com/map>.
- CEPAL (Comisión Económica para América Latina y el Caribe). n.d. "Suriname." Retrieved from <http://www.cepal.org/mujer/noticias/paginas/8/36338/suriname.pdf>.
- CGM (Centrum voor de Geschiedenis van Migranten/Center for the History of Migrants). 1977. "Alice Amafo, the First Maroon Minister." *Vijfeeuwenmigratie*. Retrieved from <http://www.vijfeeuwenmigratie.nl/alice-amafo-eerste-marronminister>.
- CIA (Central Intelligence Agency). 2017. "Suriname." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/ns.html>.
- Connelly-Lynn, Marcie. 2015. "Cathedrals, Mosques and Temples in Paramaribo: Just a Little Further." *Just a Little Further* (blog), November 13. Retrieved from <https://justalittlefurther.com/just-a-little-further/south-america/cathedrals-mosques-and-temples-in-paramaribo>.
- De Vos, Gail. 2003. *Storytelling for Young Adults: A Guide to Tales for Teens*. Santa Barbara, CA: Libraries Unlimited.
- Equaldex. 2017. "LGBT Rights in Suriname." Retrieved from <http://www.equaldex.com/region/suriname>.
- GayStarNews. 2013. "Suriname to Host 3rd Annual Pride March." October 3. Retrieved from <http://www.gaystarnews.com/article/suriname-to-host-3rd-annual-pride-march/#gs.bCoTkuE>.
- Heemskerk, Marieke. 2005. "Marieke Heemskerk: Dissertation Research (1998–1999): The Maroons of Suriname." Retrieved from <http://www.heemskerk.sr.org/Maroons/Maroons.html>.
- Hoeft, R. 2014. *Suriname in the Long Twentieth Century: Domination, Contestation, Globalization*. New York: Palgrave.
- IBP (International Business Publications). 2013. *Suriname: Mineral & Mining Sector Investment and Business Guide: Volume 1, Strategic Information and Regulations*. Washington, D.C.: International Business Publications. Retrieved from <https://books.google.com/books?id=iN9sxYBHM34C&pg=PA23&dq=suriname%20cities&pg=PA2#v=onepage&q=suriname%20cities&f=false>.
- Ibuka News. 2015. "Keti Koti Amsterdam." Retrieved from <https://www.youtube.com/watch?v=B3yKswle2OQ>.
- ILO (International Labor Organization). 2015. "Suriname: Non-Discrimination at Work." Retrieved from http://www.ilo.org/gateway/faces/home/polareas/discrimination?locale=en&countryCode=SUR&track=STAT&policyId=10&_adf.ctrl-state=i0462s2_177.
- IPPF (International Planned Parenthood Federation/Western Hemisphere Region). 2014. "Stichting Lobi (LOBI)." Retrieved from <https://www.ippfwhr.org/en/country/suriname>.
- IPU (Inter-Parliamentary Union). 2016. "Women in National Parliaments." Retrieved from <http://www.ipu.org/wmn-e/classif.htm>.
- Jamaica Observer*. 2016. "Suriname President Halts Resumption of 'December Murders' Trial." July 1. Retrieved from http://www.jamaicaobserver.com/news/Suriname-president-halts-resumption-of--December-murders--trial_65675.
- Kelly, John D. 2010. "Seeing Red: Mao Fetishism, Pax Americana, and the Moral Economy of War." In *Anthropology and Global Counterinsurgency*, edited by John D. Kelly, Beatrice Jauregui, Sean T. Mitchell, and Jeremy Walton, 67–83. Chicago, IL: University of Chicago Press.
- LGBT (LGBT Platform Suriname, Heartland Alliance for Human Needs & Human Rights, Global Initiative for Sexuality and Human Rights and Akahatá—Equipo de Trabajo en Sexualidades y Géneros). 2014. "Human Rights Situation for LGBTI Persons and Sexual Rights in the Republic of Suriname: Issues Submitted to the Working Group on the Suriname Report." Human Rights Committee 113th Session. Retrieved from http://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/SUR/INT_CCPR_ICO_SUR_19176_E.pdf.
- Lodola, Germán, and Margarita Corral. 2010. "Support for Same-Sex Marriage in Latin America." *Americas Barometer Insights* 44. Edited by Mitchell A. Seligson and Elizabeth Zechmeister. Retrieved from <http://www.vanderbilt.edu/lapop/insights/10844.enrevised.pdf>.
- McCarthy, Terrence J. 2010. *A Journey into Another World: Sojourn in Suriname*. Tucson, AZ: Wheatmark.
- Price, Richard, and Sally Price. 2005. "Suriname Maroon." In *The Greenwood Encyclopedia of World Folklore and Folklife*. Vol. 4. Edited by William M. Clements, 236–243. Santa Barbara, CA: Greenwood.
- Romero, Simon. 2011. "Suriname, South America's Hidden Treasure." *New York Times*, September 16. Retrieved from <http://www.nytimes.com/2011/09/18/travel/suriname-south-americas-hidden-treasure.html>.
- Sijem, Sandra. 2014. "Primary Health Care in Suriname Health Financing." Presentation at University of West Indies-St. Augustine, Trinidad and Tobago, 9th Caribbean Conference on National Health Financing Initiatives, November 4–6. Retrieved from <http://sta.uwi.edu/conferences/14/healthfinancing/documents/SurinamePrimaryHealthCarePresentationhealthfinancing.pdf>.
- Summit of Women Speakers of Parliament. n.d. "H. E. Jennifer Geerlings-Simons." Global Summit of Women Speakers. Retrieved from <https://www.gsws.ae/speaker/mrs-jennifer-geerlings-simons>.
- Tjon Sie Fat, Paul. 2009. "Chinese New Migrants in Suriname: The Inevitability of Ethnic Performing." Amsterdam, NL: Vossiuspers UvA.
- UNDESA (UN Department of Economic and Social Affairs Division for Sustainable Development). n.d. "Social Aspects of Sustainable Development in Suriname." Sustainable Development. Retrieved from <http://www.un.org/esa/agenda21/natinfo/countr/suriname/social.htm>.
- UNDP (UN Development Programme). 2015. "Table 5: Gender Inequality Index. Human Development Reports." Retrieved from <http://hdr.undp.org/en/composite/GII>.
- UNDP (UN Development Programme). 2016. "UNDP Suriname Is Putting the Pieces Together for Gender Equality." Retrieved from <http://www.sr.undp.org/content/suriname/en/home/presscenter/articles/2016/07/01/undp-suriname-is-putting-the-pieces-together-for-gender-equality>.

- UNDP (UN Development Programme). 2017. "Suriname: Boosting Women's Participation in Parliament District by District." Retrieved from <http://www.latinamerica.undp.org/content/rblac/en/home/ourwork/democratic-governance/successstories/suriname--boosting-women-participation-in-parliament-district-by.html>.
- UNICEF. 2016. "The State of the World's Children 2016 Statistical Tables." Retrieved from <http://data.unicef.org/resources/state-worlds-children-2016-statistical-tables>.
- UNICEF Guyana & Suriname. 2016. "I Choose Me: Children in the Suriname Amazon—Documentary." YouTube.com. Retrieved from <https://www.youtube.com/channel/UCrYLj5DCOR7lCR0cg1ump9g>.
- UNICEF Suriname. 2016. "Adolescent Development and Participation." Retrieved from https://www.unicef.org/guyana/Sur_Adolescent_2016.pdf.
- UN Statistics. 2017. "Suriname." Retrieved from <http://data.un.org/CountryProfile.aspx?crName=suriname>.
- U.S. Department of State. "Suriname." *Trafficking in Persons 2016 Report: Country Narratives*. Retrieved from <https://www.state.gov/j/tip/rls/tiprpt/countries/2016/258868.htm>.
- van Andel, Tinde. 2012. "How African-Based Winti Belief Helps to Protect Forests in Suriname." In *Sacred Natural Sites: Conserving Nature and Culture*, edited by Bas Verschuuren, Jeffrey McNeely, Gonzalo Oviedo, and Robert Wild, 139–145. Hoboken, NJ: Routledge.
- WHO (WHO and UN Partners). 2015. "Suriname: WHO Statistical Profile." Retrieved from <http://www.who.int/gho/countries/sur.pdf?ua=1>.
- WIPO (World Intellectual Property Organization). n.d. "Suriname 1987 Constitution with the Reforms of 1992." Retrieved from <http://www.wipo.int/wipolex/en/details.jsp?id=8816>.
- Women on Waves. n.d. "Abortion Law: Suriname." Retrieved from <https://www.womenonwaves.org/en/page/4952/abortion-law—suriname>.

U

United States of America

Overview of Country

The United States of America—or the United States, America, or “the States”—is the fourth-largest country in total area at 3.79 million square miles (9,833,517 sq. km) (CIA 2017). Forty-eight states plus the District of Columbia compose the continental United States, which is situated between Canada to the north, the Atlantic Ocean to the east, Mexico to the south, and the Pacific Ocean to the west. Alaska, the largest state, borders the Canadian Yukon Territory and British Columbia to its east. Hawaii, the 50th state in the union, is a series of islands in the central Pacific Ocean. The United States claims 14 territories (5 populated and 9 unpopulated) in the Pacific and the Caribbean. As its states and territories range from the Arctic to the tropical, the United States has an extremely diverse geography and climate, which supports a wide variety of wildlife, agriculture, and aquaculture.

Native American nations, each with distinct languages and cultures, inhabited the lands currently called the United States of America. European colonization began in the 1500s, when the Spanish entered the Southwest and Florida. France, England, the Netherlands, Sweden, and Russia have all colonized different parts of North America for its land and natural resources, destroying indigenous nations and exiling survivors to less desirable locations.

The Spanish, French, English, and Dutch brought enslaved Africans to the Americas. Descendants of the English colonists engaged in the slave trade became the most influential people in the original 13 colonies on the East Coast. With the help of France, the Netherlands, Spain, and other countries, the colonies overthrew the British in the Revolutionary War. The Treaty of Paris (1783) ended the war and recognized the sovereignty of the newly named United States over all land south of Canada, north of the Gulf of Mexico, and east of the Mississippi River.

In 1803, France sold its North American holdings west of the Mississippi and south of Canada to the new U.S. government. Over time, whites from the original, as well as European immigrants and indentured laborers, made their way westward, disenfranchising Native Americans and bringing in slaves and immigrant labor to build railroads, cut timber, and farm the land, eventually reaching the Pacific Ocean in 1844. Railroad magnates sought Chinese labor to lay track and blast tunnels into mountains to connect tracks from the Pacific to those from the Atlantic. As Northern states experienced their industrial revolution, Northern and Southern states developed different opinions on maintaining slavery. The South seceded from the Union, and the North and South fought the Civil War (1861–1865).

The Union victory resulted in the emancipation of the slaves in 1865, giving African American men some of the same rights as white men, including citizenship, the right

to own property, the freedom to seek an education, and the right to vote. Despite these freedoms, African Americans in Southern states were segregated from whites, forced to live in separate communities, attended separate schools, and used separate public amenities. Native Americans were removed to reservations and forced to send their children to boarding schools, where they were stripped of their culture and language through humiliation, abuse, and Christian missionary teachings. World War II was an awakening for African Americans, gays and lesbians, and women. For the first time, they had access to good-paying jobs and opportunities in the military. At the same time, the federal government interned thousands of innocent Japanese Americans in relocation camps without evidence of disloyalty to the United States.

The Civil Rights Act of 1964 was the first federal law to criminalize discrimination based on race, color, religion, sex, or national origin. The law offered some protection to religious minorities and Asian immigrants. While many amendments to civil rights legislation have been made since then, not all states interpret and apply these laws in the same way. Despite the 2008 election of an African American president, Barack Obama, racial, economic, and gender inequalities persist.

Overview of Women's Lives

The United States is the third-largest country in population, with nearly 319 million people as of 2014 (USCB 2015). The United States is one of the world's most ethnically diverse and multicultural nations due to generations of conquest, the slave trade, and immigration from around the globe. Although many Americans are descended from farmers, trappers, buffalo hunters, cowboys, miners, and fishermen, approximately 80 percent of the population today lives in urban areas.

The majority of the population is female and, increasingly, multicultural. Recent estimates state that 51 percent of the population identifies as female (USCB 2015). These numbers do not include active-duty military personnel, where approximately 20 percent of the military population is female-identified (Patten and Parker 2011); the incarcerated and those under surveillance, of which approximately 1 million are female-identified persons (The Sentencing Project 2010); the institutionalized; nor the homeless.

It is said that, by 2050, women of color will make up 53 percent of the female population; 1 out of 4 American women will be Latina, 1 out of 10 will be African American,

and 1 out of 10 will be Asian. The number of women who identify as biracial or multiracial is also increasing. By 2050, white women will drop from 61.8 percent of the American female population to 47 percent. Immigration will continue to drive this increase in racial and ethnic diversity. At this time, a gender imbalance exists in Muslim, Buddhist, and Hindu communities because single men are most likely to immigrate to the United States for school and work (Ahmed and Iverson 2013).

As the visibility of LGBTIQ populations increases in schools and the media, and legislation for LGBTIQ civil rights and same-sex marriage increases across the United States, the number of women who self-identify as lesbian—as well as the number of biologically determined men who identify as female—will increase. At this time, no official statistics exist for bisexual female, lesbian, or male-to-female transgender populations. As of 2015, the U.S. Supreme Court legalized same-sex marriage for all 50 states, but most states still do not have antidiscrimination laws that include protections for sexual orientation and gender identity. Lesbians and male-to-female transgender people could risk harassment, denial of housing, or employment termination if they come out in some regions of the United States.

In the 21st century, the U.S. Census Bureau has started to count same-sex couples. As of 2013, 52 percent of same-sex couples were female and more than twice as likely as heterosexual couples to be interracial. More female same-sex couples lived in poverty than male same-sex couples or heterosexual couples, even if both partners identified as employed. Female same-sex couples of color were more at risk for living in poverty than white same-sex couples (USCB 2013).

In 2014, the United States ranked 5th out of 187 nations based on the Gender Inequality Index (GII, 0.262) (UNDP 2015). Despite this, U.S. women have still not achieved full equality with men. While the federal civil rights law Title IX prohibits discrimination against women in all areas of education, girls and young women still receive messages from parents, teachers, peers, and the media that good girls enter caregiving professions, such as teaching or nursing, or become paralegals or dental assistants instead of lawyers or doctors. Traditional “female” professions earn lower salaries than “male” professions. Even if men and women hold the same position, it is likely that female employees will receive lower salaries than men. Girls are still raised to believe that their focus is to find a partner and have children. Even lesbians, particularly those in committed

Trans Women in the United States

An underrepresented and often invisible female population in the United States is the male-to-female (MtoF) transgender population, also known as *trans women*. Born in male bodies, MtoF transgender people see themselves as female and want to live as girls and women. Due to the persecution they face in many parts of the United States, many trans women go “stealth” (i.e., present as female and hide their male identity) or choose to live as men until they feel safe enough to transition. Also, the federal government gives each state the right to classify each person, male or female, as they see fit on birth certificates and drivers’ licenses. For these reasons, the number of trans girls and trans women in the United States remains unknown.

Although trans women existed in European cultures, they did not have a name for themselves. European laws often identified people who dressed in the clothing of the opposite sex as “sodomites” and illegalized such behavior. When European explorers encountered Native American tribes for the first time, they noticed that most tribes included men who dressed and lived as women. Most of the time, those cross-dressing men were tribal healers and shamans and considered sacred by their people. French explorers called these shamans “berdaches,” after the Persian dancing boys who dressed as girls. Colonial powers viewed the berdache as an abomination against Christianity, and from colonial times onward, governments in the United States were committed to stamping out gender nonconformity through “Christian” education and severe punishments for Native Americans and all other communities.

Many trans girls do not live openly as female until adulthood. Their parents may discourage them from playing with traditional toys for girls and dressing up in female clothing, which often leads to depression and self-harm. Trans girls are often at high risk for bullying in K–12, and may not find adequate support in college, even if their school has an LGBT resource center. Those who disobey their parents may be sent to psychologists, physically abused, or kicked out of their homes. For this reason, trans women—particularly trans women of color—are at high risk for homelessness, substance abuse, prostitution, and HIV/AIDS. Trans women in desperate situations may end up in prison for stealing money to cover their medical costs or for defending themselves against abusive intimate partners. Federal and state prison systems are investigating the feasibility of housing trans women in women’s prisons and allowing them hormone therapy or sex-reassignment surgery during their incarceration for their safety while in prison.

Those trans women from accepting families who complete their education and seek employment may have trouble living as their true selves or paying for hormone therapy or sexual reassignment surgery with their employment-sponsored health insurance. As of 2014, only 18 states prohibit discrimination against gender identity, and most of those states only protect employees working for the state. Trans girls and trans women in rural and inner-city environments are most at risk for harm, particularly in religious communities and communities of color. While trans women may identify as straight, bisexual, or lesbian, some in the lesbian community may reject them as “not real women.”

As transgender visibility increases in the United States, more parents are learning about accepting their trans girls. These parents allow their male-born children to dress as girls and go to school as girls if this is what they desire, meeting with their teachers before school starts to introduce their trans daughter and to speak of her as female. More schools are providing gender-neutral bathrooms and preferred name policies to provide a safer environment for trans girls. While K–12 teachers and administrators are working on antibullying policies, many still have transphobic attitudes and place the blame on trans girls for their persecution at school.

As trans girls want people to read them as female, they sometimes will overcompensate and conform to the heteronorms for enhanced femininity, which affects the subjects they may prefer in school as well as their career or relationship choices. As trans girls and trans women meet others like themselves through online or face-to-face support groups, they discover that trans girls and trans women express a wide range of female identities and receive the medical and legal information they need to complete their journeys as they choose to.

International Transgender Day of Remembrance

Across the world, transgender people are murdered in dismaying numbers. In the first four months of 2015, 100 murders of transgender and gender nonconforming people were reported worldwide. From January 2008 to April 2016, 2,115 transgender and gender nonconforming people were reported murdered across 65 countries (TGEU 2016).

The International Transgender Day of Remembrance began as an Internet project in 1998 called “Remembering Our Dead” and a candlelight vigil in San Francisco in 1999. The annual event is held in November to commemorate the murder of Rita Hester on November 28, 1998 (a murder that has never been solved). Now, the event raises public awareness of violence against transgender people and creates a space for mourning, support, and encouragement (TDOR 2016).

According to Transgender Day of Remembrance founder Gwendolyn Ann Smith, “The Transgender Day of Remembrance seeks to highlight the losses we face due to anti-transgender bigotry and violence. I am no stranger to the need to fight for our rights, and the right to simply exist is first and foremost. With so many seeking to erase transgender people—sometimes in the most brutal ways possible—it is vitally important that those we lose are remembered, and that we continue to fight for justice” (Smith 2016).

Smith, Gwendolyn Ann. 2016. “Transgender Day of Remembrance.” GLAAD, November 20.” Retrieved from <http://www.glaad.org/tdor>.

TDOR (Transgender Day of Remembrance). 2016. “International Transgender Day of Remembrance.” Retrieved from <https://tdor.info/about-2>.

TGEU (Transgender Europe). 2016. “IDAHOT 2016—Trans Murder Monitoring Update.” Retrieved from <http://transrespect.org/en/idahot-2016-tmm-update>.

relationships, feel pressured to have children. Simultaneously, women with children are expected to work to help support the family.

As the millennial generation (born between 1981 and 2001) earns much less than generation X (born between 1961 and 1981), children are living with their mothers for

longer periods of their adulthood. It is not uncommon for American women to look after grandchildren while their adult children live close by or in the same residence. Balancing finances, work, child care, and a personal life remains a huge stressor for many contemporary American women.

Girls and Teens

Girls of all backgrounds face a cruel double standard. While the media now tells girls that they should be independent, competitive, and ambitious, they also face expectations to be pretty in pink (feminine), to conform to social norms, and to marry. This culture of enhanced femininity, where women conform to the needs and desires of men, can erode gains that girls make in education, and it has long-term effects on their adulthood. Although American society tolerates a wider diversity of feminine identities among heterosexual females than males, girls are more likely to receive pressure to satisfy the expectations of family, peers, and authority figures and to conform to social standards such as the following:

- social competency
- maintenance of a physical appearance that family, peers, and authority figures perceive heterosexual males will find attractive
- receptivity to physical intimacy and sexual intercourse with heterosexual males
- marriage at a childbearing age
- producing and raising children

When gender-normative behavior is driven by the desire to satisfy the expectations of others, it can lead to negative mental health outcomes in girls and women.

The media promotes a thin ideal of female beauty for white and Asian American girls. As early as age 6, girls begin to express concerns about their body shape or weight, and more than half of elementary school girls ages 6–12 report worrying about becoming fat (Smolak 2011). The number of teenage girls and young women diagnosed with eating disorders, such as anorexia nervosa, bulimia nervosa, and binge-eating disorder, is on the rise, with white girls from upper-middle-class backgrounds being most at risk for the disorders. Eating disorders often cause long-lasting, chronic physical and mental health problems that reduce female confidence and increase anxiety about their desirability and self-worth.

Education

Title IX of the U.S. Education Amendments of 1972 states, “No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance.” Federal and state laws make elementary education mandatory for girls. While most American girls have an equal opportunity to complete high school and go on to college, girls from fundamentalist religious groups, such as the Amish and Hasidic communities, may have their education curtailed at eighth grade. Young women from these communities who wish to continue their education may be limited to certain types of schools or homeschooling. In some cases, girls from those communities who wish to pursue further education in secular environments risk being shunned or excommunicated.

Primary Education

To this day, the American education system encourages girls to *feel* while it encourages boys to *think*. Teachers in early grades remain predominantly female; subconsciously, they may promote “appropriate” behavior and gender norms to their male and female students. For example, girls may learn that it is okay to not understand math from female teachers who are more likely than male teachers to pass on *math anxiety*. Female teachers are also more likely to praise girls for cooperative rather than competitive skills. While a boy may be disciplined for *acting out* in the classroom, this type of behavior is *expected* from boys. If a girl consistently displays argumentative behavior that challenges authority, this behavior is seen as *unladylike*. The girl may be shunned by her female peers and experience some level of disapproval from her parents.

Secondary Education

As pedagogy shifts from individual to collaborative learning, girls may receive higher grades than boys on assignments where social competencies and communication skills are weighted more heavily than content or skill mastery. Boys tend to receive more coaching from parents and teachers to master academic content, rather than interpersonal skills to improve their grades. This gives boys an advantage in STEM disciplines (science, technology, engineering and mathematics), where they begin to catch up with, and outperform, girls in middle school.

Boys are more likely to take core science courses—biology, chemistry, and physics—in high school than girls. Recent reports found that, in some years, no female students took advanced placement (AP) courses or exams in physics or computer science, and once boys see their improved performance in these subjects, their confidence and participation increases. This may cause teachers to overlook how boys may dominate math and science classes, while girls suddenly play a more passive role. Girls may not understand why their grades go down in STEM classes where boys are present; they may become fearful toward the subjects or lose interest altogether. Researchers studying girls’ performance in STEM classes in girls-only schools note that their academic achievement is higher than girls in coed classes. There is also some evidence to show that when women in STEM disciplines mentor teenage girls in math and science, their confidence levels increase (APS Physics 2011; Hill et al. 2010).

Since the late 20th century, parents have been encouraged to allow their daughters to participate in sports. Athletic activity is not only good for a girl’s physical health, but it also promotes self-confidence, has the potential to increase self-esteem, and often improves a teenager’s chances to earn college scholarships. Unfortunately, girls who pursue competitive athletics receive mixed messages from their male and female peers as well as the media. Competitive, assertive female athletes are often accused of being lesbians while in middle and high school. This stigmatizes all female athletes and causes many heterosexual female athletes to perform at a lower level. “Lesbophobia” in women’s sports has a negative effect on team camaraderie. Female athletes may feel pressured to appear “feminine” or to pursue sexual intimacy with boys. They may underperform athletically, unintentionally reinforcing discriminatory behavior toward female athletes and women in sports.

Title IX has helped high school and college women’s sports teams receive equal resources and support from their institutions. At the same time, girls who would like to play on the boys’ football team or boys’ wrestling team are still often discouraged from doing so. While Title IX protects the right for pregnant or parenting students to stay on athletic teams, it does not protect the rights of transgender students who identify as female. Male-to-female transgender students who wish to play on girls’ sports teams still receive pushback from administrations who see these female-identified students as male. Female-to-male transgender students face the same discrimination if they want to play on boys’ teams.

Campus Pride Index

Do you want to attend a college or university that has been recognized for supporting sexual minorities? Check out the Campus Pride Index.

In development since 2001, the LGBT-friendly Campus Pride Index was created in response to the increasing demand for tools and resources to support campuses in assessing their policies, programs, and practices. The assessment tool relies on self-reported data to evaluate campuses on eight components: LGBT policy inclusion, LGBT support and institutional commitment, academic life, student life, housing, campus safety, counseling and health, and LGBT recruitment and retention efforts. The index can be used to determine how schools have been rated.

Campus Pride also has information on scholarships, and it coordinates LGBT-friendly college fairs in several locations around the United States. *The Advocate* and other media outlets also rate campuses on how friendly they are for sexual minorities.

To learn more about Campus Pride, visit their Web site: <http://www.campuspride.org>.

—Whitney K. Archer

Postsecondary Education

Until the mid-20th century, women seeking higher education attended women's colleges. This was because families did not want to encourage their daughters to have sexual relations before marriage, and they also believed that women should receive a different education than men. While some women's colleges provided a classical education, others simply trained women how to become pleasing wives and good mothers. Enrollment at women's colleges sharply decreased once men's colleges became coed. Another influencing factor was a series of lesbian pulp novels about students at Bryn Mawr and other women-only institutions that convinced the public that young women were at risk for becoming lesbians at women-only schools. While well-endowed women's colleges still exist, others have become coed or have closed due to declining enrollment.

Since the 1970s, higher education institutions have established women's centers and women's studies programs

to increase student awareness of gender inequalities and to empower female students. Unlike high schools, higher education institutions have also implemented safe-sex education programs and date rape awareness initiatives. However, not all institutions have made these programs mandatory for students. Today, women's centers often collaborate or merge with LGBTIQ resource centers to address the needs of cisgender and transgender students as well as students who may be born female but do not adhere to a gender binary.

While the percentage of young women and men who go to college is roughly equal, women are more likely to complete their college education and earn degrees. African American women, in particular, are more likely to complete their college education and earn degrees than African American men. At the same time, women do not apply to all degree programs in equal numbers as men. Female students are overrepresented in education, nursing, library science, speech therapy, and counseling, and they remain underrepresented in STEM majors.

Women who enroll in college may require support services such as child care to attend classes on campus. If affordable child care is not available at nearby institutions, women may be more likely to enroll in online degree programs than their male peers. In fact, female students make up the largest demographic of online classes in the United States.

While female students are more likely to complete their undergraduate education than male students, more male students go on to graduate school than female students—particularly at the doctoral level. Women who do not seek graduate education do so primarily because they choose family obligations over career aspirations. Women with children are less likely to complete doctoral programs than single women or men, especially if they already have sufficient employment where a doctoral degree is not a requirement for advancement.

Job Training

Experts believe that female mentors in STEM majors and careers will encourage the next generation of girls, but there is no significant evidence showing that female students who have female math or science teachers, or who have female mentors in STEM careers, are more likely to pursue STEM careers. Even if girls take biology, chemistry, and physics in high school, they are less likely than boys to take those subjects in college.

STEM careers also include the trades—electricians, plumbers, carpenters, and other hands-on professions. There is a shortage of highly skilled tradespeople, and many scholarships and job placement programs exist for women to pursue certification and receive preference in hiring. In vocational education programs, girls often receive inferior training compared to boys. Instructors in these programs are likely to be male and are often unaware of how to address deficits in a girl's knowledge of hands-on skills, which boys often learn with their fathers or other male role models.

The ADA Initiative, founded in 2011, is dedicated to connecting girls and young women interested in technology to help them learn coding and other computer skills from each other in safe, gender-neutral environments outside of traditional schools. Identifying as a feminist organization, ADA aims to reach women of color, disabled women, and lesbian, bisexual, transgender, and queer women around the world. Their antiharassment policy, advice on attracting female speakers to STEM events, and “ally skills workshop” have been adopted by hundreds of organizations.

Health

Historically, women have lived longer than men. Latinas and Asian American women are more likely to live longer than white, African American, or Native American women. Reasons for this longevity may include diet, physical activity, and family and community support. Women in Southern states have the lowest longevity. In poor rural areas of the country, particularly in the South, women are less likely to outlive men. Rural American women, the population least likely to finish high school, are more likely to smoke, abuse alcohol or other drugs, and eat processed foods than women who have received a high school diploma and attended college.

Access to Health Care

Access to health care varies depending on one's education level, income, mobility, and residence. Women who are employed full-time have their own transportation, have awareness of different types of health care, and live in affluent areas of the country have the most access to health care. Women living in rural or economically disadvantaged areas who depend on public transportation or are homebound, women with little education, and part-time

Women's Voices

Sejal Hathi

Sejal Hathi (1995–) is a Stanford University medical student who intends to integrate medicine, technology, and social innovation. She seeks the social and economic empowerment of girls and young women through her organizations Girls Helping Girls and girltank, which have mobilized 30,000 young women in 104 countries to design sustainable social change. Hathi helped found S2 Capital, an early-stage fund that invests equity and debt in young entrepreneurs in the developing world. She has been an adviser to UNESCO on youth development and women and girls and serves on the boards of Youth Service America and State Farm Insurance. Hathi's honors include a Forbes 30 under 30 Honoree, World Economic Forum Global Shaper, Harry S. Truman Scholar, and one of *Newsweek's* “150 Women Who Shake the World.”

—Jane Harris

Huffington Post 2015. “Sejal Hathi.” Retrieved from <http://www.huffingtonpost.com/sejal-hathi>.

or unemployed women may have less access to health care. Health care providers in states that have passed “religious discrimination laws” may deny services to lesbians, transwomen, pregnant unwed mothers, or women with STDs if their religion forbids them from doing so, restricting their access to care.

Passage of the Affordable Care Act (ACA, or “Obamacare”) in 2010 made some improvements to women's health care. It requires that all health insurance plans cover pregnancy, maternity, and newborn care; mental health and substance abuse services; preventive and wellness services, such as regular Pap smears and mammograms; and pediatric services. The law does not require plans to include hormones, therapies, or surgeries for transwomen seeking to transition. The ACA requires that all Americans have some form of health insurance and has led to more than half of the states expanding state Medicaid allotments to cover low-income residents, though a majority of states in the South and Midwest have not accepted additional Medicaid funds from the federal government. Gallup polls showed a steep decline in uninsured Americans because

of the ACA. As of 2015, nearly 11.9 percent of Americans remained uninsured (Levy 2015). After President Trump's administration made changes to the ACA, the number of uninsured persons rose to 11 percent in the second quarter of 2017 (Auter 2017). Despite major improvements toward health care coverage, gaps still exist. Currently, of all racial groups, Latinas and Native Americans are most likely to be uninsured.

The United States has the highest infant mortality rate of all industrialized nations, with a national average of 6.1 deaths per 1,000 live births (CDC 2011). The odds of an infant death increase with the onset of the child's first birthday (Agrawal 2015). Causes for infant death include serious birth defects, low birth weight, Sudden Infant Death Syndrome (SIDS), or injuries such as suffocation (CDC 2011). Economically disadvantaged mothers who do not have sufficient health coverage for prenatal care, child care, or nutrition for their infants and overcrowded, understaffed hospitals—or a lack of nearby medical care—contribute to this high infant mortality rate. African American and Native American women are more likely to experience the loss of an infant than other racial groups (Population Reference Bureau 2015). Washington, D.C., and Guam experience the highest rates of infant mortality among all U.S. states and possessions (Henry J. Kaiser Family Foundation “Infant” n.d.).

Maternal Health

Due to the ACA, all insurance plans in the United States must cover pregnancy, maternity, and newborn care. At the same time, not all insurance plans are flexible on their definitions of these types of care. While insurance plans will cover maternal health-related procedures that take place in a clinic or hospital with conventionally trained medical staff, they will not always cover natural childbirth, midwives, or doulas for mothers who would like to give birth at home.

The Centers for Disease Control and Prevention (CDC) has identified postpartum depression as one of the top three medical issues facing mothers. In a study of 17 states that screen new mothers for depression, up to 20 percent of mothers self-report postpartum depression, and more than half of these women had experienced depression prior to their pregnancies (CDC n.d.). The majority of pregnant women or new mothers either do not report depression symptoms or do not seek out treatment due to financial restraints or lack of self-awareness. The federal

government is taking steps to improve screening procedures and increase knowledge about this disorder.

Federal law recommends that insurance plans cover breastfeeding supplies. Great controversy exists over the benefits and drawbacks of breastfeeding. Not all mothers are physically capable of breastfeeding, nor do they have the facilities to do so if they work full-time outside of the home, away from their babies. The media has inflated the importance of breastfeeding to infant health, creating another source of anxiety for mothers. A wide variety of formulas exist, which may or may not be covered by health insurance.

Diseases and Disorders

The most common chronic health issues that American women experience are lung cancer, breast cancer, diabetes, obesity, osteoporosis, and depression. African American and Native American women are most at risk for early death from these medical conditions due to inadequate health care. As most of these health issues are comorbid with an autoimmune disorder, women who suffer from these health issues are likely to take more sick time at work or lose their jobs and file disability claims. Seventy-five percent of autoimmune disorders occur in women; they are the fourth most common cause of disability for women (American Autoimmune Related Disorder Association 2015). Women are more likely to identify as disabled than men, with African American and Native American women the most likely to identify as disabled. Lesbians and transwomen—particularly those of color—are at the highest risk for all common women's health issues, as they may put off preventive care appointments due to actual or perceived discrimination by health care providers.

Breast cancer is the most common cancer among women. Across the nation, people hold walkathons to raise money to find a cure for the disease, as well as shave-a-thons to make wigs for breast cancer patients. At the same time, women are more likely to die from lung cancer than breast cancer (USCS 2014). The third most common cancer among American women is colorectal cancer, which is primarily associated with men. While white women are most likely to receive a cancer diagnosis, African American women are most likely to die from cancer. Native American women have the lowest incidence of cancer, and Asian American women have the lowest death rates from cancer (CDC 2014a).

Twenty-five percent of Americans with HIV/AIDS are female. African American women make up the majority

of female HIV/AIDS carriers. The highest percentage of female HIV/AIDS victims are 25–44 years old, and the most likely to die are African American women. Many women contract HIV/AIDS through heterosexual contact and often do not know whether their sexual partner is HIV-positive. Even if they do know, they may submit to intercourse if they feel pressured or fear rejection from their partner. It is estimated that only 32 percent of women with HIV/AIDS have their illness under control (CDC 2015b). Cisgender heterosexual people still stigmatize HIV/AIDS and those who suffer from the disease. HIV-positive women may fear ostracization if they speak openly about their illness, which could cause them to forego treatment or support groups. As prostitution remains illegal, no government entity monitors the sexual health of prostitutes or provides treatment for their sexually transmitted diseases (STDs).

Women across racial groups are most likely to die from heart disease or cancer, while women of color—particularly Native American women—are more likely to die from “unintentional injuries” than white women (CDC 2015c).

Nearly two-thirds of Americans suffering from Alzheimer’s disease are women. Currently, there is no preventive measure, cure, or effective treatment for Alzheimer’s, a degenerative brain disease that renders people dependent on others for care and eventually leads to death. As female family members and female health care providers are most likely to provide care for Alzheimer’s patients, it is a women’s health issue. This disease places great psychological and emotional strain on caregivers as well as those who suffer from the disorder, and it will cost the United States billions of dollars in Medicare and Medicaid payments (Alzheimer’s Association 2015).

While women are less likely to commit suicide than men, they are three times more likely to attempt it (Schrijvers, Bollen, and Sabbe 2012). As women are more likely to suffer from chronic depression than men, it is possible that this disorder, when combined with alcohol or drug abuse, may lead them to suicide attempts. White and Native American women are more likely to attempt or commit suicide than other races; lesbians and transwomen of all racial groups are most at risk for suicide attempts.

Employment

Historically, American women, typically white and middle- or upper-class, were discouraged from working outside the home once they married and had children. Despite

this, many American women took in sewing or laundry or worked in kitchens, in private homes as domestics, or factories as sweatshop labor to make ends meet. During World War II, American women filled positions left open by men who went to war. Women discovered that they could perform technical work to supply the military with arms, vehicles, and ammunition. Women also assisted the war effort through scientific research and communications. When men returned from the war, they reclaimed STEM-related jobs, and many women were encouraged to return to full-time motherhood. Women of color continued to work outside the home to support their families, often in lower prestige, lower paid positions than those held during the war. During the 1960s, all civil rights movements inspired women to emancipate themselves through education and employment outside the home in whatever field interested them. Due to this movement, women have become more common in law enforcement, firefighting, management, and other male-dominated fields.

In 2013, out of 127.1 million working-age American women (16 years of age and older), 57 percent were in the labor force, compared to 70 percent of men (USDOL 2013). Of all racial groups, African American women of working age are most likely to be employed in some capacity and more likely to be employed full-time than women in any other racial group. Latinas and Asian American women are employed in similar percentages as white women. Native American women face the lowest employment rates of all racial groups (Austin 2013). Unmarried women with children are more likely to be in the labor force than married women with children.

The three industries with the largest percentage of total employed women are the education and health services industry (36.3%), the professional and business services industry (10.2%), and the leisure and hospitality industry (10.1%) (USDOL 2013). White non-Hispanic women are overrepresented in early childhood and elementary education, librarianship, nursing, speech therapy, and social work. White non-Hispanic men of Christian faiths still dominate government, the financial sector, and white-collar professions such as medicine, law, scientific research, and engineering, and they tend to hold the top positions in those fields. As of 2014, less than 5 percent of women are Fortune 500 CEOs (Warner 2014). Even in female-oriented medical fields such as obstetrics and gynecology, male physicians still outnumber female physicians. While the Equal Opportunity Act of 1972 and Executive Order 11246—commonly known as Affirmative Action—provide equal

employment opportunities for women and minorities, making it against the law to discriminate against women or minorities in employment recruitment, retention, and promotion processes, women remain underrepresented in STEM careers due to systemic bias.

Across all career fields, female-identified persons of all racial groups earn less money than men. The median weekly earnings for full-time, year-round female workers in 2012 was \$691 compared to \$854 for men. The median annual earnings for full-time, year-round female workers in 2012 was \$37,791 compared to men's \$49,398. Full-time working, married women enjoy the highest median weekly earnings, while never-married women earn the lowest median weekly earnings. Latinas receive the lowest median weekly earnings of all racial groups (USDOL 2013). Women are also more likely than men to take sick leave, vacation days, or personal days to care for their children, further reducing their pay and benefits.

American employers have historically paid women less than men, often under the assumption that women receive financial support from their husbands or to encourage women to marry in the first place. In 1963, President John F. Kennedy signed the Equal Pay Act (EPA) into law. A U.S. federal law amending the Fair Labor Standards Act, it intended to abolish wage disparity between the sexes. Female activists such as Dolores Huerta fought for equal pay for female farmworkers. While women's salaries have risen because of this law, the goals of EPA have not been completely achieved. Senator Hillary Rodham Clinton introduced the Paycheck Fairness Act in 2005, which stressed that discrepancies in wages for women and men must be job-related or serve a legitimate business interest. According to a 2007 Department of Labor study, men dominating blue-collar jobs often earn higher wages because their hourly overtime requires cash payments, while women comprise over half of the salaried white-collar management workforce, which is exempt from overtime laws. In 2009, President Barack Obama signed the Lilly Ledbetter Fair Pay Act into law, which allows women to file equal-pay lawsuits within 180 days of the employer's initial discriminatory wage decision.

Lesbians and transwomen are most at risk for employment discrimination. All faith-based institutions have the right to terminate the employment of women who come out or transition, regardless of state. Lesbians in committed relationships may or may not receive the same benefits as spouses in heterosexual relationships, even in states that have recently recognized same-sex marriage. Employer

health insurance plans may not cover hormone therapy or sex-reassignment surgeries for transwomen, which causes transgender employees greater financial burden than their cisgender peers.

As of 2015, most states do not prohibit discrimination against sexual orientation and gender identity. Six states prohibit discrimination against sexual orientation and gender identity for state employment. Seventeen states have no protection for LGBT employees in place. The Employment Non-Discrimination Act (ENDA), originally introduced to Congress in 1994, would prohibit discrimination in hiring and employment based on sexual orientation or gender identity. While the bill was passed in the Senate in 2013 and President Barack Obama signed an executive order in 2014 protecting some employees, Republican representatives blocked passage at the federal level, preventing protection for all.

Family Life Reproduction

Women are losing personal control over their reproductive organs. In 2014, in *Burwell v. Hobby Lobby*, the Supreme Court ruled that businesses have the right to not cover contraceptives in their insurance plans if it violates the business owner's religious beliefs. This means that women will have to pay more for birth control or and may skip it altogether if they cannot afford it. While the 1973 *Roe v. Wade* decision legalized abortion, since then, many states have enacted laws restricting access.

In 2014, 90 percent of all U.S. counties did not have an abortion clinic, and many states had laws restricting access, with exceptions, such as saving a woman's life (Guttmacher Institute 2017). In some states, the law mandates that parents must provide consent for abortions for minors. While birth rates are decreasing, the percentage of babies born to unmarried mothers is on the rise; statistics do not show whether these were planned pregnancies, accidents, or rapes. Some researchers point to the lack of appropriate sex education in schools, lack of access to contraceptives and birth control pills, and social pressure to conform to particular behaviors as the reasons for the rise in births to unmarried mothers. At the same time, this rise can also be attributed to more adult women choosing to remain single. This is especially the case for African American women, where a rising number identify as single. Also, more lesbians, whether single or in committed relationships, living in states that do not recognize same-sex marriage, are choosing to have children.

Sexuality

While the femininity of a girl in the United States is no longer challenged whether she wears pants or dresses, the 21st-century fashion industry provides few options for a girl who wants to provide a feminine, but modest, appearance. At younger ages, girls feel increased pressure to make their bodies fit into clothes that reveal their body shape. These clothes cause an increased level of stress to the girls who feel pressured to wear them to present a heterosexual feminine appearance to their peers.

Girls may or may not identify unwanted attempts at sex as sexual assault or rape; 68 percent of sexual assaults are not reported to the police (Rape, Abuse & Incest National Network 2009). Boys also receive no guidance in this area; 84 percent of men who commit rape do not identify what they did as rape (Curtis 1997). Seventy-five percent of girls report that the reason they have sex is because their boy-friends want it, regardless of whether or not they want it as well. Seventy-seven percent of teenage girls who have had sex wish they had waited, and 40 percent of teenage girls whose first intercourse took place at 13 or 14 years of age report that the sex was unwanted or involuntary (Gutt-macher Institute 2014). In recent times, male coaches of girls' teams have been implicated in sexual assault cases.

Researchers claim that girls are reaching menarche at younger ages than before and that they are developing secondary sex characteristics at younger ages than previous generations. This "early puberty" is also taking place among boys. Researchers speculate that hormones in dairy products and meat, plastics, stress, or different types of pollution could cause this early onset of puberty. Earlier onset of puberty will result in an earlier awareness of sexual urges. As each state and each school district has the freedom to decide how it will teach students about sex, and all parents have the freedom to decide how they will teach their children about sex (if at all), children in the United States are receiving unequal and uneven sex education.

Sex education is not required in all 50 states. More than half of the states require that schools provide sex education that discusses abstinence. Often, those states require that abstinence is stressed as the most effective "safe-sex" method. Research shows that abstinence-only programs can prevent teens from using contraceptives and actually increase their risk of unwanted pregnancies. States with comprehensive sex education programs that include information about condoms and birth control have the lowest teen pregnancy rates.

Women's Voices

Rocio Ortega

Rocio Ortega (1995–) became involved in Girl Up—a United Nations Foundation organization that gives American girls an opportunity to become global leaders—and began a Girl Up Club in her East Los Angeles high school to raise awareness and funds to support girls' education in Malawi, Ethiopia, and Guatemala. She was a Girl Up Teen Advisor (2011–2012) and is now a Youth Champion at Wellesley College. Also, through Girl Media, Ortega trains girls in leadership and broadcast journalism to give voice to global issues facing girls. She has worked on legislation in California, interned for Rep. Grace Napolitano, and served as a page in the U.S. House of Representatives. In 2012, Ortega received a Women to Watch Award from the political organization Running Start.

—Jane Harris

Coca-Cola Scholars Foundation. 2013. "Rocio Ortega: Speaking Up for Girls Who Don't Have a Voice." March 26. Retrieved from <http://www.coca-cola-scholarsfoundation.org/quest/speaking-up-for-girls-who-dont-have-a-voice>.

Girl Up and United Nations Foundation. 2012. "Girl Up Teen Advisor to Be Honored at Women to Watch Awards." Retrieved from <https://girlup.org/about/press-releases/girl-teen-advisor-honored-women-watch-awards>.

Although they are dropping, teenage pregnancy rates in the United States are among the highest among industrialized countries. The main rise in teenage pregnancy rates is among girls younger than 15 years old. Thirty-four percent of teenage girls in the United States have at least one pregnancy before they turn 20; 79 percent of teens who become pregnant are unmarried. Even though more schools are integrating day care programs and alternative high school programs for pregnant teens, only one-third of teenage mothers complete high school and receive diplomas. Only 1.5 percent of women who had a teenage pregnancy had completed a college degree by the time they reached 30 years of age (Gutt-macher Institute 2014). Girls of color, girls from rural communities, and girls from economically disadvantaged communities are the most likely to experience teenage pregnancy.

For the most part, sex education remains heteronormative. Safe sexual practices for LGBTIQ teens are rarely, if ever, addressed, even in higher education institutions. For this reason, bisexual, lesbian, and male-to-female transgender teens may engage in riskier sexual behavior than their heterosexual counterparts, with no knowledge of where to go for help if they do not live in urban areas with significant LGBTIQ community resources.

Marriage and Fertility

In the United States, marriage is a legal contract that has traditionally ensured that the wife and children receive legal and financial benefits and protections. American women have traditionally received pressure from their families, peers, and the media to date and get married. Now that same-sex marriage is recognized by the federal government, lesbians as well as heterosexual women may experience this pressure to marry and create families.

However, women today are less likely to marry than in previous generations. One reason that American women delay marriage is that they are spending more time on their educational and professional development. Another reason is that, if women are in relationships, they often wait until both partners have reached a certain level of financial stability prior to marriage. Marriage rates have decreased most sharply among African American women, who are more likely to be college-educated and employed than African American men.

American women who prioritize having children often marry younger than those who wish to pursue careers or other interests, but more women are choosing motherhood at later ages. While most couples have the option to take in foster children or adopt, state laws vary in terms of the adoption of foster children as well as what requirements a single person or couple must meet to adopt a child. In some states, lesbian couples may or may not be allowed to adopt children.

Household Roles and Responsibilities

The household roles and responsibilities of married American women vary by socioeconomic class and culture. Asian American and Latina wives may have to look after an extended family of their spouses' relatives as well as their own. Women on more modest budgets will have to do their own housecleaning, while women in more affluent positions will hire help. Particularly in the Southwest,

it has become customary for married white women—even if they are middle class—to hire Latina housekeepers, nannies, and gardeners. Women who can afford to do so may opt to homeschool their children if they do not agree with what is taught in the local schools for religious or political reasons.

Perhaps the major household role of the 21st-century American wife and mother is chauffeur. While others may provide child care, it is most often the mother who transports children back and forth to day care, school, after-school activities, sports, and playdates. Many mothers will perform all of these duties—child care, housecleaning, cooking, and taking care of their significant others—while working full-time. Despite all of this, American women often feel guilty that they cannot spend as much time as they would like with their children, and so they go above and beyond in certain areas to compensate, while continually feeling as if they are not doing enough. This phenomenon—“the Supermom complex”—has been cited multiple times in popular culture blogs and scholarly journal articles.

American women of younger generations with higher levels of education may expect their significant other to share the burden of housecleaning and child care. This is especially the case in relationships where the man is unemployed or working a job perceived as less important than the woman's.

Divorce

Approximately 70 percent of Americans identify as married, but only half of that population has only married once. Women are more likely than men to identify as married, and they more likely than men to identify as “married once.” Of all racial groups, white women are the most likely to divorce and remarry, and Asian American women are the least likely to divorce and remarry. Of all racial groups, women 55–64 years old are the most likely to have divorced and remarried (Lewis and Kreider 2015). Immigrant women are less likely to seek divorce or remarry than women born in the United States, and women from religious communities are less likely to divorce than nonaffiliated women. While little stigma is attached to divorce among U.S.-born Americans, statistics show that women who have divorced once are likely to divorce again.

Women may divorce their spouses for any reason in the United States. As more American women acquire higher

education and become financially independent, they do not need to depend on spouses for financial support. The most frequent reasons that American women seek divorce include escape from domestic abuse, rejection of infidelity, and midlife crises. If the couple has children, custody of the children traditionally goes to the mother, while the father will have visiting rights and must pay child support until the children are 18 years old.

A Williams Institute study shows that same-sex couples are less likely to divorce than heterosexual couples and that more lesbian couples marry than gay male couples. At the same time, multiple studies have shown that more lesbian couples divorce than gay male couples (Badgett and Herman 2011). This phenomenon may occur because there are more married lesbian couples than married gay male couples, but lesbians are more likely to marry their first love at a young age than gay men, who are more likely to have had multiple partners over time and may have more awareness of what qualities they seek in a life partner. Same-sex couples with children may try harder to make their relationships work for the sake of the children, especially in states where the nonbiological parent may lose all custody rights upon divorce.

Single Motherhood

While the number of infants born to unwed mothers is decreasing, they compose 40 percent of all births in the United States (CDC 2015a). Primarily due to personal choice or divorce, more women are raising one or more children without a spouse. Contrary to popular belief, two-thirds of single mothers are white, and one-third have a college degree (Single Mothers Guide 2015).

While they may receive assistance with child care or housing from parents, grandparents, other relatives, or close friends in the community in the same situation, not all single mothers are so fortunate. Single mothers earn significantly less than their married peers, and as much as 80 percent of a single mother's income can be eaten up by child care and housing costs. One-third of single-mother families are "food insecure," meaning that they might not have enough to eat. Living under these conditions, single-mother families are the poorest in the nation and the most vulnerable to homelessness. Eight out of ten homeless families are single-mother families (Single Mothers Guide 2015).

Lesbians may have biological children from former heterosexual marriages, foster children, or adopted

Millennium Development Goals

In 2000, the member states of the United Nations adopted eight international development goals to be achieved by 2015:

- eradicate extreme poverty and hunger
- achieve universal primary education
- promote gender equality and empower women
- reduce child mortality
- improve maternal health
- combat HIV/AIDS, malaria, and other diseases
- ensure environmental sustainability
- develop a global partnership for development

Some of these goals were met. Extreme poverty was reduced. More people gained access to clean drinking water. Boys and girls enrolled in school at similar rates. And women's participation in governing bodies increased.

But hunger, malnutrition, and maternal mortality have remained problems worldwide. Gender disparity still exists in girls' enrollment in secondary education in some parts of the world. Women's participation in the labor market is still lower than men's—among those who are available to work. And few women are heads of state.

The Millennium Development Goals led to a great deal of progress during the first 15 years of the 21st century, but work remains to be done.

United Nations. 2016. *Millennium Development Goals*. Retrieved from <http://www.un.org/millenniumgoals/2014%20MDG%20report/MDG%202014%20English%20web.pdf>.

children. In states where both lesbians in a couple may not automatically share joint custody of their children, those lesbians with children may also be identified as single mothers. Despite this, children living with the significant other long enough will recognize that person as another parent if the significant other plays an active role in the children's care.

Politics

In the United States, the fight for women's rights went hand in hand with the abolition of slavery and other

civil rights movements for people of color, LGBTIQ populations, and people with disabilities. Restricted access to education, employment, property ownership, legal services, and government left most American women dependent on their fathers, husbands, sons, or other male relatives. Men even had the power to send their wives, daughters, or female relatives to insane asylums, disowning them if they challenged their traditional female roles.

Suffrage

In 1807, white male suffrage was officially instated in the United States. Prior to 1807, women in New Jersey and some New England townships had the right to vote if they owned property. Little documentation exists on the response of these women who lost their right to vote. In 1848, New York social reformer and abolitionist Gerrit Smith included women's suffrage as part of the Liberty Party platform. In that same year, female abolitionist Quakers organized the Seneca Falls Convention, the first women's rights convention held in the United States. The convention addressed laws that discriminated against women, the role of women in society, and the right to vote. At this conference, abolitionist and women's suffragist Elizabeth Cady Stanton drafted the Declaration of Sentiments, modeled after the Declaration of Independence, demanding equality with men in law, education, employment, and suffrage. Women's right to vote was the most hotly debated topic in the document, even among female attendees. But abolitionist Frederick Douglass supported its inclusion, and the resolution was kept.

The Seneca Falls Convention kicked off a series of women's rights conventions across the Northern states. In 1866, Susan B. Anthony joined Stanton to form the American Equal Rights Association, an organization for white and black women and men fighting for universal suffrage. Fellow member, abolitionist, and women's rights activist Sojourner Truth advocated for black women's rights. While the Fourteenth Amendment gave African American men the vote in 1868, all women were still disenfranchised. In 1869, Stanton teamed up with Susan B. Anthony to form the National Woman Suffrage Association to achieve voting rights for women through a constitutional amendment. In that same year, Lucy Stone and Henry Blackwell formed the American Woman Suffrage Association to gain voting rights for women through amendments to state constitutions. Between 1893 and 1918, 16 states gave women the right to vote; in 1920, the federal government added the

Nineteenth Amendment to the U.S. Constitution giving all women the right to vote.

At the same time, male and female African Americans in the South were discouraged from voting through intelligence tests and intimidation tactics. During the civil rights movement, the Voting Act of 1965 was enacted to prohibit voter discrimination by race and ethnicity. In the 21st century, elderly women with restricted mobility may lose their chance to vote as well as those women who do not have state-issued identification, such as a driver's license. Despite such setbacks, more U.S. women are registered to vote than men, and female voters have outnumbered male voters in every presidential election since 1964 (National Women's Political Caucus 2010).

Rights

The most civil rights gains for American women occurred in the 1960s, during the second wave of feminist movements. In 1960, the federal Food and Drug Administration (FDA) approved the first birth control pill. After that, the federal government passed the Civil Rights Act of 1964, which prohibited discrimination against sex as well as race in hiring, promoting, and firing. Both of these events led to an increase in young women enrolling in higher education institutions and seeking employment outside the home. Legalization of the use of birth control for married couples (*Griswold v. Connecticut* 1965) and legalization of abortion within the first trimester (*Roe v. Wade* 1973) gave American women with education and skills more options on how to live their lives than before.

Participation in Government

Since 1980, in every presidential election, the proportion of eligible female adults who voted has exceeded the proportion of eligible male adults who voted (National Women's Political Caucus 2010). Since 1986, the proportion of eligible female adults who have voted has outnumbered the proportion of eligible male adults who have voted in all elections.

In the United States, women hold roughly one-third of all government positions but less than 20 percent of the seats in Congress. The makeup of the 115th U.S. Congress (2017–2019) was as follows:

- 105 female members out of 535 members, or 19.6 percent of Congress
- 21 female senators, or 21 percent (16 Democrats, 5 Republicans)

- 84 female representatives, or 19 percent (62 Democrats, 22 Republicans) and 5 female delegates (3 Democrats, 2 Republicans) representing Guam, the Virgin Islands, and Washington, D.C. (USDL 2013; CAWP 2016)

As of 2014, a woman has yet to hold the office of president or vice president of the United States. Activist women such as African American Shirley Chisholm, Japanese American Patsy Mink, Jewish American Bella Abzug, and Native American Winona LaDuke have all run for president on third-party tickets. Democrat Geraldine Ferraro, the running mate to presidential candidate Walter Mondale in 1984, was the first woman to run on a major party national ticket. While detractors believed that women's groups pressured Mondale to take on a female running mate, only 22 percent of women voters surveyed were positive about her selection. In 2008, Democrat Hillary Rodham Clinton was the first woman to run for president in the initial primaries, but she lost to the nation's first African American president, Barack Obama. In that same campaign year, Republican presidential candidate John McCain named former Alaska governor Sarah Palin to run as vice president, hoping to attract female voters.

Hillary Rodham Clinton was the first woman nominated to run for president on a major political party for the Democrats. She won the popular vote, with 48.2 percent, against the Republican nominee, Donald Trump, with 46.10 percent (Wasserman 2017). However, Trump received more Electoral College votes and was elected president. To protest Trump's antiwoman, Islamophobic, and anti-immigrant rhetoric, a national Women's March on Washington took place on January 21, 2017. The march was organized by an alliance of diverse women and was unified around ending violence against women and their bodies; reproductive freedom; LGBTQIA, workers', civil, immigrant, and disability rights; and environmental justice. Sister marches were held globally (Women's March. n.d.).

Sandra Day O'Connor was the first female Supreme Court justice. She was appointed during the Reagan administration in 1981 and retired in 2006. As of 2014, three women serve on the U.S. Supreme Court: Ruth Bader Ginsburg and Elena Kagan, both Jewish Americans, and Sonia Sotomayor, the first Latina.

Religious and Cultural Roles

Women are more likely to identify as religious than men. They perceive their place of worship as a center for

Women's Voices

Tatyana Fazlalizadeh

Tatyana Fazlalizadeh (1985–) grew up in Oklahoma City and studied at the University of the Arts in Philadelphia. She uses her art to protest the public harassment of women in city streets, an experience globally that makes women feel uncomfortable and unsafe. Beginning in fall 2012, Fazlalizadeh, an American of black and Iranian ethnicities, created street art in a series titled *Stop Telling Women to Smile*, which was inspired by women who shared their harassment experiences with her. From the first displays in her Brooklyn neighborhood, Fazlalizadeh has created a series of posters that will gradually include other women's portraits and travel to other cities. Through her protests, she seeks to speak directly to offenders by using women's portraits and the texts inspired by women's experiences of public harassment.

—Jane Harris

Fazlalizadeh, Tatyana. 2016. *Stop Telling Women to Smile*. Art series. Retrieved from www.tlynnfaz.com/Stop-Telling-Women-to-Smile.

Lee, Felicia R. 2014. "An Artist Demands Civility on the Street with Grit and Buckets of Paste." *New York Times*, April 9. Retrieved from <http://www.nytimes.com/2014/04/10/arts/design/tatyana-fazlalizadeh-takes-her-public-art-project-to-georgia.html>.

community as well as comfort. Some religious sects allow women, including lesbians and transwomen, to serve as pastors, ministers, or rabbis. Many women lead choirs, teach Sunday or Hebrew school, organize potlucks or catered events for religious gatherings, and lead fund-raising efforts. It is also common for women to serve as missionaries, either as teachers in religious schools overseas or as traveling door-to-door missionaries. Women may or may not enjoy equal rights within their religious community, as their religion may prescribe distinct roles for men and women.

While there are women who do not agree with the teachings of their religion or the political positions that their religious leaders support, few seek out alternatives. Secular humanist and atheist movements remain male-dominated, which sometimes creates an unsafe environment

for women. Young women—particularly bisexual, lesbian, and transgender women—often explore different religious paths and communities, which they perceive as supportive to women and nonheteronormative cultures. Women and the LGBTIQ community have played a major role in resurrecting pagan and Wiccan traditions, which support female leadership and egalitarian practices. At the same time, American women will often return to their religion of origin for their wedding ceremonies and the education of their children.

In secular life, some continue to perceive women as playing behind the scenes caretakers. While many women deviate from this role, the American public questions such figures as Oprah Winfrey, the self-made African American female celebrity and CEO who never married. Winfrey is a beloved talk show host and humanitarian who has educated mainstream Americans on a multitude of topics. However, people question her sexual orientation because she does not conform to the heteronormative female stereotype. Americans often express harsher criticism of popular female public figures than males if they are perceived as aggressive, unfashionable, or masculine.

Issues

Women in the Military

Prior to World War I, women who wanted to fight in the U.S. military had to disguise themselves as men. During World War I, the navy and Marine Corps were the first branches of the U.S. military to allow women to enlist, primarily as nurses. During World War II, the Coast Guard and the air force opened their doors to women. In 1973, when the U.S. government abolished conscription, the number of female recruits increased dramatically, and the military did its best to integrate them. It was not until the 1991 Persian Gulf War, however, that men and women served together in integrated units in a war zone overseas. Women performed multiple roles in Iraq and Afghanistan that were once limited to men. In 2013, based on a review of women's service in Iraq and Afghanistan, Defense Secretary Leon Panetta announced that women could serve in combat roles.

Today, approximately 17 percent of those serving in the U.S. military identify as women, and half are women of color (Patten and Parker 2011). More young women, particularly women of color, rural women, and women from economically disadvantaged communities are enlisting in the military in exchange for college tuition or job training that they might not receive in civilian environments. An

incentive for women to enlist is the decriminalization of pregnancy while in the service. Until 1976, women in the military could receive a dishonorable discharge for becoming pregnant while on duty. As it has become common for women to marry their significant others while on duty, the U.S. military now allows pregnant women to take leave to have their babies and then return to military service.

After World War II, openly LGBT people were explicitly forbidden to serve in the military. During the Clinton administration, gay men, bisexuals, and lesbians could serve in the military if they did not reveal their sexual orientation, according to a policy called "Don't Ask, Don't Tell." In 2011, gay men, bisexuals, and lesbians were allowed to serve openly after Congress passed, and President Barack Obama signed, the Don't Ask, Don't Tell Repeal Act of 2010. As of 2014, openly transgender people are forbidden to serve in the U.S. military, although quite a few have, such as Chelsea Manning.

Enlisted women are often victims of sexual assault, and their perpetrators may be comrades in their own units. For this reason, only a fraction of such cases are reported. Women in the U.S. military are more likely to suffer post-traumatic stress disorder (PTSD) from sexual assault than combat, and homeless female veterans were most likely to have experienced sexual assault during their service. More research is needed to determine how to maintain safe spaces and provide sexual harassment training in the U.S. military.

Domestic Violence and Sexual Assault

One in three women in the United States experience physical violence by an intimate partner within their lifetime. Intimate partner violence is most common among women between the ages of 18 and 34. One in five American women have experienced rape in their lifetime, and for 10 percent of these women, the rape was by their significant other (Bureau of Justice 2015). Women are more likely to be the victims of domestic violence and sexual assault than men. While emergency hotlines, special law enforcement units, and shelters with trained social workers exist to rescue and protect victims of domestic violence and sexual assault, a significant percentage of women do not report their partners. Often, women will tolerate this treatment out of fear that their significant other will leave them.

Domestic violence and sexual assault against women occurs across socioeconomic lines, racial and religious boundaries, and sexual orientations. Women who grew up in abusive families or communities where domestic

violence was accepted as a way of life may be more likely to accept abusive behavior from their significant others. The media erroneously depict the poor, women of color, and the wives of powerful men as victims. Women who defend themselves from their abusers, or murder them in self-defense, are more likely to go to prison than the abusers themselves. Higher education institutions in the United States are doing more to increase awareness of sexual assault and date rape among male and female college students, and they are encouraging young men to discourage male peers from mistreating women.

Sex Trafficking

Prostitution is illegal in all 50 states, with the exception of a few counties in Nevada. The Tenth Amendment of the U.S. Constitution gives each state the freedom to regulate, permit, or prohibit prostitution (also known as “commercial sex”) as they see fit, except when it crosses state lines as interstate commerce. The trafficking of women across state or international boundaries was first illegalized in the United States in 1910, under the Mann Act (also known as the “White-Slave Traffic Act”). In 1978, the Mann Act was amended to include child pornography and the kidnapping of children for sexual purposes, as most convictions have been related to child sexual abuse and the trafficking of children for sex. In 1986, the federal government made the language of the Mann Act gender neutral to recognize boys as victims of sex trafficking as well.

Not all prostitutes are victims of sex trafficking. Those who become prostitutes through sex trafficking are forced to do so against their will. Sex traffickers lure girls and women into the trade with affection, a feigned romantic relationship, or promises of a high-paying job. They may “import” women from other countries this way, by falsifying job offers as nannies or tutors. While the media leads many Americans to believe that all sex-trafficked women come from Eurasian countries, the majority of sex-trafficked women in the United States are permanent residents or U.S. citizens. In some parts of the country, due to the breakdown of their communities, Native American women and girls are most at risk of becoming sex-trafficking victims.

RACHEL WEXELBAUM

Further Resources

- Agrawal, P. 2015. “Maternal Mortality and Morbidity in the United States of America.” *Bulletin of the World Health Organization* 93: 135. Retrieved from <http://www.who.int/bulletin/volumes/93/3/14-148627/en>.
- Ahmed, F., and S. Iverson. 2013. “The State of Women of Color in the United States.” Washington, D.C.: Center for American Progress. Retrieved from <https://www.americanprogress.org/wp-content/uploads/2013/10/StateOfWomenColor-1.pdf>.
- Alzheimer’s Association. 2015. “Latest Facts and Figures Report.” Retrieved from <http://www.alz.org/facts/overview.asp>.
- American Autoimmune Related Disorder Association. 2015. “Autoimmune Disease in Women.” Retrieved from <https://www.aarda.org/autoimmune-information/autoimmune-disease-in-women>.
- APS Physics (American Physical Society). 2011. “Women Take Less Advanced Physics in High School, Study Finds.” *APS News*. 20: 8. Retrieved from <https://www.aps.org/publications/apsnews/201108/womenhishschoolph.cfm>.
- Austin, A. 2013. *Native Americans and Jobs: The Challenge and the Promise*. Briefing Paper #370, December 17. Washington, D.C.: Economic Policy Institute. Retrieved from <http://s3.epi.org/files/2013/NATIVE-AMERICANS-AND-JOBS-The-Challenge-and-the-Promise.pdf>.
- Auter, Z. 2017. “U.S., Uninsured Rate Rises to 11.7 Percent.” Gallup Poll. July 16. Retrieved from <http://www.gallup.com/poll/213665/uninsured-rate-rises.aspx>.
- Badgett, M. V. L., and J. L. Herman. 2011. “Patterns of Relationship Recognition between Same-Sex Couples in the United States.” Williams Institute, UCLA School of Law. Retrieved from <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Badgett-Herman-Marriage-Dissolution-Nov-2011.pdf>.
- Beemyn, Genny, and Susan Rankin. 2011. *The Lives of Transgender People*. New York: Columbia University Press.
- Bureau of Justice. 2015. “Rape and Sexual Assault.” Retrieved from <http://www.bjs.gov/index.cfm?ty=tp&tid=317>.
- CAWP (Center for American Women and Politics). 2016. Women Serving in the 115th Congress 2017–19. Retrieved from <http://www.cawp.rutgers.edu/list-women-currently-serving-congress>.
- CDC (Centers for Disease Control and Prevention). 2011. “Leading Causes of Death by Race/Ethnicity, All Females United States.” Retrieved from http://www.cdc.gov/women/lcod/2011/WomenRace_2011.pdf.
- CDC (Centers for Disease Control and Prevention). 2014a. “Cancer Statistics: Racial or Ethnic Variations.” September 2. Retrieved from <http://www.cdc.gov/cancer/dcpc/data/ethnic.htm>.
- CDC (Centers for Disease Control and Prevention). 2014b. “Cervical Cancer Statistics.” September 2. Retrieved from <http://www.cdc.gov/cancer/cervical/statistics>.
- CDC (Centers for Disease Control and Prevention). 2014c. “Infant Mortality.” August 12. Retrieved from <http://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>.
- CDC (Centers for Disease Control and Prevention). 2015a. “FastStats: Unmarried Births.” January 22. Retrieved from <http://www.cdc.gov/nchs/fastats/unmarried-childbearing.htm>.
- CDC (Centers for Disease Control and Prevention). 2015b. “HIV among Women.” March 6. Retrieved from <http://www.cdc.gov/HIV/risk/gender/women/facts/index.html>.

- CDC (Centers for Disease Control and Prevention). 2015c. "Leading Causes of Death: Women's Health." February 18. Retrieved from <http://www.cdc.gov/women/lcod/#a2011>.
- CDC (Centers for Disease Control and Prevention). n.d. "Mental Health among Women of Reproductive Age." Retrieved from http://www.cdc.gov/reproductivehealth/Depression/PDFs/Mental_Health_Women_Repo_Age.pdf.
- CIA (Central Intelligence Agency). 2017. "United States." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/us.html>.
- Chen, A., E. Oster, and H. Williams. 2014. "Why Is Infant Mortality Higher in the US Than in Europe?" September 19. Retrieved from <http://faculty.chicagobooth.edu/emily.oster/papers/imr.pdf>.
- Commonwealth Fund. 2015. "New Women's Health Care Report." Retrieved from <http://www.commonwealthfund.org/publications/press-releases/2012/jul/oceans-apart>.
- Curtis, D. G. 1997. "Perspectives on Acquaintance Rape." American Academy of Experts in Traumatic Stress. Retrieved from <http://www.aets.org/article13.htm>.
- DuBois, Vicki, and Ellen Carol. 2007. *Unequal Sisters: A Multicultural Reader in U.S. Women's History*. 4th ed. New York: Routledge.
- Guttman Institute. 2014. "American Teens' Sexual and Reproductive Health." Retrieved from <http://www.guttman.org/pubs/FB-ATSRH.html>.
- Guttman Institute. 2017. "U.S. Abortion Rate Continues to Decline, Hits Historic Low." January 17. Retrieved from <https://www.guttman.org/news-release/2017/us-abortion-rate-continues-decline-hits-historic-low>.
- Henry J. Kaiser Family Foundation. 2014. "Women's Health Insurance Coverage." December 10. Retrieved from <http://kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet>.
- Henry J. Kaiser Family Foundation. n.d. "Infant Mortality Rate (Deaths per Live Births)." Retrieved from <http://kff.org/other/state-indicator/infant-death-rate>.
- Henry J. Kaiser Family Foundation. n.d. "Uninsured." Retrieved from <http://kff.org/uninsured>.
- Hill, C., C. Corbett, and A. St. Rose. 2010. "Why So Few? Women in Science, Technology, Engineering, and Mathematics." Washington, D.C., American Association of University Women. Retrieved from <https://www.aauw.org/files/2013/02/Why-So-Few-Women-in-Science-Technology-Engineering-and-Mathematics.pdf>.
- Iskra, Darlene M., CDR, USN (Ret.), PhD. 2010. *Women in the United States Armed Forces: A Reference Handbook*. Santa Barbara, CA: ABC-CLIO.
- Koch, Janice, and Barbara Polnick, eds. 2014. *Girls and Women in STEM: A Never Ending Story*. Charlotte, NC: Information Age Publishing.
- Levy, J. 2015. "U.S., Uninsured Rate Dips to 11.9 Percent in First Quarter." Gallup Poll, April 13. Retrieved from <http://www.gallup.com/poll/182348/uninsured-rate-dips-first-quarter.aspx>.
- Lewis, J. M., and R. M. Kreider. 2015. "Remarriage in the United States: American Community Survey Reports." U.S. Census Bureau. Retrieved from <http://www.census.gov/content/dam/Census/library/publications/2015/acs/acs-30.pdf>.
- MacDorman, M. F., et al. 2014. "International Comparisons of Infant Mortality and Related Factors: United States and Europe, 2010." *National Vital Statistics Reports* 63.5 (September 24). Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_05.pdf.
- Meyer, C. 2015. "Why Are Most Divorces Filed by Women? About Relationships." Retrieved from http://divorcesupport.about.com/od/isdivorcethesolution/f/why_women_file_divorce.htm.
- Moraga, Cherríe, and Gloria Anzaldúa. 2015. *This Bridge Called My Back: Writings by Radical Women of Color*. 4th ed. Binghamton, NY: SUNY Press.
- National Association of Anorexia Nervosa and Associated Disorders. 2015. "Eating Disorders Statistics." Retrieved from <http://www.anad.org/get-information/about-eating-disorders/eating-disorders-statistics/>.
- National Institutes of Health. 2014. *Women of Color Health Data Book*. Washington, D.C.: National Institutes of Health.
- National Women's Political Caucus. 2010. "Statistics." Retrieved from <http://www.nwpc.org/statistics>.
- Palley, Howard A., and Marian Lief Palley. 2014. *The Politics of Women's Health Care in the United States*. New York: Palgrave Macmillan.
- Patten, E., and K. Parker. 2011. "Women in the U.S. Military: Growing Share, Distinctive Profile." Pew Social & Demographic Trends. 2011. Retrieved from <http://www.pewsocialtrends.org/files/2011/12/women-in-the-military.pdf>.
- Population Reference Bureau. 2015. "The Growing Color Divide in U.S. Infant Mortality." Retrieved from <http://www.prb.org/Publications/Articles/2007/ColorDivideinInfantMortality.aspx>.
- Rape, Abuse & Incest National Network. 2009. "Statistics." Retrieved from <https://www.rainn.org/statistics>.
- Schrijvers, D. L., J. Bollen, and B. G. C. Sabbe. 2012. "The Gender Paradox in Suicidal Behavior and Its Impact on the Suicidal Process." *Journal of Affective Disorders* 138.1–2: 19–26.
- The Sentencing Project. 2010. "Incarcerated Women." Retrieved from http://www.sentencingproject.org/doc/publication/cc_incarcerated_women_factsheet_sep24sp.pdf.
- Single Mothers Guide. 2015. "Single Mothers Guide." Retrieved from https://singlemotherguide.com/single-mother-statistics/#footnote_6_13.
- Smolak, L. 2011. "Body Image Development in Childhood." *Body Image: A Handbook of Science, Practice, and Prevention*. 2nd ed. Edited by T. Cash and L. Smolak. New York: Guilford.
- Solinger, Rickie, Paula C. Johnson, et al. 2010. *Interrupted Life: Experiences of Incarcerated Women in the United States*. Berkeley: University of California Press.
- Thiel-Stern, Shayla. 2014. *From the Dance Hall to Facebook: Teen Girls, Mass Media, and Moral Panic in the United States*. Amherst: University of Massachusetts Press.

- UNDP (UN Development Programme). 2015. "Gender Inequality Index (GII)." Retrieved from <http://hdr.undp.org/en/data>.
- USCB (U.S. Census Bureau). 2013. "American Community Survey Data on Same-Sex Couples." Retrieved from <http://www.census.gov/hhes/samesex/data/acs.html>.
- USCB (U.S. Census Bureau). 2015. "USA QuickFacts from the U.S. Census Bureau." June 8. Retrieved from <http://quickfacts.census.gov/qfd/states/00000.html>.
- USCS (U.S. Cancer Statistics Working Group). 2014. *United States Cancer Statistics: 1999–2011 Incidence and Mortality Web-Based Report*. Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute. Retrieved from <http://nccd.cdc.gov/uscs>.
- U.S. Department of Health & Human Services (USDHHS). 2014. "The Affordable Care Act and Women." November 5. Retrieved from <http://www.hhs.gov/healthcare/facts/factsheets/2012/03/women03202012a.html>.
- USDOL (U.S. Department of Labor Women's Bureau). 2013. "Women's Bureau: Recent Facts." Retrieved from <http://www.dol.gov/wb/stats/recentfacts.htm>.
- Warner, J. 2014. "Fact Sheet: The Women's Leadership Gap." March 7. Retrieved from <https://www.americanprogress.org/issues/women/report/2014/03/07/85457/fact-sheet-the-womens-leadership-gap>.
- Wasserman, David. 2017. "2016 Popular Vote Tracker." Cook Political Report. Retrieved from <http://cookpolitical.com/story/10174>.
- Wayne, Tiffany K., ed. 2014. *Women's Rights in the United States: A Comprehensive Encyclopedia of Issues, Events, and People*. Santa Barbara, CA: ABC-CLIO.
- Women's March. n.d. "Women's March." Retrieved from <https://www.womensmarch.com/march>.
- Zimmerman, Bonnie, ed. 2013. *Encyclopedia of Lesbian Histories and Cultures*. New York: Routledge.

Uruguay

Overview of Country

Uruguay is located in the southeastern portion of South America and is bordered by Argentina, Brazil, the Uruguay River, and the Atlantic Ocean. Geographically, it is the second-smallest country in South America, with an approximate area of 68,036 square miles (176,215 sq. km). Rolling plains, low hills, and coastal land characterize the topography. The population was estimated to be 3,351,016 in July 2016. The capital and largest city is Montevideo. Most of the population lives in the southern part of the country.

Eighty percent of the population lives in urban areas, with about half of the total population in and near Montevideo. Ethnicity is predominantly white, 88 percent, and 8 percent of the population is mestizo and 4 percent are black. Roman Catholicism is the dominant religion, with 47.1 percent of the populace identifying as Roman Catholic. Of the remaining population, 23.2 percent identify as non-denominational, 17.2 percent as atheist or agnostic, 11.1 percent as non-Catholic Christians, 0.3 percent as Jewish, and 1.1 percent other. Spanish is the official language (CIA 2016).

It is thought that Uruguay was first inhabited by the Charrúa tribe of American Indians, composed of several groups of indigenous peoples. The Charrúas defended their land from attacks by the Spanish, English, Portuguese, and Brazilians over a period of 200 years. There was a large massacre in 1831 in which 40 Charrúa tribe members died and 300 were imprisoned. Some prisoners escaped, and European inhabitants enslaved those who remained. Over time, the Charrúa who remained in Uruguay mixed with the white inhabitants, and the Charrúa as a tribe disappeared and, with it, its culture. Today, it is estimated that there are between 160,000 and 300,000 descendants of Charrúa living in Uruguay and nearby countries (Alayón 2011).

Uruguay declared its independence from Brazil in 1825 and officially became a free country in 1828. It grew and prospered in the early 1900s under President José Batlle y Ordóñez (1856–1929). He formed many state institutions, including a state electric power company, a nationalized savings and loan institution, a mortgage bank, a state railway, and institutes for exploring coal, hydrocarbon, chemicals, and fisheries. He also passed social legislation aimed at protecting workers' rights, expanded state education, and furthered the separation of church and state. These reforms came to be known as "Batllism" (Hudson and Meditz 1990).

Up until the 1960s, Uruguay was one of the most educated and economically stable countries in South America. Starting in the 1950s and continuing into the 1970s, the economy collapsed, and Uruguay suffered financial instability. The country fell into further decline with the rise and control of a military government during the 1970s and 1980s. It is not often talked about, but the time of military rule was marked by widespread poverty, a weakening of the social structure, and the repression of human rights. Freedom of the press was severely restricted as were party politics. People were fired from their jobs, jailed, tortured,

and killed for suspected activity against the military regime. In addition, approximately 10 percent of the country's population left Uruguay to escape the military dictatorship and economic ruin (Hudson and Meditz 1990).

Although democracy was restored in 1985 and the economy improved, poverty levels remained high. Economic gains were short-lived, and the country suffered another economic crisis in 2002. It is estimated that close to 40 percent of the population lived in poverty during the early 2000s (UNFPA 2016).

During their presidencies, President Vázquez (2005–2010; 2015–present) and President Mujica (2010–2015) helped restore Uruguay to its former democratic and economic stability. Both adopted economic policies that encouraged business and investments with foreign countries, in conjunction with growing domestic business in new areas, such as wind power (Jordan 2016).

Overview of Women's Lives

Women in Uruguay have achieved a notable level of human rights and parity with men in many areas, such as reproductive rights, same-sex marriage, education, and workforce participation. However, women's rights and equality still lag in political participation, recognition and prosecution of domestic violence, and economic and education equality for women of color.

Women have equal or better human development compared to men, as shown by the Gender Development Index (GDI), which is above 1.0. Uruguay stands out in this respect, as there is only one other country in Latin America and only 13 other countries in the world that have a GDI above 1.0 (Constantine 2015).

The Gender Inequality Index (GII) for Uruguay was 0.313 in 2014, which placed it at 61st out of 155 countries. The GII is based on inequality in the areas of reproductive health, empowerment, and economic activity. Reproductive health is measured by the number of mothers who die due to pregnancy-related issues and the number of children birthed by adolescents. In Uruguay, for every 1,000 live births, 14 women die due to pregnancy-related issues, and for every 1,000 adolescents (ages 15–19), there are 58.3 births. Empowerment specifically refers to women's representation in government and participation in education at a secondary level or higher. Uruguayan women hold 11.5 percent of the seats in Parliament, and 54.4 percent of adult women have attained a secondary or higher level of education. Economic activity references participation in

the workforce; 55.6 percent of Uruguayan women participate in the workforce (UNDP 2015).

Girls and Teens

Uruguayan youth are relatively healthy and educated. Education is provided to all children free of charge, and almost all children attend elementary school. The mortality rate for children under five years of age is 9 percent, and 73 percent of children live above the poverty line (Fau 2011).

Although the majority of children are healthy and safe, approximately 300,000 children live in poverty. Their economic struggles affect their access to health care and their education. Poor children tend to drop out of school, even though it is free. They often leave school to work and help provide financial support for their families. About 8 percent of children between the ages of 8 and 14 work, often in unsafe and unsanitary conditions. Young children who leave school to work are typically engaged in begging, selling goods in the streets, and collecting garbage (Fau 2011). A large number of children work as domestic help. A survey of domestic service workers found that 34 percent had begun working prior to the age of 14 (Kaushik 2007).

Girls have fairly equal educational rights and opportunities as boys. By 1970, almost half of all students were girls (Hudson and Meditz 1990). Ninety-nine percent of both girls and boys attend elementary school, but girls attend secondary and higher education at a greater rate and longer than boys. In general, girls attend school longer than boys, 17 years compared to 14 years for boys (CIA 2016). As of 2015, 76 percent of girls attend secondary school, whereas 68 percent of boys attend secondary level. The divide is even greater at higher levels: 80 percent of girls enroll at the tertiary level, whereas only 47 percent of boys attend higher education (WEF 2016).

The primary causes of death in teenagers are traffic accidents, suicides, and homicides. More boys than girls die due to these causes, with 80 percent of teen deaths involving boys (PAHO 2012, 215).

National Education on Sexuality

Sexuality education was introduced into the general education curriculum in 2005. A curriculum was developed, and teachers were trained on the new content. A sexuality curriculum was backed by several international organizations as well as adjoining South American countries. It was agreed among the organizations and countries that sexual

education should be a part of all levels of education, that it should include education regarding prevention of HIV and AIDS, and that education departments should be allocated money to carry out sexual education initiatives. Although Uruguay was successful in implementing and integrating a sexuality education program, new political leaders halted the program in 2010. Education officials suggested that schools focus on violence prevention and the need for health care. In addition, the government mandated that schools focus on employment training. As a result, sexuality education became a low priority (DeJong 2014).

The UN Population Fund is working with the Uruguayan government to develop a plan to reimplement a comprehensive sexuality education program and to increase the availability and use of sexual and reproductive services by adolescents (UNFPA 2016).

Digital Divide

The economic crisis of 2002–2003 severely affected teenagers. Half of the teenage population lacked basic living necessities, according to a 2004 census. Another noticeable impact of the economic crisis was the lack of access to electronic resources and digital information. In response to this digital divide, the government developed a Digital Agenda 2011–2015. The Digital Agenda had a lofty goal to equalize access to information resources across the country. In addition, the government formed the Plan Ceibal, an initiative aimed at providing one laptop per child in all primary and secondary schools. By 2012, technology usage had increased dramatically, with 50 percent of teens aged 12–19 using Facebook; 30 percent of those teens belonged to low-income households (Sabelli et al. 2014, 96, 104–105).

Researchers found that access alone did not necessarily prompt teens' technology use. Researchers disseminated health information to teenagers living in low-income neighborhoods. Their study found that teens had access to and used cell phones more than computers and that teens were more likely to access health information if it was presented in a format they were used to, such as text messaging, games, and video. An engaging format proved to be instrumental in increasing technology usage for health education (Sabelli et al. 2014, 96, 104–105).

Education

Uruguay provides free schooling for its people, from primary through university level (CIA 2016). The centralized

nationwide educational system is modeled after the French system. There are three levels: primary, secondary, and university. The primary level is mandatory and consists of six years of instruction. Secondary level is also six years, but it is divided into two three-year cycles. The first cycle is mandatory; the second cycle is not, but it is intended to prepare students for university (Hudson and Meditz 1990).

In 2009, there were 2,556 primary schools. Approximately 16 percent of those were private. There were approximately 682 lower secondary schools, of which 182 were private. Sixty-one schools located outside of the capital of Montevideo offer a basic education course for people living in rural areas. There were approximately 663 upper secondary schools, with 182 of those private. For tertiary or university-level learning, there is one main public university, the Universidad de la República, located in Montevideo. Tuition is free for Uruguayans. In addition to the public university, there are a few private universities, also located in Montevideo: Universidad Católica del Uruguay Dámaso Antonio Larrañaga, ORT Uruguay, Universidad de Montevideo, and Instituto Universitario Autónomo del Sur. Other options for higher education include a small number of colleges and institutes that offer vocational training (Bacsich 2013).

The literacy rate for girls and women is very high at 99 percent. This high rate goes back to the early 1900s, when a “feminine section” was created to encourage women to attend the University of the Republic (Hudson and Meditz 1990). As of 2015, almost all girls attend primary school, 76 percent attend secondary school, and 80 percent attain a third-level (university-level) education. Of university-level students who graduate in a STEM field, 44 percent are women, and 56 percent are men. Women have surpassed men in the pursuit of a PhD; 59 percent of PhD graduates are women, whereas only 41 percent are men (WEF 2016).

Health

Access to Health Care

In the early 2000s, Uruguay made efforts to provide better and more equitable health services to its people. From 2004 to 2008, the government increased its spending on health care by 23 percent. By 2008, it was spending 7.5 percent of its gross domestic product (GDP) on health care. From 2008 to 2013, health care spending increased, but to a lesser degree, from 7.5 percent to 8.8 percent of its GDP. In 2008, Uruguay started the process toward universal health

care and insurance. The initiative aimed to lessen the gap between the public and private per-person expenditures in an effort to make the provision of health services more equitable among its citizens (PAHO 2012).

In 2009, there were 2.9 physicians per 1,000 residents. Even though Uruguay has worked toward universal health care, there is still a bias toward private health care, with 19,791 physicians working in the private sector and 5,948 working in the public sector. As a majority of the population is located in the capital and larger cities, the concentration of health facilities are also located in the cities. In 1980, 60 percent of the total public hospital beds were located in Montevideo. It is estimated that there were 9,089 public hospital beds in Uruguay in 1980. In 2010, there were 1.2 hospital beds per 1,000 people (PAHO 2012).

Maternal Health

The state health system gives women the opportunity to access full health care when pregnant and giving birth. As a result, in 2012, 99 percent of births were attended by a skilled health professional. Women were given 12 weeks of maternity leave and were paid 100 percent of their wages during leave (WHO 2016b). Women working in both the public and private sectors receive maternity leave wages. In addition, domestic workers receive maternity benefits (SIGI 2016). At 98 percent, a majority of children are breastfed for some period; 43 percent are still breastfed at one year and 28 percent at age two. Fifty-seven percent of children are exclusively breastfed when under six months of age (WHO 2016b).

History of Legalization of Abortion

The legalization of abortion was, and remains, controversial. Prior to 2012, abortion was illegal. Even though abortion was illegal, women still sought out and obtained abortions. There were no laws regulating the procedure, resulting in unsafe abortions, injury, and even death. In addition, contraception was not widely available, and there was little education regarding sexual and reproductive health (Briozzo 2016).

In 2001, health professionals banded together to develop a plan for risk reduction due to unsafe abortions. At the same time, women's rights organizations along with liberal government leaders worked toward advancing women's sexual and reproductive rights (Briozzo 2016).

Abortion was legalized in 2012, but only after intense political negotiation. The law allowing abortion is complex

and includes several limiting provisions, such as a prohibition on private, for-profit clinics performing abortions; a requirement that woman seeking an abortion must meet with a team that monitors the abortion; and a five-day waiting period after meeting with the team before obtaining the abortion. After legalization, abortion became a valid health issue, and safe abortions became available under the national health system. Maternal mortality rates decreased as a direct result of the legalization of abortion. In addition, an interesting side effect that occurred alongside lower maternal mortality was lower abortion rates. This is attributed to the increase in education around sexual and reproductive health and the widespread availability of contraception (Briozzo 2016).

The commitment of health professionals to provide fair and just reproductive health options is the most noteworthy aspect of the Uruguayan approach to women's reproductive rights (Briozzo 2016). While health professionals are committed to providing comprehensive health care, 30 percent of gynecologists do not perform abortions under a conscientious objector provision that allows gynecologists to refuse to perform abortions due to religious beliefs. This right to conscientious objection was recently upheld by an administrative court, leaving some to question whether the government will be effective in providing legalized abortion, depending on the number of physician objectors (Coppola et al. 2016, S16–S19).

Diseases and Disorders

Overall, the health of the population of Uruguay has improved since 2000, leading to a higher life expectancy, which was 76 years in 2009 and 80 years in 2010 for women. The World Health Organization (WHO) has shown that the incidence of death due to cardiovascular disease has declined from 2000 to 2012. Death from other noncommunicable diseases has also decreased during the same period (WHO 2014).

Women tend to live longer than men. The life expectancy for women was 80 versus 73 for men in 2015 (WHO 2017). Women use less tobacco and alcohol and are less likely to have high blood pressure. Only 19.4 percent of women smoked in 2014, compared to 26.7 percent of men. The per capita consumption of alcohol in liters for women was 4.2, whereas it was almost triple for men at 11.3, as measured in 2010. In 2008, 31 percent of women were shown to have raised blood pressure compared to 39.9 percent of men (WHO 2014). Although they consume

significantly less tobacco and alcohol, women do have a higher obesity rate. In 2014, 31 percent of women were identified as obese, compared to 22 percent of men (WHO 2014).

Communicable diseases are not prevalent in Uruguay; a vaccination policy has kept most communicable diseases at bay. Vaccinations are required, and there is no charge for immunizations. Ninety-five percent of the population receives immunizations. This program and the high rate of participation has proven successful, with no cases of measles, no cases of rubella, and only a few cases of hepatitis B reported (PAHO 2012). The incidence of HIV/AIDS is also low. A mortality rate of 5.1 deaths per 100,000 people was reported in 2009 (PAHO 2012).

The biggest threat to health is heart disease. Cardiovascular diseases caused 30 percent of deaths in 2009. The medical system does little to monitor and track hypertension. About 35 percent of the population does not exercise, 85 percent do not eat the recommended amounts of fruit and vegetables, and about 25 percent of the population smoke. A health model centered on the encouragement of good health and the prevention of disease was being developed in 2012, and it is hoped this model will help decrease the prevalence of heart disease (PAHO 2012).

Tobacco

Tobacco use is not unusual in Uruguay, but the government is trying to change that. During his presidency in the mid-2000s, President Vázquez (an oncologist who continued his oncology practice during his presidency) banned public smoking. In addition, he required cigarette companies to enlarge the health warnings on cigarette packs. He also imposed draconian taxes on the sale of cigarettes—the tax on one pack of cigarettes comprised two-thirds of its price. Vázquez's measures worked. The number of adult cigarette smokers declined from 32 percent to 22 percent in the period 2006–2013. The number of people admitted to hospitals for smoking-related ailments also fell during the same period. The government won a major victory when the International Center for Settlement of Investment Disputes, an arbitration court run by the World Bank, ruled that Uruguay was not violating fair trade rules with its strict antismoking campaign, as the cigarette producer Philip Morris alleged. The court ruled that Uruguay could continue its antismoking campaign and ordered Philip Morris to pay Uruguay USD\$7 million in legal fees (Margolis 2016).

Employment

Approximately 55 percent of women participate in the workforce, compared to 76 percent of men. Women make up a disproportionate number of domestic positions at 18 percent versus 1 percent for men. Women also spend a disproportionate amount of time doing unpaid work, 309 minutes a day compared to men's 133 minutes per day.

Discrimination against gender in the workplace is prohibited; however, there is no specific provision requiring that women's pay is equal to men's for the same work. As a result, women earn less than men, even though they typically attain a higher educational level than men (UNDP 2015).

Family Life

Uruguay has a long history of advancing women's rights; yet, women are still working toward achieving equality. One of the first measures aimed at giving women equality was a 1913 divorce law that allowed women to unilaterally apply for a divorce without a husband's permission. In comparison, Chile did not legalize divorce until 2004 (Goni 2016).

In 2013, two significant reforms affecting women were passed under the Marriage Equality Law. The first change, affecting adolescent girls, was the raising of the legal age of marriage to 16. While 16 is still considered young, Human Rights Watch (HRW) advocates for all countries to adopt 18 as the minimum marriage age. Prior to the Marriage Equality Law, the legal minimum marriage age for girls was 12. The second reform was the legalization of gay marriage (HRW 2013).

LGBTI Rights

Gay rights have slowly increased and strengthened since 2003, making Uruguay one of the most gay-friendly countries in the world. Several laws aimed at protecting the rights of lesbian, gay, bisexual, transgender, and intersex (LGBTI) people have been enacted since 2003. The government enacted legislation prohibiting discrimination based on sexual orientation in 2004. Legislation legalizing civil unions was passed in 2007. In 2009, legislation making adoptions by gay couples legal was passed. That same year, President Vázquez lifted a ban on gays serving in the military (Equaldex 2016). Also in 2009, the government passed legislation allowing transsexuals to change their identity documents to reflect the gender of their choice

(BBC 2009). In 2013, same-sex marriage was legalized (Equaldex 2016).

Helping to advance gay rights are several civil rights groups. One group, Ovejas Negras (Black Sheep), works to promote and protect the rights of LGBT persons. Michelle Suárez Bértora (1983–), Uruguay's first transgender person to graduate from law school, helped draft both the marriage- and adoption-equality laws. Gay rights groups, such as Ovejas Negras, recognized the intersectionality among human rights groups and that people could be discriminated against for being gay and black or gay and poor. Gay rights groups began to collaborate with other civil rights groups to gain greater political power and work toward equality for all disenfranchised people. Toward that end, the gay rights parade became the diversity parade and grew in attendance from 300 in the 1990s to over 30,000 in 2013 (Cariboni 2014a).

Even though the government has supported extensive gay rights, there is still some public resistance. It is reported that 31 percent of Uruguayans oppose gay marriage (*The Economist* 2015b). Almost half of all gay people have indicated that they have experienced some sort of violence because of their gender identity. Hate crimes against LGBTI people have included harassment, threats, sexual violence, and even murder. In 2012 alone, five transgender women were murdered (Colectivo Ovejas Negras 2013).

Gender Violence and Femicide

Although women in Uruguay enjoy fairly equal rights to men, there has been and remains today a culture of violence against women. Domestic violence did not become a crime until 1995, when it was added to the penal code. In 1996, Uruguay ratified the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women and with the ratification adopted its definition of gender-based violence, which included “physical, sexual, or psychological violence that occurs within the family or domestic unit or within any other interpersonal relationship” (Refworld 2011). In 2002, Uruguay passed its own domestic violence law aimed at the prevention, early detection, treatment, and eradication of domestic violence. Even with these measures in place, there was still a gap—the laws did not clarify whether sexual crimes that occurred within a marriage constituted domestic violence. This ambivalence of the wording in the legislation results in many domestic violence crimes being left unprosecuted. In addition, there is a culture of preserving the family unit

over punishing the perpetrator. Victims are often encouraged to reconcile and remain with their abusers, perpetuating the domestic violence cycle (Refworld 2011).

The movement to end violence against women took a giant leap forward in April 2016, when new legislation aiming to end gender violence was introduced. The legislation changes criminal law to better address violent crimes against women, creates a system-wide coordinated response to gender violence, and adds special courts to hear domestic violence cases. In addition, the legislation includes sections that address violence toward children, teens, the disabled, and elderly women (UN Women 2016).

Femicide is also reported as a problem in Uruguay. In 2011, 20 women were killed by their husband or partner (SIGI 2016). The government has responded by introducing legislation to include femicide as a specific crime under its penal code (WPR 2015).

Politics

Uruguay is one of the world's 20 “full democracies,” and the only “full democracy” in Latin America, according to *The Economist's* 2015 index. There is no exact definition of *democracy*, but the Economist Intelligence Unit attempts to formulate a definition of democracy by looking at six criteria. The criteria include access to voting polls, electoral process and pluralism, civil liberties, functionality of the government, political participation, and political culture. In looking at Uruguay, *The Economist* rated it a “full democracy” based on its democratic voting system; freedom of speech, religion, and other individual rights; its high-functioning government; and its democratic political culture. Its public participation in politics is low. However, since the other categories scored high, it still qualified as a “full democracy” (America's Quarterly 2015; *The Economist* 2015a).

There are three main political parties in Uruguay: Frente Amplio (FA, Broad Front); Partido Nacional or Blancos (National Party or White Party); and the Colorado Party (sometimes called the Scarlet or Red Party). The Broad Front party is a coalition of several liberal parties. The National Party is a right-wing conservative political party. The Colorado Party is an urban progressive party. Dr. Tabaré Vázquez was elected president in 2015. A member of the Frente Amplio political party, Vázquez previously served as president from 2005 to 2010. He won over half of the vote, earning 56.5 percent. The runner-up, Luis Alberto LaCalle Pou, of the National Party, garnered 43.4 percent

of the vote. His win continues governance by the Frente Amplio party that began in 2005 (CIA 2016).

In addition to the destruction of the Charrúa people, another blemish in Uruguay's political history is the impunity given to the military dictators who committed human rights crimes, including violence against women, during their control of the government. One-third of political prisoners under the dictatorship were women who were imprisoned for protesting against the inflation, unemployment and government corruption of the time. Women were insulted, stripped naked, prodded, groped, and raped while in prison (Devine 2016). A law passed in 1986 granted amnesty to those involved in the military dictatorship, resulting in victims and relatives of victims going unrecognized and uncompensated. In 2011, the amnesty law was overturned; however, resolution and justice has been slow and practically nonexistent. One report showed that of 256 pending criminal cases, only 2 percent had been resolved (Lessa 2015). In the few cases that have been heard, none have recognized the sexual violence crimes against women, even after women testified in court about these such crimes (Devine 2016). To jump-start the process toward justice, President Vázquez formed the Truth and Justice working group and tasked it with investigating human rights violations and monitoring the progress of the criminal cases (Lessa 2015).

Women in Politics

Arguably the most instrumental woman in advancing women's rights in Uruguay was Paulina Luisi (1875–1950). Luisi was the first female physician in Uruguay, and, coincidentally, her sister was the first female attorney in Uruguay. As a physician, Luisi was an advocate for sex education and contraception. Her ideas were not widely accepted at the time, but she managed to introduce sex education classes into the Uruguayan public school curriculum in 1944. Luisi also became involved in broader women's issues, such as the right to vote, organizing labor movements, and pushing for equal pay for women (Ehrick 1998). Partly due to Luisi's advocacy work, women were granted the right to vote in 1932 (IPU 2015).

Not only did Luisi have a great influence on women's rights in Uruguay, but her influence also reached an international audience. She was the only Latin American leader of the International Women's Suffrage Alliance (IWSA, later known as the International Alliance of Women, IWA). She traveled to Europe often to participate in the IWSA

conferences and corresponded regularly with other women's rights leaders around the world (Ehrick 1998). Since the early 2000s, the progression of women's rights has focused on legalization of abortion and same-sex marriage.

Women continue to strive for equality in a society still controlled by men. Women's representation in government positions has not yet reached parity. In 2015, only 9 of the 30 senators were women. Of the representatives, 17 of 99 were women, and the 13-member cabinet had 5 women. Around the country, there was only 1 female mayor (U.S. Department of State 2015a).

To guarantee more women in political positions, Uruguay passed a gender-equality law that required women to comprise one-third of candidate lists by 2014. Under this quota law, women must be named in every third place on the list. The law was meant to circumvent women being placed at the bottom of candidate lists (Freedom House 2015). In theory, the gender-equality law is meant to increase the number of women holding seats in the legislature. In practice, the law ensures that women appear on the candidate lists from which candidates are elected to parliamentary positions. In 2014, of all the candidate lists, women were listed as the first candidate on only two. On the remaining lists, women were consistently listed third, though this did not result in their being elected. Candidates are elected in proportion to the number of votes his or her party receives. Typically, the number of votes has not been numerous enough to get past the first or second candidate on each list; thus, only the men at the top of the list were elected (Cariboni 2014b).

Religious and Cultural Roles

There is freedom of religion in Uruguay and an official separation of church and state. Even with religious freedom and the existence of many religious groups, Uruguay is primarily a secular country. This extends to religious holidays, which are celebrated as secular days: Christmas is known as Family Day, and Easter Week is known as Tourism Week (Goni 2016).

Even though approximately 47 percent of Uruguayans identify as Catholic, many do not attend church. Only 7 percent of Catholics say religion is very important in their lives and attend services weekly (Lipka 2014).

Religious education is not allowed in the public schools. Schools are closed on major Christian holidays, and students are allowed to miss school on their particular religious holidays. Religious and government leaders report

a high level of tolerance among society members. In 2015, the Board for Interreligious Dialogue held its sixth annual celebration of the International Day of Peace, during which participants promoted the respect and understanding of all religions (U.S. Department of State 2015b).

Issues

Violence against Children

Violence against children in the home is reported as prevalent. Research in 2009 showed that 8 out of 10 adults used violence to discipline or correct a child (UNICEF 2011). In an effort to curb violence against children, the government sponsored campaigns against child abuse. In 2007, the government repealed the standing law that allowed parents to use physical punishment when correcting their children. A new law was passed that specifically banned corporal punishment and any other form of humiliating punishment against children (Global Initiative to End All Corporal Punishment of Children 2016). The legislation also provided for education of nonviolent forms of discipline for parents and other caregivers (UNICEF 2011).

Legalization of Marijuana

President Mujica approved the legalization of the production, sale, and use of marijuana in 2013. The regulations allow any citizen or legal permanent resident over the age of 18 to purchase up to 10 grams of cannabis per week from a licensed pharmacy. Although a prescription is not required for the purchase of cannabis, buyers must register with a government regulatory organization, the Institute for Regulation and Control of Cannabis (IRCCA). Individuals may grow up to six plants at home as long as the plants are registered with the IRCCA. In part, the law aims to undermine the black market trade of cannabis. To aid in this objective, the government regulates the pricing of cannabis sold in pharmacies (Romero 2013).

Uruguay did not pass the cannabis law to create a lucrative commercial market but rather to promote public health. Thus, advertising of marijuana is prohibited, as is the promotion of use of marijuana at events. In addition, the law restricts the sale of cannabis to citizens and legal permanent residents of Uruguay in an effort to prevent drug tourism. There is a zero-tolerance policy on driving under the influence of marijuana. Taxes on the sale of cannabis are minimal. Public health clinics are tasked with

developing strategies to treat people with cannabis addictions and schools with educating children on the dangers of using it (Walsh and Ramsey 2016).

There is hope that legalization of marijuana will directly benefit women in several ways. Drug cartel traffickers have increasingly recruited women to be “mules,” or couriers, to transport drugs. Often poor, uneducated women are targeted to transport small amounts of drugs across borders. The women are often single mothers who need the money to support themselves and their children. Transporting illegal drugs across borders is risky, and the women are often caught. Due to strict mandatory minimum sentences for drug offenses, these women end up in prison for nonviolent minor drug offenses. Their cycle of poverty is extended and exacerbated by their imprisonment. In addition, their children are left orphaned. With cannabis legalization, Uruguay is hoping to see a decrease in illegal drug trafficking in general and, as a result, a decrease of women being recruited to traffic illegal drugs. In addition, Uruguay has begun to look at drug policies more broadly, with the intention to integrate human rights and women’s rights into existing drug and prison policies (IRIN 2014).

The cannabis law is relatively new, and it remains to be seen whether it will be implemented with success. The law was passed with President Mujica’s full support. However, his successor, President Vázquez, is not as enthusiastic. In addition, polls consistently show public support below 50 percent. Uruguay may also face international pressure against the law. Uruguay’s neighboring countries of Argentina and Brazil do not have laws legalizing marijuana, and they have criticized Uruguay’s legalization of marijuana (Walsh and Ramsey 2016).

Trafficking

Uruguay is designated as a Tier 2 country for trafficking. Tier 2 is a designation given by the U.S. Department of State that signifies that a country is taking meaningful steps toward meeting with the U.S. Trafficking and Victims Protection Act’s minimum standards but does not fully comply with them (U.S. Department of State 2016).

Both sex and forced labor trafficking have been uncovered in Uruguay. Women and girls have been forced into sex trafficking in Uruguay as well as forced into prostitution in other countries such as Argentina, Brazil, Spain, and Italy. In addition, women from other countries, primarily the Dominican Republic, have been trafficked into

Uruguay for the sex trade. Workers have been trafficked from many countries, including Bolivia, Paraguay, Brazil, the Dominican Republic, and Argentina. Forced labor is seen in many industries, including domestic service, construction, wholesale stores, textile, agriculture, commercial fishing, and lumber processing. Uruguay also serves as a through country, with persons being trafficked from China and the Dominican Republic, through Uruguay, and ending in Argentina's forced labor and sex trade (U.S. Department of State 2016).

Currently, only transnational trafficking is prohibited under Uruguayan law. Domestic sex trafficking can be penalized under sexual exploitation or pimping laws; however, the penalties are not as severe as may be appropriate. For example, a transnational trafficking conviction can incur 4–16 years in prison, whereas a charge for sexual exploitation or pimping can incur a lesser sentence and can be reduced to community service or even a fine (U.S. Department of State 2016).

The government is taking steps to raise awareness around the existence and prevention of trafficking. It trained law enforcement and immigration officials on procedures for detecting, investigating, and responding to trafficking. It ran sex trafficking prevention educational campaigns near the borders of Argentina and Brazil and targeted the commercial sex trade by asking those in the travel and hotel industries to report suspicious and illegal activity (U.S. Department of State 2016).

Immigration and Refugees

Like many countries in the Americas, Uruguay was built by immigrants. Approximately 600,000 immigrants from Spain and Italy arrived and settled Uruguay from 1860 to 1920. There were no major immigration waves after 1920. However, smaller numbers of people from Peru and Middle Eastern countries have arrived and settled in Uruguay. Today, Uruguay has a very open and generous immigration policy (*Panam Post* 2015).

In addition to welcoming immigrants, Uruguay has also recently accepted refugees. In response to the ongoing Syrian refugee crisis caused by over five years of continual civil war, Uruguay opened its doors to 42 Syrian refugees in 2014. It was set to accept 72 additional Syrian refugees in early 2015, but due to public uncertainty about the ability of the Syrians to assimilate into Uruguayan culture, resettlement for additional refugees was delayed (*Panam Post* 2015).

History of Afro-Uruguayans

Uruguay is often considered a white country. In 1996, 93 percent of its population self-identified as white. Forgotten is its black history that began with the slave trade. With its capital city located on the Atlantic Ocean, Uruguay became a central port of entry for the slave trade in South America. While many blacks ended up in Argentina, some 20,000 remained in Uruguay. It is estimated that, by 1800, 25 percent of Uruguay's population was African. Free and enslaved blacks served in its different wars, and slavery was eventually abolished in 1842. After abolition, the black population pushed for equal rights under the constitution, which guaranteed equal rights for all. Although equal rights were guaranteed in theory, in practice, black people experienced pervasive discrimination and racial prejudice. In an attempt to advance their cause for equality, blacks founded at least 25 newspapers and magazines. In addition, blacks formed many civic and social clubs and organizations, including a black political party in 1936, the Partido Autóctono Negro (PAN, Indigenous Black Party). Although the government did not restrict political freedom (similar black political parties were outlawed in Brazil and Cuba), PAN disbanded on its own in 1944 due to low support (Andrews 2007–2015).

Black women in particular suffer from discrimination, a double discrimination, from being a woman in a male-centered society and from race-based prejudice. As late as 1993, 75 percent of black women worked as maids. A 1999 study revealed that the illiteracy of black women was double the national average and that only one-third of black women went on to higher education compared to the general population. In 2015, unemployment among Afro women was more than double the national average. As a result, black women have been disproportionately impoverished; 9.7 percent of the general population lives in poverty, compared to 20.2 percent of Afro women (Telesur 2015).

In response to ongoing racism and discrimination, blacks again organized to fight for recognition. The most well-known organization, Mundo Afro (African World), successfully lobbied the government to gather data regarding the black population. Collected data showed that blacks' earnings were substantially lower than those of whites, that whites were twice as likely to have a university degree, that black unemployment rates were double those of whites, and that the number of blacks living in poverty was double that of whites. In response to this

overwhelming evidence of racial and social discrimination, the government introduced several programs to address the divide between whites and blacks. In 2013, the government passed legislation that requires schools to give more scholarships to Afro-Uruguayan students, reserves 8 percent of government jobs for qualified Uruguayans of African descent, gives tax breaks to private companies who hire Afro-Uruguayans, and mandates schools to include classes on Afro-Uruguayan history (O'Neill 2013).

One notable Afro contribution to Uruguayan life is music. Black percussion rhythms were combined with European sounds to create what is known as *candombe*. Candombe is now one of the most popular sounds at Carnival in Montevideo and is performed by both blacks and whites. The popularity of candombe and the continuity of racial inequality led to a National Day of Candombe, Afro-Uruguayan Culture, and Racial Equality, a day to reflect on the persistence of racial and social discrimination toward blacks (Andrews 2007–2015).

Energy and Climate Change

Uruguay has become a leader in the use of renewable energy. Starting in 2008, it mapped out a plan to lower its use of fossil fuels. It was on the brink of building a new gas pipeline with Argentina when the government agreed to commit to increasing its use of renewable energy sources. It imported wind turbines for wind power and photovoltaic panels for solar power. It also uses hydropower and biomass technology to round out its energy sources. By 2016, renewable sources made up 55 percent of Uruguay's total energy mix, and 95 percent of its electricity was obtained from renewable sources (Watts 2015). Growth of the renewable energy sector presents a new employment opportunity for women. Two solar photovoltaic companies partnered with job training institutes to train local residents in the assembly of solar photovoltaic projects. The program set a goal to have women constitute at least 40 percent of the total trainees, and it succeeded (Daley 2015).

MARY JORDAN

Further Resources

Alayón, Wilfredo. 2011. "Uruguay and the Memory of the Charúa Tribe." *The Prisma*, March 28. Translated by Patrick Jones. Retrieved from <http://theprisma.co.uk/2011/03/28/uruguay-and-the-memory-of-the-charrua>.

America's Quarterly. 2015. "New Study Ranks Democracy in Latin America." January 21. Retrieved from [http://www.americasquarterly.org/content/new-study-ranks-democr](http://www.americasquarterly.org/content/new-study-ranks-democracy-latin-america)

Andrews, George. 2007–2015. "Afro-Uruguay: A Brief History." BlackPast.org. Retrieved from <http://www.blackpast.org/perspectives/afro-uruguay-brief-history>.

Bacsich, Paul. 2013. "Researching Virtual Initiatives in Education, Uruguay." Retrieved from http://www.virtualschoolsandcolleges.eu/index.php/Uruguay#Schools_in_Uruguay.

BBC. 2009. "Uruguay Approves Sex Change Bill." October 13. Retrieved from <http://news.bbc.co.uk/2/hi/americas/8304123.stm>.

Briozzo, Leonel. 2016. "From Risk and Harm to Decriminalizing Abortion: The Uruguayan Model for Women's Rights." *International Journal of Gynecology & Obstetrics* 134 (Supplement 1): S3–S6. doi:<http://dx.doi.org/10.1016/j.ijgo.2016.06.003>.

Cariboni, Diana. 2014a. "The LGBT, Feminist, and Student Voices behind Uruguay's Radical Reforms." *The Guardian*, August 1. Retrieved from <https://www.theguardian.com/global-development/2014/aug/01/uruguay-lgbt-feminist-student-protest-liberal-reforms>.

Cariboni, Diana. 2014b. "Uruguay Elections: Establishment Seeks to Dodge Gender Quotas." *The Guardian*, October 16. Retrieved from <https://www.theguardian.com/global-development/2014/oct/16/uruguay-elections-political-establishment-dodge-gender-quotas>.

CIA (Central Intelligence Agency). 2016. "Uruguay." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/uy.html>.

Colectivo Ovejas Negras (Colectivo Ovejas Negras, the Center for International Human Rights of Northwestern University School of Law, and the Global Initiative for Sexuality and Human Rights (GISHR) of Heartland Alliance for Human Needs & Human Rights). 2013. "Human Rights Violations against Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) People in Uruguay: A Shadow Report." Retrieved from http://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/URY/INT_CCPR_NGO_URY_15358_E.pdf.

Constantine, Giles. 2015. "Eye on Latin American." December 12. Retrieved from <https://eyeonlatinamerica.com/2015/12/16/un-human-development-report-2015-latin-america>.

Coppola, Francisco, Leonel Briozzo, Fernanda Nozar, Veronica Fiol, and Diego Greif. 2016. "Conscientious Objection as a Barrier for Implementing Voluntary Termination of Pregnancy in Uruguay: Gynecologists' Attitudes and Behavior." *International Journal of Gynecology and Obstetrics* 134 (Supplement 1): S16–S19. Retrieved from <http://dx.doi.org/10.1016/j.ijgo.2016.06.005>.

Daley, Sanola. 2015. "No Women in Renewable Energy? Look Again." *Corporacion Interamericana de Inversiones*, August 20. Retrieved from <http://blog.iic.org/2015/08/20/women-in-renewable-energy-look-again-sustainable-business>.

DeJong, Jocelyn. 2014. "Comprehensive Sexuality Education: The Challenges and Opportunities of Scaling-up." United Nations Educational, Scientific, and Cultural Organization. Retrieved from unesdoc.unesco.org/images/0022/002277/227781e.pdf.

- Devine, Luke. 2016. "Uruguay: Truth, Justice, and Gender Inequality." *Upstream Journal*, June. Retrieved from <http://www.upstreamjournal.org/2016/06/uruguay-truth-justice-gender-inequality>.
- The Economist*. 2015a. "Democracy in an Age of Anxiety." Democracy Index 2015: A Report by the Economist Intelligence Unit. Retrieved from <http://www.yabiladi.com/img/content/EIU-Democracy-Index-2015.pdf>.
- The Economist*. 2015b. "The Rainbow Tide." October 16. Retrieved from <http://www.economist.com/news/americas/21675515-argentina-brazil-and-uruguay-have-legalised-same-sex-marriage-what-explains-advance-gay-rights>.
- Ehrick, Christine. 1998. "Madrinas and Missionaries: Uruguay and the Pan-American Women's Movement." *Gender & History* 10: 406–424.
- Equaldex. 2016. "LGBT Rights in Uruguay." Retrieved from <http://www.equaldex.com/region/Uruguay>.
- Fau, Valentine. 2011. "Children of Uruguay: Realizing Children's Rights in Uruguay." November 7. Translated by Stephanie Staabtaab. Retrieved from <http://www.humanium.org/en/americas/uruguay>.
- Freedom House. 2015. "Uruguay." Retrieved from <https://freedomhouse.org/report/freedom-world/2015/uruguay>.
- Global Initiative to End All Corporal Punishment of Children. 2016. "Corporal Punishment of Children in Uruguay." Retrieved from www.endcorporalpunishment/assets/pdfs/states-reports/Uruguay.pdf.
- Goni, Uki. 2016. "Uruguay's Quiet Democratic Miracle." *New York Times*, February 9. Retrieved from http://www.nytimes.com/2016/02/10/opinion/uruguays-quiet-democratic-miracle.html?_r=0.
- HRW (Human Rights Watch). 2013. "Uruguay: Marriage Equality Approved." April 2. Retrieved from <https://www.hrw.org/news/2013/04/02/uruguay-marriage-equality-approved>.
- Hudson, Rex, and Sandra Meditz. 1990. "Uruguay: A Country Study." Library of Congress. Retrieved from <http://countrystudies.us/uruguay>.
- IPU (Inter-Parliamentary Union). 2015. "Women's Suffrage." Retrieved from <http://www.ipu.org/wmn-e/suffrage.htm>.
- IRIN (Integrated Regional Information Networks). 2014. "Women Paying Price of Latin America Drug Wars." April 15. Retrieved from <http://www.irinnews.org/feature/2014/04/15>.
- Jordan, Brandon. 2016. "Pragmatic Socialism in Uruguay." *Counterpunch*, April 15. Retrieved from <http://www.counterpunch.org/2016/04/15/pragmatic-socialism-in-uruguay>.
- Kaushik, Lokendra. 2007. "Child Labour: Various Forms of Child Labour." July 4. Retrieved from <http://lokendrakashik.blogspot.com/2007/07/child-laber-various-forms-of-child.html>.
- Lessa, Francesca. 2015. "Justice at a Crossroads in Uruguay." *Al Jazeera*, March 6. Retrieved from <http://www.aljazeera.com/indepth/opinion/2015/03/justice-crossroads-uruguay-150304101945537.html>.
- Lipka, Michael. 2014. "7 Key Takeaways about Religion in Latin America." Pew Research Center, November 13. Retrieved from <http://www.pewresearch.org/fact-tank/2014/11/13/7-key-takeaways-about-religion-in-latin-america>.
- Margolis, Mac. 2016. "Big Tobacco Gets Crushed by Tiny Uruguay." *Bloomberg*, July 18. Retrieved from <https://www.bloomberg.com/view/articles/2016-07-18/big-tobacco-gets-crushed-by-tiny-uruguay>.
- O'Neill, Eilis. 2013. "Empowering Afro-Uruguayans after Long History of Discrimination." November 15. Retrieved from <http://www.dw.com/en/empowering-afro-uruguayans-after-long-history-of-discrimination/a-17227552>.
- PAHO (Pan American Health Organization). 2012. "Health in the Americas: Uruguay." Retrieved from http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=25190&Itemid=270.
- Panam Post*. 2015. "Uruguay's Selective Amnesia on Migration." April 9. Retrieved from <https://panampost.com/valerie-marsman/2015/04/09/uruguays-selective-amnesia-on-migration>.
- Refworld. 2011. "Uruguay: Domestic Violence, Including Information on Protection and Support Services Available to Victims (2007–2010)." Retrieved from <http://www.refworld.org/docid/4e4a2dc32.html>.
- Romero, Simon. 2013. "Uruguay Acts to Legalize Marijuana." *New York Times*, December 10. Retrieved from <http://www.nytimes.com/2013/12/11/world/americas/uruguay-acts-to-legalize-marijuana.html>.
- Sabelli, Martha, Jorge Rasner, María Cristina Pérez Giffoni, Eduardo Álvarez Pedrosian, Laura González, and Raúl Ruggia. 2014. "Developing Electronic Information Resources to Promote Social Inclusion of Vulnerable Communities in Uruguay." In *Information Access and Library User Needs in Developing Countries*, edited by Mohammed Nasser Al-Suqri, 95–110. Hershey, PA: IGI Global.
- SIGI (Social Institutions & Gender Index). 2016. "Uruguay." OECD Development Center. Retrieved from www.genderindex.org/sites/default/files/datasheets/UY.pdf.
- Telesur. 2015. "Uruguay: Afrodescendent Women Face Disproportionate Challenges." July 25. Retrieved from <http://www.telesurtv.net/english/news/Uruguay-Afrodescendent-Women-Face-Disproportionate-Challenges-20150725-0005.html>.
- UNDP (UN Development Report). 2015. "Human Development Report, Briefing Note for Countries on the 2015 Human Development Report: Uruguay." Retrieved from http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/URY.pdf.
- UNFPA (UN Population Fund). 2016. "Country Programme Document for Uruguay." Retrieved from http://www.unfpa.org/sites/default/files/portal-document/DP.FPA_.CPD_URY_3_-_Uruguay_-_FINAL_-_15Dec15.pdf.
- UNICEF. 2011. "Uruguay." Retrieved from www.unicef.org/about/execboard/files/Uruguay_final_approved_CPD11_Feb_2011_.pdf.
- UN Women. 2016. "Gender Violence Bill Presented in Uruguay." April 15. Retrieved from <http://www.unwomen.org/en/news/stories/2016/4/uruguay-gender-based-violence-bill>.

- U.S. Department of State. 2015a. "Uruguay." *Country Reports on Human Rights Practices for 2015*. Retrieved from <https://www.state.gov/documents/organization/253259.pdf>.
- U.S. Department of State. 2015b. "Uruguay." *International Religious Freedom Report for 2015*. Retrieved from <https://www.state.gov/documents/organization/256601.pdf>.
- U.S. Department of State. 2016. *Trafficking in Persons Report*. Office to Monitor and Combat Trafficking in Persons. Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/2016/258696.htm> and <http://www.state.gov/documents/organization/258882.pdf>.
- Walsh, John, and Geoff Ramsey. 2016. "Uruguay's Drug Policy: Major Innovations, Major Challenges." Foreign Policy at Brookings. Retrieved from <https://www.brookings.edu/wp-content/uploads/2016/07/Walsh-Uruguay-final.pdf>.
- Watts, Jonathan. 2015. "Uruguay Makes Dramatic Shift to Nearly 95% Electricity from Clean Energy." *The Guardian*, December 3. Retrieved from <https://www.theguardian.com/environment/2015/dec/03/uruguay-makes-dramatic-shift-to-nearly-95-clean-energy>.
- WEF (World Economic Forum). 2016. "Uruguay." Retrieved from <http://reports.weforum.org/global-gender-gap-report-2015/economies/#economy=URY>.
- WHO (World Health Organization). 2014. "Noncommunicable Diseases (NCD) Country Profiles: Uruguay." Retrieved from http://www.who.int/nmh/countries/ury_en.pdf?ua=1.
- WHO (World Health Organization). 2016a. "Cancer Country Profiles: Uruguay." Retrieved from http://www.who.int/cancer/country-profiles/ury_en.pdf?ua=1.
- WHO (World Health Organization). 2016b. "IYCF Data Bank on Infant and Young Child Feeding: Uruguay." Retrieved from <http://www.who.int/nutrition/databases/infantfeeding/countries/ury.pdf?ua=1>.
- WHO (World Health Organization). 2017. Retrieved from <http://www.who.int/countries/ury/en>.
- WPR (World Politics Review). 2015. "Latin America's Uneven Response to Growing Violence against Women." June 16. Retrieved from www.worldpoliticsreview.com/trendlines/16011/latin-america-s-uneven-response-to-growing-violence-against-women.

V

Venezuela

Overview of Country

The Bolivarian Republic of Venezuela is a federal presidential republic of 23 states on the northern coast of South America. First colonized by the Spanish in 1522, Venezuela enjoys high levels of biodiversity—with the Andes Mountains in the west and the Amazon basin rain forest in the south. In 1811, Venezuela became the first Spanish American colony to declare independence, though freedom from Spanish hegemony was not fully secured until 1821 when Venezuela became part of the republic of Gran Colombia, which included the present-day countries of Colombia, Venezuela, Ecuador, Panama, northern Peru, Western Guyana, and northwest Brazil. Early 19th-century revolutionary hero Simón Bolívar (1783–1830) ruled Gran Colombia. After Venezuela became a fully independent state in 1830, it added the title of the Bolivarian Republic in honor of its former governor (Burkholder and Johnson 2015, 324). Throughout the 19th and early 20th centuries, Venezuela was ruled by military strongmen who hindered democratic representation and permitted gender discrimination throughout society. Since 1959, however, democratically elected governments have ruled Venezuela, though the nation's progress toward gender equality has been more protracted (Chasteen 2011, 318). In addition to its states, present-day Venezuela also claims the territorial

rights to the Guyanese territory west of the Essequibo River, an area stretching almost 62,000 square miles.

Venezuela has a hot and humid climate and has faced several environmental issues, especially deforestation, soil degradation, and urban pollution. The capital of Venezuela is Caracas, and the country is highly urbanized. The majority of the population self-identifies as mestizo (combined European and Amerindian descent), roughly 52 percent, and 44 percent self-identify as white and 3 percent as black (CIA 2015). Roughly 1 percent identify as indigenous. While the Wayúu civilization is the most prominent indigenous group within the country, the Venezuelan Constitution recognizes over 30 different indigenous civilizations and languages, though Spanish is the country's only official language (CIA 2015).

As measured by gross domestic product (GDP), Venezuela is the 34th-largest nation in the world. Since the Latin American colonial period (1490s–1820s), Venezuela has exported agricultural products such as cocoa and coffee. The country's largest export is oil. It surpassed Saudi Arabia in 2012 as the nation with the largest oil reserves (CIA 2015). Oil revenues have been used to finance state-sponsored programs to reduce poverty, particularly under the presidency of Hugo Chávez (1999–2013). Chávez's self-described program of "21st-century socialism" led to a decline in the poverty rate from 50 percent to 27 percent, decreased infant and child mortality, increased public school enrollment, and improved access to potable

water (Ciccariello-Maher 2013, 102). During Chávez's time in power, state initiatives in education, nutrition, health care, and sanitation were primarily financed through the nation's petroleum revenues.

However, since Chávez's rise to power in 1999, more than 1 million Venezuelans from predominantly upper- and middle-class homes emigrated. This emigration is largely attributed to the state's repressive political structure, lack of economic opportunities, high inflation rates, increased crime, and state corruption (Ciccariello-Maher 2013, 117). Venezuela is a frequent destination for immigrants, especially Colombian refugees. Since Chávez's election in 1999, Venezuela has had a tenuous relationship with some of the Western world, particularly the United States. The United States publicly criticized the Chávez administration and the current government of President Nicolás Maduro (2013–), who assumed the office as Chávez's handpicked successor following his death in March of 2013. Since the beginning of 2014, Maduro's government has faced consistent protests and civil unrest. Neighboring countries have expressed concern regarding the government's handling of the protests, and in December 2014, the United States began restricting travel to Venezuela, citing concerns over the pervasiveness of violent crime. In 2015, U.S. president Barack Obama declared Venezuela a national security threat (CIA 2015).

Overview of Women's Lives

As of 2013, the UN Gender Inequality Index (GII) ranked Venezuela 67th out of 187 nations (UNDP 2013). Although gender inequality and discrimination are persistent issues, the UN Committee on the Elimination of Discrimination against Women (2014) has praised Venezuela in recent years for its efforts to increase gender equality (UN Women Watch 2014). Despite some advances, Venezuela continues to grapple with problems of public female harassment, access to health care, concerns over the illegality of abortions, gender-based pay scales, and access to quality education for both girls in primary school and young women pursuing university degrees.

Girls and Teens

With respect to the average age of its citizens, Venezuela is a young country. Approximately 40 percent of Venezuelans are under the age of 17, and more than half of these young Venezuelans are female (UN Girls Education Initiative 2015). Despite the high percentage of girls and

teens, the nation has a high infant mortality rate (more than 15%), with rates being higher in rural areas (UNICEF 2015). Nearly 40 percent of girls and teens live in poverty, and roughly 20 percent of children under the age of five experience malnutrition (UNICEF 2015). Venezuela has also experienced problems over the past several decades concerning a lack of birth certificates for many children—leading to difficulties for children as they attempt to enroll in primary school (UN Girls Education Initiative 2015).

Literacy

Despite some of these challenges, girls and teens have enjoyed increased levels of literacy and school enrollment in recent decades. As recently as 2014, the UN Girls Education Initiative has praised the nation's gender parity in education and its increasing literacy levels. Since 2000, more girls have been enrolled in public schools than boys, and the adult female literacy rate has surpassed that of males over that period. In 2015, over 92 percent of girls and teens were enrolled in public school, and girls and teens have a literacy rate above the national average of roughly 93 percent. Increased levels of literacy have resulted in more female teens entering Venezuelan universities, which were made tuition free under Hugo Chávez's 1999 constitution (Humanium Association 2015).

Teen Beauty

Perhaps more than any other nation in Latin America, Venezuela has prized and accentuated the importance of beauty among female teens. The nation's emphasis on female beauty from a young age has given rise to a growing business of beauty academies in urban parts of Venezuela for middle- and upper-class girls. The *New York Times* often reports about the culture of teen beauty in Venezuela, citing the way the Ms. Venezuela Pageant has worked to captivate the minds of young women and their families (Forero 2005). During the 1990s and early 2000s, plastic surgery for teens became relatively commonplace for middle- and upper-class girls. These girls have cited pressures from their families and communities as well as state-derived conceptions of beauty as their primary motivations for surgical procedures (UNICEF 2015). One Venezuelan teen, Giselle Cesin, commented to the *New York Times* in 2005, "When I was 14, [my mom] repeatedly said, get a nose job, have liposuction, get your breasts worked on" (Forero 2005). The government has glamorized the winners of teen beauty pageants, and there is a financial

motivation for families to have their daughters compete in and win nationally sponsored pageants (UNICEF 2015).

Teen Sex Trafficking

Although numerous problems face young women, perhaps none are as severe or pervasive as human sex trafficking. Girls as young as 10 years old are often lured from poor interior regions of the country to the massive urban centers of Caracas, Maracaibo, and Valencia as well as Margarita Island to serve as sex slaves for wealthy patrons. These young women are often recruited through the promise of false job offers and promised that they will earn enough money to assist their impoverished families and communities. While some remain in Venezuela's urban centers, small boats take many to the Caribbean islands (especially Aruba, Curacao, Trinidad, and Tobago), where they work as sex slaves as well as domestic servants for wealthy families (U.S. Department of State 2013). It is not uncommon for girls to work as domestics and then be forced to serve in the sex trade after they are older.

The Venezuelan government has worked to issue anti-trafficking legislation, such as a comprehensive 2007 law on women's rights (CIA 2015). As with other Latin American nations facing problems of large-scale female human trafficking (such as Paraguay), the Venezuelan government has attempted an aggressive campaign of public service announcements to raise awareness of human trafficking and the false promises made to young women concerning job opportunities in large cities. In conjunction with these efforts, the state has issued legislation to protect children from entering into the informal labor force with the hope of reducing the number of girls lured from their local communities (U.S. Department of State 2013).

Child Abuse

Child abuse, particularly for girls, remains an endemic problem. Even though the state outlawed corporal punishment in public schools in 1998, it is an issue in many private homes. The state has deemed corporal punishment an acceptable practice for parents to use to discipline their children (Nicholas and Morse 2010, 214).

Education

Venezuela's Ministry of Education regulates the country's public school system and adult education programs. As of 2010, the country ranked 59th out of 128 countries

on the UN Education for All Development Index (UNESCO 2015). Only nine years of education are required by Venezuelan law. However, increasing numbers of girls and young women have finished high school and enrolled in universities over the last several decades.

Primary and Secondary Education

There are roughly an equal number of girls and boys enrolled primary and secondary schools—with both at roughly 93 percent (Humanium Association 2015). Under the presidency of Hugo Chávez, the state made increasing investments in preschool, which led to both higher enrollments for girls in primary school and, according to state tests, a greater level of student preparedness (Ministerio de Poder Popular para la Educación 2015). Most Venezuelan primary and secondary schools operate in shifts. Some students attend classes in the mornings until midafternoon and then a new group of students attends classes from the midafternoon until early evening. The state requires all public school children to wear government-issued uniforms. Uniform color varies by educational level. For example, students in primary school (first through sixth grade) wear white shirts, and students in early stages of secondary education (seventh through ninth grade) must wear blue shirts (Ministerio de Poder Popular para la Educación 2015).

Public schools have emphasized a diversified educational agenda. In addition to basic core classes in math, science, and reading, primary and secondary schools have mandatory English-language instruction, and individual schools must decide whether to offer classes on ethics or the Catholic religion. Students do not have a choice in their classes until they enter high school. Once in high school, students must decide to pursue either a science or a humanities track. Enrolling in classes in both disciplines is not permitted. As of 2014, there was roughly an even distribution of girls and boys on each track, though there were slightly more boys than girls pursuing science courses. The decision between science or humanities courses determines which majors a student is able to pursue at university. Beginning with Hugo Chávez's presidency and continuing under President Nicolás Maduro, the state has taken efforts to encourage girls in the ninth grade to opt for the science track, hoping to create gender parity in both science-related college majors and private-sector jobs (Ministerio de Poder Popular para la Educación 2015).

The government has also undertaken efforts to promote greater use of technology in public primary and secondary schools. Since 2001, the government has installed more than 2,000 new computer labs in public schools. The emphasis on greater technological knowledge and usage has also extended to the nation's teachers. Beginning in 2007, the Ministry of Education partnered with the University of Salamanca in Spain to create online portals where teachers can share learning resources and lesson plans (Global Resource and Information Dictionary 2015).

Although Venezuelan public education has been praised in recent years by international organizations, including UNICEF and the United Nations, many in the international community have voiced concerns regarding state interference in educational programs to promote state ideologies. In 2009, Hugo Chávez launched a Revolutionary Reading Plan that compelled students in secondary schools to read what the Venezuelan government termed “socialist ideologies” (Cole 2013). The director of the Ministry of Culture cited the state's desire to “eliminate capitalist thinking” through the Revolutionary Reading Plan.

In a recent study of Venezuelan textbooks conducted by the Associated Press, progovernment messages proliferated in school texts. The study reported that math problems contained fractions involving government food programs, and poems featured themes concerning the social improvements of the Chávez government. According to the Associated Press, the Venezuelan government has issued 5 million new textbooks since 2010 (Dreier 2015). A recent survey study by the Center of Reflection and Education Planning showed that almost 80 percent of Venezuelan families expressed concerns regarding the messages of the state's new textbooks (Infobae América 2014). Despite concerns over textbooks and educational programing, the government has reported large increases in literary and math scores among its primary and secondary school students over the last decade (Ministerio de Poder Popular para la Educación 2015).

University Education and Job Training

Venezuela has nearly 100 institutions of higher education. The university system currently receives 35 percent of the budget for the Ministry of Education despite less than one-quarter of the population pursuing a university degree. Higher education is free due to a provision in the 1999 constitution, and the number of women earning university degrees has risen dramatically since the new

constitution was approved (Ministerio para Educación Universitaria, Ciencia y Tecnología 2015). In April 2015, the Venezuelan minister of Women's Affairs, Andreína Tarazón, noted that 72 percent of university students are women (Información desde América Latina 2015). However, the majority of these women come from middle- and upper-class families. Despite the lack of tuition costs, many women from poor urban families and more secluded rural areas are unable to attend universities because their labor is needed to support their families' annual income. In an attempt to engender higher enrollment among youth from poorer communities, the state lessened entrance requirements to many of its universities and actively recruited students outside urban centers (Ministerio para Educación Universitaria, Ciencia y Tecnología 2015).

In addition to traditional universities, Venezuela offers many technical institutions of higher learning. As opposed to universities whose programs average five years of study, technical institutes generally offer three-year programs and have a higher percentage of male than female students (Ministerio para Educación Universitaria, Ciencia y Tecnología 2015). These schools have lower entrance standards than the country's traditional universities and are free of charge.

Health

Throughout most of Venezuela's history, the health care system had been one of the most advanced in Latin America. The nation has offered extensive inoculation programs and no-cost health care provided by the Venezuelan Institute of Social Security (Ministerio del Poder Popular para la Salud 2015). However, in recent decades, access to quality health care and preventative treatments have become harder to acquire, and there has been a general decline of the nation's health care system due to understaffing and underfunding (Lohman 2015).

Access to Health Care

Venezuela's health care system is in a state of crisis. Thousands of patients have complained that they cannot access essential medical treatments, and thousands more have been wait-listed for potential lifesaving surgeries. At the end of 2014, public hospitals were forced to wait-list approximately 20,000 patients scheduled for surgeries, including 4,000 at the University Hospital of Caracas. Doctors have also complained publicly about the difficulties

they face in securing proper medical equipment. Difficulties in obtaining quality health care have also led to increasing numbers of upper- and middle-class Venezuelans leaving the country (Lohman 2015).

The Venezuelan government, particularly President Nicolás Maduro, has blamed a pharmacy chain for “carrying out an economic war against the people” after it closed several registers at a main store in Caracas (Lohman 2015). However, many Venezuelans, the majority of whom are women, have been dissatisfied with the government’s response and have taken to the streets of Caracas to protest. Since February 2014, street protests have flooded Caracas, and many women have held signs and chanted phrases emphasizing their inability to provide health care to their children (UNICEF 2015). Many women have also noted on protest signs and through protest chants that the health care system functioned better for their families under former president Hugo Chávez (Lohman 2015). The protesters have put themselves in danger in recent months in the face of state efforts to remove them from the streets of the capital. President Barack Obama approved formal sanctions against Venezuela for state abuse and violence against the protesters (CIA 2015).

The changes in health care access in recent years have particularly affected women from rural areas of Venezuela. These women often lack the means to travel to major urban centers to receive basic treatments and preventative care. During the Chávez presidency, the government invested large sums of money into rural health care facilities and hospitals, but these have been the first to lose government funding in the wake of budget cuts (CIA 2015).

Maternal Health

Despite the current challenges with Venezuelan health care, infant mortality has steadily declined since 1999 (Ministerio del Poder Popular para la Salud 2015). Still, maternal mortality remains high, especially among teens. Venezuela currently has the highest rate of teen pregnancies in Latin America. This is due, in large part, to limited access to contraception across the country, a situation that has grown worse under Maduro’s presidency. Additionally, Venezuela has experienced high mortality rates among young mothers, which has resulted in an increasing number of orphans. To date, the country has approximately 500,000 orphans, and many have been surrendered to orphanages due to the death of their mother during labor (UNICEF 2015). The government has invested in programs for parental care

for mothers after birth and for single mothers. In addition to providing financial assistance in the form of subsidies, these programs have created centers for women to receive free child care products as well as counseling and consulting from trained child care professionals. However, these programs have been largely concentrated in urban centers and have not yet had an equal impact in rural areas (Ministerio del Poder Popular de la Mujer 2015).

Abortion

Abortion is illegal in Venezuela, except when a woman’s life is in danger. However, the majority of maternal deaths have occurred during illegal abortions (UNICEF 2015). Abortion is not legal in cases of rape, incest, fetal birth defects, or concerns over the economic situation of the family. Illegal abortions are dangerous, and the mortality rate for women between the ages of 12 and 50 account for almost 20 percent of all maternal deaths. This percentage is higher than the individual percentages for cancer, fatal accidents, suicides, or murders for women in that age range.

Many feminist organizations have claimed that the 20 percent figure is low and that the percentage of female deaths due to illegal abortions eclipses 30 percent (Pearson 2012). Women who are discovered by the state to have had an illegal abortion face a minimum of six months in prison. Some prison sentences exceed two years (CIA 2015). Several prominent feminist organizations have argued that access to illegal abortions (and sentencing for discovered abortions) is a class issue, disproportionately affecting poorer women, especially those outside of major urban centers. Feminist organizations, such as the Maracaibo Feminist League and the World Union of Christian Democratic Women, have been actively working to engage a public dialogue about abortions and the dangers of clandestine abortions in a culture that, they argue, has actively worked to silence the issue by characterizing the topic as a social taboo.

In the past several years, some Venezuelan politicians have presented bills attempting to decriminalize abortion. However, they have not received enough support in the national legislature to pass (Pearson 2012). Venezuelans’ reactions to abortion largely depend on age and religious affiliation. Recent research found that almost 40 percent of Venezuelans under 35 years of age support abortion. Although over 80 percent of Protestants oppose abortion, less than 60 percent of Catholics find abortion objectionable (HRW 2015).

Reproductive Rights

Access to affordable contraception is a recurring problem. A 2015 collapse in oil prices has made consumer products harder to find, including contraception. Many pharmacies in Caracas have reported being continually sold out of contraceptive products. Even government agencies and family health centers have reported shortages. Carlos Cabrera, the vice president of the Caracas-based branch of the International Planned Parenthood Federation (IPPF), suggested that the shortage of contraceptive care could lead to more female deaths from illegal abortions and a greater percentage of young women leaving school to enter the workforce as families struggle to afford basic commodities (Kurmanaev and Rosati 2015).

Diseases and Disorders

Although in recent decades the percentage of deaths of males due to infectious disease has declined, especially among Venezuelans aged 15–25, female deaths caused by disease have remained steady (Global Burden of Disease 2015). This is due in part to an increased HIV epidemic among girls within that age range, and estimates place the number of women over the age of 15 with HIV as high as 53,000 (WHO 2015). Some researches argue that the increase in HIV epidemics among young women within the last two decades is a direct result of sex trafficking and forced prostitution (Nicholas and Morse 2010, 138). Still, the percentage of adults with sexually transmitted diseases on the whole is small, and the majority of these diseases are treatable (WHO 2015). Other common diseases among males and females are yellow fever, cholera, malaria, typhoid, and hepatitis B (CDC 2015).

Venezuela has had issues in recent years with girls being born underweight (roughly 8%), and UNICEF has classified approximately 4 percent of girls born between 2008 and 2012 as being “moderately to severely” underweight (UNICEF 2015). Girls born underweight can face additional growth problems between birth and five years of age as a result of malnutrition, which is on the rise and is particularly a problem in rural centers (Global Burden of Disease 2015).

The Venezuelan government has launched awareness campaigns for many different diseases and epidemics, especially breast cancer. In addition to declaring October 19 Breast Cancer Prevention Day, the government offers free medical consultations and examinations for women as well as supplies and care packages for women undergoing

chemotherapy (Cutter 2014). The American Cancer Society has also collaborated with Venezuela and other Latin American countries to provide training and technical assistance to medical personnel within the country so they can more effectively treat women with breast cancer—which is responsible for approximately 15 percent of female deaths each year (Global Burden of Disease 2015).

Employment

The most recent iteration of the Venezuelan Constitution (1999) guarantees gender equality for men and women in the workplace. However, Venezuela ranks 71st in the Global Gender Inequality Index—well behind many other Latin American nations (World Economic Forum 2015). Although Venezuela has taken steps to promote equal pay for equal work and to encourage female entrepreneurs, women working in informal sectors of the economy (such as domestic labor) suffer gender discrimination with respect to pay and working conditions.

State Action in the Formal Economy

Since the 1990s, the percentage of women working in the economy’s formal sector has steadily risen due to continued efforts to increase their economic participation. Former president Hugo Chávez famously declared, “Without the true liberation of women, a full liberation of the people would be impossible. I am convinced that an authentic socialist ought to be an authentic feminist” (Motta 2013, 45–46). In 2001, Chávez created the Banco de la Mujer (Women’s Development Bank) to combat the feminization of poverty. The bank functions as a social development bank, offering women, especially entrepreneurs, low-interest loans called *microcredits*. The bank provides women with free administrative training to make them more competitive for higher-ranking positions as well as consultations to aid women in developing successful business projects. The bank does not have any branch offices, but rather relies on a network of promoters that make weekly visits to the most impoverished and densely populated communities across the country. Over its 14 years in operation, according to official government statistics, the bank has provided tens of thousands of women with financial capital and training to open up their own small businesses and be competitive for higher-ranking positions, which in turn has improved economic conditions for families and their local communities.

Despite the state's efforts and the bank's introduction, the U.S. State Department reported in 2008 that women earned, on average, 30 percent less than men, and college-educated women earned 17 percent less than their male counterparts (Wagner 2005). While the state has passed legislation designed to combat pay differences and worker treatment on the basis of gender, it has proven only partly effective in enforcing national and local labor laws due to an inefficient number of inspectors, low penalties for violators, declining budgets for inspections, and corruption (Nicholas and Morse 2010, 135).

Women's increased participation in the workforce and as business owners has affected family size. Since 2001, the average size of the Venezuelan family has steadily declined. Simultaneously, women have increasingly demanded child care. In addition to free child care provided by the state, more private firms have begun providing female employees and their families with this necessary care (Motta 2013, 42). The increased number of women working outside the home has also created a national dialogue regarding familial domestic responsibilities. Women continue to work, on average, 50 hours per week in the home, while men work roughly 10 hours per week (40). Feminist organizations and a number of national and local politicians have pushed for greater gender equality in family responsibilities, arguing that true labor equality cannot be achieved until it is present in both domestic and extra-domestic work (40).

Women in the Informal Economy

Even with efforts to increase women's economic participation in the formal economic sector, the Ministry of Labor acknowledges that approximately 50 percent of women labor in the informal economy, where violation of national labor laws and abuses are more common than jobs in the formal economy (Ministerio del Trabajo 2015). Women who are part of the informal economy generally occupy lower-paying jobs, have poorer working conditions, and receive no benefits. They typically work as food vendors, cooks, seamstresses, laundresses, and, increasingly, in the sex trade. The sex trade became prominent primarily as a result of men stationed in oil camps throughout the country. Venezuela is the second worst affected country by female trafficking in Latin America; only Panama has a higher rate of female trafficking (UNICEF 2015). Women working in the informal sector in general experience sexism more than those in the formal sector. These women have traditionally been called *muchachas* (girls) (Nicholas and Morse 2010,

138). Although almost 90 percent of women list themselves as "employed," roughly 50 percent work in the informal sector of the economy, where violation of national labor laws and abuses are more common than jobs in the formal economy (Ministerio del Trabajo 2015).

Family Life

Over the past several decades, the average size of the Venezuelan family has begun to shrink. The average family has three children, and the government expects this to decrease to two children in the coming years (UNICEF 2015). Although nuclear families have shrunk slightly, the importance of extended family remains critical. Extended families often reside in close geographic proximity, and the Venezuelan government has cited close family bonds as a key to community and national prosperity (UNICEF 2015). Several issues have emerged in recent years with respect to family life, notably marriage and LGBT rights, abortion and reproductive rights, and the gendered division of labor within the familial economy.

Marriage and LGBT Rights

The average marriage age for women is 23, slightly lower than that of males, which is 26 years. By law, females must be at least 14 years old to marry, and boys must be at least age 16 (Library of Congress 2015). With respect to marriage law, Venezuela does not recognize same-sex marriage. In 2003, the same-sex nongovernmental organization (NGO) Unión Afirmativa (Affirmative Union) submitted an appeal to the Venezuelan Supreme Court for legal recognition of economic rights (particularly pensions, inheritance, and social security) for same-sex couples. Economic, social, and cultural rights for same-sex couples are covered under the country's sexual and reproductive rights provisions and the law is interpreted to provide protection (Social Movement Ejército Emancipado 2016, 3; UT 2015, 2). A January 2015 lawsuit for the right to marry someone of the same sex failed before the Venezuelan Supreme Court. Research suggests that the majority of Venezuelans are in favor of the nation's ban on same-sex marriage. A 2013 Pew Research poll reported that fewer than 30 percent of Venezuelans supported same-sex unions (Pew Research Center 2014). Still, other Latin American nations have legally granted same-sex couples the right to marry—notably, Argentina, Brazil, Mexico, and Uruguay (Pew Research Center 2014).

LGBT activism has been prominent. Several LGBT grassroots organizations have petitioned the Venezuelan National Assembly to amend civil registry laws to allow the LGBT population to change gender identification on legal documents without a genital change. Although the National Assembly has created working groups to discuss issues of gender identification on official documents, they have remained resistant to the changes proposed by the LGBT community (Dutka 2015). The LGBT community continues to be active in Caracas. On June of 2015, the 15th annual pride week was held and witnessed numerous demonstrations advocating for equal treatment for LGBT Venezuelans under national laws (Dutka 2015).

The Familial Economy

To help offset the burden on families of both parents working outside the home, the Chávez government officially classified domestic work within one's family as a job and provided full-time mothers a government pension (Chew 2013). However, Venezuela's current economic climate has raised questions concerning the ability of only one parent to labor outside the home. As of May 2015, four of every five Venezuelan families cited an inability to afford basic staple foods. Roughly 80 percent of families throughout the nation report that they are unable to afford food, and almost 12 percent eat fewer than three meals per day (O'Brien 2015). High inflation has caused a decline in purchasing power and family savings, leading economists to question whether Venezuela can still be considered a middle-class country. Nuclear families have turned to extended family units for financial support during these difficult economic times, and many middle- and upper-class families have been leaving the country, as they did when Chávez assumed power in the late 1990s.

Politics

Women were granted the right to vote in 1946, which is consistent with the time frame for female suffrage across Latin America. Over 90 percent of women are registered to vote (slightly less than the 96% of males registered), and over 80 percent of registered female voters cast ballots in the 2012 election (International Institute for Democracy 2015a). Unlike other nearby countries (Argentina, Brazil, Bolivia, and Peru), voting is not compulsory; thus, these statistics reflect the body politics' strong engagement with national politics. Within recent decades, women have

assumed more and increasingly important positions in local and national politics, and there have been sustained efforts to promote national legislation related to women's issues and gender equality.

Participation in Government

Under Hugo Chávez's presidency, more women assumed positions in local and national government than ever before in the nation's history. For example, Chávez appointed a woman as head of the Supreme Court, the national economic commission, attorney general, national ombudsman, and deputy head of the National Assembly. He also had a female vice president, Adina Bastidas, between 2000 and 2002. His top lieutenant, Jacqueline Farias, famously declared, "This is a feminist revolution. It has opened a path for us" (Robertson 2013). As of 2014, women accounted for one-third of all government ministers. According to one NGO, in the two years prior to Chávez's election (1997–1998), women represented 6 percent of national lawmakers. Within a year of Chávez's presidency, that number rose to almost 20 percent. In March 2015, President Nicholas Maduro announced that, moving forward, women would account for at least 50 percent of all legislators elected to the Venezuelan National Assembly. The legislation was designed, in part, because women had secured a roughly equal percentage of seats in local legislative branches of government, but they had continued to be underrepresented at the national level (International Institute for Democracy 2015b).

Despite Maduro's efforts at legislative reform to increase the number of women in national government, many feminist organizations and grassroots movements have expressed concern about political rhetoric aimed at disparaging women and homosexuals. During the 2013 presidential race, for example, Maduro continually made insinuations about his political opponent Henrique Capriles Radonski because he had never married. In response to Maduro's charge that Capriles was a "little princess," implying that he is homosexual, Capriles called Maduro's wife ugly and declared that Maduro loved so many women he could not decide on an "appropriate wife" (Robertson 2013). Some political pundits argue that such disparaging rhetoric played a role in deciding the close election. Feminist political organizations, such as the Women's Social Christian Party, reasoned that such rhetoric distracts from policy issues and makes the climate harder for women to assume positions in national politics (Robertson 2013). Although Venezuela has

never had a female president, eight other Latin American nations have elected women to serve as head of state.

Legislation

In addition to ensuring more female participation in national and local government, Chávez increased the volume of legislation addressing women's issues and gender equality. Under his presidency, 70 percent of the beneficiaries of government programs were women, and in 2009, he created a Ministry for Women and Gender Equality. Chávez also worked to reform maternity leave. Under a new labor law issued in 2012, Venezuela extended maternity leave to 26 weeks (and 2 weeks paternity leave for men), making Venezuela's maternity leave the third-longest in the world, behind only Canada and Norway.

Recently, a number of grassroots organizations, with the support of national female legislators, have put forward over 50 proposals to President Maduro on a number of women's issues, especially female political representation, reproductive rights, and sexual and domestic violence. The grassroots organizers formed a congress in the capital city in which more than 2,500 women from a range of backgrounds, including rural workers, young professional women, indigenous women from the provinces, and university students participated. Although Venezuela still has work to do with respect to legislation protecting and supporting women, it appears the nation has taken important steps to foster dialogue and work for legislative reform (International Institute for Democracy 2015b).

In 2017, a government "super-body" created by Maduro to reinforce his authority, stripped the country's legislative body of its authority, deepening the country's political crisis. Dominated by a political party that opposes Maduro, the legislative assembly insisted on its authority to continue to meet and rejected this move as a blow to democracy (Graham-Harrison and López 2017).

Religious and Cultural Roles

Venezuela is a predominantly Catholic country because of the large social and political influence of the Catholic Church during the Spanish colonial period (1500s–1820s). According to the 2011 census, 88 percent of the population identifies as Christian, especially Roman Catholic (71%) and Protestant (17%). There are a growing number of other influential religious communities, particularly Muslim, Buddhist, and Jewish communities (Censo

Nacional 2011). Slightly less than 10 percent of the population self-identifies as having no religion, but even those that self-identify as religious cite religion as a less important factor in their lives. A Pew Research study from 2014, for example, found that only 10 percent of Catholics in Venezuela believed that religion played a significant role in their lives—the fourth-lowest percentage among Latin American Catholics, behind Uruguay, Chile, and Argentina (Pew Research Center 2014). The same poll, however, found that approximately 50 percent of Protestants feel their religious beliefs are a key part of their daily lives (Pew Research Center 2014).

Syncretism

While most Venezuelans classify themselves as practicing only one religion, the nation has a strong history of religious syncretism. Syncretism has produced new and burgeoning religious sects, such as that of Maria Lionza. Part of the Santería syncretic religion first developed in the Caribbean during the colonial period. Modern-day Maria Lionza blends African, Catholic, and indigenous religious beliefs into one core religion. The followers of Maria Lionza revere her as a goddess of peace, nature, love, and harmony. Lionza was born in 1502 to an Indian chief in the region of Yaracuy (one of Venezuela's 23 states). Oral tradition claims that Lionza still lives on the mountain of Sorte, where her followers visit to pay her homage. Due to the religion's growing influence, the government declared Sorte a national park and provided it with a government subsidy. Throughout the 20th century, Maria Lionza acquired followers throughout Venezuela, from distant rural villages to the capital city of Caracas, which features a large statue of her (Pollak-Eltz 1972, 20–30).

Celebrations

One of the most notable Venezuelan celebrations, and throughout much of Latin America, is a quinceañera (age 15). The quinceañera celebrates a young girl's transition from childhood to adulthood. The celebration traditionally begins with a religious ceremony and then a reception held at the family's home or a reception hall. It is customary for families to spend a significant amount of the familial budget on the girl's ball gown to be worn during the celebration (Latin American Studies 2015).

While several religious holidays are popular in Venezuela, arguably none are as meaningful as Christmas,

especially in Caracas. The festivities begin with mass and church services held annually on December 16, and they continue each morning until the final service on midnight of Christmas Eve, known throughout Latin America as *La Noche Buena*, the good night. During the Christmas holiday season, it is customary for women to make arepas, a fried corn pancake that is stuffed with different types of meats, vegetables, or seafood, for family and friends. Empanadas and hallaca, a traditional dish consisting of a corn batter containing various types of meat, vegetables, herbs, spices, and raisins that is then wrapped and steamed in banana leaves, are also popular during Christmastime and commonly made by women for their families (Morelock 2015). Dancing is popular during holidays and throughout the year, especially the folk dance Joropo—a couple's dance performed to music by traditional Latin American instruments, such as the cuatro (a small guitar) and maracas. Joropo blends Venezuela's indigenous, African, and European influences. Although salsa and merengue are primarily associated with the Caribbean, they are also popular in Venezuela, particularly Caracas (Morelock 2015).

Issues

Violence against Women

In 2007, the government issued a Fundamental Law on the Right of Women to Live Free of Violence. The law was the most comprehensive to date and prohibited 19 different forms of violence against women, including psychological violence, poverty-related and economic violence, and human trafficking (Ministerio del Poder Popular de la Mujer 2015). Still, in 2011, the state reported that there were over 150,000 complaints of violence against women, with roughly 50 percent pertaining to domestic violence. The government has begun retraining local police to better understand and handle domestic abuse cases and has initiated a public awareness campaign and national hotline for victims of domestic abuse. The hotline, created in 1999 under President Chávez, has grown considerably, receiving almost 11,000 calls in 2010 alone (Ministerio del Poder Popular de la Mujer 2015). Many feminist organizations, particularly the Maracaibo Feminist League, cite continued patterns of domestic abuse and argue that many cases go unreported (UNICEF 2015). The government's national awareness campaign has encouraged victims to report abuses and offered women free counseling and consultation (Ministerio del Poder Popular de la Mujer 2015).

Social Inequality

While income inequality remains a persistent problem, the situation has improved over the past decade. According to the UN Poverty Index, only 50 percent of Venezuelans were above the poverty line when Chávez assumed the presidency in 1999, but in 2011, more than 70 percent of Venezuelans were above the poverty line. In 2013, the United Nations reported that Venezuela had one of the lowest poverty rates per capita of any Latin American city. Unemployment also declined over that time, decreasing from 15 percent in 1999 to 8 percent in 2010 (UNDP 2013). While poverty and unemployment have decreased by 20 percent, crime has increased, especially the murder rate, which has risen approximately 50 percent since 1998 (UNICEF 2015). Some scholars argue that crime will continue to grow, believing that the government's efforts to reduce income inequality are not sustainable. They assert that although poverty rates have declined, the state has not done enough to improve individuals' capacity for wealth creation, a primary initiative of the Women's Development Bank (Global Resource and Information Dictionary 2015).

Poverty is especially felt among the nation's Afro-Venezuelan population, of which nearly 40 percent live below the poverty line (World Directory of Minorities and Indigenous Peoples 2015). Venezuela has also struggled with issues of racial discrimination and racial profiling, especially in more rural areas, where racial profiling against Afro-Venezuelans is rampant and police have been accused of using excessive force (World Directory of Minorities and Indigenous Peoples 2015). Indigenous Venezuelans, such as the Yanomami, have called for national investigations into police abuses in rural provinces. Through their national organization, Horonami, the Yanomami have attempted to raise awareness concerning labor discrimination and the state's unwillingness to enforce labor laws to protect against unequal pay and poor working conditions. Indigenous women working in the informal economy, such as domestic wage labor, are especially susceptible to labor abuses (Forest Peoples Programme 2012).

Venezuela's ability to successfully grapple with these issues and improve its citizens' lives remains to be seen. Grassroots organizing, especially among feminist organizations, has increased over the last decade, along with positive government responses to requests for greater equality. As Venezuela moves into the 21st century, it will continue to confront challenges regarding female beauty, human trafficking, violence against women, and income

inequality. How the state deals with these issues will not only affect the lives of its female citizens, but also the nation's ability to prosper.

THOMAS J. BRINKERHOFF

Further Resources

- Burkholder, Mark A., and Lyman L. Johnson. 2015. *Colonial Latin America*. 9th ed. New York: Oxford University Press.
- CDC (Centers for Disease Control and Prevention). 2015. "Venezuela." Retrieved from <http://wwwnc.cdc.gov/travel/destinations/traveler/none/Venezuela>.
- Censo Nacional. 2011. "Censo Nacional de Población y Vivienda, XIV." Retrieved from <http://www.ine.gov.ve/CENSO2011>.
- Chasteen, John Charles. 2011. *Born in Blood and Fire*. 3rd ed. New York: W. W. Norton.
- Chew, Kristina. 2013. "Venezuela to Pay Pensions to Full-Time Mothers." Retrieved from <http://www.care2.com/causes/venezuela-to-pay-pensions-to-full-time-mothers.html>.
- CIA (Central Intelligence Agency). 2015. *CIA World Factbook*. Retrieved from <http://www.cia.gov/library/publications/the-world-factbook>.
- Ciccariello-Maher, George. 2013. *We Created Chávez: A People's History of the Venezuelan Revolution*. Durham, NC: Duke University Press.
- Cole, Mike. 2013. "Schooling for Capitalism or Education for Twenty-First-Century Socialism?" *Cultural Logic* 97: 96–107.
- Cutter, Jane. 2004. "Venezuela Does Breast Cancer Awareness Right." *Liberation*, October 25. Retrieved from <http://www.liberationnews.org/venezuela-breast-cancer-awareness-right>.
- Dreier, Hannah. 2015. "Venezuelan Textbooks Teach Math, Science, Socialism." *World Politics Review*, January 7. Retrieved from <http://www.worldpoliticsreview.com/articles/14797/venezuelan-textbooks-teach-math-science-socialism>.
- Dutka, Z. C. 2015. "Attempts to Malign Venezuela as 'Homophobic State' Have Backfired." *Venezuelaanalysis.com*. Retrieved from <http://venezuelaanalysis.com/analysis/11315>.
- Forest Peoples Programme. 2012. "'Cycle of Violence' and 'Silent Genocide' Accompany Denial of Indigenous Territorial Rights in Venezuela." Retrieved from <http://www.forestpeoples.org/nl/node/3367>.
- Forero, Juan. 2005. "In Venezuela, Glamour Factories Start Young." *New York Times*, April 15. Retrieved from http://www.nytimes.com/2005/04/15/world/americas/a-bevy-of-teeny-beauties-minds-set-on-being-queens.html?_r=0.
- Global Burden of Disease. 2015. "GBD Profile: Venezuela." Retrieved from <http://www.healthdata.org/venezuela>.
- Global Resource and Information Dictionary. 2015. "Venezuela." Retrieved from <http://www.fosigrid.org/south-america/Venezuela>.
- Graham-Harrison, Emma, and Virginia López. 2017. "President Maduro Strips Venezuela's Parliament of Power." *The Guardian*. August 19. Retrieved from <https://www.theguardian.com/world/2017/aug/19/venezuela-crisis-deepens-maduro-strips-opposition-held-parliament-power>.
- HRW (Human Rights Watch). 2015. "International Human Rights Law and Abortion in Latin America." Retrieved from <https://www.hrw.org/report/2005/05/01/international-human-rights-law-and-abortion-latin-america>.
- Humanium Association. 2015. "Children of Venezuela." Retrieved from <http://www.humanium.org/en>.
- Infobae América. 2014. "El 77% de Los Venazolanos Está en Contra de la Educación Socialista." November 8. Retrieved from <http://www.infobae.com/2014/11/08/1607364-el-77-los-venezolanos-esta-contrala-educacion-socialista>.
- Información desde América Latina. 2015. "72% of Venezuelan Women Study for a University Degree." April 12. Retrieved from <http://lainfo.es/en/2015/04/12/72-of-venezuelan-women-study-a-university-degree>.
- International Institute for Democracy and Electoral Assistance. 2015a. "Electoral Process." Retrieved from <http://www.idea.int/vt/countryview.cfm?CountryCode=VE>.
- International Institute for Democracy and Electoral Assistance. 2015b. "Women in Politics in Latin America." Retrieved from <http://www.idea.int/gender/caracas03.cfm>.
- Kurmanaev, Anatoly, and Andrew Rosati. 2015. "The \$755 Condom Pack Is the Largest Indignity in Venezuela." Retrieved from <http://www.bloomberg.com/news/articles/2015-02-04/the-755-condom-is-the-latest-indignity-in-venezuela>.
- Latin American Studies. 2015. "Quinceañera Traditions." Retrieved from <http://www.latinamericanstudies.org/latinos/quince-traditions.htm>.
- Library of Congress. 2015. "Country Profile: Venezuela." Retrieved from <http://lcweb2.loc.gov/frd/cs/pytoc.html>.
- Lohman, Diederik. 2015. "Venezuela's Health Care Crisis." Human Rights Watch (HRW), April 29. Retrieved from <https://www.hrw.org/news/2015/04/29/venezuelas-health-care-crisis>.
- Ministerio del Poder Popular para la Educación. 2015. "Líneas Estratégicas." Retrieved from <http://www.me.gob.ve>.
- Ministerio del Poder Popular para la Mujer y la Igualdad de Género. 2015. "Atención la Ciudadanía." Retrieved from <http://www.minmujer.gob.ve/?q=atención-la-ciudadan%C3%Ada>.
- Ministerio del Trabajo. 2015. "Documentos." Retrieved from <http://www.minci.gob.ve/tag/ministerio-del-trabajo>.
- Ministerio para Educación Universitaria, Ciencia y Tecnología. 2015. "Reportajes." Retrieved from <http://www.mppeuct.gob.ve/actualidad/reportajes>.
- Morelock, Jessica. 2015. "Traditions in Caracas, Venezuela." *USA Today*. Retrieved from <http://traveltips.usatoday.com/traditions-caracas-venezuela-100375.html>.
- Motta, Sara C. 2013. "We Are the Ones We Have Been Waiting For: The Feminization of Resistance in Venezuela." *Latin American Perspectives* 40: 35–54.
- Nicholas, Elizabeth Gackstetter, and Kimberly J. Morse. 2010. *Venezuela*. Santa Barbara, CA: Greenwood Press.
- O'Brien, Matt. 2015. "Venezuela Should Be Rich, But Its Government Has Destroyed Its Economy." *Washington Post*, January 21. Retrieved from <http://www.washingtonpost.com/news/wonkblog/wp/2015/01/21/venezuela-should-be-rich-but-its-government-has-destroyed-its-economy>.

- Pearson, Tamara. 2012. "Venezuela: The Dangers against a Woman's Abortion." September 12. Retrieved from <http://venezuelanalysis.com/analysis/7249>.
- Pew Research Center. 2015. "Religion in Latin America." Retrieved from <http://www.pewforum.org/2014/11/13/religion-in-latin-america>.
- Pollak-Eltz, Angelina. 1972. *Maria Lionza: Mito y culto venezolano*. Caracas, Venezuela: Universidad Catolica.
- Robertson, Ewan. 2013. "Insults and Promises in Venezuelan Presidential Campaign." *Venezuelanalysis.com*, April 8. Retrieved from <http://venezuelanalysis.com/news/8541>.
- Sloan, Kathryn A. 2011. *Women's Rights in Latin America and the Caribbean*. Santa Barbara, CA: Greenwood Press.
- Social Movement Ejercito Emancipado. 2016. Report on Venezuela for The Second Universal Periodic Review. Retrieved from <http://uprdoc.ohchr.org/uprweb/downloadfile.aspx?filename=2769&file=EnglishTranslation>.
- Telles, Edward, and René Flores. 2013. "More Than Just Color: Whiteness, Nation, and Status in Latin America." *Hispanic American Historical Review* 93: 411–449.
- Thies, Sebastian, and Josef Raab. 2009. *E Pluribus Unum?: National and Transnational Identities in the Americas*. Tempe, AZ: Bilingual Press.
- UNDP (UN Development Programme). 2013. "Venezuela 2013." Human Development Report. Retrieved from <https://www.state.gov/documents/organization/220689.pdf>.
- UNESCO. 2015. "The Education for All Development Index." Retrieved from <http://en.unesco.org/gem-report/node/888>.
- University of Toronto Faculty of Law International Human Rights Program Sexual Orientation and Gender Identity Working Group (UT). 2015. Venezuela: Country report for use in Canadian refugee claims based on persecution on the basis of sexual orientation or gender identity. Retrieved from http://ihrp.law.utoronto.ca/utfl_file/count/media/Venezuela%20Report-%20Final.pdf.
- UN Girls Education Initiative. 2015. "Venezuela 2015." Retrieved from <http://www.ungei.org>.
- UNICEF. 2015. "At a Glance: Venezuela." Retrieved from <http://www.unicef.org/venezuela>.
- UN Women Watch. 2015. "Venezuela." Retrieved from <http://www.un.org/womenwatch>.
- U.S. Department of State. 2013. "Venezuela: 2013 Trafficking in Persons Report." Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/countries/2013/215648.htm>.
- Wagner, Sara. 2005. "The Bolivarian Response to the Feminization of Poverty in Venezuela." Retrieved from <https://venezuelanalysis.com/analysis/918>.
- WHO (World Health Organization). 2015. "Venezuela: Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections." Retrieved from http://data.unaids.org/publications/fact-sheets01/venezuela_en.pdf.
- World Directory of Minorities and Indigenous Peoples. 2015. "Venezuela: Afro-Venezuelans." Retrieved from <http://minorityrights.org/minorities/afro-venezuelans>.
- World Economic Forum. 2015. "Country Profile: Venezuela." Gender Gap Report. Retrieved from <http://www3.weforum.org/docs/66r12/83-venezuela>.

Index

Note: Numbers in **bold** indicate volume number.

- Abbott, Tony, **3**:2
 Abboud, Ibrahim, **1**:322
 Abdullah, Abritty, **3**:21
 Abdullah bin Abd al-Aziz Al Saud (king, Saudi Arabia), **1**:164, 169, 170
 Abe, Shinzo, **3**:284
 Aboriginal Australians, **3**:1, 2
 deaths in custody of, **3**:5
 health of, **3**:4
 housing for, **3**:7
 religious beliefs of, **3**:10
 removal of children of, **3**:11–12
 Abortion
 in Albania, **4**:3–4
 in Algeria, **1**:12
 in Argentina, **2**:5, 6
 in Belarus, **4**:28
 in Belgium, **4**:34, 35
 in Brazil, **2**:55
 in Brunei, **3**:301
 in Bulgaria, **4**:53–54
 in Central African Republic, **1**:45
 in Chile, **2**:93
 in China, sex-selective, **3**:63
 in Croatia, **4**:68–69
 in Czech Republic, **4**:74
 in Democratic Republic of Congo, **1**:54
 in Denmark, **4**:82
 in Ecuador, **2**:142, 148, 149
 in El Salvador, **2**:155
 in Eritrea, **1**:75
 in Estonia, **4**:94–95
 in France, **4**:108–109
 in French Caribbean, **2**:167
 in Georgia, **4**:124
 in Ghana, **1**:95
 in Greenland, **2**:185
 in Guam, **3**:74
 in Guatemala, **2**:196
 in Iceland, **4**:157
 in Iran, **1**:105
 in Ireland, **4**:170–171
 in Israel, **1**:123
 in Ivory Coast, **1**:129
 in Jamaica, **2**:242
 in Kosovo, **4**:186
 in Lebanon, **1**:176
 in Lithuania, **4**:207
 in Macedonia, **4**:265
 in Malawi, **1**:213
 in Mexico, **2**:251
 in Myanmar, **3**:198
 in Namibia, **1**:236
 in Netherlands Antilles, **2**:269
 in New Zealand, **3**:217
 in Nicaragua, **2**:278, 280
 in Nigeria, **1**:245
 in Norway, **4**:235
 in Pakistan, **3**:242–243
 in Peru, **2**:321
 in Poland, **4**:247–248
 in Republic of the Congo, **1**:262
 in Romania, **4**:277
 in Russia, **4**:292
 in Slovakia, **4**:311–312
 in South Africa, **1**:305
 in South Korea, **3**:280
 in Spain, **4**:322
 in Suriname, **2**:348–349
 in Taiwan, **3**:307
 in Thailand, **3**:323
 in Trinidad and Tobago, **2**:340
 in Tunisia, **1**:345
 in Turkey, **4**:359
 in Ukraine, **4**:369–370
 in United States, **2**:364
 in Uruguay, **2**:376
 in Venezuela, **2**:389
 in Yemen, **1**:271–272
 in Zimbabwe, **1**:368
 Abu Dhabi, **1**:354, 356
 See also United Arab Emirates
 Abyei region (Sudan), **1**:315
 Académie Française, **4**:113
 Acid attacks, in Cambodia, **3**:47–48
 Adichie, Chimamanda Ngozi, **1**:249
 El-Adl, Doaa, **1**:72
 Adolescent fertility, **1**:302
 Adoption
 in Canada, **2**:72
 of Korean children, **3**:286
 in Kosovo, **4**:191
 in Norway, **4**:238
 in Sweden, **4**:338
 Adult education
 in Denmark, **4**:84
 in Latvia, **4**:200
 in Norway, **4**:236
 in Serbia, **4**:300
 in Sweden, **4**:334
 in Tunisia, **1**:349
 in Venezuela, **2**:387

- Afghanistan, 1:1–10
 Constitution of, 4:414–415
 United States war with, 2:370
- Afghanistan Multiple Indicator Cluster Survey (AMICS), 1:2
- African Americans, 1:190
- African Charter on Human and Peoples' Rights (Banjul Charter), 1:205, 266, 4:396–397
- African Union (Organization of African Unity), 1:80
- Afro-Belizeans, 2:27
- Afro-Brazilians, 2:51, 61
- Afro-Colombians, 2:97, 105–106
- Afro-Cubans, 2:120, 124, 126, 127
- Afro-Mexicans, 2:257–258
- Afro-Nicaraguans, 2:279
- Afro-Peruvians, 2:326
- Afro-Uruguayans, 2:381–382
- Afro-Venezuelans, 2:394
- Afworki, Isaías, 1:74
- Age discrimination, 4:222–223
- Aguigui Reyes, Rosa, 3:72
- Aguiñaga Vallejo, Marcela, 2:147
- Ahmadinejad, Mahmoud, 1:108, 111
- Ahmed, Abdelraouf Elsidig, 1:327
- AIDS. *See* HIV/AIDS
- Aisha (princess, Jordan), 1:141
- Akayesu, Jean-Paul, 1:277
- Akhdam Clinic (Yemen), 1:271
- Al Khalifa, Sabeeka bint Ibrahim (princess, Bahrain), 1:23
- Al Khalifa, Shaikh Isa bin Salman, 1:19
- Al Nahyan, Sheikh Khalifa bin Zayed, 1:354
- Al Nahyan, Sheikh Zayed bin Sultan, 1:354
- Al Qaeda, 1:118–119
- Al-Ali, Nadej Sadig, 1:115, 118
- Al-Asad, Bashar, 1:331
- Al-Asad, Hafiz, 1:331
- Al-Asbahi, Amat al-Aleem, 1:273
- Al-Awadhi, Lulwa, 1:24, 115
- Albania, 4:1–7
 conflicts between Macedonia and, 4:268–269
 Kosovo and, 4:193
- Albanians, 4:184, 193, 268–269
- Albayrak, Tuğçe, 4:133
- Alcohol consumption
 in Argentina, 2:6–7
 in Bolivia, 2:46
 in Denmark, 4:83
 in France, 4:109
 in Russia, 4:283
 in Ukraine, 4:372
- Alemu, Reeyot, 1:89–90
- Alfonsin, Raul, 2:2
- Algeria, 1:11–18
- Ali Bhutto, Zulfikar, 3:238, 244
- Ali, Salma, 3:20
- All-India Muslim League, 3:237, 243–244
- All India Women's Conference (AIWC), 3:86
- Allyne, Sheanna, 2:342
- Alston, Philip, 2:191
- Alvarado Carrión, Rosana, 2:147
- Álvarez, Griselda, 2:254
- Álvarez, Olga, 2:104
- Alvarez, Oscar, 2:236
- Alyokhina, Maria, 4:293
- Alzheimer's disease, 2:363
- Amafo, Alice, 2:351
- Amaya, Carmen, 4:329
- Amdaen Muen (queen, Thailand), 3:328
- American Colonization Society (ACS), 1:190
- American Samoa. *See* Samoa
- Americo-Liberian settlers, 1:190–191
- Amin, Qasim, 1:69
- Ananda Mahidol (king, Thailand), 3:321–322
- Anglican Church (Church of England), 4:384–385
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:24
- Anguilla, 2:284, 288, 293
See also Organization of Eastern Caribbean States
- Anthony, Susan B., 2:368
- Antigua and Barbuda, 2:284, 285, 289–290, 294
See also Organization of Eastern Caribbean States
- Apartheid
 in Namibia, 1:234, 235
 in South Africa, 1:301
 women challenging, 1:313
- 'api (Ching Chih Tseng), 3:310
- Aquino, Corazon C., 3:253
- Arab Spring, 1:343
 in Bahrain, 1:25
 graffiti in, 1:71–72
- Arab women, in Israel, 1:123
- Arawak (people)
 in Cuba, 2:119
 in French Caribbean, 2:164
 in Guatemala, 2:191
 in Guyana, 2:207
 in Jamaica, 2:239
 in Netherlands Antilles, 2:262, 263
 in Puerto Rico, 2:329
 in Trinidad and Tobago, 2:337
- Argentina, 2:1–11
- Arias Sánchez, Oscar, 2:114
- Armed conflicts. *See* Civil warfare
- Armed forces
 in Belarus, 4:30
 in Denmark, 4:87
 in Indonesia, 3:96
 in Israel, 1:121
 in Jordan, 1:141
 in Libya, 1:205
 in Myanmar, 3:201–202
 in Norway, 4:240
 in Singapore, 1:275
 in South Sudan, 1:320
 in Sweden, 4:338–339
 in United Kingdom, 4:380–381
See also Military service
- Armenia, 4:8–13
- Armenian Apostolic Holy Church, 4:12
- Arnat Peqatigiit (AP; Greenland), 2:187
- Arranged marriages
 in Bahrain, 1:22
 in Democratic Republic of Congo, 1:57
 in India, 3:83
 in Iraq, 1:117
 in Kyrgyzstan, 3:129
 in Mongolia, 3:187
 in Palestine, 1:257
 in Tajikistan, 3:317
 in United Arab Emirates, 1:359
- Arron, Henk, 2:350
- Arteta, Ainhoa, 4:329
- Arts and literature
 in Afghanistan, 1:9
 in Austria, 4:19
 in Czech Republic, 4:76
 in Finland, 4:105
 graffiti as, 1:71–72
 in Iran, 1:106
 in Kosovo, 4:193
 in New Zealand, 3:221–222
 political cartoons as, 1:72–73
 in Puerto Rico, 2:334
 in Spain, 4:328–329
 in Suriname, 2:352
- Aruba (Netherlands Antilles), 2:262, 264–268
- Asantewaa, Nana Yaa, 1:98
- Asegaf, Farha Ciciek, 3:100
- Asociación Hombres y Mujeres Nuevos de Panamá (AHMNP; New Men and Women Association of Panama), 2:306–307
- Assisted reproductive technology (ART), 4:177
- Association for the Development and Enhancement of Women (Egypt), 1:70
- Association of Egyptian Female Cartoon Artists, 1:72
- Association of Nicaraguan Women Confronting the National Problem (AMPRONAC), 2:279
- Association of Tunisian Women for Research and Development (AFTURD), 1:344
- Astrology, 3:201
- Atahualpa (Inca leader), 2:318
- Ataturk, Mustafa Kemal, 4:353
- Attire
 in Algeria, 1:17
 in Argentina, 2:11
 in Brunei, 3:297
 in Canada, 2:76
 in Iran, 1:112
 in Iraq, 1:118–119
 Islamic, in Afghanistan, 1:9
 in Jordan, 1:139
 in Malawi, 1:214–215
 in Sudan, 1:329
 in Tajikistan, 3:313
 in United Arab Emirates, 1:360
- Aung San Suu Kyi, 3:195, 199, 200

- Australia, 3:1–13
 fat activism in, 3:222
 Austria, 4:15–23
 Austrian General Women's Association, 4:19
 Austronesians (Lapita; people), 3:163
 Awel, Aida, 1:86
 Axgil, Axel (Axel Lundahl Madsen), 4:87
 Aymara (people), 2:47, 49
 Aztecs (people), 2:248
- Baath Party (Iraq), 1:114–115, 117, 118
 Babur (emperor, Mughal Empire), 3:76
 Bachelet, Michelle, 2:86, 92
 Badri, Babiker, 1:324
 Badri, Gasim, 1:324
 Bahamas, Barbados, and the Turks and Caicos Islands, 2:14–25
 Bahrain, 1:19–26
 Bajer, Fredrik, 4:86
 Bajer, Matilde, 4:86
 Baker, Katie, 1:87
 Bakovic, Anto, 4:68
 Al-Bakr, Ahmed Hassan, 1:114–115
 Baldetti, Roxana, 2:191
 Bamars (people), 3:194
 Bamba, Cecilia Cruz, 3:72
 Bamford-Addo, Joyce, 1:99
 Banda, Hastings Kamuzu, 1:211, 217, 218
 Banda, Joyce, 1:211, 217
 Bandaranaike, Sirimavo, 3:293
 Bangladesh, 3:16–25, 237–238
 Bang, Nina, 4:86
 Ban Ki-moon, 2:160, 3:284
 Banteyerga, Hailom, 1:83
 Baptist Church, 2:104
 Baptiste, René, 2:296
 Barbados, 2:14–27
 Barbuda, 2:284, 289–290, 294
 Barrios de Chamorro, Violeta, 2:272
 Baseball, 2:121
 Al-Bashir, Omar, 1:325, 329
 Basiri, Sadiqa, 1:9
 Basque autonomous community, 4:321
 Bastidas, Adina, 2:392
 Basutoland, 1:181
 Al-Bata'a, Sohair, 1:66–67
 Batista y Zaldívar, Fulgencio, 2:119
 Batlle y Ordóñez, José, 2:373
 Baza Calvo, Eddie, 3:69
 Beauty and body image
 in Argentina, 2:10–11
 in Austria, 4:17
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:17–18
 in Belgium, 4:38
 in Belize, 2:31
 in Canada, 2:66
 in Colombia, 2:106
 in Dominican Republic, 2:135–136
 in France, 4:110
 in Germany, 4:133
 in Ghana, 1:100–101
 in India, 3:89–90
 in Iran, 1:113
 in Jamaica, 2:244–245
 in Malta, 4:223
 in Panama, 2:307–308
 in Paraguay, 2:316
 in Polynesia, 3:259–260
 in Slovakia, 4:313
 in Taiwan, 3:311
 in Tajikistan, 3:313
 in Trinidad and Tobago, 2:342
 in United Arab Emirates, 1:362
 in Venezuela, 2:386
 Bedouins (people), 1:135
 Beijing Declaration (Fourth World Conference on Women), 4:405–408, 420–424
 Belarus, 4:25–31
 Belgium, 4:32–39
 Democratic Republic of Congo under, 1:51
 gains independence from Netherlands, 4:226
 Belize, 2:27–32
 Ben Ali, Zine El Abidine, 1:343
 Ben Sheikh, Tewhida, 1:345
 Berbers, 1:11
 Berdimuhamedow, G. M., 3:332, 334, 336, 338
 Bergmann-Pohl, Sabine, 4:131
 Bermuda, 2:33–42
 Bermudez, Juan de, 2:34
 Bernabeu, Almudena, 4:327
 Bernal, Victoria, 1:76
 Beta Israel (Ethiopian Jews), 1:80, 126–127
 Beyer, Georgina, 3:221
 Bhandari, Bidhya Devi, 3:211, 283
 Bhumibol Adulyadej (Rama IX; king, Thailand), 3:322
 Bhutan, 3:26–35
 Bhutto, Benazir, 3:238–239
 Biodiversity, 2:108
 Birth control. *See* Contraception; Reproductive rights
 Birthing assistants, 2:253
 Birth rates, crude, 3:156
 Blacks
 Afro-Belizeans, 2:27
 Afro-Colombians, 2:97, 105–106
 Afro-Cubans, 2:120, 124, 126, 127
 Afro-Mexicans, 2:257–258
 Afro-Nicaraguans, 2:279
 Afro-Peruvians, 2:326
 Afro-Uruguayans, 2:381–382
 Afro-Venezuelans, 2:394
 in Canada, vote for, 2:73
 in Haiti, 2:131
 Liberia founded by, 1:190
 Blackwellm Henry, 2:368
 Bléty (organization; Ivory Coast), 1:132
 Bloggers, feminist, 3:222
 Body image. *See* Beauty and body image
 Bohemia, 4:71
 Boii (people), 4:71
 Bolivar, Simon, 2:44, 97, 385
 Bolivia, 2:44–49
 Bollain, Iciar, 4:326, 327
 Bonaire (Netherlands Antilles), 2:262–263, 265, 267, 269
 Bonaparte, Charles Louis-Napoléon, 2:173
 Bose, Sarmila, 3:238
 Bosnia and Herzegovina, 4:40–49
 Botswana, 1:27–32
 Bouazizi, Mohamed, 1:343
 Bourguiba, Habib, 1:342, 343, 345, 346, 348, 351
 Bouteflika, Abdel-Aziz, 1:14, 16
 Bouterse, Desire (Desi), 2:346, 350–351
 Boye, Mame Madior, 1:286
 Brazil, 2:50–62
 Uruguay gains independence from, 2:373
 Brazilian Worker's Party, 2:56
 Breast cancer
 in Armenia, 4:11
 in Australia, 3:4
 in Austria, 4:17
 Denmark in, 4:82
 in Hungary, 4:146
 in Italy, 4:177
 in Kosovo, 4:187
 among Māori, 3:216
 in Mongolia, 3:189
 in Norway, 4:235
 in Poland, 4:247
 in Russia, 4:285
 in Saudi Arabia, 1:167
 in Ukraine, 4:371–372
 in United States, 2:362
 in Venezuela, 2:390
 in Vietnam, 3:352
 Breastfeeding
 in Costa Rica, 2:110
 in Italy, 4:176–177
 in Kenya, 1:154
 in Malaysia, 3:145
 in Philippines, 3:250
 in Singapore, 3:272
 in South Africa, 1:304
 in Sweden, 4:335
 in Tunisia, 1:347
 Breda, Toussiant (Toussaint L'Ouverture), 2:216
 Brexit (United Kingdom leaving European Union), 4:377, 382
 Bride kidnapping, 3:129–130
 Bride-price
 in Bahrain, 1:22
 in Democratic Republic of Congo, 1:57
 in Kenya, 1:156–157
 in Lesotho, 1:84
 in Liberia, 1:195
 in Melanesia, 3:164
 in Namibia, 1:238
 in Somalia, 1:299
 virginity testing and, 1:370
 in Zimbabwe, 1:371

- British East Africa, **1:148**
 British Guiana, **2:207**
 British Honduras, **2:27**
 See also Belize
 British Virgin Islands (BVI), **2:284, 288, 293, 295**
 See also Organization of Eastern Caribbean States
Broadsheet (magazine), **3:222**
 Brown, Sonia, **2:24**
 Brunei (Sultanate of Brunei; Negara Brunei Darussalam), **3:296–302**
 Brunias, Agostino, **2:245**
 Buddhism
 in Bhutan, **3:33**
 in Cambodia, **3:37, 40, 44–45**
 in China, **3:63**
 in India, **3:88**
 in Laos, **3:140**
 in Mongolia, **3:184, 190–191**
 in Myanmar, **3:194, 200–201**
 in Sri Lanka, **3:288, 294**
 in Thailand, **3:327**
 in Tibet, **3:52–53**
 in Vietnam, **3:355**
 Bugis (people), **3:102**
 Bulgaria, **4:50–59**
 Bullying
 in Canada, **2:65–66**
 in Italy, **4:175–176**
 in Lithuania, **4:207**
 in New Zealand, **3:224**
 in South Korea, **3:278–279**
 Burkina Faso, **1:32–38**
 Burma (Myanmar), **3:194–202**
 BuSSy (theatrical company; Egypt), **1:72**
 Bustamante, Sir Alexander, **2:239**
 Buyse, Nadia, **1:25**

 Cabnal, Lorena, **2:202**
 Cabral, Pedro Álvares, **2:50**
 Cadet-Petit, Sandra, **2:169**
 Caesarean deliveries (C-sections), **4:358**
 Caicos Island, **2:14**
 Calderón, Doña Sila María, **2:333**
 Calles, Maria Alicia, **2:229**
 Calovic, Vanja, **4:303**
 Cambodia, **3:37–49**
 Constitution of, **4:417–418**
 Cameron, David, **4:377, 382**
 Campbell, Avril Phaedra Douglas “Kim” (A. Kim), **2:73**
 Campus Pride Index, **2:360**
 Canada, **2:64–77**
 Cancer
 in Denmark, **4:82**
 HPV vaccine for, **4:137**
 in Hungary, **4:146**
 in Iceland, **4:157**
 in Italy, **4:177**
 in Latvia, **4:201**
 liver cancer, **3:352**
 in Peru, **2:322**
 in Poland, **4:247**
 skin cancer, **3:4**
 in Ukraine, **4:371–372**
 See also Breast cancer; Cervical cancer
 Capetillo, Luisa, **2:330**
 Capriles Radonski, Henrique, **2:392**
 Caribbean islands
 Bahamas, Barbados, and Turks and Caicos Islands, **2:14–27**
 Cayman Islands, **2:79–85**
 Cuba, **2:119–128**
 Dominican Republic, **2:130–138**
 French Caribbean, **2:164–170**
 Haiti, **2:216–225**
 Jamaica, **2:239–245**
 Netherlands Antilles, **2:262–270**
 Organization of Eastern Caribbean States, **2:284–297**
 Puerto Rico, **2:328–335**
 Trinidad and Tobago, **2:337–343**
 Carl KVI Gustav (king, Sweden), **4:330**
 Carnival, in French Caribbean, **2:169**
 Carrillo Puerto, Elvía, **2:255**
 Cartwright Inquiry (New Zealand), **3:217**
 Casals, Muriel, **4:327–328**
 Castes, **3:78, 85**
 Dalits (untouchables), **3:80–81, 85**
 Castro Ruz, Fidel, **2:119**
 Castro Ruz, Raul, **2:119, 127**
 Catalan (language), **4:321, 324**
 Catholicism and Catholics. *See* Roman Catholic Church
 Cayman Islands, **2:79–85**
 Ceaușescu, Nicolae, **4:271, 277**
 Celebrations
 in French Caribbean, **2:169**
 in North Korea, **3:234**
 in Norway, **4:241**
 in Vietnam, **3:355–356**
 Center for Research, Studies, Documentation and Information on Women (CREDIF), **1:344**
 Center of Arab Women for Training and Research (CAWTAR), **1:344**
 Central African Republic (CAR), **1:40–49**
 Centro de Investigación y Promoción para América Central de Derechos Humanos (CIPAC; Costa Rica), **2:109**
 Centro Femenil Colombiano (Colombian Women’s Center), **2:106**
 CEPIA (organization; Brazil), **2:59**
 Cervical cancer, **1:184, 2:89, 156**
 HPV vaccine for, **4:137**
 in Hungary, **4:146**
 in Italy, **4:177**
 in Poland, **4:247**
 Césaire, Aimé, **2:168**
 Ceylon (Sri Lanka), **3:288–295**
 Chacón, Carmen, **4:325**
 Chamorro (people), **3:67–74**
 Chaplin, Vsevolod, **4:295**
 Charles IV (king, Czechoslovakia), **4:71**
 Charles (prince of Wales), **4:377**
 Charles, Dame Eugenia, **2:296**
 Charrúas (people), **2:373**
 Chávez, Hugo, **2:385–386, 388–390, 392, 393**
 Chávez Ixcaquic, Lolita, **2:195, 202**
 Chaza (sport), **2:101**
 Chenhui Ho, **3:54**
 Chenm Margaret, **3:57**
 Chernobyl Nuclear Power Plant disaster (Ukraine), **4:26**
 Chess, **4:119**
 Chewa (people), **1:215, 216**
 Chibambo, Rose, **1:217**
 Chiburdanidze, Maia, **4:119**
 Child abuse
 in Albania, **4:2**
 in Armenia, **4:9**
 in El Salvador, **2:153**
 in Greenland, **2:181–182**
 in Guiana, **2:208**
 in Netherlands, **4:232**
 in Romania, **4:272–273**
 in Serbia, **4:302**
 in Uruguay, **2:380**
 in Venezuela, **2:387**
 Childbirth. *See* Maternal health
 Child care
 in Brazil, **2:58**
 in Canada, **2:70**
 in Croatia, **4:65**
 in Ireland, **4:172**
 in Japan, **3:108**
 in Pakistan, **3:241**
 in Republic of the Congo, **1:264**
 in Serbia, **4:301–302**
 in Sweden, **4:338**
 in Tajikistan, **3:317**
 in Ukraine, **4:368**
 Child custody
 in Canada, **2:71**
 in Switzerland, **4:348**
 in Syria, **1:339**
 in United Arab Emirates, **1:359**
 See also Divorce
 Child labor
 in Burkina Faso, **1:36–37**
 in Central African Republic, **1:44**
 in Haiti, **2:217–218**
 in Honduras, **2:233**
 in Ivory Coast, **1:129–130, 133**
 in Kenya, **1:156**
 in Liberia, **1:195**
 in Malawi, **1:212–213**
 in Myanmar, **3:196**
 in Nepal, **3:206**
 in Vietnam, **3:349**
 Child marriage
 in Afghanistan, **1:3**
 in Albania, **4:2**

- in Bahrain, 1:22
- in Bangladesh, 3:17–18
- in Burkina Faso, 1:33
- in El Salvador, 2:157
- in Ethiopia, 1:81
- in Ghana, 1:95
- in Guatemala, 2:200
- in Guiana, 2:208
- in Honduras, 2:233
- in Kazakhstan, 3:117, 122–123
- in Kenya, 1:156
- in Laos, 3:134
- in Lebanon, 1:177
- in Libya, 1:203
- in Macedonia, 4:263–264
- in Malawi, 1:216
- in Mali, 1:223
- in Melanesia, 3:163–164
- in Morocco, 1:229
- in Nepal, 3:206
- in Nigeria, 1:247
- in Palestine, 1:257
- among Roma, 4:148
- in Senegal, 1:285
- in Serbia, 4:302
- in Sierra Leone, 1:291
- in Singapore, 3:271
- in South Sudan, 1:317
- in Sudan, 1:325
- in Syria, 1:335
- in Tajikistan, 3:313–314, 317
- in Turkey, 4:355–356
- in Ukraine, 4:369
- United Nations General Assembly resolution on, 4:431–432
- in Vietnam, 3:349–350
- Children
 - of Aboriginal Australians, 3:11–12
 - in China, 3:64
 - in Croatia, 4:64
 - day care for, in Pakistan, 3:241
 - in Denmark, 4:85
 - in Egypt, 1:63
 - in France, 4:111
 - HIV among, 1:368
 - international adoption of, 3:286
 - migrants, left behind, 4:273
 - in New Zealand, 3:216
 - in North Korea, 3:233
 - sexual exploitation of, in Belize, 2:31
 - as soldiers, in Myanmar, 3:201–202
 - street children, 4:272
 - well-being of, 4:206–207
 - See also* Girls and teens
- Chile, 2:86–95
- China, 3:51–65
 - Mongolian independence from, 3:184
 - Myanmar girls and women sold to, 3:196
 - People's Republic of China, 3:51–65
 - Taiwan (Republic of China), 3:304–311
 - Vietnam under, 3:348
- Chinchilla Miranda, Laura, 2:114
- Ching Chih Tseng ('api), 3:310
- Chlamydia, 2:68
- Choc, Angelica, 2:202
- Choi Soon-sil, 3:283
- Cholera, 2:220
- Christianity
 - in Canada, 2:75
 - in Central African Republic, 1:47
 - in Eritrea, 1:78
 - in Ethiopia, 1:80, 90
 - in Ghana, 1:99
 - in Hungary, 4:145
 - in Latvia, 4:203
 - in Malawi, 1:218
 - in Melanesia, 3:170–171
 - in Micronesia, 3:180–181
 - in Nigeria, 1:249
 - in Norway, 4:234
 - in Polynesia, 3:265
 - in Sudan, 1:329
- Christian Women's Solidarity Association (Lebanon), 1:178
- Church of England. *See* Anglican Church
- Church of Norway, 4:234, 238, 240
- Church of Sweden, 4:339
- Cinema. *See* Film
- Citizenship
 - in Bahrain, 1:23
 - in French Guiana, 2:177
 - in Israel, 1:121
 - in Jordan, 1:141–142
 - in Lebanon, 1:179
 - in Norway, 4:239–240
 - in Palestine, 1:258
 - of Puerto Ricans, 2:329
 - in Sweden, 4:341–342
- Civil warfare
 - in Argentina, 2:9
 - in Bosnia and Herzegovina, 4:41
 - in Central African Republic, 1:47–48
 - in Colombia, 2:98, 104–105
 - in Democratic Republic of Congo, 1:52–53
 - in El Salvador, 2:152
 - in Guatemala, 2:191, 192, 202, 204–205
 - in Ireland, 4:168
 - in Kenya, 1:160
 - in Liberia, 1:196–197
 - in Libya, 1:208
 - in Myanmar, 3:195, 201–202
 - in Nepal, 3:205, 210–211
 - in Palestine, 1:259
 - in Peru, 2:318, 325
 - in Philippines, 3:254
 - in Republic of the Congo, 1:260–261, 265
 - in Rwanda, 1:276, 277
 - in Sierra Leone, 1:293
 - in Somalia, 1:295, 300
 - in South Sudan, 1:315–316, 319, 320
 - Spanish Civil War, 4:321–322
 - in Sri Lanka, 3:294–295
- in Sudan, 1:322
- in Syria, 1:332–333, 337, 338
- between Turkey and Kurdish militants, 4:354
- in Yemen, 1:269–271, 274, 275
- Clark, Christy, 2:73
- Clarke, Kim, 2:294
- Clark, Helen, 3:223
- Climate change, 1:162, 2:382
 - in Micronesia, 3:181–182
 - in Pakistan, 3:244
 - in Polynesia, 3:265
- Clinton, Hillary Rodham, 2:364, 369, 3:73
- Clothing. *See* Attire
- Coalition of African Lesbians (CAL), 1:238
- Coalition of Egyptian Feminist Organizations, 1:70
- Coixet, Isabel, 4:327
- Colau, Ada, 4:328
- Collective of Congolese Women for Peace and Justice (CCWFP), 1:58
- Colombia, 2:96–106
- Colonialism
 - in Cambodia, 3:37
 - in Central African Republic, 1:41, 44
 - in Chile, 2:86–87
 - in Colombia, 2:97–99
 - contraceptive use and, 1:367
 - in Cuba, 2:126
 - in Democratic Republic of Congo, 1:51–52
 - in Dominican Republic, 2:130–132
 - in Eritrea, 1:74
 - in French Caribbean, 2:164, 168
 - in French Guiana, 2:173
 - in Ghana, 1:92, 93, 97
 - in Greenland, 2:180
 - in Guam, 3:67, 72
 - in Guatemala, 2:200, 201
 - in Guiana, 2:207
 - in Indonesia, 3:92
 - in Kenya, 1:148–149
 - in Laos, 3:133
 - in Malta, 4:215
 - in Melanesia, 3:163
 - in Namibia, 1:234–235
 - in Nigeria, 1:243
 - in Peru, 2:318
 - by Portugal, 4:254
 - in Puerto Rico, 2:328–330
 - in Rwanda, 1:275–276
 - in Sierra Leone, 1:288
 - in Somalia, 1:295
 - in South Sudan, 1:315
 - in Suriname, 2:345
 - in Trinidad and Tobago, 2:337
 - in United States, 2:355
 - in Venezuela, 2:385
 - in Zimbabwe, 1:371–372
- Columbus, Christopher
 - in Cayman Islands, 2:79
 - in French Caribbean, 2:164
 - in Hispaniola, 2:130, 131, 216

- Columbus, Christopher (*Continued*)
 in Jamaica, 2:239
 in Netherlands Antilles, 2:263
- Common-law marriage
 in Jamaica, 2:242–243
 in Macedonia, 4:263–264
- Commonwealth of the Northern Mariana Islands (CNMI), 3:174
- Community forestry, 3:212
- Community groups, in New Zealand, 3:223
- Compaore, Blaise, 1:38
- Confederation of Ethiopian Trade Unions (CETU), 1:85
- Confucianism, 3:232
- Congo-Brazzaville (Republic of the Congo), 1:260
- Congo, Democratic Republic of (DRC), 1:51–61
- Congo, Republic of the, 1:260–268
- Congo Wars (1998–2002), 1:53
- Conscientious objection (CO) to providing health services
 in Bulgaria, 4:53
 in Italy, 4:181
 in Uruguay, 2:376
- Conscription (military service), in Israel, 1:121
- Contraception
 in Austria, 4:22–23
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:24
 in Bangladesh, 3:22–23
 in Belarus, 4:28–29
 in Denmark, 4:82
 in Ecuador, 2:144–145
 in El Salvador, 2:155–156
 in France, 4:108
 in Georgia, 4:120
 in Germany, 4:131
 in Iceland, 4:157
 in Jordan, 1:139–140
 in Malawi, 1:213
 in Malaysia, 3:149–150
 in Netherlands Antilles, 2:266
 in Pakistan, 3:242
 in Palestine, 1:257
 in Poland, 4:248
 in Portugal, 4:256
 in Russia, 4:291–292
 in Senegal, 1:284
 in Sierra Leone, 1:290
 in South Africa, 1:308–309
 in South Sudan, 1:316
 in Sudan, 1:325
 in Sweden, 4:335
 in Ukraine, 4:369–370
 in United Kingdom, 4:382
 in Uzbekistan, 3:344
 in Zimbabwe, 1:367
See also Maternal health; Reproductive rights
- Contra War (Nicaragua), 2:272
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 4:391–395
- Convention on the Rights of Children, 1:63
- Cook Islands, 3:261
- Cook, James, 3:214
- Cooper, Margaret, 3:8
- Cordero, Celestina, 2:330
- Coriolon, Anne Marie, 2:223
- Correa, Rafael, 2:141–143, 148, 149
- Corrigan-Maguire, Mairead, 4:168
- Cosmetic surgery, 1:113
- Cossé, Eva, 4:136
- Costa Rica, 2:107–116
- Côte d'Ivoire. *See* Ivory Coast
- Creoles, 2:164
- Crime
 in Bermuda, 2:41–42
 in Cambodia, 3:46–47
 against Canadian indigenous women and girls, 2:65
 in El Salvador, 2:160
 in Guatemala, 2:191
 hate crimes, 4:339
 in Honduras, 2:230
 in Jamaica, 2:244
 in South Africa, 1:308
 against transgender people, 2:358
 by women, in Denmark, 4:88
- Crimea, 4:363
- Criollos (people), 2:97
- Croatia, 4:61–69
- Croatian War (1991–1995), 4:61
- Crude birth rates, 3:156
- Crude death rates, 3:156
- Cruz Velázquez, Lucila Bettina, 2:251
- Cuba, 2:119–128
- Culture. *See* Religion and culture
- Curaçao (Netherlands Antilles), 2:262–270
- Custom marriages, in Melanesia, 3:163–164
- Cutaneous leishmaniasis (CL), 3:335
- Cyberbullying
 in Italy, 4:175–176
 in New Zealand, 3:224
- Czechoslovakia, 4:271
- Slovakia in, 4:305–313
- Czech Republic, 4:71–79
- Dalai Lama, 3:52–53
 statement on “Bhikshuni Ordination in the Tibetan Tradition” by, 4:416–417
- Dalits (untouchables), 3:80–81, 85
- Damas, Léon-Gontran, 2:168
- Dancehall music, 2:243
- Danilova, Anastasia, 4:291
- Daryeel Women Organization (DAWO; Somalia), 1:297
- Das, Nandita, 3:90
- Davis, Jack, 3:5
- Davis, Megan, 3:9
- Day care. *See* Child care
- Day of the Sun (North Korea), 3:234
- Deafness, 2:18, 3:309
- Death rates, crude, 3:156
- de Burgos, Julia, 2:334
- Declaration on the Elimination of Violence against Women, 4:401–404
- Deforestation, 2:326
- de Gaulle, Charles, 4:106
- Democratic People's Republic of Korea (North Korea), 3:226–235
- Democratic Republic of Congo (DRC), 1:51–61
 Republic of the Congo distinguished from, 1:260
 Rwandan refugees in, 1:277
- Democratic Women's Association Vienna, 4:19
- Dengue fever
 in Costa Rica, 2:110
 in Dominican Republic, 2:133–134
 in El Salvador, 2:156
 in French Guiana, 2:174–175
 in Honduras, 2:231
 in Laos, 3:138
- Denmark, 4:81–88
 Greenland and, 2:180
 Iceland becomes independent of, 4:155
- Depression (emotional)
 in France, 4:109
 in Iceland, 4:157
 in Poland, 4:246–247
- Derg (Ethiopia), 1:88–89
- De Riemaecker-Legot, Marguerite, 4:37
- Devi, Sampat Pal, 3:86
- Diabetes, 2:145
 in Polynesia, 3:261
- Diatla, Aline Sitoé, 1:285
- Al-Dighaily, Salwa, 1:206
- Digital divide, 2:375
- Dirty War (Argentina), 2:2, 9
- Disabilities
 in Australia, 3:8
 in Brunei, 3:299
 in China, 3:63
 deafness, 2:18
 in Ivory Coast, 1:132
 in Maldives, 3:158
 in Netherlands, 4:228
 in Russia, 4:285
 in Singapore, 3:270–271
 in South Africa, 1:305
 in Sweden, 4:341
 in Vietnam, 3:349
- Displaced women
 in Georgia, 4:120
 in Somalia, 1:300
- Divorce
 in Algeria, 1:15–16
 in Argentina, 2:7
 in Bahrain, 1:22–23
 in Belarus, 4:28
 in Botswana, 1:30–31
 in Canada, 2:71
 in China, 3:60

- in Croatia, 4:65
- in Denmark, 4:85
- in Egypt, 1:63
- among Ethiopian Jews, 1:126–127
- in Finland, 4:103–104
- in France, 4:110–111
- in Iceland, 4:159
- in India, 3:84
- in Indonesia, 3:97
- in Iran, 1:108–109
- in Iraq, 1:117
- in Israel, 1:124
- in Italy, 4:181
- in Jamaica, 2:242
- in Kenya, 1:157
- in Liberia, 1:195
- in Libya, 1:203–204
- in Maldives, 3:159
- in Mexico, 2:253
- in Morocco, 1:229
- in Netherlands, 4:231
- in Nicaragua, 2:279
- in North Korea, 3:233
- in Norway, 4:238
- in Puerto Rico, 2:331–332
- in Republic of the Congo, 1:264
- in Russia, 4:291
- in Singapore, 3:273–274
- in South Africa, 1:306–307
- in Sudan, 1:327
- in Sweden, 4:338
- in Switzerland, 4:348
- in Syria, 1:338–339
- in Tajikistan, 3:317–318
- in Tunisia, 1:350
- in United Arab Emirates, 1:359
- in United Kingdom, 4:381
- in United States, 2:366–367
- in Uzbekistan, 3:343–344
- Djotodia, Michel, 1:46, 47
- Doctors without Borders, 1:272
- Doe, Samuel, 1:196
- Dohnal, Johanna, 4:15
- Doi, Takako, 3:110–111
- Domestic labor
 - in Brazil, 2:57
 - in Brunei, 3:301–302
 - in Cuba, 2:123
 - in Dominican Republic, 2:135
 - in Ecuador, 2:146
 - in Honduras, 2:232–233
 - in India, 3:89
 - in Jordan, 1:144–145
 - in Mexico, 2:252–253
 - in Singapore, 3:275–276
 - South African legislation on, 1:311
 - in United Arab Emirates, 1:362
- Domestic slavery, 1:229
- Domestic violence
 - in Algeria, 1:17–18
 - in Armenia, 4:12
 - in Austria, 4:20–22
 - in Bahamas, Barbados, and Turks and Caicos Islands, 2:25
 - in Bahrain, 1:26
 - in Belarus, 4:31
 - in Belgium, 4:38
 - in Belize, 2:30
 - in Bosnia and Herzegovina, 4:47
 - in Botswana, 1:31–32
 - in Brazil, 2:59, 61–62
 - in Canada, 2:73–74
 - in Cayman Islands, 2:85
 - in Central African Republic, 1:44–45
 - in Chile, 2:93–94
 - in China, 3:64
 - in Colombia, 2:98
 - in Croatia, 4:69
 - in Cuba, 2:124
 - Declaration on the Elimination of Violence against Women on, 4:401–404
 - in Democratic Republic of Congo, 1:60
 - in Estonia, 4:97
 - in France, 4:114–115
 - in French Caribbean, 2:169
 - in Georgia, 4:124
 - in Guatemala, 2:196–197
 - in Guiana, 2:211–212
 - in Honduras, 2:234–235
 - in Hungary, 4:152
 - in Iran, 1:112
 - in Iraq, 1:117
 - in Ivory Coast, 1:131
 - in Jordan, 1:143
 - in Kosovo, 4:191–192
 - in Kyrgyzstan, 3:127–128
 - in Liberia, 1:198
 - in Lithuania, 4:211–212
 - in Maldives, 3:161
 - in Mali, 1:225
 - in Malta, 4:221–222
 - in Mexico, 2:256–257
 - in Micronesia, 3:179
 - in Namibia, 1:241
 - in Nepal, 3:212
 - in Netherlands Antilles, 2:270
 - in New Zealand, 3:224–225
 - in Nigeria, 1:247–248
 - in Palestine, 1:259
 - in Panama, 2:306
 - in Paraguay, 2:313
 - in Peru, 2:325
 - in Philippines, 3:254–255
 - in Poland, 4:251–252
 - in Puerto Rico, 2:334–335
 - in Republic of the Congo, 1:267
 - in Saudi Arabia, 1:171
 - in Serbia, 4:304
 - in South Sudan, 1:319
 - in Spain, 4:325
 - in Switzerland, 4:350
 - in Tajikistan, 3:319
 - in Thailand, 3:327–329
 - in Turkmenistan, 3:336
 - in United Arab Emirates, 1:361
 - in United Kingdom, 4:386
 - in United States, 2:370–371
 - in Uzbekistan, 3:346–347
 - in Vietnam, 3:356
 - in Zimbabwe, 1:375
 - See also* Violence against women
 - Dominica and Grenada, 2:284, 285–286, 290–291, 294
 - See also* Organization of Eastern Caribbean States
 - Dominican Republic, 2:130–138
 - Donkor, Akua, 1:98
 - Douglass, Frederick, 2:368
 - Downing, Teresa, 1:15
 - Driving, right to, 1:171–172
 - Drug abuse
 - in Belize, 2:32
 - in Bermuda, 2:41
 - in Czech Republic, 4:73
 - in Estonia, 4:94
 - in Iran, 1:106
 - in North Korea, 3:231
 - in Tajikistan, 3:316
 - in Vietnam, 3:352–353
 - Dubai, 1:354, 356
 - See also* United Arab Emirates
 - Dubai Women Establishment (DWE), 1:360
 - Duhalde, Eduardo, 2:2
 - Dutch Caribbean (Netherlands Antilles), 2:262–270
 - Dutch Guiana (Suriname), 2:345
 - Duvalier, Francois “Papa Doc,” 2:223
 - Duvalier, Jean-Claude “Baby Doc,” 2:223
 - Early childhood education
 - in Micronesia, 3:176
 - in Mongolia, 3:185
 - in New Zealand, 3:215
 - in North Korea, 3:229
 - in Vietnam, 3:350
 - Early marriage. *See* Child marriage
 - Eastern Orthodox Christianity
 - in Bulgaria, 4:57
 - See also* Orthodox Christianity
 - East Pakistan, 3:16
 - See also* Bangladesh
 - Eating disorders, 4:371
 - Ebadi, Shirin, 1:109
 - Ebola virus
 - in Democratic Republic of Congo (DRC), 1:54
 - in Liberia, 1:192, 198–199
 - in Sierra Leone, 1:290
 - Ebtekar, Massoumeh, 1:112
 - Economic violence, 4:252
 - Ecuador, 2:141–150
 - Constitution of, 4:418–419
 - Edelbay, Saniya, 3:122

Education

- in Afghanistan, **1:2–4**
- in Albania, **4:3**
- in Algeria, **1:13**
- in Argentina, **2:4**
- in Armenia, **4:9–10**
- in Australia, **3:3–4**
- in Austria, **4:16**
- in Bahamas, Barbados, and Turks and Caicos Islands, **2:18–19**
- in Bahrain, **1:20**
- in Bangladesh, **3:18**
- in Belarus, **4:26–27**
- in Belize, **2:29**
- in Bermuda, **2:35–36**
- in Bhutan, **3:27–29**
- in Bolivia, **2:45**
- in Bosnia and Herzegovina, **4:42**
- in Botswana, **1:28–29**
- in Brazil, **2:52–54**
- in Brunei, **3:298–299**
- in Bulgaria, **4:51–52**
- in Burkina Faso, **1:33–35**
- in Cambodia, **3:40–41**
- in Canada, **2:67**
- in Cayman Islands, **2:81**
- in Central African Republic, **1:42**
- in Chile, **2:88**
- in Colombia, **2:99**
- in Costa Rica, **2:109–110**
- in Cuba, **2:120–121**
- in Czech Republic, **4:72–73**
- for deaf girls, **2:18**
- in Democratic Republic of Congo, **1:55**
- in Denmark, **4:83–84**
- in Dominican Republic, **2:132–133**
- in Ecuador, **2:143–144**
- in Egypt, **1:63–65**
- in El Salvador, **2:154**
- in Eritrea, **1:74–75**
- in Estonia, **4:93**
- in Ethiopia, **1:84–85**
- in Finland, **4:101–102**
- in France, **4:107**
- in French Caribbean, **2:165–166**
- in French Guiana, **2:174**
- in Georgia, **4:121–122**
- in Germany, **4:128–129**
- in Ghana, **1:94**
- in Greece, **4:137–138**
- in Greenland, **2:182–184**
- in Guatemala, **2:193–194**
- in Guiana, **2:208–209**
- in Haiti, **2:218–219**
- in Honduras, **2:229–230**
- in Iceland, **4:157–158**
- in India, **3:78–80**
- in Indonesia, **3:93–94**
- in Iran, **1:103–105**
- in Iraq, **1:115–116**
- in Ireland, **4:164**
- in Israel, **1:122**
- in Italy, **4:177–178**
- in Ivory Coast, **1:128**
- in Jamaica, **2:240–241**
- in Japan, **3:105–106**
- in Jordan, **1:136–137**
- in Kazakhstan, **3:118**
- in Kenya, **1:149–151**
- in Kosovo, **4:187–188**
- in Kyrgyzstan, **3:125**
- in Laos, **3:135–137**
- in Latvia, **4:199–200**
- in Lebanon, **1:175**
- in Lesotho, **1:182–183**
- in Liberia, **1:191–192**
- in Libya, **1:200–201**
- in Lithuania, **4:207–208**
- in Macedonia, **4:264–265**
- in Malawi, **1:214**
- in Maldives, **3:157–158**
- in Mali, **1:220–221**
- in Melanesia, **3:164–166**
- in Mexico, **2:249, 250**
- in Micronesia, **3:176**
- in Mongolia, **3:185**
- in Morocco, **1:226–227**
- in Myanmar, **3:196–197**
- in Namibia, **1:235**
- in Nepal, **3:207–208**
- in Netherlands, **4:228–229**
- in Netherlands Antilles, **2:264**
- in New Zealand, **3:215**
- in Nicaragua, **2:274–275**
- in Nigeria, **1:244**
- in North Korea, **3:228–230**
- in Norway, **4:235–236**
- in Organization of Eastern Caribbean States, **2:289–294**
- in Pakistan, **3:240**
- in Palestine, **1:254**
- in Panama, **2:301–302**
- in Paraguay, **2:310–311**
- in Peru, **2:319–320**
- in Philippines, **3:248–249**
- in Poland, **4:245–246**
- in Polynesia, **3:260–261**
- in Portugal, **4:255–256**
- in Puerto Rico, **2:330–331**
- in Republic of the Congo, **1:261**
- in Romania, **4:273–274**
- in Russia, **4:285–286**
- in Rwanda, **1:277–278**
- in Saudi Arabia, **1:165–166**
- in Senegal, **1:283**
- in Serbia, **4:300**
- in Sierra Leone, **1:288–289**
- in Singapore, **3:271**
- in Slovakia, **4:306–307**
- in Slovenia, **4:315–316**
- in Somalia, **1:296–297**
- in South Africa, **1:302–303**
- in South Korea, **3:279–280**
- in South Sudan, **1:316**
- in Spain, **4:322–323**
- in Sri Lanka, **3:290–291**
- student loan debt for, **3:224**
- in Sudan, **1:323–325**
- in Suriname, **2:347–348**
- in Sweden, **4:332–334**
- in Switzerland, **4:344–347**
- in Syria, **1:331–332**
- in Taiwan, **3:306–307**
- in Tajikistan, **3:314–315**
- in Thailand, **3:324–325**
- in Trinidad and Tobago, **2:338–339**
- in Tunisia, **1:348–349**
- in Turkey, **4:355–358**
- in Turkmenistan, **3:333**
- in Ukraine, **4:365–366**
- in United Arab Emirates, **1:356–357**
- in United Kingdom, **4:378**
- in United States, **2:359–361**
- in Uruguay, **2:375**
- in Uzbekistan, **3:341**
- in Venezuela, **2:387–388**
- in Vietnam, **3:350–351**
- in Yemen, **1:270–271**
- in Zimbabwe, **1:364–366**
- Egerszegi, Krisztina, **4:148**
- Egypt, **1:62–73**
- Egyptian Center for Women's Rights, **1:70**
- Egyptian Women's Union, **1:63, 69**
- Einstein, Albert, **4:346**
- Ejercito de liberación nacional (ELN; Colombia), **2:98**
- Ekaette, Eme, **1:248**
- Elder care
 - in Denmark, **4:83**
 - in France, **4:110**
- Elizabeth II (queen, England), **4:377, 384**
- Bahamas, Barbados, and Turks and Caicos Islands under, **2:23**
- Belize under, **2:30**
- Canada under, **2:64**
- Cayman Islands under, **2:80**
- Elleni (queen, Ethiopia), **1:90**
- El Salvador, **2:152–161**
- Soccer War between Honduras and, **2:228**
- Emberas (people), **2:300**
- Eminova, Enisa, **4:263**
- Employment
 - in Afghanistan, **1:6**
 - in Albania, **4:4–5**
 - in Algeria, **1:13–14**
 - in Argentina, **2:7**
 - in Armenia, **4:11**
 - in Australia, **3:6**
 - in Austria, **4:17–18**
 - in Bahamas, Barbados, and Turks and Caicos Islands, **2:21–22**
 - in Bahrain, **1:21–22**
 - in Bangladesh, **3:19–20**

- in Belarus, 4:27–28
- in Belgium, 4:34–35
- in Belize, 2:29–30
- in Bermuda, 2:37–38
- in Bhutan, 3:30–31
- in Bolivia, 2:46–47
- in Bosnia and Herzegovina, 4:43–44
- in Botswana, 1:29
- in Brazil, 2:55–57
- in Brunei, 3:300
- in Bulgaria, 4:54
- in Burkina Faso, 1:36–37
- in Cambodia, 3:43–44
- in Canada, 2:69–70
- in Cayman Islands, 2:82
- in Central African Republic, 1:43–44
- in Chile, 2:89–91
- in China, 3:59–60
- in Colombia, 2:102–103
- in Costa Rica, 2:111–113
- in Croatia, 4:63–64
- in Cuba, 2:122–123
- in Czech Republic, 4:73–74
- in Democratic Republic of Congo, 1:55–56
- in Denmark, 4:84
- of domestic labor, 1:144–145
- in Dominican Republic, 2:134–135
- in Ecuador, 2:145–146
- in Egypt, 1:67
- in El Salvador, 2:156–157
- in Eritrea, 1:76
- in Estonia, 4:95–96
- in Ethiopia, 1:85–86
- in Finland, 4:103
- in France, 4:110
- in French Caribbean, 2:166–167
- in French Guiana, 2:175–176
- in Georgia, 4:122
- in Germany, 4:129–130
- in Ghana, 1:96
- in Greece, 4:139–140
- in Greenland, 2:186
- in Guam, 3:69–70
- in Guatemala, 2:197–199
- in Guiana, 2:210–211
- in Haiti, 2:221
- in Honduras, 2:231–233
- in Hungary, 4:148–149
- in Iceland, 4:158–159
- in India, 3:82–83
- in Indonesia, 3:95–96
- in Iran, 1:107
- in Iraq, 1:117
- in Ireland, 4:165–166
- in Israel, 1:123–124
- in Italy, 4:178–179
- in Ivory Coast, 1:128–129
- in Jamaica, 2:242
- in Japan, 3:107–108
- in Jordan, 1:137–138
- in Kazakhstan, 3:119–120
- in Kenya, 1:155–156
- in Kosovo, 4:188–191
- in Kyrgyzstan, 3:126
- in Laos, 3:138–139
- in Latvia, 4:201
- in Lebanon, 1:177
- in Lesotho, 1:184–185
- in Liberia, 1:194–195
- in Libya, 1:202
- in Lithuania, 4:208–209
- in Macedonia, 4:266–267
- in Malawi, 1:214–215
- in Malaysia, 3:146–148
- in Maldives, 3:158–159
- in Mali, 1:222–223
- in Malta, 4:217–219
- in Melanesia, 3:168
- in Mexico, 2:252–253
- in Micronesia, 3:177–178
- in Mongolia, 3:185–187
- in Morocco, 1:228–229
- in Myanmar, 3:198–199
- in Namibia, 1:237
- in Nepal, 3:209
- in Netherlands, 4:231–232
- in Netherlands Antilles, 2:264–266
- in New Zealand, 3:217–219
- in Nicaragua, 2:276–277
- in Nigeria, 1:246–247
- in North Korea, 3:231–232
- in Norway, 4:236–237
- in Organization of Eastern Caribbean States, 2:294–295
- in Pakistan, 3:241
- in Palestine, 1:256
- in Panama, 2:303–304
- in Paraguay, 2:312–313
- in Peru, 2:322–323
- in Philippines, 3:251–252
- in Poland, 4:248–249
- in Polynesia, 3:261–262
- in Portugal, 4:256–257
- in Puerto Rico, 2:331
- in Republic of the Congo, 1:262–264
- in Romania, 4:275
- in Russia, 4:289–290
- in Rwanda, 1:279
- in Saudi Arabia, 1:167–168
- in Senegal, 1:283
- in Serbia, 4:301
- in Sierra Leone, 1:290–291
- in Singapore, 3:273
- in Slovakia, 4:309–310
- in Slovenia, 4:318
- in Somalia, 1:298
- in South Africa, 1:305–306
- in South Korea, 3:280–281
- in South Sudan, 1:316–317
- in Spain, 4:322–323
- in Sri Lanka, 3:292
- in Suriname, 2:349
- in Sweden, 4:335–337
- in Switzerland, 4:349–350
- in Syria, 1:333–335
- in Taiwan, 3:308
- in Tajikistan, 3:316
- in Thailand, 3:325
- in Trinidad and Tobago, 2:338, 340
- in Tunisia, 1:349–350
- in Turkey, 4:360–361
- in Turkmenistan, 3:335–336
- in Ukraine, 4:366–368
- in United Arab Emirates, 1:357–358
- in United Kingdom, 4:379–381
- in United States, 2:363–364
- in Uruguay, 2:377
- in Uzbekistan, 3:342–343
- in Venezuela, 2:390–391
- in Vietnam, 3:353
- in Yemen, 1:272
- in Zimbabwe, 1:370
- Encina, Ana Maria, 2:48
- Energy
 - in Pakistan, 3:244
 - in Uruguay, 2:382
- England, 4:376, 382
 - See also* United Kingdom
- Enhancement of Literacy in Afghanistan (ELA)
 - program, 1:3
- Ensler, Eve, 1:72
- Entrepreneurship
 - in Albania, 4:4
 - in Japan, 3:107
 - in Kosovo, 4:190
- Environmentalism
 - in Bhutan, 3:33
 - in Costa Rica, 2:108
 - deforestation and, 2:326
 - extinctions of animals in, 1:106
 - fracking (hydraulic fracturing) and, 3:11
 - in Kenya, 1:158, 162
 - in Marshall Islands, 3:181
 - in Pakistan, 3:244
- Eritrea, 1:74–79
- Eritrean Popular Liberation Front (EPLF), 1:74, 77, 78
- Ernst, Richard, 4:346
- Escala, Anuncia, 4:324
- Escudero, Edelmire, 2:255
- Espinoza Cruz, Marisol, 2:324
- Estonia, 4:91–98
- Ethiopia, 1:80–90
 - Eritrean independence from, 1:74
 - Jewish immigrants from, 1:126–127
- Ethiopian People Revolutionary Democratic Front (EPRDF), 1:89–90
- Ethiopian Student Movement, 1:88
- Ethiopian Women's Welfare Association (EWWA), 1:88
- Ethiopia Women's Association (REWA), 1:88
- European Union (EU)

European Union (EU) (*Continued*)

- Bulgaria in, **4**:50, 58
- Croatia in, **4**:61, 65, 66
- Denmark in, **4**:81
- Estonia in, **4**:91
- Finland in, **4**:100
- French Caribbean islands in, **2**:164
- French Guiana in, **2**:172, 177
- Germany in, **4**:126
- Greece in, **4**:135, 139
- Hungary in, **4**:145
- Ireland in, **4**:166
- Lithuania in, **4**:210
- Netherlands in, **4**:227
- Portugal in, **4**:255
- Slovenia in, **4**:315
- Spain in, **4**:321
- “Strategy for Equality between Women and Men” of, **4**:424–427
- United Kingdom leaving (Brexit), **4**:377, 382
- Evangelical Lutheran Church in Denmark, **4**:87
- Evangelical Lutheran Church of Finland, **4**:104
- Evangelical Lutheran Church of Iceland (ELCI), **4**:161
- Evans, J. D., **1**:324
- Evil eye beliefs, **2**:159
- Expatriates
 - in Cayman Islands, **2**:82–83
 - Cuban, **2**:127
- Extinctions of animals, **1**:106
- Extracurricular Activities. *See* Recreation
- Faʻaʻafafine*, **3**:265–266
- Facebook
 - in Brunei, **3**:297
 - in Myanmar, **3**:202
- Fadhma N’Soumer, **1**:12
- Family leave. *See* Maternity leave
- Family life
 - in Albania, **4**:5
 - in Algeria, **1**:14–16
 - in Argentina, **2**:7
 - in Armenia, **4**:11
 - in Australia, **3**:7
 - in Austria, **4**:18–19
 - in Bahamas, Barbados, and Turks and Caicos Islands, **2**:22–23
 - in Bahrain, **1**:22–24
 - in Bangladesh, **3**:21–22
 - in Belarus, **4**:28–29
 - in Belgium, **4**:35
 - in Belize, **2**:730
 - in Bermuda, **2**:38–40
 - in Bhutan, **3**:31
 - in Bolivia, **2**:47
 - in Bosnia and Herzegovina, **4**:44–45
 - in Botswana, **1**:30–31
 - in Brazil, **2**:58
 - in Brunei, **3**:300
 - in Bulgaria, **4**:54–56
 - in Burkina Faso, **1**:33, 37
 - in Cambodia, **3**:44
 - in Canada, **2**:70–72
 - in Cayman Islands, **2**:83
 - in Central African Republic, **1**:41–42, 44–46
 - in Chile, **2**:91
 - in China, **3**:60–61
 - in Colombia, **2**:103
 - in Costa Rica, **2**:113–114
 - in Croatia, **4**:64–65
 - in Cuba, **2**:124
 - in Czech Republic, **4**:74
 - in Democratic Republic of Congo, **1**:54, 56–57
 - in Denmark, **4**:84–85
 - in Dominican Republic, **2**:135–136
 - in Ecuador, **2**:146–147
 - in Egypt, **1**:67–69
 - in El Salvador, **2**:157–158
 - in Eritrea, **1**:75, 77
 - in Estonia, **4**:96–97
 - in Ethiopia, **1**:86–88
 - in Finland, **4**:103–104
 - in France, **4**:110–111
 - in French Caribbean, **2**:167
 - in French Guiana, **2**:176
 - in Georgia, **4**:122–123
 - in Germany, **4**:130–131
 - in Ghana, **1**:94–97
 - in Greece, **4**:140
 - in Greenland, **2**:186–187
 - in Guam, **3**:70–71
 - in Guatemala, **2**:199–200
 - in Guiana, **2**:211–212
 - in Haiti, **2**:221–222
 - in Honduras, **2**:233
 - in Hungary, **4**:149–150
 - in Iceland, **4**:159
 - in India, **3**:77, 83–84
 - in Indonesia, **3**:96–97
 - in Iran, **1**:107–109
 - in Iraq, **1**:117
 - in Ireland, **4**:166–167
 - in Israel, **1**:124
 - in Italy, **4**:179–180
 - in Ivory Coast, **1**:129
 - in Jamaica, **2**:242–243
 - in Japan, **3**:108–110
 - in Jordan, **1**:138–140
 - in Kazakhstan, **3**:120–121
 - in Kenya, **1**:156–158
 - in Kosovo, **4**:185, 191–192
 - in Kyrgyzstan, **3**:127
 - in Laos, **3**:139
 - in Latvia, **4**:198–199, 201–202
 - in Lebanon, **1**:177–178
 - in Lesotho, **1**:185
 - in Liberia, **1**:195–196
 - in Libya, **1**:200, 203–204
 - in Lithuania, **4**:209
 - in Macedonia, **4**:267
 - in Malawi, **1**:215–217
 - in Malaysia, **3**:148–150
 - in Maldives, **3**:159–160
 - in Mali, **1**:223–224
 - in Malta, **4**:219–221
 - in Melanesia, **3**:168–169
 - in Mexico, **2**:253–254
 - in Micronesia, **3**:178–180
 - in Mongolia, **3**:187–188
 - in Morocco, **1**:229
 - in Myanmar, **3**:199
 - in Namibia, **1**:237–239
 - in Nepal, **3**:209–210
 - in Netherlands, **4**:229
 - in Netherlands Antilles, **2**:267
 - in New Zealand, **3**:218–219
 - in Nicaragua, **2**:277–278
 - in Nigeria, **1**:247–248
 - in North Korea, **3**:232–233
 - in Norway, **4**:237–238
 - in Organization of Eastern Caribbean States, **2**:295–296
 - in Pakistan, **3**:242–243
 - in Palestine, **1**:254, 256–257
 - in Panama, **2**:304–305
 - in Paraguay, **2**:313–314
 - in Peru, **2**:323
 - in Philippines, **3**:247–248, 252
 - in Poland, **4**:249–250
 - in Polynesia, **3**:262–263
 - in Portugal, **4**:257–258
 - in Puerto Rico, **2**:331–332
 - in Republic of the Congo, **1**:264–265
 - in Romania, **4**:276
 - in Russia, **4**:290–293
 - in Rwanda, **1**:276, 279
 - in Saudi Arabia, **1**:168–169
 - in Senegal, **1**:284–285
 - in Serbia, **4**:301–302
 - in Sierra Leone, **1**:291
 - in Singapore, **3**:273–275
 - in Slovakia, **4**:310–312
 - in Slovenia, **4**:318–319
 - in Somalia, **1**:298–299
 - in South Africa, **1**:306–309
 - in South Korea, **3**:281–282
 - in South Sudan, **1**:317–318
 - in Spain, **4**:323–324
 - in Sri Lanka, **3**:292–293
 - in Sudan, **1**:327–328
 - in Suriname, **2**:349–350
 - in Sweden, **4**:337–338
 - in Switzerland, **4**:347
 - in Syria, **1**:332, 335–336
 - in Taiwan, **3**:308–309
 - in Tajikistan, **3**:317–318
 - in Thailand, **3**:325–326
 - in Trinidad and Tobago, **2**:340–341
 - in Tunisia, **1**:350
 - in Turkey, **4**:355–356, 359–360
 - in Ukraine, **4**:368–370
 - in United Arab Emirates, **1**:358–359
 - in United Kingdom, **4**:381–382

- in United States, 2:364–367
- in Uruguay, 2:377–378
- in Uzbekistan, 3:340–341, 343–344
- in Venezuela, 2:391–392
- in Vietnam, 3:353–354
- in Yemen, 1:273
- Family planning. *See* Reproductive rights
- Farias, Jacqueline, 2:392
- Faroe Islands, 4:86
- Fat activism, 3:222
- Fathy, Inas, 1:207
- Fatiman, Cecile, 2:222–223
- Fawcett, Millicent, 4:383
- Fazlalizadeh, Tatyana, 2:369
- Federated States of Micronesia (FSM). *See* Micronesia
- Fédération des Associations des Femmes du Sénégal (FAFS), 1:285
- Federation of Cuban Women (FMC), 2:120, 121, 123
- Federation of South African Women (FEDSAW), 1:313
- Federation of the West Indies, 2:80
- Female circumcision (female genital cutting; female genital mutilation), 1:36
 - in Brunei, 3:299
 - in Central African Republic, 1:48
 - in Egypt, 1:63, 66–67
 - in Eritrea, 1:78–79
 - in Ghana, 1:100
 - in Iran, 1:105–106
 - in Ivory Coast, 1:128
 - in Kenya, 1:161–162
 - in Liberia, 1:193–194
 - in Libya, 1:201
 - in Malaysia, 3:146
 - in Mali, 1:221–222
 - in Nigeria, 1:245
 - in Republic of the Congo, 1:261
 - in Russia, 4:283
 - in Senegal, 1:284, 285
 - in Sierra Leone, 1:288
 - in Somalia, 1:300
 - in Sudan, 1:326–327
 - in Sweden, 4:335
 - in Zimbabwe, 1:369
- Female-headed households
 - in Bahamas, Barbados, and Turks and Caicos Islands, 2:22
 - in Bermuda, 2:39
 - in Costa Rica, 2:114
 - in Egypt, 1:68
 - in Iraq, 1:119
- Female Solidarity for Integrated Peace and Development (SOFEPADI), 1:60
- Female Youth Employment Initiative (FYEI; Afghanistan), 1:6
- Femicide
 - in Argentina, 2:4
 - in Chile, 2:94
 - in Dominican Republic, 2:138
 - in Ecuador, 2:148
 - in El Salvador, 2:160
 - in Guatemala, 2:191, 203–204
 - in Honduras, 2:235
 - in Mexico, 2:256–257
 - in Uruguay, 2:378
- Feminine League for Social Action (Haiti), 2:223
- Feminism
 - in Armenia, 4:13
 - in Australia, 3:7–9
 - in Bahrain, 1:24
 - in Bangladesh, 3:23
 - in Belarus, 4:29
 - in Brazil, 2:56–57
 - in Canada, 2:73
 - in Central African Republic, 1:48–49
 - in China, 3:64
 - in Croatia, 4:68
 - in Czech Republic, 4:74–75
 - in Denmark, 4:86
 - in Egypt, 1:63, 69–70
 - in France, 4:112
 - in Haiti, 2:222–223
 - in Honduras, 2:235–236
 - in Iceland, 4:155, 156
 - in India, 3:86
 - in Indonesia, 3:99–100
 - in Iran, 1:111
 - in Japan, 3:111, 112
 - in Kyrgyzstan, 3:128
 - in Lebanon, 1:178–179
 - in Libya, 1:206–207
 - in Malaysia, 3:150–151
 - in Namibia, 1:240–241
 - in Nepal, 3:211
 - in New Zealand, 3:221, 222
 - in Norway, 4:238–239
 - in Philippines, 3:253
 - in Poland, 4:251
 - in Polynesia, 3:263
 - among Roma, 4:263
 - in Russia, 4:295–296
 - in South Sudan, 1:321
 - in Spain, 4:325
 - in Sri Lanka, 3:295
 - in Sweden, 4:339
 - in Switzerland, 4:348–349
 - in Taiwan, 3:310
 - in Tunisia, 1:352
 - in Ukraine, 4:373
 - in Venezuela, 2:389, 390
 - in Vietnam, 3:355
 - in Zimbabwe, 1:374
- Feminist Initiative (political party; Sweden), 4:339
- Feminist Revolutionary Party (Mexico), 2:255
- Fernandes, Maria da Penha, 2:61
- Fernández de Kirchner, Cristina, 2:8–9
- Fernando, Nimalka, 3:293
- Ferraro, Geraldine, 2:369
- Ferré, Rosario, 2:334
- Ferrier, Johan, 2:350
- Ferry, Jules, 4:107
- Fertility
 - in Australia, 3:5–6
 - in Austria, 4:18
 - in Bahrain, 1:21, 22
 - in Bangladesh, 3:16
 - in Botswana, 1:30
 - in Cambodia, 3:41
 - in Cayman Islands, 2:81
 - in Central African Republic, 1:43, 45
 - in Democratic Republic of Congo, 1:54
 - in Eritrea, 1:74, 75
 - in Ethiopia, 1:87–88
 - in Finland, 4:102
 - in Georgia, 4:122–123
 - in Iran, 1:108
 - in Ireland, 4:163
 - in Italy, 4:174, 179–180
 - in Japan, 3:109–110
 - in Jordan, 1:139
 - in Lebanon, 1:176
 - in Lithuania, 4:206
 - in Macedonia, 4:265
 - in Malaysia, 3:149
 - in Maldives, 3:156
 - in Netherlands Antilles, 2:266
 - in New Zealand, 3:218–219
 - in Nicaragua, 2:275
 - in Norway, 4:235
 - in Palestine, 1:257
 - in Peru, 2:319, 321
 - in Poland, 4:246
 - in Polynesia, 3:259, 261
 - in Singapore, 3:274–275
 - in South Africa, 1:302, 307
 - in Taiwan, 3:308–309
 - in Turkey, 4:359
 - in United States, 2:366
 - in Yemen, 1:273
 - in Zimbabwe, 1:372
- Al-Fihri, Fatima, 1:227
- Fiji, 3:162
 - See also* Melanesia
- Film
 - in Belgium, 4:37
 - in India, 3:90
 - in Iran, 1:110
 - in Mexico, 2:258
 - in Norway, 4:237
 - in Spain, 4:326–327
- Finland, 4:100–105
- Firmina dos Reis, Maria, 2:56
- First Nations, 2:65
 - See also* Indigenous peoples
- Flores Amaya, Mecacla, 4:329
- Flores Facussé, Carlos, 2:228
- Floresta, Nisia, 2:56
- Foad, Vivian, 1:66
- Forçadas i Vila, Teresa, 4:328

- Forcadell, Carme, **4**:327–328
- Forced labor
- in Guyana, **2**:213
 - in Lebanon, **1**:180
 - in Romania, **4**:272–273
 - in Vietnam, **3**:349
- Forced marriage
- in India, **3**:83
 - in Kazakhstan, **3**:122–123
 - in Mali, **1**:223
 - in Melanesia, **3**:163–164
 - in Myanmar, **3**:196
 - among Roma, **4**:148
 - in South Sudan, **1**:317
 - in Tajikistan, **3**:313–314, 317
 - in Turkey, **4**:355–356
 - United Nations General Assembly resolution on, **4**:431–432
- Foreign-born woman. *See* Immigration and immigrants
- Forestry, **3**:212
- Foro Nacional de la Mujer (National Women's Forum; Guatemala), **2**:200–201
- Foster, Arlene, **4**:382
- Foster, Graça, **2**:57
- Fox, Vicente, **2**:258
- Fracking (hydraulic fracturing), **3**:11
- France, **4**:106–116
- Algeria under, **1**:11
 - Cambodia under, **3**:37
 - French Caribbean under, **2**:164–165
 - French Guiana under, **2**:172, 173
 - Haitian independence from, **2**:216, 222–223
 - Ivory Coast under, **1**:127
 - Laos under, **3**:133
 - migration from French Caribbean to, **2**:169–170
 - Morocco under, **1**:230
 - Vietnam under, **3**:348
- Francis (pope), **2**:9, 315
- Franco, Francisco, **4**:322
- Frank, Liz, **1**:238
- French (language)
- Académie Française to preserve, **4**:113
 - gender in, **4**:116
- French Caribbean, **2**:164–170
- French Equatorial Africa, **1**:41
- French Guiana, **2**:172–177
- French Indochina, **3**:37, 133, 348
- French Revolution, **4**:106
- French Sudan (Mali), **1**:282
- Fuerzas armadas revolucionarias de Colombia (FARC; Colombia), **2**:98
- Fu, Grace, **3**:275
- Fujimori, Alberto, **2**:318
- Funes, Mauricio, **2**:158
- Furra (queen, Ethiopia), **1**:90
- GABRIELA (organization; Philippines), **3**:252–253
- Galindo, Hermilia, **2**:255
- Gang violence
- in El Salvador, **2**:160
 - in Honduras, **2**:230
- al-Gaoud, Latifa, **1**:24
- Gaprindashvili, Nona, **4**:119
- Garcia, Amalia, **2**:254
- García Pérez, Alan, **2**:318
- Garvey, Marcus, **2**:243
- Gaskin, Winifred, **2**:212
- Gates, Sir Thomas, **2**:34
- Gay, Judith, **1**:188
- Gayoom, Maumoon Abdul, **3**:160
- Gaza Strip (Palestine), **1**:253
- See also* Palestine
- Gbowee, Leymah, **1**:191, 197
- Geerlings-Simons, Jennifer, **2**:351
- Gender
- in abortion choices, **4**:4, 124
 - in language, **4**:116
- Gender-based violence (GBV). *See* Violence against women
- Gender Equality Project II (GEP-II), on Afghanistan, **1**:2
- Gender identity
- in Belgium, **4**:36
 - in Malta, **4**:220–221
- Gender orientation, in Malta, **4**:220–221
- Gender segregation
- in Israel, **1**:125–126
 - in Saudi Arabia, **1**:164–165, 168, 170
- Gender-selective abortion, **4**:4
- General Union of Women's Associations (Libya), **1**:206–207
- General Women's Union (UAE), **1**:360
- Genocide
- in Armenia, **4**:8
 - in Cambodia, **3**:37, 42, 48–49
 - in Rwanda, **1**:277
- Geoghan-Quinn, Maire, **4**:167
- Georgia, **4**:118–124
- Geréb, Ágnes, **4**:146
- Germany, **4**:126–133
- Basic Law for, **4**:390
- Ghana, **1**:92–101
- Constitution of, **4**:408
- Ghandour, Fatima, **1**:207
- Gharti, Sanju, **3**:207
- Gharur, Fawzia, **1**:201
- Girl brides. *See* Child marriage
- Girls and teens
- in Afghanistan, **1**:2–3
 - in Albania, **4**:2–3
 - in Argentina, **2**:3–4
 - in Armenia, **4**:8–9
 - in Australia, **3**:2–4
 - in Austria, **4**:15–16
 - in Bahamas, Barbados, and Turks and Caicos Islands, **2**:16–18
 - in Bahrain, **1**:20
 - in Bangladesh, **3**:17–18
 - in Belarus, **4**:25–26
 - in Belgium, **4**:34
 - in Belize, **2**:28–29
 - in Bermuda, **2**:35
 - in Bhutan, **3**:27–29
 - in Bolivia, **2**:45
 - in Bosnia and Herzegovina, **4**:41–42
 - in Botswana, **1**:28–29
 - in Brazil, **2**:52–53
 - in Brunei, **3**:297–298
 - in Bulgaria, **4**:51–52
 - in Burkina Faso, **1**:33–35
 - in Cambodia, **3**:38–41
 - in Canada, **2**:65–67
 - in Cayman Islands, **2**:80–81
 - in Central African Republic, **1**:41–42
 - in Chile, **2**:87–88
 - in China, **3**:53–56
 - in Colombia, **2**:99–101
 - in Costa Rica, **2**:109–110
 - in Croatia, **4**:62–63
 - in Cuba, **2**:120–121
 - in Czech Republic, **4**:72–73
 - in Democratic Republic of Congo, **1**:53–54
 - in Denmark, **4**:81–82
 - in Dominican Republic, **2**:132–133
 - in Ecuador, **2**:142–144
 - in Egypt, **1**:63
 - in El Salvador, **2**:153–154
 - in Eritrea, **1**:74–75
 - in Estonia, **4**:92–93
 - in Ethiopia, **1**:81–82
 - in Finland, **4**:101–102
 - in France, **4**:107–108
 - in French Caribbean, **2**:165–166
 - in French Guiana, **2**:174
 - in Georgia, **4**:119
 - in Germany, **4**:128–129
 - in Greece, **4**:137–138
 - in Greenland, **2**:181–184
 - in Guam, **3**:67–68
 - in Guatemala, **2**:192–194
 - in Guiana, **2**:208–209
 - in Haiti, **2**:217–218
 - in Honduras, **2**:228–229
 - in Hungary, **4**:147–148
 - in Iceland, **4**:156
 - in India, **3**:77–80
 - in Indonesia, **3**:93–94
 - in Iran, **1**:102–105
 - in Ireland, **4**:164–165
 - in Israel, **1**:121
 - in Italy, **4**:175–176
 - in Ivory Coast, **1**:127–128
 - in Jamaica, **2**:240–241
 - in Japan, **3**:104–106
 - in Jordan, **1**:136–137
 - in Kazakhstan, **3**:117–118
 - in Kosovo, **4**:185
 - in Kyrgyzstan, **3**:125
 - in Laos, **3**:134–137
 - in Latvia, **4**:198–200

- in Lebanon, **1**:174–175
- in Liberia, **1**:192
- in Libya, **1**:200
- in Lithuania, **4**:206–207
- in Macedonia, **4**:262–265
- in Malawi, **1**:211–213
- in Malaysia, **3**:143–144
- in Maldives, **3**:155–156
- in Malta, **4**:216
- in Melanesia, **3**:163–166
- in Mexico, **2**:249–250
- in Micronesia, **3**:175–176
- in Mongolia, **3**:184–185
- in Morocco, **1**:226–227
- in Myanmar, **3**:195–197
- in Nepal, **3**:206–208
- in Netherlands, **4**:227–228
- in Netherlands Antilles, **2**:264
- in New Zealand, **3**:214–215
- in Nicaragua, **2**:273–274
- in North Korea, **3**:227–230
- in Norway, **4**:234–235
- in Organization of Eastern Caribbean States, **2**:285–289
- in Pakistan, **3**:239–240
- in Palestine, **1**:253–254
- in Panama, **2**:301
- in Paraguay, **2**:310–311
- in Peru, **2**:319–320
- in Philippines, **3**:247–249
- in Poland, **4**:245–246
- in Polynesia, **3**:259–260
- in Portugal, **4**:255–256
- in Puerto Rico, **2**:330–331
- in Republic of the Congo, **1**:261
- in Romania, **4**:272–274
- in Russia, **4**:281–282
- in Rwanda, **1**:276
- in Saudi Arabia, **1**:164–165
- in Senegal, **1**:282–283
- in Serbia, **4**:299–300
- in Sierra Leone, **1**:288
- in Singapore, **3**:270–271
- in Slovakia, **4**:306–307
- in Slovenia, **4**:315–316
- in Somalia, **1**:295–296
- in South Africa, **1**:302, 313
- in South Korea, **3**:278–280
- in Sri Lanka, **3**:289–291
- in Sudan, **1**:323–325
- in Suriname, **2**:347–348
- in Sweden, **4**:331–334
- in Switzerland, **4**:344–345
- in Taiwan, **3**:305–307
- in Tajikistan, **3**:313–315
- in Thailand, **3**:322
- in Trinidad and Tobago, **2**:338–339
- in Tunisia, **1**:344–345
- in Turkey, **4**:355–358
- in Turkmenistan, **3**:332–333
- in United Arab Emirates, **1**:355
- in United Kingdom, **4**:377–378
- in United States, **2**:358–361
- in Uruguay, **2**:374–375
- in Uzbekistan, **3**:340–341
- in Venezuela, **2**:386–388
- in Vietnam, **3**:349–351
- virginity testing for, **1**:369–370
- in Yemen, **1**:269–271
- Girls' Empowerment Network (Malawi), **1**:217
- Girl Up (organization), **2**:365
- Giroud, Françoise, **4**:112
- Gold Coast. *See* Ghana
- Goodluck, Jonathan Ebele, **1**:243
- Gordimer, Nadine, **1**:303
- Gordon-Banks, Dame Pamela, **2**:34
- Gordon-Pamplin, Patricia, **2**:39–40
- Graffiti, **1**:71–72
- Gran Colombia, La, **2**:97, 141, 385
- Grandes, Almudena, **4**:328
- Grant, Sir John Peter, **2**:239
- Great Britain. *See* United Kingdom
- Greece, **4**:134–141
- Greek Orthodox Church, **4**:140
- Green Belt Movement (Kenya), **1**:158, 162
- Greenland, **2**:179–189, **4**:86
- Greenlandic Inuit (people), **2**:179, 187–188
- Greenlight for Girls (organization; Democratic Republic of Congo), **1**:53–54
- Grenada, **2**:284, 286, 291, 294
- Grenadines, **2**:284, 287–288, 295
- Grey, Sandra, **3**:216
- Gripenberg, Aleksandra, **4**:104
- Gross National Happiness (GNH), in Bhutan, **3**:34
- Guadeloupe, **2**:164, 165
- See also* French Caribbean
- Guam, **3**:67–74, 174
- Guantánamo Bay (Cuba), **2**:127
- Guaraní (people), **2**:310
- Guatemala, **2**:190–205
- Guatemalan Women's Group, **2**:199
- Guerrilla wars. *See* Civil warfare
- Guyana, **2**:207–214
- conflicts between Venezuela and, **2**:385
- Gyanendra (king, Nepal), **3**:205
- Gypsies (people). *See* Roma
- Habbani, Amal, **1**:329
- Haddad, Tahar, **1**:351
- Hadi, Abdrabbuh Mansour, **1**:269
- Hafath, Nada, **1**:24
- Hagman, Lucina, **4**:104
- Haile Selassie I (king, Ethiopia), **2**:243
- Haiti, **2**:216–225
- Dominican Republic and, **2**:130–132
- Halimi, Gisèle, **4**:109
- Hamad bin Isa Al Khalifa (king, Bahrain), **1**:19–20
- Hamed, Amira Osman, **1**:329
- Han (people), **3**:51, 304
- Han Myung-sook, **3**:283
- Hanouné, Louisa, **1**:12, 16
- Hara, Kimi, **3**:106
- Harald V (king, Norway), **4**:238
- Harassment
 - in Austria, **4**:22
 - in Belarus, **4**:31
 - in Belize, **2**:30
 - in Bolivia, **2**:48
 - in Costa Rica, **2**:115
 - in Czech Republic, **4**:78
 - in Dominican Republic, **2**:138
 - in Ecuador, **2**:150
 - in Egypt, **1**:71, 72
 - in Iraq, **1**:118–119
 - in Japan, **3**:113
 - in Jordan, **1**:143
 - in Latvia, **4**:203
 - in Lithuania, **4**:211
 - in Nepal, **3**:212
 - in New Zealand, **3**:218
 - in Palestine, **1**:259
 - in Republic of the Congo, **1**:264
 - South African legislation on, **1**:311
 - in Switzerland, **4**:350
 - in Trinidad and Tobago, **2**:343
 - in Ukraine, **4**:367–368
 - in United States, **2**:369
 - in Vietnam, **3**:356
- Haredi (people), **1**:121, 125
- Hariri, Rafik, **1**:179
- Haroldsson, Olav, **4**:234
- Hashemi, Faezeh, **1**:109
- Hasina, Sheikh, **3**:17, 283
- Hassani, Shamsia, **1**:9
- Hate crimes
 - in Norway, **4**:242
 - in Sweden, **4**:339
- Hathi, Sejal, **2**:361
- Health and health care
 - in Afghanistan, **1**:4–6
 - in Albania, **4**:3–4
 - in Algeria, **1**:12–13
 - in Argentina, **2**:5–7
 - in Armenia, **4**:10–11
 - in Australia, **3**:4–6
 - in Austria, **4**:16–17
 - in Bahamas, Barbados, and Turks and Caicos Islands, **2**:19–21, 24–25
 - in Bahrain, **1**:20–21
 - in Bangladesh, **3**:18–19
 - in Belarus, **4**:26
 - in Belgium, **4**:34
 - in Belize, **2**:29
 - in Bermuda, **2**:36–37
 - in Bhutan, **3**:29–30
 - in Bolivia, **2**:45–46
 - in Bosnia and Herzegovina, **4**:42–43
 - in Botswana, **1**:29–30
 - in Brazil, **2**:54–55
 - in Brunei, **3**:299–300
 - in Bulgaria, **4**:52–54

Health and health care (*Continued*)

- in Burkina Faso, 1:35–36
 - in Cambodia, 3:41–43
 - in Canada, 2:67–69
 - in Cayman Islands, 2:81–82
 - in Central African Republic, 1:42–43
 - in Chile, 2:88–89
 - in China, 3:57–59
 - in Colombia, 2:101–102
 - in Costa Rica, 2:110–111
 - in Croatia, 4:63
 - in Cuba, 2:120–122
 - in Czech Republic, 4:74
 - in Democratic Republic of Congo, 1:54
 - in Denmark, 4:82–83
 - in Dominican Republic, 2:133–134
 - in Ecuador, 2:144–145
 - in Egypt, 1:65–67
 - in El Salvador, 2:155–156
 - in Eritrea, 1:75–76
 - in Estonia, 4:93–95
 - in Ethiopia, 1:82–84
 - in Finland, 4:102–103
 - in France, 4:108–110
 - in French Caribbean, 2:166
 - in French Guiana, 2:174–175
 - in Georgia, 4:119–120
 - in Ghana, 1:95–96
 - in Greece, 4:138–139
 - in Greenland, 2:184–185
 - in Guam, 3:68–69
 - in Guatemala, 2:194–197
 - in Guiana, 2:209–210
 - in Haiti, 2:219–221
 - in Honduras, 2:230–231
 - in Hungary, 4:145–147
 - in Iceland, 4:156–157
 - in India, 3:80–82
 - in Indonesia, 3:94–95
 - in Iran, 1:105–107
 - in Iraq, 1:116–117
 - in Israel, 1:122–123
 - in Italy, 4:176–177
 - in Ivory Coast, 1:128–129
 - in Jamaica, 2:241–242
 - in Japan, 3:106–107
 - in Jordan, 1:140
 - in Kazakhstan, 3:118–119
 - in Kenya, 1:151–154
 - in Kosovo, 4:185–187
 - in Kyrgyzstan, 3:126
 - in Laos, 3:137–138
 - in Latvia, 4:200–201
 - in Lebanon, 1:175–177
 - in Lesotho, 1:183–184
 - in Liberia, 1:192–194, 198–199
 - in Libya, 1:201–202
 - in Lithuania, 4:207
 - in Macedonia, 4:265–266
 - in Malawi, 1:213–214
 - in Malaysia, 3:145–146
 - in Maldives, 3:156–157
 - in Mali, 1:221–222
 - in Malta, 4:216–217
 - in Melanesia, 3:166–168
 - in Mexico, 2:249–252
 - in Micronesia, 3:176–177
 - in Mongolia, 3:188–189
 - in Morocco, 1:227–228
 - in Myanmar, 3:198
 - in Namibia, 1:235–236
 - in Nepal, 3:207–209
 - in Netherlands, 4:228
 - in Netherlands Antilles, 2:266–267
 - in New Zealand, 3:215–217
 - in Nicaragua, 2:275–276
 - in Nigeria, 1:244–246
 - in North Korea, 3:230–231
 - in Norway, 4:235
 - in Organization of Eastern Caribbean States, 2:294
 - in Pakistan, 3:240–241
 - in Palestine, 1:254–256
 - in Panama, 2:302–303
 - in Paraguay, 2:311
 - in Peru, 2:320–322
 - in Philippines, 3:249–251
 - in Poland, 4:246–248
 - in Polynesia, 3:261
 - in Portugal, 4:256
 - in Puerto Rico, 2:331
 - in Republic of the Congo, 1:262
 - in Romania, 4:274–275
 - in Russia, 4:282–285
 - in Rwanda, 1:278–279
 - in Saudi Arabia, 1:165–167
 - in Senegal, 1:283–284
 - in Serbia, 4:300–301
 - in Sierra Leone, 1:289–290
 - in Singapore, 3:272–273
 - in Slovakia, 4:307–309
 - in Slovenia, 4:316–317
 - in Somalia, 1:297–298
 - in South Africa, 1:303–305
 - in South Korea, 3:280
 - in South Sudan, 1:316
 - in Spain, 4:322
 - in Sri Lanka, 3:291–292
 - in Sudan, 1:325–327
 - in Suriname, 2:348–349
 - in Sweden, 4:334–335
 - in Switzerland, 4:344
 - in Syria, 1:332–333
 - in Taiwan, 3:307–308
 - in Tajikistan, 3:315–316
 - in Thailand, 3:322–324
 - in Trinidad and Tobago, 2:339–340
 - in Tunisia, 1:345–348
 - in Turkey, 4:358–359
 - in Turkmenistan, 3:334–335
 - in Ukraine, 4:370–372
 - in United Arab Emirates, 1:355–356
 - in United Kingdom, 4:378–379
 - in United States, 2:361–363
 - in Uruguay, 2:375–377
 - in Uzbekistan, 3:341–342
 - in Venezuela, 2:388–390
 - in Vietnam, 3:351–353
 - in Yemen, 1:271–272
 - in Zimbabwe, 1:366–370
- Heart disease
- in Bolivia, 2:46
 - in Bulgaria, 4:53
 - in Cuba, 2:122
 - in Norway, 4:235
 - in Singapore, 3:272
 - in Uruguay, 2:377
- Hepatitis, 1:66, 3:352
- Herzegovina. *See* Bosnia and Herzegovina
- Hesse-Bayne, Lebrechtta Nana Oye, 2:285
- Heterosexuality, 3:179–180
- Hewlett, Sylvia Ann, 3:108
- Hidalgo, Matilde, 2:147
- Higher education
- in Albania, 4:3
 - in Argentina, 2:4
 - in Bahrain, 1:20
 - in Belarus, 4:27
 - in Botswana, 1:29
 - in Brazil, 2:54
 - in Brunei, 3:299
 - in Canada, 2:67
 - in Chile, 2:88
 - in China, 3:56
 - in Colombia, 2:99
 - in Croatia, 4:62
 - in Denmark, 4:83
 - in Egypt, 1:70
 - in El Salvador, 2:154
 - in Ethiopia, 1:85
 - in Georgia, 4:121–122
 - in Greece, 4:138
 - in Greenland, 2:183–184
 - in Guam, 3:68
 - in Haiti, 2:219
 - in Iceland, 4:158
 - in Iran, 1:104–105
 - in Israel, 1:122
 - in Italy, 4:178
 - in Jordan, 1:136–137
 - in Kenya, 1:150
 - in Kosovo, 4:188
 - in Laos, 3:136
 - in Libya, 1:201
 - in Macedonia, 4:264–265
 - in Malta, 4:216
 - in Mongolia, 3:185
 - in Morocco, 1:227
 - in Myanmar, 3:197
 - in New Zealand, 3:215
 - in Nigeria, 1:244
 - in North Korea, 3:229–230
 - in Norway, 4:236

- in Palestine, 1:254
- in Paraguay, 2:311
- in Peru, 2:320
- in Philippines, 3:248–249
- in Poland, 4:245–246
- in Portugal, 4:255–256
- in Puerto Rico, 2:330–331
- in Republic of the Congo, 1:261
- in Russia, 4:288
- in Slovakia, 4:307
- in Slovenia, 4:316
- in South Africa, 1:302–303
- in Spain, 4:322–323
- in Sudan, 1:324
- in Suriname, 2:347–348
- in Sweden, 4:333–334
- in Tajikistan, 3:315
- in Turkey, 4:357–358
- in Turkmenistan, 3:333
- in United Arab Emirates, 1:357
- in United States, 2:360
- in Uruguay, 2:375
- in Uzbekistan, 3:341
- in Venezuela, 2:388
- in Vietnam, 3:351
- in Yemen, 1:271
- in Zimbabwe, 1:365
- Hijab. *See* Attire
- Hinduism
 - in Bhutan, 3:34
 - in French Caribbean, 2:168
 - in Guyana, 2:212–213
 - in India, 3:77, 88
 - marriage and divorce in, 3:84
 - in Nepal, 3:211
- Hiratsuka, Raicho, 3:111
- Hirofumi, Nakasone, 3:73
- Hispaniola
 - Dominican Republic on, 2:130–138
 - Haiti on, 2:216–225
- Hitler, Adolf, 4:72, 126, 305
- HIV/AIDS
 - in Argentina, 2:4, 6
 - in Australia, 3:4
 - in Bahamas, Barbados, and Turks and Caicos Islands, 2:17, 21
 - in Belize, 2:29
 - in Bermuda, 2:36
 - in Bosnia and Herzegovina, 4:48–49
 - in Botswana, 1:29, 30
 - in Brunei, 3:301
 - in Burkina Faso, 1:36
 - in Cambodia, 3:42
 - in Canada, 2:68–69
 - in Cayman Islands, 2:82
 - in Central African Republic, 1:43, 48
 - in Chile, 2:89
 - in China, 3:58
 - in Colombia, 2:102
 - in Cuba, 2:122
 - in Democratic Republic of Congo, 1:54
 - in Denmark, 4:82
 - in Dominican Republic, 2:134
 - in Egypt, 1:66
 - in El Salvador, 2:156
 - in Estonia, 4:94
 - in Ethiopia, 1:84
 - in French Guiana, 2:175
 - in Ghana, 1:96
 - in Grenada, 2:286
 - in Guatemala, 2:196
 - in Guiana, 2:210, 213–214
 - in Haiti, 2:220
 - in Honduras, 2:231
 - in Iceland, 4:156–157
 - in India, 3:82
 - in Indonesia, 3:95
 - in Iran, 1:106
 - in Ivory Coast, 1:129
 - in Jamaica, 2:242
 - in Kazakhstan, 3:118
 - in Kenya, 1:151, 152–153
 - in Kosovo, 4:187
 - in Laos, 3:138
 - in Latvia, 4:201
 - in Lebanon, 1:176–177
 - in Lesotho, 1:184
 - in Liberia, 1:194
 - in Libya, 1:201–202
 - in Malawi, 1:213–214
 - in Melanesia, 3:167
 - in Mexico, 2:250–251
 - in Mongolia, 3:189
 - in Morocco, 1:227
 - in Myanmar, 3:198
 - in Namibia, 1:236
 - in Nepal, 3:209
 - in Netherlands Antilles, 2:266–267
 - in Nicaragua, 2:276
 - in Nigeria, 1:246
 - in North Korea, 3:231
 - in Organization of Eastern Caribbean States, 2:288–289
 - in Palestine, 1:255
 - in Panama, 2:302–303
 - in Paraguay, 2:311
 - in Peru, 2:322
 - in Poland, 4:247
 - in Puerto Rico, 2:331, 335
 - in Republic of the Congo, 1:262
 - in Russia, 4:284–285
 - in Rwanda, 1:278, 279
 - in Slovakia, 4:309
 - in Slovenia, 4:317
 - in South Africa, 1:305
 - in Suriname, 2:349
 - in Thailand, 3:324
 - in Trinidad and Tobago, 2:340
 - in Tunisia, 1:347
 - in Turkmenistan, 3:334–335
 - in Ukraine, 4:371
 - in United States, 2:362–363
 - in Uzbekistan, 3:342
 - in Venezuela, 2:390
 - in Vietnam, 3:352
 - in Zimbabwe, 1:368–369
 - Homosexuality
 - in Afghanistan, 1:10
 - in Algeria, 1:17
 - in Bahrain, 1:23
 - in Canada, 2:74
 - in Cayman Islands, 2:83
 - in Democratic Republic of Congo, 1:57
 - Islam on, 1:171, 3:102
 - in Malawi, 1:216
 - in Senegal, 1:285
 - in Syria, 1:336
 - See also* LGBTQ+ issues
 - Honduras, 2:227–237
 - Honor killings, 1:119, 337–338
 - Household structure. *See* Family life
 - Housemaids, 1:144–145
 - Housework. *See* Family life
 - Housing, in Australia, 3:7
 - Al-Houthi, Hussein Badr al-Din, 1:269
 - Houthis (people), 1:269
 - Howard, John, 3:10
 - HPV vaccine, 4:137, 285
 - Human development
 - in Bahamas, Barbados, and Turks and Caicos Islands, 2:16
 - in Kenya, 1:149
 - in United Arab Emirates, 1:355
 - in Yemen, 1:269
 - Human rights
 - in Belgium, 4:36
 - in Cuba, 2:124–125
 - in El Salvador, 2:161
 - in Eritrea, 1:78
 - in Georgia, 4:118
 - in Guatemala, 2:205
 - in Honduras, 2:236–237
 - “Joint Statement on Ending Acts of Violence and Related Human Rights Violations Based on Sexual Orientation and Gender Identity,” 4:427–428
 - in Libya, 1:207–208
 - in Myanmar, 3:195
 - in Republic of the Congo, 1:266
 - in Russia, 4:296–297
 - in Serbia, 4:304–305
 - in Turkmenistan, 3:336
 - Human trafficking
 - actions against, 1:15
 - in Argentina, 2:10
 - in Armenia, 4:9
 - in Australia, 3:12
 - in Bahamas, Barbados, and Turks and Caicos Islands, 2:25
 - in Bahrain, 1:26
 - in Belarus, 4:31
 - in Belgium, 4:39
 - in Bosnia and Herzegovina, 4:47–48

Human trafficking (*Continued*)

- in Botswana, 1:32
- in Brunei, 3:301
- in Bulgaria, 4:58
- in Cambodia, 3:46–47
- in Canada, 2:76–77
- in Cayman Islands, 2:85
- in Costa Rica, 2:111
- in Croatia, 4:68
- in Czech Republic, 4:78–79
- in Democratic Republic of Congo, 1:61
- in Denmark, 4:88
- in Eritrea, 1:79
- in Estonia, 4:98
- in Ethiopia, 1:81–82
- in French Guiana, 2:177
- in Georgia, 4:124
- in Guyana, 2:213
- in Haiti, 2:217
- in Honduras, 2:235
- in Hungary, 4:152–153
- in India, 3:89
- in Iran, 1:112–113
- in Ivory Coast, 1:133
- in Jamaica, 2:243–244
- in Laos, 3:135
- in Latvia, 4:204
- in Lebanon, 1:180
- in Lesotho, 1:188–189
- in Libya, 1:208
- in Lithuania, 4:212
- in Malawi, 1:212–213
- in Malaysia, 3:152
- in Maldives, 3:161
- in Malta, 4:222
- in Mexico, 2:258–259
- in Micronesia, 3:182
- in Morocco, 1:231
- in Myanmar, 3:196
- in Namibia, 1:242
- in Netherlands, 4:232
- in Netherlands Antilles, 2:269–270
- in Nigeria, 1:250–251
- in North Korea, 3:235
- in Pakistan, 3:244–245
- in Panama, 2:307
- in Paraguay, 2:315–316
- in Philippines, 3:255
- in Portugal, 4:260
- in Republic of the Congo, 1:267
- in Romania, 4:272–273
- in Saudi Arabia, 1:172
- in Senegal, 1:286
- in Serbia, 4:304
- in Singapore, 3:276
- South African legislation on, 1:311
- in South Sudan, 1:320–321
- in Suriname, 2:352
- in Sweden, 4:340
- in Syria, 1:339
- in Thailand, 3:329–330
- in Trinidad and Tobago, 2:342–343
- in United Arab Emirates, 1:355, 361–362
- in United Kingdom, 4:386
- in United States, 2:371
- in Uruguay, 2:380–381
- in Uzbekistan, 3:346
- in Venezuela, 2:387
- in Vietnam, 3:356
- Hungary, 4:144–153
- Hus, Jan, 4:71
- Hussain, Lubna, 1:329
- Hussein, Saddam, 1:115
- Hussites, 4:71–72
- Hutu (people), 1:52, 275–277, 280
- Hwang Kyo-ahn, 3:283
- Hybrid feminism, 4:151
- Hylton, Sybil Joyce, 2:84
- Ibrahim, Meriam, 1:329
- Iceland, 4:155–162
- Ich, Adolpho, 2:202
- Ichikawa, Fusae, 3:111
- Idrizi, Valdete, 4:194–195
- Igwesi, B. N., 1:247
- Imazighen (Berbers), 1:11
- Immigration and immigrants
 - to Argentina, 2:2
 - in Australia, 3:7
 - in Belize, 2:27–28
 - in Brazil, 2:52, 60–61
 - in Canada, 2:66–67
 - Cuban, 2:127
 - in Denmark, 4:87–88
 - from El Salvador to United States, 2:160
 - Ethiopian Jews, 1:126–127
 - expatriates, in Cayman Islands, 2:82–83
 - in France, 4:106, 114
 - in French Guiana, 2:175
 - in Germany, 4:127
 - Haitian, in Dominican Republic, 2:130, 132, 135
 - in Israel, 1:121
 - in Italy, 4:174–175
 - in Kenya, 1:148–149
 - in New Zealand, 3:219, 220
 - in Norway, 4:239–240
 - in Paraguay, 2:310
 - in Spain, 4:323, 326
 - from Suriname to Netherlands, 2:345, 352
 - in Sweden, 4:331, 334, 335, 340–341
 - in Uruguay, 2:381
 - See also* Refugees
- Inca Empire, 2:44, 317–318
- India, 3:76–90
 - conflicts between Pakistan and, 3:238
 - Constitution of, 4:390–391
 - partition of, 3:244
- Indigenous peoples
 - in Argentina, 2:2, 8, 10
 - in Australia, 3:1, 4, 9, 11–12 (*See also* Aboriginal Australians)
 - in Belize, 2:27
 - in Bolivia, 2:44
 - in Brazil, 2:50–52
 - in Canada, 2:65, 72
 - in Chile, 2:86, 94–95
 - in Colombia, 2:97
 - in Costa Rica, 2:116
 - in Cuba, 2:120, 126
 - in Dominican Republic, 2:131
 - in Ecuador, 2:143
 - in El Salvador, 2:160
 - in French Caribbean, 2:164
 - in Greenland, 2:179
 - in Guatemala, 2:191–192, 203–205
 - in Guiana, 2:209
 - in Guyana, 2:213
 - in Honduras, 2:227, 228, 237
 - in Jamaica, 2:239
 - in Mexico, 2:251–252
 - in New Zealand, 3:214, 222
 - in Nicaragua, 2:272
 - in Norway, 4:239
 - in Panama, 2:299, 300, 306
 - in Paraguay, 2:310
 - in Peru, 2:319, 321, 325–326
 - in Puerto Rico, 2:329–330
 - Roma (*See* Roma)
 - Sámi, 4:239, 241, 341
 - in Suriname, 2:345
 - in United States, 2:355
 - in Uruguay, 2:373
 - in Venezuela, 2:385, 394
- Indonesia, 3:92–102
- Inequality
 - in Bahrain, 1:26
 - in Bulgaria, 4:50–51
 - in Cambodia, 3:39–40
 - in Canada, 2:69–70
 - in Costa Rica, 2:112–113
 - in Croatia, 4:64
 - in Denmark, 4:84
 - in El Salvador, 2:160–161
 - in Estonia, 4:92
 - in Greenland, 2:188
 - in Guiana, 2:211
 - in Israel, 1:126
 - in Japan, 3:113
 - in Kenya, 1:155–156
 - in Lebanon, 1:177
 - in Libya, 1:202
 - in Malawi, 1:211
 - in Malaysia, 3:151–152
 - in Mali, 1:220
 - in Netherlands Antilles, 2:266
 - in Palestine, 1:256
 - in Poland, 4:249
 - in Portugal, 4:260
 - in Russia, 4:289
 - in Singapore, 3:273
 - in Slovakia, 4:313
 - in Slovenia, 4:317
 - in Somalia, 1:295

- in Syria, **1:338**
- in Ukraine, **4:366–367**
- in United Kingdom, **4:380**
- in Venezuela, **2:394**
- Inés de la Cruz, Sor Juana, **2:256**
- Infanticide, in China, **3:63**
- Infant mortality
 - in Albania, **4:4**
 - in Argentina, **2:4**
 - in Botswana, **1:30**
 - in Bulgaria, **4:51**
 - in Burkina Faso, **1:35**
 - in Cambodia, **3:41**
 - in Cuba, **2:120, 122**
 - in Egypt, **1:63**
 - in El Salvador, **2:155**
 - in Eritrea, **1:74**
 - in Ethiopia, **1:82**
 - in French Caribbean, **2:166**
 - in French Guiana, **2:176**
 - in Greenland, **2:184–185**
 - in Haiti, **2:219**
 - in Honduras, **2:231**
 - in Indonesia, **3:94–95**
 - in Ireland, **4:163**
 - in Israel, **1:122–123**
 - in Ivory Coast, **1:128–129**
 - in Jordan, **1:140**
 - in Kosovo, **4:186**
 - in Lebanon, **1:176**
 - in Liberia, **1:192–193**
 - in Malaysia, **3:146**
 - in Melanesia, **3:167**
 - in Micronesia, **3:175**
 - in Mongolia, **3:188**
 - in Morocco, **1:227**
 - in Nepal, **3:208**
 - in Palestine, **1:256**
 - in Philippines, **3:250–251**
 - in Polynesia, **3:261**
 - in Republic of the Congo, **1:262**
 - in Romania, **4:272**
 - in Russia, **4:284**
 - in Rwanda, **1:278**
 - in Sierra Leone, **1:289**
 - in Slovakia, **4:307**
 - in South Korea, **3:280**
 - in Switzerland, **4:345**
 - in Thailand, **3:323**
 - in Trinidad and Tobago, **2:339**
 - in United Arab Emirates, **1:355, 356**
 - in United Kingdom, **4:377–378**
 - in Venezuela, **2:386**
 - in Yemen, **1:272**
- Inheritance
 - in Algeria, **1:16**
 - in Bahrain, **1:23**
 - in Belarus, **4:29**
 - in Belgium, **4:36**
 - in Colombia, **2:98**
 - in Egypt, **1:68–69**
 - in Georgia, **4:123**
 - in Iceland, **4:161**
 - in India, **3:84–85**
 - in Iraq, **1:118**
 - in Ivory Coast, **1:130**
 - in Kenya, **1:157**
 - in Libya, **1:204**
 - in Mali, **1:224**
 - in Namibia, **1:238**
 - in Palestine, **1:257**
 - in Sierra Leone, **1:293**
 - in Syria, **1:339**
 - in Zimbabwe, **1:371**
- International Committee of the Red Cross, “Rule 93. Rape and Other Forms of Sexual Violence” of, **4:398–401**
- International Council of Women (ICW), **4:349**
- International Criminal Tribunal for Rwanda, **1:277**
- International Criminal Tribunal for the former Yugoslavia (ICTY), **4:304**
- International Federation for Human Rights (FIDH), **1:352**
- International Holocaust Remembrance Alliance (IHRA), **4:98**
- International Movement against All Forms of Discrimination and Racism (IMADR), **3:293**
- International Planned Parenthood Foundation (IPPF), **1:343**
- International Transgender Day of Remembrance, **2:358**
- International Women’s Day (IWD)
 - in Algeria, **1:16**
 - in Belize, **2:32**
 - in Cayman Islands, **2:84**
 - in Ivory Coast, **1:32**
 - Obama’s statement on, **4:419–420**
 - statement on, **4:409**
 - in United Arab Emirates, **1:361**
- International Women’s Suffrage Alliance (IWSA), **2:379**
- Internet, in Cuba, **2:124–125**
- Intimate partner violence (IPV). *See* Domestic violence
- In vitro fertilization, **4:17**
- Iran, **1:102–113**
- Iraq, **1:114–120**
- Iraq War, **1:115**
 - refugees of, **1:119–120**
 - women serving in, **2:370**
- Ireland, **4:163–172**
 - Constitution of, **4:389–390**
- Isakunova, Taalaygul, **3:127**
- Islam
 - in Afghanistan, **1:8–9**
 - in Algeria, **1:11, 14**
 - in Australia, **3:13**
 - in Bahrain, **1:19**
 - in Bangladesh, **3:16**
 - in Brunei, **3:296, 300**
 - in Canada, **2:76**
 - in Central African Republic, **1:47**
 - divorce under, **1:22–23**
 - in Ethiopia, **1:80**
 - gender roles in, **1:138–139**
 - in Ghana, **1:99**
 - homosexuality under, **1:10, 171, 3:102**
 - in India, **3:77, 88**
 - in Indonesia, **3:99–100**
 - inheritance in, **1:68**
 - in Iran, **1:112**
 - in Jordan, **1:142**
 - in Kazakhstan, **3:121–122**
 - in Malawi, **1:218**
 - in Maldives, **3:160**
 - marriage and divorce in, **3:84**
 - motherhood in, **1:68**
 - in Myanmar, **3:200–201**
 - in Nigeria, **1:250**
 - polygamy in, **3:149**
 - in Saudi Arabia, **1:164, 170–171**
 - in Sweden, **4:339**
 - in Syria, **1:337**
 - in Tajikistan, **3:318**
 - in Turkmenistan, **3:337–338**
 - in United Arab Emirates, **1:360**
 - in Uzbekistan, **3:345–346**
 - in Yemen, **1:274**
- Islamic State (IS), in Iraq, **1:115**
- Ismayilova, Khadija, **4:9**
- Israel, **1:120–127**
 - conflicts between Palestine and, **1:253**
 - Palestinians in, **1:258**
 - Women of the Wall mission statement of, **4:398**
- Italy, **4:174–182**
 - Ethiopia under, **1:80**
- Itoh, Masako, **3:104**
- Ivan IV (Ivan the Terrible; czar, Russia), **4:280**
- Ivory Coast (Côte d’Ivoire), **1:127–133**
- Iwao, Sumiko, **3:110**
- Jackelén, Antje, **4:339**
- Jagan, Cheddi, **2:212**
- Jagan, Janet, **2:212**
- Jahjaga, Atifete, **4:194**
- Jamahiriya Women’s Federation, **1:206**
- Jamaica, **2:239–245**
 - Cayman Islands under, **2:79**
- Japan, **3:104–114**
 - dispute between South Korea and, **3:283–284**
 - immigration to Brazil from, **2:52**
 - Malaysia under, **3:142**
- Jarbussynova, Madina, **3:117**
- Jarvis, Heather, **2:74**
- Jbab Srei* (law; Cambodia), **3:38–39**
- Jeffrey, Hays, **3:113–114**
- Jehovah’s Witnesses, **3:338**
- Jews and Judaism
 - in Argentina, **2:9**
 - in Ethiopia, **1:80**
 - in Israel, **1:121–127**

- Jews and Judaism (*Continued*)
 in Kosovo, 4:193
 in Libya, 1:207
 in Romania, 4:271
 in Suriname, 2:351
 Jigme Dorji Wangchuck (king, Bhutan), 3:31
 Jigme Singye Wangchuk (king, Bhutan), 3:34
 Job training
 in Afghanistan, 1:6
 in Brazil, 2:53–54
 in El Salvador, 2:154
 in Melanesia, 3:166
 in Myanmar, 3:197
 in Palestine, 1:254
 in Polynesia, 3:260–262
 in Slovakia, 4:307
 in Tunisia, 1:348–349
 in United Arab Emirates, 1:357
 in United States, 2:360–361
 in Uzbekistan, 3:341
 in Vietnam, 3:351
 Johansen, Elisabeth, 2:187
 Johnson Sirleaf, Ellen, 1:191, 197
 Jong-a-Liem, Betty Goede, 2:351
 Jordan, 1:135–145
 Jouanno, Chantal, 2:169
 Judaism. *See* Jews and Judaism
 Judicial system
 in Bahrain, 1:24
 in Libya, 1:206
 in Morocco, 1:230
 in Netherlands Antilles, 2:268
 in Palestine, 1:258
 in Singapore, 3:275
 in South Africa, 1:310
 in United Arab Emirates, 1:360
 in Uzbekistan, 3:344–345
 Jugurtha (king of Berbers), 1:11
 Justinian (emperor, Byzantine Empire), 1:11
- Kabila, Joseph, 1:58
 Kabila, Laurent, 1:58
 Kabore, Roch Marc Christian, 1:38
 Kahina (legendary Berber queen), 1:12
 Kakenya's Center for Excellence (school, Kenya), 1:160
 Kalla, Jusuf, 3:101–102
 Karama (organization; Libya), 1:207
 Karen (people), 3:194
 Karen Women's Organisation (Myanmar), 3:200
 Karman, Tawakkol, 1:191, 197, 270, 273
 Kassim, Halima-Sa'adia, 2:297
Kawaii culture, 3:104
 Kaylor, ReGina E., 1:2
 Kazakhstan, 3:116–123
 Kazerooni, Jihan, 1:25
 Keju-Johnson, Darlene, 3:175, 181
 Kendall, Kathryn, 1:188
 Kenneth, Asatu Bah, 1:196
 Kenya, 1:148–162
 Khalkh (people), 3:184
- Khan, Yahya, 3:238
 Khassanova, Galiya, 3:116–117
 Khatami, Mohammad, 1:111
 al-Khawaja, Maryam Abdulhadi, 1:21–22
 al-Khawaja, Zainab, 1:25
 Khaxas, Elizabeth, 1:238
 Khemisti, Fatima, 1:14–15
 Khmer Rouge (Cambodia), 3:37, 45
 tribunal for leaders of, 3:48–49
 Khomeini, Ruhollah (ayatollah), 1:102, 108, 110
 Khudabashain, Emma, 4:13
 Kibbutz movement (Israel), 1:126
 Kidnappings
 in Iraq, 1:118
 in Kyrgyzstan, 3:129–130
 Kilpatrick, Helen, 2:80
 Kimbangu, Simon, 1:59
 Kim family, 3:232
 Kim Il-sung, 3:234
 Kim Jho Gwang-soo, 3:285–286
 Kim Seung-hwan, 3:285–286
 Kindergarten
 in Belarus, 4:26
 in China, 3:55
 in North Korea, 3:229
 in Norway, 4:236, 239
 in Russia, 4:286–287
 in Slovenia, 4:316
 Kingdom of Saudi Arabia, 1:163–172
 Kiribati, Republic of, 3:174, 181
 Klevets, Anna, 4:286
 Klippert, Everett, 2:74
 Knights of Malta (Knights of the Order of St John), 4:214–215
 Kobrynska, Natalia, 4:373
 Kopacz, Ewa, 4:250
 Korea
 North Korea, 3:226–235
 South Korea, 3:277–286
 Korean War, 3:282
 Kosor, Jadranka, 4:66
 Kosovo, 4:184–195
 Kosovo Liberation Army, 4:268–269
 Kovály, Heda Margolius, 4:76
 Krásnohorská, Eliška, 4:76
 Kristose, Ehete, 1:90
 Kuczynski, Pedro Pablo, 2:318
 Kumaratunga, Chandrika, 3:293–294
 Kumari (deity), 3:207
 Kunas (people), 2:300, 304
 Kurdish women, 4:354
 Kurdistan, 1:119
 Iraqi refugees in, 1:120
 Kvapilova, Erika, 4:124
 Kyrgyzstan, 3:124–131
- Labor unions
 in Belarus, 4:28
 in Brazil, 2:56
 in New Zealand, 3:221
 Labrys (organization; Kyrgyzstan), 3:131
- Ladies in White (organization; Cuba), 2:124
 Lake Malawi (Lake Nyasa; Lago Niassa), 1:210
 Lake, Obiagele, 2:243
 Lamizana, Sangoule, 1:37
 Lancaster House Agreement (1979), 1:372, 373
 Land and property rights
 in Brazil, 2:58
 in Dominican Republic, 2:137
 of Indigenous peoples, in Argentina, 2:10
 in Indonesia, 3:98–99
 in Libya, 1:205
 in Nicaragua, 2:277
 in Sierra Leone, 1:293
 in South Sudan, 1:321
 in Uzbekistan, 3:344
 in Zimbabwe, 1:373–374
 Lange, Marie-France, 1:220
 Language
 gender in, 4:116
 in Spain, 4:321, 324
 Lanza, Gladys, 2:235, 236
 Laos, 3:133–140
 Lapitas (people), 3:258
 L'association des travesty de Côte d'Ivoire, 1:131–132
Latinx, 2:158
 Latvia, 4:198–204
 Laula Renberg, Elsa, 4:239
La Violencia (Guatemala), 2:204–205
 LGBTQ+ issues, 4:6–7
 in Afghanistan, 1:10
 in Algeria, 1:17
 in Argentina, 2:7–8
 in Armenia, 4:12–13
 in Australia, 3:7
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:23
 in Bahrain, 1:23
 in Bangladesh, 3:24
 in Belarus, 4:25, 29–30
 in Belgium, 4:36
 in Belize, 2:32
 in Bermuda, 2:41
 in Bosnia and Herzegovina, 4:47
 in Botswana, 1:31
 in Brazil, 2:60
 in Bulgaria, 4:55
 in Burkina Faso, 1:37
 Campus Pride Index for, 2:360
 in Canada, 2:72, 74–75
 in Cayman Islands, 2:83
 in Central African Republic, 1:46
 in Chile, 2:94
 in China, 3:61
 in Colombia, 2:105
 in Costa Rica, 2:109
 in Cuba, 2:126
 in Czech Republic, 4:76–77
 in Democratic Republic of Congo, 1:57
 in Denmark, 4:87

- in Dominican Republic, 2:137
- in Ecuador, 2:147
- in El Salvador, 2:157–158
- in Estonia, 4:96–97
- in Ethiopia, 1:87
- in Finland, 4:104
- in France, 4:111
- in French Caribbean, 2:167
- in Georgia, 4:123
- in Greece, 4:140–141
- in Greenland, 2:186
- in Guam, 3:71
- in Guatemala, 2:203
- in Guiana, 2:212
- in Haiti, 2:225
- in Honduras, 2:233, 236–237
- in Hungary, 4:148
- in Iceland, 4:160–161
- in India, 3:77, 81, 86–87
- in Indonesia, 3:101–102
- in Iran, 1:110
- in Israel, 1:124
- in Italy, 4:182
- in Ivory Coast, 1:130–131
- in Japan, 3:109
- “Joint Statement on Ending Acts of Violence and Related Human Rights Violations Based on Sexual Orientation and Gender Identity,” 4:427–428
- in Jordan, 1:140
- in Kazakhstan, 3:120–121
- in Kenya, 1:156, 157, 160–161
- in Kosovo, 4:192
- in Kyrgyzstan, 3:130–131
- in Laos, 3:140
- in Latvia, 4:202
- in Lebanon, 1:178, 180
- in Lesotho, 1:187–188
- in Liberia, 1:195–196
- in Libya, 1:204–205
- in Lithuania, 4:210
- in Macedonia, 4:267–268
- in Malawi, 1:216
- in Malaysia, 3:151
- in Malta, 4:220–221
- in Melanesia, 3:169–170
- in Mexico, 2:259
- in Micronesia, 3:179–180
- in Mongolia, 3:192–193
- in Myanmar, 3:195
- in Namibia, 1:238–239
- in Netherlands, 4:230–231
- in Netherlands Antilles, 2:267
- in New Zealand, 3:220–221
- in Nicaragua, 2:278
- in Nigeria, 1:249
- in North Korea, 3:233
- in Norway, 4:238
- in Pakistan, 3:242
- in Palestine, 1:258
- in Panama, 2:304–307
- in Paraguay, 2:313–314
- in Peru, 2:323–324
- in Poland, 4:250
- in Polynesia, 3:263
- in Portugal, 4:260
- in Puerto Rico, 2:332, 335
- in Romania, 4:276
- in Russia, 4:291–293
- in Rwanda, 1:279–280
- in Saudi Arabia, 1:171
- in Senegal, 1:285
- in Serbia, 4:303
- in Singapore, 3:275
- in Slovenia, 4:319
- in Somalia, 1:299
- in South Africa, 1:308
- South African legislation on, 1:311
- in South Korea, 3:284–286
- in Spain, 4:325–326
- in Sri Lanka, 3:289
- in Suriname, 2:350
- in Sweden, 4:337–338
- in Switzerland, 4:348
- in Syria, 1:336
- in Taiwan, 3:309
- in Tajikistan, 3:318
- in Thailand, 3:326–327
- transgender people in United States, 2:357, 358
- in Trinidad and Tobago, 2:341
- in Turkey, 4:360
- in Turkmenistan, 3:338
- in Ukraine, 4:374
- in United Kingdom, 4:385–386
- in United States, 2:356, 364, 366
- in United States military, 2:370
- in Uruguay, 2:377–378
- in Uzbekistan, 3:344
- in Venezuela, 2:391–392
- in Vietnam, 3:354
- in Yemen, 1:269, 273
- in Zimbabwe, 1:372
- Lebanese Council of Women, 1:178, 179
- Lebanese Council to Resist Violence against Women, 1:179
- Lebanese Women Union, 1:178
- Lebanon, 1:174–180
- Lee Hsien Loong, 3:273
- Lee Tae-jong, 3:286
- Leid, Simone, 2:343
- Leisure
 - in Denmark, 4:85
 - in Sweden, 4:332
 - See also* Recreation; Sports
- Lenin Vladimir, 4:280
- Leopold (king, Belgium), 1:44
- Leopold II (king, Belgium), 1:51, 4:32
- Lesbianism, 4:141
 - in Ukraine, 4:374
 - See also* LGBTQ+ issues
- Lesbos (Greece), 4:141
- Lesotho, 1:181–189
- Let Girls Lead (LGL; Liberia), 1:198
- Lhotshampa (people), 3:34–35
- Liberation Tigers of Tamil Eelam (LTTE), 3:294–295
- Liberia, 1:190–199
- Libya, 1:199–208, 346
- Libyan Women’s Platform for Peace, 1:207
- Libyan Women’s Union, 1:206
- Lindo, Elvira, 4:329
- Lindstrom, David P., 1:87
- Lissouba, Pascal, 1:265
- Literacy
 - in Afghanistan, 1:2–3
 - in Albania, 4:3
 - in Algeria, 1:13
 - in Bahamas, Barbados, and Turks and Caicos Islands, 2:18
 - in Belarus, 4:27
 - in Bhutan, 3:28
 - in Botswana, 1:28
 - in Brazil, 2:52–53
 - in Bulgaria, 4:51–52
 - in Burkina Faso, 1:33
 - in Central African Republic, 1:42
 - in Colombia, 2:99
 - in Cuba, 2:120, 123
 - in Democratic Republic of Congo, 1:53, 55
 - in Denmark, 4:83
 - in Dominican Republic, 2:132
 - in Ecuador, 2:143
 - in Egypt, 1:63
 - in El Salvador, 2:153
 - in Eritrea, 1:75
 - in Estonia, 4:93
 - in Ethiopia, 1:85
 - in Georgia, 4:119
 - in Greece, 4:137
 - in Greenland, 2:182
 - in Guiana, 2:209
 - in Haiti, 2:218
 - in Honduras, 2:230
 - in Iceland, 4:157
 - in India, 3:79
 - in Indonesia, 3:93–94
 - in Iran, 1:103
 - in Iraq, 1:115
 - in Israel, 1:122
 - in Ivory Coast, 1:128
 - in Jamaica, 2:241
 - in Jordan, 1:137
 - in Lebanon, 1:175
 - in Liberia, 1:191
 - in Libya, 1:200
 - in Malawi, 1:211
 - in Malaysia, 3:143
 - in Mali, 1:220–221
 - in Mexico, 2:249
 - in Mongolia, 3:183
 - in Morocco, 1:226, 227
 - in Nicaragua, 2:275

- Literacy (*Continued*)
 in Nigeria, 1:244
 in Norway, 4:234–235
 in Pakistan, 3:240
 in Palestine, 1:254
 in Panama, 2:301–302
 in Peru, 2:319
 in Puerto Rico, 2:330
 in Republic of the Congo, 1:261
 in Russia, 4:285–288
 in Singapore, 3:271
 in Slovakia, 4:306
 in South Africa, 1:302, 303
 in South Korea, 3:279
 in South Sudan, 1:316
 in Syria, 1:331
 in Taiwan, 3:305
 in Tajikistan, 3:314
 in Tunisia, 1:348, 349
 in Turkey, 4:355–357
 in Turkmenistan, 3:332
 in Ukraine, 4:365
 in United Arab Emirates, 1:355
 in Uzbekistan, 3:341
 in Venezuela, 2:386
- Literature. *See* Arts and literature
- Lithuania, 4:205–212
- Li Tingting, 3:64
- Liver cancer, 3:352
- Livingstone, David, 1:210
- Livingston, Philip Beekman, 2:104
- Lobo Sosa, Porfirio “Pepe,” 2:228
- Logan, J. R., 3:92
- López Pumarejo, Alfonso, 2:98
- Lorde, 3:214
- Lord’s Resistance Army, 1:46
- L’Ouverture, Toussiant (Toussaint Breda), 2:216
- Lúgaro, Alexandra, 2:333
- Lugo, Fernando, 2:314
- Lu Hsiu-lien, 3:309
- Luisi, Paulina, 2:379
- Lumumba, Patrice, 1:52
- Lunar New Year Festival
 in North Korea, 3:234
 in Vietnam, 3:355
- Lusenge, Julianne, 1:60
- Lutheran Church
 in Estonia, 4:97
 in Iceland, 4:161
- Lymphatic filariasis (LF), 3:167
- Maathai, Wangari, 1:158, 162
- Macdonald, John A., 2:65
- Macedonia, Republic of, 4:262–269
- Machismo
 in Argentina, 2:3, 7
 in Bolivia, 2:47
 in Costa Rica, 2:115
 in Dominican Republic, 2:135–136
 in Ecuador, 2:149
 in El Salvador, 2:157
- in Guatemala, 2:199
 in Mexico, 2:253–254, 256–257
 in Nicaragua, 2:277
 in Panama, 2:304
- Macphail, Agnes, 2:73
- Maduro, Nicolás, 2:388, 392, 393
- Maduro, Ricardo (Joest), 2:228
- Magdalen Homes (Ireland), 4:170
- Magellan, Ferdinand, 3:67, 247
- Magomedova, Sapiyat, 4:282
- Maha Chakri Sirindhorn (queen, Thailand), 3:329
- Malaria
 in Burkina Faso, 1:36
 in Central African Republic, 1:43
 in French Guiana, 2:174
 in Honduras, 2:231
 in Lebanon, 1:177
 in Myanmar, 3:198
 in Nigeria, 1:246
- Malawi, 1:210–218
 Gender Equality Bill of, 4:428–429
- Malaysia, 3:142–152
- Maldives, 3:155–161
- Maleku (people), 2:116
- Mali, 1:219–225
 as French Sudan, 1:282
- Mali Federation, 1:282
- Malik, Nesrine, 1:325
- Malnutrition
 in Burkina Faso, 1:38
 in Democratic Republic of Congo, 1:54
 in Guatemala, 2:191, 196
 in Philippines, 3:249–250
 in Sri Lanka, 3:292
- Malta, 4:214–223
- Manigat, Mirlande, 2:224
- Mankouskaya, Natallia, 4:30
- Manley, Norman W., 2:239, 296
- Mansour, Adly, 1:62
- Maoist People’s War (Nepal), 3:210–211
- Māori (people), 3:214, 216, 222, 259
- Māori Women’s Welfare League (Te Ropu Wahine Māori Toko i te Ora), 3:216
- Mapuche (people), 2:94
- Maquiladoras*
 in Honduras, 2:232
 in Mexico, 2:252
- Maquila Solidarity Network (Guatemala), 2:192
- Marcelin, Magalie, 2:223
- Marcoes-Natsir, Lies, 3:100
- Margrethe II (queen, Denmark), 4:85
- Margvelashvili, George, 4:124
- Maria DA Penha Law (Brazil), 2:59, 61–62
- Marie Stopes International (Yemen), 1:271–272
- Marijuana, 2:380
- Markievicz, Constance, 4:167
- Marlowe, Jen, 1:25
- Maroc (Morocco), 1:226
- Maroons (people), 2:172, 173
- political system of, 2:176–177
 in Suriname, 2:350–351
- Marriage. *See* Family life
- Marshall Islands, 3:174
 environmental issues in, 3:181
- Martelly, Michel, 2:224
- Martínez de Perón, Isabel, 2:8
- Martinique, 2:164, 165, 167
See also French Caribbean
- Marx, Karl, 2:125
- Mary (saint), 1:90
- Mary Therese (empress, Austria), 4:16
- Marzouki, Nadia, 1:12, 14
- Masaryk, Tomáš Garrigue, 4:72
- Massinissa (Berber chieftain), 1:11
- Ma’tam* (religious center, Bahrain), 1:25
- Maternal health
 in Afghanistan, 1:5
 in Argentina, 2:5
 in Armenia, 4:10–11
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:20–21
 in Bahrain, 1:21
 in Belize, 2:29
 in Bermuda, 2:36
 in Bhutan, 3:30
 birthing assistants for, 2:253
 in Bolivia, 2:46
 in Botswana, 1:29–30
 in Brazil, 2:55
 in Brunei, 3:299
 in Bulgaria, 4:53
 in Burkina Faso, 1:35–36
 in Cambodia, 3:41
 in Canada, 2:68
 in Cayman Islands, 2:81
 in Central African Republic, 1:43
 in Chile, 2:89
 in Colombia, 2:101–102
 in Costa Rica, 2:110
 in Cuba, 2:122
 in Democratic Republic of Congo, 1:54
 in Denmark, 4:82
 in Dominican Republic, 2:133
 in Ecuador, 2:144–145
 in Egypt, 1:65–66
 in El Salvador, 2:155
 in Eritrea, 1:75
 in Estonia, 4:94
 in Ethiopia, 1:82, 83
 in France, 4:108
 in French Caribbean, 2:166
 in French Guiana, 2:174
 in Georgia, 4:120–121
 in Ghana, 1:95
 in Greece, 4:139
 in Greenland, 2:184–185
 in Guam, 3:69
 in Guatemala, 2:194–196
 in Guiana, 2:209–210
 in Haiti, 2:219–220

- in Honduras, 2:230–231
- in Hungary, 4:146–147
- in India, 3:81–82
- in Indonesia, 3:94–95
- in Iran, 1:105
- in Iraq, 1:116
- in Israel, 1:122–123
- in Italy, 4:176–177
- in Ivory Coast, 1:128
- in Jamaica, 2:241
- in Jordan, 1:140
- in Kenya, 1:153–154
- in Laos, 3:138
- in Latvia, 4:200
- in Lebanon, 1:176
- in Lesotho, 1:183
- in Liberia, 1:192–193
- in Libya, 1:201
- in Macedonia, 4:265–266
- in Malawi, 1:213
- in Malaysia, 3:145
- in Mali, 1:221
- in Malta, 4:216
- in Melanesia, 3:166–167
- in Mexico, 2:250
- in Micronesia, 3:177
- in Mongolia, 3:188–189
- in Morocco, 1:227–228
- in Myanmar, 3:198
- in Namibia, 1:236
- in Nepal, 3:208
- in Netherlands Antilles, 2:266
- in New Zealand, 3:217
- in Nicaragua, 2:275–276
- in Nigeria, 1:244–245
- in North Korea, 3:230–231
- in Norway, 4:235
- in Pakistan, 3:240–241
- in Palestine, 1:255–256
- in Panama, 2:302
- in Paraguay, 2:311
- in Peru, 2:321
- in Philippines, 3:250
- in Poland, 4:246
- in Polynesia, 3:261
- in Puerto Rico, 2:331
- in Republic of the Congo, 1:262
- in Rwanda, 1:278
- in Saudi Arabia, 1:166–167
- in Senegal, 1:284
- in Serbia, 4:300
- in Sierra Leone, 1:289–290
- in Singapore, 3:272
- in Slovakia, 4:308–309
- in Slovenia, 4:317
- in Somalia, 1:297–298
- in South Africa, 1:304–305
- in South Korea, 3:280
- in South Sudan, 1:316
- in Sri Lanka, 3:291–292
- in Sudan, 1:325–326
- in Suriname, 2:348–349
- in Sweden, 4:334–335
- in Switzerland, 4:347
- in Syria, 1:333
- in Tajikistan, 3:315
- in Thailand, 3:323–324
- in Trinidad and Tobago, 2:339
- in Tunisia, 1:347
- in Turkey, 4:358–359
- in Turkmenistan, 3:334
- in United Arab Emirates, 1:356
- in United Kingdom, 4:378–379
- in United States, 2:362
- in Uruguay, 2:376
- in Uzbekistan, 3:342
- in Venezuela, 2:389
- in Vietnam, 3:351–352
- in Yemen, 1:272
- Maternity leave
 - in Australia, 3:6
 - in Bangladesh, 3:20
 - in Belarus, 4:28
 - in Colombia, 2:103
 - in Costa Rica, 2:113
 - in Denmark, 4:84
 - in Dominican Republic, 2:135
 - in Ecuador, 2:146
 - in Georgia, 4:122
 - in Ghana, 1:96
 - in Honduras, 2:231
 - in Iceland, 4:159
 - in Iran, 1:107
 - in Jamaica, 2:242
 - in Jordan, 1:138
 - in Kyrgyzstan, 3:126
 - in Lebanon, 1:177
 - in Lithuania, 4:209
 - in Mongolia, 3:187
 - in Morocco, 1:228–229
 - in Nepal, 3:208
 - in New Zealand, 3:218–219
 - in Pakistan, 3:241
 - in Palestine, 1:256
 - in Paraguay, 2:312
 - in Philippines, 3:251
 - in Republic of the Congo, 1:264
 - in Serbia, 4:301
 - in Singapore, 3:273
 - in Slovenia, 4:318
 - in South Africa, 1:306
 - in Sweden, 4:337
 - in Tajikistan, 3:316
 - in Ukraine, 4:368
 - in United Kingdom, 4:380
 - in Uzbekistan, 3:343
 - in Venezuela, 2:393
- Mau Mau movement (Kenya), 1:149
- Maxima (queen, Netherlands), 2:267
- Mayans (people)
 - in Guatemala, 2:191, 201
 - in Honduras, 2:227
- Mayardit, Salva Kiir, 1:318
- May, Theresa, 4:377, 382
- Mbiti, John, 1:99
- McAleese, Mary, 4:167–168
- McGuinness, Martin, 4:382
- McLaughlin, Alden, 2:80
- McLaughlin, Sybil, 2:83
- Mead, Margaret, 3:258
- Media
 - in Afghanistan, 1:9
 - in Bahrain, 1:25–26
 - in Bulgaria, 4:56
 - in Colombia, 2:100
 - in India, 3:88
 - in Latvia, 4:203
 - in Lebanon, 1:180
 - in Malta, 4:223
 - in Philippines, 3:248
 - in Spain, 4:326–327
 - in United Arab Emirates, 1:360
 - in United Kingdom, 4:385
 - Women Journalists without Chains, 1:270, 273
- Medvedev, Dmitry, 4:281
- Meir, Golda, 1:125
- Meissner-Blau, Freda, 4:19
- Melanesia, 3:162–172
- Menchú Tum, Rigoberta, 2:201
- Men for Gender Equality, 1:216
- Mennonites, 2:31
- Mensch, Barbara, 1:65
- Mental health
 - in Brunei, 3:299
 - in Cambodia, 3:42–43
 - in Canada, 2:69
 - in China, 3:59
 - in Colombia, 2:102
 - in Denmark, 4:82–83
 - in Ethiopia, 1:84
 - in France, 4:109–110
 - in Iceland, 4:157
 - in Iran, 1:106–107
 - in Ivory Coast, 1:128
 - in Japan, 3:106–107
 - in Micronesia, 3:177
 - in North Korea, 3:231
 - in Palestine, 1:255
 - in Philippines, 3:250, 254
 - in Sri Lanka, 3:292
 - in Syria, 1:332
 - in Vietnam, 3:352
- Mentewab (empress, Ethiopia), 1:90
- Meri Te Tai Mangakāhia, 3:220
- Merkel, Angela, 4:127–128, 131
- Merlet, Myriam, 2:223
- Mernissi, Fatima, 1:69
- Mestizos, 2:44
- Mexico, 2:248–259
 - Political Constitution of, 4:429–430
- Michelitti, Roberto, 2:233
- Micronesia, 3:174–182

- Middle East, 1:2
 Mideksa, Birtukan, 1:89
 Midwifery, 4:146–147
 Migrant Women Workers Project (Australia), 3:10
 Migrant workers
 in Burkina Faso, 1:37
 in Ethiopia, 1:86
 in French Guiana, 2:175
 in Italy, 4:179
 in United Arab Emirates, 1:362
 Migrations
 children left behind in, 4:273
 from French Caribbean, 2:169–170
 from Guatemala, 2:199, 203–204
 human trafficking and, 3:12
 to New Zealand, 3:218–219
 into and out of Pakistan, 3:244–245
 of Puerto Ricans, 2:329
 from Suriname to Netherlands, 2:352
 to Thailand, 3:330
 through Greece, 4:136
 from Tunisia, 1:351–352
 Military service
 in Dominican Republic, 2:137
 in Israel, 1:121
 in Jordan, 1:141
 in Ukraine, 4:373
 in United States, women in, 2:370
 See also Armed forces
 Millennium Challenge Corporation, 1:217
 Millennium Development Goals (MDG), 2:367
 in Bhutan, 3:27
 in Canada, 2:66
 in Ecuador, 2:144
 in Ghana, 1:92
 in Guyana, 2:209
 in Honduras, 2:229
 Karman and, 1:246
 in Kazakhstan, 3:117
 in Maldives, 3:155, 156
 in Mali, 1:220, 222
 in Morocco, 1:228
 in Namibia, 1:240
 in Nigeria, 1:246
 in Saudi Arabia, 1:166
 in Yemen, 1:272
 Mizulina, Yelena, 4:293, 294
 Mobutu Sese Soko, 1:52
 Modesty, in Afghanistan, 1:8–9
 Moeldoko (general), 3:96
 Mohammad Ali Jinnah, 3:237
 Mohammed, Patricia, 2:245
 Mohammed VI (king, Morocco), 1:226
 Moliner, Empar, 4:329
 Mon (people), 3:194
 Monge, Luis Alberto, 2:114
 Mongol Empire, 4:280
 Mongolia, 3:183–193
 Montero, Amaya, 4:329
 Montero, Rosa, 4:329
 Montseny, Federica, 4:321
 Montserrat, 2:284, 286, 291–292, 294–296
 Mon Women's Organization (MWO; Myanmar), 3:200
 Mook (queen, Thailand), 3:328
 Morales, Inés, 2:258
 Moran, Sandra, 2:203
 Morente, Estrella, 4:329
 Mori Arinori, 3:106
 Morocco, 1:226–232
 Morsi, Mohammed, 1:62
 Moserová, Jaroslava, 4:75
 Moshoeshoe I (king, Lesotho), 1:181
 Moshoeshoe II (king, Lesotho), 1:181
 Mother Teresa (saint), 4:193
Le Mouvement de libération des femmes (MLF; France), 4:112
 Movimiento armado Quintín Lame (MAQL; Colombia), 2:98
 Movimiento de Mujeres por la Paz Visitación Padilla (Visitation Padilla Women's Movement for Peace; Honduras), 2:235
 Movimiento Homosexual de Lima (MHOL; Peru), 2:324
 Mubarak, Hosni, 1:62, 343
 Mubarak, Sheikh Fatima bint, 1:356, 358, 360
 Mughal Empire, 3:76
 Muhammad Ali (viceroy, Egypt), 1:62
 Muhammad Ibn Saud (king, Saudi Arabia), 1:164
 Muhammadiyah (organization; Indonesia), 3:99–100
 Muisca (people), 2:101
 Mujeres y Cultura Subterránea, A. C. (MCS; Women and Underground Culture; Mexico), 2:258
 Mujuru, Joyce, 1:374
 Mukti Nepal (organization), 3:211
 Müller, Herta, 4:271
 Muluzi, Bakili, 1:217
 Mundo Afro (African World; organization; Uruguay), 2:381
 Murniece, Inara, 4:202
 Murphy, Emily, 2:71
 Musa, Nabawiya, 1:69–70
 Music
 in Cambodia, 3:46
 in Czech Republic, 4:76
 in Kosovo, 4:193
 reggae, 2:243
 in Spain, 4:329
 in Trinidad and Tobago, 2:342
 Muslims. *See* Islam
 Mu Sochua, 3:45
 Mussolini, Benito, 1:80
 Mutharika, Bingu wa, 1:217
 Myanmar (Burma), 3:194–202
 migration to Thailand from, 3:330
 Rohingya in, 3:2
 Myles, Bradley, 1:15
 Naeemaei, Naeemeh, 1:106
 Namibia, 1:234–242
 Namibian Farm Workers Union (WFWU), 1:237
 Namibia Women's Voice (NWV), 1:240
 Napoleon Bonaparte (emperor, France), 1:62, 4:112
 Napoleon III (Charles Louis-Napoléon Bonaparte; emperor, France), 2:173
 Nardal, Jane, 2:168
 Nardal, Paulette, 2:168
 Nasif, Malak Hifni, 1:69
 Nasser, Gamal Abdel, 1:62
 National Church of Iceland, 4:161
 National Coalition to Advocate the Rights of Women (CONAP; Haiti), 2:223
 National Coalition to Eliminate All Forms of Discrimination against Women (Lebanon), 1:179
 National Council of Women (New Zealand), 3:221
 National Council of Women of Canada, 2:73
 National Indigenous Women's Resource Center (NIWRC), 1:15
 National Liberation Front (FLN; Algeria), 1:12
 National minorities
 in Sweden, 4:335
 See also Immigration and immigrants
 National Society for Women's Suffrage (United Kingdom), 4:383
 National Union of Eritrean Women (NUEW), 1:77, 79
 National Union of Tunisian Women (UNFT), 1:344
 National Union of Women's Suffrage Societies (United Kingdom), 4:383
 Native Americans, 2:355
 National Indigenous Women's Resource Center, 1:15
 See also Indigenous peoples
 Native Women's Association of Canada, 2:73
 Natural resources
 in Democratic Republic of Congo, 1:56
 in Sudan, 1:328
 in Suriname, 2:346
 Nauru, Republic of, 3:174
 Nazra for Feminist Studies (organization), 1:70
 Negara Brunei Darussalam (Sultanate of Brunei), 3:296–302
 Negritude (cultural movement), 2:168
 Neo-Confucianism, 3:281
 Nepal, 3:205–213
 migration to Bhutan from, 3:34–35
 Neshat, Saeid N., 1:115
 Netherlands, 4:226–233
 immigration from Suriname to, 2:352
 Indonesia under, 3:92
 Suriname under, 2:345
 Netherlands Antilles/Dutch Caribbean, 2:262–270

- Netherlands Guiana (Suriname), 2:345
 Network against Human Trafficking (NAHT), 1:15
 Nevis, 2:284, 295
 New Caledonia, 3:169
See also Melanesia
 New Guinea, 3:162
 New Zealand, 3:214–225
 dependent areas of, 3:263
 Polynesian feminists and, 3:263
 New Zealand District of Zonta, 3:223–224
 New Zealand Prostitutes Collective (NZPC), 3:218
 Ngobe-Bugles (people), 2:300, 304
 Nicaragua, 2:271–280
 Nigeria, 1:243–251
 Nigerian-Biafra War (1967–1970), 1:243
 Nigerian Charismatic Movement, 1:249
Nikiranoro, 3:179
 Nimcová, Božena, 4:72, 76
 Niyazov, Saparmura, 3:332, 336, 337
 Ruhnama by, 3:333–334
 Nkrumah, Kwame, 1:92, 98
 Nkrumah, Samia, 1:99
 Nobel Peace Prize
 Arias Sánchez, Oscar, 2:114
 Aung San Suu Ky, 3:200
 Corrigan-Maguire and Williams-Perkins, 4:168
 Ebadi, Shirin, 1:109
 Gbowee, Leymah, 1:191
 Johnson Sirleaf, Ellen, 1:197
 Karman, Tawakkol, 1:270, 273
 Maathai, Wangari, 1:158
 Menchú Tum, Rigoberta, 2:201
 Tunisian National Dialogue Quartet, 1:343
 Nobel Prize in Literature
 Gordimer, Nadine, 1:303
 Müller, Herta, 4:271
 Noor (queen, Jordan), 1:141
 Norse mythology, 4:241
 Northern Ireland, 4:168, 376, 382
See also United Kingdom
 Northfleet, Ellen Gracie, 2:57
 North Korea (Democratic People's Republic of Korea), 3:226–235
 in Korean War, 3:282
 Norway, 4:234–242
 Sweden and, 4:330
 Ntaiya, Kakenya, 1:160
 Nuclear weapons testing, 3:175, 181
 Nutrition (diet)
 in Japan, 3:106
 Mediterranean diet, 4:138
 in North Korea, 3:227
 Nyakeriga, Linet Kemunto, 1:160
 Nyau dance (Malawi), 1:215–217
 Nzomo, Maria, 1:160
 Obama, Barack
 equal-pay legislation signed by, 2:364
 International Women's Day statement by, 4:419–420
 on U.S.-Cuba relations, 2:119–120, 127
 on Venezuela sanctions, 2:389
 Obasanjo, Olusagun, 1:243
 Al Obeidy, Iman, 1:208
 Obesity and overweight
 in Cuba, 2:122
 fat activism and, 3:222
 in French Caribbean, 2:166
 in Mexico, 2:250, 251
 in Polynesia, 3:259–260
 in Saudi Arabia, 1:165, 167
 in Turkey, 4:358
 in United Arab Emirates, 1:356
 Obstetric fistula, 1:36
 Ocloo, Esther, 1:100
 O'Connor-Connolly, Julianna, 2:80, 83
 O'Connor, Sandra Day, 2:369
 Oil
 in Bahrain, 1:19
 in Nigeria, 1:250
 in Norway, 4:234
 in Russia, 4:281
 in Saudi Arabia, 1:164
 in South Sudan, 1:317, 323
 in Sudan, 1:328
 in Trinidad and Tobago, 2:340
 in United Arab Emirates, 1:354
 Ojeda, Alonso de, 2:97, 262
 Older women
 in China, 3:63
 in Japan, 3:112–113
 Olympic Games
 Belgium in, 4:38
 Colombia in, 2:101
 Hungary in, 4:148
 in Russia, 4:293
 Omamo, Raychelle, 1:160
 Organization of Active Women in Ivory Coast (OFACI), 1:131
 Organization of Eastern Caribbean States (OECS), 2:284–297
 Ortega, Daniel, 2:272
 Ortega, Rocio, 2:365
 Orthodox Christianity
 Eastern Orthodox Christianity, 4:57
 in Georgia, 4:124
 Greek Orthodox Church, 4:140
 in Macedonia, 4:268
 Romanian Orthodox Church, 4:270, 278
 Russian Orthodox Church, 4:295
 Serbian Orthodox Church, 4:268
 Ortiz Bosch, Milagros, 2:136
 Osman, Sarah, 1:327
 Otenbayeva, Roza, 3:128
Otins, 3:346
 Ottoman Empire, 4:353, 356
 Armenian genocide by, 4:8
 Ouattara, Alassane, 1:131
 Ouedraogo, Jean-Baptiste, 1:37
 OutRight Namibia (organization), 1:239
 Ovambo (people), 1:237
 Ovelar, Blanca, 2:314
 Pacific Island countries (PICs), 3:162
 climate change and, 3:181–182
 Polynesia as, 3:258–266
 Pakistan, Islamic Republic of, 3:76, 237–245
 Palau, Republic of, 3:174
 Palcy, Euzhan, 2:170
 Palestine, 1:253–259
 Israeli occupation of, 1:122
 Palestinian refugees
 citizenship of, 1:258
 in Israel, 1:122
 in Jordan, 1:135
 in Lebanon, 1:174, 180
 Palin, Sarah, 2:369
 Panama, 2:299–308
 Panama Declaration (2013), 2:302
 Panetta, Leon, 2:370
 Pankhurst, Emmeline, 4:383
 Pan-Mayan Movement, 2:192, 203
 Papua New Guinea, 3:162
 Papuans (people), 3:162–163
 Paraguay, 2:309–316
 Paraguayan Women's Coordinating Committee, 2:314
 Paredes Rangel, Beatriz, 2:254
 Parental leave. *See* Maternity leave
 Parkanová, Vlasta, 4:75
 Park Geun-hye, 3:282–283
 Pastrana Arango, Andrés, 2:98
 Patriarchy, 1:296
 Peake, Carolína, 4:75
 Penteado, Olívia Guedes, 2:59
 Pentecostalism
 in Brazil, 2:61
 in Guatemala, 2:202
 in Nigeria, 1:249
 People's Democratic Republic of Yemen, 1:269
 People's Republic of China, 3:51–65
 Pereira de Queiroz, Carlota, 2:59
 Pérez Cruz, Silvia, 4:329
 Pérez Molina, Otto, 2:196
 Perón, Eva "Evita," 2:8
 Persad-Bissessar, Kamla, 2:341–342
 Persia, 1:102
See also Iran
 Peru, 2:317–326
 Peter the Great (czar, Russia), 4:280
 Petros, Wallata, 1:90
 Philippines, 3:246–256
 Constitution of, 4:397–398
 mail-order brides from, 3:12
 Piggott, Donnya, 2:23
 Pinochet, Augusto, 2:86
 Pisani, Elizabeth, 3:94
 Pizarro, Francisco, 2:318
 Plastic surgery, 2:11, 106

- Plunket (Royal New Zealand Plunket Society), 3:223
- Poetry, Somali, 1:296
- Poland, 4:244–252
- Lithuania in union with, 4:205
- Polaris Project (organization), 1:15
- Police, in Sweden, 4:338–339
- Polio, in Pakistan, 3:240
- Political cartoons, 1:72–73
- Political dance, in Malawi, 1:218
- Political rights
- in Australia, 3:7–10
- in Bahrain, 1:23–24
- in Bangladesh, 3:24
- in Bolivia, 2:48
- in Brazil, 2:59–60
- in Canada, 2:73
- in Cayman Islands, 2:83–84
- in Colombia, 2:103–104
- in Cuba, 2:124
- in Dominican Republic, 2:136–137
- in Ecuador, 2:147–149
- in Egypt, 1:70–71
- in Ghana, 1:97–98
- in Guatemala, 2:200–201
- in Honduras, 2:234
- in Hungary, 4:150
- in India, 3:85–87
- in Iran, 1:111
- in Israel, 1:125
- in Italy, 4:180–181
- in Kenya, 1:159–160
- in Lebanon, 1:178
- in Libya, 1:206
- in Malawi, 1:217–218
- in Malta, 4:221
- in Mexico, 2:255
- in Netherlands, 4:230
- in Nigeria, 1:248–249
- in Pakistan, 3:243
- in Philippines, 3:252–253
- in Portugal, 4:258
- in Republic of the Congo, 1:266
- in Senegal, 1:285
- in Slovakia, 4:312
- in South Africa, 1:309
- in South Sudan, 1:318
- in Switzerland, 4:348
- in Syria, 1:336
- in Tajikistan, 3:316
- in Ukraine, 4:372–373
- in United Arab Emirates, 1:359–360
- in United States, 2:368
- Politics
- in Afghanistan, 1:6–7
- in Albania, 4:5–6
- in Algeria, 1:16–17
- in Argentina, 2:8–9
- in Armenia, 4:11
- in Australia, 3:7–10
- in Austria, 4:19–20
- in Bahamas, Barbados, and Turks and Caicos Islands, 2:23–24
- in Bahrain, 1:23–24
- in Bangladesh, 3:23–24
- in Belarus, 4:29–30
- in Belgium, 4:36–37
- in Belize, 2:30–31
- in Bermuda, 2:40–41
- in Bhutan, 3:31–33
- in Bolivia, 2:47–48
- in Bosnia and Herzegovina, 4:45
- in Botswana, 1:31
- in Brazil, 2:58–60
- in Brunei, 3:300
- in Bulgaria, 4:56–57
- in Burkina Faso, 1:37–38
- in Cambodia, 3:44
- in Canada, 2:72–73
- in Cayman Islands, 2:83
- in Central African Republic, 1:46–47
- in Chile, 2:91–92
- in China, 3:61–62
- in Colombia, 2:103–104
- in Costa Rica, 2:114–115
- in Croatia, 4:65–67
- in Cuba, 2:124–125
- in Czech Republic, 4:72, 74–75
- in Democratic Republic of Congo, 1:57–59
- in Denmark, 4:85–87
- in Dominican Republic, 2:136–137
- in Ecuador, 2:147–148
- in Egypt, 1:69–73
- in El Salvador, 2:158–159
- in Eritrea, 1:77–78
- in Estonia, 4:97
- in Ethiopia, 1:88–90
- in Finland, 4:104
- in France, 4:112–113
- in French Caribbean, 2:167–168
- in French Guiana, 2:176–177
- in Georgia, 4:123
- in Germany, 4:131–132
- in Ghana, 1:97–99
- in Greenland, 2:187
- in Guam, 3:71–72
- in Guatemala, 2:200–201
- in Guiana, 2:212
- in Haiti, 2:222–224
- in Honduras, 2:233–234
- in Hungary, 4:150–152
- in Iceland, 4:160
- in India, 3:85–87
- in Indonesia, 3:97–99
- in Iran, 1:109–111
- in Iraq, 1:117–118
- in Ireland, 4:167–169
- in Israel, 1:124–125
- in Italy, 4:180–181
- in Ivory Coast, 1:130–131
- in Jamaica, 2:243
- in Japan, 3:110–111
- in Jordan, 1:140–142
- in Kazakhstan, 3:121
- in Kenya, 1:158–161
- in Kosovo, 4:193
- in Kyrgyzstan, 3:128
- in Laos, 3:139–140
- in Latvia, 4:202–203
- in Lebanon, 1:178–179
- in Lesotho, 1:185–187
- in Liberia, 1:196–197
- in Libya, 1:205–207
- in Lithuania, 4:209–210
- in Macedonia, 4:267–268
- in Malawi, 1:217–218
- in Malaysia, 3:150–151
- in Maldives, 3:160
- in Mali, 1:224
- in Melanesia, 3:169–170
- in Mexico, 2:254–256
- in Micronesia, 3:180
- in Mongolia, 3:189–190
- in Morocco, 1:229–230
- in Myanmar, 3:199–200
- in Namibia, 1:239–240
- in Nepal, 3:210–211
- in Netherlands, 4:227, 229–231
- in Netherlands Antilles, 2:267–268
- in New Zealand, 3:220–221
- in Nicaragua, 2:278
- in Nigeria, 1:248–249
- in North Korea, 3:233–234
- in Norway, 4:238–240
- in Organization of Eastern Caribbean States, 2:296
- in Pakistan, 3:243
- in Palestine, 1:258
- in Panama, 2:305–306
- in Paraguay, 2:314–315
- in Peru, 2:324
- in Philippines, 3:252–253
- in Poland, 4:250–251
- in Polynesia, 3:263
- in Portugal, 4:258–259
- in Puerto Rico, 2:332–333
- in Republic of the Congo, 1:265–266
- in Romania, 4:276–278
- in Russia, 4:293–295
- in Rwanda, 1:280
- in Saudi Arabia, 1:169–170
- in Senegal, 1:285–286
- in Serbia, 4:302–303
- in Sierra Leone, 1:291–292
- in Singapore, 3:275
- in Slovakia, 4:312–313
- in Slovenia, 4:319
- in Somalia, 1:299–300
- in South Africa, 1:309–312
- in South Korea, 3:282–284
- in South Sudan, 1:318
- in Spain, 4:324–325
- in Sri Lanka, 3:293–294

- in Sudan, 1:328
- in Suriname, 2:350–351
- in Sweden, 4:338–339
- in Switzerland, 4:347–349
- in Syria, 1:336
- in Taiwan, 3:309–310
- in Tajikistan, 3:318
- in Thailand, 3:326
- in Trinidad and Tobago, 2:341–342
- in Tunisia, 1:350–351
- in Turkmenistan, 3:336–337
- in Ukraine, 4:372–373
- in United Arab Emirates, 1:359–360
- in United Kingdom, 4:382–384
- in United States, 2:367–369
- in Uruguay, 2:378–379
- in Venezuela, 2:392–393
- in Vietnam, 3:355
- in Yemen, 1:273
- in Zimbabwe, 1:372–375
- Pollan, Laura, 2:124
- Poluha, Eva, 1:86
- Polygyny (polygamy)
 - in Algeria, 1:14
 - in Burkina Faso, 1:37
 - in Central African Republic, 1:45
 - in Ethiopia, 1:86
 - in Ghana, 1:99–100
 - in Haiti, 2:222
 - in Indonesia, 3:100
 - in Iraq, 1:117
 - in Ivory Coast, 1:130
 - in Kenya, 1:157
 - in Kyrgyzstan, 3:127
 - in Libya, 1:203, 204, 206
 - in Malawi, 1:216
 - in Malaysia, 3:149
 - in Maldives, 3:159
 - in Mali, 1:223–224
 - in Nigeria, 1:247
 - in Pakistan, 3:242
 - in Republic of the Congo, 1:264
 - in Rwanda, 1:276, 279
 - in Senegal, 1:284–285
 - in Sierra Leone, 1:291–293
 - in Singapore, 3:273
 - in Somalia, 1:299
 - in South Sudan, 1:318
 - in Sudan, 1:327
 - in Tunisia, 1:345
- Polynesia, 3:258–266
- Poonsuk Banomyong (queen, Thailand), 3:328–329
- Popo, David, 2:294
- Popovic, Vladimir Beba, 4:303
- Pornography
 - in Czech Republic, 4:79
 - in Japan, 3:114
- Pornpet Meunsri (queen, Thailand), 3:329
- Portugal, 4:254–260
 - Brazil under, 2:50
- Poverty
 - in Armenia, 4:8
 - in Bermuda, 2:38
 - in Bhutan, 3:27, 34
 - in Brazil, 2:51
 - in Burkina Faso, 1:38
 - in Cambodia, 3:38
 - in Cayman Islands, 2:83
 - in Central African Republic, 1:41
 - in Dominican Republic, 2:131
 - in El Salvador, 2:160–161
 - in French Guiana, 2:175
 - in Guatemala, 2:190–191
 - in Guiana, 2:214
 - in Haiti, 2:221
 - in Honduras, 2:231–232
 - in Iraq, 1:119
 - in Israel, 1:124
 - in Kenya, 1:149
 - in Lesotho, 1:182
 - in Malawi, 1:211
 - in Malta, 4:222
 - in Melanesia, 3:168
 - in Mongolia, 3:191–192
 - in Myanmar, 3:195
 - in Nepal, 3:205–206
 - in Nicaragua, 2:273
 - in Panama, 2:299, 307
 - in Puerto Rico, 2:335
 - in Romania, 4:278
 - in Sierra Leone, 1:288
 - in Suriname, 2:347
 - in Tajikistan, 3:313
 - in Uruguay, 2:374
 - in Venezuela, 2:394
 - in Yemen, 1:274
- Prakash, Judith, 3:275
- Pratt, Nicola Christine, 1:115
- Prince, Mary, 2:34, 42
- Prisons and Prisoners
 - in Netherlands Antilles, 2:268
 - in North Korea, 3:234–235
 - in South Africa, 1:312–313
- Prithvi Narayan Shah (ruler, Nepal), 3:205
- PROFAMILIA (Dominican Republic), 2:133, 137
- Pronatalism, 4:277–278
- Property rights
 - in Georgia, 4:123
 - in Iceland, 4:161
 - See also* Inheritance
- Prostitution
 - in Bahrain, 1:26
 - in Canada, 2:77
 - in Cuba, 2:126
 - in Czech Republic, 4:79
 - in Dominican Republic, 2:135
 - in Ethiopia, 1:81–82
 - in France, 4:115–116
 - in French Guiana, 2:177
 - in Hungary, 4:152–153
 - in India, 3:89
 - in Iran, 1:112–113
 - in Ivory Coast, 1:132
 - in Libya, 1:208
 - in Lithuania, 4:211–212
 - in Malaysia, 3:152
 - in Netherlands, 4:231–232
 - in Netherlands Antilles, 2:269
 - in New Zealand, 3:218
 - in Republic of the Congo, 1:267
 - in Singapore, 3:276
 - in Sweden, 4:340
 - in United Arab Emirates, 1:361–362
 - in United States, 2:371
- Protestantism
 - in Guatemala, 2:202
 - in Hungary, 4:145
 - in Nicaragua, 2:279
- Puberty, 3:272
- Puerto Rico, 2:328–335
- Pussy Riot (Russian music group), 4:293, 295
- Putin, Vladimir, 4:12, 281, 293
- Qaamaneq (organization; Greenland), 2:186
- Qaddafi, Muammar, 1:200, 204, 205, 207
- Quality of life, in Greenland, 2:188–189
- Quawasa, Rula, 1:143
- Quechua (people), 2:44, 49, 317
- Quimbois, 2:168–169
- Quinceañera celebrations
 - in El Salvador, 2:159
 - in Panama, 2:301
 - in Paraguay, 2:315
 - in Venezuela, 2:393–394
- Quiroz, Susana, 2:258
- Quispe, Juana, 2:47–48
- Quito (Ecuador), 2:150
- Racism
 - in Colombia, 2:106
 - in Mexico, 2:257–258
 - in Nicaragua, 2:279–280
- Radical Islam, 3:318
- Raffles, Sir Stamford, 3:269
- Rafsanjani, Akbar Hashemi, 1:111
- Rahmon, Emomali, 3:312, 317, 318
- Raizal (people), 2:97
- Raja Biru (queen, Thailand), 3:328
- Rajab, Saadia, 1:329
- Raja Hijau (queen, Thailand), 3:328
- Raja Ungu (queen, Thailand), 3:328
- Ram Baran Yadav, 3:205
- Rambi Barni (queen, Thailand), 3:328
- Rape. *See* Sexual assault and rape
- Rastafarians, 2:243, 296
- Rawlings, Jerry John, 1:92, 98
- Rawlings, Nana Konadu Agyeman, 1:98
- Recreation
 - in Argentina, 2:4
 - in Belgium, 4:38
 - in Belize, 2:28–29

Recreation (*Continued*)

- in Bosnia and Herzegovina, 4:42
- in China, 3:54
- in Colombia, 2:100–101
- in Cuba, 2:121
- in Czech Republic, 4:73
- in Democratic Republic of Congo, 1:53–54
- in Denmark, 4:81
- in France, 4:107–108
- in Georgia, 4:119
- in Guam, 3:74
- in Hungary, 4:148
- in India, 3:78
- in Iran, 1:103, 109
- in Ivory Coast, 1:129–130
- in Latvia, 4:199
- in Lebanon, 1:175
- in Libya, 1:200
- in Maldives, 3:157
- in Mexico, 2:250
- in Netherlands, 4:227–228
- in New Zealand, 3:214–215
- in Nicaragua, 2:273–274
- in Palestine, 1:253–254
- in Panama, 2:301
- in Philippines, 3:247–248
- in Saudi Arabia, 1:165
- in Sri Lanka, 3:289
- in Syria, 1:332
- in Trinidad and Tobago, 2:338
- in United Arab Emirates, 1:355
- Red Cross, International Committee of the, “Rule 93. Rape and Other Forms of Sexual Violence” of, 4:398–401
- Reding, Viviane, 4:221
- Red Nacional de Mujeres (National Women’s Network; Colombia), 2:106
- Reform Movement (Saudi Arabia), 1:170
- Refugees
 - in Australia, 3:2
 - in Bhutan, 3:34–35
 - in Bulgaria, 4:59
 - from Central African Republic, 1:48
 - from Democratic Republic of Congo, 1:52
 - in French Guiana, 2:175
 - of Iraq War, 1:119–120
 - in Jordan, 1:135
 - in Lebanon, 1:174–175, 177, 180
 - in Libya, 1:208
 - in New Zealand, 3:220
 - Syrian, 1:120, 143–144, 330, 337, 338
 - in Uruguay, 2:381
- Reggae, 2:243
- Religion and culture
 - in Afghanistan, 1:8–9
 - in Albania, 4:6
 - in Algeria, 1:17
 - in Argentina, 2:2, 9
 - in Armenia, 4:12
 - in Australia, 3:10–11
 - in Austria, 4:20
 - in Bahamas, Barbados, and Turks and Caicos Islands, 2:24
 - in Bahrain, 1:25
 - in Bangladesh, 3:25
 - in Belarus, 4:30–31
 - in Belgium, 4:37–38
 - in Belize, 2:31
 - in Bermuda, 2:41
 - in Bhutan, 3:33
 - in Bolivia, 2:48
 - in Bosnia and Herzegovina, 4:45–46
 - in Botswana, 1:31
 - in Brazil, 2:60–61
 - in Brunei, 3:300
 - in Bulgaria, 4:57
 - in Burkina Faso, 1:38
 - in Cambodia, 3:44–46
 - in Canada, 2:75–76
 - in Cayman Islands, 2:80, 84
 - in Central African Republic, 1:47
 - in Chile, 2:92–93
 - in China, 3:51, 62–63
 - in Colombia, 2:104
 - in Costa Rica, 2:115
 - in Croatia, 4:67–68
 - in Cuba, 2:120, 125
 - in Czech Republic, 4:72, 76
 - in Democratic Republic of Congo, 1:59
 - in Denmark, 4:87
 - in Dominican Republic, 2:137–138
 - in Ecuador, 2:148–149
 - in El Salvador, 2:159
 - in Eritrea, 1:78
 - in Estonia, 4:97–98
 - in Ethiopia, 1:90
 - in Finland, 4:104–105
 - in France, 4:113–114
 - in French Caribbean, 2:168–169
 - in French Guiana, 2:177
 - in Georgia, 4:123–124
 - in Germany, 4:132–133
 - in Ghana, 1:99–100
 - in Greece, 4:140
 - in Greenland, 2:187–188
 - in Guam, 3:72
 - in Guatemala, 2:201–203
 - in Guyana, 2:212–213
 - in Haiti, 2:224–225
 - in Hungary, 4:152
 - in Iceland, 4:161
 - in India, 3:77, 87–88
 - in Indonesia, 3:97, 99–100
 - in Iran, 1:111–112
 - in Iraq, 1:118
 - in Ireland, 4:169–171
 - in Israel, 1:125
 - in Italy, 4:181–182
 - in Ivory Coast, 1:131
 - in Jamaica, 2:243
 - in Japan, 3:111–112
 - in Jordan, 1:142
 - in Kazakhstan, 3:121–122
 - in Kenya, 1:161
 - in Kosovo, 4:193
 - in Kyrgyzstan, 3:128–129
 - in Laos, 3:140
 - in Latvia, 4:203
 - in Lebanon, 1:179
 - in Lesotho, 1:187
 - in Liberia, 1:197–198
 - in Libya, 1:207
 - in Lithuania, 4:210–211
 - in Macedonia, 4:268
 - in Malawi, 1:215, 218
 - in Malaysia, 3:151
 - in Maldives, 3:160
 - in Mali, 1:224
 - in Malta, 4:214
 - in Melanesia, 3:170–171
 - in Mexico, 2:256
 - in Micronesia, 3:180–181
 - in Mongolia, 3:184, 190–191
 - in Morocco, 1:230–231
 - in Myanmar, 3:200–201
 - in Namibia, 1:241
 - in Nepal, 3:211–212
 - in Netherlands Antilles, 2:268–269
 - in New Zealand, 3:221–224
 - in Nicaragua, 2:278–279
 - in Nigeria, 1:249–250
 - in North Korea, 3:234
 - in Norway, 4:240–241
 - in Organization of Eastern Caribbean States, 2:296–297
 - in Pakistan, 3:243–244
 - in Palestine, 1:258
 - in Panama, 2:306
 - in Paraguay, 2:315
 - in Peru, 2:324–325
 - in Philippines, 3:254
 - in Poland, 4:251
 - in Polynesia, 3:264–265
 - in Portugal, 4:259
 - in Puerto Rico, 2:333–334
 - in Republic of the Congo, 1:266
 - in Romania, 4:278
 - in Russia, 4:281
 - in Rwanda, 1:280
 - in Saudi Arabia, 1:170–171
 - in Senegal, 1:285–286
 - in Sierra Leone, 1:292–293
 - in Singapore, 3:275
 - in Slovakia, 4:313
 - in Slovenia, 4:319
 - in Somalia, 1:300
 - in South Korea, 3:284
 - in South Sudan, 1:318
 - in Sri Lanka, 3:294
 - in Suriname, 2:346, 351–352
 - in Sweden, 4:339
 - in Syria, 1:330–331, 336–337
 - in Taiwan, 3:310

- in Tajikistan, 3:318
- in Thailand, 3:327
- in Trinidad and Tobago, 2:342
- in Tunisia, 1:351
- in Turkmenistan, 3:337–338
- in Ukraine, 4:364, 373
- in United Arab Emirates, 1:360–361
- in United Kingdom, 4:384–385
- in United States, 2:369–370
- in Uruguay, 2:379–380
- in Uzbekistan, 3:345–346
- in Venezuela, 2:393–394
- in Vietnam, 3:355
- in Yemen, 1:273–274
- in Zimbabwe, 1:370–372
- Reproductive rights
 - in Afghanistan, 1:5
 - in Albania, 4:3–4
 - in Algeria, 1:12
 - in Argentina, 2:5–6
 - assisted reproductive technology and, 4:177
 - in Bahrain, 1:21
 - in Bangladesh, 3:22–23
 - in Belarus, 4:28–29
 - in Belgium, 4:35
 - in Bhutan, 3:30
 - in Botswana, 1:29
 - in Bulgaria, 4:53–54
 - in Cambodia, 3:41–42
 - in Central African Republic, 1:45
 - in China, 3:58
 - in Colombia, 2:100, 103
 - in Costa Rica, 2:110–111
 - in Croatia, 4:65, 68–69
 - in Denmark, 4:82
 - in Dominican Republic, 2:133
 - in Ecuador, 2:145
 - in El Salvador, 2:155–156
 - in Eritrea, 1:75
 - in Estonia, 4:94–95
 - in Finland, 4:102–103
 - in France, 4:108–109
 - in French Guiana, 2:176
 - in Georgia, 4:120
 - in Ghana, 1:95
 - in Greenland, 2:185
 - in Guiana, 2:210
 - in Iceland, 4:157
 - in vitro fertilization and, 4:17
 - in Iran, 1:105, 108
 - in Iraq, 1:116
 - in Ireland, 4:171–172
 - in Israel, 1:123
 - in Ivory Coast, 1:129
 - in Jamaica, 2:241–242
 - in Jordan, 1:139–140
 - in Kenya, 1:152, 153
 - in Libya, 1:201
 - in Malawi, 1:213
 - in Malaysia, 3:149–150
 - in Melanesia, 3:167
 - in Mexico, 2:250
 - in Mongolia, 3:189
 - in Morocco, 1:227–228
 - in Namibia, 1:236
 - in Nepal, 3:208
 - in Netherlands, 4:228
 - in New Zealand, 3:217
 - in Nigeria, 1:245
 - in Pakistan, 3:242
 - in Peru, 2:321
 - in Philippines, 3:252
 - in Puerto Rico, 2:332, 334
 - in Romania, 4:277
 - in Russia, 4:284
 - in Senegal, 1:284
 - in Serbia, 4:299–300
 - in Slovakia, 4:307–308, 311–312
 - in South Africa, 1:305, 308–309
 - in Suriname, 2:347, 348
 - in Switzerland, 4:344
 - in Thailand, 3:323
 - in Trinidad and Tobago, 2:340–341
 - in Tunisia, 1:343–345, 347
 - in Turkey, 4:359
 - in Ukraine, 4:369
 - in Uzbekistan, 3:342
 - in Venezuela, 2:389–390
 - in Zimbabwe, 1:367
- Republic of China (Taiwan), 3:304–311
- Republic of the Congo, 1:260–268
- Republic of Korea (South Korea), 3:277–286
- Republic of Macedonia, 4:262–269
- Republic of Trinidad and Tobago, 2:337–343
- Republic of Yemen, 1:268–275
- Revolutionary Association of the Women of Afghanistan (RAWA), 1:3–4
- Rhee, Syngman, 3:282
- Right to be Free from Sexual Violence, 4:404–405
- Rincón de Gautier, Doña Felisa, 2:333
- Rivadeneira Burbano, Gabriela, 2:147
- Rivers, Tara, 2:83
- Rizal, Jose, 3:250
- Robelo, Lucía, 2:274
- Robinson, Mary, 1:59, 4:167–168
- Robles, Rosario, 2:254
- Rockefeller, John D., III, 1:343
- Rock 'n' Roll Camp for Girls (organization), 1:25
- Rodoreda, Mercé, 4:328
- Rodríguez de Tió, Lola, 2:330
- Rodríguez Saá, Adolfo, 2:2
- Rodríguez Zapatero, José Luis, 4:325
- Rogova, Igballe (Igo), 4:195
- Rohingya (people), 3:2
- Rohingyas (people), 3:195
- Roig I Fransitorra, Montserrat, 4:329
- Rokeya, Begum, 3:23
- Roma (people)
 - in Albania, 4:2
 - in Bosnia and Herzegovina, 4:46–47
- in Bulgaria, 4:52, 54
- in Hungary, 4:148
- in Macedonia, 4:263, 265
- in Romania, 4:270, 272–273
- in Slovenia, 4:316, 317
- in Sweden, 4:335, 341
- Roman Catholic Church
 - in Argentina, 2:2, 5–6, 9
 - in Austria, 4:15, 20
 - in Brazil, 2:61
 - in Canada, 2:75
 - in Chile, 2:92–93
 - in Colombia, 2:104
 - in Costa Rica, 2:115
 - in Croatia, 4:67
 - in Cuba, 2:125
 - in Democratic Republic of Congo, 1:59
 - in Dominican Republic, 2:137
 - in El Salvador, 2:159
 - in France, 4:113
 - in French Caribbean, 2:168
 - in Hungary, 4:145
 - in Ireland, 4:170–172
 - in Italy, 4:179–182
 - in Lithuania, 4:210
 - in Malta, 4:215
 - in Mexico, 2:256
 - in Nicaragua, 2:278
 - in Panama, 2:306
 - in Paraguay, 2:315
 - in Peru, 2:324–325
 - in Philippines, 3:254
 - in Poland, 4:251
 - in Portugal, 4:255, 259
 - in Puerto Rico, 2:333
 - in Rwanda, 1:280
 - in Spain, 4:321
 - in Venezuela, 2:393
- Virgin of Guadalupe in, 2:256
- Romania, 4:270–278
- Romanian Orthodox Church, 4:270, 278
- Romanov Dynasty (Russia), 4:280
- Roudy, Yvette, 4:109, 112
- Rouhani, Hassan, 1:103, 109, 110
- Rousseau, Stephanie, 2:47
- Rousseff, Dilma, 2:57–59
- Royal New Zealand Plunket Society, 3:223
- The Ruhnama* (Niyazov), 3:333–334
- Rural women
 - in Brazil, 2:57–58
 - in China, 3:55–56, 62
 - in Iceland, 4:157–158
- Russia (Russian Federation), 4:280–297
 - Belarus under, 4:25
 - conflicts between Georgia and, 4:118
 - Crimea invaded by, 4:363
 - Finland and, 4:100
 - Latvia under, 4:198
 - Tajikistan under, 3:312
 - See also Soviet Union
- Russian Orthodox Church (ROC), 4:295

- Russian Revolution (1917), 4:280
 Rwanda, 1:52, 275–280
 Constitution of, 4:412–413
 Rwandan Patriotic Front (RPF), 1:277
 Ryu Min-hee, 3:285–286
- Saadawi, Nawal El, 1:63, 64, 66
 Saba (Netherlands Antilles), 2:262, 263, 265, 267–269
 Al Sadat, Anwar, 1:62
 Sadat, Nemat, 1:10
 Saeidi, Zahra, 1:109
 Sahel countries, 1:32
 Sahgal, Gita, 3:85
 Sah, Shyam Kumari, 3:211
 Saint Barthélemy, 2:164, 165
 See also French Caribbean
 Saint Kitts and Nevis, 2:284, 287, 292, 295
 See also Organization of Eastern Caribbean States
 Saint Lucia, 2:284, 287, 292, 295
 See also Organization of Eastern Caribbean States
 Saint Martin, 2:164, 165, 263
 See also French Caribbean
 Saint Vincent and the Grenadines, 2:284, 287–288, 292–293, 295
 See also Organization of Eastern Caribbean States
 Sall, Macky, 1:282
 Salman bin Abd al-Aziz Al Saud (king, Saudi Arabia), 1:164
 Samba-Panza, Catherine, 1:46
 Same-sex relationships. *See* LGBTQ+ issues
 Sámi (people), 4:239
 in Norway, 4:241
 in Sweden, 4:341
 Samoa, 3:263
 faʻafafine of, 3:265–266
 Mead on, 3:258
 villages in, 3:259
 Samuel, Athaliah, 2:342
 San (Basarwa; people), 1:28
 Sande (people), 1:197–198
 Sandinista National Liberation Front (FSLN; Frente Sandinista de Liberación Nacional; Nicaragua), 2:272
 Sankara, Thomas, 1:37–38
 Sannuʾ, Yaʿqub, 1:72
 Santería, 2:125, 137–138, 333
 Santiago, Esmeralda, 2:334
 Santo Domingo (Dominican Republic), 2:130, 216
 Santos, Juan Manuel, 2:98
 Saovabha Phonsi (queen, Thailand), 3:328
 Sápara (people), 2:143
 Sassou-Nguesso, Denis, 1:265
 Saudi Arabia, Kingdom of, 1:163–172
 Savchenko, Nadia, 4:373
 Savchenko, Polina, 4:292
 Schizophrenia, 3:231
 Scotland, 4:376, 382
 See also United Kingdom
 Sealy-Burke, Jacqueline, 2:287
 Sédar Senghor, Léopold, 2:168
 Séléka, 1:46, 47
 Sendero Luminoso (Shining Path; Peru), 2:318, 325, 326
 Senegal, 1:282–287
 Senghor, Leopold Sedar, 1:282
 Serbia, 4:299–305
 Serbian Orthodox Church (SOC), 4:268
 Servicio Nacional de la Mujer, El (SERNAM; Chile), 2:87, 91–92, 94
 Setsuko Nakajima, 3:105
 Sex education
 in Canada, 2:66
 in Chile, 2:88
 in Colombia, 2:100
 in Croatia, 4:62–63
 in Cuba, 2:120–121
 in Ecuador, 2:142
 in Finland, 4:102
 in Georgia, 4:119
 in Guam, 3:68
 in Hungary, 4:147–148
 in Iceland, 4:156
 in India, 3:78
 in Iran, 1:103
 in Lebanon, 1:175
 in Macedonia, 4:262–263
 in Nepal, 3:207
 in Netherlands, 4:227
 in New Zealand, 3:215
 in Norway, 4:235
 in Pakistan, 3:242
 in Poland, 4:245
 in Singapore, 3:270
 in Slovakia, 4:306–307
 in Sri Lanka, 3:289
 in Sweden, 4:332
 in Switzerland, 4:344
 in Taiwan, 3:305–306
 in Thailand, 3:322
 in Ukraine, 4:369
 in United States, 2:365–366
 in Uruguay, 2:374–375
 in Vietnam, 3:349
 in Zimbabwe, 1:365–366
 Sex industry, in Japan, 3:113–114
 Sex trafficking. *See* Human trafficking
 Sexual assault and rape
 in Bahrain, 1:26
 in Belarus, 4:31
 in Belgium, 4:38–39
 in Bermuda, 2:42
 in Cambodia, 3:48
 in Central African Republic, 1:42, 47–48
 in China, 3:63–64
 in Croatia, 4:69
 in Democratic Republic of Congo (DRC), 1:59–60
 in Denmark, 4:88
 in El Salvador, 2:160
 in France, 4:115
 in Haiti, 2:217
 in Honduras, 2:234
 in India, 3:88–89
 in Ivory Coast, 1:133
 in Jamaica, 2:244
 in Latvia, 4:203
 in Libya, 1:207–208
 in Myanmar, 3:195–196
 in Namibia, 1:241–242
 in Netherlands Antilles, 2:270
 in New Zealand, 3:225
 in Nicaragua, 2:273
 in Pakistan, 3:238
 in Palestine, 1:259
 in Panama, 2:306
 in Philippines, 3:255
 in Poland, 4:252
 in Republic of the Congo, 1:267
 “Right to be Free from Sexual Violence” of United Nations on, 4:404–405
 “Rule 93. Rape and Other Forms of Sexual Violence” of International Red Cross on, 4:398–401
 in Serbia, 4:302, 304
 in South Africa, 1:302
 in Sweden, 4:340
 in Trinidad and Tobago, 2:338
 in United Arab Emirates, 1:361
 in United States, 2:370–371
 in Uzbekistan, 3:347
 as war crimes, 1:277
 as war strategy, 2:105
 Sexual harassment. *See* Harassment
 Sexuality
 in Algeria, 1:17
 in Austria, 4:22–23
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:17
 in Bahrain, 1:23
 in Central African Republic, 1:46
 in Colombia, 2:100
 in Croatia, 4:63
 in Cuba, 2:122
 in Democratic Republic of Congo, 1:57
 in Ethiopia, 1:86–87
 in Guam, 3:70–71
 in India, 3:83–84
 in Ireland, 4:170
 in Jamaica, 2:240
 in Japan, 3:110
 in Jordan, 1:138–139
 in Kenya, 1:152
 in Lebanon, 1:178
 in Lesotho, 1:187–188
 in Libya, 1:204–205
 in Malawi, 1:216–217
 in Morocco, 1:230–231
 in Namibia, 1:238–239

- in Palestine, 1:257
- in Panama, 2:304–305
- in Philippines, 3:248
- of Polynesians, 3:258
- in Puerto Rico, 2:332
- in Republic of the Congo, 1:265
- in Romania, 4:277
- in South Africa, 1:308
- in Syria, 1:335–336
- in United Kingdom, 4:381–382
- in United States, 2:365–366
- in Uruguay, 2:374–375
- in Zimbabwe, 1:367–368
- Sexually transmitted infections (STIs)
 - in Afghanistan, 1:5
 - in Canada, 2:68
 - in China, 3:58
 - in Colombia, 2:102
 - in Denmark, 4:82
 - in France, 4:109
 - in Greenland, 2:185
 - in Iceland, 4:156–157
 - in North Korea, 3:228
 - in Philippines, 3:250
- Sexual objectification, in Czech Republic, 4:79
- Sex workers
 - in Austria, 4:22
 - in Cuba, 2:126
 - in Denmark, 4:88
 - in France, 4:115–116
 - in Ivory Coast, 1:132
 - in New Zealand, 3:218
 - See also* Prostitution
- Shabeykh, Sondas, 1:72
- Shafik, Doria, 1:63, 70
- Shajarat al-Durr (sultan, Egypt), 1:69
- Shakti (organization; New Zealand), 3:220
- Sha'rawi, Huda, 1:63, 69
- Shari'ah-Hawadith (organization; Sudan), 1:325
- Sharia law
 - in Afghanistan, 1:7
 - in Algeria, 1:12, 14, 16
 - in Bahrain, 1:20, 23, 24
 - in Brunei, 3:296, 297, 300–301
 - in Egypt, 1:63, 68
 - in Indonesia, 3:93, 101, 102
 - in Iran, 1:112
 - in Lebanon, 1:178
 - in Libya, 1:203–206
 - in Mali, 1:224
 - in Nigeria, 1:248–250
 - in Pakistan, 3:238, 242
 - in Philippines, 3:254
 - in Saudi Arabia, 1:164, 169
 - in Somalia, 1:300
 - in Sudan, 1:328
 - in United Arab Emirates, 1:360, 361
- Sharples, Sir Richard, 2:34
- Sheba (legendary queen), 1:90
- Shepherd, Verene A., 2:289
- Sheppard, Kate, 3:220
- Shinto, 3:111–112
- Shipley, Jenny, 3:220
- Siam, 3:320
- Sierra Leone, 1:287–294
- Sigurðardóttir, Jóhanna, 4:160
- Sihanouk (king, Cambodia), 3:37
- Sikhs, 2:76
 - Faith Statement of, 4:413–414
- Silva de Santolalla, Irene, 2:324
- Silva, Marina, 2:57
- Simpson, Lucy Rain, 1:15
- Simpson Miller, Portia, 2:240
- Singapore, 3:142, 269–276
- Singapore Council of Women, 3:275
- Sint Eustatius (Saint Eustatius; Statia; Netherlands Antilles), 2:262, 263, 265, 267, 269
- Sint Maarten (Netherlands Antilles), 2:262, 263, 265–268, 270
- Al-Sisi, Abdel-Fattah, 1:62
- Sister Namibia (organization), 1:238
- Skenderbeu, Gjergj Kastrioti, 4:193
- Skin cancer, 3:4
- Skvortsova, Veronika, 4:293
- Slavery and slaves
 - in Bermuda, 2:34
 - in Brazil, 2:51
 - in Curaçao, 2:263
 - in Democratic Republic of Congo, 1:51
 - in French Caribbean, 2:164, 167–168
 - in French Guiana, 2:173
 - in Haiti, 2:216
 - of indigenous peoples by Spain, 2:329–330
 - in Jamaica, 2:239, 244–245
 - in Libya, 1:202
 - in Mexico, 2:257
 - in Morocco, 1:229
 - Roma as, 4:270
 - in Sierra Leone, 1:288
 - in Suriname, 2:345
 - in Trinidad and Tobago, 2:337
 - United Kingdom's Modern Slavery Act (2015) on, 4:433–434
 - in United States, 2:355
 - in Uruguay, 2:381
- Slovakia, 4:305–313
 - Roma in, 4:263
- Slovenia, 4:314–319
- Slut-Walks, 2:74
- Smith, Gerrit, 2:368
- Smith, Dame Jennifer, 2:34
- Smoking. *See* Tobacco use
- Soccer (fútbol)
 - in Argentina, 2:4
 - in Colombia, 2:100–101
 - in Democratic Republic of Congo, 1:53
 - in Iran, 1:109
 - in Ivory Coast, 1:130
- Soccer War (1969), 2:228
- Social Democratic Party (Brazil), 2:56
- Social exclusion and marginalization, 2:115, 4:278
- Social media
 - in Indonesia, 3:93
 - in Tunisia, 1:351
- Solbery, Erna, 4:238
- Soliman, Azza, 1:67
- Solomon Islands, 3:162
 - See also* Melanesia
- Somalia, 1:294–300
- Somaliland, 1:295, 299
- Sophany Bay, 3:49
- Soto, Lilian, 2:314
- South Africa, 1:301–313
 - Constitution of (1996), 4:408–409
 - Lesotho surrounded by, 1:182, 184–185
 - virginity testing in, 1:370
- Southern Baptists
 - "Baptist Faith and Message" of, 4:411–412
 - Resolution on Ordination and the Role of Women in Ministry of, 4:396
- South Korea (Republic of Korea), 3:277–286
- South Sudan, 1:314–322
 - conflicts between Sudan and, 1:322–323
- South West Africa People's Organization (SWAPO), 1:234–235, 240
- Soviet Union, 4:280
 - Cuba and, 2:119, 123, 127
 - Czechoslovakia and, 4:306
 - Estonia in, 4:91
 - Hungary under, 4:144
 - independent women's organizations banned in, 4:373
 - Kazakhstan under, 3:116–118
 - Kyrgyzstan under, 3:125
 - Laos and, 3:133
 - Latvia in, 4:198
 - Lithuania occupied by, 4:205, 206, 208
 - Mongolian and, 3:184
 - North Korea and, 3:227
 - Romania and, 4:271
 - Tajikistan under, 3:313–316
 - Turkmenistan under, 3:332, 336
 - Ukraine in, 4:363, 364
 - Uzbekistan under, 3:340
 - See also* Russia
- Spaak-Janson, Marie-Anne, 4:37
- Spain, 4:321–329
 - Argentina under, 2:1–2
 - Colombia under, 2:97
 - Costa Rica under, 2:108
 - Cuba under, 2:119, 125
 - Dominican Republic under, 2:130, 131
 - El Salvador under, 2:152
 - enslavement of indigenous peoples by, 2:329
 - Honduras under, 2:227–228
 - Netherlands gains independence from, 4:226
 - Nicaragua under, 2:272

- Spain (*Continued*)
 Peru under, 2:318
 Philippines under, 3:247
 Venezuela under, 2:385
 Spanish Civil War (1936–1939), 4:321–322
 Special education
 in Myanmar, 3:197
 in Romania, 4:274
 in Sri Lanka, 3:290–291
 in United Arab Emirates, 1:357
 Spence, Doreen, 2:66
 Sports
 in Argentina, 2:4
 in Belarus, 4:26
 in Belgium, 4:38
 in Belize, 2:28–29
 in Bosnia and Herzegovina, 4:42
 in Cayman Islands, 2:80
 in China, 3:54
 in Colombia, 2:100–101
 in Czech Republic, 4:73
 in Denmark, 4:85
 in Georgia, 4:119
 in Guam, 3:74
 in Iran, 1:109
 in Ivory Coast, 1:129–130
 in Japan, 3:105
 in Kosovo, 4:185
 in Latvia, 4:199
 in Libya, 1:200
 in Maldives, 3:157
 in Netherlands, 4:227–228
 in New Zealand, 3:215
 in Panama, 2:301
 in Senegal, 1:286
 in Singapore, 3:271
 in Sweden, 4:332
 in Syria, 1:332
 in United Arab Emirates, 1:355
 Sri Lanka (Ceylon), 3:288–295
 Stanton, Elizabeth Cady, 2:368
 Stewart, Dianne M., 2:296–297
 Stone, Lucy, 2:368
 Storm, Sudy, 1:289, 291
 Street children, 4:272
 Structural Adjustment Programs (SAPs)
 in Nigeria, 1:246–247
 in Tunisia, 1:349
 Sturgeon, Nicola, 4:382
 Suárez Bértora, Michelle, 2:378
 Substance abuse. *See* Drug abuse
 Sudan, 1:322–329
 South Sudan and, 1:314–322
 Sudanese Women Empowerment for Peace (SuWEP), 1:321
 Sudanese Women's Union (SWU), 1:321
 Sudanese Women's Voice for Peace (SWVP), 1:321–322
 Sudan People's Liberation Movement (SPLM), 1:315, 318
 Suffrage (voting)
 in Australia, 3:7–9
 in Austria, 4:19
 in Brazil, 2:59
 in Canada, 2:73
 in Colombia, 2:97
 in Denmark, 4:86
 in Finland, 4:104
 in France, 4:112
 in Haiti, 2:223
 in Hungary, 4:150
 in Iceland, 4:160
 in Iran, 1:111
 in Italy, 4:180
 in Jordan, 1:140–141
 in Kenya, 1:160
 in Mexico, 2:255
 in New Zealand, 3:220
 in Norway, 4:238
 in Palestine, 1:258
 in Paraguay, 2:314
 in Peru, 2:324
 in Puerto Rico, 2:333
 in Romania, 4:276
 in Slovakia, 4:312
 in Sweden, 4:330
 in Syria, 1:336
 in Thailand, 3:326
 in Ukraine, 4:372
 in United Kingdom, 4:383
 in United States, 2:368
 in Venezuela, 2:392
 in Yemen, 1:273
 Suicides
 in China, 3:59
 in Denmark, 4:82
 in El Salvador, 2:154
 in Greenland, 2:185
 in Japan, 3:105
 in South Korea, 3:278
 in Sri Lanka, 3:292
 in United States, 2:363
 Sukarnoputri, Megawati, 3:98
 Sultanate of Brunei (Negara Brunei Darussalam), 3:296–302
 Sunyoung Kim, 3:228
 Suriname, 2:345–352
 conflicts between Guyana and, 2:213
 Suriyothai (queen, Thailand), 3:328
 Sweden, 4:330–342
 Norway in union with, 4:234
 Switzerland, 4:344–350
 Syed Ahmad bin Muttaqi Khan, 3:237
 Sylva, Aferdita, 4:195
 Syncretism
 in Cuba, 2:125
 in El Salvador, 2:159
 in Venezuela, 2:393
 Syria, 1:330–339
 Syrian refugees, 1:330, 337, 338
 in Bulgaria, 4:59
 in Iraq, 1:120
 in Jordan, 1:143–144
 in Lebanon, 1:174, 180
 in Turkey, 4:354–356
 in Uruguay, 2:381
 Taboos, 3:263
 Tahiri, Edita, 4:194
 Taínos (people), 2:131, 239, 329
 Taitu (empress, Ethiopia), 1:90
 Taiwan (Republic of China), 3:304–311
 in United Nations, 3:52
 Tajikistan, 3:312–319
 Tajiks (people), 3:312
 Taliban, 1:1
 women's education under, 1:3–4
 women's employment under, 1:6
 Tamils (people), 3:294
 Tasman, Abel, 3:214
 Taubira, Christiane, 4:111
 Taylor, Charles, 1:196
 Te Atatu Chris Carter, 3:221
 Technical education, in Peru, 2:320
 Technology
 assisted reproductive technology, 4:177
 in Myanmar, 3:202
 Teen pregnancy
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:24–25
 in Belgium, 4:34
 in Bermuda, 2:35
 in Burkina Faso, 1:33
 in Canada, 2:66
 in Chile, 2:87–88
 in Colombia, 2:100
 in Denmark, 4:81–82
 in Dominican Republic, 2:132
 in Ecuador, 2:142, 149
 in El Salvador, 2:153–154
 in Finland, 4:102
 in Ghana, 1:94
 in Haiti, 2:217
 in Iceland, 4:156
 in Laos, 3:134–135
 in Mexico, 2:249–250
 in Nicaragua, 2:273
 in Paraguay, 2:310
 in Polynesia, 3:259
 in Romania, 4:273
 in Serbia, 4:299
 in Singapore, 3:270
 in Trinidad and Tobago, 2:338
 in Ukraine, 4:370
 in United States, 2:365
 in Zimbabwe, 1:366–368
 Teens. *See* Girls and teens
 Tejo (sport), 2:101
 Television
 in Spain, 4:326–327
 See also Media
 Te Ropu Wahine Māori Toko i te Ora (Māori Women's Welfare League), 3:216

- Terrorism, in Saudi Arabia, **1:164**
Tet, **3:355–356**
 Thailand, **3:320–330**
 Than Pu Ying Chan (queen, Thailand), **3:328**
 Thatcher, Margaret, **4:382**
 Theatre, BuSSy (Egypt), **1:72**
 Thein, Pansy Tun, **3:198**
 Thiam, Amy Mbacké, **1:286**
 31st December Women's Movement (Ghana), **1:98**
 Thiteux, Monique, **2:11**
 Tibet, **3:52–53**
 Tigray Peoples Liberation Front (TPLF; Ethiopia), **1:88–89**
 Tobacco use
 in Argentina, **2:6–7**
 in Canada, **2:69**
 in Denmark, **4:83**
 in Ecuador, **2:145**
 in Egypt, **1:64**
 in France, **4:109**
 in Georgia, **4:120**
 in Laos, **3:137**
 in Malaysia, **3:146**
 in Micronesia, **3:177**
 in Russia, **4:283**
 in Singapore, **3:272**
 in Sweden, **4:335**
 in Taiwan, **3:308**
 in Tunisia, **1:347–348**
 in Uruguay, **2:377**
 Tobago, **2:337–343**
 Toledo Manrique, Alejandro, **2:318**
 Tolokonnikova, Nadezhda, **4:293**
 Tormah, Mama, **1:192**
 Torres Peimbert, Marcela, **2:255–256**
 Tostan (organization; Senegal), **1:284**
 Toum, Fardos Al, **1:329**
 Toure, Aya Virginie, **1:132–133**
 Tourism
 in Bahamas, Barbados, and Turks and Caicos Islands, **2:15, 16**
 in Bermuda, **2:37**
 in Bhutan, **3:26–27, 33–34**
 in Cayman Islands, **2:80**
 in Costa Rica, **2:111**
 in French Caribbean, **2:166**
 in Jordan, **1:136, 137**
 in Maldives, **3:155**
 in Morocco, **1:226, 230–231**
 in New Zealand, **3:214**
 in Organization of Eastern Caribbean States, **2:294–295**
 in Slovakia, **4:313**
 Trafficking. *See* Human trafficking
 Transgender people
 in Belgium, **4:36**
 in Bosnia and Herzegovina, **4:47**
 Fa'afafine, **3:265–266**
 in Greece, **4:141**
 in Honduras, **2:231, 233, 236**
 in India, **3:81, 87**
 in Indonesia, **3:101–102**
 in Iran, **1:110**
 in Ivory Coast, **1:131**
 in Mexico, **2:259**
 in New Zealand, **3:221**
 in Norway, **4:241–242**
 in Russia, **4:297**
 in Suriname, **2:350**
 in United States, **2:357–360**
 in Uruguay, **2:377–378**
 See also LGBTQ+ issues
 Travel, North Korean restrictions on, **3:234**
 Trinidad and Tobago, Republic of, **2:337–343**
 Tripathi, Laxmi Narayan, **3:87**
 Trotsky, Leo, **4:280**
 Trudeau, Justin, **2:65**
 Truman, Harry, **3:73**
 Trump, Donald, **2:120, 369**
 Tsai Ing-wen, **3:309**
 Tsipras, Alexis, **4:135–136, 141**
 Tuberculosis
 in Bahamas, Barbados, and Turks and Caicos Islands, **2:21**
 in Egypt, **1:84**
 in Georgia, **4:121**
 in Greenland, **2:185**
 in India, **3:82**
 in Indonesia, **3:95**
 in Kosovo, **4:186–187**
 in Lebanon, **1:177**
 in North Korea, **3:231**
 in Philippines, **3:249**
 in Somalia, **1:298**
 in Turkmenistan, **3:335**
 in Zimbabwe, **1:369**
 Tunisia, **1:342–352**
 Tunisian Association of Democratic Women, **1:344**
 Tunisian League of Human Rights, **1:344**
 Tunisian National Dialogue Quartet, **1:343, 346**
 Turkey, **4:353–361**
 Turkmenistan, **3:332–338**
 Turks and Caicos Islands, **2:14–27**
 Tutsi (people), **1:52, 275–277, 280**
 Two-Spirit (Cuba), **2:126**
 Typhoons, **3:255–256**
 Ubangi-Shari, **1:41**
 See also Central African Republic
 Ukraine, **4:363–374**
 Chernobyl Nuclear Power Plant disaster in, **4:26**
 Unemployment. *See* Employment
 Unión de Mujeres Campesinas Hondureñas (UMCAH; Honduras), **2:229**
 Union of Soviet Socialist Republics (USSR). *See* Soviet Union
 Union of Women of Turkmenistan, **3:337**
 United Arab Emirates (UAE), **1:354–362**
 United Church of Christ, “Equal Marriage Rights for All” statement of, **4:415–416**
 United Kingdom (of Great Britain and Northern Ireland), **4:376–386**
 Bahamas, Barbados, and Turks and Caicos Islands colonized by, **2:14**
 Bermuda under, **2:34, 40**
 Brunei under, **3:297**
 Burma under, **3:194, 195**
 Canada and, **2:64**
 Cayman Islands under, **2:79–80**
 India under, **3:76**
 Jamaica under, **2:239**
 Kenya under, **1:148–149**
 Lesotho under, **1:181**
 Malaysia under, **3:142**
 Malta under, **4:215**
 Modern Slavery Act by (2015), **4:433–434**
 New Zealand under, **3:214, 222**
 Nicaragua under, **2:272**
 Pakistan under, **3:237**
 Polish migration to, **4:246**
 Sierra Leone under, **1:288**
 Singapore under, **3:269**
 Trinidad and Tobago under, **2:337**
 Turks and Caicos Islands as territory of, **2:23**
 United States becomes independent from, **2:355**
 United Nations
 Beijing Declaration of, **4:405–408**
 on Botswana human rights, **1:28**
 China in, **3:52**
 Convention on the Elimination of All Forms of Discrimination against Women, **4:391–395**
 Declaration on the Elimination of Violence against Women of, **4:401–404**
 on Democratic Republic of Congo, **1:57, 58, 60, 61**
 General Assembly resolution on “Child, Early, and Forced Marriage,” **4:431–432**
 Haitian cholera epidemic tied to, **2:220**
 International Criminal Tribunal for Rwanda of, **1:277**
 International Women's Day statement by, **4:409**
 Millennium Development Goals of, **2:367**
 Resolution 1325 on Women, Peace, and Security of, **4:410–411**
 “Right to be Free from Sexual Violence” of, **4:404–405**
 Somalia peacekeeping by, **1:295**
 “Transforming Our World: The 2030 Agenda for Sustainable Development,” **4:432–433**
 United Nations Human Rights Council, “Joint Statement on Ending Acts of Violence and Related Human Rights Violations ...” of, **4:427–428**
 United Provinces of Central America, **2:248**
 United States of America, **2:355–371**
 American Samoa under, **3:263**
 in Colombian armed conflict, **2:105**
 Constitution of, **4:389**
 Cuba and, **2:119–120, 127**

- United States of America (*Continued*)
 Dominican Republic and, 2:130
 Guam under, 3:67–74
 in Korean War, 3:282
 Laos and, 3:133
 Liberia and, 1:191
 Mexican territory obtained by, 2:249
 Nicaragua occupied by, 2:272
 nuclear weapons testing by, 3:175, 181
 Philippines under, 3:247
 Puerto Rico under, 2:328–335
 Somali intervention by, 1:295
 South Korea and, 3:227
 in Vietnam War, 3:348
 in wars with Iraq, 1:115
 Zaire interference by, 1:52
- United States-Central America Free Trade Agreement (CAFTA), 2:156–157
- Universal Declaration of Human Rights, 1:220
- Upper Volta. *See* Burkina Faso
- Uranga, Amaya, 4:329
- Uribe Velez, Alvaro, 2:98
- Uruguay, 2:373–382
- Ushigua, Gloria, 2:143
- Utomo, Ariane, 3:96
- Uzbekistan, 3:340–347
- Vaccinations
 in Bahrain, 1:21
 in Georgia, 4:121
 HPV vaccine, 4:137
 in Kenya, 1:154
 in Lesotho, 1:183
 in North Korea, 3:231
 in Suriname, 2:348
 in Uruguay, 2:377
- Vanuatu, 3:162, 163
See also Melanesia
- Varda, Agnes, 4:37
- Vargas, Getúlio, 2:50
- Varoufakis, Yanis, 4:135
- Vázquez, Tabare, 2:377–379
- Veil, Simone, 4:109, 112
- Venezuela, 2:385–395
 conflicts between Guyana and, 2:213
- Verešová, Andrea, 4:313
- Vespucci, Amerigo, 2:262–263
- Victoria (crown princess; Sweden), 4:330
- Vietnam, 3:348–356
- Viet Nam Women's Union, 3:355
- Vike-Freiberga, Vaira, 4:203
- Violence against women (VAW)
 in Albania, 4:6
 in Australia, 3:11–13
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:25
 in Belgium, 4:38
 in Belize, 2:31–32
 in Bolivia, 2:47–48
 in Brazil, 2:60
 in Bulgaria, 4:57–58
 in Canada, 2:73–74
 in Chile, 2:93–94
 in China, 3:63–65
 in Costa Rica, 2:111
 in Czech Republic, 4:77–78
 Declaration on the Elimination of Violence against Women on, 4:401–404
 in Denmark, 4:88
 in Dominican Republic, 2:138
 in Ecuador, 2:149
 in Egypt, 1:71
 in El Salvador, 2:158–160
 in Eritrea, 1:78
 in Finland, 4:105
 in Greenland, 2:188
 in Guam, 3:74
 in Guatemala, 2:191
 in Guiana, 2:211–212
 in Honduras, 2:228, 234
 in Iceland, 4:161–162
 in Iraq, 1:118
 in Ivory Coast, 1:133
 in Jamaica, 2:244
 in Japan, 3:114
 in Jordan, 1:142–143
 in Kenya, 1:161
 in Latvia, 4:203–204
 in Lebanon, 1:180
 in Lesotho, 1:187
 in Libya, 1:207–208
 in Lithuania, 4:211–212
 in Malaysia, 3:152
 in Maldives, 3:161
 in Mali, 1:224–225
 in Malta, 4:221–222
 in Melanesia, 3:168–169
 in Mongolia, 3:192
 in Myanmar, 3:201
 in Nepal, 3:212–213
 in Netherlands, 4:232–233
 in Nicaragua, 2:280
 in Nigeria, 1:250
 in North Korea, 3:235
 in Norway, 4:242
 in Organization of Eastern Caribbean States, 2:297
 in Palestine, 1:259
 in Paraguay, 2:311, 316
 in Peru, 2:325
 in Poland, 4:251–252
 in Portugal, 4:259–260
 in Puerto Rico, 2:334–335
 “Right to be Free from Sexual Violence” of United Nations on, 4:404–405
 in Romania, 4:278
 in Russia, 4:296
 in Senegal, 1:286–287
 in Serbia, 4:303–304
 in Sierra Leone, 1:293
 in Somalia, 1:300
 in South Africa, 1:312
 in South Sudan, 1:319
 in Sudan, 1:328–329
 in Suriname, 2:352
 in Sweden, 4:340
 in Syria, 1:337–338
 in Tunisia, 1:352
 in Turkey, 4:361
 in Ukraine, 4:373–374
 in United Kingdom, 4:386
 in Uruguay, 2:378
 in Venezuela, 2:394
 in Zimbabwe, 1:369, 375
See also Domestic violence; Sexual assault and rape
- Virginity testing, in Zimbabwe, 1:369–370
- Virgin of Caacupé (Paraguay), 2:315
- Virgin of Guadalupe (Mexico), 2:256
- Virilocality, 1:370–371
- Vitamin D deficiency, 1:167
- Vocational Education. *See* Job training
- Vodou, in Haiti, 2:224–225
- Vogel, Susan, 3:108–109
- Voice of Libyan Women, 1:207
- Wahhabi (Saudi Arabia), 1:170
- Waitangi Tribunal, 3:222
- Wales, 4:376, 382
See also United Kingdom
- Walker, William, 2:272
- Walwyn, Myron, 2:288
- Wang Man, 3:64
- Wangu wa Makeri, 1:160
- War crimes
 in Bosnia and Herzegovina, 4:48
 International Criminal Tribunal for the former Yugoslavia on, 4:304
 rape as, 1:277
 in Sudan, 1:329
See also Civil warfare
- Water
 in Indonesia, 3:95
 in Malawi, 1:210, 212
 in Maldives, 3:161
 in Yemen, 1:274–275
- We Are Women Activists (WAWA; Somalia), 1:297
- Weill-Hallé, Marie-Andrée Lagroua, 4:108
- Wei Tingting, 3:64
- Wellington Young Feminists' Collective, 3:221
- Wenzel, Myrthes de Luca, 2:54
- Werbrouck, Ulla, 4:38
- West Bank (Palestine), 1:253
See also Palestine
- Western Wall (Jerusalem), 1:126
- West Pakistan, 3:16
See also Pakistan
- Whitaker, Brian, 1:10, 171
- Widodo, Joko, 3:98
- Widowhood
 in India, 3:84

- in Nigeria, **1**: 248
- in Poland, **4**:244
- Wilcox, Crag, **3**:106
- Williams, Eric, **2**:296
- Williams-Perkins, Betty, **4**:168
- Winfrey, Oprah, **2**:370
- Winti (religion), **2**:351–352
- Witchcraft and sorcery
 - in Central African Republic, **1**:47
 - in Melanesia, **3**:171–172
- Woman Scream (organization; Libya), **1**:207
- Women and Memory Forum (organization; Egypt), **1**:70
- Women in Black (organization; Israel), **1**:122
- Women Journalists without Chains (WFWC), **1**:270, 273
- Women of Liberia Mass Action for Peace (WLMAP), **1**:191, 196–197
- Women of Peace (Ireland), **4**:168
- Women of the Wall (organization; Israel), **1**:126
 - mission statement of, **4**:398
- Women's Action Group (WAG; Zimbabwe), **1**:374
- Women's Affairs Technical Committee (WATC; Palestine), **1**:258
- Women's Association of Afghanistan, **1**:3, 4
- Women's Committee of Uzbekistan, **3**:345
- Women's Environment and Development Organization (WEDO), **1**:239
- Women's Forum (Sierra Leone), **1**:292
- Women's Health Care Center (Yemen), **1**:271
- Women's International League for Peace and Freedom (WILPF), **4**:348–349
- Women's League of Burma (WLB), **3**:200
- Women's March on Washington (2017), **2**:369
- Women's movement. *See* Feminism
- Women's Organizations Network of Myanmar (WON), **3**:200
- Women's Professional Playwrights Association (WOPPA New Zealand), **3**:221
- Women's Social and Political Union (WSPU; United Kingdom), **4**:383
- Women's studies
 - in Latvia, **4**:200
 - in Puerto Rico, **2**:330–331
- Wood, Mary Evelyn, **2**:84
- World Association of Girl Guides and Girl Scouts (WAGGGS), **1**:53
- World Council of Churches, "Status of Women" statement of, **4**:430
- Wu Rongrong, **3**:64
- Xharra, Arbana, **4**:194
- Yacob, Halimah, **3**:275
- Yameogo, Maurice, **1**:37
- Ya Mo (queen, Thailand), **3**:328
- Yamsa, Fatimatu, **1**:47
- Yao, Michel, **1**:42
- Yarovaya, Yelena, **4**:294
- Yemen Arab Republic, **1**:269
- Yemen, People's Democratic Republic of, **1**:269
- Yemen, Republic of, **1**:268–275
- Yip Pin Xiu, **3**:271
- Yorm Bopha, **3**:38
- Youlou, Fulbert, **1**:265
- Young Women's Christian Association (YWCA), **1**:198
- Yugoslavia, former republic of
 - Bosnia and Herzegovina in, **4**:40–41
 - Croatia in, **4**:61, 66
 - Kosovo in, **4**:184–195
 - Macedonia in, **4**:262–269
 - Serbia in, **4**:299–305
 - Slovenia in, **4**:314–319
- Yun-Fong Huang, **3**:309
- Zaire, **1**:51, 52
 - See also* Democratic Republic of Congo
- Zaitsev, Aleksander, **4**:28
- Zapata, Eduardo Añorve, **2**:258
- Zarif, Mohammad Javad, **1**:103
- Zelaya, Manuel, **2**:228, 233
- Zerbo, Saye, **1**:37
- Zheng Churan, **3**:64
- Zia-ul-Haq, **3**:238
- Zika virus
 - in Argentina, **2**:6
 - in El Salvador, **2**:156
 - in Honduras, **2**:231
 - in Laos, **3**:138
- Zimbabwe, **1**:364–375
- Zimbabwe African Nationalist Union-Patriotic Front (ZANU-PF), **1**:372
- Zonta (New Zealand District of Zonta), **3**:223–224

WOMEN'S LIVES AROUND THE WORLD

WOMEN'S LIVES AROUND THE WORLD

A Global Encyclopedia

VOLUME 3
ASIA AND THE PACIFIC

Susan M. Shaw, General Editor
Nancy Staton Barbour, Patti Duncan,
Kryn Freehling-Burton, and Jane Nichols,
Editors



An Imprint of ABC-CLIO, LLC
Santa Barbara, California • Denver, Colorado

Copyright © 2018 by ABC-CLIO, LLC

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, except for the inclusion of brief quotations in a review, without prior permission in writing from the publisher.

Library of Congress Cataloging-in-Publication Data

Names: Shaw, Susan M. (Susan Maxine), 1960- editor.

Title: Women's lives around the world : a global encyclopedia / Susan M.

Shaw, General Editor.

Description: Santa Barbara, California : ABC-CLIO, [2018] | Includes bibliographical references and index.

Identifiers: LCCN 2017015976 (print) | LCCN 2017031062 (ebook) |

ISBN 9781610697125 (ebook) | ISBN 9781610697118 (set) | ISBN 9781440847646 (volume 1) |

ISBN 9781440847653 (volume 2) | ISBN 9781440847660 (volume 3) | ISBN 9781440847677 (volume 4)

Subjects: LCSH: Women—Social conditions—Encyclopedias.

Classification: LCC HQ1115 (ebook) | LCC HQ1115 .W6437 2018 (print) | DDC 305.4—dc23

LC record available at <https://lccn.loc.gov/2017015976>

ISBN: 978-1-61069-711-8 (set)
978-1-4408-4764-6 (vol. 1)
978-1-4408-4765-3 (vol. 2)
978-1-4408-4766-0 (vol. 3)
978-1-4408-4767-7 (vol. 4)

EISBN: 978-1-61069-712-5

22 21 20 19 18 1 2 3 4 5

This book is also available as an eBook.

ABC-CLIO

An Imprint of ABC-CLIO, LLC

ABC-CLIO, LLC

130 Cremona Drive, P.O. Box 1911

Santa Barbara, California 93116-1911

www.abc-clio.com

This book is printed on acid-free paper (∞)

Manufactured in the United States of America

Contents

Preface, xi

Introduction, xiii

Volume 1: Africa and the Middle East

Color inserts follow page 170.

Afghanistan, 1

Algeria, 11

Bahrain, 19

Botswana, 27

Burkina Faso, 32

Central African Republic, 40

Democratic Republic of Congo, 51

Egypt, 62

Eritrea, 74

Ethiopia, 80

Ghana, 92

Iran, 102

Iraq, 114

Israel, 120

vi Contents

Ivory Coast, 127

Jordan, 135

Kenya, 148

Kingdom of Saudi Arabia, 163

Lebanon, 174

Lesotho, 181

Liberia, 190

Libya, 199

Malawi, 210

Mali, 219

Morocco, 226

Namibia, 234

Nigeria, 243

Palestine, 253

Republic of the Congo, 260

Republic of Yemen, 268

Rwanda, 275

Senegal, 282

Sierra Leone, 287

Somalia, 294

South Africa, 301

South Sudan, 314

Sudan, 322

Syria, 330

Tunisia, 342

United Arab Emirates, 354

Zimbabwe, 364

Index, 377

Volume 2: The Americas

Color inserts follow page 182.

Argentina, 1

Bahamas, Barbados, and the Turks and Caicos Islands, 14
Belize, 27
Bermuda, 33
Bolivia, 44
Brazil, 50
Canada, 64
Cayman Islands, 79
Chile, 86
Colombia, 96
Costa Rica, 107
Cuba, 119
Dominican Republic, 130
Ecuador, 141
El Salvador, 152
French Caribbean, 164
French Guiana, 172
Greenland, 179
Guatemala, 190
Guyana, 207
Haiti, 216
Honduras, 227
Jamaica, 239
Mexico, 248
Netherlands Antilles/Dutch Caribbean, 262
Nicaragua, 271
Organization of Eastern Caribbean States (OECS), 284
Panama, 299
Paraguay, 309
Peru, 317
Puerto Rico, 328
The Republic of Trinidad and Tobago, 337
Suriname, 345

viii Contents

United States of America, 355

Uruguay, 373

Venezuela, 385

Index, 397

Volume 3: Asia and the Pacific

Color inserts follow page 182.

Australia, 1

Bangladesh, 16

Bhutan, 26

Cambodia, 37

China, 51

Guam, 67

India, 76

Indonesia, 92

Japan, 104

Kazakhstan, 116

Kyrgyzstan, 124

Laos, 133

Malaysia, 142

Maldives, 155

Melanesia, 162

Micronesia, 174

Mongolia, 183

Myanmar, 194

Nepal, 205

New Zealand, 214

North Korea, 226

Pakistan, 237

Philippines, 246

Polynesia, 258

Singapore, 269

South Korea, 277
Sri Lanka, 288
Sultanate of Brunei (Negara Brunei Darussalam), 296
Taiwan, 304
Tajikistan, 312
Thailand, 320
Turkmenistan, 332
Uzbekistan, 340
Vietnam, 348
Index, 361

Volume 4: Europe

Color inserts follow page 230.

Albania, 1
Armenia, 8
Austria, 15
Belarus, 25
Belgium, 32
Bosnia and Herzegovina, 40
Bulgaria, 50
Croatia, 61
Czech Republic, 71
Denmark, 81
Estonia, 91
Finland, 100
France, 106
Georgia, 118
Germany, 126
Greece, 134
Hungary, 144
Iceland, 155
Ireland, 163

x Contents

Italy, 174

Kosovo, 184

Latvia, 198

Lithuania, 205

Malta, 214

Netherlands, 226

Norway, 234

Poland, 244

Portugal, 254

Republic of Macedonia, 262

Romania, 270

Russia, 280

Serbia, 299

Slovakia, 305

Slovenia, 314

Spain, 321

Sweden, 330

Switzerland, 344

Turkey, 353

Ukraine, 363

United Kingdom, 376

Primary Documents, 389

About the Editors and Contributors, 435

Index, 457

A

Australia

Overview of Country

Australia is the sixth-largest country in the world, covering 4.6 million square miles (12 million sq. km). It is surrounded by water and has a desert landmass in the middle. The island continent was inhabited by Aboriginal Australians for more than 50,000 years before it became a settler territory. The vast resources opened opportunities to millions of European migrants. The land that was called *terra nullius* by British colonizers in 1788 became home to mostly Irish and Scottish convicts, penal officers, and colonial bureaucrats and their families. Most convicts entered Australia through a penal station in Port Arthur, Tasmania, then eventually spread to New South Wales, Western Australia, Queensland, and minimally to Victoria. By the 1850s, with roughly 1 million people in the territory, Australia stopped receiving convicts from the United Kingdom. Docklands and port towns such as Sydney, Melbourne, Fremantle, Brisbane, Townsville, and Cairns were quickly populated and consequently expanded due to commercial shipping and trading companies (ABS 2014a). The arrival of free settlers later deepened the colonization of the island continent, but the central, northern, and northwestern parts of Australia remained home to Aboriginal Australians, even after dispossession.

Australia is a constitutional monarchy with Queen Elizabeth II as head of state and powers and procedures guided by a constitution. There are seven states with the seat of government situated in the Australian Capital Territory (ACT). As a federal system, Australia is headed by a prime minister, and the Parliament is composed of 150 members of the House of Representatives and 76 members of the Senate.

Australia has a capitalist economy with a strong tradition of welfare statism. It is a member country of the Organization for Economic Co-operation and Development (OECD) with a consistently high per capita income growth: USD\$35,000 in 1999 that increased to USD\$45,300 in 2009 (ABS 2014f). In 2014, the average weekly earnings of an adult in Australia was AUD\$1,453.90 (ABS 2014c). The high standard of living resulted in an aging population with a long life expectancy and sustained low fertility. In 1901, only 4 percent of the population was elderly; in 2011, men and women over 65 years old are 13 percent and 15 percent, respectively (ABS 2012f). In the UN Human Development Report for 2013, Australia ranked 2nd in the overall Human Development Index (HDI) worldwide (UNDP 2014). As for the Gender Inequality Index (GII), Australia is ranked 19th out of 149 countries. The country's very high GII, which is higher than the OECD average, is evidenced in all measured categories, such as life expectancy at birth, expected years of schooling, and mean years of schooling.

Stop the Boats!

This is Australia's policy on asylum seekers under the conservative of Tony Abbott. In 2014, 350,000 asylum seekers boarded in boats; a huge number of them boarded a boat in Southeast Asia. Many are Rohingya, a persecuted ethnic minority in Myanmar. People die during the long, tortuous journey: they are dehydrated, beaten up, or thrown overboard. When intercepted by Australian patrols at sea, they are returned to the country of departure, but if they managed to reach Australian territory, people are diverted to an offshore refugee processing center in the island of Nauru. This solution of the Australian government has been criticized as unlawful and has attracted much attention due to suicides and riots that ensue in the detention centers where asylum seekers are housed. Despite the strict measures to stop the boats by all means necessary, asylum seekers still take the risk and spend money on the journey to Australia to escape economic and political difficulties. Pro-refugee campaigns argue that Abbott's strategies do not mitigate the coming of the boats, but only aggravate casualties.

Australia today is known as one of the most multicultural countries in the world, attracting migrants to participate in its liberal democratic society. The high standard of living in Australia has made it one of the most attractive migration countries. Most Australians reside in the states of New South Wales (32%) and Victoria (25%) and prefer to live in capital cities (66%) (ABS 2014e). Between 1945 and 1998, 5.7 million migrants have made Australia their home (ABS 2000). As of 2014, the estimated resident population of Australia was 23.7 million (ABS 2014f). Yet, this has not always been the case in multicultural Australia. The presence of early non-European peoples from countries now known as China, India, Afghanistan, and the Pacific Islands was mostly due to labor recruitment. After the 1901 Immigration Act, nonwhite peoples were restricted from entering Australia. The restriction was lifted after 1966.

Around 2.5 percent of the population are of Aboriginal Australian and Torres Strait Islander descent (ABS 2012c). The native inhabitants of Australia are composed of many nations and cultures. Before colonization, approximately

700 languages were spoken in Australia, where 750,000 people lived. Colonization had devastating impacts, such as the introduction of diseases, deaths, poverty, and racism. The economic dispossession of Aboriginal Australians began with the seizure of Aboriginal lands that were then developed to become a prosperous pastoralist industry. Australia's leading export industries of beef, sheep, and milk products are a result of land grabbing and forced labor. Called *stockmen* and *stockwomen*, Aboriginal Australians' skills and labor were exploited by white landowners who paid them very little or counted food provisions as wages—a version of modern slavery in Australia.

Another tragedy that befell indigenous peoples was the forced separation of children from their families that lasted from the late 1800s to 1969. Approximately 100,000 children were victimized and then later called the "Stolen Generation." These children were either placed in institutions or put up for adoption, especially in the case of lighter-skinned children. This painful chapter in history, as the discussion of socioeconomic aspects of contemporary Australian life unfolds, shows enduring consequences.

Girls and Teen

In 2009, there were nearly 4 million young people aged 12–24 in Australia; 51 percent are females, and only 78 percent were born in Australia (AIHW 2011). Ensuring that these young people are healthy is part of the Australian government's social policies. Early intervention and prevention through health, education, training, sports, and skill-acquisition programs are key to making sure the youth will have a smooth transition to adulthood. The early years are a crucial time to form positive values that will turn youth into responsible citizens. Young people who study or work have lower incidence of violence, substance abuse, and accidents. Young Australians engaged in education or work leveled out for two decades: 81 percent in 1999 and 84 percent in 2008 (ABS 2010a). In 2006, 7 percent of children aged 5–14 years had worked. Typical jobs included delivering leaflets or cleaning and gardening for others. The most common job for girls was sales during school terms and holidays (ABS 2006). Among 15- to 19-year-olds, women were less likely to be in the labor force than males. Overall, young Australians have achieved minimum standards in education.

In 2012, Australian youth aged 5–17 years spent on average 1.5 hours per day watching television. Boys spent more than 30 minutes on video games, while girls spent

only 8 minutes. Both boys and girls did an average of 91 minutes of physical activity per day. Children aged 2–4 years were more active, with an average of 6 hours per day of physical activity (ABS 2013a).

However, new challenges test the social welfare that young Australians enjoy. Problems include the rising rates of diabetes and sexually transmissible diseases, alcohol- and drug-related violence, and homelessness. Also, bullying has been on the rise. It occurs due to prejudices based on differences in culture, ethnicity, age, ability or disability, religion, body size, physical appearance, personality, sexual orientation, or socioeconomic status. Bullying affects the well-being of young people and is directly linked to absenteeism in school; lower academic performance; low self-esteem; depression; health problems, including mental health issues; violence; and even suicide. Young people from low-income Aboriginal and immigrant backgrounds and LGBTQ youth are often the targets of bullying. Self-harm is also common among teenagers. Males were three times more likely to die from suicide than females. In general, young females have lower death rates than males (AIHW 2011).

Risky behaviors such as drug and alcohol intake and sexual activity have been considered part of growing up. Boys start drinking at age 15, while girls often begin at 17. Boys are two times more likely to drink alcohol and smoke than girls. Among year-12 students, 88 percent reported having experienced some form of sexual activity, with females more likely to have had sexual intercourse than males. Almost all youth reported using some form of contraception. Despite this, teenage birth rates are high, where Australia ranked 22nd out of 26 countries in the OECD (AIHW 2011). In 2013, the adolescent birth rate was at 12.1 percent, approximately half the rates of New Zealand and the OECD average (UNDP 2014). Aboriginal and Torres Strait Islander girls are five times as likely to be teen mothers compared to teenagers in other groups. Lower rates of school attendance and low-income backgrounds are often cited as reasons for this fertility trend. As for HIV cases, young males have higher rates than females, but there were twice as many females than males who reported having sexually transmitted infections (STIs) (AIHW 2011).

Education

Women's history in Australia has been fraught with challenges related to gender inequality due to Australia's masculinist, colonial, and racist past. The educational

opportunities for women reflect this history, as women register lower levels of educational attainment than men. However, women's presence in higher education has increased ever since the first Australian woman graduated from college in 1883 (ABS 1994). In the early 2000s, women are more likely than men to stay in school through grades 10–12, and graduation rates are higher for women than they are for men (ABS 2013b). Women also have higher literacy rates than men (ABS 2012a). Since 1987, women have outnumbered men in higher education (ABS 2000). Comparatively, Australia's educational attainment is slightly above the OECD average, with women performing better than men.

As for chosen vocations, women are concentrated in areas traditionally identified as feminine, such as teaching and nursing. In fact, 57 percent of higher education students in 2011 were women whose studies were focused on these professions (ABS 2012a). In 2013, a male graduate earned \$55,000, and a female graduate earned \$51,600 (ABS 2014d). This pattern between teacher education and opportunities is also reflected in the overwhelming presence of women teachers in primary and secondary schools but much less in higher learning or university positions (ABS 2012a).

Australia's diverse population also reveals patterns regarding women's educational attainment across ethnic and national backgrounds. The average female migrant from India, Malaysia, Singapore, or Hong Kong is more educated than other migrants, while Eastern European women have high rates of work participation. Northwestern European women migrants are more likely to possess high language skills, while Mediterranean women have weaker English skills and lower levels of educational attainment. The length of stay of migrant women has a strong influence on their occupational status, specifically when the acquisition of language skills is slow, such as for women from non-English-speaking countries (Evans 1984). Despite the high educational attainment of migrant women, they suffer *de-skilling*, as in the case of South Korean women, when they take up jobs for which they are overqualified because of a perceived language deficiency (Ho 2004).

Educational outcomes are also linked to socioeconomically disadvantaged backgrounds, where young people from this group underperform in literacy and numeracy and leave school early. There is also a correlation between educational outcomes and conditions specific to regional and remote areas in Australia because schools are more

expensive to maintain and quality school staff is more difficult to retain (AIHW 2011). This implies that indigenous young people—because they are from socioeconomically disadvantaged backgrounds and live in regional and remote areas—are in danger of achieving much lower educational outcomes than their nonindigenous peers.

Health

Health expenditure in Australia is slightly lower than the average in the OECD—lower as part of its gross domestic product (GDP) spending—with a modest growth in pharmaceutical spending (OECD 2014). Despite this, Australia enjoys almost two years higher life expectancy than the OECD average. Specifically, life expectancy in Australia for all women, regardless of other factors, is 84.8 years, higher than men by four and a half years in 2013 (UNDP 2014). Australian women live longer, despite registering a higher rate of psychological stress and expressing that they are always stressed for time (ABS 2014g). Women have lower rates of suicide, alcohol consumption, smoking, and drug-induced deaths (ABS 2014e). They also access Medicare services more frequently than men (ABS 2004b).

More Australian women die from breast cancer than from other forms of cancer. In 2001, more than half of the women born in Australia underwent mammogram testing every two years or more often. On the other hand, 47 percent of women from North Africa and the Middle East were the most likely to never have done so. Indigenous women are less likely to develop breast cancer than nonindigenous women; however, they have a higher rate of, and mortality rate from, cervical cancer (ABS 2004b). Having mammography and Pap smear testing is influenced by socioeconomic grouping, as women in higher income quintiles get tested more often than those in lower income groups. Also, migrant women receive lower rates of testing due to language and cultural barriers.

Australians suffer one of the highest skin cancer rates in the world. From 1982 to 2010, there was a 60 percent increase in skin cancer cases. Two out of three Australians were more likely to suffer from this disease by age 70 during those years. Despite this, the survival rate for Australians is high: 94 percent for women and 90 percent for men (Cancer Council Australia 2014).

There were 24,731 cases of HIV in Australia as of December 2011; diagnosis peaked in 1987 and was followed by a 12-year decline. The fall was due to the combination of the introduction of antiretroviral therapy (ART) and effective

First-World Country, Third-World Health

As a First-World country, Australia has a section of its population suffering from Third-World health problems—and even worse than some Third-World countries, claims a UN report on the right to health. To say that indigenous peoples in Australia are not as healthy as nonindigenous people is an understatement. Their poor health is attributed to inadequate nutrition and physical activity, tobacco use, and alcohol intake. There is a 10-year gap in life expectancy between indigenous and nonindigenous peoples. This is due to the poor government intervention to provide health care facilities and culturally appropriate services. The Australian government responded to the challenge in 2008 with the Closing the Gap initiative, aiming to equalize the opportunities for both indigenous and nonindigenous Australians by the year 2030.

safe-sex campaigns. There are more Australian men living with HIV/AIDS (38,715) than women (3,190). HIV transmission primarily occurred through men having sex with other men, at 66 percent among all Australians, compared to 25 percent for heterosexual contact. There are differences, however, regarding transmission. About 51 percent of Aboriginal and Torres Strait Islander peoples contracted HIV through men having sex with men compared to 72 percent from other groups. Likewise, transmissions due to drug use are higher among the indigenous population at 17 percent, compared to only 2 percent among nonindigenous adults (AVERT 2014). Finally, 21 percent of indigenous peoples living with HIV/AIDS are women.

Aboriginal and Torres Strait Islander peoples do not fare well on health matters compared to nonindigenous Australians. Their life expectancy is still around 10 years lower than for other Australians, despite the slight narrowing of the gap over the years. Aboriginal men and women were three times as likely to have diabetes and more than four times as likely to be in advanced stages of chronic kidney disease (ABS 2014b). Half of all Aboriginal and Torres Strait Islander peoples over 15 years of age reported a disability or long-term health problems (ABS 2012c).

Finally, high levels of psychological distress have been reported by approximately one-third of adults (ABS 2014b). This can be linked to experiences of discrimination and a history of removal from family that affects 1 in 12 Aboriginal and Torres Strait Islander peoples. In particular, Aboriginal and Torres Strait Islander women report higher levels of psychological stress. Despite these challenges, 72 percent of indigenous Australians report being happy most of the time (ABS 2011).

Fertility

Australian women are expected to manage the home, raise the children, and contribute to family income. Women's economic independence, recognition in the workplace, and the availability of health and lifestyle choices have allowed women to pursue options outside their traditional roles. The availability of contraception and their outlook on cohabitation and relationships have allowed women the ability to choose whether to have children, delay it, or not have children at all, without the enormous pressure that previous generations of women experienced. The rate of fertility in OECD countries, in general, fell over decades, from 2.6 babies per woman in 1970 to 1.6 in 2004 (ABS 2007). Childlessness has also been an option for individuals and couples, due to economic reasons or lifestyle choices. In 1986, one in five Australian women were likely not to have children, while in 2000, the rate increased to one in four women (ABS 2002).

Australia's fertility rates have been declining since the postwar baby boom. In the early 1920s, women in Australia had a fertility rate of 3.0, which decreased to 2.1 in 1934. In 1961, during the postwar baby boom, this increased to 3.5 babies per woman. The figures decreased in 1981 to 2.8 babies and then to 2.0 babies per woman in 2006 (ABS 2008a). However, since the start of year 2000, the total fertility rate in Australia has slightly increased. The changes in the rate of fertility are subject to a combination of personal demands and social factors. Women from the least economically advantaged of the population have more babies than the most advantaged. Women with no postschool qualifications were least likely to be childless compared to those with higher qualifications (ABS 2010b). As a consequence of women becoming more educated, they are more likely to defer having children by pursuing higher degrees and then starting a career. To compare, in 1979, only one in four births were registered to women aged 30 and older; however, in

1999, the proportion increased to one in two births (ABS 2001).

Australian women who live far from large population centers are likely to have more babies than those living in major cities (ABS 2010b). The high fertility rate in remote places is due to the demographic concentration of indigenous Australians in these areas who, on average, gave birth to 2.74 babies per woman in 2011, compared to 1.88 for non-Aboriginal women (ABS 2011). In terms of religion, childless women in Australia are more likely to be Buddhists or unaffiliated with a religion. On the other hand, women who identify as Muslim had more children in all age groups than women of other religious affiliations (ABS 2010b). These observations point to the interconnectedness between socioeconomic status, geography, religion, race, and fertility rate.

Comparing Australian-born women and migrant women shows that migrant women give birth to fewer babies. However, there are exceptions to this pattern. Women from Lebanon, for example, have 3.3 babies, and Polynesian women have 2.5 babies on average, higher than Australian-born women at 2.1 babies per woman. On the other hand, women from East Asia have fewer children; for instance, Chinese women have 1.5 babies per woman. The Lebanese and Polynesian country-specific cases may be related to the pattern that women born in

Deaths in Custody

Deaths while in police, prison, and immigration custody are rising. In 2013, 44 people died while under custody. This is a problem in Australia that has been identified since 1991 by the Royal Commission into Aboriginal Deaths in Custody after 99 Aboriginal and Torres Strait Islanders died while in police custody between 1980 and 1989. The high representation of indigenous Australians in custody and the number of deaths are high, and thus the community has launched campaigns in different Australian states to promote and defend the human rights of prisoners. Many Australians presume that the problem lies in structural racism against indigenous Australians. "The beginning of the cause of deaths in custody does not occur within the confines of police and prison cells or in the minds of the victims. Initially it starts in the minds of those who allow it to happen," says Aboriginal elder Jack Davis.

non-English-speaking countries had a lower level of oral contraceptive use; however, the Chinese case does not (ABS 2008a).

On the subject of maternal health, 76 percent of all Aboriginal and Torres Strait Islander children had been breastfed; those living in remote areas were breastfed longer than those in nonremote areas (ABS 2012d). Comparatively, across all groups in Australia in 2012, only 39 percent were breastfed exclusively in the recommended first four months (ABS 2012d).

Employment

Australian women's participation in the labor force has been steadily increasing in the last 40 years. Because Australia had experienced a "feminization" of the population since 1901, it has been strategic to set up structures that encourage a more equitable work balance (Opeskin and Kippen 2012). Reducing gender inequality in education, employment, and business opportunities is not only necessary for social justice but also for economic reasons. Greater participation of women will increase labor productivity, innovation, and competitiveness. Also, greater labor participation reduces the risk of poverty for women and their families and lessens the incidence of poverty in old age that is higher for women than men (OECD 2011). However, while access to income may give women economic independence, self-fulfillment, and social recognition, women still have to face the problem of balancing the demands of career and family life.

One of the reasons why opportunities for women are fewer is because of the continued understanding that a woman's place is at home as wife and mother. Women perform unpaid work as familial service rendered within the private sphere. Because work rendered at home is not for sale in the market, women's reproductive labor is seen as secondary. Although everyday life would be difficult without the unpaid domestic work that many women do, it is not seen as economically productive. Overall, although Australian women have gone into the labor force—65 percent of them work compared to 78 percent of men—they are still the main providers of unpaid labor in the home. On average, women put in 8 hours and 33 minutes per day to household labor, while men contribute 3 hours and 55 minutes of their time. There is also the overwhelming presence of women in private care work for the disabled. Women are more than twice as likely as men to care for persons with disabilities (ABS 2014e).

The question of inequality in paid work is a battle that is still being fought in Australia. Males earn more on average based on weekly time earnings in every major occupation. Figures show the symptoms of the imbalance; for example, men receive \$35.40 per hour for nonmanagerial positions, while women are paid \$31.20 for the same work (ABS 2014e). Women receive less on all incomes earned both by men and women, 31 percent in 1982 and 38 percent in 2006, indicating a slight increase within a 25-year gap (ABS 2008). A gender-based income gap is also reflected in the rate of women living in low economic situations compared to men, 20.1 percent versus 18.6 percent, respectively (ABS 2014e).

Two-thirds of immigrants to Australia work in jobs relevant to their qualifications. Given that Australia's immigration policy favors skilled migration, it is not surprising that 69 percent of the 3.8 million migrants as of 2011 have qualifications gained abroad. This figure is higher than Australia's average of 62 percent. A more educated cohort of migrants has the trend. The number of bachelor's degree holders rose from 15 percent (arrivals before 1996) to 46 percent (arrivals after 2006) (ABS 2012e).

Parental Leave

Australian parents enjoy paid leave after the birth of a child. In 2011, the government enforced the Paid Parental Leave plan for eligible working parents. Employees who have worked for at least 12 months of continuous service in most cases can avail such privilege through workplace agreements and industrial awards. The Maternity Leave Act for civil servants has been in place since 1973. There are more than twice as many female public-sector employees compared to female private-sector employees who get leave entitlements (ABS 2013e). In 2007, 1.8 million women, or 45 percent of the 4 million female workers in Australia, were entitled to paid maternity leave (ABS 2013e). On the other hand, 1.5 million, or 39 percent of all female workers, did not receive paid maternity leave (ABS 2013e). Seventy percent of them were part-time employees. The amount of earnings of a worker has a direct correlation with maternity leave entitlement. Women with higher income get maternity leave at higher rates than women with lower income (ABS 2013e). Fathers and partners have had access to paternity leave or flexible work arrangements; however, these practices are not as common as women who take maternity leave (ABS 2013e).

Housing

In Australia, there is a big gap between Aboriginal and Torres Strait Islander peoples and other groups when it comes to access to housing. In 2011, 59 percent of them rent their accommodation, while only 29 percent of non-Aboriginal and Torres Strait Islander peoples rent. Moreover, only 11 percent of Aboriginal and Torres Strait Islander peoples own their homes, compared to 68 percent for other group (ABS 2012b). In particular, 6 percent of Aboriginal and Torres Strait Islander peoples live in multifamily households, compared to 2 percent from other groups. There are much fewer one-person households, too, because 81 percent of Aboriginal and Torres Strait Islander peoples are family households with an average of 3.3 persons per household.

Young people who live in overcrowded dwellings are more likely to experience health problems than those who do not. Lack of space can have a negative impact on young people's sense of autonomy, social behavior, health, development, and academic performance. Indigenous young people are three times as likely to live in overcrowded dwellings (AIHW 2011).

Family Life

Family formation through international marriages in Australia has had a long history because the country is a destination for citizens of the United Kingdom. There are also many partnerships between Australian men and Aboriginal

women as well as mass migration from other countries of the world. From 1974 to 1998, the proportion of heterosexual interracial and intercultural marriages has consistently increased. In 1974, the percentage of mixed marriages was 39 percent, and this rose to 52 percent in 1998. This is the opposite for Philippines-born women migrants, who have a high rate of marrying Australian men, at almost 70 percent. Migrants from Vietnam, Greece, China, Lebanon, Hong Kong, and the former Yugoslav Republic were least likely to marry longtime Australians (ABS 2000). From 2001 to 2011, Australia granted "Partner Migration" visas to 337,127 spouse and fiancé applicants and 42,288 children. Two-thirds of these applicants were female, and only 4,921 were in same-sex partnerships. During this period, the top countries of citizenship of the Partner Migration visa holders were the United Kingdom, China, India, the Philippines, Vietnam, the United States, Thailand, Lebanon, Indonesia, and Japan (Lyneham and Richards 2014). The United Kingdom has the highest number of same-sex partnership visa holders.

Same-sex family formation has also been on the rise because this union is allowed in Australia. However, the Marriage Equality Amendment Bill 2012 that will allow homosexual couples to get married has not passed in the Parliament (as of 2016). There are 33,700 same-sex couples, and 16,100 of these are in female same-sex partnerships. These couples tend to be younger than heterosexual couples and are more likely to have higher personal incomes. Common occupations among Australian lesbians and LGBTQ women include positions as general clerks, sales assistants, nurses, schoolteachers, managers, and receptionists. Only 1 in 10 same-sex couples have children in the family household. They are either from previous opposite-sex relationships or conceived through reproductive technology, adopted, or fostered. In 2011, there were 6,120 dependents under 25 years in same-sex households (ABS 2013e).

Marriage Equality

There is a growing support among Australians for the Parliament to pass the Marriage Equality Amendment Bill 2012 so that same-sex couples will be recognized in a marriage. However, the bill has not been passed, to the disappointment of Australia's LGBTQ community and its supporters among heterosexuals. Although Tony Abbott's conservative government defers the passing of the amendment, there has been a strong network of civil society actors that campaign for greater awareness of the issues among all Australians. Australian Marriage Equality (<http://www.australianmarriageequality.org>) is an online platform that explains the many issues and debunks the myths surrounding same-sex marriage.

Politics

Rights, Suffrage, and the Women's Movement

A strong component of the Australian nation-building is the myth of the "lucky country," a country blessed on abundant natural resources that can be harnessed by white settlers. This narrative includes the celebrated figures of the Australian "Lone Hand" or "Bushman," male heroes in the outback formed out of the hardened character of transported convicts. Therefore, the masculinist historicizing

Women's Voices

Margaret Cooper

Margaret Cooper (1943–), an Australian, contracted polio at age 4. By age 10, she had become an advocate for disabled persons when she protested educational inequities for disabled children. She later used her knowledge as a social worker to develop networks for disabled women, including the organizations Women with Disabilities Victoria and Women with Disabilities Australia. In 1985, Cooper and other disabled women at the Disabled Persons International meeting in the Bahamas protested to make the delegates address the particular issues facing disabled women, such as forced sterilizations, sexual violence, and inaccessible health services. During the 1970s, 1980s, and 1990s, Cooper led persons with disabilities to ensure that their needs were not omitted from the social and political agenda in Australia.

—Jane Harris

Henningham, Nikki. 2015. "Margaret Cooper." Australia Women's Archives Project, August 21. Retrieved from <http://www.womenaustralia.info/leaders/fff/pdfs/cooper.pdf>.

renders the issue of gender equality one of the thorniest in Australia. This means that women's role in Australian history could only be secondary at best (Lake 1997). As a result, in the writing of Australian history, women are missing as contributors to colonialism and economic development and as central figures in the formation of settler colony. At worst, women in the early period were collectively depicted as "dissipated idlers and abandoned whores," a stereotype of England's women convict transports, some of whom worked as prostitutes. However, most of these women were literate, young, healthy, and eager to learn, making them ideal migrants for the settler colony. Scholars suggest that the characterization of convict women as "drunken whores" is not only historically inaccurate but also laden with class bias (Oxley 1996). It is within this context that Australia's brand of feminism arose.

The Australian suffrage movement had been pioneering for its fast crystallization in the colonial outpost as early as the 1880s. While women's advocacy was inspired

by social movements in England, Europe, and North America, it was conditioned by the dire situations of early women settlers. The Women's Committee of the Society for the Promotion of Social Purity aimed to raise the age of consent of girls from 13 to 16 to work in brothels as prostitutes (Oxley 1996). During this period in Australia, when sex work involving very young women was legal, this campaign already constituted a radical improvement. The group was the predecessor of the Women's Suffrage League of South Australia that was instrumental in winning for white women the right to vote in 1895. Australia's history as a penal colony shaped the Australian suffrage movement along the lines of prevailing customs and laws that placed women only within allowable parameters. This tendency was largely shaped by early women activists' understanding of their political role. The empowerment of Australian women coincided with the distinctive national identity that Australians were trying to forge in the colonial period (Lake 1997). In other words, the situation was ripe for women to ride the wave of fervent nation-building to advance their causes.

The women's movement was under scrutiny, however, as positive changes in white settler women's lives were made possible at the expense of Aboriginal women, who were pushed into sexual servitude to the white male (Lake 1997). For the most part, Australian nationhood was dependent on the colonization of Aboriginal peoples. But this fraught relationship between the rise of imperial feminism and the racial oppression of others escaped critical scrutiny. The progress of the women's movement continued onward in the 1930s, when white women started to join the workforce. The years between 1920 and 1940 were an opportune time for women to participate in paid work and to take on a new identity as workers (Firth 2004). However, when men returned from military service and reclaimed the jobs that women had occupied, women were again dispossessed of this new identity. Postwar reconstruction efforts in Australia did not include a serious consideration of women's roles as laborers and breadwinners.

The 1950s and the 1960s, depicted as the return of conservatism, were barren for the Australian women's movement, as women were expected to stay at home. The 1960s were baby-boom years that followed the return of men after the war and also of Australia's measure to populate against fears of external invasion (ABS 2004). In the 1970s, a time of strong unionism and the rise of a working-class ethos worldwide, very few women were part of and heard by unions. While "second wave" feminism was productive

Women's Voices

Megan Davis

Megan Davis is a lawyer and an indigenous activist from Australia. She is the current chair of the United Nations Permanent Forum on Indigenous Issues. Davis has always wanted to serve in the United Nations and said about her position, "It's very exciting. It's always a privilege to be elected by your peers to a body like this to be the chair" (Osborne-Crowley 2015). She is the first Australian indigenous woman to be elected to a UN body. Davis focuses on issues such as violence that affect indigenous women. She believes that many laws treat the experiences of indigenous men and women the same (Giggacher 2015). Yet indigenous women have specific gendered needs that should be addressed by the law. Before being elected to the UN forum, Davis worked "to lay the groundwork for constitutional recognition of . . . Aboriginal and Torres Strait Islander peoples," and to repeal a section of the constitution that allows racial discrimination when deciding who is allowed to vote (Robinson 2014).

—MELISSA JACOBS

Giggacher, James. 2015. "Megan Davis." Retrieved from <http://asiapacific.anu.edu.au/alumni/alumni-stories/megan-davis>.

Osborne-Crowley, Lucia. 2015 "Megan Davis Appointed Chair of the UN Permanent Forum on Indigenous Issues." April 27. Retrieved from <http://www.womensagenda.com.au/career-agenda/inspiring-women/item/5657-megan-davis-appointed-chair-of-the-un-permanent-forum-on-indigenous-issues>.

Robinson, Natasha. 2014. "More Than Words." Spring. Retrieved from <http://www.uniken.unsw.edu.au/features/cover-story-%E2%80%93-more-words>.

in North America and Europe, it was a "meagre harvest" for Australian women (Kaplan 1996). The women's movement had been white and middle class. Aboriginal women felt left out in this so-called liberation movement as they fought their own battles against racism and class-based exclusion. Indeed, political action for woman, given the context of divisive social realities in Australia, is less straightforward. Progressive democratic ideals are difficult to uphold if some citizens more than others are structurally disenfranchised. Aboriginal Australians, for example, were only granted the right to vote in 1967. Despite such political contradictions, there are actions that contribute to a deeper conversation to reconcile Australia's difficult past, such as recovering convict ancestries and developing greater respect for Aboriginal culture (Tranter and Donoghue 2003).

Laws

Australian women's presence in politics manifested early in their suffrage movement in the context of a convict colony searching for a national identity. This also led to other advances, such as the setting of a minimum wage for working women by the Commonwealth Arbitration in 1912, followed six years later by the Women's Legal Status Act. The prohibition on employing married women was

permanently lifted in 1966, and equal pay for work was legislated in 1972 (Castles 1993).

The years 1976 to 1985, declared as the United Nations Decade for Women, saw Australia's engagement with gender issues. The Family Law Act 1975 quickly implemented the no-fault divorce that allowed many women to live their lives outside of marriage. In 1983, Australia ratified the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). A year later, the Federal Parliament passed the Sex Discrimination Act (Castles 1993). As a matter of course, the National Agenda for Women was established to give priority to issues that matter to women, specifically women's health policy. In the 1990s, Australia enforced the International Labor Organization (ILO) Convention 156 to ensure that workers with family responsibilities do not suffer discrimination in the workplace.

However, it has been argued that women's rights are not fully protected in Australia. The Sex Discrimination Act of 1984 "does not address systemic discrimination or promote substantive equality," as there is no prohibition on sex discrimination; actions are based on individual complaints. Moreover, domestic violence is a serious problem in Australia, with one in three women suffering physical violence. In particular, Aboriginal and Torres Strait Islander women experience "horrific levels of violence." They are 35 times

more likely to be hospitalized due to partner violence (Al-Yaman, Van Doeland, and Wallis 2006). Also, women from linguistically and culturally diverse backgrounds experience difficulties in reporting violence against them. Similar to women with disabilities, women identifying as LGBTQ experience violence that often goes undetected and unreported.

Migrant Activism

Migrant women have also been important agents in the Australian feminist movement. The 1970s saw the rise of migrant women activism, mostly involving working-class women. The Migrant Women Workers Project (1974–1975) was a significant endeavor that fused together ethnic community-based concerns and feminist ideals of women. While there had been attempts to forge solidarity with white Australian women's groups, there were claims that nonwhite women were only invited in and then generally left alone. This was so much the case that migrant women started forming their own groups in the 1980s, such as the New South Wales Immigrant Women's Speakout Association (1986) and the Association of Non-English Speaking Background Women of Australia (1987). Since then, migrant women's formations had been on the decline. There have been no significant new initiatives, which can perhaps be attributed to the conservative political culture during the leadership of John Howard (1996–2007) and the move toward individualized solutions rather than collective ones. Although this has been the case, there is not a complete absence of activism, as Muslim women's organizing has been strong since 2000 (Ho 2008). The Australian Muslim Women's Association, established in 2010, and the Australian Muslim Women's Centre for Human Rights, established in 1991, are two groups that create platforms to promote the welfare and rights of Muslim women in Australia beyond the religious and cultural levels,

Political Participation

In 2013, Australia ranked 44th among countries with the most women parliamentarians at 26 percent. The percentage increased the following year to 29 percent; yet, women still comprise less than one-third of all Australian parliamentarians. When compared to other OECD countries, such as Sweden's 45 percent, this is relatively low. Yet, the figure is close to the critical mass of 30 percent that is considered the minimum level needed for women to shape decisions made in the Parliament. But figures alone

do not contribute to transformative changes. What matters more is the quality of women's representation to bring about women-friendly policies. Women's experiences and worldview offer insights that highlight what could enrich the lives of millions of other women.

The slow progress in accelerating women's parliamentary participation is reflected in Australia's history. The first female national parliamentarian was only elected in 1943, although Edith Cowan became the first woman to gain a seat in a federal parliament in 1921. Women's figures were less than 5 percent until 1980. Moreover, Australia only elected its first indigenous female representative in 2013, Nova Peris, since the founding of the federation in 1901 (McCann and Wilson 2014).

Religious and Cultural Roles

Religion has always been part of Australian life. Aboriginal Australians' spiritual way of life for more than 50,000 years is rooted in the natural environment and based on oral traditions and reverence to the dead. Stories woven by Aboriginal Australians, called "Dream-time," show how the people value the oneness of life and land. The arrival of monotheism via Christianity has put religion in a central role in framing a polarized understanding of spirituality between indigenous and nonindigenous peoples. This has led to the devalorization of Aboriginal spirituality over time, and, more specifically, the tradition of Aboriginal women's leadership. Commanding great respect for their authority and wisdom, Aboriginal women hold the community of clans and families together. Women elders perform vital roles in teaching cultural and spiritual legacies of their traditions, in bringing the people together to resolve conflicts, and in keeping at bay the disintegration of Aboriginal peoples' legacies resulting from patriarchy, racism, and colonialism (Haebich 2014).

Since the introduction of Christianity, Australians have predominantly practiced Catholicism (25%), followed by the Anglican Church (17%), and other forms of Christianity (19%) (Henry and Kurzak 2012). However, the country has experienced secularization through the rationalist values of the Enlightenment, the other side of English colonization. The rate of people who have "no religion" has steadily increased and continues today. In 1911, 10,000 Australians claimed they had no religion, whereas, in 2011, 4.8 million Australians did so; that is 22 percent of Australians (ABS 2013c).

Finally, due to increasing migration, other religions such as Hinduism, Islam, and Buddhism—the fastest growing of the new faiths—are practiced by 7 percent of the whole population (Henry and Kurzak 2012). Males reported a slightly higher rate of having no religion, 24 percent compared to 21 percent of females. This pattern was established in previous generations, when women registered higher rates of religious affiliation. More educated Australians are unaffiliated with a religion than those with lower educational attainment (ABS 2013c).

The decline in formal expressions of religious belief among Australians is consistent with the spread of secularism in Western societies and the growing presence of women religious leaders. In 2001, there were 2,823 women who identified themselves as ministers of religion, compared to 11,415 men. These women could not have been from the Catholic and Orthodox churches that forbid women to lead, but from Uniting and Anglican churches. In the absence of Catholic resident priests, nuns and religious sisters perform crucial roles in the religious community (Porter 2014). Australian women religious leaders have remained active in promoting the ordination of women in the Catholic Church.

Section 116 of the Australian Constitution safeguards the practice of religious freedom. People are free to express a variety of opinions as long as they do not incite religious hatred. The Racial and Religious Tolerance Act of 2001 of the State of Victoria guarantees further protection of religious freedom in the wake of terrorist attacks in the West. This is particularly significant as more and more Australian citizens express their religious beliefs in public and also incorporate these beliefs in their community lives. The coming of non-European migrants to Australia has also been a migration of religion to Australia. Confucian, Buddhist, Sikh, Islamic and Taoist are some the recent religious beliefs that enrich Australian society. One consequence of this development is the establishment of private schools in Australia, 90 percent of which are religious, particularly fundamentalist Christian and Islamic schools (Henry and Kurzak 2012).

Issues

Violence

There are more male than female offenders registered in the criminal justice system in Australia. As per 100,000 of the population, 3,079 are male offenders, while only 846 are female offenders. This tendency is reflected in the

rate of imprisonment by sex: 318 men and 25 women per 100,000 of the population (ABS 2014e). While there are more men involved in incidents of violence, either as victimizers or victims, women figure dominantly as victims of sexual assault and intimate partner violence. They suffer violence nearly four times more at the hands of men than by other women (ABS 1996). These figures reinforce Australian women's plight as victims of sexual assault and partner violence. In 2012, 132,500 women suffered at the hands of their partners, while only 51,800 men did so (ABS 2014h). Women aged 25–34, with low educational qualification, from lower socioeconomic groups, and with a past history of child abuse were more likely to experience partner violence. Moreover, in 2005, 37 percent of women who were pregnant suffered some form of domestic violence, and more than one-third of all women who experienced violence returned to their partners at least once. An overwhelming 63 percent did not report the incident to the police in the year 2005. Overseas-born women are less likely to experience partner violence than those born in Australia. The estimated total cost of partner violence in Australia was \$8.1 billion in 2002 (ABS 2007b).

In Australian history, the removal of Aboriginal children from their birth parents in the name of “civilizing” them has been a violent past for both men and women of indigenous backgrounds. Called the “Stolen Generation,” 1

Fracking and the Environment

Mining in Australia has brought wealth to the country, billions of dollars of export income, and jobs to hundreds of thousands of Australians. However, expansive quarrying and hydraulic fracturing, commonly known as *fracking*, draw opposition from citizens concerned about Australia's environmental future. The fractures caused underground by high-pressure injection to release natural gas raise concerns that it may contaminate water sources and cause earthquakes. The state of Tasmania has banned fracking since 2014 and will continue to do so in the next five years to protect its agriculture. Another issue is the exploration of wilderness and Aboriginal lands, such as the Kimberley in Western Australia, for mining. Inhabitants and environmental groups continue to campaign for relaxation of land exploitation and protection of the flora and fauna.

in 12 Aboriginal Australian adults has personally suffered this separation (ABS 2012). Aboriginal women's testimonies have drawn attention to the injurious effects of such colonial policies that have wrought much harm among Aboriginal communities over generations. Babies and children taken away from their mothers under white Australia's "assimilation" policy is dramatized by Doris Pilkington Garimara's *Follow the Rabbit-Proof Fence* (1996), a story of three girls who walked for miles to find their way back home, which was later made into film by Phillip Noyce.

Further violence against Aboriginal and Torres Strait Islander women is evident in the controversial deaths in custody as investigated by the Royal Commission. Underlying issues of "racism, alienation, poverty and powerlessness resulting in hopelessness and alcoholism" are factors that contribute to the serious problem of deaths in custody that implies the disadvantage of indigenous women in the criminal justice system (Payne 1991). Furthermore, women and the law, as represented by the male police officer, is a reminder of the structural violence and racism committed by the Aborigines Protection Board during the years that terrorized the Stolen Generation. However, the oppression of women is not simply about race relations with white Australia. Indigenous women in the Northern Territory argue that they have been subjected to three types of laws: "white man's law, traditional law and bullshit law" (Payne 1991). The last type means the distortion of traditional law to justify attacks on women by Aboriginal males using culture to perpetrate gendered violence.

Among women migrants, on the other hand, those who come from the Philippines were especially subjected to sensationalist treatment from the media as victims of domestic violence. Called "mail-order brides"—for the introduction agency catalogs of women seeking male companions—a significant flow of marriage migrants have come to Australia. The figure rose sharply in 1978 and peaked in 1986 (ABS 2000). The presence of these mail-order brides attracted negative attention when instances of male-perpetrated violence were often interpreted as a natural consequence of being parasitical economic migrants. The Centre for Philippines Concerns–Australia (CPCA) counted 44 Filipino women and children victimized since 1980. Some women ended up quadriplegic, dead, missing, abandoned, beaten up, or forced to have an abortion, among other forms of violence. Cunneen and Stubbs (2000) revealed that Filipino women were six times more likely to be killed by intimate partners compared to other Australian women. Moreover, the

stereotyping of Filipino women migrants was aggravated by cultural productions, such as the iconic Australian film *The Adventures of Priscilla: Queen of the Desert* (1994), that depict them as gold-digging prostitutes. Despite the tightening of partner sponsorship laws in the 1990s as a result of responses by the Filipino community and Australian authorities to violence against women, marriage migration from the Philippines remained high.

In 2014, Australia released for the first time a report showing the links between partner migration and human trafficking into Australia. Human trafficking not only means labor or sexual exploitation but also loss of psychological freedom or personhood. The victims met their partners either through arranged marriages and family connections or Internet dating sites. Although marriage migrants are typically characterized as economically needy, some reasons are complex, including the desire to travel and experience other cultures, wanting to start a family, escape from war, or honoring a marriage arranged by the family. Marriage migrants who entered exploitative situations were usually women from Southeast Asia, the Pacific Islands, the Middle East, and Eastern Europe. While it may be argued that marriage itself, especially when it involves migration, requires consent, human trafficking in the guise

Partner Migration Human Trafficking

The Australian Institute of Criminology released a report in 2014 about a new way to traffic individuals via partner migration visa. This largely undetected crime involves Australian nationals who sponsor women who are then forced into labor and sexual exploitation. Unlike the more traditional trafficking of women, partner migration trafficking also means the loss of psychological freedom or the deprivation of personhood, even without sexual or labor exploitation. The victims met their partners either through arranged marriages and family connections or Internet dating sites. Although marriage migrants are typically characterized as economically needy, some reasons are complex so as to include desire to travel and experience other cultures, start a family, escape war, and honor the marriage arranged by the family. Many cases of exploitation are undetected until they involve police intervention.

of partner sponsorship may involve coercion, threat, and deception. Some of the exploitative situations that partners, most of whom are women, endure are domestic violence, threats of harm, denial of education, daily fear and intimidation, denial of religion, sexual violence, and violence against their children. Australia has started to act to stop human trafficking through an information campaign to prospective migrants, amendments to migration regulations, and further research to improve the detection of human trafficking (Lyneham and Richards 2014).

There has been intolerance toward Muslim Australian women, particularly since 2001. Vandalism and attacks on women whose hijabs are ripped off and refusal of service at banks have been reported in different parts of the country. A 2012 report shows that a large-scale survey indicated that almost a quarter of Australians have a negative perception of Muslims (Henry and Kurzak 2012). Especially in the aftermath of the “Sydney siege,” where a lone attacker took hostages in the city center in early 2015, anti-Muslim sentiments ran high. A social media campaign, Ride with You, expresses solidarity among Australian women to safely travel together in public transport during these troubled times.

Outlook for the Future

Half of 23 million Australians in 2014 are women, but only one-fifth of women occupy ministry positions. Moreover, 96.5 percent of leadership positions in the top 200 ASX companies are held by men; only 3.5 percent are held by women. In the list of Order of Australia, 71 percent of awardees are men, while women bagged a meager 29 percent (ABS 2014e). It may seem that the future of Australian women is bleak given these figures. However, if contextualized by Australia’s historical past, when settler women were considered “drunken whores” and then “convict maids,” Australian women have come a long way. Compared internationally, mainstream Australian women do perform better than women in other countries in terms of access to political, social, and economic rights. Australia is ranked 19th in the 2013 Gender Inequality Index (UNDP 2014). Women in Australia enjoy high rates of literacy and educational attainment, social welfare provisions, access to divorce and reproductive health, and can look forward to a strong economy that provides employment and a pension system.

The prospects for women in general are mixed. There are setbacks, such as the pay gap and low political

representation for all women, but, more particularly, there are structural inequities that negatively affect Aboriginal and migrant women. Nonetheless, these challenges can be the source of continued inspiration for the women’s movement to soldier on and to draw from its strengths. The process of reconciliation between white Australia and Aboriginal Australians and Torres Strait Islanders would be formally recognized in the Keating government-sponsored report *Bringing Them Home*. As a result, in 2008, former prime minister Kevin Rudd formally apologized to Australia’s indigenous peoples “for the pain, suffering and hurt of these stolen generations . . . and for the indignity and degradation thus inflicted on a proud people.” This occasion is a start that Australian women can look forward to.

SHIRLITA AFRICA ESPINOSA

Further Resources

- ABS (Australian Bureau of Statistics). 1994. “Participation in Education: Gender Differences in Higher Education.” Retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/2f762f95845417aeca25706c00834efa/0660ad7a5d3e0e31ca2570ec00786347!OpenDocument>.
- ABS (Australian Bureau of Statistics). 2000. “Family Formation: Cultural Diversity in Marriages.” Retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/2f762f95845417aeca25706c00834efa/c414ec2a595eb029ca2570ec000e2817!OpenDocument>.
- ABS (Australian Bureau of Statistics). 2001. “Family Formation: Older Mothers.” Retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/2f762f95845417aeca25706c00834efa/b130815d4b2de356ca2570ec000c1c60!OpenDocument>.
- ABS (Australian Bureau of Statistics). 2002. “Family Formation: Trends in Childlessness.” Retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/2f762f95845417aeca25706c00834efa/1e8c8e4887c33955ca2570ec000a9fe5!OpenDocument>.
- ABS (Australian Bureau of Statistics). 2004a. “Echoes of the Baby Boom.” Retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/2f762f95845417aeca25706c00834efa/47f151c90ade4c73ca256e9e001f8973!OpenDocument>.
- ABS (Australian Bureau of Statistics). 2004b. “Health Related Actions: How Women Care for Their Health.” Retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/2f762f95845417aeca25706c00834efa/5496315bdf215c7bca256e9e00283acd!OpenDocument>.
- ABS (Australian Bureau of Statistics). 2006. “Child Employment, Australia.” Retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/6211.0Main+Features1Jun%202006>.
- ABS (Australian Bureau of Statistics). 2007a. “International Fertility Comparison.” Retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/7E874EFF832BAB79CA25732C002072CF?opendocument>.
- ABS (Australian Bureau of Statistics). 2007b. “Women’s Experience of Partner Violence.” Retrieved from <http://www.abs>

- .gov.au/AUSSTATS/abs@.nsf/Latestproducts/ADE8C301B6BA85ABCA25732C00207E92?opendocument.
- ABS (Australian Bureau of Statistics). 2008a. "How Many Children Have Women in Australia Had?" Retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Chapter3202008>.
- ABS (Australian Bureau of Statistics). 2008b. "Women's Incomes." Retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Chapter8002008>.
- ABS (Australian Bureau of Statistics). 2010a. "Are Young People Learning or Earning?" Retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features40Mar+2010>.
- ABS (Australian Bureau of Statistics). 2010b. "One for the Country: Recent Trends in Fertility." Retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features10Dec+2010>.
- ABS (Australian Bureau of Statistics). 2011. "The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, Oct 2010." Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4727.0.55.001>.
- ABS (Australian Bureau of Statistics). 2012a. "Education Differences between Men and Women." Retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features20Sep+2012>.
- ABS (Australian Bureau of Statistics). 2012b. "Family Household Composition (Family)." Retrieved from <http://www.abs.gov.au/websitedbs/censushome.nsf/home/statementsfamilyhcfmf?opendocument&navpos=430>.
- ABS (Australian Bureau of Statistics). 2012c. "The Health and Welfare of Australia's Aboriginal and Torres Strait Island Peoples, Oct 2012." Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4727.0.55.001>.
- ABS (Australian Bureau of Statistics). 2012d. "Mothers' and Children's Health." Retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/E03EC476E26FF7AACA257AD90009C074?opendocument>.
- ABS (Australian Bureau of Statistics). 2012e. "The Right Person for the Job: Relevance of Qualifications to Employment." Retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features30Sep+2012>.
- ABS (Australian Bureau of Statistics). 2012f. "Who Are Australia's Older People?: Reflecting a Nation: Stories from the 2011 Census." Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2071.0main+features702012-2013>.
- ABS (Australian Bureau of Statistics). 2013a. "Australian Health Survey: Physical Activity, 2011–12." Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.004main+features12011-12>.
- ABS (Australian Bureau of Statistics). 2013b. "Hitting the Books: Characteristics of Higher Education Students." Retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features20July+2013>.
- ABS (Australian Bureau of Statistics). 2013c. "Losing My Religion?." Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4102.0Main+Features30Nov+2013>.
- ABS (Australian Bureau of Statistics). 2013d. "Pregnancy and Work Transitions." Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4102.0Main+Features10Nov+2013>.
- ABS (Australian Bureau of Statistics). 2013e. "Same-Sex Couples." Retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features10July+2013>.
- ABS (Australian Bureau of Statistics). 2014a. "About Australia." Retrieved from <http://www.abs.gov.au>.
- ABS (Australian Bureau of Statistics). 2014b. "Australian Aboriginal and Torres Strait Islander Health Survey: Biomedical Results, 2012–13." Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4727.0.55.003main+features12012-13>.
- ABS (Australian Bureau of Statistics). 2014c. "Average Weekly Earnings Australia, 2014." Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/mf/6302.0>.
- ABS (Australian Bureau of Statistics). 2014d. "Education and Employment." <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4125.0main+features6154August%202014>.
- ABS (Australian Bureau of Statistics). 2014e. "Population by Age and Sex, Regions of Australia, 2013." Retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3235.02013?OpenDocument>.
- ABS (Australian Bureau of Statistics). 2014f. "Population Today." Retrieved from <http://www.abs.gov.au>.
- ABS (Australian Bureau of Statistics). 2014g. "Time Stress and Work and Family Balance." Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4125.0main+features430August%202014>.
- ABS (Australian Bureau of Statistics). 2014h. "Victims." Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4125.0main+features510August%202014>.
- AIHW (Australian Institute of Health and Welfare). 2011. *Young Australians: Their Health and Wellbeing*. Canberra: AIHW.
- Akbarzadeh, Shahram, ed. 2010. *Challenging Identities: Muslim Women in Australia*. Victoria: Melbourne University Press.
- Alford, Katrina. 1984. *Production or Reproduction?: An Economic History of Women in Australia, 1788–1850*. Melbourne: Oxford University Press.
- Al-Yaman, Fadwa, Mieke Van Doeland and Michelle Wallis. 2006. "Family Violence among Aboriginal and Torres Strait Islander peoples." Canberra: Australian Institute of Health and Welfare. Retrieved from <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442458606>.
- AVERT (Averting HIV and AIDS). 2014. "Australia HIV & AIDS Statistics." Retrieved from <http://www.avert.org/australia-hiv-aids-statistics.htm>.
- Cancer Council Australia. 2014. "Skin Cancer." Retrieved from <http://www.cancer.org.au/about-cancer/types-of-cancer/skin-cancer.html>.
- Castles, Ian. 1993. "Women in Australia." Canberra: Australian Bureau of Statistics. Catalogue No. 4113.0.
- Cunneen, Chris, and Julie Stubbs. 1997. *Gender, Race and International Relations: Violence Against Filipino Women in Australia*. Sydney: The Institute of Criminology, Faculty of Law, The University of Sydney.

- Easteal, Patricia. 1996. *Shattered Dreams: Marital Violence against Overseas-Born Women in Australia*. Canberra: Australia Government Public Service.
- Evans, M. D. R. 1984. "Immigrant Women in Australia: Resources, Family, and Work." *International Migration Review* 18(4): 1063–1090.
- Firth, Ann. 2004. "The Breadwinner, His Wife and Their Welfare: Identity, Expertise and Economic Security in Australian Post-War Reconstruction." *Australian Journal of Politics and History* 50(4): 491–508.
- Frances, Raelene, and Bruce Scates. 1993. *Women at Work in Australia from the Gold Rushes to World War II*. Cambridge: Cambridge University Press.
- Haebich, Anna. 2014. "Aboriginal Women." *The Encyclopedia of Women and Leadership in Twentieth-Century Australia*. Australian Women's Archives Project. Retrieved from <http://www.womenaustralia.info/leaders/biogs/WLE0022b.htm>.
- Henningham, Nikki. 2014. "Marginson, Melba (c. 1950–)." *Encyclopedia of Women and Leadership in Twentieth-Century Australia*. Australian Women's Archives Project. Retrieved from <http://www.womenaustralia.info/leaders/biogs/WLE0202b.htm>.
- Henry, Nicola, and Karolina Kurzak. 2012. "Religion in Australia." *The Australian Collaboration: A Collaboration of National Community Organisations*. Retrieved from <http://www.australiancollaboration.com.au>.
- Ho, Christina. 2004. "Migration as Feminisation: Chinese Women's Experience of Work and Family in Contemporary Australia." PhD thesis, University of Sydney.
- Ho, Christina. 2008. "Diversifying Feminism: Migrant Women's Activism in Australia." *Signs* 33(4): 777–784.
- Hughes, Kate Pritchard, ed. 1994. *Contemporary Australian Feminism*. Melbourne: Longman.
- Hughes, Kate Pritchard, ed. 1997. *Contemporary Australian Feminism*. 2nd ed. Melbourne: Longman.
- Kaplan, Gisela. 1996. *The Meagre Harvest: The Australian Women's Movement 1950s–1990s*. New South Wales: Allen & Unwin.
- Lake, Marilyn. 1997. "Women and Nation in Australia: The Politics of Representation." *Australian Journal of Politics & History* 43(1): 41–52.
- Lyneham, Samantha, and Kelly Richards. 2014. *Human Trafficking Involving Marriage and Partner Migration to Australia*. Canberra: Australian Institute of Criminology.
- McCann, Joy, and Janet Wilson. 2014. "Representation of Women in Australian Parliaments 2014." Research Paper Series, 2014–15. Department of Parliamentary Services. Retrieved from http://parlinfo.aph.gov.au/parlInfo/download/library/prspub/3269009/upload_binary/3269009.pdf;fileType=application/pdf.
- Mouzos, Jenny. 1999. *Femicide: The Killing of Women in Australia 1989–1998*. Canberra: Australian Institute of Criminology. Research and Public Policy Series No. 18.
- National Council of Women in Australia. Retrieved from <http://www.ncwa.org.au>.
- National Foundation for Australian Women. Retrieved from <http://www.nfaw.org>.
- OECD (Organization for Economic Co-Operation and Development). 2011. "Report on the Gender Initiative: Gender Equality in Education, Employment and Entrepreneurship." Retrieved from <http://www.oecd.org/education/48111145.pdf>.
- OECD (Organization for Economic Co-Operation and Development). 2014. "OECD Health Statistics 2014: How Does Australia Compare?" Retrieved from <http://www.oecd.org/els/health-systems/Briefing-Note-AUSTRALIA-2014.pdf>.
- Oldfield, Audrey. 1992. *Woman Suffrage in Australia: A Gift or a Struggle?* Cambridge: University of Cambridge Press.
- Opeskin, Brian, and Rebecca Kippen. 2012. "The Balance of the Sexes: The Feminisation of Australia's Population, 1901–2008." *Population, Space and Place* 18: 517–533.
- Oxley, Deborah. 1996. *Convict Maids: The Forced Migration of Women to Australia*. Cambridge: Cambridge University Press.
- Payne, Sharon. 1991. "Aboriginal Women and the Law." Proceedings of the Conference on Women and the Law. Canberra: Australian Institute of Criminology.
- Porter, Muriel. 2014. "Christian Church Ministry." *The Encyclopedia of Women and Leadership in Twentieth-Century Australia*. Australian Women's Archives Project. Retrieved from <http://www.womenaustralia.info/leaders/biogs/WLE0032b.htm>.
- Putt, Judy, and Karl Higgins. 1997. *Violence against Women in Australia: Key Research and Data Issues*. Sydney: Australian Institute of Criminology.
- Selzer, Anita. 2002. *Governor's Wives in Colonial Australia*. Canberra: National Library of Australia.
- Teale, Ruth, ed. 1978. *Colonial Eve: Sources on Women in Australia, 1788–1914*. Melbourne: Oxford University Press.
- Tranter, Bruce, and Jed Donoghue. 2003. "Convict Ancestry: A Neglected Aspect of Australian Identity." *Nations and Nationalism* 9(4): 555–577.
- UNDP (UN Development Programme). 2014. "Human Development Reports: Gender Inequality Index (GII)." Retrieved from <http://hdr.undp.org/en/content/gender-inequality-index-gii>.

B

Bangladesh

Overview of Country

Bangladesh, officially known as the People's Republic of Bangladesh, is situated in South Asia. Bangladesh shares borders with India and Myanmar and is separated from Nepal and Bhutan by the small corridor-like land of Shiliguri, India. The Bay of Bengal is in the south of the country. It is the eighth most populous country in the world, with 168 million people, and the most densely populated among the countries that cross the 10 million mark. The present-day borders of Bangladesh took shape during the Partition of Bengal and British India in 1947, when the region came to be known as East Pakistan, as a part of the newly formed state of Pakistan. It was separated from West Pakistan by 870 miles (1,400 km) of Indian territory. Political exclusion, ethnic and linguistic discrimination, and economic negligence by the dominant western wing, nationalism, popular agitation, and civil disobedience between West Pakistan and East Pakistan (now Bangladesh) led to the Bangladesh Liberation War and independence in 1971. After independence, the new state endured poverty, famine, political turmoil, and military coups. The restoration of democracy in 1991 has been followed by relative calm and economic progress. In 2014, the Bangladeshi general election was boycotted by major opposition parties, resulting

in a Parliament and government dominated by the Awami League and its smaller coalition partners (IBP 2014).

Bangladesh is a unitary parliamentary republic with an elected Parliament called the Jatiyo Sangshad. The native Bengalis form the country's largest ethnic group, along with indigenous peoples in northern and southeastern districts. Ninety-eight percent of the population is Bengali. Islam is the main religion of Bangladesh and is practiced by 89.5 percent of the population. Hinduism is practiced by 8.5 percent of the population, Buddhism 0.6 percent, and Christianity 0.3 percent. Bangladesh's documented history spans 4,000 years. Its human history has lasted for more than 20,000 years (U.S. Department of State 2012).

According to the UN Development Programme (UNDP), Bangladesh has a Gender Inequality Index (GII) value of 0.518, ranking it 111th out of 148 countries in the 2012 index. In Bangladesh, 19.7 percent of parliamentary seats are held by women, and 30.8 percent of adult women have reached a secondary or higher level of education, compared to 39.3 percent of their male counterparts. For every 100,000 live births, 240 women die from pregnancy-related causes, and the adolescent fertility rate is 68.2 births per 1,000 live births. Female participation in the labor market is 57.2 percent, compared to 84.3 for men (UNDP 2016).

Bangladesh is one of eight countries that has a higher male population than female. As the majority of the country follows Islam, the idea of *purdah*, or veil, is still contested

in terms of whether it serves as a vehicle of discrimination or empowerment. In dominant Western discourse, veiling is often considered restrictive of women's rights, but others say it empowers women. Though the import industry is dominated by a female workforce, women are mostly unseen outside of their domestic sphere in the rural areas. Women make up higher percentages than men of the labor force in the garments industry, but the terms of equality are measured in various areas beyond employment. Their status and position is also measured in terms of education, income, assets, health, and the role they play in the family and in society. These characteristics are representative of the amount of political power and social prestige a woman is accorded, and thus the extent to which she can influence decision making within the home and community.

Girls and Teens

Girls and teens in Bangladesh face pervasive gender discrimination and obstacles in their development in almost every aspect of their lives. Girls are often considered financial burdens to their families, and from the time of birth, they receive less investment in their health, care, and education. As a girl child grows and reaches adolescence, the gender disparities are clearly presented to her by the society. The growth of a young girl to adolescence is treated abruptly within Bangladesh. At puberty, girls' mobility is often restricted, which limits their access to livelihood, learning, and recreational and social activities.

Bangladesh has the fourth-highest number of child marriages. There are also high numbers of adolescent mothers. Though the maternal mortality rate has improved, it is still relatively high in comparison to other countries. Poor maternal health is the result of early marriage, women's malnutrition, lack of access to and use of medical services, and lack of knowledge and information. Most women give birth without a skilled attendant (UNICEF 2016a).

In the home, especially in rural areas, women's mobility is greatly limited, and their decision-making power is often restricted. Though the situation is changing in the cities where women are becoming more financially independent, there are still restrictions imposed by husbands in terms of power in the household. For instance, 48 percent of Bangladeshi women say that their husbands alone make decisions about their health, while 35 percent report that their husbands alone make decisions regarding visits to family and friends (UNICEF 2016b).

Violence against women is another major impediment to women's development. Street harassment, eve teasing, abductions, and rape are common phenomena in Bangladesh. Perpetrators are rarely held accountable, and even if they are, they frequently receive no or very little punishment within the legal system (Hossain and Suman 2013).

Child Marriage

Bangladesh has the highest rate of child marriage of girls under the age of 15 in the world, with 29 percent of girls in Bangladesh married before age 15 (UNICEF 2016). Two percent of girls in Bangladesh are married before age 11. Continuous inaction by the central government and complicity by local officials allows child marriage, including of very young girls, to continue unchecked, while Bangladesh's high vulnerability to natural disasters puts more girls at risk, as their families are pushed into the poverty that helps drive decisions to have girls married.

Child marriage has been illegal in Bangladesh since 1929, and the minimum age of marriage has been set at 18 for women and 21 for men since the 1980s. Despite this, Bangladesh has the fourth-highest rate in the world of child marriage before age 18, after Niger, the Central African Republic, and Chad. Sixty-five percent of girls in Bangladesh marry before age 18 (HRW 2015).

The reasons behind the elevated rate of early marriage stem from traditional Bangladeshi customs and moral codes as well as social and economic conditions. In Bangladesh, a patriarchal, unequal society prevails. Poverty is also a major underpinning factor that encourages early marriage. Because young girls are often considered an economic burden by their families, their marriage to an older man and into another family may be seen as a family survival strategy to obtain financial security. Additionally, parents are attracted by the prospect of lower dowry payments if they marry their daughters off at an early age. Another root cause of early marriage in Bangladesh is the fear of sexual harassment of young daughters. Early marriage is seen as a way to "protect" a girl's sexuality in an unsafe environment (HRW 2015).

The prime minister of Bangladesh, Sheikh Hasina, vowed to end child marriage in 2014's Girl Summit, but, controversially, it has taken a step that promotes child marriage even more than before. Rather than eradicating child marriage, the Bangladesh government, with the consent of the prime minister herself, has promoted a new law lowering the minimum age for a girl to be married to 16

instead of 18. This creates a bigger threat to girls and teens in Bangladesh, and if 16 is the legal age for a girl to be married, child marriage will be further validated.

Education

Education is essential to reducing discrimination and violence against girls and women, and Bangladesh has made great progress in this area, already achieving gender parity in primary and secondary education. However, Bangladesh still has a long way to go to achieve gender equity, access to quality education for all girls, completion of basic education with acceptable competency levels and relevant life skills, and equal roles for women and girls in society.

Education is the key to addressing entrenched discrimination and violence against women. Research suggests that the presence of more educated children in the household and community acts as a restraint on violence against women (World Bank 2008). In addition, educated girls tend to delay marriage, are more likely to seek help during childbirth, and are more likely to give birth to healthy babies who will survive and grow into adulthood. Bangladesh has made immense gains in girls' education, such that girls now outnumber boys in primary and secondary schooling (GED 2015). However, net attendance rates in secondary education are still extremely low, at only 53 percent for girls and 46 percent for boys. In tertiary education, there are only 6 girls for every 10 boys, well below the Millennium Development Goal target of full equality (UNICEF 2016).

Women typically receive less education than men their age. According to the UNESCO statistics 64.64 percent of men over the age of 15 are literate, compared with 58.31 percent of women (World Bank 2015).

Health

The health of women is a crucial factor in the health of children, but gender discrimination leaves women in Bangladesh particularly vulnerable to disease and death. The maternal mortality rate (MMR) declined from 440 per 100,000 childbirths in 1997 to 320 per 100,000 childbirths in 2001. Translated into real numbers, this means that of 2.5 million women who become pregnant each year, an estimated 370,000 develop fetal complications, which the health facilities in the country are neither equipped nor able to handle. Increasing access to emergency obstetric care is a key element in reducing maternal mortality (UNICEF 2016).

Only 8.6 percent of births take place in hospitals or local health centers, and in 2001, only 11.8 percent of deliveries were assisted by doctors, midwives, nurses, or family welfare visitors. The remaining 88.2 percent were attended by relatives or other people, of whom only 11.9 percent included trained traditional birth attendants (UNICEF 2016).

The health-seeking behavior of women during pregnancy and childbirth is low: 48 percent utilize antenatal care, and 16 percent access postnatal care. There is also evidence of a disparity in health-seeking behavior according to educational and economic status. Poorer, less educated women are less likely to seek qualified routine or emergency obstetric care. Only 40 percent of women who perceived that they had life-threatening complications during their pregnancy sought immediate care—70 percent of women in the highest wealthy quintile of the population and 50 percent of those in the lowest quintile.

Maternal malnutrition, infections during pregnancy, anemia, and repeated pregnancies contribute to low birth weight babies and a high rate of maternal mortality. The maternal mortality rate is among the highest outside sub-Saharan Africa, and the vast majority of infants are born at home. The nutritional status of women in Bangladesh is also alarming. The body mass index (BMI) of 52 percent of women of reproductive age is less than 18.5; this means they are extremely underweight. This has been compounded by a high prevalence of iron-deficiency anemia (more than 50%) and vitamin A deficiency (for example, more than 2.8% suffer from night blindness) (UNICEF 2016).

The poor nutritional status of female children at birth is compounded by a lack of access to various services, resources, and opportunities, and it is associated with high workloads and lack of rest. All of these factors result in poor health and malnutrition, and many women continue to be sick throughout their adult lives.

It is not possible to reduce the rate of maternal deaths solely through health and nutrition initiatives. Maternal mortality is an indicator of the overall situation of women in a society, so a more comprehensive social development approach is needed. This means nurturing a sociocultural movement that addresses the reduction of maternal mortality as a woman's right and also enhances women's self-esteem and status.

Statistically, Bangladesh has experienced significant improvements in women's health over the past three decades. Women's life expectancy, for example, increased from 54.3 years in 1980 to 69.3 years in 2010, one of the largest increases in the region (ILO 2014).

Access to Health Care

The government of Bangladesh, according to the Constitution of the People's Republic of Bangladesh, is responsible for securing health care for its citizens. Over the past few decades, through efforts by the government as well as international organizations and nongovernmental organizations (NGOs), access to health care in Bangladesh has improved. More recently, health services have begun to transition from free public services to for-profit private services. The public sector mainly provides outpatient, inpatient, and preventive care, while the private sector mainly provides outpatient and inpatient curative care (IMPOWR 2012).

In Bangladesh, however, inequities regarding access to medical services exist based on both socioeconomic status and demographics, such as geographical location—urban versus rural—as well as gender. As nearly half the population lives below the poverty line, and many of the poor live in rural areas of the country, individuals in such areas may experience difficulty accessing medical care due to a lack of monetary resources and available medical facilities. To address this latter issue, the government recently began supporting the opening of community clinics within rural communities. Additionally, Bangladeshi women are denied equal access to health care. The Committee on the Elimination of Discrimination against Women (CEDAW) stated that it “is concerned at women’s limited access to quality health care services, including reproductive health-care, specifically in rural areas” (IMPOWR 2012). Efforts are being made to increase Bangladeshi women’s access to medical services, but even if access is expanded, social prejudices may prevent some women from utilizing such services.

Employment

In the economic field, women play a vital role, as evidenced by the importance of the ready-made garment (RMG) sector. While the number of men and women employed in manufacturing is roughly the same, the vast majority of RMG-sector workers are women—80–85 percent (ILO 2014). It is to be noted that, in most cases, employers engage garment workers, mainly women, in factories without any formal agreement or job contract. Thus, they can be easily hired and fired, and no compensation is offered when they are laid off in the interest of factory owners.

Bangladesh recently amended the Labour Law in 2013, which protects the fundamental rights of women workers,

including the right to maternity leave (HRW, 2015). At the international level, Bangladesh has ratified the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) as well as ILO Convention 111 on Discrimination in Employment and Occupation. The reality is that, despite such legislation, women workers’ rights remain ignored in the garment sector. Women workers are employed in poorly paid jobs, and they face severe labor rights violations and not getting their legal entitlements. They are also forced to work at night, often exceeding 10 working hours, which is a violation of the labor standard.

Women are poorly paid in this sector. Because of sustained campaigning by women workers, women’s rights and human rights activists, and other trade unionists in Bangladesh, the minimum wage for garment workers was raised in 2010 for the first time in four years. Receipt of wages in the garment industry depends on meeting an assigned production target. If production targets are met, a sewing operator’s salary now starts at 3,861 taka (approximately USD\$47.882) per month and a helper’s wage at 3,000 taka (USD\$30) per month. This amount is inadequate in meeting the minimum living standards in the urban areas. Besides the above, they get no other benefits or festival allowances (festival allowances are given in the time the prominent religious festivals, such as Eids, in standard private or government jobs in Bangladesh) (ILO 2014).

Similar to the recognition of women’s contributions to agriculture worldwide, women’s roles in Bangladeshi agriculture tend to be underappreciated, owing to the commonly held view that women are not involved in agricultural production, especially outside the homestead, because of cultural norms that value female seclusion and undervalue female labor. Nevertheless, women’s participation in the agricultural sector has increased over time. According to the Bangladesh Bureau of Statistics, during 1999–2000 and 2005–2006, the number of employed persons in agriculture increased from 19.99 to 22.93 million—about 15 percent. For male labor, there has been an absolute decrease of about 6 percent, while the number has increased from 3.76 to 7.71 million for women—more than 100 percent. Because of such changes, the proportion of women in the agricultural labor force has increased from less than 20 percent to 33.6 percent of the total (FAO 2010.). This is indeed a phenomenal change, although it is not yet clear how much of this change resulted from a true secular increase as opposed to a better measurement of women’s participation.

According to the World Bank, Bangladesh creates around 1.2 million jobs every year, mostly benefiting men. The latest Bangladesh Development Update suggests that to comfortably reach middle-income status by 2021, Bangladesh needs more women to join the workforce. Bangladesh can increase its gross domestic product (GDP) growth by 1.6 percent if female labor participation increases from the current 33.7 percent to 82 percent, a figure on par with the present male labor participation rate (World Bank 2008).

In a report made by advocate Salma Ali, the executive director of Bangladesh National Women's Lawyers' Association, over the last three decades, the emphasis in Bangladesh has been on ensuring gender equality and mainstreaming gender issues through various policies and strategies to ensure employment of women in various professions. The government is a major employer in Bangladesh; thus, the appointment of women in Bangladesh Civil Service (BCS) and their inclusion in different cadres is very significant and needs special consideration from various perspectives. The government of Bangladesh has already made several policy decisions and taken special measures to ensure equitable female participation in civil service. A quota system was introduced to increase the presence of women in the government employment sector, though women's participation in government services has not yet reached a satisfactory level. BCS has more than 1.1 million civil servants in 37 ministries, 11 divisions, 254 departments, and 173 statutory bodies. Ten percent of posts are reserved for women. There has been progress in the numbers of women in service at mid and senior levels, from 8.5 percent in 1999, to 15 percent in 2006, and 21 percent in 2011 (UNDP 2016).

Similar to women in civil services, women's participation in law enforcement services is also very low. The number of women participating in the police and army is very small but steadily building up. At present, the total number of police officials is 154,921. The total number of working police officers is 144,411. Of all officers, the number of female police officers is 7,561, comprising just 5.24 percent. The Bangladesh Army did not recruit women for many years. However, in 2003, and following the lead of many armies in the world, the Bangladesh Army decided to recruit women as commanding officers. In the past, this post was considered to be only for men. These female officers proved that they are as good as their male counterparts. Some women officers even worked for UN peace-keeping forces. For the first time in the country's military

history, some 1,263 female soldiers were recruited. Of these soldiers, 945 were for the medical core and would be in training for one year.

In the social sphere, Bangladesh is an example of what is possible when women are involved in decision making. Indeed, it is a heartening story of social innovation and development, in part due to microfinance, which has played an integral role in rural and social development in Bangladesh. Ninety-two percent of borrowers are women, and 90 percent live in rural areas. While there is some debate over the efficacy of microfinance in poverty reduction, some studies have shown that, in Bangladesh, female participation in microfinance activities has led to an increased sense of empowerment measured by factors such as decision making, social acceptance, and political involvement, which in turn have led to general welfare improvements.

For example, Bangladeshi mothers increasingly have a say in their children's education. The country has managed to reduce the gender gap at all levels of education, particularly at lower levels of education, that is, youth literacy and secondary school enrollments. In these two areas, disparities have been reduced at a faster rate in Bangladesh than the global average.

Women spend five times more time on unpaid household chores than men, an effort that remains unrecognized at both family and national levels, according to a study by ActionAid Bangladesh that surveyed 316 people in the rural north. Women devote an average of 6.45 hours each day to care work at home, compared to men's average of 1.2 hours a day. Most of women's unpaid work involves cooking, and a woman will spend 12 out of 72 years of her life cooking, said Sadananda Mitra, a former deputy director of the Bangladesh Bureau of Statistics, presenting the study at Spectra Convention Centre in Dhaka. Women's employment rates remain low despite progress, and their wages are roughly 60–65 percent of male wages (Byron and Rahma 2015).

The maternity leave policy available to women in Bangladesh is 16 weeks with full payment. However, interestingly enough, there are no specific laws that exist for management-level women staff. The law that exists is Bangladesh Sromo Ain, 2006, or the Bangladesh Labour Act, 2006. The "Maternity Benefit" chapter refers to workers that do manual work, mainly in factories. The leave period that is guaranteed to nonmanagement women workers is similar to what is available in Pakistan, Singapore, and Sri Lanka (Bangladesh Labour Law 2006).

Family Life

Bengali families are highly hierarchical. The notion of hierarchy becomes operative primarily through the male-female divide and, thereafter, through age. Women and female children always come second in family hierarchies. Women are supposed to look after the house and children. Their main task is to produce offspring and tend to them as they grow up. To a greater or lesser degree, women in Bangladesh are subjected to the regime of *parda*, that is, customary practices through which honor and purity are preserved. This entails a regime of physical and psychological seclusion.

Parda is stronger within the Muslim community and Hindu high castes. The status of a community is measured by the degree of modesty of the women. Male offspring are by far the first desire of many families. Baby girls are frequently not wanted or desired and may receive a less enthusiastic welcome than that reserved for male children. While in rural areas giving birth to girls is not as appreciated as giving birth to boys, within the rising middle class of the country, the stigma associated with giving birth to girls is not as prevalent as before.

Children are usually considered the property of fathers. Boys benefit more from inheritance than their sisters. There are, however, differences among communities. Some indigenous communities in Bangladesh follow a maternal family system where women are considered first for property inheritance. Nevertheless, overall, women are frequently considered inferior to their male counterparts.

Giving a dowry to the groom's family has always been one of the biggest social problems in Bangladesh, and dowry-related situations create further problems in family life after marriage. The Dowry Prohibition Act 1980 outlaws dowries, with a maximum penalty of five years' imprisonment, and safeguards from physical abuses are repeatedly affirmed in several pieces of legislation (Constitution of the People's Republic of Bangladesh 1972). Women's dignity as a core value of human rights law is deeply entrenched in numerous international instruments, and Bangladesh also assumes affirmative obligations to respect and ensure this right. Despite this, dowry-related cruelty is endemic. In 2011 alone, dowry-related violence claimed 325 lives and resulted in 7,079 incidents of dowry harassment (Begum 2014a). This represents only a fraction of the total dowry victims, as women are very reluctant to unearth their "hidden wounds" publicly for several reasons, including loss of family honor and privacy, fear of in-law reprisals, and poor

Women's Voices

Abritty Abdullah

Growing up in Bangladesh with both of my parents working would have been impossible if I did not have my other "mom" taking care of me. In the city of Dhaka, where a kid is born in a middle- to high-income household where both the parents work, hiring maids for taking care of the children and household is the only way of bringing them up. My friends, my cousins, and I, and even my nephews, had someone taking care of us while our parents were gone working.

The idea of day care, husband and wife sharing household work, babysitting, or having help for a particular time is not popular in Dhaka due to financial constraints and the patriarchal framework. The women who come as maids in the households stay there 24/7 without a day off, and they work for the minimum possible salary because shelter and food is provided for them. My other mom, whom my brother and I used to call *Apa* (sister), stayed in our household for 24 years. Eventually I became her daughter, and she became my mother. My parents will probably never be able to pay back what she has done for us. My whole being is indebted to this person who has no blood ties with me yet is as important as the idea of mother to me.

She and my mom are equally responsible for my existence here in this world. I love them both equally, and whatever achievements I have made are a tribute to their hard work. I can only love my *Apa* back, because there is no way I can pay her back.

access to inadequate and costly legal remedies. Further, in a substantial number of cases, influential perpetrators act with impunity due to corruption, and victims are left with virtually no legal recourse (Begum 2014b). The underlying cause of this rising trend of violence, notwithstanding, the existence of a series of positive statutes necessitates an exploration of factors affecting the origins and development of dowry and how it is addressed in Bangladesh.

The distinction between state laws and religious laws often creates further confusion in terms of family laws, contributing to a situation where women face complex

forms of discrimination. This is particularly devastating for poorer groups within Bangladesh who have little to no access to knowledge of state laws and may be controlled by family and religious laws. Muslim personal laws are discriminatory in their embrace of polygamy for men, their greater barriers to divorce for women than men, and their limited provisions on maintenance. Under the Muslim family laws in Bangladesh, women have no right to maintenance beyond 90 days after notice of divorce (or birth of a child, if the woman is pregnant at the time of divorce).

Hindu personal law also discriminates against women. It recognizes polygamy for men and contains significant barriers for women to access maintenance payments. Hindu women can seek judicial separation, but the law does not recognize divorce. In Christian personal law, divorce is allowed on limited grounds for both men and women, but the grounds are far more restrictive for women. Men can divorce if they allege their wife committed adultery. Women, on the other hand, must prove adultery plus other acts to secure a divorce. Such acts include conversion to another religion, bigamy, rape, sodomy, bestiality, desertion for two years, or cruelty. Charges of adultery are particularly humiliating for women in Bangladesh's conservative society.

Bangladesh has taken the important step of establishing specialized family courts that deal with separation, divorce, and maintenance cases. But women and lawyers told Human Rights Watch (HRW) that seeking timely maintenance in these courts is akin to an obstacle course. They described delays at every stage, nonexecution of maintenance awards, and evidentiary challenges. Some women face harassing countersuits by husbands.

Women whose husbands are too poor to pay or who have no marital assets need to be connected to social assistance programs and shelters, according to HRW. Bangladesh does have some social assistance schemes that could benefit women impoverished by separation or divorce, including one offering 300 takas (USD\$4) per month for "husband-deserted" women who meet need criteria. But among the many women interviewed by HRW who could have qualified for this program, none had accessed it. HRW also found that the social assistance programs do not address women's multiple vulnerabilities, such as disability, ill health, old age, and marital breakdown (HRW 2015).

In Bangladesh, under Islamic law, the wife inherits a fixed share of one-eighth of the deceased husband's property if he leaves children, whereas the husband receives one-fourth of his deceased wife's property. If he does not

leave any children, then the wife inherits a quarter of the husband's estate. A daughter who is an only child inherits half the estate of her late father or mother. If there is more than one daughter and no son, then the daughters jointly inherit two-thirds of the estate. However, if there is a son, then the daughter's share will be equal to half of the son's share. In all cases, men inherit more than women.

Among Hindus in Bangladesh, a large number of women are also excluded from inheritance. According to Hindu law, not all daughters of a man are equally eligible to inherit. Unmarried daughters and married daughters with sons can inherit, while childless widowed daughters or daughters having no son are excluded. A Hindu woman, even if she inherits, has limited rights to her property in the form of life interest (i.e., on her death, the property reverts to the next heir of the person she had inherited the property from). A widow inheriting property from her husband also inherits on limited rights (i.e., life interest). Buddhists in Bangladesh are also governed by Hindu laws.

Birth Control and Contraceptive Care

In Bangladesh, the average number of children per woman of reproductive age has decreased dramatically in recent years. This figure was above seven in the early 1970s, but according to the World Bank, it is now 2.2. Bangladesh currently has the lowest total fertility rate in South Asia. Family planning in Bangladesh (then West Pakistan) was introduced in the 1950s through voluntary efforts by social and medical workers. In 1965, it was adopted as a full-fledged government-sector program. Since then, the national family planning program has changed and evolved. Large-scale, field-based family planning programs from 1965 to 1975, which later focused on maternal and child health (MCH), supported multisectorial family planning programs from 1975 to 1980. Most recently, since the 1980s, it has turned into an integrated health and family planning program with emphasis on MCH, contraceptive health care, and primary health care.

Contraceptive health care in Bangladesh has evolved through the time. With the help of three major components of the family planning program—the government, NGOs, and a subsidized commercial sector—Bangladesh has done remarkably well in comparison to other South Asian countries. Associated with increasing contraceptive use, the country's total fertility declined from 6.3 births per woman in the mid 1970s to 3.4 births for the period 1991–1993. The most dramatic decline happened between

1989–1991 and 1991–1993, from 4.3 to 3.4 births, or 21 percent, in a short period of two years. The inexpensive cost associated with contraceptive care—which is even free in some rural areas of the country—has helped to shape the change in fertility rate (UNICEF 2016).

Politics

Bangladesh has the eighth-lowest gender gap in terms of women's political empowerment in the world. This is largely because it has had a female head of state for longer than any other country in the world. In addition, the number of seats held by women in the national Parliament doubled from 10 percent in 1990 to 20 percent in 2011, according to the International Labour Organization's (ILO) Web site. To encourage and ensure women's participation, the Bangladeshi Parliament has 50 seats reserved for women that are appointed on elected party position in the Parliament. Women's growing presence in the political field has had important implications on the family structure. The traditional views that women are an economic liability and that sons are more desirable than daughters are being challenged now, and the society is moving away from such attitudes. Studies show that the growing independence of women is one of the major causes of a decline in gender-based infanticide in Bangladesh (ILO 2014).

Bangladeshi women have achieved great improvements due to their continuous struggle since the country's formation. The last four decades have seen increased political empowerment for women and the adoption of new laws to protect women's rights. As of 2016, the prime minister of Bangladesh, the Speaker of the Parliament, and the leader of the opposition (supposedly the most prestigious political positions) are women.

Begum Rokeya is popularly known to be the pioneer for the gender equality movement in undivided Bengal (especially for what is now Bangladesh as well as for Muslim women). She established the first school aimed primarily at Muslim girls in 1909. This was a revolutionary effort made at that time, when Muslim girls were segregated from the mainstream education system and were not allowed to leave their homes on their own. Rokeya paved the way for Bengal's (now West Bengal and Bangladesh) Muslim girls' education. She is considered by many to be the first feminist of Bengal. Rokeya's advocacy on behalf of Bengali Muslim women a hundred years ago has evolved, and women in Bangladesh are now almost everywhere, prominently marking their identity (Byron and Rahma 2015).

Organizations Working for Women's Rights

Bangladesh is home to what has been described as a vibrant women's rights movement. It consists of several hundred grassroots groups and a number of larger organizations. The largest is the Bangladesh Mahila Parishad, with a claimed membership of around 130,000 individuals and 52 branches in various parts of the country. Other prominent organizations identified include Ain O Salish Kendra, Mahila Samity, Proshika, Bangladesh Rural Development Committee (BRCA), Mohila Awami League, Nijera Kori, Nari Pragati Sangha, Karmojibi Nari, Samata, Usha, Step towards Development, Nari Pakkha, PRIP Trust, Bangladesh Muktiyoddha Sangsad, and the Samajik Proti-rodh Committee. An annotated list identifying some of these organizations appears in a UN Economic and Social Commission for Asia and the Pacific (UNESCAP) report on women in local government. The list provides information on their respective aims and activities and a snapshot of the overall diversity of the women's rights movement in the country. Some, like Proshika and BRAC, are primarily involved in microeconomic empowerment, while others, like Ain O Salish Kendra, are primarily concerned with promoting legal rights (Tahmina 2005).

Participation in Government

The prime minister and leader of the opposition are both women who, collectively, have ruled the country back and forth for more than 20 years. In 2012, there were also 6 female ministers and state ministers in the 44-member cabinet, including the leaders of important ministries, such as defense, foreign, energy, agriculture, and home. There were 69 women lawmakers in the Parliament, 19.7 percent of the total seats. Nineteen of these women were directly elected, and 50 women were elected through the gender quota system (Asia Foundation 2012). The statistics may indicate a triumph for women overcoming past exclusion, but the underlying patriarchal dominance is still alive in the society.

There are still unequal power relations in the political arena of the country. Women are discouraged from entering the political arena by preexisting social norms that associate leadership with men. Despite two prominent female leaders, the prime minister and the opposition leader, who both come from influential political families, the number of women in political spheres and leadership positions in the country remains low. The top leaders in the Parliament choose who should run for political offices and

ministries, and they are almost all male. While the faces of the two ruling parties are women, the construction of both parties is done by their male colleagues. Though the final decisions are up to these two strong female leaders, the system is largely organized and led by male politicians and decision makers. Nevertheless, the prominence, power, and importance of these two women leaders is notable.

Women's Rights in Bangladeshi Law

According to the constitution, women's rights are protected under the broad and universal principles of equality in the following articles: Article 10 provides that steps shall be taken to ensure participation of women in all spheres of national life; Article 19 (1) provides that the State shall endeavor to ensure equality of opportunity to all citizens; Article 27 specifies that all citizens are equal before the law and entitled to equal protection; Article 28 (1) provides that the State shall not discriminate against any citizen on grounds of religion, race, caste, sex, or place of birth; and Article 28 (2) says that women shall have equal rights with men in all spheres of the State and of public life. In addition, Bangladesh has specific laws prohibiting certain forms of violence, including the Penal Code, 1860; the Anti-Dowry Prohibition Act (1980); the Cruelty to Women Ordinance (1983); the Suppression of Immoral Traffic Act (1993); and the Prevention of Repression against Women and Children Act (2000).

However, despite such legal support, Bangladeshi women still do not receive equal treatment in reality. According to the *Dhaka Tribune*, women in the informal sector are often paid lower wages than men for the same work (Mostafiz 2013). In divorce proceedings, women need to prove the validity of their reason for seeking divorce to obtain a court order to enforce their rights. Men on the other hand, do not need such proof and can divorce their wives at any time without proven reason. Under traditional inheritance laws, a woman is generally given half the share of her male counterpart. Despite anti-dowry laws by the state (and religious edicts supporting this position), traditions remain widespread, and women whose families do not fulfill requests to pay dowry to their husbands are sometimes subjected to horrifying forms of violence.

As is well known, women who turn down marriage proposals are sometimes in danger of suffering violence from spurned men, and there have been many reported cases of men throwing acid at women. The Ministry of Women and Children Affairs set up assistance cells to help victims of violence in the 1990s, but the numbers of cells are

not enough to deal with the large number of cases. Many attacks go unreported due to fear of not getting any justice, fear of retaliation, or sheer lack of knowledge about where to go for help (Mostafiz 2013).

LGBT Rights

In Bangladesh, the laws center and reinforce a gender binary, and there is hardly any indication of nonnormative genders or sexual minorities in the laws of Bangladesh. The self-identified gay, lesbian, and transgender population remains confined within the highly religious cultural and political setting of the country, and the infamous Penal Code 377 still exists in the law of the country. Members of the LGBTQ community in Bangladesh encounter social, cultural, and economic forms of oppression and violence. Outside of male and female, the only recognized other gender within Bangladesh is *hijra* (or what some refer to as the transgender female group), who experience extreme marginalization. As Khan et al. state, "In Bangladesh, mainstream society does not accept others beyond the male-female gender norm. Those who live beyond this continuum are subject to harassments and abuses" (2009).

Section 377 of the Penal Code criminalizes anal sex between men and other homosexual acts. This was introduced by the British Raj during colonial rule in India as Section 377 of the Indian Penal Code and was later used as the model of many antisodomy laws in many other British colonies. The law dates back to 1860, when it was introduced by the British colonizers to criminalize sexual activities "against the order of nature," arguably including homosexual acts. Prior to Section 377 and British colonial rule, there were no specific laws defining sexual norms.

Similar to other colonized countries, Bangladesh also adapted the British-imposed law after its independence under the same penal code number. On the Ministry of Law's Web site, Section 377 states, "Whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal, shall be punished with [imprisonment] for life, or with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine" (Ministry of Law, Bangladesh 2016). According to Section 377, any sexual union other than the penis in vagina is punishable under the law. Thus, even consensual heterosexual acts such as fellatio and anal penetration may be punishable under this law. This law's existence threatens any sexual relationship or activities outside of heterosexual norms.

Religious and Cultural Roles

The main religion in Bangladesh is Islam (89.7%), but a significant percentage of the population adheres to Hinduism (9.2%). Other religious groups include Buddhists (0.7%, mostly Theravada); Christians (0.3%, mostly Roman Catholics); and Animists (0.1%) (BANBEIS 2016).

In Bangladesh, gender norms are intimately bound up with religious beliefs and cultural practices, as they are throughout the world. Women's empowerment efforts have at times been strongly opposed by conservative groups, often citing religious scripture to defend patriarchal practices. Given the fact that these practices and the ideologies that undergird them are deeply enmeshed in the social fabric of Bangladesh, critics have questioned the extent to which development approaches that target women in isolation and focus narrowly on areas such as economic empowerment or health interventions can adequately address ingrained social norms. Such critiques have been at the heart of recent work that has found that patriarchal power structures in the home have severely limited women's control of microloans, offering them little real empowerment in such programs and trapping them in cycles of debt. It is clear that if the objective is bringing about substantial and lasting progress for women's empowerment in Bangladesh, then a more nuanced and sensitive examination of dominant patriarchal ideologies and the sociocultural practices they inform is needed. This is an area where religious ideas and religious leaders can and do play a significant role (Adams 2016).

ABRITTY ABDULLAH

Further Resources

- Adams, Nathaniel. 2016. "Religion and Women's Empowerment in Bangladesh." Berkley Center for Religion, Peace & World Affairs. Retrieved from <https://s3.amazonaws.com/berkley-center/151215WFDDReligionandWomensEmpowermentinBangladesh.pdf>.
- Asia Foundation. 2012. "Bangladesh." Retrieved from <http://asiafoundation.org/where-we-work/bangladesh>.
- BANBEIS (Bangladesh Bureau of Educational Information and Statistics). 2016. "E-Survey." Retrieved from <http://www.banbeis.gov.bd>.
- Bangladesh Labour Law. 2006. "A Handbook on the Bangladesh Labour Act, 2006." Retrieved from <http://www.ilo.org/dyn/travail/docs/353/A%20Handbook%20on%20the%20Bangladesh%20Labour%20Act%202006.pdf>.
- Begum, Afroza. "Dowry in Bangladesh: A Search from an International Perspective for an Effective Legal Approach to Mitigate Women's Experiences." *Journal of International Women's Studies* 15.2 (2014): 249-67. Web. 14 Aug. 2016.
- Byron, Rejaul Karim, and Md Fazlur Rahma. 2015. "Women Workforce Growing Fast." *Daily Star*, October 11. Retrieved from <http://www.thedailystar.net/frontpage/women-workforce-growing-fast-155149>.
- Constitution of the People's Republic of Bangladesh. 1972. Retrieved from <http://hrlibrary.umn.edu/research/bangladesh-constitution.pdf>.
- FAO (Food and Agriculture Organization of the UN). 2010. "Bangladesh." Retrieved from <http://www.fao.org/bangladesh/en>.
- GED (General Economics Division). 2015. *Millennium Development Goals: Bangladesh Progress Report 2015*. Government of the People's Republic of Bangladesh. Retrieved from http://www.plancomm.gov.bd/wp-content/uploads/2015/09/MDGs-Bangladesh-Progress-Report_-PDF_Final_September-2015.pdf.
- Hossain, Kazi Tobarak, and Md. Saidur Rashid Sumon. 2013. "Violence against Women: Nature, Causes, and Dimensions in Contemporary Bangladesh." *Bangladesh e-Journal of Sociology* 10.1: 79-91.
- HRW (Human Rights Watch). 2015. "Bangladesh: Girls Damaged by Child Marriage." Retrieved from <https://www.hrw.org/news/2015/06/09/bangladesh-girls-damaged-child-marriage>.
- IBP (International Business Publications). 2014. *Bangladesh Electoral, Political Parties Laws and Regulations Handbook*. World Business and Investment Library. Washington, D.C.: Global Investment Center.
- ILO (International Labour Organization). 2014. "Bangladesh." Retrieved from <http://ilo.org/dhaka/lang--en/index.htm>.
- IMPOWR (International Models Project on Women's Rights). 2012. "Summary: Access to Healthcare in Bangladesh." Retrieved from <http://www.impowr.org/content/summary-access-healthcare-bangladesh>.
- Khan, Sharful Islam, Mohammed Iftekher Hussain, Shaila Parveen, Mahbubul Islam Bhuiyan, Gorkey Gourab, Golam Faruk Sarker, Shohael Mahmud Arafat, et al. 2009. "Living on the Extreme Margin: Social Exclusion of the Transgender Population (Hijra) in Bangladesh." *Journal of Health, Population and Nutrition* 27.4 (August): 441-451.
- Ministry of Law, Bangladesh. 2016. "Whoever Raises their Head Suffers the Most." Retrieved from <http://www.minlaw.gov.bd>.
- Mostafiz, Meah. 2013. "Discrimination against Women in Bangladesh." Retrieved from http://www.academia.edu/15447609/Discrimination_against_women_in_Bangladesh.
- Rizvi, Najma. 2014. "Spectacular Achievement." Development and Cooperation, March 19. Retrieved from <https://www.dandc.eu/en/article/successful-family-planning-bangladesh-holistic-approach-leads-lower-fertility-rates-rates>.
- Sparks, Kacee. 2014. "On the Edges of the Binary and Society: Sufism's Role in Social Tolerance of Hijra and Transgender Communities in Pakistan." *Thoughts of the Middle* (blog), December 6. Retrieved from <https://thoughtsofthemiddle.wordpress.com/2014/12/06/on-the-edges-of-the-binary-and-society-sufisms-role-in-social-tolerance-of-hijra-and-transgender-communities-in-pakistan-academic-article>.
- Tahmina, Qurratul Ain. 2005. "Bangladesh: Women's Policy Sneakily Changed by Gov't." Inter Press Service, July 27. Retrieved from <http://www.ipsnews.net/2005/07/rights-bangladesh-womens-policy-sneakily-changed-by-govt>.

- UNDP (UN Development Programme). 2016. "UNDP in Bangladesh." Retrieved from <http://www.bd.undp.org>.
- UNICEF. 2016. "The Children." Retrieved from https://www.unicef.org/bangladesh/children_4878.html.
- UNICEF. 2016. "Health and Nutrition." Retrieved from https://www.unicef.org/bangladesh/health_nutrition_311.htm.
- U.S. Department of State. 2012. *Bangladesh 2012 International Religious Freedom Report*. Retrieved from <https://www.state.gov/documents/organization/208636.pdf>.
- World Bank. 2008. *Whispers to Voices: Gender and Social Transformation in Bangladesh*. Bangladesh Development Series Paper No. 22. Washington, D.C.: World Bank. Retrieved from <http://documents.worldbank.org/curated/en/379241468201292525/pdf/430450NWP0BD0gender0Box0327344B01PUBLIC1.pdf>.
- World Bank. 2012. "Bangladesh." Retrieved from <http://www.worldbank.org/en/country/Bangladesh>.
- World Bank. 2015. "Literacy rate, adult female (% of females ages 15 and above)" | Retrieved from <http://data.worldbank.org/indicator/SE.ADT.LITR.FE.ZS?locations=BD>

Bhutan

Overview of Country

Bhutan is a small landlocked kingdom located in the eastern Himalayas of South Asia. It lies between India and China, with a total land area of about 14,000 square miles (38,394 sq. km) and an estimated population of 720,679 (2012). The landscape stretches from subtropical plains and forests in the south bordering India, to subalpine forests and Himalayas in the north bordering Tibet in China. Bhutan is well-known as the "Land of the Thunder Dragon," derived from its Bhutanese name *Druk Yul*. It is said to have earned its nickname because of the fierce storms that often roll in from the Himalayas. Bhutan was the last remaining Buddhist monarchy in the Himalayas since 1907 until the country transitioned into two-party parliamentary democracy in 2008 (BBC 2017). The United Nations recognized Bhutan as a country in 1974.

Bhutan is known for having an extremely youthful profile in terms of its demographics where almost half the population of Bhutan, 45 percent, is under the age of 20. Women comprise 48 percent of the total population (National Statistics Bureau of Bhutan 2015), of which 69 percent reside in the rural parts of the country. According to the Population and Housing Census of Bhutan 2005, 31 percent of males are unpaid family workers, compared to

61 percent of the female population in the rural areas. The population density in Bhutan varies from rural to urban areas, given the increasing trend of internal migration. The urban population of the country is at 31 percent, and the remaining 69 percent of the population is rural. The population density of Bhutan is estimated at 41 people per square mile.

Bhutan is extremely rich in terms of natural resources, and it boasts an astounding volume of forest-covered areas and freshwater resources. It is the only carbon negative country in the world; 72.5 percent of its total land area is covered by natural vegetation that creates rich and diverse ecological systems. More than half of the total land area in Bhutan has been allocated as protected areas.

According to the Human Development Report (UNDP 2016), Bhutan ranks 132nd out of 188 countries in terms of the Human Development Index (HDI), with a value of 0.607 in the 2015 index. The Gender Inequality Index (GII) value for Bhutan in 2015 was 0.477, ranking it 110th out of 159 countries. Bhutan observed a 6.0 percent increase in HDI value between 2010 and 2015, from 0.572 to 0.607.

Bhutan is primarily an agrarian society, where 62.2 percent of the total population is involved in agriculture. A majority of the population earn their livelihood through subsistence farming and animal husbandry. Small-scale subsistence farmers occupy most of the arable land and produce the majority of the crop and livestock products for the country. According to the country's Labor Force Survey Report, the agriculture sector contributes 12 percent of the total gross domestic product (GDP) (Labour Market Information & Research Division, Department of Employment, Ministry of Labour and Human Resources 2012).

Despite the vast majority of people being involved in farming and the agriculture industry, Bhutan's growth has been inadequate in curbing the issue of poverty or food security in the country. Although agriculture remains a significant source of income and livelihood for the country, its contribution to the nation's GDP in recent years has been receding as people move away from traditional forms of livelihood, such as farming, and opt for a more modern lifestyle and occupations. This has also led to the feminization of the agriculture sector in Bhutan, where female figures are leading the farming industry in the absence of men (World Bank 2014a).

The tourism industry has emerged as an important source of revenue for the country in recent years. "Tourist arrivals and revenues (from convertible currency-paying tourists) expanded at an average of 15 percent per year in

the five years to 2013” (World Bank 2014a). This has led to rapid social and economic growth in the last two decades that has also ushered in mass and swift urbanization along with the socioeconomic transition in the country.

Bhutan has also witnessed rapid decrease in poverty rates from about 23 percent in 2007 to 12–13 percent in 2012, with only 1.6 percent extreme poverty, which is measured as less than USD\$1.25 per day in purchasing power parity. The rapid decline in poverty rates can be attributed to the modernization and commercialization of the agricultural industry; the rapid progress and development of rural infrastructures, such as health services, roads, and education; and the swelling number of hydro-related construction projects (World Bank 2014b).

Given the exceptional socioeconomic strides made by Bhutan in terms of poverty alleviation within an international context, it is transitioning toward the status of a middle-income country (MIC). Bhutan’s GDP per capita already amounts to USD\$2,584 in 2012, and it has positive growth of about 8 percent projected for the next five years, i.e., 2013–2018. Apart from the GDP growth, Bhutan has also achieved great success in meeting the Millennium Development Goals (MDGs) and improving the services and living conditions for its people. It has internalized seven out of the eight MDGs within its national policies, out of which it has already achieved four goals. It has successfully met the targets for poverty alleviation, achieving gender equality in education, ensuring environmental sustainability, and improving maternal health by reducing three-fourths of maternal mortality (National Statistics Bureau of Bhutan and World Bank 2014).

Girls and Teens

When it comes to the girls and teens of Bhutan, the country’s National Youth Policy (2009–2014) is of extreme importance both in mapping the concerns and challenges of these groups and in identifying strategies and measures to address the issues they face. According to Bhutan’s National Youth Policy, the official definition of *young people* in the country is people who belong to the age group of 13–24 years old. More than half the population in Bhutan, that is, 60 percent of its population, is below the age of 25, which represents tremendous possibilities for country’s socioeconomic development. With the advent of globalization and its growing impact in the changing socioeconomic landscape of the country, young people in Bhutan have new opportunities. However, one of the biggest

challenges for Bhutan continues to be youth unemployment. Substance abuse, physical and sexual abuse, violence, both unemployment and underemployment, and various health issues are some of the notable socioeconomic hurdles faced by the young people in the country.

Sexual and reproductive knowledge, health, and services for youth, especially young people and girls living in the rural areas, are challenges. According to Bhutan Multiple Indicator Survey 2010, the nation has one of the highest adolescent fertility rates, 59 births per 1,000 women ages 15–19, in the region, where 15 percent of girls give birth before the age of 18. Young girls and boys are sexually active from the ages of 16 and 15 years, respectively, whereby almost one-third of the HIV-infected population in Bhutan is 15–24 years old. Lack of information and knowledge about sex, lack of precaution and access to sexual and reproductive services and guidance, and unplanned sex have been attributed as the major reasons for adolescent pregnancy by the youth (UNFPA 2015).

The National Youth Policy sheds light on such matters and underscores the need for collaborative efforts in addressing these issues. It stresses the need for developing plans and policies for various youth-related programs coupled with effective implementation, monitoring, and evaluation plans for such initiatives. The policy also recognizes the diverse sets of experiences, needs, and socioeconomic positionalities of the young population within the 13–24 age group based on their location, education, marriage status, working conditions, and other dynamics. Based on the situational analysis and youth assessments conducted in 2005 and 2009, the national policy has identified various subgroups and priority target youth groups and recognized their unique, multifaceted needs that demand specific targeted policy interventions. The priority target youth groups emphasize improving and transforming the lives of youth, especially those who are vulnerable, such as unemployed and underemployed youth; domestic workers; young girls working in drayangs (dance bars); uneducated young people and those who have dropped out of school; young people engaged in substance abuse, drugs, alcohol, and risky sexual behaviors; young people living with a disability; orphans; young monks and nuns; and more (Department of Youth and Sports, Ministry of Education, Bhutan 2011).

Education

The education system in Bhutan can be categorized into three different areas: general education, which is the

formal education system, monastic education, and the nonformal education system. While the general education system is the dominant one in Bhutan, monastic education system which comprises of traditional form of monastic education and other non-formal education system are not as common as the general one. The general education system in Bhutan consists of 522 schools, out of which 486 are public schools which includes 51 central schools, and 36 private schools. Moreover, there are 96 extended classrooms (ECRs). The total enrollment from preprimary through high school (grade 12) within the country for 2016 was 169,560, with 9,081 teachers. At the tertiary level, there are 14 institutes, including two private colleges, with a total enrollment of 11,383 students. Adult literacy programs are offered to 7,236 learners across 674 non-formal education (NFE) centers throughout Bhutan. The NFE centers are facilitated by 682 instructors across the country. The net primary enrollment rate (NER) for 2016 was estimated at 94.7 percent, meaning that 94.7 percent of children 6–12 years old are enrolled in the primary education program. The adjusted net primary enrollment rate (ANER) stands at 98.6 percent, indicating that about 1.4 percent of the children are not receiving any formal education (Policy and Planning Division, Ministry of Education 2016). The Bhutanese education system provides free education from preprimary level until grade ten. The overall education system in Bhutan has also made great strides in terms of securing girls' Adjusted Net Primary Enrollment, which stands at 98.8% as compared to 97% for boys in 2016. Bhutan has also achieved full parity in terms of gender equity at the primary level with a gender parity ratio in favor of girls with 103 girls for every 100 boys. Unlike in the past years, it also was able to achieve equality within the enrollment figures whereby girls comprised 50.5% of the total school enrollment within the formal school education system for 2016. This has been largely attributed to the improvement that have been observed over the past years within the number of girls' enrollment at the lower levels of education (Policy and Planning Division, Ministry of Education 2016).

Despite the decline in gender disparity pertaining to education enrollment rates at the primary level, the inequality is very much visible at the lower and middle secondary levels and is even more pronounced at the secondary and tertiary levels. Such discrimination has a far-reaching impact on girls and their lives, as it prevents them from channeling opportunities that lead to higher education, employment opportunities, and their ability

to participate in the overall socioeconomic development process.

Despite the higher rate of primary school completion compared to males by females (86% for males vs. 93% for female) in Bhutan, due to poor retention and an increase of dropouts among girls, the rate for higher secondary-level school completion, which stands at an estimated 71%, is however higher for males, than it is for females. "Thirty-four percent of adult women have reached a secondary or higher level of education compared to 34.5 percent of their male counterparts whereas across all ages, 72 percent of males are literate, but only 55 percent of females are literate" (National Statistics Bureau of Bhutan and Asian Development Bank 2013).

The overall literacy rate of the country for the population 6 years and above is estimated at 63%. The literacy rate is higher in the urban areas at 79% as compared to its rural counterpart, which accounts for about 56%. The literacy rate is higher among the younger age groups, but the number plummets from the 10–14 age group, and the numbers are the lowest for the older population of 55 years and above. The literacy rate for the youth demographic (15–24) is 86%, and it is 55% for the adult (15 years and above). It is estimated that more than half the population (54%) is literate in both a local language and English, whereas 8% is literate only in a local language (National Statistics Bureau of Bhutan and Asian Development Bank 2013).

Overall, girls made up 50.5% of the total school enrollment for the year 2016 within the school education system in Bhutan. This is almost indicative of equal representation of girls at the higher secondary level, including private schools that had been unlikely in the past years. This can be attributed to the improvement in girls' enrollment, retention ratio, survival rate, and improvement in performance levels that have been on par with boys. Bhutan aims to eliminate gender disparity within literacy levels for both adult and youth groups from its education system (Policy and Planning Division, Ministry of Education 2016).

Bhutan has been rigorously promoting NFE programs in an effort to address the low adult literacy rates, which is especially high for women. Bhutan was also awarded the UNESCO Confucius Prize for Literacy in 2009 for its outstanding contribution and holistic approach to literacy and its success in reaching rural areas and adults through NFE programs. Since the initiation of NFE program by the National Women's Association of Bhutan in 1990, more than 140,000 men and women have benefited from it (GNH Commission 2010).

Despite the provision of equal education opportunities for children in Bhutan, inequities in completion of secondary education remain. Regardless of the existing socioeconomic class and structural inequalities, children in Bhutan are entitled to better and improving educational opportunities and infrastructures, such as those provided to the children of its neighboring South Asian nations. The government policy intervention that extends coverage for all and targets interventions with electricity and gas provisions has curbed inequalities among children to some extent. However, the issue of inequity in the completion of secondary education remains an issue where the inequality-adjusted completion rate was only 32 percent in 2012, with an adjusted attendance of 84 percent (National Statistics Bureau of Bhutan and World Bank 2014).

Health

Bhutan has made commendable progress in the health sector. The improving socioeconomic condition of the country, constitutionally mandated free health care services, effective and well-managed policies, and steady investment in the public health sector has contributed to the nation's overall health status. Bhutan signed the Alma Ata Declaration and integrated a primary health care approach within its health care system in 1978. This opened avenues for collaborative health practices between Bhutan's traditional medicine services and modern health care system that strongly focuses on community participation (WHO 2017).

Extensive immunization programs have resulted in a significant decrease in vaccine-preventable diseases, with zero incidence of poliomyelitis since 1986. Bhutan has also achieved some noteworthy public health victories and has successfully eliminated endemic goiter and leprosy, visibly reduced the maternal and infant mortality rates, and curbed the number of deaths due to major communicable diseases, such as tuberculosis (TB) and malaria. The average life expectancy of the country has notably increased from 37 years in 1960 to more than 68 in 2012, whereas the mortality and morbidity rates have largely decreased. Bhutan has placed a great emphasis on access to safe drinking water and basic sanitation and has substantially increased the coverage for those services.

Despite the milestones achieved in terms of general health of the people, new challenges emerge with the growing population and changing demographics coupled with unplanned and rapid urbanization, epidemiological and

environmental transitions, and changing trends within the lifestyle of the people. Nevertheless, Bhutan has met several health indicators and targets set within the MDGs and has opted for the Sustainable Development Goals (SDGs) that succeed the MDGs beyond 2015. The country's 11th national five-year plan highlights the development and strengthening of health care systems and formulating cost-effective interventions as a key priority (WHO 2017).

Access to Health Care

The health infrastructure in Bhutan has been strong with its impressive multitiered health system in place. The JDWNRH national referral hospital in Thimphu, Yebilabsta, in the center of the country and Mongar in the east are the top health institutions in the country. There are 26 other hospitals, most of which are located in the district headquarters. There are 158 basic health units (BHUs) under these hospitals, where 439 outreach clinics are run by the health personnel. BHUs in Bhutan are categorized into grades I and II, where a grade II BHU consists of three health assistants and a grade I BHU also has one doctor and nursing staff in addition to the health assistants. Out of 158 health units, only 10 are classified as grade I. In the remote areas where the closest health center is more than a two-hour walk from the village, they have a volunteer village health worker. An estimated 1,300 volunteer health workers are providing basic health care services in rural areas of Bhutan.

In cases of complex health issues and treatments where the national health services are unable to adhere to the health needs of the patients, Bhutan's national health care system conducts referrals to neighboring countries, such as India, and overseas. For other health services, the health facilities and professionals in the country, especially the outreach clinics, have been successful in reaching out to the majority of the population. In 2000, an estimated 78 percent of the villages in Bhutan had access to a health center within a walking distance of two hours and 89 percent within three hours. Four percent were beyond six hours of walking distance in terms of access to health service (UNICEF 2006). Considering the tough terrains and challenging geographical structures of the country, where roadways and transportation are not connected to the remote villages, Bhutan has achieved notable progress in its health care system. Also, the fact that almost all basic health services in Bhutan so far have been free of cost makes Bhutan one of the few developing countries

to maintain such an extensive free service. Essential drugs are widely available in the basic health units (BHUs) throughout Bhutan.

Bhutan also gives importance to its traditional health practices and remedies and promotes So-Wa-Rigpa, which is an indigenous health practice that uses several species of Himalayan flora. The majority of the people who inhabit the rural areas of Bhutan have faith in traditional healers and lamas and reach out to them first when in need of health services and counseling. Some of the district hospitals also offer traditional medicine and specialize in traditional remedies and healing (UNICEF 2006).

Maternal Health

Women in Bhutan, especially in rural areas, face specific health challenges. As they cook on open fires in kitchen rooms with poor ventilation, they are vulnerable to various chronic lung diseases. Access to drinking water, health services, and other basic facilities may not be easy where they have to walk long distances on a daily basis, which leaves them strained. Women also do the majority of household chores and either work in agricultural fields or their respective occupations, which means that they tend to work longer hours than men on an everyday basis.

Gender equality and women's empowerment have played a key role in promoting and ensuring reproductive health care to women in Bhutan. However, women still face health risks that are related to pregnancy and childbirth. The contraceptive prevalence rate (CPR) is higher among women with low socioeconomic status. Rough geographical terrain and unequal socioeconomic status also prevent certain women from having access to skilled birth attendants. Given that 55 percent of women are anemic, poor nutrition is another major issue when it comes to pregnant women and mothers. Despite the provision for free health care services, Bhutan now needs to strategize around addressing the issues of quality health services and improving access and equity to all population groups (World Bank 2014b).

Reproductive Health

In Bhutan, adolescents (ages 10–19) and youth (ages 20–24) make up a larger proportion of the population. The population of young people aged 10–24 years constitutes about 56 percent of the total population. While this young population is often heralded as the future and torchbearers of the nation, they also face unique emotional and physical

challenges related to health, sexuality, education, employment, and more.

Some of the pressing issues they face are substance abuse, teenage pregnancy, early marriage, sexually transmitted infections, low use of contraceptives, and lack of access and knowledge on sexual and reproductive health. Although unmarried young people can use those services, the reproductive health services and facilities that are available in the country are primarily targeted for married couples.

“However, only 17 percent of the youth population has comprehensive knowledge about HIV and AIDS whereas 90 percent of people living with HIV contracted the infection through sexual transmission. For every 100,000 live births, 180 women die from pregnancy-related causes; and the adolescent fertility rate is 44.9 births per 1,000 live births” (National Statistics Bureau of Bhutan 2015).

Employment

According to the *Bhutan Living Standards Survey 2012 Report* (National Statistics Bureau of Bhutan and Asian Development Bank 2013), the estimated unemployment rate is 2.7 percent. Compared to the rural areas, where the unemployment rate is at 1.6 percent, urban areas have a higher rate of unemployment, with a rate of 5.8 percent.

The youth population of Bhutan comprises the largest unemployed demographic; 7.3 percent of young people reported unemployment in 2012, whereas the figure was double in the urban areas. Female participation in the labor market is 65.8 percent, and it is 76.4 percent for men. Almost half the population of Bhutan, 48.9 percent, is under the age of 25, making youth the majority. The issue of youth unemployment is garnering attention within the government, private sector, civil society, and particularly among young people who are looking for ways to engage in constructive dialogue and collaborative measures to overcome the issue at hand (National Statistics Bureau of Bhutan and Asian Development Bank 2013).

Women's opportunities for employment outside the home in Bhutan are limited due to household responsibilities assigned to them and their relative lack of education. Women's labor force participation is significantly lower than that of men, particularly in urban areas. Women usually fill the low-skilled and low-paid jobs in the country. They hold less than one-quarter of the positions in civil service and are largely sidelined within government jobs, which has resulted in limited opportunities and

participation of women in decision-making and national planning positions. Similarly, women's participation in politics is also very low, with a very few women members (*tshogpas*) elected on the district development committees. Only four female members have been elected to the National Assembly.

Bhutan's late start in terms of education for girls in general is attributed as one of the leading causes for the employment disadvantage that women face. Although young girls and women in Bhutan are making progress, breaking stereotypes, and setting examples within educational and professional avenues, the improvement in the overall situation of women has been slow. A traditional mind-set and patriarchal values are still very much palpable within Bhutanese society, which conditions young girls to have low expectations for women (UNICEF 2006).

Family Life

The idea of family in Bhutan is subtle and extends beyond a family unit or nuclear family, encompassing not just the concept of extended family but also community, village, and neighborhood. In Bhutan, people are accustomed to relating to their friends and neighbors with care and interest and a family-like intimacy that permeates every facet of Bhutanese society. The concept of family evokes a sense of security and well-being among Bhutanese people that ties directly into their enjoyment of happiness. Bhutan's strong sense of history, culture, religion, and the nation as a whole is very much embedded within and dependent on family structures that are still intact in Bhutan. Family is considered one of the most significant social institutions and is directly tied to culture, governance, and environment. Family is looked upon as an active working unit, which is believed to be a major factor in reinforcing and maintaining the country's stability (Leaming 2010).

In Bhutan, people are believed to have a single-minded national identity that is part of their sense of "family." The typical Bhutanese family is large and includes interdependent and intergenerational extended families. Their social structure and religion deem that they take care of each other. Historically, a key element of family life was the availability of labor within extended families. However, this is changing with rural to urban migration and the "Westernization" of families, as they then tend to become independent and nuclear. However, such family structures are still not as dominant as the traditional extended family. Families are believed to contribute to overall "natural"

happiness in Bhutan. The government's multidimensional approach to development is aimed at "spiritual and material balance and harmony," which is believed to perpetuate and expand on their natural happiness.

Despite the existence of matrilineal inheritance and the fact that 30 percent of Bhutanese households are headed by females, the patriarchal family structure is still palpable and is the dominant form of family life in Bhutan (National Statistics Bureau of Bhutan and World Bank 2014). However, it is not uncommon for men to partake in household chores. Bhutanese essentially practice monogamy, which is classified in three popular categories: childhood engagement (*chung ngen*), arranged marriage, and love marriage. The popular traditional practices of childhood engagements and arranged marriages were based on family and ethnic ties and are slowly being replaced with relationships based on mutual love and affection today. The marriage custom does not necessitate the bride to start living in the bridegroom's house, unlike the majority of South Asians practice. It is entirely circumstantial and depends on the preference and convenience of the families of each household. Hence, it is not uncommon for a new husband to leave his house and start living in his wife's house.

Politics

The political scenario of Bhutan has progressed over time along with its traditions, culture, and values. Bhutan's ruling paradigm changed when the transition from absolute monarchy to constitutional monarchy happened in 2008. Bhutan did not have national currency, telephones, schools, hospitals, a postal service, or public services until the 1960s. In 1961, His Majesty King Jigme Dorji Wangchuck, the third monarch of Bhutan, took initiatives to end the self-imposed isolation of Bhutan and launched the country on the path to modernization. Bhutan's democratization process has steadily progressed since then.

The final draft for the country's first democratic constitution was made in August 2007; it formed the foundation and resolutions for the elections that were carried out in 2007 and 2008. After a serious and thorough debate, the new democratic constitution was enacted by the newly elected Parliament in 2008. It was signed by the king on July 18, 2008. The constitution not only ensures that Bhutan is a democratic country within the international community, but it also takes into account Bhutan's unique cultural and historical heritage. The fundamental civil rights for all Bhutanese citizens are clearly stated in the constitution.

Equal justice under the law and free education for all children are highlights among other civil rights. Access to further education based on qualifications is clearly specified in the constitution as well.

The constitution appears to be ideal and as having no significant inadequacy, but it includes provisions that are not often seen. For example, the age limit for the king's retirement is 65 years, and capital punishment is prohibited. The most unique provision protects the environment by requiring that a minimum of 60 percent of Bhutan be covered by forest at all times. The government consists of the legislature, judiciary, and executive bodies. The legislative body is composed of the ruling political party, the opposition, and the National Council.

The July 2013 primary elections evolved the second democratic process, with multiple political parties participating in elections for the lower house. The Country Policy and Institutional Assessment (CPIA) rates and international measures of governance and corruption of Bhutan are quite good. Bhutan ranks 31st among 177 countries and scores better than Israel, Spain, and Poland in terms of corruption perception. The increase of Bhutan's comprehensive integrity score in recent years reflects that the domestic perception of corruption is on the decline.

Upholding gender equality and empowering women has been one of the most important issues and an integral crosscutting development theme within the Royal Government's development agenda. The commitment for gender equity is included in the country's Vision 2020 and the current Tenth Five Year Plan. Despite the gaps in achieving complete gender equality, women in Bhutan have enjoyed a considerably better status compared to women in other developing countries. The constitution endorsed in 2008 upholds the principle of equal pay for equal work, which guarantees equality in work for all citizens, including women. In addition, it contains special provisions to abolish all forms of discrimination and exploitation against women, which includes prostitution, trafficking, abuse, harassment, violence, intimidation, degrading treatment, and economic exploitation. Furthermore, statutory laws do not allow any sort of discrimination against women in terms of property rights and family law. These laws also protect them from crimes of sexual assault, rape, domestic assault, and molestation (GNH Commission 2010).

Despite the fact that Bhutan has achieved gender parity in primary and secondary schools, there is still need for improvement and upgrading in tertiary education. In terms of the Gender Inequality Index (GII), Bhutan ranks

110th out of 159 countries, whereas the female participation within the labor market of the country stands at 58.7 percent compared to 72.8 percent for men (UNDP 2016).

The law protects the rights of women in Bhutan, and women are treated as equal to men. Women enjoy the same legal rights as men and have equal access to education, health facilities, and other public services. In rare cases, women can be seen holding a stronger position than men, especially in western and central Bhutan, including some parts of the east. In some areas of Bhutan, a matrilineal form of family system is still in practice, where land is inherited through the mother; as a result, 60 percent of rural women hold land registration titles. Given that the most capable member of the family is in charge of the family in Bhutan, the mother or the eldest daughter also has the opportunity to become the head of the household. Women are also seen to be in charge of the family, especially in the absence of their male counterparts when they migrate to urban areas in search of works.

Thirty percent of families in Bhutan are headed by women. However, there is disparity between male-headed and female-headed households in terms of status, privilege, and growth. Irrespective of the matrilineal inheritance and a nondiscriminatory labor market, women who are leading families and households continue to face livelihood disparity. This results in uneven and disproportionate household work for women, which reduces their opportunities (National Statistics Bureau of Bhutan and World Bank 2014).

In comparison to its neighboring countries in South Asia, Bhutan practices relatively more equality between men and women within the household, as both men and women partake in the domestic chores. Such shared household responsibility has been an integral part of Bhutan's self-sufficient, traditional lifestyle. Nevertheless, it is women who do the majority of the household work, and despite their relatively high status, they have yet to achieve full equality. Women in Bhutan face both overt and subtle forms of gendered discrimination, which is reinforced by traditional mind-sets and religious values regarding women's sexual vulnerability and the lesser competence and capabilities they possess compared to men. Some religious Buddhists also believe that by the virtue of their sex and gender, women are further away than men from attaining enlightenment in the cycle of rebirth. Although Bhutan marvels at the fact that women within their nation enjoy greater gender equality and higher status compared to other countries in the region, women and their

contributions are still considered as mediocre and lesser in comparison to men (UNICEF 2006).

Bhutan signed the Treaty for the Rights of Women and ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1981. In addition, it has adopted many strategies and formulated plans, policies, and programs to address the issue and expressed its commitment to gender equality. While any form of explicit discrimination against women has not been observed, there are gender gaps and issues related to unequal access to economic opportunities and limited participation in decision-making processes that still require attention. Men dominate the public service sector, with only 26 percent of women involved in civil service. In 2015, only 8.3 percent of the members of Parliament were women. Women's exceedingly low and weak representation in decision-making bodies within the government, parliamentary bodies, and cabinet positions, including civil service, calls for a transformation within the sociopolitical systems of the nation (UNDP 2016).

Religious and Cultural Roles

Bhutan is a deeply spiritual country and the last remaining Buddhist kingdom in the world. The influence of Bhutan's rich cultural heritage and highly valued relationship with nature is embedded and visible in the everyday lives of the people. Its pristine environment and untainted and harmonious culture have made the country renowned as "the Last Shangri-La."

Buddhism has a great influence on Bhutanese culture. The majority of the population follows Buddhism, and the remaining minority follows Hinduism. There are numerous sacred Buddhist stupas, monasteries, and temples across the country. The country places a strong emphasis on Buddhist teachings, and Bhutanese receive free education from the government.

Bhutan's pristine and authentic culture allures people from all over the world. Bhutan has managed to preserve its cultural authenticity and rich heritage through years of isolation. People in Bhutan wear traditional dresses to work; men wear *gho*, and women wear *kera*. They speak the local languages, Dzongka and Sharchop. The country is replete with native Dzongka-style architectural features and buildings that are inspired by Buddhism.

Tsechus, or festivals, in Bhutan are very important and major cultural events where people come together and celebrate the festivity. Most of the *dzongs* (fortresses) and

goembas (monasteries) have annual festivals featuring mesmerizing dance dramas. The largest of these festivals is the *tsechu*—with dances in honor of Guru Rinpoche. Festivals in Bhutan are very grand and colorful and are an integral part of Bhutanese life. It offers a unique insight into the cultural legacy of Bhutan. The festivals include masked dancing with colorful and bright costumes and performances of wrathful and compassionate deities, heroes, demons, and animals (Tourism Council of Bhutan).

Tourism

Closed off from the world for decades, Bhutan has only allowed tourism since 1974. Bhutan is considered one of the most exotic travel destinations in the world, replete with rich culture, tradition, and pristine natural habitat. The Royal Government of Bhutan strongly adheres to the policy of "High Value, Low Impact" tourism, and it regulates the tourism industry by limiting the number of tourist admissions in the country, which further adds to the allure of Bhutan's exclusive and mysterious profile. Although the total volume of international tourists for Bhutan is extremely small, it enjoys a high profile within the global tourism industry and is often regarded as one of the most sought-after tourist destinations in the world.

Bhutan is the only country in the world to impose constitutional obligations on its people to protect the natural environment by requiring that at least 60 percent of its land remain under forest cover at all times. Given its strict policies in terms of environment conservation and protection, Bhutan has been successful in safeguarding its natural resources and environment. This has earned Bhutan a record for being the only "carbon-negative" country in the world, which means it emits more oxygen (O₂) than carbon dioxide (CO₂). Bhutan has set a new standard for environmental conservation today and is looked upon as the world leader when it comes to environmental protection and sustainability.

Tourism also plays an integral role in terms of employment opportunities, revenues, and foreign exchange; it is a vibrant business that is rapidly growing service sectors for Bhutan. In 2016, a total number of 209,570 international tourists visited the country, which contributed US\$ 73.74 million to the country's economy. This marks an increase of 4% from 2015 where the country had secured US\$ 71.05 million from tourism industry (Tourism Council of Bhutan, 2016). Tourism is also considered a key factor in driving the country's efforts and commitments to promote

and protect the local environment, culture, tradition, and diversity of the country. It highly emphasizes the practice of sustainable tourism and a reduced carbon footprint. By promoting community-based tourism and ecotourism, Bhutan strives to support local communities and create sustainable economies in the rural areas. While this tourism approach aims to reduce the poverty in remote areas of Bhutan, it also helps to promote environmental conservation, sustainability, and awareness within those communities (World Bank 2014a).

Although tourism in Bhutan has opened avenues for self-employment and additional income for local communities, it is usually the male figures who directly benefit from the revenue generated from this sector. It is mainly the men who are in the forefront of the tourism business in Bhutan, from hotels and restaurants to local guides, porters, and vendors.

Gross National Happiness

As opposed to gross domestic product (GDP), a parameter widely adopted across the world to gauge the economic and living standards of a country, Bhutan practices the concept of Gross National Happiness (GNH). The term was coined by the fourth king of Bhutan, Jigme Singye Wangchuk, in the 1970s and is still prevalent in Bhutan. The concept of GNH was built on the idea that sustainable development should adopt a holistic approach in its definition of progress and encompass noneconomic aspects of well-being as well. Bhutan has identified four key elements, or pillars, of GNH: equitable and sustainable socioeconomic development, preservation and promotion of cultural and spiritual heritage, environmental conservation, and good governance. These four pillars have further been distributed into nine areas, which comprehensively incorporate the issues of health, education, living standard, governance, cultural and ecological diversity, community vitality, and so on. Each of these areas lays out the parameters of well-being and happiness for a good life, per the principles of GNH for the Bhutanese people.

Issues

Poverty

Bhutan has made noteworthy improvements in reducing income poverty, as estimated by the percentage of the people living below the national poverty line. According to the World Bank, the poverty rate has been on decline,

decreasing from 36.3 percent in 2000 to 23.2 percent in 2007. Given the facts, it is apparent that the country is on track toward meeting its poverty reduction targets. This economic improvement in people's lives in general is an indication of rapid economic growth that is made possible by effective redistributive programs, including sustained social investments. Even after the significant growth over the past few years, poverty still continues to be a principal rural crisis, with 98 percent of the poor residing in rural parts of the country. This situation is intensified by the human poverty conditions and comparatively poorer access to social and economic services in the rural parts of the country (World Bank 2014a).

Referring to the report "Bhutan Poverty Analysis 2012," 12 percent of the current population lives below the national poverty line, 30 percent of the population lives in the urban areas, and 70 percent lives in the suburban and rural areas. The report also indicates that the poverty in rural areas is 16.7 percent, in contrast to the urban poverty at 1.8 percent. Inadequate agricultural productivity; access to alternative businesses, markets, and commerce; communication and road infrastructure; and the effect of rural-to-urban migration have been attributed as the reasons for the higher prevalence rate of poverty in rural areas. The issue of poverty is also gendered and has far-reaching effects on women, especially in rural and traditional families. The disproportionate responsibility of family obligations and household chores, including child care, by women significantly augments their impoverished state, as it restricts their opportunities and choices to engage in remunerated or skilled labor.

Refugee Crisis in the South

Bhutan is a diverse country in terms of its people and ethnicity. There are four main ethnic groups in Bhutan: the Ngalong, who inhabit the western part of Bhutan; the central Bhutanese; the Sharchop in the east; and the Lhotshampa, also known as the Nepali Bhutanese, in the south. The Buddhists in the north, also known as the "Drukpas," enjoy a privileged and elite status compared to the Nepali-speaking southerners who are Hindu. The Lhotshampas in Bhutan are mostly Hindus and are a minority group who migrated from Nepal to the southern part of Bhutan following the Anglo-Bhutanese war of 1865. The Lhotshampas are the progenies of peasant farmers from Nepal who first settled in the southern region of Bhutan and subsequently formed agrarian communities there (Hutt 2005).

During the 1980s, the ruling Drukpa elites perceived the Lhotshmapa people as a threat to their national political, religious, and social order and took measures to contain them and their democratic movements by imposing a homogeneous national identity with state policies and mechanisms, such as the 1985 Citizenship Act—the One Nation, One People policy. When a string of measures were passed that directly discriminated against their group and rendered them stateless and denationalized, the Lhotshampas organized mass protests and public demonstrations in resistance and opposed such discriminatory policies. As a result, they were vilified and regarded as “antinationalists” by the government. Following the demonstrations, the government imprisoned and tortured thousands of people from southern Bhutan. As a result, most of the Lhotshampas were compelled to escape the country and sought refuge in neighboring countries, such as India and Nepal. By the end of 1992, it was estimated that more than 100,000 people were living in UN refugee camps located in the southeastern part of Nepal.

“Such mass ethnic cleansing caused civil unrest and conflict in the south which led to the mass exodus of more than tens of thousands of people who have been living in refugee camps in Nepal since the early 1990s” (Hutt 2005). The displacement of more than 100,000 Lhotshampas is one of the largest in history, accounting for about 20 percent of the total Bhutanese population at the time. It was only in 2007, after 16 years in refugee camps, that resettlement initiatives by the UN refugee agency and the International Organization for Migration (IOM) in Nepal launched a resettlement program for the Bhutanese refugees. It has relocated over 100,000 Bhutanese refugees from Nepal to third countries since the launch of the program. A core group of eight countries came together in 2007 to relocate Bhutanese refugees in their respective countries: Australia (5,554), Canada (6,500), Denmark (874), New Zealand (1,002), the Netherlands (327), Norway (566), the United Kingdom (358), and the United States (84,819) (Shrestha 2015).

Women and girls are even more vulnerable amid the refugee crisis because they are susceptible to gender-based violence, discrimination, sexual abuse, and exploitation. Instances of rape, sexual assault, polygamy, trafficking, domestic violence, and child marriage within the refugee camps have been reported by Bhutanese refugee women and girls. Adhering to sexual and reproductive health needs, preventing sexual violence and abuse, and providing services to survivors under a crisis situation like this become

even more crucial and challenging. Refugee women also reportedly faced systematic discrimination in accessing aid because of discriminatory practices in terms of refugee registration procedures and a lack of protection for women. Married refugee women were not eligible to apply for repatriation or rations independently. Furthermore, they were barred from registering their children if they were not fathered by a refugee. Such systematic and legal barriers further marginalize refugee women and deny them their agency and independency. They were denied from having independent access to basic needs such as food, shelter, and supplies in the absence of their spouse, which posed even more challenges to those who wanted to separate from their husbands to end their abusive marriages. They were left with no choice but to live in their abusive relationships or to marry another man, which meant losing the legal custody of their children (HRW 2003).

SANJU GHARTI CHHETRI

Further Resources

- BBC. 2017. “Bhutan Country Profile.” Retrieved from <http://www.bbc.com/news/world-south-asia-12480707>.
- Centre for Bhutan Studies & GNH Research. 2015. “Bhutan’s 2015 Gross National Happiness Index.” Gross National Happiness. Retrieved from <http://www.grossnationalhappiness.com/SurveyFindings/Summaryof2015GNHIndex.pdf>.
- Denmark in Bhutan. 2016. “Bhutan’s Way to Democracy.” Retrieved from <http://bhutan.um.dk/en/about-bhutan/bhutans-way-to-democracy>.
- Department of Youth and Sports, Ministry of Education, Bhutan. 2010. *National Youth Policy 2011*. Retrieved from http://www.youthpolicy.org/national/Bhutan_2011_National_Youth_Policy.pdf.
- El-Saharty, Sameh, Naoko Ohno, Intissar Sarker, Federica Secchi, and Somil Nagpal. 2014. “Bhutan: Maternal and Reproductive Health at a Glance.” Knowledge Brief: Health, Nutrition and Population Global Practice. Washington, D.C.: World Bank Group. Retrieved from <http://documents.worldbank.org/curated/en/704701468005071802/pdf/935560BRI0Box30Brief0KBBhutan-2docx.pdf>.
- European Union External Action. 2013. “Bhutan: Country Strategy Paper, 2007–2013.” Retrieved from http://www.eeas.europa.eu/archives/docs/bhutan/csp/07_13_en.pdf.
- GNH Commission (Gross National Happiness (GNH) Commission, Royal Government of Bhutan). 2010. *Keeping Promises: A Report on the Status of Implementation of the Brussels Programme of Action in Bhutan for the Decade 2001–2010*. Retrieved from http://www.un.org/en/conf/ldc/pdf/un_synthesis_report_032711_w.pdf.
- HRW (Human Rights Watch). 2003. *Trapped by Inequality: Bhutanese Refugee Women in Nepal*. Volume 15, No. 8(C). Retrieved from <https://www.hrw.org/sites/default/files/reports/nepal0903full.pdf>.

- HRW (Human Rights Watch). 2007. *Last Hope: The Need for Durable Solutions for Bhutanese Refugees in Nepal and India*. Volume 19, No. 7(C). Retrieved from <https://www.hrw.org/sites/default/files/reports/bhutan0507webwcover.pdf>.
- Hutt, Michael. 2005. "The Bhutanese Refugees: Between Verification, Repatriation and Royal Realpolitik." *Peace and Democracy in South Asia* 1.1: 44–56.
- ILO (International Labour Organization). 2014. *Bhutan Labor Force Survey Report*. Retrieved from <http://www.molhr.gov.bt/molhr/wp-content/uploads/2014/09/Labour-Force-Survey-Report-2014.pdf>.
- KEF (Commission for Development Research). 2010. *KEF Fact Sheet: The Education System in Bhutan*. August 2. Retrieved from http://2016.kef-research.41n.eu/fileadmin/media/stories/downloads/fact_sheet_series/kef_factsheet_2010_no1_lq.pdf.
- Labour Market Information & Research Division, Department of Employment, Ministry of Labour and Human Resources. 2012. *Labor Force Survey Report, 2012*. Retrieved from <http://www.molhr.gov.bt/molhrsite/wp-content/uploads/2012/11/lfs2012.pdf>.
- Leaming, Linda. 2010. *One Big Happy Family?: Gross National Happiness and the Concept of Family in Bhutan*. Bhutan Studies online. Retrieved from <http://www.bhutanstudies.org.bt/publicationFiles/ConferenceProceedings/GNHandDevelopment/37.GNH&development.pdf>.
- National Statistics Bureau of Bhutan. 2015. "Bhutan at a Glance." Retrieved from <http://www.nsb.gov.bt/publication/files/pub10ve8717ex.pdf>.
- National Statistics Bureau of Bhutan and Asian Development Bank. 2013. *Bhutan Living Standards Survey 2012 Report*. Retrieved from <https://www.adb.org/sites/default/files/publication/30221/bhutan-living-standards-survey-2012.pdf>.
- National Statistics Bureau of Bhutan and World Bank. 2014. *Bhutan Poverty Assessment 2014*. Retrieved from <http://documents.worldbank.org/curated/en/914381468013483608/pdf/905320WP0Bhuta00Box385319B00PUBLIC0.pdf>.
- National Statistics Bureau of Bhutan and World Bank. 2012. *Bhutan Poverty Analysis 2012*. Retrieved from <http://documents.worldbank.org/curated/en/501141467996996680/pdf/916660PUB097890hutan0see0also090532.pdf>.
- National Statistics Bureau of Bhutan. 2010. *Bhutan Multiple Indicator Survey 2010*. Retrieved from https://mics-surveys-prod.s3.amazonaws.com/MICS4/South%20Asia/Bhutan/2010/Final/Bhutan%202010%20MICS_English.pdf.
- Office of the Census Commissioner. 2005. *Population and Housing Census of Bhutan 2005*. Retrieved from <http://www.nsb.gov.bt/publication/files/pub6ri44cs.pdf>.
- Policy and Planning Division, Ministry of Education. 2016. *Annual Education Statistics, 2016*. Royal Government of Bhutan. Retrieved from <http://www.education.gov.bt/documents/10180/12664/Annual+Education+Statistics+2016.pdf/8dc6828d-4de3-4e57-bc8c-0f6e9930422e?version=1.0>.
- Shrestha, Deepesh Das. 2015. "Resettlement of Bhutanese Refugees Surpasses 100,000 Mark." Edited by Tim Gaynor. UN High Commissioner for Refugees. Retrieved from <http://www.unhcr.org/en-us/news/latest/2015/11/564dded46/resettlement-bhutanese-refugees-surpasses-100000-mark.html>.
- Tourism Council of Bhutan. 2016. "Bhutan Tourism Monitor Annual Report 2016." Retrieved from http://tcb.img.ebizity.bt/attachments/tcb_041217_bhutan-tourism-monitor-2016.pdf.
- UNDP (UN Development Programme). 2016 *Human Development Report: Bhutan*. Retrieved from http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/BTN.pdf.
- UNDP. 2012. *About Bhutan*. Retrieved from <http://www.undp.org/content/bhutan/en/home/countryinfo.html>.
- UNFPA (UN Population Fund). 2015. *Many Faiths Different Contexts: Experiences with Faith-Based Organizations in the Asia and Pacific Region*. Retrieved from http://asiapacific.unfpa.org/sites/default/files/pub-pdf/Many%20faiths%20different%20contexts%20FINAL_0.pdf.
- UNICEF. 2006. *A Situation Analysis of Children and Women in Bhutan*. Retrieved from http://lib.ohchr.org/HRBodies/UPR/Documents/Session6/BT/UNCT_BTN_UPR_S06_2009_Annex1.pdf.
- WHO (World Health Organization). 2014. "Country Cooperation Strategy at a Glance: Bhutan." Retrieved from http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_btn_en.pdf. http://apps.who.int/iris/bitstream/10665/136966/1/ccsbrief_btn_en.pdf
- World Bank. 2014a. *Bhutan Country Snapshot*. Retrieved from <http://documents.worldbank.org/curated/en/992771468205491680/pdf/868080REVISED00Spring0Meetings02014.pdf>.
- World Bank. 2014b. *Bhutan: Maternal and Reproductive Health at a Glance*. Retrieved from <http://documents.worldbank.org/curated/en/704701468005071802/pdf/935560BRI0Box30Brief0KBBhutan-2docx.pdf>.

C

Cambodia

Overview of Country

Cambodia is an agricultural Buddhist country located in the southwestern region of the Indochinese Peninsula in Southeast Asia, nestled between the countries of Laos, Vietnam, Thailand, and the Gulf of Thailand. It borders the Gulf of Thailand to the south, Laos to the north and north-east, and Vietnam to the east and the southeast. Cambodia is also bordered by the Mekong River and the Tonle Sap Lake. It covers a region of approximately 69,000 square miles (81,035 sq. km). Cambodia has a tropical climate largely defined by two distinct seasons, the wet season (May–October) and the dry season (November–April).

In 2014, the United Nations ranked Cambodia 136th out of 187 nations based on the country's Gender Inequality Index (GII, 0.505).

Any study of rankings and trends in Cambodia must take into account the various impacts of the Khmer Rouge genocide between 1975 and 1979. During that time, more than one-quarter of the entire Cambodian population (an estimated 2 million out of a population of 7 million at the time) was killed in the Khmer Rouge's brutal attempt to create a utopian state. The regime killed anyone who was urban or educated, favoring poor, uneducated farmers as personified ideals of the new social order and destroying virtually all symbols of the West. The Khmer Rouge was

equally ruthless in its violent treatment of females and males. Thus, in the postconflict decades, there has been a sharp increase in the average life expectancy, from just 38.7 years in 1980 to 71.9 years in 2014.

Once a vast empire dating back to the early ninth century, Cambodia eventually deteriorated over time and was ultimately nearly destroyed by neighboring Thailand and Vietnam before being colonized by France in 1863. At that time, Cambodia, Laos, and Vietnam became a protectorate known as French Indochina. In 1953, under King Sihanouk, Cambodia obtained independence from France. Cambodia's political system is a multiparty democracy under a constitutional monarchy. Cambodia's first general elections were held in May 1993, with the focus of establishing an elected government within the framework of the constitutional monarchy. Since then, the Royal Government of Cambodia has been trying to rebuild its technical and human capacity, with mixed results. Hun Sen has been prime minister since 1993.

Ninety percent of Cambodia's population is ethnically Cambodian, and 95 percent of Cambodians practice Theravada Buddhism. Khmer is the official language, and some Cambodians, particularly young people in urban areas, also speak French, English, or other languages.

According to the 2008 Cambodian general census (NIS 2008), the population is estimated at 13.4 million, with a ratio of 51.36 percent females to 48.64 percent males. Approximately 28 percent of the total population lives

Yorm Bopha

Since 2012, Cambodian land rights activist Yorm Bopha (1983 –) has been one of the key representatives of Boeung Kak community members during their anti-eviction demonstrations in the capital of Phnom Penh. In preparation for filling in and developing Boeung Kak Lake, the Royal Government of Cambodia forcibly evicted more than 4,000 people living on and around the lake over the course of two years. Following the detention of several Boeung Kak protestors, Ms. Yorm was threatened by police for continuing the work of opposing the unjust land grab. She was later arrested along with her husband and brothers. However, she was not arrested for protesting; she claims that she was framed by authorities for an assault that she did not commit. In June 2016, Yorm was retried and reconvicted for the alleged conviction after serving 14 months in prison, but the court suspended the remainder of her three-year sentence. She continues to protest the unlawful eviction of her community, as well as demand the release of other housing and land rights activists who are still imprisoned.

—Lzz Johnk

Khy Sovuthy. “Court Suspends Land Activist’s Jail Sentence.” The Cambodia Daily. June 29, 2016. <https://www.cambodiadaily.com/news/court-suspends-land-activists-jail-sentence-114790/>.

LICADHO. “Human Rights Defender Profile: Yorm Bopha.” LICADHO: Cambodian League for the Promotion and Defense of Human Rights. December 2012. <https://www.licadho-cambodia.org/reports/files/173Free15+AI-BophaProfile-English.pdf>.

OMCT. “Cambodia: Retrial and renewed sentencing of Yorm Bopha.” World Organisation Against Torture (OMCT). June 20, 2016. <http://www.omct.org/human-rights-defenders/urgent-interventions/cambodia/2016/06/d23829/>.

Yorm Bopha. Interview with Yorm Bopha, land rights activist (Cambodia). By International Federation for Human Rights. December 1, 2014. <https://youtu.be/33Xncv9QNpw>.

below the poverty line. Cambodia has a young population; 61 percent are younger than 24 years old (NIS 2010). Individuals under 39 years of age make up 76.7 percent of the population (NIS 2008).

Cambodia is in a state of uncertainty as it continues to stabilize itself socially, politically, and economically. Social and political issues—such as sexual violence against women, political corruption, and unequal access to education and employment—continue to plague the country. Until Cambodia resolves some of these internal social problems, it will be difficult for the country to thrive in the globalized economy.

Girls and Teens

The 1993 Cambodian Constitution “gives equal chances and equal benefits to all Cambodian women and men as its main concept to promote equality.” It further asserts, “The law gives equal rights to women and girls, but often they cannot obtain these rights due to their situations and traditional cultural beliefs and practices.” Cambodia’s “gender problem” is not only a cultural tradition; it is created and reinforced by social, political, economic, and other institutional mechanisms that determine the ways in which Khmer women are socialized, educated, and

professionalized. Although tradition and culture contribute to gender formation in Cambodia, equally important is the degree to which the post-Khmer Rouge society as a whole is systemically antagonistic to feminist empowerment and agency.

Jbab Srei: Law or Moral Code of Behavior for Females

The gender problem in Cambodia, in many respects, stems from the cultural expectation of *jbab srei* (the “law”—literal translation— or moral code of behavior for women). Though not enforced in any legal sense, all Cambodian women are expected to respect and abide the rules of *jbab srei*. This behavioral code directly or indirectly defines everyday identity and life for Cambodian women of all ages. By following this code, a Cambodian woman will be honored as “real and pure,” and as a result, it is thought that she will likely live a happy life in this lifetime and in the afterlife. Women who fail to follow this code are viewed negatively by other Cambodians and will likely be unhappy in this lifetime and in the afterlife.

Jbab srei says that, for all women, there are three important rules to follow, and not following them could lead to problems: (1) be respectful to parents, listen and follow their wishes, take care of them, and serve them good food;

(2) be respectful and faithful to your husband throughout your lifetime with him, keeping in mind that your husband is always superior—do not disappoint him; and (3) do not bring problems from outside the house into the house, and, similarly, do not share your personal problems at home with others.

Jbab srei is divided into two main parts, one for single women and one for married women. Each part has slightly different rules. The rules for single women include being respectful of parents; socializing and being kind to relatives and neighbors; not being stupid or silly; not being selfish and cheap; being serious when talking to others; not being aggressive in approaching a male, so he will be able to avoid taking advantage of the situation; working hard and focusing on jobs, such as sewing and knitting; not doing more than one thing at a time; and not spending time fooling around with others but, instead, spending time working hard, as once a woman is married she will have less time for herself (and more time for her husband and children). For married women, *jbab srei* includes the following: always be respectful to husbands; be patient and calm; avoid getting angry or yelling back after the husband initially yells; and use polite words toward husbands at all times.

The behavioral expectations from *jbab srei* are consistent with research by Ledgerwood that focused on how women are ranked within the social strata and evaluated based on their ability to fulfill cultural standards. In other words, women exhibit their high status through “proper” behavior and demeanor. Women are expected to walk and speak softly and slowly as well as to manage the family and household budget and serve as a confidante and adviser to her husband while attending to his every need.

A 2006 study by Nou of the psychosocial adjustment of Cambodian refugees in Massachusetts also found that men and women believed women were more likely to suffer from mental health issues. Cambodian culture expects women to be silent about personal and family issues and to take full responsibility for the entire family’s well-being. All the respondents in that study agreed that women suffer more stress than men because of men’s alcoholism and infidelity and because of domestic violence inflicted by Cambodian men on their wives. They further pointed out that women are usually expected to be tolerant of abuse (both emotional and physical), while men are expected to provide for the family financially. What this research shows is that, despite geographic boundaries from resettling in the United States, the mores of *jbab srei* still strongly resonate among Cambodians today.

A Cambodian woman’s social status is influenced by a wide range of different factors, such as wealth, family reputation, political affiliation, employment, her character, and her religious devotion, in addition to how closely she follows the *jbab srei* code of behaviors.

Gender Inequity

Despite changing gender attitudes in contemporary Cambodia, some significant gender inequalities and disparities have widened. *The Global Gender Gap Report* (WEF 2013) provides a comprehensive review of the status of women worldwide and shows that there are gaps between Cambodian women and men across key areas of health, education, economics, and politics. Compared to other countries, Cambodia consistently scores low in the categories of economic participation and opportunity, political empowerment, educational attainment, and health and survival.

Many critical issues facing Cambodian girls and women can be explained, in part, by discriminatory attitudes and practices that subject females to different types of abuses. These include emotional, psychological, and physical abuse, as well as human trafficking and other types of human rights exploitation. According to the 2011–2015 UNFPA report, Cambodia has the *lowest* levels of gender equity in Asia as measured by the Gender-Related Development Index (0.567 in 2005) and the Gender Empowerment Index (0.364 in 2005). This is mainly due to women’s extremely limited access to health and education services, employment opportunities and decent work, and land-ownership and other property rights.

The same report also notes that the prevalence of gender-based violence (GBV) compromises the health, dignity, security, and autonomy of women and girls in Cambodia. Incidences of domestic violence are high, affecting almost a quarter of all Cambodian women. Twenty-two percent of women have experienced physical violence since the age of 15. Because of GBV, the Committee on the Elimination of Discrimination against Women (CEDAW) recommended “a comprehensive assessment of the prevailing traditional code of conduct so as to identify those elements that discriminate against women and are the root causes of women’s disadvantaged position in areas such as education, employment and public and political life, and are determining factors in the prevalence of gender-based violence” (2006, 10).

Key findings from UNFPA intersect with a 2013 report on gender equality in Cambodia by the Asian Development

Bank (ADB 2013), which highlighted that traditional attitudes toward women have a profound effect on the labor market. Because women have traditionally been regarded as lower status compared to men, this has resulted in gender inequality and perpetuates disparities in employment. Even though culturally defined behavior norms for women limit their opportunities outside of the household, economic, social, and political improvements have opened up new prospects for women. As a signatory to several international agreements, including the Convention on the Elimination of All Forms of Violence against Women (CEDAW), Cambodia has taken some preliminary steps toward providing new opportunities for women, but far more work remains to be done (see Issues, below).

Gender Roles in the Home Economy

Unlike other Asian cultures, Cambodian families provide women with a relative degree of independence. For practical purposes, Cambodian women have a lot of power within the family unit. They are tasked with multiple, meaningful responsibilities, including financial matters and household management, as well as related work necessary to maintain the health and well-being of the entire family. Females are expected to maintain a harmonious family environment and to be effective at resolving family conflicts.

Traditionally, Cambodian women have the legal right to own and inherit property, and they have a record of active participation in both business and commerce. Less equality between the sexes exists in the cities than in the villages, where gender roles are relatively more flexible due to the shared division of labor in agricultural production. Nevertheless, specific labor tasks tend to be restricted almost exclusively to males (such as plowing the land) or to females (such as caring for children and cooking).

Education

Historically, much of the social and institutional structure of Cambodia was centered on Buddhism. As such, the village *wat* (temple) was considered the center of most educational and social activities. Under French occupation (1863–1953), all education up to the university level was offered almost exclusively at the village *wat* and was a privilege most commonly granted to boys. For a short period of time after independence, elementary education continued at the *wat* and higher education took place at government

schools. Today, all formal education takes place in both private and public educational institutions.

According to the *Cambodia Demographic and Health Survey 2014* (National Institute of Statistics, Directorate General for Health, and ICF International 2015), or CDHS, 47 percent of women and 42 percent of men have attained some primary education. The statistics on secondary education are conflicting. The CDHS states that 52 percent of men and 40 percent of women completed secondary or higher education. However, the United Nations (UNDP 2014) notes that, among Cambodians over 25 years of age, 22.17 percent of men and 18.1 percent of women have “at least some secondary education.” As of 2016, 6 percent of men and 13 percent of women had no formal education. In 2013, the *Asian Development Bank Gender Equality Labor Market Report* (ADB 2013) revealed that, in 2011, there was a 15 percent gender difference in basic literacy between men over the age of 15 (88%) compared to women (73%), noting that the disparity was greater in rural areas. The same report also stated that, based on 2011 data, there was a 17 percent gender disparity between men (59%) and women (42%) who had completed at least primary education. The report also highlighted enrollment rates in primary education, which are virtually identical between the sexes and should eventually reduce constraints on girls and young women wishing to enter the job market.

Enrollment rates for girls and boys in lower and upper secondary education in Cambodia increased considerably during the 2000s, but they are low compared to other countries. Social norms and poverty keep many children, particularly girls, from pursuing secondary education. Girls are less likely than boys to obtain education, partly because of having to do household chores or care for their siblings or contributing to the family income. As in many cultures, the education of boys is valued more highly than the education of girls.

The CDHS (National Institute of Statistics, Directorate General for Health, and ICF International 2015) indicated that there is a disparity between men and women in specialized and vocational training and tertiary education. Compared to men, women are more likely to participate in training programs for shorter periods, and the jobs they pursue training for often reflect gender stereotypes, such as domestic and caregiver positions.

According to the UN Population Fund report (UNFPA 2010), the lack of investment in educational programs, such as early childhood education—and parent and community engagement in these programs—is a point of

particular concern in Cambodia. Access to education at all levels is unevenly distributed in the remote rural areas where a majority of Cambodia's poor live. Costs associated with informal fees (often expected by corrupt teachers or other education professionals) continue to be a barrier for the poor, and conflicts of interest and favoritism between high-ranking university administrators and influential politicians are common. In addition to the rural poor, students who are older than the traditional age for each grade level are also particularly vulnerable. High rates of illiteracy are pervasive in the 15- to 24-year-old age group, and girls are especially at risk. For many young women and men, the cost of getting to and from secondary schools poses an insurmountable economic burden. The UNFPA report (UNFPA 2010) notes that educational attainment in Cambodia remains low, and universal basic education remains an elusive goal.

Health

Access to Health Care

One of the major problems regarding the health of Cambodian women is the lack of access to critical health care services and resources. According to a report by the National Institute of Statistics Committee for Population and Development (NIS 2010), more than 95 percent of Cambodian women have limited or no access to health care services. There are several reasons for this, including the prohibitive costs of both medical care and transportation to health care facilities. The lack of access to health care is confirmed by the CDHS (National Institute of Statistics, Directorate General for Health, and ICF Macro 2011), which found that 17 percent of married women did not have adequate family planning services. In Cambodia (as elsewhere), this had a particularly negative impact on women in the lowest income ranges and with the least (or no) formal education.

Maternal Mortality

The UN Development Programme's "Human Development Report" for Cambodia (UNDP 2014) notes a maternal mortality ratio of 250 deaths per 100,000 live births. The same report notes an adolescent birth rate of 44.327 births per 1,000 women 15–19 years of age. Although abortion was legalized in Cambodia in 1997, legal abortions conducted by trained medical professionals in appropriately equipped medical centers remain out of reach for many

Cambodian women. Illegal and unsafe abortions are common and contribute to maternal mortality statistics.

Infant and Child Mortality

A UNFPA report (2010) cited a reduction in both infant and child mortality rates in Cambodia between 2000 and 2005. Infant mortality rates dropped from 96 to 66 deaths per 1,000 live births, while mortality rates for children under 5 years of age dropped from 124 to 83 deaths per 1,000 live births. The report credits much of this improvement to a campaign encouraging women to exclusively breastfeed their babies whenever possible. Breastfeeding rates increased from 11 percent in 2000 to 66 percent in 2008. Breastfeeding is seen as an important variable in addressing high rates of neonatal and infant mortality: mortality drops off sharply as a child progresses through the first 12 months of life, and then drops again with each subsequent year the child survives.

Fertility

According to the CDHS (National Institute of Statistics, Directorate General for Health, and ICF International 2015), the total fertility rate in Cambodia is 2.7 children per woman. On average, rural women were found to have had slightly more children than their urban counterparts (2.9 versus 2.1 children per woman, respectively). Cambodia's total fertility rate has declined over the past 15 years. Teenage fertility remains a topic of particular concern due to its potentially severe social consequences for women and their children. In this survey, 12 percent of women 15–19 years of age (or roughly one in eight) became pregnant with or gave birth to her first child. The percentage of pregnant women increases with each year of age: less than 1 percent of women age 15 bear children, compared to 31 percent of women age 19. Girls in urban areas are less likely than girls in rural areas to have their first child by age 20 (6% versus 13%, respectively). The level of teenage fertility is strongly associated with a woman's level of education: 37 percent of teenage women with no formal education began having children before age 20, compared with 18 percent of teenage women with some primary education and less than 10 percent of teenage women with a secondary education.

Family Planning

According to the CDHS (National Institute of Statistics, Directorate General for Health, and ICF International

2015), 56 percent of currently married women are using some form of contraception, such as birth control pills or the withdrawal method. The same report also indicated that the use of modern contraceptives has increased over the past 10 years, from 27 percent of married women in 2005, to 35 percent in 2010, and 39 percent in 2014. Respondents noted that they normally did not begin using contraception until they had at least one child. The use of modern contraceptive methods is low (20%) for women 15–19 years of age, but it increases steadily as age increases, peaking with 48 percent of women aged 30–34 and 47 percent aged 35–39. Rates of contraceptive use begin to decline as women age. Modern contraceptive methods are more common in rural areas (40%) than in urban areas (33%); traditional forms of preventing pregnancy, such as the rhythm method or early withdrawal, are more common among urban women than rural women (27% versus 16%).

HIV/AIDS

According to the CDHS reports (2010, 2014), nearly all Cambodians have heard of HIV/AIDS. Three out of four women and approximately 80 percent of men ages 15–49 are aware of the two main ways to prevent HIV transmission (use of condoms and limiting sexual intercourse to one uninfected partner). The report also indicates that roughly 63 percent of women and 61 percent of men know that a healthy-looking person can still carry the AIDS virus, and 71 percent of women and 75 percent of men reported that AIDS cannot be transmitted by mosquito bites. Almost 90 percent of women know that HIV can be transmitted to an infant through breastfeeding, but 58 percent did not know that this risk can be minimized if the mother takes special drugs during her pregnancy.

HIV testing is relatively uncommon in Cambodia, and despite 7 out of 10 people knowing where to be tested, very few people do so. Being tested is critical, especially as extramarital affairs are common and married men frequently turn to commercial sex workers for pleasure. Wives often know about these affairs yet do little to stop them, either out of a desire to protect the marriage or because tolerating such behavior is traditionally expected of women. The Cambodian League for the Promotion and Defense of Human Rights (2004) cites a 2002 UNICEF report that the proportion of husband-to-wife and mother-to-child transmission rates of HIV have increased substantially, creating an estimated 30,000 AIDS orphans under the age of 15. Married women tend to have less knowledge about HIV/

AIDS, and they feel powerless to control their husbands' sexual practices.

In 2014, the National AIDS Authority reported that the prevalence of HIV in Cambodia declined gradually in the early 2000s and was estimated to be 0.7 percent in 2013 among the general population for ages 15–49. The rate of HIV infection continues to be concentrated among specific high-risk groups, including sex workers, men who have sex with men, transgender people, regular intravenous drug users, and prisoners. The prevalence rate of HIV infection within these populations ranges from 2.1 percent among men who have sex with men to 24.8 percent among people who regularly inject drugs. The reduction in HIV rates in Cambodia over the past decade is credited to a national educational campaign on HIV prevention activities and the use of antiretroviral therapy (ART). The goal of the campaign is to educate the public and encourage them to act in ways that decrease their chances of transmitting the virus to others.

Mental Health

The majority of governments in Asia spend less than 1 percent of their national budgets on mental health. Of all Asian nations, Cambodia in particular has quickly addressed the adverse effects of mental health problems associated with survivors of the Khmer Rouge genocide. This is because the government believes neglecting the mental health needs of the Cambodian people would likely have a negative impact on the nation's productivity and its ability to compete in the global economy, thereby affecting national social cohesion and well-being.

In November 2003 *Time* magazine published a special report on the lack of mental health care in Asia. Cambodia was, at that time, a nation of approximately 16 million people, and of the adults who had lived through the genocide, 75 percent had suffered from extreme stress, post-traumatic stress disorder (PTSD), or other related mental health problems. Yet, at the time, there were only 20 practicing psychiatrists in the country. In 2016, aid workers estimated that 40 percent of young Cambodians suffer from stress-related symptoms many believe is related to living in a fragile society with broken social networks.

Traditional values and social stigma are two major deterrents that prevent people from seeking mental health treatment. Cambodian society follows a collectivist tradition that discourages open displays of emotion or personal weakness to maintain social and familial harmony. The

stigmatization of mental illness reflects poorly on one's family image and deters many people from seeking the treatment they need. Cambodians often find it extremely difficult to express their emotions or to acknowledge any mental illness. Instead, they are likely to experience psychological distress as a physical ailment and report it as such.

Because of the Khmer Rouge history, virtually every Cambodian citizen has experienced psychological trauma and stress in his or her life. There is even evidence that the impact of the traumas suffered during the genocide has negative repercussions on the mental health of subsequent generations of survivors' families (Munyas 2008, Field et al. 2013). Mental distress among Cambodian adults is generally attributed to traumatic events they encountered during the genocide. These include being forced to evacuate the family home and relocate to a death camp, experiences with torture and rape, periods of starvation, witnessing the murders of innocent people, and widespread upheaval or destruction of familiar social, cultural, economic, and political environments. Among survivors, mental health problems are so widespread that they have come to be accepted as culturally normal. The stressors survivors experienced represent a national trauma shaped by a catastrophic sociopolitical and historical event.

A study by Nou (2002) showed that high exposure to stressors results in high levels of overall negative mental distress (psychological and somatic symptoms) and low life satisfaction among 1,257 Cambodian university, college, and technical students in post-Khmer Rouge Cambodia. Responses regarding the top stressors varied between men and women. The top three responses from men and women were "feeling hopeless about the future," "feeling very self-conscious with others," and "feeling that most people cannot be trusted." Women also cited other specific symptoms, including "having to avoid certain things, places, or activities because they frighten you," "hot or cold spells," "faintness or dizziness," "feeling no interest in things," and "feeling that people are unfriendly or dislike you." This study also found that higher-status students had significantly higher mental health symptoms than lower-status students.

The mental health needs of the Cambodian people may be indicated by rates of mental disorders in the population as a whole or by the existence of small subgroups that have a particularly urgent need for mental health care. The youth in Nou's research are at risk for high levels of psychological distress, despite not having lived through the Khmer Rouge period themselves; yet, they might reflect

the lingering adverse psychological effects of a traumatic past on the Cambodian population in contemporary time. Similar conclusions were made in a study conducted in Cambodia by Peterson, Prout, and Schwarz (1991), who noted the seriousness of Cambodians suffering from "collective posttraumatic stress disorder" (PTSD) and that virtually every member of Cambodian society is affected. They reported "secondary symptoms" of PTSD or related mental illnesses, such as anxiety and depression, among Cambodian refugees and college students in Cambodia. Baron (1996) found that once basic needs are met and psychological issues become more important, people in despair turn to alcohol, drugs, and gambling as a source of comfort to cope with mental distress in Cambodia—all of which were also found in Nou's study among Cambodian students. These studies and many others demonstrate the severity of the trauma experienced by the average Cambodian survivor of the genocide.

Employment

According to a UNFPA report (UNFPA 2010), Cambodian women are the most economically active in Asia, even though much of their work is routinely undervalued and critically underpaid. Research conducted by the United Nations and other organizations suggests that women in Cambodia experience the brunt of a global economic turn-down in terms of not being able to find jobs. Obstacles to employment for women include traditional attitudes about girls' and women's access to education, vocational training, and support services. Female entrepreneurs face additional challenges, as do women seeking higher-level professional positions that involve leadership and decision-making roles. Low rates of literacy and education among females are reflected in a correspondingly narrow selection of legitimate income alternatives. Women in rural areas are disadvantaged in terms of access to the marketplace and services, despite the fact that they account for 80 percent of Cambodia's food production workers, and more than 65 percent of Cambodian farmers are women (most of them unpaid family workers).

The 2010 CDHS report breaks down the most commonly reported occupations for women in Cambodia, stating that 56 percent of women are employed in the agricultural sector; more than 20 percent are in sales and services; 15 percent are in skilled manual labor; 4 percent are in professional, technical, or managerial roles; and 2 percent are in unskilled manual labor.

Gender inequality and constraints on women in the marketplace are discussed extensively in the *Asian Development Bank Gender Equality Labor Market Report* (ADB 2013). The report examined seven gender deficits for women, including labor force participation, human capital, unpaid domestic and care work, vulnerable employment, wage employment, decent work, and social protection.

Despite recent economic growth in Cambodia, women remain at a disadvantage in the marketplace. They routinely receive lower wages than men for the same work; they are often not paid at all for domestic or care work-related activities; they are exposed to high-risk working conditions without security or protection; they are discriminated against on the basis of age, marital status, and pregnancy; and they have limited access to formal employment. The 2013 ADB report (ADB 2013) advocates for the promotion of gender equality by critically examining Cambodia's macroeconomic development plans and policies to ensure that employment opportunities benefit women and men equally.

Family Life

The family structure is the basic social organization in Cambodian society. The bonds between family members are strong and often involve traditional rights and obligations. The family is the central unit of both economic production and consumption. In agricultural activities, family members supply the necessary labor, and relatives help as needed. Within this social unit, emotional bonds are strong, and whenever upsetting events occur, each member is quick to help resolve it. There is a great focus on the family as a collective group rather than on the individual, and in some cases, extended family members may be included in the definition of *family*. A network of personal kin in the household may include a nuclear family with the children, grandchildren, grandparents, uncles, aunts, first cousins, nephews, and nieces. Family organization and relations beyond the core kin unit are loosely defined. In rural communities, strong ties may develop outside of the nuclear family, with close neighbors and good friends being called (for example) "aunty" or "brother," despite not being members of the same family by blood or by marriage. Life events such as births, marriages, and funerals are major social events that draw participation of the extended family, who may stay on to live as part of the household temporarily or even permanently.

Relationships within the family system are hierarchically stratified. Older family members are given deference

and often act as the guiding force in family affairs. Although the husband is publicly recognized as the head of the family and typically consulted on all family matters, the wife has considerable power in private, especially in managing the family finances. The Cambodian husband's main role and responsibility is to provide food and shelter for his family. Cambodian wives, on the other hand, are responsible for a wide range of family activities, such as child-rearing, teaching the children ethics and religious traditions, balancing the family budget, maintaining the household, and protecting the family's well-being and reputation. Cambodian women are often actively engaged in entrepreneurship, and the children are expected to help as needed. After becoming adults, sons and daughters marry and move away from their parents, although they maintain emotional closeness with their parents and siblings.

Politics

According to a UNFPA report (2010), very few women hold positions of power or decision-making roles in politics. For instance, barely 15 percent of the members of Commune Councils and 19 percent of the members of the National Assembly are women. Although progress has been steady, it has been slow. In 1993, women represented just 5 percent of the National Assembly; in 1998, the percentage was 11 percent, and in 2003, it was 19 percent. Similarly, women serving on Commune Councils increased from 8 percent in 2002 to 14.6 percent in 2007. A 2014 UN Development Programme report (UNDP 2014) indicates that 18.1 percent of Cambodia's parliamentary seats are held by women.

Regarding women as judicial representatives, the UNFPA report (2010) indicated that, of the 239 judges and prosecutors appointed, just 29 of the judges and 1 prosecutor were women. Among 578 officially registered lawyers in Cambodia, 103 (17.8%) were women. More effort is needed to educate and recruit women to engage in politics and pursue careers in political science.

Religious and Cultural Roles

The central religious influence of Cambodian life is Theravada Buddhism, and approximately 95 percent of the population practices it. The *wat* (temple) was historically a prominent feature of each community. In rural communities, the *wat* served for centuries as a community gathering place and religious center. Outside the family, the *wat* was the central institution, or "hub," in most villages, and

Mu Sochua

Born in the Cambodian capital of Phnom Penh, Mu Sochua (1954–) is a human rights advocate and prominent member of the Cambodian National Rescue Party. Beginning in 1972, Mrs. Mu lived and studied in France and the U.S. for almost two decades, unable to return to her homeland in the wake of the Khmer Rouge genocide. Upon her return in 1989, she became determined to improve the lives of Cambodian women, children, and other marginalized groups. In 1991, she founded the nongovernmental organization (NGO) Khemara, which promotes access to education and healthcare as human rights and provides support for sex workers, people living with HIV/AIDS, and survivors of domestic violence. Mrs. Mu entered the world of politics when she won election to the Cambodian National Assembly in 1998. She also served on the cabinet of the Ministry of Women's Affairs, advocating for victims of human trafficking and gender-based violence. For this work, Mu was nominated for the Noble Peace Prize in 2005. Mrs. Mu was married to American Scott Leiper (d. 2016), whom she met while they were working in a Cambodian refugee camp in 1984, and she is the mother of three children. Presently, her work includes initiatives on equitable development, workers' rights, and government transparency.

—Lzz Johnk

Hutt, David. "Mu Sochua: Woman of the people." *Southeast Asia Globe*. July 10, 2015. <http://sea-globe.com/mu-sochua-cambodia-southeast-asia-globe/>.

Mu Sochua. "Bio." *Mu Sochua: MP & Human Rights Advocate*. Date Accessed: July 4, 2016. <https://sochua.wordpress.com/history/biography/>.

"Our Story." *Khemara*. September 16, 2016. http://khemaracambodia.org/our_story/.

its multiple functions indicate its importance. The *wat* also served as an educational institution for children, and until the late 20th century, it was the only source for acquiring an education. During the French colonial period, temple education was incorporated into the public school system. Social and recreational activities and the celebration of major events took place at the temple. Monks provided healing and indigenous medical treatment that reflected and aligned with spiritual beliefs. Astrology and similar practices were also performed at the temple. The temple's members played a key role in disseminating information from outside the village, and lay positions associated with the temple offered an avenue for community participation and leadership roles outside of the family.

Under the Khmer Rouge, the expression of religious beliefs and practices was prohibited as detrimental to communist ideology. Religion (especially organized religion) was considered dangerous and potentially threatening to the goals of the Khmer Rouge, and traditional Cambodian religion was abolished. Buddhist temples were closed or desecrated and used for purposes unrelated to religion. In some cases, laypeople and religious leaders (monks and nuns) were murdered at the temples. Buddhist monks and nuns—like everyone else—were required to disavow their oaths and work in labor camps. The revolutionary ideology

of the Khmer Rouge was to replace Buddhist thoughts and practices.

Despite the Khmer Rouge forbidding all expression of religious thought or practice—and, in fact, killing anyone who was known or suspected to have disobeyed this directive—one woman who survived the genocide gave the following reason: "Because my father taught me to obey the Buddha and trust him, this is what saved me. I had a Buddha with four faces, and my grandmother's teeth, hidden in my bra and I relied on these religious materials to protect me. I prayed every night to help me live and survive and protect me from the Khmer Rouge" (Nou n.d.). Other survivors have shared similar stories of religious faith giving them the strength to survive unthinkable hardships.

Today, women are responsible for many of the daily religious and ceremonial activities. For instance, women are often responsible for fund-raising and setting up food preparations for events held at the temple. According to Ledgerwood, holy days (*thngai sil*) are frequently attended by women, especially older women. Attending Buddhist services and visiting the temple are especially critical for those older women who are widows without family support or children to care for them. Many of these women are elderly and have lost their husbands and other family

Khmer Women Musicians

Khmer popular music from the prewar era is still alive and very much part of Cambodian culture. Cambodian women performers such as Chhom Nimol, Him Sivorn, Piseth Pilika, and Meng Kao Pichenda, to name a few, still remake songs that celebrate prewar artists and in particular Cambodian women singers.

Prewar popular women singers (1940–1975) in Cambodia assumed the role of representing Khmer woman. They included Mao Saret, Chhuon Malay, Sieng Dy, Sieng Vanthy, Chea Savoeun, So Sophen, Kang Chanthi, Hay Sokhoum, Hem Sovanna, and Vor Sarun. Few of them recorded, and sadly very few of their recordings (and no footage of their performances) survived the Khmer Rouge.

The concept of Khmer womanhood has changed over time with the arrival in the late 1960s of Ros Serey Sothea, Huy Meas, Pen Ron, and Pov Vannary in the early 1970s, into a new Khmer woman-embracing modernity.

These women built successful careers around their musical innovations. Their success stories embodied the new social mobility within a stratified society. Their public visibility influenced a whole generation of young women, challenging the social conventions of the time and generating new images of Khmer womanhood.

—LinDa Saphan

members to the genocide, and they turn to the temple for housing and spiritual strength as they approach the end of life.

Issues

Human Trafficking

To date, the literature on human and sex trafficking tends to focus on the characteristics of traffickers, the social organization of trafficking, or the antitrafficking movement and efforts to reduce trafficking and its impacts. Little attention has been paid to the psychosocial context of victims. The work of Somaly Mam, an anti-human-trafficking activist, brought the topic of human trafficking in Cambodia to international attention and garnered significant

international funding from political and social elites. Although Mam's claim that she had been a victim of human sex trafficking herself was found to be untrue in 2014, her work served the important purpose of making the global community aware of this issue.

According to a recent report from the U.S. Department of State (2012), Cambodia is a major source, destination, and transit country for men, women, and children trafficked for the purposes of sexual exploitation and forced labor. The report explains:

The sale of virgin girls continues to be a serious problem in Cambodia. Cambodian men form the largest source of demand for child prostitution, though a significant number of men from the United States and Europe, as well as other Asian countries, travel to Cambodia to engage in child sex tourism.

The U.S. State Department also notes that, while making some attempts to combat this problem, the government of Cambodia has repeatedly fallen short due to weak laws and regulations, the lack of clear delineation of responsibilities across agencies, unsuitable monitoring of agencies, and failure to enforce criminal penalties. For example,

Endemic corruption at all levels continue[s] to impede anti-trafficking endeavors and local observers believe it to be the cause of impunity afforded to firms engaging in illegal recruitment practices that contribute to trafficking. In December 2011, the former head of the Phnom Penh Municipal Police's Anti-Human Trafficking and Juvenile Protection Department was convicted in absentia and sentenced to seven years' imprisonment on complicity charges, including accepting payments from brothels in exchange for protection and information on future raids. However, corruption allegations were never addressed by the Phnom Penh Municipal Court or the Anti-Corruption Unit and the convicted offender fled prior to being apprehended and remain at large.

Sex trafficking, or "the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act," involves over 1 million people every year. According to Kathryn Farr, of the 1 million or so women who are sex-trafficked to other countries each year, about 225,000 come from Southeast Asia (2004). UNICEF and Save the Children say that 50,000–100,000 women and children are involved.

Postconflict Cambodia has high levels of poverty, an unstable society, and ineffective governing institutions. Millions of Cambodians struggle to survive, and many turn to the sex industry as a source of income. Intergenerational social and cultural issues are also at play, as traditional Cambodian culture socializes women to accept their lower status relative to men—without question, across all major social institutions, including the family itself. The culture encourages girls not to question the authority of their parents and other adults. Human traffickers take advantage of these cultural beliefs and use them to prey on young girls and virgins, often misleading them with promises of legitimate employment as waitresses or maids, only to sell them into brothels. Increases in global sex tourism, as well as the persistent local belief that having sex with a virgin will cure HIV/AIDS, perpetuate both the spread of HIV/AIDS through Southeast Asia and the demand for ever younger victims—especially children from poorer, less-educated rural areas.

Acid Attacks

According to a recent report by the Avon Global Center for Women and Justice (2011), acid attacks are calculated acts of violence in which perpetrators throw, spray, or pour acid onto their victims' faces and bodies. Such attacks generally cause instant damage, permanent disfigurement, extreme physical and mental suffering, and sustained medical complications for victims. In Cambodia, the impact of such attacks is worsened by the scarcity of health care professionals who are properly trained in treating acid burn victims, the lack of health care facilities specializing in the treatment of burn victims, and the tendency for victims to be ostracized by society and fired from their jobs.

Based on a comprehensive review of acid attacks, the Avon Center's report focused on Bangladesh, India, and Cambodia—the three countries with the highest rates of acid violence in the world. Acid violence is possibly more common in these countries because the types of acid used are inexpensive and widely available. The victims of acid attacks are usually women, and the report considers acid violence a gender-based violence that reflects and perpetuates the inequality of women in society. Therefore, it is prohibited by international law.

Women and girls are often the targets of acid violence, largely because of their socioeconomic insecurity, although men are also at risk of victimization. Attackers may be male or female. Most acid attacks are made by a

man against his wife or mistress or by a woman against the “other woman”—her partner's mistress. The latter type of attack is often intended to break up the relationship by disfiguring the mistress, thereby securing the wife's social and economic standing within the relationship. Many attacks by either gender are motivated by jealousy or a desire to retaliate against a “competitor” for the attention of one's partner. Cambodia does not compile national statistics on acid violence, but the Cambodian Acid Survivors Charity (CASC) has collected data on victims treated in hospitals for acid burns. The group reports 271 known cases of acid violence between 1985 and June 2010 in Cambodia. The actual number of cases is almost certainly greater than 271; many victims are too ashamed to report the crimes or too fearful of further attacks to seek medical treatment for their injuries.

Prior to 2000, acid attacks in Cambodia remained relatively unfamiliar to the public. However, after a high-profile attack against 16-year-old Cambodian singer and karaoke star Tat Marina, this issue was thrust into public discourse (Mydans 2001). On December 5, 1999, Tat was attacked by three unknown assailants who drenched her face and chest with more than a liter of acid, permanently disfiguring her. The local and international public was outraged, and as a result, aggressive investigations revealed that the perpetrators were the jealous wife of a senior government official and her two bodyguards. None of them were arrested or charged for their crimes. This led to copycat attacks in which the perpetrators were, likewise, rarely convicted. This pattern further reinforces the oft-cited culture of impunity in Cambodia.

The Avon Center's report also notes that there are often unintended victims of acid violence—other people in the area (particularly children) or even the attackers themselves. Such unintended targets account for 12 percent of acid-violence victims. The report asserts that the Cambodian government has not adopted criminal laws that specifically address acid violence or laws aimed at reducing the easy availability of acid and cites the lack of punishment for these crimes as one reason for the alarming rates at which they have occurred since 2010.

To eradicate acid violence, the Avon Center report recommends that the governments of Bangladesh, India, and Cambodia address its root causes (specifically, inequality and discrimination against women) and (1) enact laws that adequately punish perpetrators of attacks and limit the easy availability of acid, (2) enforce and implement those laws, and (3) provide redress to victims, including

compensation for health care costs. Until and unless such steps are taken, the attacks are likely to continue.

***Bauk* (Gang Rape)**

The phenomenon of *bauk* (gang rape) among Cambodia's male youth has surfaced as a major and pervasive social problem in contemporary Cambodia. *Bauk* often occurs among young, middle-class men who obtain a female (often, but not always, a sex worker) ostensibly for their individual pleasure, but then they bring the girl or woman to a location where other male friends are waiting; the group of men then force the woman to have sex with multiple men. This "chilling form of recreation" was featured in a segment on National Public Radio (NPR) in 2009 (Snyder 2009) and again in an online report from the *Cambodia Daily* (Henderson 2013), but it has been discussed in the media since at least 2003 (Nou 2002, 2003).

The *Cambodia Daily* report (Henderson 2013) shared the findings of a 2013 UN study (UN News Centre 2013) in which "male interviewers surveyed more than 10,000 men and a smaller number of women in Bangladesh, China, Cambodia, Indonesia, Sri Lanka, and Papua New Guinea." The UN study found that "more than 1 in 5 Cambodian men aged between 18 and 49 admit to having raped a woman, and more than half committed their first rape before the age of 20." Alcohol—often used to explain or excuse violent behavior—was cited as a reason for rape by only 14 percent of the men surveyed; 42 percent said anger or a desire to mete out punishment motivated their actions, and 27 percent said they were motivated by either "fun" or "boredom." Notably, Cambodia is the only country in the region where men reported more sexual violence against women than physical violence. It is also the only country in which gang rape is actually more common than individual rape; elsewhere, rape by multiple perpetrators is the *least* common form of nonpartner rape.

Soprach Tong, a public health expert and the social affairs columnist for the *Phnom Penh Post*, has been covering the topic of sexual violence since 2003. In a post dated August 18, 2015, Soprach contrasts the mild Cambodian reaction to reports of gang rape with the immediate, outraged response seen in India after the gang rape (and fatal assault) of Jyoti Singh Pandey near Delhi in December 2012: "When news broke from India about the horrific gang rape and murder of a young woman, it was condemned by the government and was cause for global outcry. But when incidents like this occur with alarming frequency

in Cambodia, this violence has somehow become normalised to the point that it garners very little reaction at all" (Soprach 2015).

The UN report included a number of recommendations for reducing the prevalence of sexual violence in the areas studied, including working with community mobilization programs and influential cultural leaders to shift the social norms that lead people to accept gender inequity, the subordination of women, and violence against them. It also recommends promoting ways of being a caring and nonviolent man (e.g., coaching a boys' sports team or volunteering as a tutor or mentor) and educating young people—especially boys and young men—about healthy sexual relationships based on mutual consent and respect. Finally, "the study also calls for ending impunity for men who use violence against women, particularly marital rape, through criminalization of all forms of violence against women, and [the promotion of] legal sector reform to ensure effective access to justice."

This author asserts that *bauk* is symptomatic of an underlying phenomenon related to the lack of social and family cohesion and unresolved psychological consequences of the Khmer Rouge period; it is reflective of a national mental health epidemic in Cambodia. The psychological scars of past traumas may be manifesting themselves both in the deviant behaviors of the first postgenocide generation and the hostility of a Cambodian government that often uses violence to resolve societal problems. Genocide survivors may inadvertently be passing along negative psychological patterns to their children, who are ill-equipped to cope with the stressors in their lives. Cambodian youth are particularly vulnerable to the myriad layers of stress—social, cultural, political, economic, legal, environmental, and educational—in a country that continues to struggle to overcome the repercussions of genocide and become a fully participatory member of the global economy.

The Khmer Rouge Tribunal

The ongoing trials of former Khmer Rouge leaders in the Extraordinary Chambers in the Courts of Cambodia (the ECCC, or the Khmer Rouge Tribunal) represent an important sociopolitical issue and an opportunity for all Cambodians to try to attain a sense of justice and closure related to the genocide. Until these trials began in mid-2007, no victims' testimonies had been heard in a court of law, no perpetrators had been tried, and no sentences decided. Cambodia's culture of impunity continued unabated, and

Testimonies against the Khmer Rouge

Mrs. Sophany Bay was one of many women who testified against the Khmer Rouge. Then 67 years old, Bay traveled from her home in San Jose, California, to Phnom Penh, Cambodia, to testify in the Extraordinary Chambers in the Courts of Cambodia (ECCC) on June 4, 2013. She was accompanied by Leakhena Nou and a small group of other victims and survivors who had filed Victim Information Forms with procedural support from the Applied Social Research Institute of Cambodia (<http://www.asricjustice.com>).

Bay was raising a family in Phnom Penh when the Khmer Rouge came to power in 1975. Before a full gallery of Cambodian and international observers, she described the evacuation and subsequent splintering—and ultimate destruction—of her family. Her testimony was powerful, and it left the defense attorneys speechless. (A recording of Bay's testimony appears here: <https://www.youtube.com/watch?v=ANlkg3qKWMw>.)

In the first 40 minutes of the testimony (<http://www.eccc.gov.kh/en/blog/2013/06/04/american-ngo-returns-court-support-civil-party>), Bay recounts in heartbreaking detail the senseless deaths of her three young children. First, the family was forced from their home and made to walk from one remote, unfamiliar location to another to do hard manual labor. Sometimes Bay and her children could stay together while they worked, and other times she was forced to leave them alone all day.

They were provided starvation rations (one cup of watery gruel for an adult and half a cup for a child), but even these would eventually be taken away. All three children soon became sick. Bay sought help for her youngest child at what she had been told was a medical outpost. There, she met a man who said he was a medic and could help. This man, a member of the Khmer Rouge, administered a fatal injection of an unknown substance into the baby's skull. Bay buried the infant girl in the forest. Her two remaining children endured brutal maltreatment at the hands of the Khmer Rouge, including a mock execution of her son in front of his mother and remaining sister. The boy died a short time later from starvation, fever, and extreme exhaustion from forced labor. Bay buried her son in the foothills close to the family's work location at that time. Bay's only remaining child was also near death and passed away shortly after her brother.

justice remained as elusive as ever. More than 35 years after the end of the genocide, Cambodians around the world are still struggling to find solace in the face of adjustment difficulties and psychological torment stemming from atrocities inflicted by the Khmer Rouge. The social health of Cambodians worldwide hinges on the genocide's perpetrators being brought to justice.

Women have played a critical role in this effort by providing the ECCC with firsthand testimonies against the Khmer Rouge. The Victim Information Form is the official document required of all people claiming to be victims and seeking recognition by the ECCC; 61 percent of all Victim Information Forms were filed by women from the U.S. diaspora. Reliving this painful history to file the Victim Information Forms required courage; some victim and survivors have opted out, while others have been braver still, opting to participate personally in the courtroom proceedings, as well. (For more information on victims' participation in the ECCC, see Nou 2013, 2016, n.d.)

Today, the distorted "utopianism" envisioned by the Khmer Rouge has been replaced by Cambodian national construction. In this new chapter of Cambodia's history,

there is a welcoming of democracy, an opening of markets, and an emerging geopolitical identity for Cambodia in Southeast Asia. In this regard, as with so many other issues discussed earlier in this chapter, Cambodia has just begun what will likely continue to be a long process of incremental change.

LEAKHENA NOU

Further Resources

- ADB (Asian Development Bank). 2013. *Gender Equality in the Labor Market in Cambodia*. Retrieved from <http://www.adb.org/sites/default/files/publication/31193/gender-equality-labor-market-cambodia.pdf>.
- Avon Global Center for Women and Justice. 2011. "Combating Acid Violence in Bangladesh, India, and Cambodia." Retrieved from <http://www.lawschool.cornell.edu/womenandjustice/upload/Combating-Acid-Violence-Report.pdf>.
- Baron, N. 1996. "Psychosocial Needs Assessment of People Affected by Armed Conflict in Battambang Province, Cambodia." Phnom Penh, Cambodia: United Nations Children's Fund.
- Blair, R. G. 2000. "Risk Factors Associated with PTSD and Major Depression among Cambodian Refugees in Utah." *Health and Social Work* 25.1: 23–30.

- Cambodian League for the Promotion and Defense of Human Rights. 2004. *The Situation of Women in Cambodia*. Retrieved from https://www.fidh.org/IMG/pdf/kh2004_women-en.pdf.
- CEDAW (Committee on the Elimination of Discrimination against Women). 2015. CEDAW 36th Session Report. Retrieved from <http://www.un.org/womenwatch/daw/cedaw>.
- Cheung, Peter. 1994. "Posttraumatic Stress Disorder among Cambodian Refugees in New Zealand." *International Journal of Social Psychiatry* 40.1: 17–26.
- Chhim, S. 2012. "Baksbat (Broken Courage): The Development and Validation of the Inventory to Measure Baksbat, a Cambodian Trauma-Based Cultural Syndrome of Distress." *Cultural Medical Psychiatry* 36: 640–659.
- Devon, H.E., D. Chhean, V. Pich, M. H. Pollack, S. P. Orr, and R. K. Pitman. 2006. "Assessment of Posttraumatic Stress Disorder in Cambodians Using the Clinician-Administered PTSD Scale: Psychometric Properties and Symptom Severity." *Journal of Traumatic Stress* 19.3: 405–409.
- Farr, Kathryn. 2004. *Sex Trafficking: The Global Market in Women and Children*. Duffield, UK: Worth Publishing.
- Field, Nigel P., Sophear Muong, and Vannavuth Sochanvimean. 2013. "Parental Style in the Intergenerational Transmission of Trauma Stemming from the Khmer Rouge Regime in Cambodia." *American Journal of Orthopsychiatry* 83.4: 483–494.
- Gajic-Veljanoski, Olga, and Donna E. Stewart. 2007. "Women Trafficked into Prostitution: Determinants, Human Rights and Health Needs." *Transcultural Psychiatry* 44.3 (September): 338–358.
- Gorman, Siobhan, Pon Dorina, and Sok Kheng. 1999. *Gender and Development in Cambodia: An Overview*. Working Paper No. 10. Phnom Penh: Cambodia Development Resource Institute.
- Henderson, Simon. 2013. "UN Reports Says 1 in 5 Cambodian Men Have Raped." *Cambodia Daily*, September 11. Retrieved from <https://www.cambodiadaily.com/archives/un-report-says-1-in-5-cambodian-men-have-raped-42122>.
- Hinton, D. E., A. Rasmussen, L. Nou, M. H. Pollack, and M. J. Good. 2009. "Anger, PTSD, and the Nuclear Family: A Study of Cambodian Refugees." *Journal of Social Science & Medicine* 69.9: 1387–1394.
- Kahana, B., Z. Harel, and E. Kahana. 1988. "Predictors of Psychological Well-Being among Survivors of the Holocaust." In *Human Adaptation to Extreme Stress: From the Holocaust to Vietnam*, edited by J. P. Wilson, Z. Harel, and B. Kahana, 171–192. New York: Plenum.
- Ledgerwood, Judy. 1994. "Gender Symbolism and Culture Change: Viewing the Virtuous Woman in the Khmer Story 'Mea Yoeng.'" In *Cambodian Culture Since 1975: Homeland and Exile*, edited by May Ebi-hara, Carol A. Mortland, and Judy Ledgerwood, 119–128. Ithaca, NY: Cornell University Press.
- Marshall, G. N., T. L. Schell, M. N. Elliot, S. M. Berthold, and Chi-Ah Chun. 2005. "Mental Health of Cambodian Refugees 2 Decades after Resettlement in the United States." *Journal of the American Medical Association* 294.5: 571–79.
- Mollica, R. F., Grace Wyshak, and James Lavelle. 1987. "The Psychosocial Impact of War Trauma and Torture on Southeast Asian Refugees." *American Journal of Psychiatry* 144.12: 1567–1572.
- Munyas, Burcu. 2008. "Genocide in the Minds of Cambodian Youth: Transmitting (Hi)stories of Genocide to Second and Third Generations in Cambodia." *Journal of Genocide Research* 10.3: 413–439.
- Mydans, Seth. 2001. "Vengeance Destroys Faces, and Souls, in Cambodia." *New York Times*, July 22. Retrieved from <http://www.nytimes.com/2001/07/22/world/vengeance-destroys-faces-and-souls-in-cambodia.html>.
- National AIDS Authority. 2014. "Cambodia Country Progress Report." April 7. Retrieved from http://www.unaids.org/sites/default/files/country/documents//KHM_narrative_report_2014.pdf.
- National Institute of Statistics, Directorate General for Health, and ICF International. 2015. *Cambodia Demographic and Health Survey 2014*. Phnom Penh, Cambodia, and Rockville, Maryland, USA: National Institute of Statistics, Directorate General for Health, and ICF International. Retrieved from <http://dhsprogram.com/pubs/pdf/PR60/PR60.pdf>.
- National Institute of Statistics, Directorate General for Health, and ICF Macro. 2011. *Cambodia Demographic and Health Survey 2010*. Phnom Penh, Cambodia, and Calverton, Maryland, USA: National Institute of Statistics, Directorate General for Health, and ICF Macro. Retrieved from <http://dhsprogram.com/pubs/pdf/FR249/FR249.pdf>.
- NIS (National Institute of Statistics). 2009. "General Population Census of Cambodia 2008: Age by Sex Distribution." Retrieved from http://camnut.weebly.com/uploads/2/0/3/8/20389289/2009_census_2008.pdf.
- NIS (National Institute of Statistics). 2010. "Cambodian Population Data Sheet." Committee for Population and Development. Retrieved from <http://www.nis.gov.kh>.
- Nou, Leakhena. 2002. "Social Support, Coping, and Psychosocial Adjustment of Khmer University, College, and Technical Students in Modern Cambodia: A Sociological Study." PhD diss., University of Hawaii at Manoa.
- Nou, Leakhena. 2003. "What Motivates Khmer Youth to Gang-Rape?" *Phnom Penh Post*, July 18. Retrieved from <http://www.phnompenhpost.com/national/what-motivates-khmer-youth-gang-rape>.
- Nou, Leakhena. 2006. "A Qualitative Examination of the Psychosocial Adjustment of Khmer Refugees in Three Massachusetts Communities." Occasional papers, Institute for Asian American Studies. Boston: University of Massachusetts.
- Nou, Leakhena. 2013. "Beyond Silent Suffering and Trauma Half a World Away: Participation of Cambodian Diaspora Genocide Survivors in the Extraordinary Chambers in the Courts of Cambodia." *Journal of Asia Pacific World* 4.1: 56–79.
- Nou, Leakhena. 2016. "Elusive Retributive Justice in Post-Khmer Rouge Cambodia: Challenges of Using ECCC Victim Information Forms to Analyze Survivors' Experiences" (Manuscript #2014-17). *TORTURE Journal*.
- Nou, L. n.d. "Survivors in the ECCC: Searching for Reparative Justice 35 Years after the Cambodian Genocide" (Manuscript #2015-22). Submitted September 2015 to *TORTURE Journal*.

- Peterson, K. C., M. F. Prout, and R. A. Schwarz. 1991. *Post-Traumatic Stress Disorder: A Clinician's Guide*. New York: Plenum.
- Snyder, Rachel Louise. 2009. "Gang Rape Pervasive across Cambodia." National Public Radio, February 16. Retrieved from <http://www.npr.org/templates/story/story.php?storyId=97550640>.
- Soprach, Tong. 2015. "Young Men Turned into Murderers through Perpetrating Gang Rape, 'Bauk.'" *Soprach* (blog), August 22. Retrieved from <http://soprach.com/2015/08/young-men-turned-into-murderers-through-perpetrating-gang-rape-bauk.tm>.
- UNDP (UN Development Programme). 2014. "Human Development Reports: Cambodia." Retrieved from <http://hdr.undp.org/en/countries/profiles/KHM>.
- UNFPA (UN Population Fund). 2010. "Final Country Programme Document for Cambodia." July 16. Retrieved from http://www.unfpa.org/sites/default/files/portal-document/Cambodia_CPD%202011-2015.pdf.
- UN News Centre. 2013. "UN Survey of Men in Asia-Pacific Reveals High Levels of Sexual Violence in Region." September 10. Retrieved from http://www.un.org/apps/news/story.asp?NewsID=45806#.Vgr22_IViko.
- U.S. Department of State. 2012. *2012 Trafficking in Persons Report: Cambodia*. June 19. Retrieved from <http://www.refworld.org/docid/4fe30cdb32.html>.
- WEF (World Economic Forum). 2013. *The Global Gender Gap Report 2013*. Retrieved from http://www3.weforum.org/docs/WEF_GenderGap_Report_2013.pdf.

China

Overview of Country

The People's Republic of China is located in East Asia and shares land borders with 14 countries, including Afghanistan, Bhutan, Burma, India, Kazakhstan, North Korea, Kyrgyzstan, Laos, Mongolia, Nepal, Pakistan, Russia, Tajikistan, and Vietnam. Its regional borders include Hong Kong and Macau. The country is roughly 3.7 million square miles (9,596,960 sq. km). As of early 2017, the population of China was 1.389 billion people, and close to 55.6 percent of the population is urban (CIA 2017). The UN Development Programme (UNDP 2016) ranked China 37th and 90th out of 188 nations based on the Gender Inequality Index (GII, 0.164), and the Human Development Indicators (HDI, 0.738). There is no officially released information on the LGBTQ population as of 2015, but various sources propose an estimate of 40–70 million people.

The sex ratio at birth is 116 males per 100 females in China (UN DESA 2014), and a 2015 estimate of the sex

ratio of the total population is 1.06 male(s)/female (CIA 2017); 51.27 percent of the population is male, and 48.73 percent is female (NBSC 2014). Among males and females born in the 1970s, 1980s, and 1990s, the number of single males has exceeded that of single females by more than 23 million (CIA 2017). Sixteen percent of the total population is under the age of 15; 73.9 percent of the population is 15–64 years old, and 9.7 percent of the population is age 65 and over (NBSC 2014).

According to the Sixth National Population Census of China (2011), there are 56 ethnic groups in the country, among which Han is the largest group (91.5% of the population). The other 55 ethnic groups (8.49% of the population) are usually referred to as ethnic minority groups (NBSC 2011). Zhuang is the largest ethnic minority group (1.3% of the population) (CIA 2017). The same census also indicates that 48.73 percent of the total population is female, and the male/female sex ratio has dropped from 106.74 in 2000 to 105.20 in 2010 (NBSC 2014).

There are five major religions in China (Buddhism, Taoism, Islam, Catholicism, and Christianity), and approximately 10 percent of the population is religious (Lu 2014). Folk religions—religious traditions and practices outside any official doctrine and practice—that draw ideas and elements from Confucianism, Taoism, and Buddhism are observed in some areas (e.g., ancestral worship) (NPCPRC 2007). Shamanism is common among Elunchun, Ewenke, Hezhe, Xibo, Dawur, and Manchu ethnic minority people in Northeast China. There are also various forms of indigenous religions among certain ethnic minority groups, such as Buyi, Hani, Lisu, Naxi, Qiang, Tibetan, Wa, Yi, and Zhuang in Southern China.

Languages spoken and written in China are primarily from Sino-Tibetan, Altaic, Austro-Asiatic, and Indo-European language families. There are approximately 130 languages and 30 written languages. The official written language is Chinese, which uses simplified Chinese characters and the pinyin system at all levels of formal education and publications. The Han, Hui, and Manchu ethnic minority groups use Chinese exclusively, while the other 53 ethnic minority groups all have their own languages. Approximately 53 percent of the population can communicate in the official spoken language, Mandarin Chinese (standard Chinese, or *Putonghua*).

There are seven dialect groups across the country: Northern, Wu, Xiang, Gan, Hakka, Yue, and Min (MOE 2015). The complexity of dialects in each group (e.g., phonetics, semantics, and syntax) makes it difficult for communication, as

they are incomprehensible to people unfamiliar with them. For example, Cantonese, spoken mainly in Guangdong Province and Hong Kong, has its own unique systems of phonetics and syntax. People from non-Cantonese-speaking areas usually find it very challenging when visiting those places or communicating with natives who do not understand or speak Mandarin Chinese.

China replaced the Republic of China (also known as Taiwan) in the United Nations in 1971 and became a member country. It is currently also one of the five permanent member countries in the UN Security Council (which also includes France, the Russian Federation, the United Kingdom, and the United States). Chinese is also one of the six working languages used in the United Nations (MOE 2015).

Tibet

Tibet is an autonomous region of China, distinguished particularly by its Tibetan language and Tibetan Buddhism. Tibet's relationship with China is fraught with various interpretations among Tibetans and the Chinese. China claims a centuries-old rule over Tibet. Throughout history, Tibet has at times acted independently and has been ruled by Chinese and Mongolian dynasties. In modern times, in 1950, the Chinese began to incorporate Tibet. China claimed their intervention as freeing Tibet from a repressive regime, but many Tibetans and other nations see incorporation as Chinese invasion of a sovereign country.

Most Tibetans are Buddhist, but Buddhism in Tibet arrived from India rather than from China. The Dalai Lama, the spiritual head of Tibetan Buddhism, is also the political leader of the country. When an armed rebellion against the Chinese broke out in 1959, the Dalai Lama fled and created a government-in-exile in India. In the 1960s and 1970s, China destroyed most of Tibet's monasteries and carried out severe repression of Tibetan people.

Tibetan Buddhists believe the Dalai Lamas are "manifestations of the Bodhisattva of Compassion and the patron saint of Tibet. Bodhisattvas are believed to be enlightened beings who have postponed their own nirvana and chosen to take rebirth in order to serve humanity" (dalailama.com 2017). The current Dalai Lama is the 14th.

In 1963, the Dalai Lama offered a draft democratic constitution for Tibet, which became the Charter of Tibetans in Exile. In 1992, the Central Tibetan Administration offered guidelines for a free future Tibet. In 2001, Tibetans took a further step toward democracy, electing for the first time the senior-most cabinet minister.

When the international community brought pressure on China in the 1980s, the government eased some of its repression, but many human rights groups argued that China was continuing to violate human rights in Tibet. China has denied the accusation.

In 1987 the Dalai Lama offered a five-point peace plan:

1. Transformation of the whole of Tibet into a zone of peace.
2. Abandonment of China's population transfer policy that threatens the very existence of the Tibetans as a people.
3. Respect for the Tibetan people's fundamental human rights and democratic freedoms.
4. Restoration and protection of Tibet's natural environment and the abandonment of China's use of Tibet for the production of nuclear weapons and dumping of nuclear waste.
5. Commencement of earnest negotiations on the future status of Tibet and of relations between the Tibetan and Chinese peoples. (dalailama.com 2017)

To date, this plan has not been negotiated with or enacted by the Chinese government, although the Dalai Lama received a Nobel Peace Prize in 1989 for his work on behalf of Tibet.

Although the Dalai Lama and the Chinese government communicate occasionally, China fears the Dalai Lama continues to seek independence for Tibet and accuses him of inciting a number of self-immolations since 2009.

For his part, the Dalai Lama explains that he holds "three major commitments: the promotion of basic human values or secular ethics in the interest of human happiness, the fostering of inter-religious harmony and the preservation of Tibet's Buddhist culture, a culture of peace and non-violence" (dalailama.com 2017). In 2011, the Dalai Lama

transferred his temporal political power to the democratically elected leader of Tibet, again separating the political and spiritual functions of Tibet's leaders.

The Dalai Lama has suggested the office of Dalai Lama may not need to continue. Many Tibetans argue that the reincarnation of the Dalai Lama is not his decision, although he has suggested Tibetans should decide whether the institution should continue. He has said his successor would not be born in a country controlled by the People's Republic of China, recognizing that the Chinese government might try to name his successor. He has also suggested the next incarnation could be a woman.

—Susan M. Shaw

BBC. 2017. "Tibet Profile—Overview." Retrieved from <http://www.bbc.com/news/world-asia-pacific-16689779>.

Dalailama.com. 2017. "His Holiness the 14th Dalai Lama of Tibet." Retrieved from <http://dalailama.com>.

Singh, Harmeet Shah. 2011. "Dalai Lama Gives Up Political Role, Remains Tibetan Spiritual Leader." Retrieved from <http://www.cnn.com/2011/WORLD/asiapcf/05/31/india.dalai.lama/index.html>.

China adopts the People's Congress political system. Eligible voters elect deputies to the National People's Congress and local people's congress. Although there are multiple political parties in China, the Chinese Communist Party is the leading party. The other parties are engaged under the model of multiparty cooperation and political consultation. The Chinese government resumed its exercise of sovereignty over Hong Kong under British rule for over a century (1997) and Macao under Portuguese rule for three centuries (1999) (HRC 2009). However, the Chinese government abides by the principle of "One Country, Two Systems" and gives Hong Kong and Macao political and economic autonomy to initiate and enforce policies without changing their existing social and economic systems, except specific policies in defense and foreign affairs.

Hong Kong and Macao have built their infrastructures to specifically tackle pertinent problems with issues such as gender-based inequality and discrimination. Hong Kong passed the first Domestic Violence (Amendment) Ordinance in 2008, and Macao passed the Domestic Violence Prevention and Correction Law in January 2015. The local government in the special administrative regions preceded the central government that passed its first national law against domestic violence in December 2015 and enforced it in mainland China beginning March 2016. Another example of the differences between Macao and Hong Kong is seen in the legal aspects of abortion. While abortion is illegal in Macao, it is permissible for certain situations in Hong Kong, if legally performed by registered doctors in designated facilities. There is not a specific law stating that abortions are legal in mainland China, but they are performed under very specific legal restrictions.

Girls and Teens

In 2010, girls under the age of 18 accounted for 46.3 percent of the youth population, but the overall percentage is lower than that of the female population, which is 48.8 percent. Although there is a higher rate of population urbanization, approximately 55.1 percent of girls live in rural areas. Given the vast demographic differences in China, girls' life experiences vary based on the size and economic development of the cities, towns, or villages in which they reside, ethnic or social groups with which they are affiliated, and family backgrounds, among other reasons.

Higher levels of education and urbanization have helped change traditional attitudes of a preference of boys over girls and narrowed the sex ratio from 121.2 in 2004 to 116 in 2014. However, sex imbalance continues to reflect the cultural preference of males over females. Gender socialization is clearly embedded in daily activities. In addition, unequal distributions of resources and opportunities for school-age children in urban and rural areas also contribute to different experiences (NWCCW 2011).

Gender socialization starts for girls and boys before they attend kindergarten. Children are exposed to gender-specific colors, toys, clothing, and games at home. Activities and instructional materials used in kindergarten usually align with gender stereotypes. Girls also learn gender through media. Nonetheless, gender socialization for girls in rural areas may happen differently, as many of them live in poverty or remote areas; they have limited access to kindergarten, toys, or even mass media. As a result, their gender socialization is primarily through family members, peers, and local community members.

Sex education is aimed at school, family, and society collaborations in the process of coaching and educating adolescents to learn about their bodies, proper behavior, and responsibilities. The Chinese government has promoted sex education for adolescents since 1949. The Ministry of Education of China officially recommended it as part of the education plan (1988) and decided to implement puberty education in junior high schools (1991), but there haven't been specific guidelines or universal sex education classes. Girls usually learn about their bodies and puberty from family members (38.93%), schools (30.04%), friends (11%), and media (29%) (CPRI 2015). However, girls whose parents are absent tend to receive little knowledge about puberty from family members.

Extracurricular activities for girls vary. Like other students, girls living in cities have more choices than those living in rural areas. In cities, girls participate in sports and artistic activities and attend various classes, including music, English, or dance. Not all of these activities are free, which means girls from low-income families cannot afford to participate. Girls living in rural areas have limited access to extracurricular activities because either schools are inadequately funded or opportunities are not available.

Girls usually play different family roles depending on their family backgrounds and needs. Girls who are only children and whose parents have stable jobs live a relatively easier life than their peers from low-income families. Even though boys are favored over girls in general, these girls' parents are more open-minded. These girls' priorities are schoolwork and selected extracurricular activities. Their parents either do all the housework or pay housemaids to do it. In contrast, girls who are the only child in their families and whose parents have low-paying jobs help with housework more often.

Girls living in rural areas are caregivers, even though they are young. Many of them are not the only child. Some of them may have one or both parents absent. Therefore, they are very important caregivers. They take care of their siblings, clean, cook meals, feed animals, wash clothes, or work outside the house. Approximately 30 percent of them help with housework, whereas fewer than 20 percent of boys assume similar responsibilities at home. They also do more housework in comparison to their peers in the city (CPRI 2015).

It is undeniable that girls under the age of 15 have enjoyed freedom of education and an abundance of

Women's Voices

Chenhui Ho

I was born in Beijing, China, and grew up there. In the 1970s, when I was in middle school, my body began to change: I started menstruation, and my breasts began to bulge.

I and my female classmates in my age group were hitting puberty, and with little information available to us, there was universal fear and shame. At that time, during China's Cultural Revolution, my mother was detained in the school where she taught and was not allowed to go home. My father and older brother were separately sent to distant farm labor, with only me taking care of my younger brother and sister at home. I had no older female family members to help and no school physiology class.

I remember the day of my first menstruation. I was trembling with fear, not knowing what happened, and thinking I was going to die. Fortunately, a close classmate friend about a year older saved me, telling me what was going on, what I had to buy, and what I had to do.

At the time, the cultural pressures were to have small breasts. With the fear of our bodies changing and with our poor sources of information, we all made very tightly wrapped bras to rein in our chests, trying to stop the growth of the breasts. All this was to little avail because of the natural growth happening anyway. One of my classmates feared physical education, and particularly running and jumping, because she could not hide her large breasts. The times were not kind for some of us.

With China's opening up, that era is over. Beauty standards have totally changed and are more like Western culture—maybe going too far. Online in China, ads to increase breast size abound. The pendulum seems to have swung from one extreme to the other.

resources and material goods in the Economic Reform Era. Nonetheless, the market economy, traditional gender relations, the one-child policy, and urbanization have also created a serious sex imbalance, deep socioeconomic divide, and gender inequality regarding girls' lives in different locations. The Chinese government and some non-profit government organizations have conducted in-depth studies and analyses, hoping to initiate substantial changes to minimize inequality. *China's Children Development Program (2011–2015)* by the National Working Committee on Children and Women under the State Council (NWCCW 2011) and the *Report on Girls' Education and Development Demand 2015* by the China Philanthropy Research Institute (CPRI 2015) clearly reflect institutional and philanthropic attention to girls' education, development, and inequality.

Education

The current education system in China includes preschool, primary, secondary, and postsecondary education, such as two or three years of vocational and technical education, four years of undergraduate education, two to three years of postgraduate education for master's degrees, and three to four years of graduate school for doctoral degrees. Women aged 18–64 years old have an average of 8.8 years of education. Among the 33.7 percent of women with a high school education or above, approximately half are in urban areas (ACWF 2011). In 2014, percent 99.81 percent of both school-aged boys and girls were enrolled in school (MOE 2015). There are more females pursuing various college degrees, including advanced graduate degrees, than males.

The improvement in gender equality in education reflects the long-term commitment of the Chinese government. After the People's Republic of China was founded in 1949, the illiteracy rate was as high as 80 percent, and half were females. It became a major concern for the new government, and national movements were launched in 1952, 1956, and 1958 to tackle the problem. Mandated classes were offered in urban and rural areas. With continuous state support and regulations, the female illiteracy rate decreased dramatically by the early 1960s. More organized programs have been implemented, and structures of education have been adjusted to decrease the female illiteracy rate in the past 30 years. New reports indicate that the female illiteracy rate for ages 15 years and over was 6.7 percent in 2013 (IOSC 2015) and 5.5 percent in 2015.

K–12 Education for Girls

K–12 education in China includes three years of kindergarten (preschool is primarily for underdeveloped areas where kindergartens are not available), 6 years of primary education, and 6 years of secondary education (3 years of junior and 3 years of senior secondary education), for a total of 15 years. The Compulsory Education Law of the People's Republic of China (1986) requires a minimum of 9 years of universal education for all school-aged children nationwide. The gender gap in school enrollment is not obvious in the first 3 years of primary school education.

China's National Plan for Medium and Long-Term Education Reform and Development 2010–2020 (MOE 2010) emphasizes that preschool education is fundamental for children's well-being and health. It calls for universalizing one-year preschool education while aiming for developing two-year preschool education. It also emphasizes the importance of establishing preschool education in rural areas. Some direct gains since 2010 have been reflected in an increased enrollment of girls in preschool education. More girls have been enrolled in kindergartens and preschools (2015), and the net enrollment of school-aged girls in primary schools is 99.72 percent (2015). The gender gap has also narrowed in high school enrollment. About 47.8 percent of high school students are females (2015), which is also slightly higher than 2010 (NBSC 2011).

Girls' Education in Rural Areas

Girls in rural areas, like their counterparts in urban areas, are required to receive the nine-year compulsory education and are encouraged to pursue advanced levels of education. Nevertheless, approximately 97.6 percent of them (ages 10–17) are in school (ACWF 2011), compared to their counterparts in urban areas at 99.3 percent. Studies note that girls in rural areas are faced with many challenges of retention and start to drop out beginning in third grade. Contributing factors include poverty, early engagement or marriage, mothers' level of education, lack of personal interest, absence of parents who are migrant workers in the city, traditional gender norms, adverse natural environment with inconvenient transportation and inaccessible schools in adjacent areas, or lack of female role models in school. Ninety-seven percent of girls in rural areas are in school at the age of 14, but only 63 percent are still in school at the age of 17. Almost 71 percent are reported to have completed the nine-year compulsory education, with a 23 percent difference in

comparison to their peers in the city. In addition, school-aged girls from ethnic minority groups living in rural areas have a lower school attendance rate, and the retention rate is low (CCTF & CPRI 2015).

Girls also drop out because of gender socialization and culturally held beliefs that girls' education is less desirable or a waste of money. Studies have shown that parents tend to withdraw daughters from school and keep sons in school if the family cannot afford to pay for all of them to stay in school. It is also common for girls to become engaged or married at younger ages in rural areas, which contributes to girls' dropout rates (CCTF & CPRI 2015). A survey of 11,000 students in 2010 and 2012 indicated that girls from poor families dropped out of school because of teen marriage, a major contributing factor.

In rural areas, girls start to talk about marriage at an early age, around 15 years old. In addition, girls in rural areas usually move into their husband's household after getting married and contribute labor and income to the new family. This has historically been considered a net loss for the girl's family. Therefore, families with girls are unwilling to spend money on girls and do not consider education a must. Although people in rural areas have become more open-minded, traditions die hard, and girls in poverty-stricken areas, in particular, have a higher dropout rate. On average, girls living in poverty-stricken regions in the west, ethnic minority regions, and some mountainous areas tend to receive less education and have high dropout rates in elementary and middle schools.

The China Children and Teenagers' Fund launched the Spring Bud Project to help girls who had dropped out return to school in 1989. Since its implementation nationwide, this social welfare project has funded over 2.517 million girls and provided 523,000 adolescent girls with technical training. It has undoubtedly advocated gender equality in education and helped protect girls' rights at educational, social, and cultural levels.

Migrant children's education has also been a source of concern. Currently, 46.8 percent of the child migrant population is school-aged girls. With the very strict *hukou* system (residence registration), many children have limited, little, or no access to regular school education after they join their parent(s) working as migrant workers in the city. Some public schools allow these children to attend school under pressure from the government, but they have higher admission restrictions. There are some private schools for migrant children, but these schools have limited resources and weak teaching teams.

Postsecondary Education

Since the national college examination resumed in 1977, more females have attended college for different academic degrees or professional training. More universities and programs have been made available or accessible in the past 35 years. Gender equality in higher education has been a major concern in public policies, and college admissions and social attitudes toward education have also changed greatly. More families hope to provide girls with education for better job opportunities. Gender inequality in employment and the workplace also pushes more females to higher education if they want to be competitive.

The political, social, cultural, and economic environments in combination have made it possible for more women to attend college. Take 2014, for example: 52.1 percent of college students in two- or four-year programs and 49.2 percent of graduate students were women, and 56.1 percent of students in adult education programs were women (NBSC 2015). The White Paper released by China's cabinet (IOSC 2015) reports a slight increase in female enrollment since 2013: 52.1 percent of undergraduate students, 51.6 percent of postgraduate students, and 36.9 percent of doctoral students are women.

The increased female student body in higher education does not necessarily reflect gender equality, as gender segregation in college majors is concerning. For example, more women major in liberal arts and medicine, and more men major in science, technology, engineering, and math (STEM). The disparity is inevitably related to gender socialization and stereotypes regarding intellectual capacity based on gender differences. Those who believe there's a natural difference in cognition would argue that females have better communication skills and nurturing skills, whereas males have better skills in logical thinking and analysis. To align with that belief, they would justify gender segregation in college majors. That is the case in college major selection, admission, classrooms, and job placements. Women interested in STEM majors are usually discouraged from selecting those majors. The Ministry of Education has made a special note to prohibit gender discrimination in admissions.

Even if female students prove themselves competent in the STEM fields, they feel uncomfortable because they are in the minority and tend to feel unconfident and frustrated. Bleak job placements for female students in the STEM fields add more challenges because potential employers prefer to hire male graduates who will not be held back because of family commitments after they are married.

Health

An improved and reformed health care system in combination with intensive planning and legal protection has helped improve Chinese women's health considerably. Women's average life expectancy is 77.4 years in 2014, whereas it was 42 years when China was founded. Similarly, the maternal mortality rate (MMR) is 21.7 deaths per 100,000 live births in 2014, as opposed to 1,500 deaths per 100,000 live births when China was founded. Factors contributing to improved reproductive health include age, occupation, hygiene, income, and education.

More women receive primary health insurance (>95%) and regular or annual health screening, use contraceptives, participate in pregnancy-related and regular health insurance programs, utilize prenatal and postnatal care services, and deliver babies in the hospital (99.6 %) (NBSC 2015). Other contributing factors of improved women's health include poverty reduction, education, and improvement in socioeconomic status. According to the Third Survey of the Social Status of Women in China, about 64.2 percent of women consider themselves in good health, a 9 percent increase since the Second Survey (ACWF 2011).

There are 10,694,000 medical personnel working in 983528 health care facilities that focus on Western or Chinese medicine, including public and private hospitals, clinics, and public health agencies or centers in urban or rural areas. Total health expenditures account for 6.0 percent of the gross domestic product (GDP) (NHFPC 2016). Health insurance in the planned economy system facilitated cooperative medical schemes in rural areas and Labor Insurance System in urban areas, and services were available in public facilities at village, township, and district levels. Patients paid very little. Universal insurance coverage was the norm.

The economic reform beginning in 1978 has brought about substantial changes in health insurance and medical services. Health reform between 1978 and 2011 redefined the health care system and initiated a series of insurance programs and plans. With the reform, a network of comprehensive three-tier medical and health services has been established. Basic health care services and emergency cases are administered by province, prefecture, and county hospitals. Public health services are provided by township and village clinics (NHFPC 2016). The central government subsidizes some programs in rural and urban areas. Overall, the reform aims at higher coverage, better reimbursement rates, higher financial protection, efficient management, and aid funds.

Women's Voices

Margaret Chan

Dr. Margaret Chan is the director general of the World Health Organization (WHO). She earned her medical degree from the University of Western Ontario. Born in the People's Republic of China, Chan began her career in public health in 1978 when she joined the Hong Kong Department of Health. Chan was selected for a nine-year appointment as the director of health of Hong Kong in 1994, where she oversaw programs to prevent and manage the spread of communicable disease, and she campaigned for improved training of public health professionals (WHO 2015).

In 2003, Chan joined the World Health Organization and was elected director-general in 2006. In her speech to the World Health Assembly, Chan prioritized the health of women, stating, "Reducing health problems in women and empowering them will result in a dramatic increase in health-promoting behaviors" (Chan 2015). Chan cited the health of women as a key indicator of overall global health, recognizing women's role as agents of change.

—Vanessa Vanderzee

Chan, Margaret. 2006. "Speech to the World Health Assembly." World Health Organization, November 9. Retrieved from <http://www.who.int/dg/speeches/2006/wha/en>.

WHO (World Health Organization). 2015. "Dr Margaret Chan: Biography." Retrieved from <http://www.who.int/dg/chan/en>.

Women living in different areas and working in different professions have access to different health care resources and insurance plans. Their experiences with health care services therefore also differ. Socioeconomic status, geographical differences, or financial barriers may explain some differences. For example, women in rural areas visit doctors or facilities less because of high out-of-pocket fees (35% in 2011) or inconvenience (e.g., transportation). Many migrant women living in the city also use facilities less because of the type of health insurance plan and high out-of-pocket fees. Upper- and middle-class women have easier access to health care, while poor working-class

women have more financial and systemic barriers to health care, and preventive health care in particular.

In addition, differences in health care facilities, such as trained medical personnel, equipment, or diagnostic technology, also affect women's experience of health care services. Maternal mortality rate is a good example. It is higher in some provinces because of unbalanced development in women's health care, particularly prenatal care (NBSC 2015).

Regarding prenatal and postnatal care, the Third Survey of Social Status of Women in China found that 94.8 percent of urban women under age 35 used prenatal care, and the in-hospital delivery rate was 97.2 percent (ACWF 2011). In rural areas, 89.4 percent of pregnant women used prenatal care, and the in-hospital delivery rate was 87.7 percent (ACWF 2011). There has been a noticeable increase since 2010 (NHFPC 2014). In 2013, 95.6 percent of pregnant women received prenatal care, and 99.5 percent had in-hospital delivery. About 93.5 percent of women also returned for their postpartum checkup. The breastfeeding rate, however, has continuously declined. Only 28 percent of mothers breastfeed their babies for up to six months, and only 17 percent in the city choose to breastfeed. The central government has started to consider legal intervention so that breastfeeding rate will reach 60 percent.

The market economy and the introduction of media products and educational materials from developed countries have helped change Chinese people's attitudes toward romance, relationships, and sex. More and more females enter relationships at a younger age, and they sometimes experience unexpected pregnancies as a result. As abortion is legal in China, many of them choose abortions. There are approximately 5 million abortions every year, and more than half are performed on adolescents and young women. Some have multiple abortions within two or three years. Some adolescents choose live birth, which sets the adolescent birth rate at 8.6 births per 1,000 women aged 15–19 years old (UNDP 2015). Adolescent pregnancy is reflective of social and cultural changes in the Economic Reform Era and inadequate sex education in school; it has become an increasingly noticeable social problem that has negative impacts on mental and reproductive health.

The family planning policy has made effective birth control more important. The primary contraceptive methods couples use are intrauterine devices (IUDs) (53.7%) and female sterilization (30%). Men use fewer contraceptive methods (14.7%). This clearly indicates that women assume more responsibilities in birth control (NHFPC

2013) and reflects social, economic, political, and cultural pressures on women. On the one hand, women are usually forced to get IUDs after labor, whereas men can choose to have a vasectomy. On the other hand, male sterilization is irreversible and has a long-term impact on male fertility. If a couple loses their only child, it will be hard for them to be pregnant again. Moreover, vasectomies are wrongly associated with weakened masculinity, which also discourages men from participating in birth control that requires a medical procedure.

In addition to prenatal and postnatal care and family planning, two other health-related issues that need more attention are breast cancer and uterine diseases. Breast cancer is one of the leading causes of death for women in China, even though it is considerably low in population percentage when compared with other countries, including the United States. Nevertheless, it is still concerning because of a larger base population, which translates to a higher number of deaths. There has been an increase in the breast cancer death rate since the 1970s. Women in urban areas are affected the most, but more rural women have been diagnosed with breast cancer since 2000. Among breast cancer patients, the dominant age group is 40–50 years old. While some studies associate weight gain with breast cancer occurrences among younger women in China, some other factors, such as environmental pollution, stress, family history, or declined breastfeeding rates, may also impact younger women's health. Another common medical condition of the female reproductive system is cervicitis.

Sexually transmitted diseases (e.g., syphilis, chlamydia, and gonorrhea by prevalence in China) and HIV/AIDS infection also affect women's health, and they have increased shockingly in China. In 2011, 28.2 percent of the new HIV infections were women (UNICEF 2014). In 2012, among the 780,000 people living with HIV, 28.6 percent were female (UNAIDS 2016). Some provinces have seen an increase of over 40 percent in STDs and 108 percent in HIV/AIDS among women (SIH 2014). Female sex workers tend to have a higher rate of STDs and HIV infections (UNAIDS 2016). Women whose spouses are migrant workers are also a group at higher risk. On the other hand, many women in poor rural areas get HIV infections through paid blood donations, which have a negative impact on newborn babies. Given the stigma associated with STDs and HIV/AIDS, infected groups usually encounter discrimination at home and in the community. Many of them also hesitate to seek treatment for fear of financial burden or discrimination.

Women's mental health has direct impacts on their families, their personal lives, and society. Contrary to the global trend that more men have mental health problems and higher rates of suicide, more women have mental health problems (e.g., depression, anxiety, and schizophrenia by prevalence in China) and attempt or commit suicide in China. The last time China submitted reports on suicide to the World Health Organization (WHO) the male and female suicide ratios were 13 percent and 13.9 percent, respectively (WHO 2016). Other official or unofficial reports based on statistics from medical facilities and selected sources find that more women attempt or commit suicide, and women in rural areas have a much higher suicide rate than women in urban areas. Women assume more responsibilities at home, experience more stress in finance, share more housework and field work, encounter domestic violence, have limited access to social and health care support, or have little knowledge of resources. The most common method for suicide among women in rural areas is pesticide ingestion. The high rate of female suicides in China implies that women usually have more social pressure and stress and less emotional support or counseling services.

While women's health has improved since 1949, particularly in the Economic Reform Era, there are still many challenges to address. For example, the number of female smokers has increased, which in turn has directly caused smoking-related deaths among women; it will also affect women's reproductive health, including pregnancy. Some other challenges are securing more government funding to promote women's health, reducing high out-of-pocket fees, expanding insurance coverage, overcoming disparities in socioeconomic conditions and gender inequality in health care, addressing health care inequality between urban areas and rural areas, and providing effective services to help migrant women.

Employment

The socialist planned economy (1949–1978) made it possible for women and men to have jobs assigned to them based on their skills, training, and education. Women and men were paid the same if they had the same credentials, qualifications, experience, and rank, and they worked in the same units. However, planned economies were replaced by market economy in the Economic Reform Era, beginning in 1979. The old egalitarian model of income distribution and job assignments has been replaced by a

new growth model that adjusts access to recourses and the distribution of wealth and income. State policy intervention and regulations have created more opportunities for women to participate in economic activities and to access economic resources. Women now make up 45 percent of the nation's employed population. Approximately 29 million women own businesses, and approximately 55 percent of e-entrepreneurs in China are women.

Occupational segregation by gender is found in the Sixth National Census (2011). More women work in the service sector (51.7%) than men (48.3%). There are also more female professional skilled workers (51.1%) as opposed to 48.9 percent of male counterparts. Females and males engaged in agriculture-related professions are about the same in number (49% versus 50.8%). However, there is a significant difference in leadership and administrative positions. Only 25.1 percent are females, whereas 74.9 percent are males (2011). The same census also notes that there are more male white-collar workers and more female blue-collar workers.

Women are more likely to work in low-paying jobs, and they generally make less than men. Gender discrimination in employment is reflected not only in the gender pay gap, but also in the hiring process and the types of positions both men and women hold. Article 23 of Law of the People's Republic of China on the Protection of Women's Rights and Interests (2005 amendment) clearly defines women's rights: "With the exception of the special types of work or post unsuitable to women, no unit may, in employing staff and workers, refuse to employ women by reason of sex or raise the employment standards for women." Although the Chinese government has prohibited gender discrimination in employment, women still encounter gender-based inequality in the job search or in the workplace because there is no specific language regarding gender discrimination in laws. As a result, there is no legal enforcement against such discrimination, and very few women choose to file complaints or lawsuits.

Female college graduates have repeatedly reported gender discrimination in their job searches, irrespective of their high GPAs and work-related experience. Sex, age, appearance, marital status, and work experience are usually used to discriminate against female college graduates in the job market. Approximately 60 percent have reported hiring discrimination. More male college graduates are invited for job interviews than women who have the same education and experience level. Women with graduate degrees experience a higher level of discrimination when

applying for jobs; many of them must promise not to get pregnant while working. Many employers prefer to hire women who already have children to avoid paying maternity leave compensation.

Gender discrimination also exists in workplace promotions (Tatlow and Forsythe 2015), and the glass ceiling is difficult to break. Men get promoted faster than women with the same qualifications, and more men are in positions that require high skills and have good prospects (ACWF 2011). They also stay in leadership positions longer because women on average retire five years earlier than men. Even if women get promoted, they often take positions to assist male leaders and are not decision makers.

Family Life

Family structures and life have changed dramatically in China during the Economic Reform Era. The traditional large families whose prosperity depends on close kinship and many children, especially sons, have disseminated into smaller families because of a population control policy called the family planning policy (or one-child policy) (1979–2015); migration; and freedom of choice. As of 2015, there were approximately 43 million family households, and the average household size is 3.3 people (NHFPC 2015). Urban households are usually smaller in size than those in small towns or villages, where family planning policies make exceptions and more married couples live with aging parents.

Chinese traditions and culture aim to provide children with “a complete and loving home,” but divorce has become more tolerated in the Economic Reform Era. The Sixth National Census reports more than 40 million households in China (ACWF 2011). However, more homes have become single-parent homes (widows and other situations are not included). Divorce rates have risen for 12 consecutive years (2003–2015). Approximately 3.63 million couples were divorced in 2014 alone, an increase of 3.9 percent in comparison to 2013. The dominant group filing for divorce was born in the 1980s, and those born in the 1990s will soon see high divorce rates as well.

Although women’s social statuses have improved since 1949, traditional gender norms still play a major role in marriage. For example, gender norms are reflected in mate selection criteria. Men are traditionally expected to be superior to their partners in wealth and education so that they can take charge in family life. Therefore, women usually select a partner based primarily on the man’s

economic conditions, job, family background, certain assets, and academic degrees. Men’s assets, such as vehicles and real estate property, are frequently seen as desirable. Men, on the other hand, select women for their looks, gentility, health, age, and a certain level of education. Men’s age is not a major concerning factor as long as they are wealthy and successful, while women’s age can make a huge difference in their chances of finding mates. It is not uncommon to see a successful and wealthy man whose spouse is 15–20 years younger.

With social pressure to get married and have children, many women are marginalized if they are unmarried at a certain age. The minimum legal age for marriage is 22 for men and 20 for women. Even though the age at marriage is rising for Chinese couples, women are labeled “leftover” women if they are still single at the age of 27 (Fincher 2012). Some men even consider unmarried women at the age of 25 “leftover.” According to the National Bureau of Statistics of China (NBSC 2016, the overall sex ratio is 105.20 per 100, which means the male population outnumbers the female population by approximately 34 million; women should stand a better chance of finding partners. This, however, is not the case. The Sixth National Census (ACWF 2011) reports that “leftover” women usually hold more advanced academic degrees and live in metropolitan cities, such as Beijing and Shanghai. Whereas 37 percent of unmarried males aged 28–39 years old hold graduate degrees, 48 percent of unmarried females in the same age group hold graduate degrees.

Once again, what is considered success for men, such as advanced academic degrees, makes women in similar situations less desirable. The double standard is clearly embedded in gender-related biases. Irrespective of social pressure and age-related biases in relationships, there is a trend that more unmarried female professionals in big cities choose to remain single. They are economically independent and well-educated. They do not see marriage and children as the only purpose of their lives and prefer to live life according to their own choices.

Married women are expected to bear children. With the family planning policy, however, most of them have not had great pressure to have more than one child, whether they live in rural or urban areas. Married women in rural areas may have a second child if their firstborn child is a female, but the mother must be either older than 27 or wait for four years after the first child is born; otherwise, she will be fined by the local government. Married women from ethnic minority groups are also allowed to have more

than one child. Some may have up to three, depending on the size of the ethnic minority groups. Some birth defects can also lead to exceptions in some cases.

The birth rate is currently 12.49 births per 1,000 people, and the fertility rate is 1.6 children per woman in China—much lower than the total world fertility rate of 2.5 children per woman. This also means that the Chinese tradition of more children bringing prosperity to the family is not strictly observed because of state intervention. The enforcement of the family planning policy prevented approximately 400 million births in 30 years through preventive measures, such as contraception, and abortion. Although the policy has been criticized internationally for violating human rights, it has enabled many women to have more time for responsibilities other than childbearing and child-rearing. The family planning policy relaxed in 2014, allowing married couples to have two children if either parent is an only child. Nonetheless, many married couples have chosen not to have more children, which shows changing perspectives of family structure and child-rearing. On October 29, 2015, the Chinese government announced that all couples were allowed to have two children, finally putting an end to the one-child policy that was enforced for 35 years.

Giving birth outside of wedlock is not culturally accepted, and couples who do so are also heavily fined by the government in China. This is very different from the United States, where about 40 percent of births are attributed to unmarried mothers. Married women in China are required to obtain permission to get pregnant, regardless of their employment status. Unmarried pregnant women have more obstacles to continue with their pregnancy or deliver their babies. Many of them are also in a dating relationship with their boyfriends or a long-term relationship with married men, which makes them more vulnerable to separation or inadequate financial support. Consequently, they suffer psychologically, physically, and financially.

In cases of pregnancy out of wedlock, some couples choose to register for marriage if they are unmarried, and other couples separate if the pregnant woman does not want to terminate the pregnancy. Women who are in relationships with married men (usually elite and wealthy men) have to raise their children alone, but they often have financial support from their children's fathers. The relationship, on the other hand, may end in separation for various reasons, including the birth of an undesired girl instead of a boy. Whatever the case may be, the stigma associated with out-of-wedlock births usually traumatizes and adds shame

or pressure on unmarried mothers, who sometimes have to abandon their newborns, give them up for adoption, or keep them while facing cultural and social barriers.

Married couples who have fertility problems or who have lost their only child are allowed to adopt one child. The Adoption Law of the People's Republic of China (implemented in 1991 and amended multiple times afterward) states that adopters must meet the following requirements simultaneously: childless, capable of rearing and educating the adoptee, healthy, and 30 years old or older (NPCPRC 2007). Single women are also allowed to adopt children without age restrictions. Same-sex marriage is not legal in China, and therefore lesbian and gay couples are not allowed to adopt children together. The adoption law, however, allows men without spouses to adopt children, and there must be an age difference of 40 or more years if the men adopt girls.

In the meantime, because same-sex relationships are not legally protected or culturally accepted in China, many gay men pretend to be heterosexual and marry women. It is also not uncommon for a gay man and a lesbian to marry to avoid social pressure and stigma (Liu 2013). There are approximately 30 million gay men in China, 80 percent of whom are estimated to be married. Many gay husbands have children to carry on the family line, but they stop having sexual contact with their wives after the women get pregnant. Studies have shown that many women in these relationships suffer abuse, including domestic violence, and encounter sexual apathy with little to no sexual contact.

Politics

Political participation covers a wide range of activities, among which electoral participation is essential. After China was founded in 1949, women started to enjoy freedom of political participation. At the First Plenary Session of the Chinese People's Political Consultative Conference in 1949, 10.4 percent of the deputies were women, which was unprecedented at the time. For the first time, women were granted equal rights with men in political, economic, cultural, educational, and social life. The Electoral Law of the People's Republic of China (1953) clearly indicated that women had the same rights as men to vote and run for election. Approximately 90 percent of women voted in 1953 (CIA 2017), and some were elected as deputies to local people's congresses. A series of legal acts and amendments to the constitution have helped to further secure women's legal rights to political participation (NPCPR 2007).

From 1949 to 1976, women had a strong representation in the state government, assumed more leadership roles (He 2013), and had a higher electoral participation rate. In the Economic Reform Era, women's political participation has also increased, but with some obstacles. After the Fourth World Conference on Women in Beijing (1995), the Chinese government implemented a series of policies to elect more women to leadership positions on all levels. Changes took place by 2013. The ratio of women deputies to the first session of the 12th National People's Congress was 2.4 percent higher than 20 years earlier. The proportion of women members at the first session of the 12th Chinese People's Political Consultative Conference (CPPCC) national committee in 2013 was 4.1 percent higher than it was 20 years earlier. The ratio of female Communist Party members has increased by 8.7 percent since 1995. There are also more female members in all other political parties (other than the Communist Party). In the meantime, there has been an increase in the number of female civil servants at local levels, and more women participation in the management of state public affairs at the level of central government. Ethnic minority women deputies made up 41.3 percent of the total number of ethnic minority deputies.

Women in rural areas have also participated in local political activities, such as voting and serving as leaders. The Organic Law of the Village Committees of the People's Republic of China (1998) specifically rules that one-third of the village committee members must be women and assigns quotas for female villagers to serve on the village committee. The Program for the Development of Chinese Women (2011–2020) also states, "By 2020 the percentage of women in village committees will exceed 30 percent, and that female village committee heads should exceed 10 percent" and that "the ratio in neighborhood committees should be around 50 percent." The quota system seems to have made an impact. The majority of women in rural areas have participated in local elections, and more women have been elected as village committee members (22.8%) (NBSC 2015).

Notwithstanding an increasing number of female participants in political activities, the economic reform has inevitably manifested an adverse impact because of the changing election system the revival of gender stereotypes and practice of gender biases. The reform has caused more women to retire earlier or lose their jobs in the city and more women in the rural area to migrate to the city, and many of them are school dropouts; it has also created barriers for women in the workplace. Gender stereotypes of

leadership skills also lead to barriers to female political participation. As a result, the number of female deputies to the National People's Congress has slightly decreased, and the pool of qualified female candidates for leadership positions is small. Fewer women have been elected to leadership positions at all levels or cast their votes at elections.

Women in rural areas have been encouraged to participate in village self-governance, but their representation and participation has been low. One reason is that women in rural areas usually have fewer years of K–12 education than men and are not financially independent. Gender stereotypes and gender norms also play a role in discouraging women from full participation in politics. The deep roots of rural women's lower levels of political participation may also reflect corruption and fraud in elections.

The increase in the number of female leaders or committee members in the central government or at the local level does not necessarily translate into increased power for women. Few female leaders or committee members play primary leadership roles. For example, only 2.2 percent of women in the workplace assume primary leadership roles (ACWF 2011). Female leaders are also concentrated in family planning, education, and health organizations or job-related management and training duties. Few female civil servants work in law enforcement and criminal justice, which are male-dominated fields. There is also a decreasing number of female participants at senior administration levels.

Religious and Cultural Roles

Buddhism, Taoism, Islam, Catholicism, and Christianity (Protestantism) are the primary religions in China (Albert 2015). Although the Communist Party is atheist, the Chinese government has protected religious beliefs and practices since the national economic reform started in 1978. Article 36 of the Constitution (1982) ensures legislative support of freedom of religious beliefs and practices. The government's role is to protect religious activities that will not cause any harm to social orders, citizen's lives and health, and the state educational system.

Many studies have noted that the majority of the Chinese population is nonreligious. The Administration for Religious Affairs of China estimates that 100 million Chinese are religious. But 139,000 churches or worship sites are available for services, and there are also more than 100 educational institutions of theology. China Family Panel Studies (2010–2012)—a project conducted by Peking

University—reports that 89.56 percent of the population does not have religious beliefs and 10 percent of the population does. Buddhism is the more influential religion in China (6.75%), followed by Christianity (1.9%). However, Christians have more organized activities than Buddhists. Also, 58 percent of the religious population is female. Muslims and Christians reportedly mainly live in cities, whereas Buddhists live in small towns and villages. Buddhism appears to attract younger people and those with higher levels of education (Lu 2014).

More women attend organized religious activities than men. For example, more women worship respective deities in temples, especially at important ceremonies or festivals, wishing for more blessings regarding family affairs, children, health, fortune, or prosperity. Women between the ages of 65 and 69 make up the majority of the elders' religious population. Most of them are from ethnic minority groups and live in rural areas (77%). They also usually have fewer years of schooling or are illiterate. The religions practiced by elderly women are Buddhism (60.8%), Christianity (16.6%), Islam (15.6%), Taoism (3.4%), and Catholicism (2.8%) (Du and Wang 2015).

Issues

Inequality for Older Women

Inequality in retirement age in the workplace is an issue of concern. Women in China can retire as young as 45 years old if they are blue-collar workers. White-collar workers and professionals usually retire at age 55 (female) or 60 (male). Studies have shown that women in their fifties are less likely to be promoted to leadership positions because they approach retirement earlier than their male counterparts.

People with Disabilities

Another issue is job opportunities for people with disabilities. Statistics have shown a decline in their employment since 2010. Women with disabilities encounter more challenges (NBSC 2015) because of sexism and ableism. Although the central government has specific laws against discrimination, these laws are not fully enforced or implemented.

Gender-Based Violence

China has a series of laws and regulations to strengthen the protection of women and girls and the punishment

of perpetrators of gender-based violence. It has amended the Criminal Law of the People's Republic of China (2015) to include harsher punishment for crimes against female minors (rape and abduction) and for trafficking of both women and children. The first national law prohibiting domestic violence was enacted and protected both married and cohabited couples in 2015. It also clearly defined domestic violence as including psychological and physical violence. However, it did not specifically mention same-sex couples and sexual violence.

Although China does not have official data on all forms of violence against women, some reported major forms of violence against women include female feticide and infanticide, domestic violence, sexual assault, and human trafficking.

Female feticide (sex-selective abortion) and infanticide are also called *gendercide* and are a result of the traditional preference for having a son in combination with the implementation of the one-child policy (1979–2015). The impacts from sex-ratio imbalance and potential social instability are disturbingly huge. The Chinese government has taken preventive measures to stop female feticide. Ultrasounds to reveal a fetus's sex to expectant parents for nonmedical purposes are illegal, and health care providers will be harshly punished for violations. Unfortunately, organized underground and illegal ultrasound services are widespread and profit-driven. It is difficult to identify and punish abortion services that target selective abortions because abortion is legal. In May 2015, the Chinese central government launched a new campaign against fetal sex testing and selective abortions and made stricter regulations for purchasing ultrasound machines and abortion pills.

An increase in rape and unwanted sexual contact crimes has been documented and reported, even though there is not an official report from the central government. Victims of sexual violence are mainly female minors, college students, migrant girls, “left-behind” (*liushou*) girls who remain in villages while their migrant worker parents are absent, and girls in single-parent families. Sexual violence has been reported by female students ranging in age from primary school through college. Female minors living in remote rural areas are statistically more likely to be victims of sexual violence than their counterparts in urban areas; there have been increasing sexual assaults against minors under the age of 14 in those areas. Offenders are usually male teachers or school administrators such as principals. In those cases, victims are too young to process

relevant information because schools have no sex education classes. Family members are either absent migrant workers or they ignore signs of violence due to their trust in the teachers. Even if parents find out about the abuse, they often remain silent for fear of the stigma associated with victims of sexual violence and questioning authority.

In China, children's rights are protected under the Compulsory Education Law (1986), the Protection of Minors Law (1991), and the Law on the Prevention of Juvenile Delinquency (1999). With increasing sexual assaults against female minors, more activists and social workers are calling for laws and regulations to protect minor victims.

Sexual violence in college is also reportedly prevalent and affects female students more than males. While little data is available regarding the demographics of perpetrators on and off campus, faculty-inflicted sexual violence has frequently made headlines in the past few years. What makes college campuses in China different from those in the United States is that faculty-student relationships are tolerated, which creates barriers to separating coerced relationships from consensual ones and taking legal actions. China does not have a law, such as Title IX in the United States, for sexual violence in school. Campus resources to help students are also insufficient.

Like sexual violence, occurrences of domestic violence against women, children, and seniors have reportedly increased. The majority of victims are married women. Even though there is no official data on the prevalence of domestic abuse, law professionals have reported an increase in these cases in court. In a survey conducted by

a nonprofit organization in Beijing, 54 percent of female participants reported domestic violence, but 74.1 percent of them chose to remain silent (UNFPA 2013). Few victims seek assistance, which inevitably creates barriers to legal intervention and social support.

Domestic violence is a social and public health issue and affects victims socially, physically, and psychologically. There are three common types of domestic violence in China: emotional, physical, and sexual (UNFPA 2013). Victims often develop reproductive health conditions, anxiety, depression, and insomnia, or even commit suicide.

Gender inequality in relationships and family life and victim blaming contribute to female victims' silence. Many female victims are economically dependent on their intimate partners. Most of them are also mothers and prioritize their children's best interests over their own, not realizing that abusive relationships may have long-lasting negative impacts on children. In the meantime, violence report systems, such as hotlines, are inaccessible to many women. Domestic violence is treated like domestic disputes; no legal punishment for domestic violence is in place except some extreme abuse cases that cause, for example, death. Possible revenge from offenders may also contribute to victims' hesitation to seek legal and social help.

Human trafficking is another form of violence in which women are abducted and trafficked within or outside China and are forced to be sex workers, sweatshop laborers, or wives in remote rural areas. The 2016 *Trafficking in Persons Report* (or *TIP Report*) released by the U.S. Department of State estimated that approximately 294

Women's Voices

Li Tingting, Wang Man, Wei Tingting, Wu Rongrong, and Zheng Churan

Li Tingting (1990–), Wang Man (1982–), Wei Tingting (1989–), Wu Rongrong (1985–), and Zheng Churan (1990–) are “core members of China's new feminist movement.” “Media-savvy, fearless, and well-connected to feminists outside China, the young activists over the last three years have taken their righteous indignation to the streets, pioneering a brand of guerrilla theater familiar in the West but large unheard-of in this authoritarian nation” (Jacobs 2015). They were arrested on March 7, 2015 (the eve of International Women's Day 2015), detained, interrogated for 37 days, and released on April 13, 2015. These activists have provoked dialogue about sexual harassment, domestic violence, and discrimination against people with HIV. Chinese supporters have called them “the first modern, independent, grass-roots actors in China's history” (Jacobs 2015).

—Jane Harris

Jacobs, Andrew. 2015. “Taking Feminist Battle to China's Streets, and Landing in Jail.” *New York Times*, April 5. Retrieved from http://www.nytimes.com/2015/04/06/world/asia/chinese-womens-rights-activists-fall-afoul-of-officials.html?_r=0.

million internal migrants, including men, women, and children, are in particular vulnerable to human trafficking in China (DOS 2016). Reports of missing girls, boys, and women are very common. Female college students have been kidnapped on their way to school, children have been kidnapped while playing outside, and people have been kidnapped at train stations or in shopping centers. Some victims also become traffickers themselves. China has very strict laws against human trafficking. Some cases involve the death penalty, and the average prison time for traffickers is 5–10 years.

Concerns about domestic violence include relationships that are not legally recognized (e.g., same-sex couple or unmarried couples) and heterosexual women who are married to gay men and experience physical and emotional abuse, or even contract STDs or HIV. Also, given the larger aging population, more female seniors outlive their spouses and have to depend on their children or other relatives. There have been more reports that they experience domestic violence or neglect; some have committed suicide. The Chinese central government has committed to reducing and preventing violence against women, but there are many challenges to overcome. For example, the lack of thorough and detailed official reports will hinder effective policy making and implementation.

DONG ISBISTER

Further Resources

- ACWF (All-China Women's Federation & National Bureau of Statistics of China). 2011. "Report on Major Results of the Third Wave Survey on the Social Status of Women in China." Retrieved from http://www.china.com.cn/zhibo/zhuanti/ch-xinwen/2011-10/21/content_23687810.htm.
- Albert, Eleanor. 2015. "Religion in China." Council on Foreign Relations, June 10. Retrieved from <http://www.cfr.org/china/religion-china/p16272>. http://www.china.com.cn/zhibo/zhuanti/ch-xinwen/2011-10/21/content_23687810.htm
- CCTF & CPRI (China Children and Teenagers' Fund & China Philanthropy Research Institute). 2015. *Report on Girls' Education and Development Needs 2015*. Retrieved from <http://www.cctf.org.cn/files/%E5%A5%B3%E7%AB%A5%E6%95%99%E8%82%B2%E4%B8%8E%E5%8F%91%E5%B1%95%E9%9C%80%E6%B1%82%E7%A0%94%E7%A9%B6%E6%8A%A5%E5%91%8A.pdf>.
- CIA (Central Intelligence Agency). 2017. "China." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/ch.html>.
- Department of Social, Science and Technology, and Cultural Statistics of the National Bureau of Statistics of China. 2012. *Women and Men in China: Facts and Figures, 2012*. Retrieved from <http://www.unicef.cn/en/uploadfile/2014/0109/20140109030938887.pdf>.
- DOS (U.S. Department of State). 2016. "2016 Trafficking in Persons Report: China." Retrieved from <https://www.state.gov/j/tip/rls/tiprpt/countries/2016/258744.htm>.
- Du, Peng, and Wang Wulin. 2015. "Study of Chinese Elders' Religious Beliefs and Factors." *Demography* 3. Retrieved from http://soci.cssn.cn/shx/shx_rkx/201507/t20150709_2072858.shtml.
- Fincher, Leta Hong. 2012. "China's 'Leftover' Women." *New York Times*, Oct. 11. Retrieved from http://www.nytimes.com/2012/10/12/opinion/global/chinas-leftover-women.html?_r=0.
- HRC (Human Rights Council of UN General Assembly). 2009. "National Report: China." Retrieved from <http://www.ohchr.org/EN/HRBodies/UPR/Pages/CNSession4.aspx>.
- IOSC (Information Office of the State Council). 2015. "White Paper: Gender Equality and Women's Development in China." *China Daily*, September 22. Retrieved from http://www.china-daily.com.cn/china/201509/22/content_21946949_5.htm.
- Liu, Min. 2013. "Two Gay Men Seeking Two Lesbians: An Analysis of Xinghun (Formality Marriage) Ads on China's Tianya.cn." *Sexuality & Culture* 17.3: 494–511.
- Lu, Yunfeng. 2014. "Report on Religions in China from CFPS (2012) Survey." *Contemporary Religion Studies*. Retrieved from http://iwr.cass.cn/ddzjyjs/lw/201403/t20140311_16499.html.
- MOE (Ministry of Education of People's Republic of China). 2010. "China National Long Term Educational Reform and Development 2010–2020." Retrieved from http://planipolis.iiep.unesco.org/upload/China/China_National_Long_Term_Educational_Reform_Development_2010-2020.pdf.
- MOE (Ministry of Education of People's Republic of China). 2014. "2014 National Educational Development Statistical Bulletin." July 30. Retrieved from http://www.moe.edu.cn/jyb_xwfb/gzdt_gzdt/s5987/201507/t20150730_196698.html.
- MOE (Ministry of Education of People's Republic of China). 2015. "Overview of Chinese Languages." Retrieved from http://www.moe.edu.cn/jyb_sjzl/s5990/201506/t20150610_189893.html.
- NBSC (National Bureau of Statistics of P.R. China). 2011. "The Sixth Census Press Release." Retrieved from http://www.stats.gov.cn/zjtj/zdtjgz/zgrkpc/dlcrkpc/dcrkpcyw/201104/t20110428_69407.htm.
- NBSC (National Bureau of Statistics of P.R. China). 2012. "Women and Men in China: Facts and Figures." Retrieved from <http://www.unicef.cn/en/uploadfile/2014/0109/20140109030938887.pdf>.
- NBSC (National Bureau of Statistics of P.R. China). 2014. "China Statistical Yearbook, 2014." Retrieved from <http://www.stats.gov.cn/tjsj/nds/2014/indexeh.htm>.
- NBSC (National Bureau of Statistics of P.R. China). 2015. "2014 Report on Implementation of Chinese Women's Development Program (2011–2020)." Retrieved from http://www.stats.gov.cn/tjsj/zxfb/201511/t20151127_1282257.html.
- NBSC (National Bureau of Statistics of P.R. China). 2016. "2015 1% National Population Sample Survey." Retrieved from http://www.stats.gov.cn/tjsj/zxfb/201604/t20160420_1346151.html.

- NHFP (National Health and Family Planning Commission; Partnership for Maternal, Newborn & Child Health; WHO; World Bank; and Alliance for Health Policy and Systems Research). 2014. *Success Factors for Women's and Children's Health: China*. Geneva, Switzerland: World Health Organization. Retrieved from http://www.who.int/pmnch/media/events/2014/china_country_report.pdf.
- NHFP (National Health and Family Planning Commission of the People's Republic of China). 2016 a. "2015 Health and Family Planning Development Statistical Report." Retrieved from <http://www.nhfpc.gov.cn/guihuaxxs/s10748/201607/da7575d64fa04670b5f375c87b6229b0.shtml>.
- NHFP (National Health and Family Planning Commission of the People's Republic of China). 2015. "Report on Chinese Family and Household Development 2015." Retrieved from <http://en.nhfpc.gov.cn>.
- NPCPRC (National People's Congress of the People's Republic of China). 2007. "Adoption Law of the People's Republic of China." Retrieved from http://www.npc.gov.cn/englishnpc/Law/2007-12/12/content_1383868.htm.
- NPCPRC (National People's Congress of the People's Republic of China). 2015. "A Crucial Step Taken toward Anti-Domestic Violence Law." Retrieved from http://www.npc.gov.cn/npc/zgrdzz/2015-10/26/content_1948509.htm.
- NWCCW (National Working Committee on Children and Women under the State Council). 2011. "China's Children Development Program 2011–2020." Retrieved from <http://www.nwccw.gov.cn/html/00/n-158300.html>.
- SIH (Statistical Information of Hunan). 2014. "Analytical Report on Women and Children Development in Hunan Province." Retrieved from http://www.hntj.gov.cn/fxbg/2014fxbg/2014jczx/201410/t20141009_112342.htm.
- Tatlow, Didi Kirsten, and Michael Forsythe. 2015. "In China's Modern Economy, a Retro Push against Women." *New York Times*, February 20. Retrieved from <http://www.nytimes.com/2015/02/21/world/asia/china-women-lag-in-work-force-especially-in-top-jobs.html>.
- UNAIDS. 2016. "HIV in China: Facts and Figures." Retrieved from <http://www.unaids.org.cn/en/index/page.asp?id=197&class=2&classname=China%E2%80%99s+Epidemic+%26+Response+>.
- UN DESA (UN Department of Economic and Social Affairs Population Division). 2013. *World Population Ageing 2013*. ST/ESA/SER.A/348. Retrieved from <http://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeing2013.pdf>.
- UN DESA (UN Department of Economic and Social Affairs Population Division). 2014. *The World Population Situation 2014: A Concise Report*. ST/ESA/SER.A/354. Retrieved from <http://www.un.org/en/development/desa/population/publications/pdf/trends/Concise%20Report%20on%20the%20World%20Population%20Situation%202014/en.pdf>.
- UNDP (UN Development Programme). 2016. "Human Development Reports." Retrieved from <http://hdr.undp.org/en/composite/GII>.
- UNFPA (UN Population Fund). 2013. *Adolescent Pregnancy: A Review of the Evidence*. Retrieved from https://www.unfpa.org/sites/default/files/pub-pdf/ADOLESCENT%20PREGNANCY_UNFPA.pdf.
- WHO (World Health Organization). 2016. "China." Retrieved from <http://www.who.int/countries/chn/en>.
- Zhou, Huiying. 2015. "Survey: Women Who Marry Gay Men Suffer Abuse." *China Daily*, April 18. Retrieved from http://www.chinadaily.com.cn/china/2015-04/18/content_20464623.htm.

G

Guam

Overview of Country

Guam, an unincorporated territory of the United States, is the largest and southernmost island in the Mariana Islands archipelago. Guam's history is long and rich, with the indigenous Chamorro people inhabiting the island since 2000 BCE. Ancient Chamorro cultural values emphasized communal interdependence, familial relationships, and kin networks. The values and history of ancient Chamorro culture continue into contemporary Guamanian society.

The last 400 years of Guam's history are marked by a legacy of colonization, beginning with the Spanish, following the arrival of explorer Ferdinand Magellan in 1521. More than two centuries of Spanish colonial rule greatly influenced Chamorro culture and can still be seen today. Spanish words were incorporated into the Chamorro language, as were cultural traditions such as fiestas and the practice of Catholicism, which is practiced by 85 percent of today's Guamanians. Currently, English is the primary language on Guam and is used by almost 44 percent of the population. Other prominent languages on Guam include Filipino dialects, which are used by 21 percent of the population, followed by the indigenous Chamorro language, at almost 18 percent. The remainder of the population speaks a variety of other Pacific Islander and Asian languages.

Guam has a surface area of 210 square miles and features 77 miles of coastline. It has a tropical marine climate with little seasonal temperature variation and a rainy season that lasts from July to December. In 2014, Guam's population stood at 161,000 inhabitants, with the majority of people living in urban areas (CIA 2016). Currently, Chamorros account for 37 percent of the total population, followed by Filipinos at 26 percent, mixed-race peoples at 9 percent, and Caucasians at 7 percent. The remaining 21 percent of the population is made up of other Pacific Islander and Asian ethnicities.

Girls and Teens

Women have played an important role throughout the history of the Chamorro people and Guam. The history of Chamorro matrilineal family systems has continually influenced the island. Women continue to affect the preservation of Chamorro culture and are highly involved in familial, community, political, and business life on the island. Guam is not listed in the UN Development Programme (UNDP) Gender Inequality Index (GII) because it is an unincorporated territory of the United States. In 2013, the UNDP ranked the United States as 47th out of 187 on the GII.

Education

Prior to colonization, Chamorro children learned skills that were essential to ancient society, such as canoe making

and weaving. Formalized European-style education began on the island with the arrival of the Catholic clergy. The first Spanish school in Guam was a seminary that became fully operational in 1673 and remained open for more than 200 years (Rogers 1995, 50). Schools during the Spanish colonization era emphasized written language skills, such as reading and writing, as well as Christian doctrine. Children learned gender-specific subjects in schools: girls were taught cooking and sewing, and boys learned carpentry.

Under U.S. naval government, gender-segregated schooling continued. In 1917, Naval Government Executive Order Number 243 was enacted, banning the speaking of Chamorro except for translation purposes. This was applied to areas of public life, such as classrooms and on baseball fields. Additional general orders issued by naval governors continued to force the use of English, such as General Orders 12 and 13. General Order 12 dealt with the education system on Guam, emphasizing that classes should be taught in English, and General Order 13 instructed that all island residents should do their best to learn to read, write, and speak English. Education under the naval government faced problems of overcrowding and insufficient facilities. Following the reclamation of Guam from Japanese forces in 1944, the military government acted quickly to open new schools on the island (Rogers 1995, 201).

Currently, the Guam Department of Education oversees the public education system for the island. There are 39 public schools on Guam that serve nearly 32,000 students, including Head Start and kindergarten to 12th grade. In the 2012–2013 academic year, the Guam public school system had a graduation rate of 68 percent and an average dropout rate of 4 percent. Of the 32,000 students in Guam's education system, 47 percent are girls (Fernandez 2013).

Universities

Guam has two public institutions of higher education—the University of Guam and Guam Community College. Guam Community College was established in 1977 to serve secondary and postsecondary students on the island. The college manages all of the career-technical educational programs on Guam and offers adult education programs, including adult high school, English as a second language (ESL), the general education degree (GED), basic skills, and family literacy. The college also maintains important relationships with the island's public high schools through their programs of study. Guam Community College serves

close to 3,000 students, and women account for 55 percent of the student body.

The University of Guam is a four-year land-grant institution that serves almost 4,000 students. The university opened in 1952 as a two-year teacher training junior college and has since grown to offer an associate's degree program, 35 bachelor's degree programs, and 15 master's degree programs. During the fall of 2012, 59 percent of enrolled students at the University of Guam were women. The University of Guam offers an interdisciplinary minor and certificate program in Women and Gender Studies.

Sex Education

In 2011, the Risk Behavior Survey conducted in Guam's public schools by the Centers for Disease Control and Prevention (CDC) found that 49 percent of high school students reported having sexual intercourse, and only 32 percent reported that they use protection during intercourse. Two years later, the 2013 Guam Youth Risk Behavior Survey found that among high school students, 37 percent had engaged in sexual intercourse, and 59 percent of those students had not used a condom during their last sexual encounter. The 2012 Guam School Health Profiles shows that 100 percent of high schools on the island taught students how to access reliable health information related to HIV, STDs, and pregnancy in health education classes. However, only 75 percent of schools utilized a health education curriculum that addressed all eight national standards for health education. Additionally, none of the schools provided curricula or supplementary educational materials that engaged in the five practices related to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth (CDC 2016). Outside of the school system, another resource for sexual education on the island is Guam Sex Ed, an organization that provides information on comprehensive sex education as well as other health and wellness resources available on Guam.

Health

Contemporary issues facing the youth of Guam include the use of tobacco, drugs, and alcohol and suicide. In Guam, approximately one in five youths smoke—a decrease from previous years. However, the use of smokeless tobacco products is rising among both adults and youth on the island (David 2012). The prevalence of teen drinking is also in decline; in 2011, nearly 25 percent of high school

students reported drinking. Teen girls use tobacco and consume alcohol at a comparable rate to boys on Guam, unlike their adult counterparts, who use at lower rates than men. Chamorro youth have the highest rates of tobacco use and alcohol consumption in Guam. Guam's youth use marijuana at a higher rate than youth in the United States in general, with one in three teens being current users.

Guam experiences high rates of suicide, with an average of one suicide every two weeks. Youth and young adults under the age of 30 account for 60 percent of suicide deaths on the island. Guam's Youth Risk Behavior Survey showed that girls in high school were more likely to report suicidal thoughts than their male counterparts. Youth suicides are related to gender-based violence, depression, substance abuse, and identifying as LGBTQ+ (David 2012).

Access to Health Care

In the 2014 State of the Island Address, Governor Eddie Baza Calvo stated that 91,000 people were insured on the island. The average private-sector insurance premium ranges from \$2,522 to \$2,734, and 48,000 low-income Guamanians can access health care through Medicaid and the Medically Indigent Program (Calvo 2014). The island of Guam has two hospitals, Guam Memorial Hospital and the U.S. Naval Hospital. In 2016, the Guam Regional Medical City, a private hospital, was opened. Access to health care in Guam, along with the other U.S. territories, has been complicated by the passage of the Affordable Care Act (ACA). The ACA consists of two pieces of legislation: the Patient Protection and Affordable Care Act and the Health Care Reconciliation Act of 2010.

American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands were not fully incorporated into the ACA, resulting in numerous questions on how the territories were to pay for and enact the health care marketplace. In 2013, the territories questioned their ability to carry out some of the provisions in the ACA, and the U.S. Department of Health and Human Services (HHS) responded that it could not choose which of the provisions could or could not be followed by the territories. However, on July 16, 2014, the Obama administration announced that the territories would be exempt from several provisions in the ACA, most notably that they had to provide insurance to all health care shoppers. The statement issued by HHS shared that the change in policy stemmed from recognizing the definition of "state" in the ACA did not include the self-governing territories.

Maternal Health

In 2012, Guam's birth rate was 22.5 births per 1,000 people, with a teen birth rate of 21.7 births per 1,000. In 2012, there were 27 fetal deaths—a fetal death rate of 7.4, which was a decrease from prior years (Office of the Governor of Guam, Bureau of Statistics and Plans 2014, 168). Fifty-six percent of women were reported to be breastfeeding at the time of discharge from Guam Memorial Hospital. Additionally, in 2013, 23 percent of children 19–35 months had received the full schedule of age-appropriate immunizations (Maternal and Child Health Federal-State Partnership 2016, 21).

Diseases and Disorders

In Guam, the life expectancy for men is 75 years and 81 years for women (Office of the Governor of Guam, Bureau of Statistics and Plans 2014, 168). According to health data collected from 2008 to 2011, Guam's leading causes of death were heart disease, cancer, cerebrovascular disease, diabetes, and septicemia (Calvo 2014).

Employment

The precolonial Chamorro economy was subsistence-based and primarily focused on fishing and agriculture, with work tasks shared by both men and women (Rogers 1995, 27–28). Ancient Chamorro society was divided by caste; upper-caste families controlled coastlines and the fishing industry, and lower-caste families worked the land (Cunningham 1992, 30). Men and boys fished along coastal terrain. Women managed the house, weaved, and made pottery. Men and women shared in child-rearing and worked in gardens and along reefs together (Souder 1992, 70). Under Spanish colonization, women worked as servants and cooks, did laundry, and exchanged sexual services (Souder 1992, 71). During the mid-20th century, the economy in Guam shifted from the pre–World War II modified subsistence economy to military construction and infrastructure jobs (Rogers 1995, 202).

Today, a thriving tourism industry and the United States' national defense spending largely constitute the contemporary Guam economy. The island's other largest industries are construction, transshipment services, concrete products, printing, publishing, food processing, and textiles. The 2010 estimated civilian labor force in Guam was 69,390, and the island has an 8 percent unemployment rate (CIA 2016). The largest occupations on Guam are management,

business, science, and arts professions, accounting for 28 percent of the workforce, closely followed by sales and office jobs at 27 percent. The next-largest occupation is in service industries at 21 percent, followed by natural resources, construction, and maintenance occupations.

According to a 2013 Guam Department of Labor report, women constitute 43 percent of the island's workforce. Organizations such as the Guam Women's Chamber of Commerce work to foster and support women's economic growth and leadership and to influence legislation that affects women. In 1991, the Guam government established the Bureau of Women's Affairs, which works with women to improve working conditions and advance opportunities for employment.

Family Life

Traditional Chamorro society evolved around the extended family unit, or clan, with women at the center. Chamorro society was matrilineal—family lineage was traced through the mother's family—and women were central in all aspects of decision making. The eldest daughter held an influential role in family decision making, and daughters lived with their family until marriage. Chamorro girls were taught to be strong and active women as they grew up. They assisted their mothers in religious ceremonies and around the home, and they learned the importance of family (Souder 1992, 58–59).

The matrilineal system in ancient Guam afforded women a central role in society as well as in family and financial decision-making processes. Women maintained property and inheritance rights. Ancient Chamorro society was segregated by a rigid three-tiered caste system. A woman's caste position helped to determine what duties she would be expected to perform throughout her life. Rank within the family was determined through the maternal lineage, with seniority beginning with great-grandmothers and grandmothers and ending with the youngest daughters. Elders were highly respected in ancient Chamorro society, and a respect for elders is still present in contemporary Guam.

Mothers played a central role in Chamorro culture. Chamorro women traditionally had very large families, and motherhood was central in the socialization process. Mothers passed on cultural values, language, and traditions to their children (Souder 1992, 58). Centuries of colonization have impacted many aspects of Chamorro women's lives. The Spanish and U.S. colonization eras ended the

Chamorro matrilineal systems and saw the increased role of men in the household as well as a restriction of women's roles. Contemporary Chamorro women still take care of family finances, are spiritual leaders in their homes and communities, and often take on legal and business affairs. Despite changes brought on by centuries of colonization, Chamorro women are still an essential part of family and society on Guam and have been central to the preservation of Chamorro culture and traditions.

Marriage

Marriage is an example of the many aspects of women's lives that changed during colonization. Precolonization Chamorros married within their caste, but outside of their family clan. The marriage of a couple was a contract between their clans. Grooms paid bride gifts to the woman's father, and a large celebration with a feast legitimized the marriage (Rogers 1995, 37). Girls typically married between the ages of 12 and 15, while boys generally married between the ages of 15 and 18 (Cunningham 1992, 122). If a marriage dissolved, the woman retained property, goods, and the custody of any children. Individuals were free to remarry at will, although men were always expected to pay the bride gift, even with multiple marriages.

During the Spanish colonial rule, traditional Chamorro marriage traditions blended with Catholic marital traditions. The primary change within this transformation was the lessening of women's marital control and an increase of the husband's. Under the U.S. naval government, civil marriage and divorce were instituted. At the beginning of the 20th century, the first naval government issued an executive order to ban cohabitation and having children out of wedlock (Souder 1992, 48). Additional executive orders decreed that women and children must take the surname of the husband. These laws were amended beginning with the 14th Guam Legislature, and women serving in the 15th Guam Legislature introduced further amendments designed to make marriage laws more equitable for both spouses (Souder 1992, 54).

According to the 2010 census, 50 percent of males in Guam were married, while almost 6 percent were divorced. Forty-nine percent of women were married, and almost 7 percent of women in Guam were divorced.

Sexuality

Early Spanish priests on the island documented women's sexuality in ancient Guam, noting the ways in which

it varied from European traditions. Prior to colonization, Chamorros were not fully clothed, as the environment did not necessitate it. Chamorros typically wore hats and coconut oil on their skin to protect them from the sun and sandals to protect their feet from the rocky shores (Cunningham 1992, 43). Traditionally, Chamorro women wore small aprons or grass skirts and did not wear clothing until fabric became available after the Spanish arrival.

There were no restrictions on premarital sexual behavior prior to marriage in ancient Chamorro culture. Women and men were free to engage in sexual activities outside of wedlock, and it was considered undesirable to marry a virgin. One of the ways that men and women practiced sexuality in ancient Chamorro society was through the *uritao*—a bachelor's house. Once men went through puberty, they moved into the *uritao* to learn a variety of skills, including canoe building, tool making, navigation, and sexual practices. Unmarried girls were selected to live in the house and help provide young men with sexual experiences. The men presented the girls' father with gifts. It was considered an honor for girls to be selected to live in the *uritao*, and this helped to raise family status (Cunningham 1992, 184). Children that were born out of premarital relations were accepted into the woman's family, as were children who were orphaned (Rogers 1995, 37).

The practice of living in *uritaos* ended with Spanish colonization, as the Spaniards viewed the cultural practice of premarital sex and having children out of wedlock as immoral. Restrictions on women's sexuality progressed throughout Spanish colonization, and with the U.S. naval government, Eurocentric models of femininity were enforced through varying societal expectations and regulations. By the mid-20th century, the sexual revolution in the United States was expanding societal expectations of sexuality, and this created more liberal attitudes about sex and sexuality in Guam.

LGBTQ Issues

In contemporary Guam, ongoing social debates about sexuality can be seen in the LGBTQ+ movement. In 2007, gay rights activists founded the island's prominent community-based LGBT nonprofit, Guam's Alternative Lifestyle Association (GALA). GALA works to improve the quality of life for lesbian, gay, bisexual, and transgender Guamanians and their allies through support, education, and advocacy. According to the 2012 School Health Profiles, 55 percent of the high schools on Guam have a gay-straight alliance or similar clubs.

Before 2015, Guam did not have nondiscrimination laws in place for LGBTQ+ residents, and marriage was legally defined as between one man and one woman. In 2009, the Guam legislature saw the first attempts to address the legal status of LGBTQ+ couples and antidiscrimination policies, but none of the bills that were introduced passed. On June 5, 2015, a federal judge struck down Guam's law banning same-sex marriage, citing an October 2014 ruling by the U.S. Court of Appeals for the Ninth Circuit that declared similar bans in Idaho and Nevada unconstitutional. Guam became the first territory to issue same-sex marriage licenses on June 8, 2015. On August 11, 2015, the Guam Legislature passed Bill 102, the Guam Employment Nondiscrimination Act, which extends workplace discrimination laws to protect LGBT workers.

Politics

The UN Special Committee on Decolonization lists Guam as 1 of 17 nongoverning territories in the world today. As Guam is an unincorporated territory of the United States, Guamanians are citizens of the United States, but the island receives no votes in the Electoral College and has one non-voting member of the U.S. House of Representatives. An elected governor and an elected unicameral 15-member legislature manage the government of Guam.

The involvement of the United States in the governance of Guam began in 1898 with the signing of the Treaty of Paris, when Spain ceded the island to the United States at the end of the Spanish-American War. At that time, Guam's residents were not yet U.S. citizens, and the island was placed under the control of the Department of the Navy. Naval governors administered the government of Guam until World War II, when the island was briefly occupied by Japan. The Japanese Imperial forces controlled the island from 1941 to 1944. During this time, Chamorros were subjected to forced manual labor, physical injuries, sexual assault, and internment in concentration camps (Souder 1992, 34). In August of 1950, six years after the United States regained control of the island from Japan, President Truman signed the Organic Act of Guam, which granted Guamanians U.S. citizenship.

Since the United States began its presence in Guam, a long process of Americanization has evolved. Laws, policies, infrastructure, culture, and media have all been influenced by an influx of military personnel, government employees, and civilians from the United States. Prior to and following World War II, the U.S. military has accrued

land from indigenous Chamorros to accommodate military installations. In 2014, the U.S. military occupied one-third of the land on the island of Guam, with four branches of the military present: the navy, air force, army, and Coast Guard (Santos-Bamba 2010). In 2006, the United States announced that Guam was slated to receive more than 8,000 marine servicemembers and their dependents as the U.S. military transfers them from the base in Okinawa, Japan. Guam continuously experiences a growing economy and shifts in population due to the military buildup and as Chamorro populations leave the island. Chamorros have left Guam for a variety of reasons, but some common factors include moving for education and to join the military. According to the 2010 U.S. Census, 40 percent of Chamorros live outside of Guam.

In ancient Guam, women held considerable political power within the matrilineal clan system. As women's roles shifted throughout the process of colonization, so did their political autonomy. During the Spanish colonization, women maintained some of the legal rights they had possessed throughout precontact Chamorro society, including the ability to own property and enter into contracts. The U.S. naval era saw strict restrictions on the rights of Chamorros, including the implementation of English-only policies in schools and public places, and Chamorro was only allowed for translation purposes. In 1917, Naval Governor Roy Smith (1858–1940) created the First Guam Congress, though only men served as legislatures until the mid-20th century.

By 1931, women were eligible to vote and run for the legislature on Guam. Women have served in the Guam legislature since the mid-20th century. In 1946, the first woman was elected to the Guam Congress, Rosa Aguigui Reyes (1915–2007). In addition to being the first woman to serve in the Guam Congress, Rosa Aguigui Reyes was also part of the first graduating class of the College of Guam, receiving an associate's degree in education in 1954. Between 1946 and 1950, six women served in the legislature. The next two decades saw a decrease in female legislators, with only five women serving between the years 1953 and 1978 (Souder 1992, 76).

In 1978, community organizer and businesswoman Cecilia Cruz Bamba (1934–1986) was elected to the 15th Guam Legislature. During her tenure as a senator, Bamba served on more than a dozen committees, working tirelessly toward reparations for Chamorros who suffered during the Japanese occupation of the island during World War II. The closing decades of the 20th century

saw another rise in women legislators in Guam. Between 1983 and 1994, over two dozen women were elected to the Guam Congress (Drage 1995, 65). In 2016, in the elected 33rd Guam Legislature, there are four women legislators.

Religious and Cultural Roles

Ancient Chamorro legends depicted a female spirit as the life-giving force and controller of the environment (Souder 1992, 64). Women played an important role in many Chamorro rituals, such as funerals and weddings. Chamorro women also served important cultural roles as healers and midwives. Traditional midwives, *pattera*, were predominantly used until the post–World War II era on Guam and were only granted the title of *pattera* after many years of apprenticeship (McGrath 2002, 497). In particular, *suruhana* roles have persisted from ancient to contemporary society. *Suruhanas* are women who care for the physical, mental, and spiritual well-being of Chamorros through the use of herbs and, in some cases, prayer (Souder 1992, 66).

With the arrival of the Spanish, Catholicism became, and still remains, a central part of Chamorro women's lives. The conversion to Catholicism instilled new cultural expectations for Chamorro women. The Virgin Mary became an idealized figure; restrictions were placed on women's sexual autonomy, and this repositioned women's authority within the family and church (Souder 1992, 68). Women and girls are active members of their communities, participating in church organizations as well as other community development and support activities. The Guam Women's Club is the oldest women's organization on the island. It was started in 1952 by Cecilia Cruz Bamba (1934–1986). The club is a volunteer nonprofit organization dedicated to improving life on Guam by addressing issues related to the welfare, health, and education of the people of Guam through volunteerism, fund-raising, educational scholarships, and lobbying for community improvements.

Issues

Self-Determination

Guam's history is marked by a legacy of colonization and the resistance by the Chamorro people. Their pursuit for self-determination was demonstrated by the Chamorro uprisings throughout the Spanish-Chamorro War (1680–1696) and continuous efforts for self-governance and self-determination into the 21st century. During the first

naval government (1898–1941), Chamorros formally petitioned the U.S. government multiple times on the issues of civil rights and self-governance for Guam. In 1917, when the Guam Congress was established, Chamorro leaders used their position as legislators to advocate for U.S. citizenship and civil rights (Rogers 1995, 138). Following the Japanese occupation of Guam during World War II, the U.S. naval government continued to control the administration of Guam. Chamorros continued to spearhead Guamanian efforts to establish self-governance through formal petitions.

Conflicts over the naval rule of Guam peaked in March 1949, when members of the Guam Congress walked out in protest of the naval government's treatment of Chamorros and in support of an organic act for Guam. The walkout garnered national attention in the United States and helped to spur President Harry Truman to address the political situation in Guam, requesting the State Department do an assessment. Following the assessment, President Truman instructed the navy to transition the governance of Guam to the Department of the Interior within 12 months (Rogers 1995, 220). Additionally, President Truman instructed the Department of Interior to draft an organic act for Guam, signing it into law on August 1, 1950. While the Organic Act established U.S. citizenship and released Guam from naval rule, Guamanian leaders have continually sought to address further issues of self-determination and decolonization.

Two legislative political commissions were established in 1973 and 1975 to assess Guam's political situation. The 1973 political commission report listed nine complaints against the U.S. government and called for a constitution and assessment of the military presence (Rogers 1995, 250). In 1975, the political commission was tasked with assessing the peoples' views on Guam's political status and representing Guam in negotiations with the U.S. government. In 1976, the second political status commission held a public referendum on the political status of Guam, listing five options: statehood (24%), improved status quo (58%), status quo (9%), independence (6%), and other (3%) (Rogers 1995, 262).

Following these political status commissions in 1980, the first Commission on Self-Determination was established. The commission was tasked with creating a referendum to determine a new political status for Guam, but it faced many questions, including issues of defining self-determination and Chamorro self-determination. Ultimately, two referendums were held to decide the

public opinion, with the majority voting for commonwealth status (Rogers 1995, 271). A second Commission on Self-Determination was established and continued to work on Guam's Commonwealth Act. Since the 1980s, the Commonwealth Act has been revised and put on hold throughout changes in political administrations. In 1997, the Commission on Decolonization took over the work of the Commission on Self-Determination and continues to work toward changes in Guam's political status.

U.S. Military Buildup

On February 17, 2009, U.S. Secretary of State Hillary Clinton and Japanese Foreign Minister Nakasone Hirofumi signed the Guam International Agreement, allowing for the transfer of U.S. Marine Corps personnel and their dependents, an estimated 17,000 people, from Okinawa, Japan, to Guam (Camacho 2012, 698). This move was intended to strengthen the U.S. military's ability to deploy troops to Iraq and Afghanistan, to prevent terrorist organizations from moving across the Pacific, and to deter nuclear threats, such as those associated with China and North Korea (Camacho 2012, 698). This move poses logistical challenges for the small island, including adding additional pressure to such services as public schools, social and medical services, and housing and to infrastructure, such as roads, water, and power supplies (Owen 2010, 309). The military buildup also poses other possible challenges to resident Guamanians, such as access to bidding opportunities for the necessary construction work for existing business and access to jobs.

A variety of Chamorro organizations are engaged in activism against the military buildup on Guam. This activism builds on the work of Guam's Commissions on Decolonization and Self-Determination. The presence of thousands of additional U.S. troops and their dependents continually presents challenges to the preservation of Chamorro language, culture, and lands (Owen 2010, 309). The Chamorro women's activist group Fuetsan Fama-lao'an works to build coalitions among Chamorros and non-Chamorros and has been active in organizing against the military buildup. In 2009, Guam was the location for the International Women's Network against Militarism conference, and the women of the conference drafted a letter to President and Mrs. Obama directly addressing the issues associated with the military buildup on Guam (International Women's Network against Militarism 2010). Organizations such as the Guam Landowner's Association,

Nasion Chamoru, the Organization of People for Indigenous Rights, and We Are Guahan have all worked toward the decolonization of Guam (Camacho 2012, 700).

Gender-Based Violence

Gender based violence on Guam impacts women across the island. According to the Guam Police Department, in 2006, there were 1,035 reported cases of domestic violence on the island. Of these incidents, 77 percent of victims were women, 21 percent involved sexual assault, and 14 percent required medical treatment for the victims (University of Guam Violence against Women Program 2014). Activists on Guam, such as the Guahan Coalition for Peace and Justice, who were involved in protesting the U.S. military buildup on the island, cite violence against women as one of the many reasons for preventing the transfer of thousands of troops to Guam. Female Chamorro activists on Guam cite the work of other indigenous women organizing against militarized violence, such as the Okinawa Women Act against Violence, to address the ways in which U.S. military presence increases rates of violence against women and girls (International Women's Network against Militarism 2010).

Abortion

Abortion on Guam has a long history. It was first noted as a resistance strategy women used against the Spanish during the Spanish-Chamorro War (1680–1696) (Souder 1992, 75). Following the war, Spanish visitor accounts documented Chamorro women aborting pregnancies to prevent further repression by the Spanish colonizers (Rogers 1995, 71). In the 20th and 21st centuries, access to abortion has been difficult for women on Guam. In 1973, the U.S. Supreme Court ruled via *Roe v. Wade* that women have the right to abortion services, and as an unincorporated territory, this ruling applies to the island. In 1990, the Guam legislature passed a restrictive abortion law that had no exceptions for cases of rape or incest, only for the life of the mother. The U.S. Supreme Court overturned this law in 1992, guaranteeing women the right to an abortion through the sixth month of pregnancy. In 2012, the governor of Guam signed into law a mandatory 24-hour waiting period for women seeking abortion. The law also requires that women seeking an abortion must be given information about alternatives to abortion services and risks associated with the procedure. These restrictive measures are part of a larger political trend across the United States.

Recreation

There is a long history of youth recreational and social groups on Guam. Today, there are a variety of recreational activities for girls and teens, such as traditional Chamorro dance groups in schools and community organizations. Recreational outlets are also offered by organizations such as the Girl Scouts. The Guam Girl Scouts have been active for 72 years, and as of 2014, there were 26 troops across the island. Other organizations, such as the local prevention program Island Girl Power, offer positive activities and role models for girls aged 7–14.

As an unincorporated territory of the United States, Guam is subject to U.S. laws such as Title IX, which directly affects girls' education and access to sporting programs. In 1972, Title IX of the Education Amendments was enacted, protecting individuals from sex-based discrimination in educational programs and activities that receive federal financial assistance.

In Guam, sports such as baseball and soccer are popular activities. Baseball gained popularity on the island during the U.S. naval government era in the 20th century, which had a sanctioned Little League charter established in 1967. Football, or soccer, has gained popularity on Guam since the 1970s. The Guam Football Association was established in 1975 and offers women's, youth, and all-girls leagues.

KALI FURMAN

Further Resources

- Calvo, Eddie Baza. 2014. *State of the Island: Healthcare Revolution*.
- Camacho, Keith L. 2012. "After 9/11: Militarized Borders and Social Movements in the Mariana Islands." *American Quarterly* 64.4: 685–713. doi:10.1353/aq.2012.0048.
- Carano, Paul, and Pedro C. Sanchez. 1964. *A Complete History of Guam*. Rutland: Charles E. Tuttle Company.
- CDC (Centers for Disease Control and Prevention). 2016. "HIV, Other STD, and Teen Pregnancy Prevention and Guam Students." Division of Adolescent and Student Health. Retrieved from ftp://ftp.cdc.gov/pub/data/yrbs/2013/hiv%20factsheets/gu_hiv_combo.pdf.
- CIA (Central Intelligence Agency). 2016. "Guam." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/gq.html>.
- Cunningham, Lawrence J. 1992. *Ancient Chamorro Society*. Honolulu, HI: Bess Press.
- David, Annette M. 2012. *Guam Epi Profile 2011*. Guam State Epidemiological Outcomes Workgroup SEOW. Retrieved from https://www.peaceguam.org/sites/default/files/2011_GU_EpiProfile_FINAL.pdf.
- Diaz, Vicente. 2010. *Repositioning the Missionary: Rewriting the Histories of Colonialism, Native Catholicism, and Indigeneity in Guam*. Honolulu: University of Hawaii Press.

- Drage, Jean. 1995. "The Exception, Not the Rule: A Comparative Analysis of Women's Political Activity in Pacific Island Countries." *Pacific Studies* 18.4: 61–93. Retrieved from <https://journals.lib.byu.edu/spc/index.php/PacificStudies/article/viewFile/9990/9639>.
- Fernandez, J. P. 2013. *Annual State of Public Education Report 2012–2013*. Guam Department of Education, Office of the Superintendent. Hagatna, Guam.
- GALA (Guam's Alternative Lifestyle Association). 2016. "Who We Are." Retrieved from <http://galaguam.webs.com/whoweare.htm>.
- Health Resources & Services Administration Maternal and Child Health. 2016. "Maternal and Child Health Services Title V Block Grant Guam." Retrieved from https://mchb.tvisdata.hrsa.gov/uploadedfiles/StateSubmittedFiles/2016/GU/GU_TitleV_PrintVersion.pdf.
- International Women's Network against Militarism. 2010. "Letter to Obama Regarding Guam." Women for Genuine Security, February 14. Retrieved from <http://www.genuinesecurity.org/actions/obamatoguam.html>.
- McGrath, Barbara Burns. 2002. "An Historical Perspective of Helping Practices Associated with Birth, Marriage and Death among Chamorros in Guam (Review)." *Contemporary Pacific* 14: 496–499. doi:10.1353/cp.2002.006.
- Office of the Governor of Guam, Bureau of Statistics and Plans. 2014. *Guam Statistical Yearbook 2013*. Hagatna, Guam.
- Owen, Amy. 2010. "Guam Culture, Immigration, and the US Military Build-Up." *Asian Pacific Viewpoint* 51.3: 304–318. doi:10.1111/j.1467-8373.2010.01433.x.
- Perez, Michael P. 2006. "Colonialism, Americanization, and Indigenous Identity: A Research Note on Chamorro Identity in Guam." *Sociological Spectrum: Mid-South Sociological Association* 25.5: 571–591. doi:10.1080/02732170500176138.
- Rogers, Robert F. 1995. *Destiny's Landfall: A History of Guam*. Honolulu: University of Hawaii Press.
- Rubinstein, Donald H., ed. 1992. *Pacific History: Papers from the 8th Pacific History Association Conference*. Mangilao: Guam: University of Guam Press & Micronesian Area Research Center.
- Santos-Bamba, Sharleen J. Q. 2010. "The Literate Lives of Chamorro Women in Modern Guam." PhD diss., Indiana University of Pennsylvania, August.
- Souder, Laura Marie Torres. 1992. *Daughters of the Island: Contemporary Chamorro Women Organizers on Guam*. Baltimore, MD: University Press of America.
- University of Guam Violence against Women Program. 2014. "Domestic and Dating Violence Statistics on Guam." Retrieved from <http://www.uogvawpp.org/domestic.php>.
- Woodward, Valerie Solar. 2013. "'I Guess They Didn't Want Us Asking Too Many Questions': Reading American Empire in Guam." *Contemporary Pacific* 25.1: 67–91.

India

Overview of Country

The Republic of India is the largest country in South Asia. It is surrounded by the Arabian Sea and the Bay of Bengal and borders Bangladesh, Bhutan, China, Myanmar, Nepal, and Pakistan. Geographically, it is the seventh-largest country in the world covering a total land area of 1,269,219 square miles (or 3,287,590 sq. km). India has a diverse topography; the northern states of the country partly adjoin the Himalayas, the central and eastern states are mostly fertile land, the Thar Desert lies in the west in the state of Rajasthan, and southern India contains the Deccan Plateau and coastal ranges.

Historically, the roots of the Indian nation trace back to the Indus Valley civilization, a highly sophisticated society that flourished from around 2500 to 1900 BCE. After various periods of invasion by rulers who brought Hinduism, Jainism, and Buddhism to the country, Arab, Turkish, and Persian invaders spread Islam across the subcontinent in the early 8th century CE. By the early 16th century, the Mughal Empire was established in India by Emperor Babur. It lasted for over three centuries, during which time European explorers and traders found their way into the main coastal and trade regions of the country.

The arrival of the British in the 19th century established the British Raj as the dominant political and economic

power in India as well as in the rest of the subcontinent, including present-day Bangladesh and Pakistan. At the peak of imperial power, the Indian revolt of 1857 led to a period of deep rebellion and warfare known as the Great Mutiny, often considered India's First War of Independence. British imperial rule lasted until 1947, when the first steps toward independence began to take shape, led by Mahatma Gandhi's nonviolent movement and by Jawaharlal Nehru, who went on to become India's first prime minister. India gained independence from the British on August 15, 1947. The Muslim-majority areas of India broke away and joined the nation of Pakistan, leading to years of partition, refugee resettlement, and communal conflict. Officially, the Constitution of India came into effect on January 26, 1950, and the new Republic of India was established.

India's population was 1.2 billion as of 2015. It is the second most populous country in the world after China (UN Statistics Division 2016). It houses a diverse multi-ethnic and tribal population of more than 2,000 ethnic groups with ancestral roots in various parts of the world. There are hundreds of languages in India and numerous minor dialects that make up the linguistic landscape, but they all fall within four different language families. About 72 percent of the population speaks a language in the Indo-Aryan family, while roughly 24 percent speak a language in the Dravidian family (Office of the Registrar General & Census Commissioner, India 2001a). The remaining

languages are in the Austroasiatic and Sino-Tibetan language families. The official languages of India are Hindi and English; Hindi is the most widely spoken language and is spoken by approximately 40 percent of the population. Other languages that have been given official recognition are Assamese, Bengali, Bodo, Dogri, Gujrati, Kannada, Kashmiri, Konkani, Maithili, Malayalam, Manipuri, Marathi, Nepali, Odia, Punjabi, Sanskrit, Santali, Sindhi, Tamil, Telugu, and Urdu.

India's religious diversity is a central part of its culture and identity and is upheld in the law and within the constitution of the country. Some of the world's most prominent religions trace their roots to India, including Hinduism, Buddhism, Jainism, and Sikhism, which have played an important role in influencing the cultures of various parts of Asia. Hinduism is the primary religion of India, with almost 80 percent of Indians considering themselves Hindu (Office of the Registrar General & Census Commissioner, India 2011). Islam is the second-largest religion and constitutes more than 14 percent of the population. Other religions include Christianity (2.3%), Sikhism (1.7%), Buddhism (0.7%), and Jainism (0.4%). A significant segment of the population also adheres to other religions (about 0.7%), such as Zoroastrianism and the Baha'i faith, while others ascribe to no particular religion (0.2%).

As the world's largest liberal democracy, India has seen increasing global economic prosperity in recent decades. India is the third-largest economy in purchasing power parity after China and the United States, and it is one of the world's fastest-growing economies. The technology and telecommunication industry in India is the fastest growing in the world and is a major hub for some of the most prominent software and technology companies. However, despite its steady progress, India still faces economic inequality, poverty, and various societal challenges.

Overview of Women's Lives

The 2014 UN Development Programme's (UNDP) Gender Inequality Index (GII) ranked India 130th out of 188 countries for gender disparity in the areas of reproductive health, empowerment, and economic status (UNDP 2014). Despite efforts to improve economic opportunities for women through microcredit programs and increased political participation, women remain at a deep disadvantage vis-à-vis their male counterparts. Women's access to, and increased participation in, entrepreneurship remains among the lowest in the world, which is a significant

contributing factor to gender inequality. Lack of education, cultural expectations, and extreme poverty are some of the major challenges Indian women face in their pursuit of economic freedom.

The Constitution of India provides legislative safeguards and mechanisms to protect women's social, political, and economic rights, and it maintains that all citizens have equal status and opportunity. However, social structures have not responded as quickly to laws, cultural attitudes in society still discriminate against women based on their sex, and issues such as sexual violence against women continue to increase. At the bottom of the social hierarchy are women from the Schedule Caste or Dalit communities, who face multiple discrimination at the intersections of sex, caste, and class position, and they are also removed from legal protection.

India's LGBT community has found spaces of engagement in some of the largest metropolitan cities in the country, namely, Delhi, Mumbai, Kolkata, and Chennai. However, because of major social stigma, LGBT individuals continue to face discrimination in various facets of society, including employment and access to services. Seen as a taboo issue in Indian society, lack of understanding and knowledge around sexual orientation and gender identity cause many members of the LGBT community to remain closeted.

Girls and Teens Family Roles

Girls and teens in India face various cultural and religious expectations based on the traditional roles of women in the country. Despite free and mandatory education until the age of 14, illiteracy among girls remains high, mostly due to gender discrimination in the family. Traditionally, there is a conservatively held belief that the birth of a boy is more blessed than the birth of a girl. Parents tend to favor boys from a young age because boys are seen to be more industrious and useful for helping the family business or for agricultural activities in rural areas. Girls, on the other hand, are seen to be burdens because they will eventually drain resources from the family through the payment of a dowry at marriage. Early marriage of young girls and adolescents is a prevalent issue, specifically in rural areas. As many as 26 percent of girls are married by the age of 15, rising to 54 percent by the age of 18, with higher percentages in rural areas (Banerjee and Gesser 2004).

Sex Education

Though social changes are gradually taking place concerning sex, sexuality, and marriage, dating and premarital sex are generally not accepted in most traditional families for girls, although they are more accepted for boys. Chastity is held at a higher standard for girls, and girls are traditionally expected to maintain their virginity until marriage. Sex education and information for girls is very limited, and any discussion of sex usually begins with marriage. Education on sexuality, safe sex, and preventative behavior is often nonexistent for teens in India, especially in rural communities, which makes it difficult for girls to prevent unwanted pregnancies.

Extracurricular Activities and Recreation

Family is the most important institution in India, and a large part of a girl's social life surrounds the family. Recreation and extracurricular activities can often be restricted to festivals, sports, and movies or television. Girls usually help prepare elaborate meals that are an important part of festivals, such as Diwali and Baisakhi. Traditional Indian dancing is also a big part of Indian culture, and girls take dance lessons during their spare time. Indian television

shows, drama serials, daily soaps, and Bollywood movies are also a huge draw for teenage girls.

Education

Due to its population, India has the second-largest education system in the world. With some of the best universities and institutes of higher education, India has positioned itself as a global leader in quality education. The Ministry of Education is responsible for providing education to all, funded by both the public and private sectors from all levels of government: central, state, and local. The Right of Children to Free and Compulsory Education Act 2009 in the Constitution of India stipulates that all children up to the age of 14 shall receive free and compulsory primary school education. India has made significant progress in improving literacy across the country since the late 20th century, achieving 74.04 percent in 2011, up from 12 percent at the end of colonialism in 1947 (Office of the Registrar General & Census Commissioner, India 2011). Despite this, one-third of India's population currently remains illiterate.

Preprimary school is optional and includes lower and higher kindergarten. Universal compulsory primary

The Reservation System

Historically, access to education and other resources was determined by caste. Official affirmative action policies were implemented in the 1940s under colonial British rule. When India gained independence, these policies were written into the constitution. The affirmative action project took three main forms. It pledged to reserve a population-linked ratio of legislative positions, government jobs, and places in educational institutions for members of scheduled castes (SC) and scheduled tribes (ST). In 1990, reservation privileges were extended to members of what are called "other backward classes" (OBC). Reservation quotas assigned to various groups at the national level are SCs 15 percent, STs 7.5 percent, and OBCs 27 percent. Higher education for OBCs is almost entirely state-funded.

Also at the time of independence, the government developed the Planning Commission to determine national priorities and formulate plans for the most effective use of resources. The most recent plan covering 2012–2017 still includes a focus on the use of the reservation system to enhance access to higher education for students belonging to SC/ST/OBC and the disadvantaged. Gender reservations are trumped by SC/ST/OBC. For example, a seat reserved for a girl from an OBC would be transferred to a boy from an OBC rather than to another girl from the open-merit category. Strong opinions exist among those in favor of the reservation system, as well as among those arguing for its abolishment.

In 1949, women made up 10.4 percent the higher education population. Today, that number is 41.6 percent. Since gaining independence, the literacy rate has steadily increased. Female literacy has grown from 8 percent in 1951 to 64 percent as of the 2011 census. The male literacy rate reported in 2011 was 80 percent. Globally, India has the most higher education institutions and ranks second in terms of enrollment numbers.

—Whitney K. Archer

school education was developed under the *Sarva Shiksha Abhiyan*, or Education for All Movement, as a fundamental right of all children. Primary school education consists of primary and upper primary or middle school education and lasts seven or eight years, depending on the state, for children ages 6–14. Enrollment in the country has increased to at least 96 percent since 2009 due to various efforts to improve access to education in remote areas (Sahni 2015). However, universal education at the primary level has proved challenging, especially in rural areas, because access to education for poor children is limited, coupled with the difficulty of maintaining quality education. Part of this universalization process includes attempts by the government to enhance the quality of primary schooling through the launch of the District Education Revitalisation Programme (DERP) in 1994. Funded by the government, the goal of DERP was to reform and improve the primary education system through the development of new schools, including alternative schools. Despite these efforts, dropout rates remain high, with 29 percent of children dropping out before completing five years of primary school and 43 percent before finishing upper primary or middle school (Sahni 2015). The lack of resources in schools has resulted in a shortage of teachers, poor teacher training and accountability, and a high student-to-teacher ratio.

Secondary school education for pupils aged 15–18 years includes preparation for both vocational institutes and universities. The Rashtriya Madhyamik Shiksha Abhiyan (RMSA), or National Mission for Secondary Education, was developed by the government in 2009 to reform and improve the secondary education system. As a result, 10,082 new schools are presently functional, and 20,839 classrooms have been added (RMSA 2016). Efforts to include disadvantaged groups and minorities in society were also established. Alongside government-funded schools are private schools, where English is the primary language of instruction.

The central government and state governments control tertiary education (postsecondary), universities, and polytechnic schools in India, and the higher education system has expanded significantly since independence. Technology and science are the primary focus of tertiary education in India. Some of the best institutions in India are in these fields, including the world-renowned Indian Institutes of Technology, the Indian Institutes of Management, and Jawaharlal Nehru University. Despite the growing number of institutions and universities, critics assert that

the quality of instruction has declined and fails to match prominent institutions worldwide. Lack of employment after graduation is also an issue, particularly for graduates with liberal arts degrees.

Women's Access to Education

The central government of India has made efforts to promote the education of girls and socially disadvantaged groups, such as Scheduled Castes and Scheduled Tribes. Some of these efforts have included grant opportunities for particular programs and reimbursement of tuition for girls in secondary school. While India has made concerted efforts to reform and revitalize the education system, education levels for women remain significantly low compared to men. A little less than 50 percent of the entire female population in India above the age of 15 is illiterate, and females 15–24 years old have a literacy rate of 74 percent (UNESCO 2013). Illiteracy among women in rural areas is particularly high, especially women from socially marginalized minorities and lower castes. Female literacy rates are also disparate, depending on the state. For example, female literacy in Uttar Pradesh (North India) is about 52 percent, while Kerala (South India) has a female literacy of about 86 percent (UNESCO 2013).

Gender issues in the education system, coupled with patriarchy in the country, are the primary reasons for the lower educational levels of females as compared to males. Due to conservative cultural attitudes, a majority of girls from poor rural communities have household chores and family responsibilities that prevent them from attending school, while their male counterparts receive more educational opportunities. Other issues, such as early marriage or the importance of “maintaining family honor,” also hinder girls’ access to education. Inadequate facilities and resources at the primary level are another major concern, alongside the shortage of female teachers. Only 53 percent of primary schools have functional girls’ toilets; schools fail to adequately provide safe and sanitary facilities for girls and prioritize reserving new facilities for boys (Sahni 2015).

The government launched the nationwide Saakshar Bharat Mission for Female Literacy in 2009 under the Indian Department for School Education and Literacy with the aim of reducing female literacy by half and working to bridge the gaps between male and female literacy. Specifically, it promotes and strengthens adult learning for women who were not able to receive or had no access to

formal primary education. In addition to basic literacy, the program also provides vocational training and skills development as well as courses on applied science and sports (UNESCO 2013).

With regard to higher education and universities, accessing the technical and vocational education system has proved difficult for women, though the enrollment rate has been increasing in recent years. Women have an enrollment rate of 24–50 percent in tertiary education, though there is still a significant gender imbalance within various fields of study. Women predominantly study liberal arts subjects and account for less than 10 percent of students in the science and engineering fields (Saraswathi and Verma 2002).

Health

The role of gender inequalities in women's access to reproductive health care in India is intrinsically rooted in various cultural and gender expectations of women and their status in society. Family members sometimes overlook women's health issues and perceive them as economic burdens, as preference is given to the men of the household. Health care professionals may also dismiss female issues as real health problems. As a result, many illnesses go unreported or untreated and have serious repercussions in other aspects of a woman's life, including pregnancy, child care, and loss of productivity in the labor force.

Access to Health Care

The World Health Organization (WHO) ranked India's health care system 112th out of 190 countries, bringing to light the great disparities in access to health care for various groups in Indian society (WHO 2000). The health care system is dominated by the private sector in urban areas, while many rural health care facilities are government funded. Seventy percent of urban households and 63 percent of rural households use the private medical sector (IIPS and Macro International 2007). Private health care facilities are expensive, and most patients must pay out of pocket, which makes access to high-quality private hospitals and clinics a challenge, particularly for rural populations. Health insurance is available in some cases, which is provided by employers, but it is generally inaccessible to the poor.

Consequently, most rural communities rely heavily on alternative medicine and publicly funded government

health care facilities. Despite almost 70 percent of the population living in rural areas, these people are supported by only 2 percent of the country's doctors (Britnell 2015). The quality of facilities in the public health care system is reduced because many qualified doctors and nurses are reluctant to practice in rural areas. A shortage of physicians coupled with long wait times, inexperienced interns, and a lack of availability make access to health care relatively difficult for rural women. In an effort to increase access to quality health care for rural communities, the Government of India has established national health programs, such as the National Rural Health Mission (NRHM). The NRHM was launched in April 2005 with the goal of providing effective health care to rural populations throughout the country, focusing specifically on states with weak infrastructure and public health indicators (Choudhury and Kapil 2005).

Many poor rural women seeking access to health care resort to alternative natural medicines that are often provided by other women in the community. The use of herbs and traditional medicines has been passed down for generations from grandmothers and mothers. Alternative medical treatments include Ayurvedic medicine and homeopathy. As access to professional facilities, including government hospitals, is often limited, poor women find traditional medicine to be a more reliable source of health care.

With the label of "untouchable," discrimination is rampant for Dalits, even in terms of health care. Human Rights Watch (HRW) notes that in 21.3 percent of Indian villages, Dalits were denied entry into private health care facilities (HRW 2007). Additionally, about 40 percent of health care workers refuse to visit Dalit communities, forcing many Dalits to go untreated. For Dalit women, access to health care is often close to impossible, specifically for maternal health issues. In their attempts to access health care for themselves and their children, Dalit women face severe discrimination from midwives, nurses, and community health workers. In some cases, they are wrongfully charged fees for supposedly free services, limiting their utilization of free health care options. In other cases, clinics and community health centers practice "untouchability," where doctors refuse to treat pregnant women at all; the women must give birth without the help of trained medical personnel (Borooah et al. 2012). In cases where health care professionals do provide services to Dalit women, they are often disrespectful and use rude and insulting words, leading Dalit women to

The Day We Woke Up as Criminals

On December 11, 2013, the Indian Supreme Court overturned a July 2009 Delhi High Court verdict that had decriminalized private, adult, consensual sexual acts. The ruling upheld Section 377 of the Indian Penal Code (IPC), which resulted in lesbians, gays, bisexuals, and transgender (LGBT) people across India waking up to find themselves declared criminals.

Section 377 was incorporated into the IPC in 1860 and is a legacy of colonial British rule. The section reads, “377. Unnatural offences—Whoever voluntarily has carnal intercourse against the order of nature with any man, woman, or animal, shall be punished with imprisonment for life, or with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine.” The section defines sexual acts beyond heterosexual penile-vaginal intercourse as against the order of nature, regardless of consent, and punishable by up to imprisonment for life.

Activists argue that Section 377 violates and infringes upon articles 14, 15, 19, and 21 of the Indian Constitution, which guarantee equality, freedom of expression and personal liberty, and dignity to all citizens.

The December 2013 ruling suggests that amending or repealing Section 377 is the responsibility of the Indian Parliament, not the courts. On January 28, 2014, the Indian Supreme Court dismissed a Review Petition filed by the nongovernmental organization (NGO) Naz Foundation and several others against its ruling on Section 377.

To read more the Naz Foundation and its activism surrounding Section 377, visit <http://www.nazindia.org>.

—Whitney K. Archer

either go untreated or turn to expensive private health care facilities.

LGBT individuals and *hijras* (transgender people) in India also face discrimination in India's health care system. Societal prejudices and unfair treatment cause many LGBT individuals to struggle with access to important health care services. Worries about harassment and physical and verbal abuse by health care workers prevent many LGBT members from seeking medical care. For *hijras*, societal stigma coupled with transphobia make accessing health care a traumatic experience because doctors remain insensitive and ignorant about transgender health issues. A 2014 study found that, in some cases, health care facilities asked transgender patients to visit at nonpeak hours (either early morning or late at night) to avoid interactions with other patients (Kar and Moulik 2014). In other cases, hospitals often had trouble identifying which ward (either the male or female) to admit *hijra* patients into, causing discomfort and embarrassment for *hijras*.

Maternal Health

About 56,000 women die during childbirth or from pregnancy-related issues every year in India, accounting for about 20 percent of maternal deaths around the world (UNICEF India 2014). Seventy percent of these deaths are completely preventable. The number of maternal deaths

per 100,000 live births was reduced significantly between 2007 and 2012. However, for every woman dying in childbirth, there are 20 women who continue to suffer the long-term illnesses that persist due to the lack of proper treatment (Gogoi and Motihar 2013). The primary causes of death include heavy bleeding or hemorrhage and seizures caused by high blood pressure, known as eclampsia.

Forty percent of all Indian women are underweight at the beginning of their pregnancy, and they only gain about 15 pounds during pregnancy (Huber 2015). For Dalit women, however, undernourishment is 8 percent higher (Borooah et al. 2012). Undernourishment is an important factor that affects the health of both mothers and babies and can lead to diseases or anemia. Anemia can be a debilitating and deadly condition, causing weakness, lack of energy, and loss of appetite, which can increase the risk of death during childbirth or giving birth to an underweight baby. Women from rural communities or poorer families are most at risk of suffering from undernourishment and anemia, as most do not receive any prenatal care.

Pregnancy and fertility are viewed positively in India, and the family plays a significant role in providing care during pregnancy and childbirth. Almost two-thirds of all deliveries take place in the home, whether by choice or consequence. The percentage of women in villages who turn to home birth is much higher than those in urban

areas, which is largely due to a lack of access to professional health care facilities in rural communities. Fewer than 50 percent of births in India are supervised by health care professionals; the use of traditional birth assistants, midwives, or *dais* for home births is still very common (UNICEF 2016). Many attendants in rural areas, however, lack the proper skills and training regarding safe and sanitary birthing practices. Births that take place at home in unhygienic conditions can have severe negative consequences for both mother and child.

Culturally, the postpartum period in India is given a lot of importance as a time for mothers to recuperate and form a bond with their newborn child. Some Hindu communities in the country still practice postdelivery “confinement” of new mothers, which consists of rest and engaging in limited or no housework while family members provide help with child care.

Diseases and Disorders

India has the third-largest HIV/AIDS epidemic in the world, and this has direct consequences for women’s health. About 2.4 million Indians are affected by HIV infections, accounting for about 0.3 percent of the total adult population (World Bank 2012). Of all HIV infections, 39 percent are among women, pointing to the social inequalities caused by cultural and social values that reinforce these inequalities. Seven out of ten women infected with HIV are from poor or rural communities (Ninan 2003). The highest rates of infection are found among women with high-risk behaviors, such as sex workers, both because of unprotected sex and intravenous drug usage. HIV infections are also increasing among the general population. A 2006 report suggests that infections among women in marriages with husbands involved with multiple sex partners has also increased in recent years, particularly in rural areas (Pradhan and Sundar 2006).

Women are especially vulnerable in the HIV/AIDS epidemic due to patriarchy and their status in society. Lack of power in the social hierarchy causes most women to frequently tolerate abuse, violence, and infidelity from their husbands, as the burden of blame for such behavior falls on women. Due to societal expectations, women also lack the choice to use a condom or to even have sex. Additionally, lack of awareness and access to information on HIV/AIDS result in most women failing to take control over their sexual health and in negotiating safer sex practices with their husbands.

HIV/AIDS disproportionately affects Dalit women and girls forced to become *devadasis* (literally meaning “servant of god”) who are sexually exploited. Their lower status coupled with the stigma of HIV makes them less likely to be able to access health care than non-Dalit women. *Hijras* (transgender people) are also at a higher risk of HIV transmission.

Tuberculosis (TB) is another major disease that an estimated 2.2 million Indians are affected by (Cowling et al. 2014). More women than men suffer from TB, and this greatly affects women’s maternal health.

Employment

Despite increasing educational levels, the International Labour Organization (ILO) ranks India 120th out of 131 countries in female labor participation (ILO 2013). In 2008, there were 388.6 million men and 361.5 million women in the working-age population (ILO 2011). However, from this population, only 129 million women were economically active as compared to 328.6 million men, amounting to a labor participation rate of only 35.7 percent for women and 84.6 percent for men. India’s labor force participation for women decreased to 29 percent in 2009–2010, compared to 37 percent in 2004–2005 (ILO 2013). This number dropped further in 2013 to only 27 percent for female workforce participation, ranking lowest among the BRICS (Brazil, Russia, India, China, and South Africa) countries (van Klaveren et al. 2010).

In 2006, the rate of unemployment for girls in India aged 15–19 years was 21 percent, and for young women aged 20–29, it was 17 percent, with 8.21 million unemployed females between the ages of 14 and 29 (van Klaveren et al. 2010). For rural women with higher educational levels, the unemployment rate is particularly high due to finding employment that is appropriate for their qualifications.

Typical Jobs and Careers

Where working conditions are good, urban women in India have had relative success in professional sectors. There are female heads in some of the leading public and private banks in the country as well as increasing female participation in the aviation sector. Of India’s 5,100 pilots, 11.7 percent are women (Moore and Pande 2015). However, most women who have gained regular employment still maintain stereotypical occupations, such as farmers, nurses, primary school teachers, or domestic workers in

private households as maids. Domestic work for maids is largely informal, does not provide any social security benefits, and offers poor wages. For rural women, the agricultural sector remains the primary field of employment. The percentage of men in agriculture has decreased significantly with more women taking up these roles. Rural women have also been gainfully employed in the manufacturing sector and in hotels and restaurants, while urban women are primarily employed in the finance and business sectors. In 2011–2012, 62.8 percent of women were employed in the agricultural sector, 20 percent were employed in the industry sector, and 17 percent in the services sector (Rustagi 2010).

Issues Related to Employment

The primary struggle for both rural and urban women searching for employment is traditional gender expectations and cultural attitudes toward women in the workplace. For rural women in India, families do not allow female members to leave their villages for training or job placements, making it difficult to access higher employment opportunities. For urban women, where education and income levels are higher, a survey of 1,000 working women in the capital of New Delhi showed that only 18–34 percent of married women continue working after having children (Arya 2015). With limited maternity support as well as lack of child care facilities for working mothers, women often quit their jobs to take care of their children.

The growing gender pay gap also affects women's participation in the labor force, as the differences between women's and men's wages have increased in recent years. The Annual Survey of Industries (ASI) notes that, in 2004–2005, the average wage for a man in regular employment was 212.30 rupees (USD\$4.60), whereas for female workers the average wage was only 91 rupees (USD\$1.96)—a gender pay gap of 57 percent (van Klaveren et al. 2010). Other issues that deter women from employment include gender inequality in the workplace as well as the general lack of safety for women in public places.

Family Life

Marriage and Sexuality

About 43.6 percent of India's roughly 500 million women are married, and 54.4 percent have never married. About 1.8 percent of women are widowed, and 0.2 percent are divorced or separated. The mean age at marriage is 23 years

old for females. In the age group 15–49 years, 81.4 percent of women are married, which is largely due to the lower age of marriage for women in many parts of the country (Office of the Registrar General & Census Commissioner, India 2001a).

Overwhelmingly, Indians have more arranged marriages than love marriages, accounting for about 90 percent of marriages in India, and 65 percent of Indians prefer that their parents have the final decision of who their spouse will be (Udas 2012). Arranged marriages constitute a marital union in which the families of a girl and boy fix the match based on various criteria, including status, values, and religious beliefs. Arranged marriages are separate from forced marriages; the former refers to a more collaborative effort with the bride or groom, whereas the latter constitutes a union that is arranged by the parents without the consent of the bride or groom. Forced marriages of women and girls largely take place in rural communities. The National Crime Bureau of India estimates that more than 20,000 housewives in India kill themselves every year, often due to forced marriages (Biswas 2016).

Love marriages are slowly becoming acceptable in India, especially in large cities, as more young Indians are choosing their spouses. In some cases, however, love marriages can lead to honor killings—the killing of a female family member who is thought to have brought dishonor to the family—particularly in the case of intercaste or interreligious marriages. Intercaste marriages are still considered taboo, and only 5 percent of Indian marriages are intercaste (Shrinivasan 2014). Women are usually the victims in honor killings because women are culturally believed to hold the honor of a family.

Cohabitation is becoming socially and culturally acceptable, particularly as the Supreme Court of India has recognized live-in relationships for many years. This ruling is only permissible for heterosexual couples and does not apply to same-sex or transgender couples.

Sexuality is rarely mentioned within families, though discussions surrounding sex and sexuality have gradually increased in modern times through what many call the “sexual revolution.” The 2014 book *India in Love: Marriage and Sexuality in the 21st Century* discusses how millions of young Indians are breaking age-old barriers and attitudes toward sexuality and marriage in recent years (Trivedi 2014). Women are particularly taking control over their own choices due to increases in women's education and economic freedoms, and they are shaping the trajectory of their love lives, disregarding social norms, and making

their own sexual decisions. In urban areas, women are leading the sexual revolution as the increased intermingling between members of the opposite sex in schools and colleges allow young women to explore their sexuality. For previous generations, marriage was the primary goal of college-aged women, but in recent decades, women have been looking for independence in both their careers and their love and sex lives.

Divorce and Widowhood

Divorce in India can be a traumatic experience for women, as a significant amount of social stigma surrounds the concept. The divorce rate in India is estimated at 13 in every 1,000 marriages, which is relatively low compared to other parts of the world, though there are no official statistics from the Government of India (Mitra 2015). However, divorce cases in family courts across the country have increased in recent years. The Special Marriage Act was passed in 1954, allowing all Indians to marry and divorce regardless of religion. Depending on one's faith, however, there are various marital laws that govern each community, including the Hindu Marriage Act, the Dissolution of Muslim Marriages Act 1939, the Muslim Women (Protection of Rights on Divorce) Act 1986, and the Foreign Marriage Act 1986.

In Hinduism, marriage is a sacred relationship and the most important part of a Hindu's life. Hindu marriages in India under the Hindu Marriage Act allow women to petition for divorce under the condition that the husband marries again during his first marriage or if the husband is guilty of crimes such as sodomy or rape. Due to gender inequality, the dissolution of a marriage in India disproportionately affects women as compared to men. In some cases, because of stigma surrounding divorce, women who have children have to face allegations that their children are illegitimate due to the absence of a father (Jha 2014). Divorced women struggle to maintain the costs of divorce, which are extremely high, and oftentimes they fail to receive their fair share of property.

Under Islamic law, as established in the Koran, a woman has the right to divorce from her husband, known as *khula*. There are specific procedures to follow to carry out a divorce in Islam, and the process is spread out over 90 days, which allows for reconciliation and reflection by both parties involved. In India, however, Muslim men use Muslim Personal Law and carry out divorces in a matter of minutes through what is being called "instant divorce," where

men say the words "*talaq, talaq, talaq*," or "I divorce you," three times in Arabic. The practice of instant divorce is banned in most countries, except India, where it is legally permitted. Muslim women in India have been opposed to this practice, criticizing it as un-Islamic and against the correct method as mentioned in the Koran and calling for a ban against it. A report by the Mumbai-based organization Bharatiya Muslim Mahila Andolan states that most cases of women who divorced because of this practice were from poor families. Their husbands did not pay the maintenance fees after separation, forcing them to return to their parental homes (BBC 2016).

Approximately 40 million women in India are widowed, which accounts for about 10 percent of all women in the country (Kannan 2013). As the status of women in India is seen through the family as the wife of her husband, a widow faces severe discrimination, is treated with contempt by family members, and is accused of being the cause of her husband's death. Widows become social pariahs and are denied from attending cultural and family events. Historically, Hindu women who were widowed were forced to self-immolate or commit suicide in an act called *sati*. Today, such practices have become obsolete, though widows are still expected to mourn their husbands until the end of their lives by only wearing white saris and no jewelry, and in more conservative Hindu traditions, by shaving their heads. Most widows struggle to survive without any financial security or welfare infrastructure. About 15,000 widows live in Vrindavan, known as the "city of the widows," where some nongovernmental organizations (NGOs) function to provide basic services such as food and health care (Barrera and Corbacho 2012).

Inheritance Rights

The Hindu Succession (Amendment) Act 2005 ensures that all daughters enjoy the same rights as sons and can inherit their parents' land and property. Under Muslim Personal Law, Muslim women in India are also ensured full property rights to inheritance. A 2010 study by the World Bank found that, as a result of the Hindu Amendment Law, women's likelihood of inheriting land increased by 22 percent since the inception of the law (Deininger et al. 2010). However, the practice on the ground still rarely reflects this rule in most cases. A 2013 report found that while women are central to the agricultural sector in India—80 percent of rural women work in the fields—they are still at a disadvantage and rarely inherit land and property from their

parents (Fletschner and Sircar 2014). The study notes that barriers to inheritance include continuing male bias in the law despite the amendments and social and cultural barriers, such as the preference of sons over daughters.

Politics

Women's Rights

Women's rights in India are secured and upheld under various statutes in the constitution. In 2013, the World Economic Forum (WEF) ranked India 101st out of 135 countries, up from 113th in 2011, in terms of progress based on economic, educational, health-based, and political indicators (WEF 2013). By 2015, India's ranking decreased to 108th. The state of women's rights in India has seen a decline in recent years because of various challenges, such as discrimination, lack of education, cultural stigmas, and violence, which have been a barrier to social advancement.

Although the caste system is now outlawed in India, the historical effects of it still linger in society. Scheduled Castes, locally known as Dalits, or "untouchables" (the lowest caste), are at a significant disadvantage compared to the rest of the population. Seen as the lowest class of people in the country, Dalits face oppression, dehumanization, and violence. Because of their sex and class, Dalit women in particular have been affected badly, and they remain at the lowest position in the social hierarchy, facing "double discrimination." Dalit women are almost forgotten in policies geared toward women in the country. They

are discriminated against in government programs geared toward health, education, legal rights, and employment. They have been the victims of violence and rape across the country, with almost no access to demanding their rights in society.

Women's Political Participation

In 2012, India ranked 100th out of 135 countries for its representation of women in Parliament and 100th for its representation of women in ministerial positions (WEF 2012). The female-to-male ratio for women in Parliament is 0.12. In recent years, Indian women's participation in politics has been a steadily growing phenomenon, with women's involvement taking place both within political parties as well as active involvement in voting, public demonstrations, and campaigning. In 2014, there was higher voter turnout among female voters than male voters in 16 of 35 states and union territories, with 65.63 percent of women voting in the parliamentary general elections as compared to 67.09 percent of men (PIB 2014).

In 2009, the 15th Lok Sabha (lower house) elections increased the number of female members of Parliament to 59, a record for women since independence, increasing political participation to 10.9 percent (Narayan 2009). The three largest political parties—the Indian National Congress (INC), the Bharatiya Janata Party (BJP), and the Communist Party of India (CPI)—all have women's wings, including the INC's All India Mahila Congress, the BJP's Mahila Morcha, and the CPI's National Federation of Indian Women.

Women's Voices

Gita Sahgal

Gita Sahgal, born in Mumbai, India, is a founder of a number of social justice organizations: Centre for Secular Space, Women against Fundamentalism, Southall Black Sisters, and Awazz, an organization against injustice and violence in the name of religion and politics in South Asia. Raised Hindu, Sahgal is a self-described atheist. Sahgal has championed democracy, secularism, human rights, and social justice in her work as a writer, filmmaker, and women's rights activist. Formerly head of the Gender Unit at Amnesty International, Sahgal was suspended after publicly accusing Amnesty International of "ideological bankruptcy," misogyny, and maintaining an affiliation with Moazzam Begg, a former inmate at Guantánamo Bay and alleged defender of the Taliban.

—Vanessa Vanderzee

Townsend, Mark. 2010. "Gita Sahgal's Dispute with Amnesty International Puts Human Rights Group in the Dock." *The Guardian*, April 25. Retrieved from <http://www.theguardian.com/world/2010/apr/25/gita-sahgal-amnesty-international>.

At the local government level, and in the *panchayat* (a five-person elected village council at the rural level), women are more active participants and leaders in their communities, working vigorously for women's rights and for political reforms in health, education, and financial resources. Women in local government roles are often more competent representatives than their male counterparts in terms of decision making and engaging community members for better outcomes in their constituencies, despite having lower education levels and less work experience.

Activist and Feminist Movements

India's feminist movement took off in the early 1900s, protesting British colonial rule in the fight for independence. The movement evolved more in the 1970s with a new wave of feminism and the goal of establishing and ensuring equal rights for all women in India irrespective of class, caste, religion, or culture. In their pursuit for equality, members of the movement have fought against culture-specific issues plaguing India's patriarchal society, such as regressive inheritance laws and the practice of *sati* (a widow who throws herself onto her husband's funeral pyre).

One of the country's most prominent women's organizations is the All India Women's Conference (AIWC), which was founded in 1927 "to function as an organization dedicated to the upliftment and betterment of women and children" (All India Women's Conference 2011). At an international level, AIWC holds a strong presence as a "premiere organization" for women's development and empowerment.

At a grassroots level, women's movements in India are particularly active and have seen much success in recent years. In the 1980s and 1990s, several autonomous women's groups were formed in various major cities and rural communities to address such issues as violence against women, rape, sexual harassment, rights of working-class women, and women's health and reproductive rights. One such group, the Forum against Rape, now called the Forum against Oppression of Women, has used legal and nonlegal methods to resolve domestic violence issues and bring attention to rape cases. They have held public protests and demonstrations, national campaigns, and provided counseling services.

Other prominent feminist organizations in India include the All India Progressive Women's Association and the All India Democratic Women's Association. The All India Dalit Mahila Adhikar Manch is an organization specifically for women of the Dalit community that fights against oppression based on caste and gender hierarchies.

LGBT Rights

India's Supreme Court ruled on Section 377 of the Indian Penal Code, criminalizing all "carnal intercourse against the order of nature," including consensual sex between adults of the same sex (Harris 2013). As a result, a deep stigma of homosexuality has led to violence and harassment against members of the LGBT community. Same-sex marriage is not legally recognized in India. However, there has been a significant push for recognition by LGBT activists and supporters to repeal Section 377. One case that

Women's Voices

Sampat Pal Devi

Sampat Pal Devi (1960–) is a social activist from Uttar Pradesh, North India. A poor woman of humble origins, she educated herself and then attended school to grade four with the support of her uncle. In a region of North India characterized by patriarchy, rigid caste divisions, female illiteracy, domestic violence, child labor, child marriages, and dowry demands, she founded the Gulabi Gang. The women in the Gulabi Gang wear pink saris and carry India's traditional weapon of self-defense, a lathi or bamboo stick. They fight for the rights of society's weakest and advocate for girls' education, women's literacy, and equal socioeconomic, cultural, and political opportunities. They prevail upon male offenders to see reason and, if necessary, seek public shaming for the unrepentant.

—Jane Harris

Gulabi Gang. 2010. Journeyman Pictures. YouTube, July 7. Retrieved from <https://www.youtube.com/watch?v=Av39YJTnMM8>.

Gulabi Gang. 2015. Retrieved from <http://gulabigangofficial.in>.

Koovagam Transgender Fest

Koovagam is a village in the Vilappuram district of Tamil Nadu, India, known for its annual festival of transgender and transvestite individuals, which lasts 15 days in the Tamil month of Chitirai (April/May). During this festival, transgender people from all over India assemble to take part in the auspicious occasion. The celebrations are marked by many cultural programs and ritualistic performances. It takes place at the Koothandavar Temple dedicated to Aravan. Here, transgender people marry the Lord Koothandavar, thus reenacting an ancient myth of Lord Vishnu/Krishna, who married Koothandavar after taking the form of a woman called Mohini. This took place in a one-night-long married relationship, because Koothandavar had to sacrifice himself the next day during the war. Following the myth, transgender people who attend the festival mourn the god Koothandavar's death through ritualistic dances and by breaking their bangles the next day.

The festival has significant cultural and social importance, considering the marginalization the transgender (*hijras*, as they are commonly called in India) people face within the mainstream social realms in India. It is a reiteration of the fact that Hindu tradition and mythology was rooted in transgender individuals' existence, which mainstream society chooses to ignore. The festival is followed by an annual beauty pageant and several other competitions and seminars that focus on improving the plight of transgender people in the country.

—Reshma Koroth

won legal recognition for same-sex marriage was in 2011 and involved two women under the Punjab and Haryana High Court in Gurgaon, India. The court granted the two women approval to marry in India's first lesbian marriage (Nelson 2011).

Hijras, as they are locally known, have a long history in South Asian culture and includes eunuchs, intersex people, and transgender people. *Hijras* are recognized under law as the "third gender." Officially, this means that the government has developed quotas for government jobs and educational institutions—rights granted under the Rights

Women's Voices

Laxmi Narayan Tripathi

Laxmi Narayan Tripathi (1979–) is a transgender activist, Hindi television actress, and Bharatanatyam dancer. As a member of India's *hijra* (transgender community), Laxmi has founded and runs Astitva, an organization for the support and development of sexual minorities. Despite the risks of ostracism, Laxmi has chosen to be identified as a *hijra* and has written about her life in her autobiography, *Me Hijra Me Laxmi*. She was the first transgender person to represent the Asia Pacific region in the United Nations in 2008. She has advocated for victims of HIV/AIDS and represented India in 2006 at the World AIDS Conference in Toronto. She fought for recognition of a third gender in India, which was granted by India's Supreme Court in 2014.

—Jane Harris

Daily News and Analysis. 2015. "*Me Hijra, Me Laxmi*, Autobiography of Transgender Rights Activist Laxmi Narayan Tripathi Released in English." DNA, February 22. Retrieved from <http://www.dnaindia.com/india/report-me-hijra-me-laxmi-autobiography-of-transgender-rights-activist-laxmi-narayan-tripathi-released-in-english-2063181>.

Tripathi, Laxmi Narayan. 2014. "My Life as a Transgender Woman in India." Retrieved from http://www.dailydevelopment.org/dailydevelopment_book.pdf.

of Transgender Persons Bill 2014. However, discrimination against *hijras* is still rampant in society, and harassment and rape in public spaces force many *hijras* to quit their jobs or drop out of school. Employment opportunities for *hijras* are limited, thus economically marginalizing them, and many resort to begging, prostitution, or working as street entertainers. *Hijras* are also unable to attain driving licenses or to receive various social benefits for programs and opportunities led by the government.

Religious and Cultural Roles

Indian culture is incredibly rich and unique, and it is often seen as an amalgamation of various cultures and religions. "Unity in diversity" is often applied to explain the harmony

between the multiple cultures that make up a country with a vibrant history that is several thousand years old. The culture of India has been heavily influenced by Dharmic religions, namely, Hinduism and Buddhism, with a strong Islamic impact from the Mughal Empire.

From ancient times, women in India are said to represent a source of strength and love, embodying the values of Dharma (righteousness) and Kama (love, care). In most parts of Indian culture, women's values are in the traditional roles of wife, mother, or daughter. In modern times, these roles are shifting, and what was originally believed to be well defined and fixed is evolving to allow women to enter various spheres of life. Traditionally, women hold a central role in Hinduism and play a subservient role to men. Women are seen to be dependent on men, and they are praised as essential to the household to facilitate procreation and continuation of the family lineage. The role of a wife has traditionally been portrayed as one of selflessness, self-denial, and sacrifice, which for a long time was synonymous with arranged marriages. Today, Indian women are demanding a more egalitarian partnership and the freedom to choose their own spouse. While the family remains the bedrock of Indian society, Indian women are nonetheless changing the social order outside of the home.

In terms of Hindu priesthood, women in India are challenging the age-old tradition that only men can become priests. In the city of Pune, institutions have opened that formally provide training for women from all Hindu castes to conduct rituals and prayers for such events as marriage and last rites, (Phalnikar 2010). Though there is much opposition from orthodox Hindus, women are continuing to defy tradition and undergo intense training, including learning Sanskrit and memorizing all the verses from ancient texts needed to conduct prayers.

The advent of Islam in India brought with it such practices as *purdah*, which is a form of cloth that conceals women's bodies from unknown men as a sign of modesty. A variation of this also exists for many Hindu women in rural India, where a fold of the sari is drawn over the face in the presence of men.

Portrayal of Women in the Media

The media and the entertainment industry in India, popularly known as Bollywood, are a central part of everyday life for all levels of Indian society. Television serials and daily soap operas specifically target housewives because more women than men watch daily soaps. Indian soap operas

are notorious for portraying women in one of two stereotypical characters: women are either the scheming “vamp,” constantly plotting and planning a conspiracy against others, or the “ideal woman” (Joshi and Kumari 2015). The ideal woman character tends to be a reflection of Indian society's expectation of the traditional woman—a submissive woman who busies herself with household chores and whose goal is simply to serve her family and sacrifice her own happiness for that of everyone else. Such dramatizations tend to have a significant sociocultural influence on society. A few television drama series have attempted to address various issues affecting women in Indian society such as child marriage, widow remarriage, and women's education. However, such topics are still considered taboo issues and are an exception in the broader entertainment industry.

In the advertisement and commercial industry, depictions of women fall within the same stereotypical role of women as wife: cooking, serving food, and washing clothes. Also, the oversexualization of women in commercials has increased in recent years in an effort to attract viewers and promote sales of products.

Issues

Sexual Assault and Rape

Sexual violence and rape in India has been on the rise in the last decade. The 2013 National Crime Records Bureau (NCRB) report by the Government of India ranks rape as the fourth most common crime against women in the country, which includes sexual harassment, marital rape, and gang rape. Other forms of violence persist, such as domestic violence and acid throwing. Sexual violence against women has increased from 9.2 percent in 2009 to 11.2 percent in 2013, with 70 percent of reported crimes taking place in India's largest cities (NCRB 2013). Violence in rural communities generally remains unreported. Human Rights Watch (HRW) states that the Indian government has failed to provide adequate protection for women and children from sexual violence (HRW 2014).

The most prominent case that shook India was the December 2012 gang rape and subsequent death of a 23-year-old woman on a public bus in the capital city of New Delhi. The woman was so severely tortured by six men that her intestines were damaged. The case drew international attention, and national protests called for legal reforms and institutional changes to protect the human rights of women in the country. Widespread demonstrations led the

Indian government to take action and set up reforms to its criminal laws as well as the passing of a new law, the Criminal Law (Amendment) Act 2013, by the Lok Sabha (lower house) in March 2013. Critics argue that the government has failed to fulfill its promises in providing safeguards to prevent such crimes (HRW 2014). Because of this case, there has been much public discussion and awareness of sexual violence against women in India, and more women are increasingly reporting rape cases. In 2013, reports of rape and sexual violence increased 35 percent from the previous year, rising an additional 8 percent in 2014 (NCRB 2013).

Trafficking and Prostitution

The U.S. Department of State places India in the Tier 2 level for countries that have failed to comply and meet the minimum standards for combating human trafficking (U.S. Department of State 2015). India is notorious for being a major source and hub for trafficking in Asia because of its geographic location, which includes both domestic trafficking as well as being a “transit country” to other parts of the world. Ninety percent of India’s trafficking in persons is domestic, with more than 2.5 million prostitutes in 300,000 brothels across the country (U.S. Department of State 2015). Twenty percent of India’s sex workers and prostitutes are children under the age of 16 due to the growing demand for young girls by customers (Hameed et al. 2010). The largest red-light district in India, Sonagachi, is located in Kolkata, in West Bengal. It houses about 14,000 prostitutes, most of whom have been trafficked into forced prostitution.

The sexual exploitation of women and children in India is done through sex tourism, child sex tourism, pedophilia, and prostitution at religious pilgrimage sites and tourist destinations. In many cases, women and children get lured from their homes in rural villages with the promise of work and other forms of employment. With India’s diverse geographic and linguistic landscape, victims find it almost impossible to return home after being taken thousands of miles away from their villages. Once trafficked, victims are sold to people who force them into prostitution and forced marriages, as housemaids without pay, or, in some cases, to work as bonded labor in industries such as agriculture.

Women and young girls forced into prostitution lead a life of constant sexual and physical abuse, which often goes unreported and unpunished. Socioeconomic factors such as gender inequality and discrimination, family violence,

and lack of access to education coupled with issues of government corruption allow trafficking to persist and illegal brothels to thrive in Indian society.

Domestic Labor: Housemaids

Often viewed as outcasts, domestic workers are one of the most marginalized and excluded groups in Indian society. Despite increasing literacy rates in the country, almost 43 percent of working-age women are employed in domestic work (Mander 2015). Domestic labor includes women who work in private households as maids, servants, cleaners, cooks, or caregivers. Women, adolescent girls, and children as young as seven are all employed in domestic work; culturally, women and girls are seen as more submissive and well-versed in household chores. For many families, particularly from rural and poor communities, it is culturally acceptable for a woman to be engaged in domestic work, which is sometimes considered her only employment opportunity.

In India, middle-class and lower-middle-class households outsource domestic work, allowing women in these households to climb the career ranks. However, the domestic workers remain within the constraints of household work as maids due to their lack of education and formal skills. The working conditions are poor, with little to no benefits, holidays, maternity leave, social protection, or regulation of work, leading to working hours that range from 8 to 18 hours every day, for both live-in and non-live-in maids. Although some states have a minimum wage for domestic workers, the average wage is at the poverty line and barely covers basic expenses such as food.

A major issue related to domestic labor is the discrimination, abuse, and violence female domestic workers face on a daily basis because of religion, caste, gender, and ethnicity. Housemaids from lower caste families are seen as “dirty” and “impure” by their employers, making it difficult for them to perform household chores easily. Verbal, sexual, and physical abuse against domestic workers is common and includes rape, beatings, and pinches at the hands of employers.

Beauty Standards

Socially constructed Indian beauty ideals have long been a topic of debate and controversy. India’s obsession with lighter-skinned complexions over darker ones is pervasive throughout the social makeup of the country, in entertainment, the commercial industry, and within the family

and community. Historically, skin color played a critical role in determining which class or caste one belonged to. Darker complexions were generally associated with the lower castes, and fairer skin was associated with higher caste and intelligence. Those in positions of power, including the British during colonial rule, and the Mughals, all were fair-skinned, which reinforced the idea that fairer skin meant power and privilege. Today, these beauty ideals still exist in India, particularly based on geographic region. Due to harsher sun rays in the southern part of India, South Indian women tend to have darker skin than their North Indian counterparts. Darker skin is often seen as “undesirable” or “untouchable,” with stereotypes persisting in society of South Indian women being less beautiful than North Indian women purely based on skin color (Iyer 2015).

Part of this obsession with skin color persists in the commercial industry; beauty skin-bleaching creams and products are a thriving market in India, worth about USD\$432 million (Thacker 2015). The most popular is Fair & Lovely, a skin-lightening cream that was introduced in India in 1975. Commercials heavily market the cream by showing Bollywood celebrities and superstars as brand ambassadors, perpetuating the notion that fair skin is most beautiful and best associated with success.

Celebrities in the Bollywood movie industry are notorious for skin lightening, as female lead roles are often given to fairer-skinned actresses. In 2013, Bollywood actress Nandita Das spearheaded the “Dark Is Beautiful” awareness campaign to highlight the diversity of skin tones and celebrate “beauty beyond color” (Women of Worth 2013).

FARHANA RAHMAN

Further Resources

- Arya, Divya. 2015. “Why Motherhood Makes Indian Women Quit Their Jobs.” BBC News, April 23. Retrieved from <http://www.bbc.com/news/world-asia-india-32377275>.
- Banerjee, Rimjhim, and Veronica Gesser. 2004. “India.” In *Teen Life in Asia*, edited by Judith J. Slater, 51–68. Santa Barbara, CA: Greenwood Press.
- Barrera, Sara, and Eva Corbacho. 2012. “The Ongoing Tragedy of India’s Widows.” *Women under Siege*, June 22. Retrieved from <http://www.womenundersiegeproject.org/blog/entry/the-ongoing-tragedy-of-indias-widows>.
- BBC. 2016. “Triple Talaq: India’s Muslim Women Fight against Instant Divorce.” April 16. Retrieved from <http://www.bbc.com/news/world-asia-india-35997390>.
- Biswas, Soutik. 2016. “Why Are India’s Housewives Killing Themselves?” BBC News, April 12. Retrieved from <http://www.bbc.com/news/world-asia-india-35994601>.
- Borooah, Vani K., Nidhi Sadana Sabharwal, and Sukhadeo Thorat. 2012. *Gender and Caste-Based Inequality in Health Outcomes in India*. Indian Institute of Dalit Studies. Working Paper Series, Vol. 6. Retrieved from www.dalitstudies.org.in/wp/wp603.pdf.
- Britnell, Mark. 2015. *In Search of the Perfect Health System*. London: Palgrave Macmillan.
- Choudhury, Panna, and Umesh Kapil. 2005. “National Rural Health Mission (NRHM): Will It Make a Difference?” *Indian Pediatrics* 42: 783–786.
- Cowling, Krycia, Rakhi Dandona, and Lalit Dandona. 2014. “Improving the Estimation of the Tuberculosis Burden in India.” *Bulletin of the World Health Organization* 92: 817–825. Retrieved from <http://www.who.int/bulletin/volumes/92/11/13-129775/en>.
- Deininger, Klaus, Aparajita Goyal, and Hari Nagarajan. 2010. “Women’s Inheritance: Evidence from India.” VOX, December 3. Retrieved from <http://voxeu.org/article/women-s-inheritance-evidence-india>.
- Fletschner, Diana, and Ashok Sircar. 2014. “The Right to Inherit Isn’t Working for Indian Women, Says U.N.” *Wall Street Journal*, March 2. Retrieved from <https://blogs.wsj.com/indiarealtime/2014/03/02/the-right-to-inherit-isnt-working-for-indian-women-says-u-n-study/>.
- Gogoi, Aparajita, and Renuka Motihar. 2013. “Maternal Health in India: Where We Are Today.” *Huffington Post*, June 6. Retrieved from http://www.huffingtonpost.com/aparajita-gogoi/maternal-health-in-india_b_3395416.html.
- Hameed, Sadika, Sandile Hlatshwayo, Evan Tanner, Meltem Türker, and Jungwon Yang. 2010. “Human Trafficking in India: Dynamics, Current Efforts, and Intervention Opportunities for the Asia Foundation.” Asia Foundation, March 12. Retrieved from <http://asiafoundation.org/publication/human-trafficking-in-india-dynamics-current-efforts-and-intervention-opportunities-for-the-asia-foundation>.
- Harris, Gardiner. 2013. “India’s Supreme Court Restores an 1861 Law Banning Gay Sex.” *New York Times*, December 11. Retrieved from http://www.nytimes.com/2013/12/12/world/asia/court-restores-indias-ban-on-gay-sex.html?_r=0.
- HRW (Human Rights Watch). 2007. *Hidden Apartheid: Caste Discrimination against India’s “Untouchables.”* Retrieved from https://www.hrw.org/sites/default/files/reports/india0207webwcover_0.pdf.
- HRW (Human Rights Watch). 2014. “India: End Violence against Women, Children, Minorities.” January 21. Retrieved from <https://www.hrw.org/news/2014/01/21/india-end-violence-against-women-children-minorities>.
- Huber, B. Rose. 2015. “Maternal Health in India Much Worse Than Previously Thought.” Woodrow Wilson School of Public & International Affairs, March 2. Retrieved from <http://www.princeton.edu/news-and-events/news/item/maternal-health-india-much-worse-previously-thought>.
- IIPS (International Institute for Population Sciences) and Macro International. 2007. *National Family Health Survey (NFHS-3), 2005–06: India*. Vols. 1 and 2. Mumbai: IIPS. Retrieved from

- <http://www.measuredhs.com/pubs/pdf/FRIND3/FRIND3-Vol1AndVol2.pdf>.
- ILO (International Labour Organization). 2011. "Economically Active Population, Estimates, and Projections." Retrieved from http://laborsta.ilo.org/applv8/data/EAPPEP/eapep_E.html.
- ILO (International Labour Organization). 2013. *Global Employment Trends 2013: Recovering from a Second Jobs Dip*. Retrieved from http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_202215.pdf.
- IMF (International Monetary Fund). 2015. "World Economic Outlook Database." Retrieved from <http://www.imf.org/external/pubs/ft/weo/2015/02/weodata/index.aspx>.
- Iyer, Mayura. 2015. "Growing Up with India's Light-Skinned Beauty Standards." *Huffington Post*, October 19. Retrieved from http://www.huffingtonpost.com/literally-darling/growing-up-with-indias-light-skinned-beauty-standards_b_8294810.html.
- All India Women's Conference. 2011. *All India Women's Conference*. <http://aiwc.org.in/>.
- Jha, Rupa. 2014. "India's Invisible Widows, Divorcees, and Single Women." BBC News, March 7. Retrieved from <http://www.bbc.com/news/magazine-26356373>.
- Joshi, Himani, and Archana Kumari. 2015. "Gender Stereotyped Portrayal of Women in the Media: Perception and Impact on Adolescent." *IOSR Journal of Humanities and Social Sciences* 20.4: 44–52.
- Kannan, Shipla. 2013. "India's Abandoned Widows Struggle to Survive." BBC News, October 14. Retrieved from <http://www.bbc.com/news/business-24490252>.
- Kar, Indrani, and Shuvojit Moulik. 2014. "Basic Medical Facility for Transgenders: A Crucial Step towards Improving Public Health." Civilian Welfare Foundation.
- Mander, Harsh. 2015. "India Exclusion Report 2015: An Overview." In *India Exclusion Report 2015*, 1–25. New Delhi: Yoda Press. Retrieved from http://www.im4change.org/docs/91763text-final_India-Exclusion-Report-round2Final.pdf.
- Mitra, Sumit. 2015. "Not So Happily-Ever-After, yet India Has a Low Divorce Rate." *The Quint*, October 1. Retrieved from <http://www.thequint.com/india/2015/10/01/not-so-happily-ever-after-yet-india-has-a-low-divorce-rate>.
- Moore, Charity T., and Rohini Pande. 2015. "Why Aren't India's Women Working?" *New York Times*, August 23. Retrieved from http://www.nytimes.com/2015/08/24/opinion/why-arent-indias-women-working.html?_r=0.
- Narayan, Shoba. 2009. "What Is the Role of Women in Indian Politics? Growing Stronger . . ." *Knowledge@Wharton*, May 21. Retrieved from <http://knowledge.wharton.upenn.edu/article/what-is-the-role-of-women-in-indian-politics-growing-stronger>.
- NCRB (National Crime Records Bureau, Ministry of Home Affairs). 2013. *Crime in India 2013: Statistics*. Retrieved from <http://ncrb.nic.in/StatPublications/CII/CII2013/Statistics-2013.pdf>.
- Nelson, Dean. 2011. "India's First Married Lesbian Couple Given 24-Hour Protection." *The Telegraph*, July 26. Retrieved from <http://www.telegraph.co.uk/news/worldnews/asia/india/8662082/Indias-first-married-lesbian-couple-given-24-hour-protection.html>.
- Ninan, Ann. 2003. "Without My Consent: Women and HIV-Related Stigma in India." Population Reference Bureau. Retrieved from <http://www.prb.org/Publications/Articles/2003/WithoutMyConsentWomenandHIVRelatedStigmaIndia.aspx>.
- Office of the Registrar General & Census Commissioner, India. 2001a. "Age Structure and Marital Status." Ministry of Home Affairs. Retrieved from http://censusindia.gov.in/Census_And_You/age_structure_and_marital_status.aspx.
- Office of the Registrar General & Census Commissioner, India. 2001b. *Census of India*. Ministry of Home Affairs. Retrieved from <http://www.censusindia.gov.in>.
- Office of the Registrar General & Census Commissioner, India. 2011. *Census of India*. Ministry of Home Affairs. Retrieved from <http://www.censusindia.gov.in>.
- Phalnikar, Sonia. 2010. "Female Hindu Priests in India Are Making Strides in a Male-Dominated Profession." DW, May 14. Retrieved from <http://www.dw.com/en/female-hindu-priests-in-india-are-making-strides-in-a-male-dominated-profession/a-5569382>.
- PIB (Press Information Bureau). 2014. "State-Wise Voter Turnout in General Elections." Government of India, Election Commission. Retrieved from <http://pib.nic.in/newsite/PrintRelease.aspx?relid=105116>.
- Pradhan, Basanta K., and Ramamani Sundar. 2006. "Gender Impact of HIV and AIDS in India." United Nations Development Programme. Retrieved from <http://www.undp.org/content/dam/india/docs/gender.pdf>.
- RMSA (Rashtriya Madhyamik Shiksha Abhiyan). 2016. "RMSA at Glance." Department of School Education & Literacy. Retrieved from <http://rmsaindia.gov.in/en/8-rmsa/126-rmsa-at-glance.html>.
- Rustagi, Preet. 2010. "Employment Trends for Women in India." ILO Asia-Pacific Working Paper Series, June. Retrieved from http://www.ilo.org/newdelhi/whatwedo/publications/WCMS_146129/lang--en/index.htm.
- Sahni, Urvashi. 2015. "Primary Education in India: Progress and Challenges." Brookings Institution, January. <http://www.brookings.edu/research/opinions/2015/01/20-primary-education-in-india-progress-challenges-sahni>.
- Saraswathi, T. S., and Suman Verma. 2002. "Adolescence in India: Street Urchins or Silicon Valley Millionaires?" In *The World's Youth: Adolescence in Eight Regions of the Globe*, edited by B. Bradford Brown et al., 105–140. Cambridge: Cambridge University Press.
- Shrinivasan, Rukmini. 2014. "Just 5% of Indian Marriages Are Inter-Caste: Survey." *The Hindu*, November 13. Retrieved from <http://www.thehindu.com/data/just-5-per-cent-of-indian-marriages-are-intercaste/article6591502.ece>.
- Thacker, Purvi. 2015. "Another African Nation Bans Popular Skin-Whitening Creams." *Women in the World*, May 12. Retrieved from <http://nytlive.nytimes.com/womeninthe>

- world/2015/05/12/another-african-nation-bans-popular-skin-whitening-creams.
- Trivedi, Ira. 2014. *India in Love: Marriage and Sexuality in the 21st Century*. New Delhi: Aleph Book Company.
- Udas, Sumnima. 2012. "Arranged Marriage Is Not Forced Marriage." CNN Freedom Project, May 30. Retrieved from <http://thecnnfreedomproject.blogs.cnn.com/2012/05/30/arranged-marriage-is-not-forced-marriage>.
- UNDP (UN Development Programme). 2014. "Table 5: Gender Inequality Index." Retrieved from <http://hdr.undp.org/en/composite/GII>.
- UNESCO. 2013. "Sahajani Shiksha Kendra: Literacy and Education for Women's Empowerment." Retrieved from <http://www.unesco.org/uil/litbase/?menu=9&programme=82>.
- UNICEF. 2016. "Skilled Attendance." February. Retrieved from <http://data.unicef.org/maternal-health/delivery-care.html>.
- UNICEF India. 2014. "Maternal Health." Retrieved from <http://unicef.in/Whatwedo/1/Maternal-Health>.
- UN Statistics Division. 2016. *Population and Vital Statistics Report*. Retrieved from <http://unstats.un.org/unsd/demo-graphic/products/vitstats/default.htm>.
- U.S. Department of State. 2015. *Trafficking in Persons Report 2015*. Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/2015/index.htm>.
- van Klaveren, Maarten, Kea Tijdens, Melanie Hughie-Williams, and Nuria Ramos Martin. 2010. "An Overview of Women's Work and Employment in India." University of Amsterdam, Amsterdam Institute for Advanced Labour Studies, January. Retrieved from http://www.ituc-csi.org/IMG/pdf/Country_Report_No13-India_EN.pdf.
- WEF (World Economic Forum). 2012. *The Global Gender Gap Report 2012*. Retrieved from <http://reports.weforum.org/global-gender-gap-report-2012>.
- WEF (World Economic Forum). 2013. *The Global Gender Gap Report 2013*. Retrieved from <http://reports.weforum.org/global-gender-gap-report-2013>.
- WHO (World Health Organization). 2000. "The World Health Report 2000—Health Systems: Improving Performance." Retrieved from <http://www.who.int/whr/2000/en>.
- World Bank. 2012. "HIV/AIDS in India." July 10. Retrieved from <http://www.worldbank.org/en/news/feature/2012/07/10/hiv-aids-india>.

Indonesia

Overview of Country

Indonesia is a unique country made up of a grouping of 17,508 islands (6,000 are inhabited) that shares borders with Papua New Guinea and Malaysia and sits as a neighbor to Australia and Singapore. As of July 2016, Indonesia was considered the world's third most populous

democracy (in July 2015, the population was estimated at 255,993,674); largest archipelagic (group of islands) state; and largest Muslim-majority (87.2%) nation (CIA 2015).

Indonesia covers a total landscape of about 735,000 square miles (1,904,569 sq. km)—699,000 square miles of land and 35,000 square miles of water. As a tropical environment that straddles the equator, the country faces the extreme natural threats of floods, drought, tsunamis, forest fires, and earthquakes; however, its greatest threat is from volcanoes. Indonesia contains 76 historically active volcanoes—the largest number in the world. Indonesia is second only to the Amazon for the density of its forests, which often feed the annual forest fires.

Indonesia's history began in the early 17th century, when the Dutch began its colonization upon discovering this group of islands that shared cultural similarities among their populations. The name *Indonesia*, meaning "Indian Islands," came from Englishman J. R. Logan when he visited Malaysia in 1850. In 1928, nationalists adopted "Indonesia" as the name of their hoped-for nation.

After falling under Japanese occupation from 1942 to 1945, a deadly period of fighting, negotiations, and revolution occurred until the first elections took place in 1999. Indonesia continues to struggle with maintaining a unified government in its 31 provinces. In 2005, the country entered a peace agreement with separatists from the Aceh Province, allowing for its first democratic elections; however, the Free Papua Movement in the Papua Province continues to meet the Indonesian government with armed resistance (CIA 2015). While Bahasa Indonesian is the official language, more than 700 languages are spoken in Indonesia.

The Indonesian government today is considered a democracy, though unrest continues throughout the archipelago. According to USAID, "Indonesia constitutes the world's third largest democracy and fourth most populous nation, with the largest economy in Southeast Asia and some of the world's most diverse natural resources" (USAID 2010).

The status of women in Indonesia is generally considered high, though their position and rights vary considerably in different ethnic groups. Men are identified as community leaders, decision makers, and mediators with the outside world, while women are considered to be the backbone of the home and family. The country's rich, cultural heritage can be seen in its music, theater, dance, and architecture, all of which express the varied ethnic and religious influences within the country.

Issues facing the country include poverty, education, human rights, infectious disease, and governmental corruption. Indonesia is one of five countries that together are home to more than half of the world's poor. Because the constitution does not include protections against discrimination, distinct challenges face populations of difference, including race, sexual orientation and gender identity, religion, and HIV-positive status.

In 2014, the UN Development Programme ranked Indonesia 110th out of 188 nations based on the Gender Inequality Index (GII, 0.494). The country is almost evenly divided between males and females in all age brackets.

Girls and Teens

According to the *Daily Mail*, human trafficking and sex tourism have long been big business in this vast archipelago of 240 million—thanks to corruption, weak law enforcement, and a lack of reporting largely due to family embarrassment or little faith in the system. The International Labor Organization (ILO) estimates 40,000–to 70,000 children become victims of sexual exploitation in Indonesia annually (Thomas 2013).

It is believed that the primary cause leading to child prostitution is drug addiction, but there is another addiction just as strong—the status of possessions. In a country whose majority population exists at or below poverty, the sex trade provides funding for teens to have possessions that give them status and prestige in the eyes of their peers.

The Indonesian government has established services for women and girls in its 34 provinces that focus on assisting victims of violence; however, the level of support depends on the location (larger urban center versus smaller district), and most rural districts have no center. Urban centers are likely to have “women’s desks” or specialized private crisis intake rooms that are staffed by women officers. These services are set up to receive reports from female and child victims of sexual assault and trafficking. Some also provide temporary shelter.

According to the National Commission on Violence against Women, more than half of Indonesian girls under the age of 11 have experienced some form of female genital cutting (FGC), 79 percent of these occurring before the age of 6 months. These acts are often carried out by midwives and birth attendants. In 2010, the Ministry of Health issued “safe practices” for female cutting, lifting the ban that had been posed on the practice, and in 2014, the Ministry of Health established a health advisory group

to oversee the debate on the practice. The advisory group includes the religious leaders who were integral in having the ban lifted in 2010.

Province governments with no authority to implement laws based on sharia (Islamic religious guidelines) still enforce laws mandating female modesty and the expectation of Islamic dress for all women who have reached puberty and beyond. While both male and female Indonesian teens have become known for rebellion against Islamic teaching and practice, in 2015, a curfew was passed that only applied to female teens (Danaparamita 2015).

Though the situation for girls and teens is challenging, signs of positive change can be seen in both the increased freedoms through artistic expression and growing access to higher education. Women artists such as Emiria, Murni, and Sri Astari Rasjid depict gender conflict, abuse recovery, and women’s strength in their works. Dance is used in artistic, religious, and political forums to express the struggle by and hope for girls and women in Indonesia. Institutions of higher education, such as the Institut Seni Indonesia Yogyakarta, have established international partnerships that encourage girls to attend university while embracing their culture and, more importantly, to study abroad at partner universities where they can be exposed to other cultures and opportunities.

Education

In 2015, more than 90 percent of Indonesians were considered literate, completing an average of 13 years of education. Women make up 63 percent of the population that is considered illiterate. However, according to a 2016 study, Indonesia ranks low for “literate behavior characteristics” (the availability and use of libraries and newspapers, general schooling levels and access to computers)” (Noszlopy 2016).

Indonesians are considered “e-literate,” a growing trend in which reading occurs in electronic format and is more centered around social media and communication than reading at home or reading for pleasure. Indonesia ranks as one of the world’s top Facebook- and Twitter-using countries (Thomas 2013). Some of this shift is based on world trends; however, much of it is also centered on access to print literature. Because of the archipelagic nature of Indonesia, transportation costs for acquiring print materials are often prohibitive in keeping books on the shelves; bookstores are trending toward selling nonbook items to stay afloat.

A National Book Committee has been established to tackle the challenge of a literate country with very few active readers. Some of their goals are to produce literature (supporting and funding translations and publications); to develop literature (supporting the industry through workshops and events); and to promote literature (supporting participation at book fairs and literacy festivals). In addition, the School Literacy Movement (Ministerial Regulation No. 23/2015) promotes nontextbook reading 15 minutes daily before classes begin and is working to provide e-books that will combine the new generation's technology obsession with the country's goal of encouraging reading as both an educational and recreational activity (Noszlopy 2016).

Though considered a literate country with a high rate of high school graduates, Indonesia still ranks low in standard testing that denotes job readiness. According to Elizabeth Pisani in her 2013 *Inside Indonesia* article, "Three-quarters of those Indonesians who are still in school at age 15 don't have the basic math skills that they need to function in society. Two-thirds don't have enough science to get by effectively in the modern world, and one in five can't read well enough to perform basic tasks in the workplace." She goes on to say that the Indonesian education system does nothing to incentivize teaching, only to graduate students. The result is a country of literate citizens who may struggle to improve their own situations or that of the country (Pisani 2013).

While only a small number of universities and colleges that are state-run (and therefore meet national standards of excellence), it is notable that access to higher education has increased significantly in recent years. "The number of young people in higher education grew by 60 percent between 1999 and 2010, to over 4.3 million" (Pisani 2013).

Health

Access to Health Care

The World Health Organization's (WHO) minimum health care workers per 10,000 people is 23. Indonesia has 25 per 10,000, mostly in its urban communities. Only 65 percent of Indonesia's hospitals are accredited, and the bed space is far below the needs of its citizens.

In 2013, just more than 3 percent of the gross domestic product (GDP) was spent on health care. In 2014, the Indonesian government made the bold move to establish universal health coverage through a program called *Jam-inan Kesehatan Nasional* (JKN). The goal of the USD\$1.6

billion investment is to have complete health coverage for all Indonesians by 2019.

With roughly 65 percent of Indonesians, approximately 86 million, falling at or below the poverty level, the success of this program could change the health of the entire country. However, WHO questioned the program's capacity when it estimated a cost of USD\$13 billion to USD\$16 billion annually to provide effective health care for the country's poor, far more than the government's planned USD\$1.6 billion investment.

To offset the unexpected cost of the new system, Indonesians now pay nominal premiums, ranging from USD\$1.70 to USD\$4.10 a month for broad medical coverage. However, this small fee does not come close to bridging the gap between their payment and the cost of their health care. Many of the patients taking advantage of the system are those who have serious medical conditions that have been ignored until now because they could not afford treatment. That means that the cost of their care is far above the anticipated "maintenance" care for which the program was budgeted. In year two of the program, the government was already paying USD\$224 million in health care costs above the premium payments made by its citizens.

Now more than 150 million people are enrolled in the health insurance program, and it will be mandatory by 2019. Academic studies by the Gadjah Mada University Centre for Health and the Paramadina Graduate School of Diplomacy, however, report that it will be impossible for all Indonesian citizens to access health insurance by 2019 (Razavi 2015). In the absence of its success, uninsured Indonesians depend upon nongovernmental organizations (NGOs) to provide basic health and emergency care.

While the government pays 19,225 Indonesian rupiah (USD\$1.60) per month for treatment in a third-class hospital ward for each poor citizen, individuals can also purchase one of three insurance options: 25,500 rupiah (USD\$2) per month for third-class treatment; 42,500 rupiah (USD\$3.60) for second-class treatment; and 59,000 rupiah (USD\$5) for first-class treatment.

The Health Ministry says Indonesia needs more than 12,000 new doctors to meet its goal of 40 per 100,000 people. The country has 88,000 doctors, and its universities produce 7,000 doctors annually (Rachman 2015).

Maternal Health

In 2015, the maternal mortality rate was 126 deaths per 100,000 live births, and the infant mortality rate was 24

deaths per 1,000 births (CIA 2015). USAID estimates that more than 80,000 newborns die annually, a rate that has not declined in the 21st century. According to WHO, approximately 69 percent of births are delivered by midwives. This may negatively affect the maternal and infant mortality rates because of a lack of training for midwives, a lack of access to emergency obstetric care in instances of problem births, and the limited availability of neonatal and maternal medications.

Another factor is the young age of first-time mothers. In 2014, a challenge was filed to the standing Marriage Law that allowed 16 years old as the minimum age for marriage, noting that the infant and maternal mortality rates are in direct correlation to the youth of the mothers. The court rejected the claim. It would be another year before the minimum age was raised to 18.

Finally, women's lack of control over their own bodies also plays a role. Often, when a woman is advised to seek specialized care, the husband will override the doctor's advice based on tradition, finances, or pressure from family. "Inequality in decision-making, limited access to health services in rural areas and lack of information on healthy pregnancy are among the factors that contribute to maternal deaths," said Masruchah, the secretary-general of the National Commission on Violence against Women. "There's a view that husbands should have final say over domestic matters, but men often don't know what their wives feel" (IRIN News 2010).

Diseases and Disorders

An estimated 660,300 Indonesian adults were living with HIV/AIDS in 2014, and USAID estimates an additional 30,000 are infected as of 2016. An estimated 33,700 people have died, ranking Indonesia 14th in the world in those infected with the disease and 8th in deaths from HIV/AIDS.

Tuberculosis (TB) affects over 1 million new Indonesians annually, and over 100,000 people die from TB each year. By 2030, the number of people with diabetes in Indonesia is projected to top 11.8 million, a higher percentage than the country's population growth.

The incidence of infectious disease in Indonesia is considered very high, particularly in food-, water-, and airborne diseases such as bacterial diarrhea, hepatitis A, typhoid fever, dengue fever, and malaria. Malaria during pregnancy is directly correlated to infant mortality. More than one-third of Indonesia's population is believed to

be at risk for lymphatic filariasis (elephantitis). Intestinal worms are endemic in the country.

Much of the infectious disease is brought about by low access to clean water. Because of extreme poverty in Indonesia, many households cannot afford the water installation fee for clean water to their homes. A number of social service organizations name clean water as a major initiative for their work in Indonesia.

In addition, one health care provider noted,

Indonesia is undergoing a transition in disease epidemiology, marked by the still high prevalence of communicable diseases, and yet at the same time degenerative and non-communicable diseases such as cardiovascular diseases and cancer are on the increase. The rate of mortality from non-communicable diseases rose from 41.7 percent in 1995 to 59.5 percent in 2007—an increase of 42 percent—the latest figure available from the Health Ministry. According to the Health Ministry's Basic Health Survey, the prevalence of diabetes was 2.1 percent in 2013, compared to 1.1 percent in 2007. Hypertension was prevalent among 31.7 percent of the population, up from 25.8 percent in 2007. (Rachman 2015)

Employment

Fifty-one percent of Indonesian women are engaged in the workforce (Adzhani 2015), and women own 35 percent of the small and medium-sized businesses in the country (Asia Foundation 2012). However, many of these businesses are still registered in the name of the husband because the women have limited access to financial institutions for support in business development. According to a study conducted by the Asia Foundation in 2012, Indonesian women are active in many aspects of public life, but "most professional areas continue to be dominated by men." In addition, "gender stereotyping and traditional views of women's roles continue to disadvantage girls and women in Indonesia, making it difficult for women to be full and equal participants in social, economic, and political life" (Asia Foundation 2012).

According to WageIndicator.Org, in 2008, women's employment was highest in households (76%), health and social work (57%), restaurants and hotels (56%), and education (55%). Forty percent of women employed worked in agriculture, followed by wholesale and retail (22%) (WageIndicator.Org 2010). Women in business find further

complications due to the 1974 Marriage Law. Because the man is still considered the head of the household and the expected breadwinner, married women who work outside the home are taxed at a higher rate than working husbands, who receive preferential tax treatment.

Discrimination and abuse against women in the workplace is best exemplified in the police and military forces. Female recruits are subjected to a “virginity test” to determine whether they are morally capable of serving. According to the *Washington Post*, “In Indonesia, the test is considered standard practice. Women seeking to join the military are required to strip naked and have their genitalia manually examined by a doctor, purportedly to ensure that they are virgins” (Ayuandini 2015).

NPR reported that when confronted by Human Rights Watch (HRW), General Moeldoko, the head of Indonesia’s armed forces, responded, “So what’s the problem? It’s a good thing, so why criticize it?” He “conceded, though, that there was no direct link between a woman being a virgin and her abilities as a member of the armed forces, but insisted that virginity was a gauge of a woman’s morality—one of the three key traits he said a woman must have to serve in the [Indonesia Armed Forces], along with high academic aptitude and physical strength” (Neuman 2015). Men are not subjected to the same tests to measure their aptitude for service.

There is a generational shift for women occurring in Indonesia. Ariane Utomo reported in *Inside Indonesia* that 70 percent of the 25–29 age group reported in 2010 that work was their primary activity, and for every 100 educated women in this group, there were only 76 men, a shift from a predominantly male-educated society (the 50–54 age group reported 176 educated men for every 100 women) (Utomo 2015).

While this speaks to a positive shift in the role of women, women still earn less than men in the same jobs (the pay gap is one of the largest in East Asia), still carry gender-identified roles in relationships, and still see the family role as more important than the work one. Additionally, this generation still sees it as the male’s role to be the major breadwinner and the woman’s role to keep the home, even if both are working professionals.

Indonesian law mandates that businesses give three months’ paid maternity leave to female workers, though family leave does not extend to fathers. At least half of the maternity leave must be taken after the birth. A pregnant woman may not be forced to work between 11:00 p.m. and 7:00 a.m., if she can provide a doctor’s certificate stating

that this would endanger her health (AngloInfo Indonesia 2016).

Like women in much of the world, working women in Indonesia “face a double-burden in society. They can work but are also perceived to have the main responsibility of caring for the family at home,” said Miranda Fajerman, an equal-opportunities adviser in Indonesia with the ILO. “Research shows that women tend to find it more difficult to enter the labor force after giving birth to children. They are less likely to be hired in the labor industry because they are seen as vulnerable” (Jakarta Globe 2013).

However, as research and time support the positive impact of women in the Indonesian workforce, it is expected that women’s professional rights will also improve. Yulia Immajati, a World Bank consultant on gender, noted, “Hiring a woman may be more expensive in the short term, but in the long term investing in a female employee is worth it.” The World Bank’s economic performance report on Indonesia backs up that statement, showing that increased gender equality in the Indonesian workforce has correlated to a reduction in poverty.

Family Life

An Indonesian’s identity is drawn from her family and her position in it. The eldest male, even if he is younger than the eldest female, is considered the head of the household, or *bapak*. From birth, infants are carried by the mother and have a close relationship with their father, though that relationship grows weaker as children age. The extended family plays an integral role in children’s development, often housing older children from a household with a larger number of family members.

The role of these “aunties” and “uncles” is highly respected, though the parents, even if the child is living away from them, are still given the highest respect. Besides providing additional housing, the communal living of Indonesian families creates food and shelter security in a country with high poverty and provides lifelong support for older generations. It is an expectation that the younger generations will care for the older generations.

Most property in Indonesian families is considered “community property,” particularly in these communal families. Decisions in the home are made by the collective; thus, individuals rarely express individualized thinking within the family structure. Directness is frowned upon, and Indonesians rarely say “no,” which, in family

structure, can lead to women having little or no voice in the household.

Marriage is highly prescriptive and governed by the long-standing religious impact on marriage policy established in the Marriage Law of 1974. It is still considered “illegal” for couples to “intermarry,” defined as marrying someone from a different religious community (HRW 2016).

Divorce is available to both men and women, though it is more difficult for women if it is being sought through religious courts versus government courts. Many divorcees receive no alimony, as there is no system to enforce payments. If there is no prenuptial agreement, joint property is divided equally. The law requires a divorced woman to wait 40 days before remarrying; a man may remarry immediately. In many courts, the judge’s role is to mediate the marriage conflict and avoid divorce, as divorce is still considered taboo and marriage is held in highest regard (Arijaya 2011).

The 1974 Marriage Law, which governs marriage and divorce, established the legal age of marriage as 16 for women and 19 for men. In June 2015, the Ministry of Defense increased the legal age of marriage for women to 18, calling out that age as the passage from being defined as a child to an adult. While the 1974 Marriage Law provides equal status under family, labor, property, and nationality laws, it does not provide equal status in regard to inheritance rights for widows. Male family members have more rights to inheritance than the wife of the deceased.

Politics

On August 17, 1945, women were granted the right to vote. Anyone 17 years old or older can now vote in Indonesia, and while the voice of women is growing stronger each year, women are still a small majority in the decision making for Indonesian governance and human rights.

While Indonesian political policies are not governed by religious teachings, religion does play a powerful role in Indonesian society and governance. Islam, Christianity, Catholicism, Hinduism, Buddhism, and Confucianism are all represented in Indonesia and are the “accepted” religions, though atheism is not an option. While Indonesian politics will claim secularism, in reality, regional politics are governed, for the most part, by the majority religion in that region. Despite the presence of a multiplicity of religions in Indonesia, Muslim faith dominates, and it is expected that governmental leadership will follow

Muslim faith and policy. As a result, Muslim expectations for women are often carried out through governmental expectations, including dress code, participation in government leadership, and the role in the family and family possessions (Indonesia Investments 2016).

An Overview of the Indonesian Political System

Indonesia’s political system consists of three branches. The executive branch consists of the president, the vice president, and the cabinet. Both the president and vice president are chosen during presidential elections as a joint election. They serve for a term of five years that can be extended once by another term of five years when reelected by the people. After election, the new president appoints the cabinet.

The legislative branch is the People’s Consultative Assembly (Majelis Permusyawaratan Rakyat (MPR)). It is empowered to set or change the constitution and appoints (or impeaches) the president. The MPR is made up of the People’s Representative Council (Dewan Perwakilan Rakyat (DPR)) and the Regional Representative Council (Dewan Perwakilan Daerah (DPD)), which creates laws, produces the annual budget in cooperation with the president, and conducts political affairs. The members are elected for five-year terms.

Unfortunately, the DPR is known for its corruption and scandals. The highest court in Indonesia’s judiciary system is the independent Supreme Court (Mahkamah Agung). It is the final court of appeal and also deals with disputes between lower courts. It, too, is known for its corruption and unethical decision making.

For women and girls, protections in Indonesia are often impacted by interpretation of the laws. Rape is defined as “penetration of sexual organs” and is only recognized as a crime if corroborated by a witness. According to the Bureau of Democracy, Human Rights and Labor, most offenders are given the lightest possible sentence when found guilty.

In instances of marital rape and domestic violence, cases remain poorly documented and significantly underreported. While use of contraception in the country averages 62–70 percent, it is more prevalent among married women because of the difficulty for unmarried women to acquire contraceptives (Index Mundi 2016). Domestic violence was reported as the most common form of violence against women, recording more than 293,000 incidences in 2014.

According to UN Women, “In Indonesia, the challenges to gender equality remain discriminatory attitudes, which prevent women from exercising their economic rights, property ownership and land inheritance, access to credit, wages and workplace benefits, and livelihood opportunities. Exploitation of women migrants, violence and harmful traditional practices are further cause for concern.” The report goes on to claim, “A ‘national vision’ on women’s empowerment has brought the realization of gender equality to state and community level, focusing on the improvement of women’s quality of life, raising public awareness about gender equality and justice, eliminating violence against women, promotion and protection of women’s human rights, and strengthening the capacity of women’s organizations” (UN Women 2016).

The Presidency of Indonesia

Indonesia’s sitting president in 2016, Joko Widodo, made political commitments in his first year of presidency in 2014, but many of those commitments remain unfulfilled. As of this writing, the status of his human rights reforms, according to HRW’s *World Report 2016* (which covers 2015), shows some forward movement in rhetoric but a need for action beyond the rhetoric.

No changes in laws impacting the protection of religious minorities have been implemented, and 100 Indonesians imprisoned for peaceful advocacy for their religious rights remain captive. A declaration lifting foreign media restrictions was made; but no policy was put in place, and no consequences for refusal to follow policy were laid out. Governmental and religious leaders continue to deny access to foreign media.

In August 2015, a Reconciliation Commission was announced. No further details were provided, and no commission members have been named. The death penalty is still regularly enforced, even in cases where mental health issues would find a defendant incompetent for trial.

In the environmental protections arena, fines and sentences were imposed on plantation owners using fire to clear palm forests, sending a message of zero tolerance for the risk to human life posed by impure air from these fires. (HRW 2016)

Women and Politics

To increase gender equality in politics, Indonesia has imposed a mandatory quota of 30 percent female parliamentary candidates in each electoral district or else it will

be disqualified. While the idea behind the rule is good, in reality, the political parties often choose women who have little chance of defeating the male candidates of choice and who have no political experience that would benefit women should they win the election. Many of the candidates have come from the entertainment industry or have been spouses of male candidates in other political arenas.

Women now comprise 18 percent of the 560 elected members of the Indonesian House of Representatives, and in some regions, women’s representation has reached as high as 34 percent (Asia Foundation 2012).

Despite the challenges to the quota, though, since Indonesia adopted it in 2004, the number of women elected to the 560-seat House of Representatives increased from 11 percent to more than 18 percent in 2009 (Kwok 2014). The vice president, Megawati Sukarnoputri, a woman, was a candidate for president, though her reputation comes mostly from her presidential father, Sukarno. She was opposed by many Muslim leaders because of her gender, but she had the largest popular following in the national legislative election of 1999.

This shows that the influence of women in politics in Indonesia is increasing, but there are still many barriers that affect women’s voices. While there are growing numbers of NGOs and feminist groups, a lack of coordination leads to a compromised voice for women because there is little shared focus. Because the media is still predominantly controlled by the government, the feminist voice is largely silent.

Politics are considered to be a man’s world, and women are discouraged by the patriarchy from entering parliament and the political arena. Because each party has a limited number of seats, the tendency is to focus on male candidates to fill those seats, rather than risk a female candidate for a coveted seat. Candidates are still chosen by the few, most of whom are men, and the only commitment to women is to hit the “30 percent rule,” in which 30 percent of political candidates are expected to be women.

Elections require funding, which most women do not have, as only a small percentage are participants in the workforce. Additionally, women are still expected to be the grounding force in the home and are discouraged from seeking work or leadership outside the home (Parawansa 2014).

Women and the Politics of Land

Throughout Indonesia, women’s rights to land and marital property are insecure and unregistered. Some of this

is due to the status of women, and some is due to the high cost of registering land that forces landowners (men) to list only themselves. It is common practice for male sons in the family to inherit land over the wife. In general, Indonesia's property policies do not support the sustainability of land and natural resources or the ability for women to maintain land under the family name in the absence of the patriarch. Currently, only one-third of land title certificates list women as owners (Brown 2003).

While the National Land Agency (BPN) has been resistant to reforms that support a more expansive interpretation of landownership, NGOs, feminist organizations, and other human rights movements recognize that land tenure and natural resource property issues must be considered in legislative reforms to move Indonesia forward in a global conversation around agrarian, legal aid, and natural resource initiatives (USAID 2010). As women enter universities and the workforce in historically significant numbers, it will be imperative that they be at the table for these conversations.

These issues are complicated by the fact that Indonesians continue to make allowances for personal status of ethnic and religious groups, enabling these groups to live in accordance with traditional laws and customs with regard to marriage, divorce, and inheritance. This allowance denies basic human rights principles of equality and nondiscrimination and denies these women their rights of property and status within the community (Westendorp 2015).

Religious and Cultural Roles

It is still considered taboo for a woman to be a religious leader in Indonesia. Despite considering itself a "secular" country, religious conservatism plays a significant and influential role in the governance of Indonesia. According to the National Commission on Violence against Women, Indonesia has 365 local laws that are discriminatory toward women and are based on religious doctrine, including utilizing "prostitution" laws to punish women who are caught walking alone at night without a husband. The Ministry of Home Affairs established a 2014 law that allows for banishment of these discriminatory laws, but the commission has yet to utilize their authority to protect the rights of women in Indonesia (Adzhani 2015).

Some scholars argue that Islam was built on egalitarianism and that modern Islam has lost its way due to men's interpretations of the teachings of Mohammad to

maintain male dominance in society, religion, and the home (Rohman 2013).

A growing movement among Muslim women in Indonesia is the commitment to piety by attending prayer meetings, religious gatherings, and study groups. These women, who also often engage in pilgrimages and specialized spiritual "trainings," believe that they can directly impact social issues (corruption, crime, sex trafficking, drugs) by strengthening society through their spiritual knowledge and commitment. Additionally, they view their spiritual piety as their contribution to the home, as the male of the home is the core provider and unable to focus full attention on matters of religion and piety (Blackburn 2011).

In a July 28, 2016, report by the SETARA Institute for Democracy and Peace, the first signs of an economic turnaround were reported. President Joko led the passage of the Tax Amnesty Bill, which is expected to boost tax revenue and encourage tax evaders to declare their offshore assets and repatriate these into the country. Riding this wave of progress, the president removed nine ineffective ministers from his cabinet and demoted two others. In replacing them, he focused on filling the positions with qualified economists and corporate leaders, including Dr. Sri Mulyani Indrawati, the managing director of the World Bank and a leading woman in past cabinet work (SETARA 2016).

For religious freedoms, the change is slower coming. Religious intolerance has been on the rise with an estimated increase of 50 percent in 2015. The SETARA Institute documented 197 cases and 236 incidents of violence in Indonesia during that year. This organization rests the responsibility for the rise in religious violence on the shoulders of the government: "Instead of fulfilling its constitutional duty to protect the rights of its people to practice their religious beliefs freely and without discrimination, the government is actually the main actor in perpetuating religious intolerance throughout the country." The report calls out the lack of policy and the failure to enforce policies that are in place.

Feminist Response

Moderate Islam followers interpret the role of women in Muslim structure as being compatible. It is believed that "Indonesian Islam" is a unique version of Islam that makes room for a form of feminism that is not recognized in traditional Islamic culture. Muhammadiyah, the modernist

Islam organization, divides Islam followers with Nahdlatul Islam, the more traditionalist model.

Muhammadiyah Islam tends to be followed by educated urban Indonesians, whereas Nahdlatul Islamic followers are more likely found in the Javanese countryside. The women's groups of both Indonesian Islamist groups measure in the millions and have been instrumental in pulling the two factions philosophically closer together. The result has been the emergence of feminism in Indonesian Islamic followers and the opening of conversations around gender relations (Blackburn 2011).

"Indonesian feminism" identifies the unique form of feminism in Indonesia that is inclusive of religion, gender, and community. It supports the promotion of women's rights but also advocates for the liberation of both women and men, calling out that men's viewpoints are a result of their own submission to the patriarchal and religiously influenced system in which they operate. Indonesian feminism has created a movement that focuses on gender issues versus equal rights. Conversations by feminist advocates speak to gender equality in a way that incorporates all Indonesians, regardless of gender identity.

Two women emerged from these movements and have been instrumental in the feminist agenda in Indonesia: Lies Marcoes-Natsir and Farha Ciciek Asegaf. Marcoes-Natsir "was instrumental in founding the Fahmina Institute, a non-profit in Cirebon, Indonesia, that works to establish an equal society based on justice, humanity, Islamic tradition and local cultural wisdom" (Berkley Center 2013). As a medical anthropologist, Marcoes-Natsir focuses her research and advocacy on the intersection between gender equity and Islamic culture.

Farha Ciciek Asegaf is considered an instrument of peace. In her work with Rahima, a center for information and training on women's rights issues, she developed an innovative and accepted way of advocating through *sala-wat* (prayers sung in praise of the Prophet Mohammad). Popular culture has grasped onto her teaching and is expanding the discussion of women's rights through religious study groups, high school classes, wedding celebrations, cultural festivals, and singing competitions (N Peace Network 2015).

These two leaders in the feminist movement continue to work in the education system to reform discriminatory teachings and misogynistic behaviors. Joined by Siti Musdah Mulia, the first woman appointed as a research professor for the Indonesian Institute of Sciences, these women work alongside other Indonesian feminists, both men and

women, to bring reform to the Islamic code and create gender equality.

Issues

For women and girls, protective reform is on the decline. HRW's *World Report 2016* on Indonesia reports that "as of October, national and local governments had passed 31 new discriminatory regulations in 2015, leaving Indonesia with 322 discriminatory local regulations targeting women" (HRW 2016). One example of these regulations is the July 2015 passage of a law that allows male personnel to take a second wife (polygamy) if their current wife is unable to bear children. Female personnel are not allowed to participate in polygamy.

Indonesia does not participate in the Refugee Convention or have any law that addresses asylum. Current practice allows temporary asylum with the expectation that refugees will move on to another country for permanent residency. In 2015, over 13,000 refugees (including over 450 minors) were living in temporary asylum in Indonesia (HRW 2016).

Advocacy for Women's Rights

NGOs have a rich history—particularly in the areas of religion, family planning, education, rural health, and women's rights—though they manage limited funds and government restraint. Foreign support for NGOs led to tensions between the various governments and the cancellation of aid if the support was viewed as politically motivated. But with the collapse of the New Order regime in the 1990s, NGOs have become more active in serving various constituencies, even with limited resources (Countries and Their Cultures 2016).

UNIFEM lists 17 advocacy groups working for women's rights and against violence against women in Indonesia. These include the following:

1. Indonesian Women's Association for Justice—providing gender training to law enforcement
2. Women's Journal Foundation—raising awareness through the media
3. Anti-Violence against Indonesian Women's Movement—creating service networks
4. Indonesian Women's Congress—teaching women self-defense
5. National Commission on Violence against Women—addressing national policy reform

6. Mitra Perempuan (Elimination of Violence against Women Foundation)—providing domestic violence research and programming
7. Indonesian Women's Coalition for Justice—raising political awareness on issues of violence against women
8. KALYANAMITRA—raising community awareness to encourage foster families in the absence of women's crisis centers
9. Women's Solidarity for Human Rights—focusing on violence against women migrant workers
10. Rifka Annisa—providing extended crisis services (counseling, education) to women in poverty
11. Women's Association against Violence—raising community awareness of violence against women through public forums
12. Centre for Analysis and Dissemination of Data—providing a gender perspective to data
13. Flower Aceh—using economic empowerment to prevent violence against women
14. Baileo Maluku Network—assisting individuals committed to working alone as advocates and crisis responders in emergency areas
15. Prosperous Flores Foundation—establishing women's forums in rural areas
16. GERTAK—gathering, disseminating, and utilizing information in regions of conflict
17. Forum Concerning Women's Problems—raising awareness on violence against women in rural areas (UNIFEM 2016)

In addition to the work of these Indonesia-based groups, the International Women's Alliance, Gabriela, and other international organizations maintain a focus on the rights of women in Indonesia and provide support and advocacy for them through international efforts.

Lesbian, Gay, Bisexual, and Transgender Communities

In a 2006 Pew Research Center survey, "Global Divide on Homosexuality," 93 percent of Indonesians claimed that gay people should not be an accepted part of their community (Jakarta Globe 2006). This is a shift in thinking for a country that has traditionally been a safe haven for members of the LGBT community. According to the *Wall Street Journal*,

The LGBT movement [in Indonesia] emerged in the late 1960s, according to a report by USAID and the United

Nations Development Program, and in 1982 gay men started Lambda Indonesia. In 2013 the country hosted a national dialogue to discuss the situation facing sexual minorities that was attended by officials, activists, international organizations and dozens of LGBT groups, of which there are now close to 200 across the country, estimate activists. (Schonhardt 2016)

For the LGBT community in Indonesia, particularly in the Aceh province, human rights violations have been documented in both the establishment and enforcement of laws influenced by sharia, Muslim religious beliefs. These laws, which impose public dress requirements (the hijab or veil and long skirts for women) and criminalize same-sex relationships, have been extended beyond the Muslim community. A 2013 study by LGBT advocacy group Arus Pelangi found that nearly 80 percent of LGBT individuals reported experiencing psychological violence, and 46 percent reported physical violence because of their identity (Schonhardt 2016).

On September 27, 2014, the Aceh province parliament criminalized both same-sex sexual acts and sexual relations outside of marriage with a punishment of up to 100 lashes and 100 months in prison (HRW 2016). And as of this writing, the Indonesian 1974 Marriage Law only allows for men to be the head of household, no matter the situation.

While same-sex relations are not governmentally illegal in Indonesia, pressure from the growing Islamic following coupled with recent antigay rhetoric from key political leaders has led to extreme antigay activity throughout the country, and local regulations across the country criminalize same-sex sexual activity. In South Sumatra, same-sex sexual activity is treated as prostitution, and in Jakarta, a transgender person found out at night is assumed to be a sex worker and arrested under the pornography and prostitution law.

In early 2016, when universities began offering counseling to members of the LGBT community, an outcry began that the youth of Indonesia were being "corrupted." Defense Minister Ryamizard Ryacudu described it as "an attempt for Western nations to undermine the country's sovereignty," and former communications minister Tifatul Sembiring called out to his million-plus followers on Twitter "to kill any gay people that they find" (BBC 2016).

Indonesia's vice president, Jusuf Kalla, was quoted as saying, "What is most worrying is that [the LGBT community] want to fight for equal marriage rights," as he called

for a cut in funding for a UN program that provided support and education for LGBT issues.

All of this is in extreme contrast to the country's traditional acceptance of gender difference. The Bugis tribe in Sulawesi has long recognized five genders, including *bissu*, a person who is neither a man nor a woman. In 2008, an Islamic school was established for transgender women to learn more about their Islamic faith and to pray together in a safe space. It was shut down amid the recent anti-LGBT campaign, following the Indonesian Psychiatric Association's call to "promote, prevent, cure and rehabilitate LGBT people." Families of LGBT minors often force them into therapy, confine them to their homes, or force them to marry against their will.

NGO reports show abuse of transgender people by local authorities with little investigation done when LGBT community members file a complaint against police. Societal abuses of the LGBT community are not only tolerated, but encouraged. Indonesia's top Muslim clerical body declared a fatwa (law) on "Lesbians, Gays, Sodomy, and Molestation" in December 2014, calling for the death penalty for anyone participating in these "acts" and for legislation to "[prevent] the legalization of the existence of the homosexual community" (HRW 2016).

Because the Aceh local government has established a sharia criminal code against "homosexual acts," sharia police are now surveilling the province to arrest those they consider engaging in these acts. On September 28, 2014, the sharia police arrested two women they considered lesbians and forced them into a rehabilitation shelter. The code allows for a penalty of 100 strokes with a cane if a person is found guilty of homosexual acts.

Despite the presence of an antidiscrimination law, the government enforces little to no action to prevent discrimination against LGBT persons and considers the law to be apart from their protections. Attempts at marches and peaceful demonstrations by the LGBT community have been met with violence, which has often been encouraged by government and religious entities.

Those identifying as transgender or in the process of transitioning are only allowed to change their gender on their identity cards following proof of gender reassignment surgery under the 2013 Civil Administration Law revision. The only accepted proof of reassignment surgery is a court order that declares the reassignment process to be complete.

Advocacy groups for LGBT rights include SuaraKita, GLAAD, Melela, Arus Pelangi, HRW, and many others that

are operating outside of the country due to threats against LGBT advocates and the community. As mentioned earlier, in 2016, Indonesians have been called upon to abolish LGBT rights and to punish and kill members of the LGBT community.

There are many other organizations, associations, and groups focused on the rights of women, the LGBT community, and the safety of women and girls. The struggle for these groups remains safety in an environment where advocacy groups have not only been declared illegal but where citizens have been encouraged to silence advocates. International organizations are being called upon to bring outside pressure to Indonesian policy makers and President Joko for immediate protections for all Indonesians and sweeping policy reform that comes with consequences for failure to adhere to policy. President Joko continues to reiterate his commitment to human rights and governmental reform.

KAREN J. SHAW

Further Resources

- Adzhani, Rahma Nur. 2015. "Role of Women in Indonesia." *Huffington Post*, November 11. Retrieved from http://www.huffingtonpost.ca/girls-twenty/role-of-women-indonesia_b_8371152.html.
- AngloInfo Indonesia. 2016. "Maternity Leave in Indonesia." Retrieved from <https://www.angloinfo.com/indonesia/how-to/page/indonesia-healthcare-pregnancy-birth-maternity-leave>.
- Arijaya, Rhamat. 2011. "Why Is Divorce in Indonesia Increasing?" *Jakarta Post*, September 12. Retrieved from <http://www.thejakartapost.com/news/2011/09/12/why-divorce-indonesia-increasing.html>.
- Asia Foundation. 2012. "Gender in Indonesia." Retrieved from <https://asiafoundation.org/resources/pdfs/IDgender.pdf>.
- Ayuandini, Sherria. 2015. "Virginity Tests Must End." Retrieved from <http://www.independent.co.uk/life-style/health-and-families/features/vagina-size-or-a-broken-hymen-cannot-factually-determine-whether-a-woman-has-had-sex-why-inhuman-10250379.html>.
- BBC. 2016. "The Sudden Intensity of Indonesia's Anti-Gay Onslaught." February 29. Retrieved from <http://www.bbc.com/news/world-asia-35657114>.
- Berkley Center for Religion, Peace & World Affairs. 2013. "A Conversation with Lies Marcoes." November 14. Retrieved from <https://berkleycenter.georgetown.edu/people/lies-marcoes>.
- Blackburn, Susan. 2011. "Women and Islam." *Inside Indonesia*, January 9. Retrieved from <http://www.insideindonesia.org/women-and-islam>.
- Brown, Jennifer. 2003. "Rural Women's Land Rights in Java, Indonesia: Strengthened by Family Law, but Weakened by Land Registration." *Pacific Rim Law & Policy Journal* 12(3): 631–651. Retrieved from <https://digital.law.washington>

- .edu/dspace-law/bitstream/handle/1773.1/737/12PacRimL%26PolyJ631.pdf?sequence=1.
- CIA (Central Intelligence Agency). 2015. "Indonesia." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/id.html>.
- Countries and Their Cultures. 2016. "Indonesia." Retrieved from <http://www.everyculture.com/Ge-It/Indonesia.html>
- Danaparamita, Aria. 2015. "An Indonesian City Wants a Curfew, but Only for Teenage Girls." *Inhuman Kind*, May 31. Retrieved from <http://www.vice.com/read/indonesian-city-wants-a-curfew-but-only-for-teenage-girls>.
- HRW (Human Rights Watch). 2016. "Dispatches: Indonesia's Blind Eye to Abusive Sharia Bylaws." June 21. Retrieved from <https://www.hrw.org/news/2016/06/21/dispatches-indonesias-blind-eye-abusive-sharia-bylaws>.
- Index Mundi. 2016. "Indonesia." Retrieved from <http://www.indexmundi.com/facts/Indonesia>.
- Indonesia Investments. 2016. "General Political Outline of Indonesia." Retrieved from <http://www.indonesia-investments.com/culture/politics/general-political-outline/item385>.
- IRIN News. 2010. "And Then She Died." May 17. Retrieved from <http://www.irinnews.org/report/89150/indonesia-gender-inequality-endangers-women> percentE2 percent80 percent 99s-health.
- Jakarta Globe. 2006. "Indonesia Still Far from a Rainbow Nation." December 6. Retrieved from <http://jakartaglobe.beritasatu.com/news/indonesia-still-far-from-a-rainbow-nation>.
- Jakarta Globe. 2013. "Indonesia's Working Women Struggle to Succeed." March. Retrieved from <http://jakartaglobe.beritasatu.com/news/indonesias-working-women-struggle-to-succeed>.
- Kwok, Yenni. 2014. "Indonesia's Elections Feature Plenty of Women, but Respect in Short Supply." *Time*, April 8. Retrieved from <http://time.com/53191/indonesias-election-features-plenty-of-women-but-respect-in-short-supply>.
- Neuman, Scott. 2015. "Indonesian Military Chief Defends 'Virginity Tests' for Female Recruits." *NPR Online*, May 27. Retrieved from <http://www.npr.org/sections/thetwo-way/2015/05/17/407526194/indonesian-military-chief-defends-virginity-tests-for-female-recruits>.
- Noszlopy, Laura. 2016. "Reading for Pleasure, 15 Minutes a Day." *Inside Indonesia*, July 12. Retrieved from <http://www.insideindonesia.org/reading-for-pleasure-15-minutes-a-day>.
- N Peace Network. 2015. "Farha Ciciek Assegaf." Retrieved from <http://n-peace.net/candidate/candidate-263>.
- Parawansa, Khofifah Indar. 2014. "Enhancing Women's Political Participation in Indonesia." In *Women in Parliament: Beyond Numbers*, 82–90. Stockholm, Sweden: International IDEA. Retrieved from <http://www.oldsite.idea.int/publications/wip2/upload/Indonesia.pdf>.
- Pisani, Elizabeth. 2013. "A Nation of Dunces?" *Inside Indonesia*, December 7. Retrieved from <http://www.insideindonesia.org/a-nation-of-dunces>.
- Rachman, Anita. 2015. "Indonesia's Health Care Program Struggles with Its Own Success." *Wall Street Journal*, October 7. Retrieved from <http://www.wsj.com/articles/indonesias-health-care-program-struggles-with-its-own-success-1444260768>.
- Razavi, Lauren. 2015. "Indonesia's Universal Health Scheme—One Year On, What's the Verdict?" *The Guardian*, May 15. Retrieved from <https://www.theguardian.com/global-development-professionals-network/2015/may/15/indonesias-universal-healthcare-insurance-verdict>.
- Rohman, Arif. 2013. "Women and Leadership in Islam: A Case Study of Indonesia." *International Journal of Social Sciences* (October 30).
- Schonhardt, Sara. 2016. "5 Things to Know about LGBT Issues in Indonesia." *Wall Street Journal*, March 27. Retrieved from <http://blogs.wsj.com/briefly/2016/03/27/5-things-to-know-about-lgbt-issues-in-indonesia>.
- SETARA Institute for Democracy and Peace. 2016. "Indonesia's Cabinet Reshuffle: Now Politically Stronger, Jokowi Seeks to Fulfil Reform Agenda." July 28. Retrieved from <http://setara-institute.org/en/english-indonesias-cabinet-reshuffle-now-politically-stronger-jokowi-seeks-to-fulfil-reform-agenda>.
- Thomas, Emma. 2013. "Prostitutes Aged 11 Being Pimped Out by Teenagers Barely Older Than Themselves in Indonesia: Tech-Savvy Youngsters Using Social Media to Book Clients and Make Transactions." *Daily Mail*, October. Retrieved from <http://www.dailymail.co.uk/news/article-2480369/Child-prostitution-reaches-new-depressing-level-Indonesia.html>.
- UNIFEM. 2016. "Organizations Addressing Violence against Women in Indonesia." Retrieved from <http://www.unwomen-eseasia.org/projects/evaw/vawngo/vamindo.htm>.
- UN Women. 2016. "UN Women Indonesia." Asia and the Pacific. Retrieved from <http://asiapacific.unwomen.org/en/countries/Indonesia>.
- USAID. 2010. "Land Tenure in Indonesia." December. Retrieved from <http://www.usaidlandtenure.net/Indonesia>.
- Utomo, Ariane. 2015. "A Woman's Place." *Inside Indonesia*, April 6. Retrieved from <http://www.insideindonesia.org/a-woman-s-place-3>.
- WageIndicator.org. 2010. "Indonesia: An Overview of Women's Work, Minimum Wages, and Employment." February. Retrieved from <http://www.wageindicator.org/main/Wageindicatorfoundation/wageindicatorcountries/country-report-indonesia>.
- Westendorp, Ingrid. 2015. "Personal Status Law and Women's Right to Equality in Law and in Practice: The Case of Land Rights of Balinese Hindu Women." *Journal of Human Rights Practice*, October 6. Retrieved from <http://jhrp.oxfordjournals.org/content/7/3/430.abstract>.

J

Japan

Overview of Country

Japan is an island country in East Asia. It borders the Pacific Ocean to the east, the Sea of Japan to the west, the East China Sea to the south, and the Russian Far East to the north. It consists of the main islands of Hokkaido, Honshu, Shikoku, Kyushu, and Okinawa and more than 6,800 smaller islands of varying sizes. The country's territory is roughly 108,000 square miles (380,000 sq. km). Located in a tectonically active zone, Japan is prone to earthquakes.

According to the *Statistical Handbook of Japan in 2015*, the total population in Japan in 2014 was 127.08 million, which ranked 10th in the world and accounted for 1.8 percent of the world's population (8). Japan's aging population is a concern of its society; in 2014, "the aged population (65 years and over) in Japan was 33 million, constituting 26.0 percent of the total population (i.e., one in every four persons) and marking a record high" (Statistics Bureau 2015, 13). In 2014, the UN Development Programme ranked Japan 26th out of 187 nations based on the Gender Inequality Index (0.133) (UNDP 2015).

Girls and Teens

Kawaii Culture

The Japanese word *kawaii* means "cute." Cuteness is adored by many Japanese girls and teens. The typical symbols of

the *kawaii* culture include Hello Kitty and Japanese school-girls' uniforms. Hello Kitty is the commercialization of *kawaii* culture; schoolgirls' uniforms that typically consist of a blouse with a sailor-style collar and a tiny miniskirt demonstrate how Japanese society portrays girls and how girls position themselves. Brian Ashcraft explains, "For girls in their mid-teens the uniform symbolizes a brief period in their life when they are free, unbound by adult matters like career, marriage, and children" (Ashcraft and Ueda 2014, 23).

Although *kawaii* is a method of self-expression among youngsters, Masako Itoh suggests, "When children are young, *kawaii* can be used for both boys and girls, but the word becomes restricted to females sometime in the early teens. After that, *kawaii* is a term applied as a compliment to females, especially teenage girls" (Itoh 2008, 129). Itoh goes on to argue, "Being cute is not a position of power or equality. One of the attractive things about cuteness, which others admire, is that the cute person is always subordinate in her attempt to please others" (129).

If the *kawaii* phenomenon has to be based on emphasizing girls' submissiveness and dependence, it expands the influence of patriarchy and degrades women's statuses. For instance, girls' school uniforms in adult videos inspire male fantasies about female purity and powerlessness on the one hand, and on the other hand, it turns girls into sex objects.

Teen Suicides

In his famous novel *Norwegian Wood*, Haruki Murakami starts his story with a teen's suicide, and he depicts several young women's suicides throughout the book. According to CNN, Japanese school students commit suicide more often on September 1 (the date on which the new school starts) each year than on any other date, according to figures collated by Japan's suicide prevention office over a period of more than 40 years (Wright 2015). Being bullied at school is a leading cause of younger students' suicides.

In Japan, children who have hardships in adapting to school are permitted to drop out of school and stay at home, but they can still graduate in due time. Amy Borovoy explains that these withdrawn young people are allowed to stay home from school under their mothers' care, away from all pressures and social opprobrium. These children are comforted and gradually encouraged to participate in society. However, during the time when they stay at home, it is quite common that there is no individualized diagnosis or treatment for them (566). This kind of family and community support may help reduce the risk of teen suicides, but in the end, it cannot fundamentally solve children's problems outside of the home.

Some of the young people in Japan today feel isolated and lost, in what Anne Allison describes as losing any sense of belonging and any faith in the future or in themselves. Such individuals are liable to commit suicide or other sudden, violent behavior. She emphasizes that the care deficit in Japan requires people and society to pay more attention (Allison 2011).

Education

School Education

Japan's primary and secondary education is based on a "six-three-three" system: six years in elementary school, three years in lower-secondary school, and three years in upper-secondary school. The period of compulsory schooling includes the nine years at elementary and lower-secondary schools. As of May 1, 2014, the data of Educational Institutions in Japan shows that the number of male students and the number of female students were similar in kindergarten, elementary school, lower-secondary schools, and upper-secondary school. A gender difference was demonstrated when students graduated from upper-secondary school. The ratios of male to female students was about 5:1 in colleges of technology, 1:7.5 in

Women's Voices

Setsuko Nakajima

My parents celebrated all the Japanese traditional holidays. One of the most memorable holidays is March 3, Girl's Day.

In the middle of February, my mother spent several hours placing our beautifully adorned Hina dolls on specially made steps. My sisters and I looked forward to this day because we could have sushi and sweets. We could also taste sweet sake a little. This was a big treat, just this once a year. In the early morning of the fourth, my mother hastily put the Hina dolls back in their boxes. It was said that daughters could not marry if the Hina dolls were on display a long time after the third.

Being a good wife was a proper way of life for women in those days. Single women over 25 years old were called "leftovers" or "a day-old Christmas cake."

When my sister got married, she took her Hina dolls with her. Despite my mother's loving efforts, I am single, and my Hina dolls are in my sister's house.

junior colleges, and 4:3 in universities (Statistics Bureau 2015, 169).

Activities

According to the "2011 Survey on Time Use and Leisure Activities" in the *Statistical Handbook of Japan in 2015*, to Japanese who are 10 years old and older, the participation rate for sports was 63 percent:

The most popular sport for both genders was "walking or light physical exercise" (men: 31.1 percent; women: 39.2 percent). Other popular sports for men were "bowling" (15.1 percent) and "golf (including golf practice range)" (13.7 percent). For women, such sports were "bowling" (10.6 percent) and "swimming" (9.7 percent). The participation rate for "learning, self-education, and training (excluding school and professional activities)" was 35.2 percent. Men preferred "computing, etc." (14.8 percent) and "foreign language" (11.0 percent), while women preferred "cooking, sewing, or home management, etc." (12.6 percent), as well as "arts and culture" (12.3 percent). (175)

Women's Traditional Gender Roles in Education

In the article “Challenges to Education for Girls and Women in Modern Japan: Past and Present,” Kimi Hara suggests that prior to the end of World War II women's education in Japan can “by and large, be characterized as gender segregated, gender stereotyped, inferior, and less valued compared to that of males” (93). Prior to World War II, the ideology of Japanese women's school education was “education for good wives and wise mothers,” which corresponds to the family ideal defined by Confucius and serves to maintain the Japanese patriarchal family system.

Confucius felt the family was the fundamental unit of society and strictly hierarchical. He also favored sons over daughters. This ideology was highly promoted by the Minister for Education Mori Arinori (1847–1889). In 1887, Mori Arinori made the ideology one of his educational reform policies. Although women's traditional gender roles as good wives and wise mothers have been challenged in contemporary Japan, women's education in Japan has still been influenced by their traditional gender roles. For instance, before the 1990s, the Ministry of Education made general home economics a required subject in upper-secondary schools for female students only. In 1994, upper-secondary schools began requiring both sexes to study home economics.

Despite women's much higher education level in the early 2000s, many Japanese parents, and even some faculty in schools, still expect female students to adopt women's traditional gender roles after they graduate from college. For many female students, future marriage and household duties are emphasized more than careers as part of their education. To have equal opportunities after graduation, female students should be encouraged to participate in society and be given more career choices.

Health

Japanese Diet

Japan is surrounded by water, and it is famous for a healthy and rich diet, which includes abundant seafood. Data from the Office for National Statistics in 2014 shows that with the benefit of raw fish, vegetables, and green tea, Japanese women live an average of 86.4 years, the highest life expectancy of females in the world. Crag Wilcox, a leading gerontologist, found that the Japanese diet is healthy. He stated, “Japanese people eat more tofu and more konbu seaweed than anyone else in the world, as well as squid

and octopus, which are rich in taurine—that could lower cholesterol and blood pressure” (Molloy 2014). However, Kenji Shibuya, a professor of global health policy at the University of Tokyo, pointed out, “Although Japanese food is widely praised throughout the world, traditional Japanese food is low in fat, but also high in sodium, and lacks nutrients from fruits, nuts, and whole grains. High blood pressure and smoking numbers continue to be high” (Shibuya 2013).

Health Care

According to the *Statistical Handbook of Japan in 2015*, “life expectancy at birth in Japan was 86.6 years for women and 80.2 years for men in 2013. Japan's life expectancy remains the highest in the world” (164). The long life expectancy of Japanese women is also attributed to Japan's health care system. The universal health insurance helps every Japanese citizen receive necessary medical treatment.

The leading cause of death in Japan is cancer. Based on the *Statistical Handbook of Japan in 2015*, “the death rate by malignant neoplasms has continued to increase, reaching 28.8 percent of all deaths in 2013” (165). Because of the competition-oriented social environment in Japan, suicide became the leading cause of death for people aged 15–39 in 2013. The number of suicides in Japan was 26,063 in 2013.

Mental Health

Since the 1990s, Japan has experienced a marked rise in psychological disorders and reported suicides. The data from the Ministry of Health, Labor, and Welfare from 1996 to 2008 shows that there were more women than men suffering from mental and behavioral disorders, mood disorders, and schizophrenia, schizotypal, and delusional disorders during those years (Vogel 2013, 163–164).

In 2016, mental disorders are a major issue in Japan. According to Yujiro Hara's research, a 2010 survey of businesses' mental health-related policies, “63.5 percent of businesses have had employees who were absent for one month or more for mental health reasons, and the figure grows to 97.5 percent for companies with 1,000 or more employees. These numbers rose since the previous survey in 2008” (Hara 2014, 5).

Within the Japanese cultural context, Vogel suggests that the longing for silent oneness with those one is close to and the wish to be understood without words (*sassuru* in Japanese) are very influential in Japanese society (Vogel 2013, 175). Yoko Kawanishi further relates *sassuru* culture

to the lack of communication skills in present-day Japan. She finds that shy individuals who are determined to preserve one's honor and are unskilled at developing relationships are inclined to spend all their time alone, indulging themselves in computers, computer games, or fantasies. Both Borovoy and Kawanishi suggest that the discouragement of showing one's individual self in Japanese culture impedes good mental health and healthy social relationships (139).

Employment

Japanese Women in the Workplace

Based on the *Statistical Handbook of Japan in 2015*, the 2014 labor force participation rate by gender was 70.4 percent for men (down 0.1%) and 49.2 percent for women (up 0.3%). In 2014, there were 36,210,000 men and 27,290,000 women employed in Japan. By industry, the percentage of female employment was high in "medical, health care and welfare"; "accommodations, eating and drinking services"; and "living-related and personal services and amusement services." By occupation, women were prominent among "service workers" and "clerical workers" (Statistics Bureau 2015, 123–129). In Japan, marriage and childbirth are still important factors that affect women's employment.

An M-shaped curve shown by the female labor force participation rate demonstrates "women leave the labor force when they get married or give birth and then rejoin the labor force after their child has grown and the burden of child-rearing is reduced. A comparison with the data from twenty years ago (1994) shows that, in 2014, the 35–39 age group replaced the 30–34 age group to form the bottom of the M-shaped curve" (Statistics Bureau 2015, 124).

Compared with other developed countries, Japanese women have a lower rate of participation in the workplace, especially after childbirth. According to the article "Holding Back Half the Nation" in *The Economist*, "Female participation in the labor force is 63%, far lower than in other rich countries. When women have their first child, 70% of them stop working for a decade or more, compared with just 30% in America. Quite a lot of those 70% are gone for good" (*The Economist* 2014).

Japanese Female Entrepreneurs

Women's economic status is a decisive factor of women's independence. Women's entrepreneurship is closely related to women's economic status and leadership in

society. According to the *Global Entrepreneurship Monitor (GEM) 2014 Women's Report*, the rate of Japanese women's Total Early-Stage Entrepreneurship Activity (TEA) was 2 percent, the lowest among the 83 economies examined. In Japan, women's chances to be entrepreneurs are less than one-fourth as likely as men. Japan is also one of the four innovation-driven economies in which the female youth TEA rates is the lowest, less than 1 percent among 18- to 24-year-olds (Kelley et al. 2015). Japanese women's low TEA rates cannot be understood as separate from Japanese conventional business culture, the collapse of the bubble economy in 1991 and the ensuing long recession, and Japan's patriarchal tradition.

However, the article "Japanese Women Entrepreneurs: Implications for Family Firms" sheds light on the exploration of Japanese women's entrepreneurship. It claims Japanese women's entrepreneurship can be attributed to six aspects: (1) the rise of women in the labor force, (2) women's working experience, (3) the opportunity to attain higher education, (4) industrial structure changing from heavy industries to service industries, (5) the growth of the Internet and information technology, and (6) the improvement of women's purchasing power (Welsh et al. 2014, 287–288). Based on the *Annual Report on Japanese Women Entrepreneurs*, researchers found that in 2010 30.2 percent of women entrepreneurs run service businesses, followed by direct sales at 18 percent, and 17.2 percent with food and travel businesses (Welsh et al. 2014, 287–288). The article points out that the reasons why women entrepreneurs develop their own businesses include self-accomplishment, creating an income, raising a family, and having a career. The authors conclude, "Japanese women entrepreneurs play an important role in economic growth, even though the number of women entrepreneurs is decreasing" (Welsh et al. 2014).

In addition, due to the aging population and dwindling workforce, women's leadership and their participation in the labor force are gaining more attention by the Japanese government. As part of his economic growth policy, Prime Minister Shinzo Abe aims to fill 30 percent of leadership positions in Japan with women by 2020, though it seems there is still a long way to go to reach this goal (Sekiguchi 2014).

Employment Culture for Women

According to the *Statistical Handbook of Japan in 2015*, by employment pattern, the ratio of nonregular staff members in

among all male employees was 21.8 percent, while the corresponding ratio for females was 56.7 percent, revealing a large gender difference (Statistics Bureau 2015, 130). The high percentage of female part-time workers demonstrates the gender gap in terms of employment and reflects the sexist employment culture in Japan. A sexist culture in the workplace can hardly provide an equal opportunity to women. In her article “What’s Holding Japanese Women Back,” Sylvia Ann Hewlett points out that although child care is an important factor that makes women decide to take a career break, the sexist business culture is the key factor that affects their career development. Highly educated Japanese women complain that they are pushed off the career track by unsupportive work environments and managers who do not value them. According to Hewlett, nearly two-thirds (63%) of highly educated Japanese women reported that they quit because their career was not satisfying, and a startling 49 percent left because they felt stymied and stalled (Hewlett 2013).

Another important factor that keeps Japanese women from the workplace is the influence of tradition and social recognition. The shadow of Japanese traditional women’s roles is still there. As one author points out, “If a woman is working, many feel it is because she has to, which reflects poorly on the husband’s ability to provide for his family” (Itoh 2008, 112). *The Economist* also indicates that being a professional housewife could be many women’s choice.

Women’s attitude about work also becomes more conservative:

In 1979, 70% of women agreed with the statement that “The husband should be the breadwinner and the wife should take care of the home.” By 2004 that had fallen to 41 percent. But in 2012, perhaps because of the recession in 2007–2009, just over half said they preferred to stay at home. A survey last year showed that a third of very young women want to become full-time housewives. Potential husbands, meanwhile, were less traditionalist: only one in five young men said he wanted his future wife to stay in the home. (*The Economist* 2014)

Child care also holds Japanese women back from regular employment. Despite the high level of many Japanese women’s education, compared with men, it is much harder for a married woman to land a regular full-time job in the workplace, not to mention a leadership position, because women’s maternity leave and heavy child care responsibilities are of concern to a lot of companies. Due to the

shortage of child care centers, many mothers have to wait for a long time to put their children in day care. Even if they find a spot for their children at day care, many of them may still distrust its service and choose to take care of the children on their own. Moreover, the expense of day care is not a small cost to a family. If the child cannot be picked up on time, the family has to pay a great deal for the overtime child care. According to *The Economist*, in Japan, husbands spend more time at work than their counterparts in other developed countries, but they spend less time on child care or household chores (2014). It is always the wife who is responsible for child care and household duties. Thus, it is very hard for a mother to take any job that requires overtime work. However, working overtime is a common practice for Japanese companies, which means many mothers must stay at home to fulfill household and child care responsibilities.

Family Life

Household Roles

As with China and Korea, Japan is influenced by Confucianism, which emphasizes male authority and female submissiveness in the family, especially prior to World War II. According to the *Interpretations of Comprehensive Meanings Discussed in the White Tiger Hall (Baihutong shuzheng)*, women’s three submissions are the following: before she gets married, she follows her father; after she marries, she follows her husband; after her husband dies, she follows her sons (Chen 1994). The Confucian family ideal establishes that women’s active space should mostly be in the home. The duties of a wife include rearing children, managing a household, and taking care of the elders and children.

According to Susan Vogel, who has conducted research on Japanese women, families, and mental health issues, the ideal of being “good wives and wise mothers” actually came from “the values of the middle class from the gender roles of the samurai classes in pre-Meiji Japan” (4). Vogel states, “The Japanese professional housewife was a well-defined role, idealized since the 1880s as the epitome of the ‘good wife and wise mother’” (3). In contemporary Japan, the nuclear family has gradually replaced the multi-generational family. Education provides women with more options after they graduate. Instead of being full-time homemakers, more women choose to develop their own careers, marry later, and have fewer children. Some women choose not to marry.

In her book *The Japanese Family in Transition*, Vogel finds that from 1970 to 2005, multigenerational households decreased from 16.1 percent of households to 6.9 percent; one-person households increased from 20.3 percent to 29.5 percent; and nuclear households held relatively steady between 56 percent and 61 percent. Arranged marriages (*omiai*) dwindled, and most disappeared by the end of the century. More women found jobs outside the home and married later or not at all. Many refused to marry men whose mothers lived with them. And they were having fewer or no children. The average age of marriage for women has increased; it was 23 in 1950, 25.9 in 1990, 27 in 2000, and 28.8 in 2010. Meanwhile, the fertility rate dropped; it was 3.65 children in 1950, 1.54 in 1990, 1.36 in 2000, and a low of 1.26 in 2005 (150–151).

Lesbian, Gay, Bisexual, Transgender (LGBT) Experiences

According to an online survey conducted by international public relations and advertising giant Dentsu in 2015, 1 in 13 Japanese people (7.7%) between the ages of 20 and 59 identify as lesbian, gay, bisexual, or transgender (LGBT). In the 2012 Dentsu survey, 1 in 19 respondents identified as LGBT. The growth of the number reflects that more LGBT Japanese are coming out of closet (Thompson 2015).

The Pew Research Center conducted a survey in 39 countries involving 37,653 respondents in 2013. The survey found that the rate of Japanese society's acceptance of LGBT people was 54 percent, which ranked Japan 15th out of 39 countries surveyed (Pew Research Center 2013). Same-sex marriage is unrecognized in Japan. A nationwide poll conducted by Nihon Yoro Chosa-kai on behalf of Kyodo News in 2014 shows that 52.4 percent of Japanese adults opposed marriage rights for gay couples. Japan does not have protections for LGBT people from discrimination in employment and housing. Transgender people can legally change their gender after undergoing sex-reassignment surgery. There are no laws regulating or addressing same-sex adoption in Japan (Equaldex 2016).

Boys' Love manga are comics about romance and sex between teenage boys or young adult men. This genre is written by female writers and read mainly by female readers. In her article, "Gender Bending and Exoticism in Japanese Girls' Comics," Rebecca Sutter summarizes two contradictory explanations about female authors' depiction of male same-sex relationships: (1) portraying relationships between equal partners and regarding the representation of same-sex romances as a model for

heterosexual ones that value parity, compatibility, and true love; or (2) expressing frustration and futile attempts to escape the norms of patriarchal society (549–550). Different from the two explanations, Sutter argues that the gender bending and exoticism in the genre of Boys' Love manga is a reflection of exoticization of Christianity on the visual and thematic levels. The exoticization of Christianity constitutes a similar inversion of Orientalism. (Sutter 2013, 552–556).

Marriage and Fertility

The annual number of marriages in Japan has been declining in recent years, based on the data of the *Statistical Handbook of Japan in 2015*: "In 2011, 662,000 couples married, marking the first time this number fell below 700,000 couples. In 2013, 661,000 couples married, and the marriage rate was 5.3" (18). In the meantime, the mean age of first marriage continues to climb up: "The mean age of first marriage was 30.9 for men and 29.3 for women in 2013, a rise by 2.4 years and 3.1 years, respectively, over the past twenty years" (Statistics Bureau 2015, 19). The declining marriage rate and rising marrying age in the early 2000s explains why the birth rate in Japan drops. Divorces have increased "since the late 1960s, hitting a peak of 290,000 couples in 2002. Subsequently, both the number of divorces and the divorce rate have been declining since 2003. In 2013, the number of divorces totaled 231,000 couples, and the divorce rate (per 1,000 population) was 1.84" (Statistics Bureau 2015, 19).

The birth rate in Japan has declined since 1970s, according to the *Statistical Handbook of Japan in 2015*: "The decline in the live birth rate may partly be attributable to the rising maternal age at childbirth. The average mothers' age at first childbirth rose from 25.6 in 1970 to 30.4 in 2013. The total fertility rate was on a downward trend after dipping below 2.0 in 1975. It marked a record low of 1.26 in 2005 and started to increase after that. The total fertility rate reached 1.43 in 2013" (Statistics Bureau 2015, 15–16).

Until the mid-1960s, most marriages in Japan were arranged. Matchmakers played a significant role in traditional marriage. Nowadays, with the decline of arranged marriages, new types of matchmaker roles have developed. In the book *Family Issues on Marriage, Divorce, and Older Adults in Japan*, Kumagai writes that to assist people seeking dating opportunities, three new types of matchmakers emerged: commercial matchmaking and dating agencies, the local community and municipal offices, and

town-based marriage-meeting events (58–60). Despite the assistance of these new kinds of matchmakers, Japanese men and women still need to develop their courtship skills. Vogel points out that the traditional family pattern with clear gender roles discouraged socializing and encouraged people to form relationships only in the context of the accepted gendered segregation (155). Young Japanese men and women are still in the process of adapting to changing gender roles and dating practices.

The roles of husband and wife in the Japanese family are also in transition, as Vogel states, “The changing family structure and new values necessitated greater cooperation and intimacy between husband and wife. The strength of a family began to depend less on a prescribed structure, and more on the strength of the marital bond” (155). Instead of taking on all of the household duties on her own, nowadays the wife expects the husband to share housework and child care with her. However, influenced by the patriarchal tradition, it is not easy for the husband to give up his authority and superiority.

Japan’s sluggish economy in recent years affects a lot of Japanese families. Previously, the husband’s income could support the whole household, but now two incomes have become necessary to meet a family’s budget. Moreover, except for contributing to the family’s economy, many married women prefer to remain in the workplace for their own purposes. However, child care is a concern to many Japanese families with working mothers because of the shortage of nurseries and the heavier child care responsibilities of the mothers. In many cases, working mothers have to either give up jobs to take care of their children at home or take a part-time job instead of a full-time job.

Sexuality

Despite the variety of sex cultures within Japanese society, “celibacy syndrome” is becoming a national issue in Japan. According to the latest figures from the Japan Family Planning Association (JFPA), “more than 49 percent of those surveyed between the ages of 16 and 49 said they hadn’t had sex in the past month, with 48.3 percent of men reporting not having sex, compared to 50.1 percent of women who also reported being celibate in the recording period.” Pressure from work and disinterest in sex could be the reasons that sexual relationships between couples in Japan decline (Day 2015).

Xinhua News reported that “27 percent of men and 23 percent of women were not interested in having a romantic

relationship.” To the group aged 18–34, “61 percent of men and 49 percent of women are not involved in a relationship,” according to Japan’s population center. Moreover, of the group aged 18–34, “36 percent of men and 39 percent of women have never had sex” (Day 2015).

Politics

Women in the House of Representatives

Japan’s bicameral legislature is called the Diet, and it is composed of the House of Representatives (or the lower house) and the House of Councilors (or the upper house). Following the 2014 election, women took only 45 seats in Japan’s House of Representatives, constituting 9.5 percent of the total. Based on the percentage of women in the lower house of Japan, in 2016, the Inter-Parliamentary Union (IPU) ranked Japan 156th out of 191 countries (2016). As the majority of ministers are chosen from the House of Representatives, with such a low percentage, women can hardly gain access to political power. In her book *The Japanese Woman: Traditional Image and Changing Reality*, Sumiko Iwao attributes women’s underrepresentation in the House of Representatives to Japanese society’s prejudice against women and female politicians being “less successful at maneuvering funds and influence” (220).

Takako Doi

The most influential female politician in contemporary Japan was Takako Doi (1928–2014). As a member of the Japan Socialist Party (JSP), she was elected to the House of Representatives in 1969. Before she became the JSP’s leader, she was a prominent advocate of women’s equal rights. For instance, she was strongly against women-only home economics degrees and the father-dominated family registration law. Because of her pressure, the Diet signed the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Doi not only fought for women’s rights, but she also actively backed female party candidates running for office.

In 1986, Doi became the chair of JSP, which helped her make history in Japan, as she was the first female leader of a political party division in Japanese history. According to Iwao, Doi was chosen to be the chair of JSP “at a time of crisis, to play the role of sacrificial lamb. Yet Doi’s powerfully worded stumping speeches delivered in her distinctive Kansai-dialect twang were enthusiastically received throughout the country during both election campaigns

while she was chairperson” (228). Doi was the chair of JSP from 1986 to 1991. In 1990, her popularity helped JSP receive 136 seats in the House of Representatives, which was a record high number for the party.

Doi chaired the party again from 1996 to 2003. During this period, she renamed the JSP the Social Democratic Party (SDP). She recruited many young women with grassroots activist backgrounds into the party. Her leadership inspired women’s participation in politics.

Feminist Movement

After the Meiji Restoration in 1868, girls were required to receive elementary education, and women gained the right to request divorces. Women’s education and Western thinking encouraged the Japanese women’s movement. Fusae Ichikawa (1893–1981) cofounded the New Women’s Association with another Japanese feminist, Raicho Hiratsuka (1886–1971). In 1924, Ichikawa founded Japan’s first women’s suffrage organization, the Women’s Suffrage League of Japan. Japanese women’s suffrage was enacted at a national level in 1945.

After World War II, the mainstream Japanese feminist movement’s focus was to eliminate the exploitation of women within capitalist society. Organizing women into labor unions was the focus of the postwar women’s movement. In the 1960s, with the economic growth and industrialization in Japan, more and more women started to participate in the workforce. The number of employed women increased from 5.31 million in 1955 to 10.96 million in 1970.

The Japanese feminist movement in the early 1970s was different from the socialist-oriented women’s movement. Independent from any of the existing women’s organizations, it was dissatisfied by the postwar women’s movement’s neglect of sexual discrimination and women’s self-awareness. The early 1970s feminist movement aimed to establish women’s self-identity through raising women’s consciousness. It attacked the dominant culture’s discrimination of women and emphasized that women were oppressed not only by the social class but also by the rule of the men.

By the mid-1970s, Japanese feminists organized women’s liberation conventions and women’s liberation study-work camps. They also protested a proposed revision of Japan’s Eugenic Protection Law, as the revision aimed at prohibiting abortions for economic reasons (the original law in 1948 allowed abortions in some extreme

circumstances). Through their protests, Japanese feminists successfully defeated the proposed bill in the Diet in May 1974. According to Tanaka, “This protest marked the turning point at which the movement shifted its focus from consciousness-raising to action centered on specific social issues” (347). In the United Nations–sponsored 1975 International Women’s Year, the Headquarters for the Planning and Promotion of Policies Relating to Women was set up in Japan. Fusae and Ichikawa, both the Diet’s members, organized the International Women’s Year Action Group, focusing on the problems of sex discrimination in employment, education, mass media, government, and administration.

In the 1980s, women’s issue-oriented activities and grassroots activism continued to grow and develop. In the meantime, women’s associations and study groups were formed in academia. Women’s Studies received support and recognition from the Japanese government. When more women became employed in the 1980s, women’s social roles and family roles became important topics. Concerns raised included women’s employment, the environment of women’s workplaces, the lack of public day care facilities, and men’s participation in the domestic sphere. The bill to eliminate all forms of discrimination against women and protect women’s equal opportunity in employment was passed in 1985. The Equal Employment Opportunity Law came into effect in 1986, but the law did not specify the penalty and enforcement provisions.

At the end of the 20th century and the beginning of the 21st century, due to the sluggish economy in Japan, unemployment has hit women harder than men. Women’s traditional roles still figure significantly in Japanese families and society. To transform the sociocultural system, protect women’s equal rights, and improve women’s leadership, more and more women need to take action (Tanaka 1995, 343–352).

Religious and Cultural Roles

The Sun Goddess

In Kanji (the modern Japanese writing system), *Japan* is pronounced as “Nippon” or “Nihon” in Japanese. Literally, the name *Japan* means “the place where the sun rises.” The name manifests Japanese people’s worship of the sun, which is rooted in the indigenous religion of Japan: Shinto. Shinto, the oldest religion in Japan, emphasizes the worship of nature. In Shinto, the sun goddess Amaterasu is the divine ancestress of the imperial family. Her stories were

recorded in the *Kojiki*, a collection of myths and stories compiled in 712 CE, and one of the earliest extant sources for Shinto (Young 1993, 221–223). The first emperor of Japan, Emperor Jimmu (ca. 660–585 BCE), is believed to be a descendant of the Amaterasu.

Women's Diverse Roles in Religions

From prehistory to the Edo Period (1603–1867), women's religions included Shamanism, Daoism, Buddhism, Confucianism, Nativism, and popular religion. Shinto was not only the primitive religion in Japan, but it was also a collective term for several different forms of religion. Women's roles in Japanese religious history were diverse and complex. As Ambros describes in her book *Women in Japanese Religions*, women were shamans, nuns, patrons of religious institutions, lay devotees, and religious founders. Religious discourses about women's roles were also not unitary; “some idealized them as goddesses, Daoist immortals, Buddhist saints, or Confucian paragons of virtue, and others vilified them as demonic, polluted, and karmically hindered beings” (172).

Feminism and Religion

In their article “Editor's Introduction: Feminism and Religion in Contemporary Japan,” Kawahashi and Kuroki point out “many feminists regard religion as a tool of patriarchy that is still used to oppress and exclude women, and to deny them the opportunity to make their own decisions. Feminist thought can influence women's religious practice itself and transform it” (209–210). Reinterpreting and reconstructing religious traditions becomes a feminist strategy of self-empowerment. For instance, Mori finds “when women reread Nichiren in light of their own experiences as women, they suggest possibilities for transforming the discriminatory condition of the Buddhist community” (212).

The fetus memorial service (*Mizuko kuyo* in Japanese) is a still-current religious practice among women who have had a miscarriage, a stillbirth, or an abortion. According to Komatsu, this religious practice does not provide women who experience abortions with an exploration of the meaning of abortion or life but rather seeks a positive way to affirm and embrace life: “In that view, a living being in this world is no more than one configuration of a spiritual entity that exists in the continuum of past, present, and future. Consequently, abortion is an act decided within the relationship that encompasses the fetus and the

pregnant woman, and it takes its meaning within that person's life accordingly” (Kawahashi and Kuroki 2003, 211).

Women's Cultural Roles in the Lost Decades

The Heisei era (1989–present) comes after the death of the Emperor Showa (1926–1989). In the Heisei era, Japan went through economic stagnation, social malaise, and natural disasters. Thus, the years from 1990–2010 have been called “the Lost Decades.” In those years, women's cultural roles underwent many changes.

With the advancement of women's education, more women choose to enter the labor market and become wage earners, which can contribute to the low birth rate in Japan. In the meantime, some young people choose to delay marriage or stay single, which also results in the lower birth rate.

In terms of wedding rituals, influenced by the Christian weddings, many Japanese couples choose to have church weddings instead of the traditional Shinto weddings. As for burial rituals, women have the freedom to be buried in their own graves, though a lot of women follow the tradition of being buried with their spouses.

According to Ambros, the concept of “spirituality” attracts more women's attention. She has found a growing interest in spirituality in Japan's highly urbanized, late 20th-century society. The 1995 survey of divination-hall clients shows that women constituted 95 percent of the respondents; more than half of the clients were full-time employees, and about one-third were high school or university students (166–169). Many spiritual therapists are trained female healers.

Spirituality in the new era emphasizes individuality and personal gratification. It often integrates psychology and religion. Healing is one of the purposes of spiritual and religious practice. For instance, rather than stressing cyclical reincarnation driven by Karma—the presumed motivating factor behind Buddhist rites of posthumous memorialization—New Age views of the afterlife, promoted predominantly by female spiritualists, tend to emphasize an evolutionary model, according to which spirits progress through several lifetimes to achieve spiritual perfection (Ambros 2015, 168).

Issues

Aging Society and Low Birth Rate

In 1997, the working-age population began decreasing, and the labor force and the number of people employed also decreased. In the recent years, the reduction of the labor force, the falling birth rate, and the aging population

result in changes to the population's composition (Statistics Bureau 2015, 123). According to Xinhua News, "in 2014 Japan's birth rate plummeted to a record low at just more than one million infants, with just 1.3 million people passing away in the same period, the gravity of the population crisis speaks for itself. In fact, Japan's population institute has said that the overall population in Japan could tumble by 20 million to 107 million people by 2040" (Day 2015).

Care of the elderly has long been primarily viewed as a women's issue in Japan. In her article, Sodei summarizes the reasons why women take on the role of caregivers: the sex role differentiation in society, the ideology of the patriarchal stem family, the role expectations of others, and the feminine role identification of women (216). According to Sodei, nearly 90 percent of caregivers are females. Elders in Japan prefer to be cared for at home. Normally, if the frail elders are males, their wives are the primary caregivers; if the frail elders are females, daughters-in-law or daughters take on the role of caregivers. It is not uncommon in a Japanese family for the male to only take care of his parents, while the female is expected to take care of both her husband's parents and her natal parents.

Child care is also women's primary duty in the majority of Japanese families. Due to the lack of a public child care system in Japan, it is hard for mothers to balance work and child care. To keep their jobs and be unbounded by family, more women choose to postpone their marriages or stay single, both of which contribute to the lower birth rates in the country.

The Gender Gap and Inequality

According to the *Global Gender Gap Report 2015*, the World Economic Forum (WEF) ranked Japan 101st out of 140 countries in 2015 (2015, 9): "Japan (101) moves up three places from 2014 due to a similar near doubling of women in ministerial positions (from 11 percent to 22 percent)" (2015, 28). Since 2012, the Health and Survival gap remains unchanged, "at almost 98 percent the Economic Participation and Opportunity score has decreased since 2014, due to lower wage equality for similar work and fewer female legislators, senior officials and managers" (2015, 28). Sexism in the workplace and the family deprives women of equal opportunity.

Sexual Harassment

In his article, Kopp summarizes the sexual harassment that is widely accepted in Japan's public sphere, especially

within the workplace, which may include comments about women's appearance, jokes and comments that have sexual innuendoes, alcohol as an excuse for inappropriate comments and behavior, sexual advances to women, asking too-personal questions, placing pictures of scantily clad women as decorations, and sexually oriented business entertainment (Kopp 2014).

Japan did not pass sexual harassment laws until the 1990s; however, there was no penalty for violating the laws in a company. Instead, it is not uncommon to see that, in Japanese society, the women who are victims of sexual harassment are often blamed or punished. People's unawareness of sexual harassment cannot be understood apart from the Japanese cultural traditions that promote women's submission and men's leadership. Women are expected to become tolerant of men's sexual harassment, or to keep silent in many cases, to maintain the harmony and the male-centered social structure. Despite the advanced education they have earned, female employees are still expected to fulfill some subordinate duties for their male counterparts, such as serving tea and answering phones.

Sexual harassment on the trains is also an issue, according to the *Japan Times*, "Usually male and preying on young females, gropers take advantage of the anonymity of a crowded train where body contact is unavoidable to molest their victims or sexually harass them verbally in low tones" (Fukada 2009). In 2008, in Tokyo alone, there were some 2,000 reported cases. According to the Metropolitan Police Department study, "most attacks occurred on trains, primarily during morning rush hours. Almost half of the victims were in their 20s and more than 30 percent were teenagers" (Fukada 2009).

Sex Industry

According to Jeffrey Hays's article "Prostitutes, Soaplands, Sex clubs and the Sex Industry,"

Not only is the sex business impressive in its size, it is also impressive in its variety. In Japan you can find brothels that fall under the names of Soaplands, Image Rooms, Fashion Health, Pink Salons, Delivery Health, Cabaret Clubs, Turkish Baths and massage parlors with names like Love Station Lounge.

The weekly magazine *Spa!* estimates that there about 225,00 women working in the sex trade. These included 48,000 women who work at Japan's 1,000 "fashion health" and "image clubs"; 25,300 who work at the 1,265

the soaplands, 16,000 who work at the 1,000 “delivery health,” 28,430 who work at pink salons, 75,000 who work in cabaret clubs and 20,000 who work at S-and-M clubs. (Hays 2013)

Prostitution, also called *fuzoku* in Japan, is illegal. However, to dodge the law, for instance, soapland (a place where men go for massages or sexual services) operators claim, according to the *Japan Times*, “male clients and their hired masseuses perform sex as couples who have grown fond of each other” (Hongo 2008). Thus, the male customer can have sex with his “acquaintance.” Based on the statistics released by the National Police Agency of Japan, in 2006, “there were approximately 1,200 soaplands in Japan and 17,500 sex-related businesses, including massage parlors and strip clubs” (Hongo 2008). It was suggested that the sex industry was a ¥1 trillion (equivalent to about \$8.75 US dollars) industry.

Pornography and Sexual Violence

In her article *Pornographic Culture and Sexual Violence*, Kuniko Funabashi describes Japanese pornography: “The theme of pornography in comics, videos, and advertising is the use of the nude or partly nude females or disassociated parts of female bodies. Depictions of women bound, beaten, and raped are crude and highly suggestive” (Funabashi 1995, 261).

According to Funabashi, the history of present-day pornographic comic books or magazines (manga) in Japan can be traced back to the Edo period (1603–1868), when a growing market for pornographic prints and advances in the technology of the printing press promoted the development of the new genre for popular consumption. Nowadays, manga sales are the main source of many publishers’ incomes (Funabashi 1995, 256). In addition to manga, adult videos also have a huge market share of pornography. Both pornographic manga and adult videos objectify women and commercialize the female body. They reinforce women’s oppression, weakness, and submission through sexual violence, such as rape, sexual harassment, torture, beating, and so on. They also badly influence Japanese youths’ understanding of sexuality and gender identity through violent pictures, unethical plots, and stereotyped femininity.

Driven by profits, Japan’s pornography industry creates about 20,000 films every year. Annually, the industry is worth up to ¥500 billion (equivalent to about \$4.38 US dollars), according to the activists who are against Japan’s porn

industry’s abuse of young women. Most of the women who work in the industry are in their twenties. Some of them are forced to perform in the sexually abusive films against their will; some are forced to engage in repeated intercourse without protection and are even gang-raped during filming (AFP-JIJI 2016). However, the government and the laws cannot protect these female victims in the industry.

Another issue in the Japanese pornography industry is child pornography in manga comics and animation, which has not been banned by Japanese laws. According to Reuters, Japan’s national data shows a rise in child pornography crimes, with police uncovering 1,644 cases in 2013, around 10 times higher than a decade ago. Over half of the cases involved sharing or selling photos or videos over the Internet. Moreover, young girls can easily become victims in child pornographic manga. “Japan’s fascination with young women as sexual objects is apparent from a quick glance through Japanese bookstores and subway ads featuring ‘junior idols’ as child models” (Ando 2014). As long as there is a market for child pornographic manga, the depiction of sexual abuse and violence to young girls will continue.

SHANSHAN YANG

Further Resources

- AFP-JIJI. 2016. “Japan’s Porn Industry Preys on Young Women: Activists.” *Japan Times*, March 8. Retrieved from <http://www.japantimes.co.jp/news/2016/03/04/national/social-issues/rights-group-japan-needs-law-moves-force-young-women-appear-porn-videos/#.VwwppniJndk>.
- Allison, Anne. 2011. “Ordinary Refugees: The Loss (and Re-making) of ‘Homeism’ in Post-Fordist Japan.” Paper presented at the Sawyer Seminar—Precarious Work in Asia, University of North Carolina.
- Ambros, Barbara R. 2015. *Women in Japanese Religions*. New York: New York University.
- Ando, Ritsuko. 2014. “After Years of Pressure, Japan Bans Possession of Child Porn.” Reuters, June 18. Retrieved from <http://www.reuters.com/article/us-japan-pornography-idUSKBN0ET0C520140618>.
- Ashcraft, Brian, and Shoko Ueda. 2014. *Japanese Schoolgirl Confidential: How Teenage Girls Made a Nation Cool*. North Clarendon, VT: Tuttle.
- Borovoy, Amy. 2008. “Japan’s Hidden Youths: Mainstreaming the Emotionally Distressed in Japan.” *Culture, Medicine and Psychiatry* 32.4: 552–576.
- Chen Li. 1994. *The Interpretations of Comprehensive Meanings Discussed in the White Tiger Hall (Baihutong shuzheng)*. Beijing: Zhonghuashuju.
- Day, Jon. 2015. “Feature: Celibacy Syndrome Strikes Hard in Japanese Bedrooms.” *Xinhua*, August 19. Retrieved from http://news.xinhuanet.com/english/2015-08/19/c_134533800.htm.

- The Economist*. 2014. "Holding Back Half the Nation." March 29. Retrieved from <http://www.economist.com/news/briefing/21599763-womens-lowly-status-japanese-workplace-has-barely-improved-decades-and-country>.
- Equaldex. 2016. "LGBT Rights in Japan." Retrieved from <http://www.equaldex.com/region/japan>.
- Fukada, Takahiro. 2009. "In Anonymous Paced Train Lurk Gropers." *Japan Times*, August 18. Retrieved from <http://www.japantimes.co.jp/news/2009/08/18/news/in-anonymous-packed-train-lurk-gropers/#.VwmN0HiJndl>.
- Funabashi, Kuniko. 1995. "Pornographic Culture and Sexual Violence." In *Japanese Women: New Feminist Perspectives on the Past, Present, and Future*, edited by Kumiko Fujimura-Fanselow and Atsuko Kameda, 255–263. New York: The Feminist Press.
- Hara, Yujiro. 2014. "Mental Disorders among Today's Labor Force and Preventive Measures." *Japan Labor Review* 11.1: 5–26.
- Hays, Jeffrey. 2013. "Prostitutes, Soaplands, Sex Clubs and the Sex Industry in Japan." Facts and Details. Retrieved from <http://factsanddetails.com/japan/cat19/sub127/item674.html>.
- Hewlett, Sylvia Ann. 2013. "What's Holding Japanese Women Back?" *Time*, September 27. Retrieved from <http://ideas.time.com/2013/09/27/whats-holding-japanese-women-back>.
- Hongo, Jun. 2008. "Law Bends Over Backward to Allow 'Fuzoku.'" *Japan Times*, May 27. Retrieved from <http://www.japantimes.co.jp/news/2008/05/27/reference/law-bends-over-backward-to-allow-fuzoku/#.VwxCyXiJndk>.
- IPU (Inter-Parliamentary Union). 2016. "Women in National Parliaments." Retrieved from <http://www.ipu.org/wmn-e/classif.htm>.
- Itoh, Masako. 2008. *I'm Married to Your Company*. Translated, edited, and annotated by Nobuko Adachi and James Stanlaw. Lanham, MD: Rowman & Littlefield.
- Iwao, Sumiko. 1993. *The Japanese Woman: Traditional Image & Changing Reality*. New York: Free Press.
- Kawahashi, Noriko, and Masako Kuroki. 2003. "Editors' Introduction: Feminism and Religion in Contemporary Japan." *Japanese Journal of Religious Studies* 30.3/4: 207–216.
- Kawanishi, Yuko. 2009. *Mental Health Challenges Facing Contemporary Japanese Society: The "Lonely People."* Kent: Brill/Global Oriental.
- Kelley, Donna, Candida Brush, Patricia Greene, Mike Herrington, Abdul Ali, and Penny Kew. 2015. "Global Entrepreneurship Monitor 2014 Women's Report." Gem Consortium. Retrieved from <http://www.gemconsortium.org/report/49281>.
- Kopp, Rochelle. 2014. "What's OK in Japan Can Be Sexual Harassment in the U.S." Japan Intercultural Consulting, March 27. Retrieved from <http://www.japanintercultural.com/en/news/default.aspx?newsID=290>.
- Kumagai, Fumie. 2015. *Family Issues on Marriage, Divorce, and Older Adults in Japan*. Singapore: Springer.
- Molloy, Antonia. 2014. "Japanese Women's Healthy Diet Is the Key to a Long Life, Study Suggests." *Independent*, April 25. Retrieved from <http://www.independent.co.uk/life-style/health-and-families/health-news/japanese-womens-healthy-diet-is-the-key-to-a-long-life-study-suggests-9286634.html>.
- Murakami, Haruki. 1987. *Norwegian Wood*. Translated by Jay Rubin. New York: Vintage Books.
- Pew Research Center. 2013. "The Global Divide on Homosexuality." June 4. Retrieved from <http://www.pewglobal.org/2013/06/04/the-global-divide-on-homosexuality>.
- Sekiguchi Toko. 2014. "Abe Wants to Get Japan's Women Working." *Wall Street Journal*, September 11. Retrieved from <http://www.wsj.com/articles/abes-goal-for-more-women-in-japans-workforce-prompts-debate-1410446737>.
- Shibuya Kenji. 2013. "What Is the Greatest Threat to Japan's Health?" *Huffington Post*, May 6. Retrieved from http://www.huffingtonpost.com/kenji-shibuya/japan-life-expectancy_b_3221968.html.
- Sodei, Takako. 1995. "Care of the Elderly: A Women's Issues." In *Japanese Women: New Feminist Perspectives on the Past, Present, and Future*, edited by Kumiko Fujimura-Fanselow and Atsuko Kameda, 213–228. New York: The Feminist Press.
- Statistics Bureau. 2015. *Statistical Handbook of Japan in 2015*. Tokyo: Statistics Bureau.
- Sutter, Rebecca. 2013. "Gender Bending and Exoticism in Japanese Girls' Comics." *Asian Studies Review* 37.4: 546–558.
- Tanaka, Kazuko. 1995. "The New Feminist Movement in Japan, 1970–1990." In *Japanese Women: New Feminist Perspectives on the Past, Present, and Future*, edited by Kumiko Fujimura-Fanselow and Atsuko Kameda, 343–352. New York: The Feminist Press.
- Thompson, Nevin. 2015. "More and More, LGBT Japanese Are Coming Out of the Closet." *Global Voices*, May 8. Retrieved from <https://globalvoices.org/2015/05/08/more-and-more-lgbt-japanese-are-coming-out-of-the-closet>.
- UNDP (UN Development Programme). 2015. "Gender Inequality Index." Retrieved from <http://hdr.undp.org/en/composite/GII>.
- Vogel, Susan. 2013. *The Japanese Family in Transition: From the Professional Housewife Ideal to the Dilemmas of Choice*. Lanham, MD: Rowman & Littlefield.
- WEF (World Economic Forum). 2015. *Global Gender Gap Report 2015*. Cologny/Geneva, Switzerland: World Economic Forum.
- Welsh, D. H. B., E. Memili, M. Ouchi, and E. Kaciak. 2014. "Japanese Women Entrepreneurs: Implications for Family Firms." *Journal of Small Business Management* 52.2.
- Wright, Rebecca. 2015. "Japan's Worst Day for Teen Suicides." *CNN*, September 1. Retrieved from <http://www.cnn.com/2015/09/01/asia/japan-teen-suicides>.
- Young, Serinity, ed. 1993. *An Anthology of Sacred Texts by and about Women*. New York: The Crossroad.

K

Kazakhstan

Overview of Country

Kazakhstan is located in Central Asia and is the biggest landlocked country in the world. It is bound by Russia to the north; the Caspian Sea to the west; Turkmenistan, Uzbekistan, and Kyrgyzstan to the south; and China to the southeast. The country is a former republic of the Soviet Union, and it gained independence as a state on December 16, 1991. It is roughly 1,052,089 square miles (2,724,900 sq. km) and consists of a steppe that ascends from a level plain around the northern beach front locale of the Caspian Sea to the nation's east. As of April 2016, the population of Kazakhstan was estimated at 17.4 million people (Trading Economics 2016). In 2015, the UN Development Programme (UNDP) ranked Kazakhstan 52nd out of 188 nations based on the Gender Inequality Index (GII, 0.267).

The population of Kazakhstan consists of approximately 120 ethnic groups, in which Kazakhs are a slight majority (Matuszkiewicz 2010). Muslims form approximately 65 percent of the country's population, whereas Russian Orthodox Christians are about 25 percent, with other groups including Jews, Roman and Greek Catholics, various Protestant denominations, and others comprising less than 5 percent (USCIRF 2015). According to the World Bank, Kazakhstan is an upper middle-income country,

with gross domestic product (GDP) of nearly USD\$10,500 per capita in 2015.

In one volume in a series produced by the UN Educational, Scientific and Cultural Organization (UNESCO), titled *History of Civilizations of Central Asia*, the authors state that two of the central problems in the history of the Kazakh people were their origins and the formation of the Kazakh statehood and culture (UNESCO 2005). Incorporating Kazakhstan into the Russian empire in the 1990s fundamentally altered notions of individual and collective identity of its people. Other factors were the exposure to European culture under czarist rule as well as the ruthless and massive social, economic, and cultural restrictions placed on the country under Soviet power (Akiner 1995). As an independent nation, Kazakhstan embarked on extremely challenging processes of reinterpreting its history and cultural identity that were fraught with ambiguity in the face of 21st-century capitalism. These processes did not take place in a vacuum but were concomitant with profound social and economic change (Akiner 1995).

A major economic crisis occurred in Kazakhstan following the collapse of the Soviet system, and there was an unstable transitional period that severely affected women's issues in the country. The World Bank reported that, in 1999, it hit a record low GDP of USD\$16.90 billion. An adviser to the government task force on gender policy in Almaty (from 1929 to 1936, Almaty was the capital of the Russian Kazakh), Galiya Khassanova, wrote in 2002 that

the status of women had worsened because of the economic downfall that hit the country following independence. Khassanova described the privileges that women enjoyed under the Soviet Union, such as paid maternity leave for a up to one year and unpaid up to three years and laws that prevented the firing of new mothers during those times. Women underestimated the state's medicinal services arrangement of obstetric facilities, gynecological organizations, sanatoriums, and maternity hospitals that provided health services and care free of charge. Khassanova mused, "Much has changed since those days. Now I look back and wonder if we really were equal or if we simply were satisfied with our status. I also wonder how much we have lost by sacrificing our status to men without a struggle. So the questions are, should we strive for equality? Or should we cry about the loss of social protection?" (Khassanova 2000, 385).

In 2010, Madina Jarbussynova, ambassador-at-large of Kazakhstan's Foreign Affairs Ministry, delivered a speech at the 54th session of the UN Commission on the Status of Women. She said globalization and the financial crises were hindering the implementation of commitments taken by the country under the Beijing Platform for Action and the Millennium Development Goals (MDGs) to promote gender equality and women's empowerment. She also stated that Kazakhstan considered gender equality to be important for sustainable economic growth and social development and that, at the time, women constituted 14 percent of the members of the Parliament, 58 percent in the civil service, and 10.3 percent in the decision-making processes.

Since gaining political autonomy, Kazakhstan has made great strides toward accomplishing goals of gender equality. The policies and laws of the country acknowledge the essential concept of nondiscrimination based on gender. On June 1998, Kazakhstan joined the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Kazakhstan has also ratified the Convention on the Political Rights of Women and the Convention on the Nationality of Married Women.

Moreover, the state ratified international agreements that deal with civic engagement, politics, economics, and social and cultural rights. The country has joined more than 60 international treaties on human rights (Republic of Kazakhstan 2005). Kazakhstan has additionally established the Law on Combating Domestic Violence, which helped victims and survivors of physical, mental, sexual, and financial violence gain access to social, legal, and

medical services. The government has also introduced and implemented policies in public institutions that mainstreamed gender equality. At the fourth Forum of Women of Kazakhstan, held in Astana in September 2004, the country's president instructed the government and the National Commission on Family and Women's Affairs to establish the Strategy for Gender Equality. Each chapter in the strategy included indicators to measure the conditions for gender equality in political, economic, educational, familial, and medical institutions and to establish policies aimed at preventing violence against women and children. The overarching objective of the strategy was to create an environment with improved conditions that allowed men and women to attain their human rights and not have to deal with any form of gender-based oppression and violence (Republic of Kazakhstan 2005).

Following the implementation of the country's Strategy for Gender Equality, the Asian Development Bank (ADB) published a gender assessment in 2006 and later in 2013. The ADB reports state that despite principles of gender equality being defined and mainstreamed in Kazakhstan's development plans, implementing and achieving the equality agenda still operates in a top-down hierarchical structure. The country, which witnessed increased GDP in its economy in recent years, has shaped a positive external image as a role model in the region through taking leadership in promoting stability and collaboration in Central Asia. The country's adoption of and progress in mainstreaming gender equality has been noticeable, yet slower than other development processes. Kazakhstan has a consistent record of high rankings in equal access and opportunities to education and health outcomes for women, "but this is counterbalanced by limited progress in women's political empowerment and improving women's access to economic opportunities" (Duban 2013, x).

Girls and Teens

According to the *CIA World Factbook*, Kazakhstan has 2,319,233 females under the age of 15 and 1,366,655 females 15–24 years old (CIA 2016). Child marriage is the most urgent issue that threatens young girls and teens in the country. According to the Population Reference Bureau (PRB), "This harmful traditional practice not only violates the human rights of girls and young women, but also threatens their health and well-being" (2013). In the fourth *Millennium Development Goals Report* that the Government of Kazakhstan prepared with the UN Country Team

in 2010, official statistics indicated an increase in infant mortality to 20.7 per 1,000 live births, where the mortality of girls was 18.48 per 1,000 live births. However, the report stated that poor-quality family planning and HIV prevention services provided to young women and girls were still not sufficient (Carrel 2010, 72). In 2009, “the birth rate among teenage girls aged 15 to 19 years, 31.1 per 1,000 girls of this age group, was high and has not been declining over the past few years” (Carrel 2010, 79). The report concludes that little progress has been accomplished in increasing awareness and educating Kazakh girls, women, and men about sexual and reproductive rights and well-being.

Education

The rapidly growing economy of Kazakhstan allowed it to implement major reforms, including in education. Under Article 30 of the 1995 constitution, Kazakh citizens have the right to free secondary education as well as free higher education in public institutions. The country landed at the top of UNESCO’s Education for All Development Index for scoring high in the percentage of children of primary school age who are enrolled in primary schools. Kazakhstan enjoys a high literacy rate at 97 percent (Stateuniversity.com 2016).

According to the Education Policy and Data Center’s report, the official primary school enrollment age in Kazakhstan is seven. The school system is structured so that the primary school cycle is four years (ages 7–10), the lower secondary is five years (ages 11–15), and the upper secondary is two years (ages 16–17). The total number of students enrolled in primary and secondary education at the time of the report in 2014 was 2,693,000. Of these students, 39 percent were enrolled in primary education (EPDC 2014). A report that monitored the progress in girls’ education found that Kazakhstan had no significant gender inequality in learning (King and Winthrop 2015, xii). The World Bank data for the MDGs of Kazakhstan indicate that the survival rate to the last grade of primary education for both sexes is 99 percent, and the primary completion rate for both sexes is 114 percent (World Bank 2014).

An overview of Kazakhstan’s educational system conducted by Stateuniversity.com shows that equal education opportunities for boys and girls was a major goal of the Soviet Union and remains important for the country after independence: “Historically, before 1917, education of girls was organized within families to teach girls to accept the traditional women’s roles as wives, mothers, and cooks. In

1920 and 1921, only 1,900 ethnic Kazakh girls attended schools. In the years 1966 to 1976, this number rose to 424,759 and, in 1999, the number rose to more than 1 million. All schools are coeducational” (Schooluniversity.com). In a report monitoring education in Kazakhstan, the UN International Children’s Emergency Fund (UNICEF) confirms the high rates of equity in educational opportunities across gender, region, and income. There is less than 1 percent difference in primary school attendance rates between boys and girls. “In secondary school, these trends continue, except for children from the lowest income bracket, with the poorest children being 2.7 percent less likely to attend school” (UNICEF 2010, 3).

Health

Researchers noted that when Kazakhstan was still under the Soviet government, citizens had access to free medical services with the socialist model of health care institutions. In the 1980s, Kazakhstan had a health care structure that provided free public medical care, even to rural communities. After independence, and during the turbulent transitional period the country experienced in the late 20th century, women were placed at greater risk than men of being physically unwell. Danilovich (2010) conducted a study that examined the growing socioeconomic inequalities in the transitional country through close monitoring of policies affecting women’s access to reproductive health care. The results of the study suggested that the introduction of market relationships in Kazakhstan brought about a higher unemployment rate, loss of child care and maternity benefits, and lower earnings. These issues “reflected in new negative trends in the health of female population, such as decreased life expectancy and birth rate, sharply increased abortion rate and violence, [and] higher incidence of HIV/AIDS and sexually transmitted diseases” (Danilovich 2010, 30–31).

According to the World Bank, Kazakhstan still confronts challenges in reforming health care institutions and services provided to the public. When compared to its prospering economy, the nation’s health care fails to keep pace. The World Health Organization (WHO) reported that Kazakhstan’s life expectancy at birth for both sexes increased by five years over the period 2000–2012.

But the country’s premier English-language newspaper, the *Astana Times*, published a report on March 30, 2015 (Witte 2015) discussing how women’s health coverage in Kazakhstan is becoming more comprehensive. The

Ministry of Healthcare and Social Development said that a decree established in 2009 made health care services free of charge to all citizens. For women, these services included gynecological exams, abortions, and intrauterine devices (IUDs). The author stated that women could access these services through prenatal centers, maternity hospitals, and gynecological departments of hospitals. Additionally, the ministry confirmed that “article 96 of the health code system dictates that individuals have the right for free reproductive choice, reproductive health protection and family planning services, infertility treatment, and the use and free choice of contraceptive methods. And article 104 of the code, dated September 29, 2009, gives women the right to an abortion” (Witte 2015).

The Ministry of Healthcare and Social Development explained that the state started giving more attention to diseases affecting women’s health. Since 2008, women have had access to free mammograms and cervical cancer screenings for early detection of diseases. In 2013, the government offered a free HPV-vaccination program to girls aged 11–15 in different cities. The newspaper article quoted a number of Kazakh women saying that accessing governmental health care services could be a challenge in rural communities. The women also mentioned problems with a lack of women’s specialists in the country, insufficient information dissemination about family planning and contraceptives, and low quality of services provided by doctors in free public clinics. Galina Grebennikova, the executive director of the Kazakhstan Association on Sexual and Reproductive Health, said that the state has done a lot to improve the health care services for women. But, she stated, “We have to do much more in the future including developing a new state program of healthcare, improving access to different contraceptive methods and allowing NGOs to provide social projects” (Witte 2015).

Employment

Reports indicate that the boom in Kazakhstan’s economy did not boost the job market in providing equal opportunities for women and men. The gender gap for labor force participation is 10.7, according to the ADB report on gender equality and the labor market (Duban 2013, xi). The report also states that domestically there is a problematic gender division of labor, with women being solely responsible for household tasks and catering work at 2.7 hours per day. Women have a lower employment rate than men, with an employment gap at 11.6 percentage points. The

report explains that young women often require more persuasion to enroll in nontraditional studies that will open up future employment opportunities for them.

Kazakhstan has a constitution and labor laws that guarantee equality and nondiscrimination. However, the definitions contained in the policy documents are vague, and no one can be certain about interpreting them (Duban 2013, xv). According to the report, the number of women in decision-making positions has progressively increased. “At the beginning of 2010 there were 19 women in the Mazhilis, the lower house of the bicameral parliament of Kazakhstan, representing 18 percent of the total number of Mazhilis members” (Duban 2013, 1–3). The ADB also mentions that the 2008–2009 global economic crisis affected Kazakhstan, hitting the construction, oil, and gas industries the hardest. Women in these sectors are often employed in low-paying positions and more vulnerable to dismissal. “Given women’s particular needs regarding maternity and sick leave, informal work arguably contributes to women’s vulnerable position in times of crisis” (Duban 2013, 2–3).

Other experts stated that, after independence, job placement in Kazakhstan was not gender blind. The Defense Language Institute Foreign Language Center (DLIFLC) stated that women in Kazakhstan “were overwhelmingly assigned to professions such as healthcare and education, which were deemed suitable for females according to Slavic social norms. Women were also recruited into the government and party hierarchy, attaining high-level positions within the Soviet Union’s vast political and economic administrative apparatus” (DLIFLC 2009, 34–35). Also, in a summary of Enterprise Surveys data for Kazakhstan focusing only on manufacturing, the World Bank provides statistics that place the country at a high rate of women’s access to equal jobs and decision-making positions. Kazakhstan has 28.3 percent of firms with female participation in ownership, compared to all countries at 34 percent. It has 18.9 percent of firms with a female top manager, compared to the global percentage of 17.3. The number of firms with majority female ownership is 16.4 percent in Kazakhstan, when it is only 11.2 percent worldwide (World Bank 2014). The *Astana Times* reported in March 2016 that there were about 700,000 enterprises run by women. The chairperson of the Council of Business Women of Kazakhstan, Lyazzat Ramazanova, stated, “Women run 697,355 enterprises and, in general, there are 1.44 million women engaged in business. Therefore, we must help women to establish and develop their businesses” (Voronina 2016).

Despite the progress in economic climate and employment rates, the ADB reports confirm that clear gender-based inequalities exist in the country. A survey that asked gender analysts in Kazakhstan to examine and determine the reasons that cause violations of women's rights and gender inequality and some of the analyses blamed the economic domain. "Among the most common answers were 'finding a job' (66.3% of respondents) and related issues such as 'the type of work [available to women] is non-prestigious, low skilled, and in low-paid sectors' (65.2%), 'the system of pay rises' (53.8%), 'entrepreneurism' (48.1%), and 'the pension system' (31.4%)" (Duban 2013, 19–20).

But the Kazakh government remains optimistic and aware of the challenges that hinder women's increased, equal, and fair participation in the labor market. Former minister of labor and social protection and current secretary of state of Kazakhstan, Gulshara Abdykhalikova, met with the Eurasian Competitiveness Programme (ECP) of the Organization of Economic Cooperation and Development (OECD) on February 27, 2015, to discuss intensifying efforts of women's involvement in the Kazakh economy. They also discussed "increasing cooperation to investigate and eliminate barriers to gender equality in education, employment and entrepreneurship, as well as ways to reach international standards on gender issues" (Voronina 2015). Experts have recommended in recent reports that for Kazakhstan to address its gender division of labor, it must address limitations of women's enterprise access and come up with measures to ensure that they have equal access to tools that enable them to excel in the job market.

Family Life

Historical concepts of gender in Kazakhstan resemble the traditional and stereotypical gender roles and relations where women made clothes and prepared meals at home and men were the breadwinners. Postindependence, the government promoted gender equality and that both men and women should contribute to society's economic production outside of the domestic sphere. Despite these efforts, only a small percentage of management positions are held by women, largely due to the perception that men are better decision makers (DLIFLC 2009, 34–35). The ADB reported survey results where respondents said catering is the essential role Kazakh women assume and that, even when women have become part of the workforce outside their domestic life, they still held a central role inside family life. Other respondents said that, ideally, men

hold higher positions in society because of their gender. "Due to domestic burdens, women may have insufficient time for self-education, professional training, or entrepreneurial activities. Gender stereotypes also have negative impacts on men. Several female respondents to this assessment raised the issue that men's primary role as the financial provider for the family means their participation in child rearing is limited" (Duban 2013, 13–14).

Human Rights Watch (HRW) released a report on July 23, 2015, stating that Kazakhstan failed to protect LGBT people from violence, and that LGBT people face hostility and abuse, a lack of sufficient response and support mechanisms, "and an intensified climate of fear amid recent efforts to atop an anti-LGBT law" (HRW 2015). The report titled *"That's When I Realized I was Nobody": A Climate of Fear for LGBT People in Kazakhstan* states that, in 1998, the country decriminalized consensual same-sex conduct; yet, an intensely homophobic atmosphere persists. "A 2009 survey of nearly 1,000 LGBT people conducted by the Soros Foundation–Kazakhstan found that more than 81 percent of respondents felt that gay and lesbian people "face disapproval and disrespect from those in the general population." Kazakh sexual and reproductive health experts have commented that sexuality remains a sensitive topic in Kazakhstan (HRW 2015). The National Public Radio (NPR) reported on August 21, 2015, that many people in the LGBT community say their rights are not equally protected. The country's laws are codified in ways that make it almost impossible for transgender people to change their gender identity in personal identification documents. "Activist Tim Shenker, a transgender man, says the law won't allow him, as a Kazakh citizen, to change his documents until he has undergone full sex-reassignment surgery" (Flintoff 2015).

In 2012, EurasiaNet.org reported that the military was not accepting gay men because the state classifies homosexuality as a "disorder," according to Kazakhstan's defense minister, Adilbek Dzhaksybekov. This attitude toward LGBT people is not uncommon. The Soviet Union criminalized homosexuality, regarding it as a mental disorder, and sodomy. "Homosexuality and lesbianism remain largely taboo topics in Kazakhstan, with many lesbians and homosexuals preferring to conceal their sexual orientation. Those who are 'out' tend to face discrimination" (Lillis 2012). When cases of aggression and violence occur against LGBT people, the state laws do not provide special protection or support for them. In April 2015, the English-language news Web site in Kazakhstan, Tengrinews,

reported that two men killed another man after confessing to them that he was gay. They claimed that they were insulted by the fact that they had drunk from the glass shared with the gay man. The crime was classified as “a crime committed with extreme atrocity by a group of people from molester motives” in the Criminal Code. “The discourse of LGBT human rights in Kazakhstan is problematized by the absence of both legal framework and lack of desire to open a constructive dialogue between the law enforcement, human rights organizations and general population” (Kamalova 2015).

A huge controversy in 2014 sparked the filing of multiple lawsuits over a poster that shows two male cultural and historical Kazakh figures kissing. The advertising agency Havas Worldwide Kazakhstan designed the poster depicting the composer and folk artist Kurmangazy Sagyrbaiuly (1823–1896) and the poet Aleksandr Pushkin (1799–1837) kissing. The plaintiffs were seeking 34 million tenge (approximately USD\$186,000) as compensation for damages. The poster created contentions in social media outlets, which urged leaders of the Bolashak (Future) national movement to organize a roundtable against homosexuality. Bolashak leaders called on the country’s legislators to adopt a law banning LGBT “propaganda.” HRW responded, “Laws criminalizing propaganda of ‘nontraditional sexual relations’—which are blatantly discriminatory and contrary to international human rights norms—have no place in Kazakhstan. Kazakh officials should firmly reject any attempts to introduce such legislation” (HRW 2014).

In 2015, HRW offered numerous suggestions to the legislatures of Kazakhstan in support of LGBT populations, including recognizing the magnitude of violence committed against them, and advised the government to work with activists and human rights organizations to take extensive precautionary measures that protect this vulnerable population. HRW additionally suggested that Kazakhstan revise its gender identification processes and allow transgender people to amend their gender identity legally and on all official documents through a transparent procedure that is free of medical examinations or coercion.

Politics

The Parliament of the Republic of Kazakhstan states that the constitution passed in August 30, 1995, approves of the Parliament of two houses as a high representative organ of the country realizing legislative functions. The Parliament consists of two chambers: Senate and Mazhilis (Parliament

of the Republic of Kazakhstan 2016). The current president of Kazakhstan, Nursultan Nazarbayev, who assumed office on December 16, 1991, was reelected in 2015 with 97.7 percent of the vote (Sholk 2015). Although in the constitution Kazakhstan declares itself a democratic, secular, legal, and social state with values focused on the well-being of the individual, his or her life, rights, and freedoms, the country’s contemporary political culture is “characterized by conservatism” (Sholk 2015). The Inter-Parliamentary Union (IPU) has ranked Kazakhstan at 54th among 139 countries classified in descending order of the percentage of women in national parliaments. There are 29 women within the 107 seats (27.1%) in the lower or single house after the March 20, 2016, elections (IPU 2016).

In 2014, UN Women conducted a workshop with members of the Parliament, government officials, and members of the National Commission for Women to discuss the topics of temporary special measures to enhance women’s political participation in Kazakhstan. “Women are under-represented in all areas of political life in Kazakhstan and have not achieved the critical mass that is necessary to have an effective voice in policy-making. The training was requested to specifically address this shortfall and to help Kazakhstan achieve the targets set forth in their international commitments” (Bardall 2014).

Religious and Cultural Roles

Muslims form the majority of the population of Kazakhstan. In 2009, the Kazakhstan National Census included, for the first time after Soviet rule, a question on religious affiliations (Alma 2015). The results indicated that 97 percent identified themselves with a certain religion. Among those were 70.1 percent who were Muslim, 26.1 percent Christian, 0.03 percent Jewish, 0.09 percent Buddhist, and 2.8 percent were nonbelievers. According to Sultangaliyeva Alma, these figures “reflect not so much the degree of ‘religiosity’ of the population as much as ‘ethno-religious identity.’ The interweaving of religious and ethnocultural identity is a phenomenon common to many post-socialist societies” (Alma 2015).

Alma discusses the revival of religion after independence in Kazakhstan and how it impacted the status of women, particularly Muslim women, in society in negative and positive ways. For example, religious piety emerged as a way for women to express their religious identity. Coexisting with mainstream secular traditions in the country, this new phenomenon of religious piety had a strong

impact on the perception of gender roles. “New Islamic piety assumes a gender hierarchy and a return to the ‘traditional’ division of labor in which a woman is ascribed a subordinate role. This approach is seen as a reversal of the ‘traditional’ Soviet-inspired notion of gender equality” (Alma 2015). Interestingly, the analysis of data collected by Alma indicated that the process of reforming religion has created new avenues of women’s empowerment and self-expression in religious spaces.

As a professor of philosophy at the Kazakh National University of Almaty, Saniya Edelbay wrote in her article about culture and Islam that she had witnessed the number of female students wearing the hijab (headscarf) increase in recent years, not just in her classes but in other departments as well, such as philosophy, political science, international relations, and economics. Culturally, she noted that the hijab is not part of the traditional attire that Kazakh women wear. Specialists suggest that the young people, especially young women, strive to study and to practice Islam, but it is very hard to draw a line that separates cultural traditions from religious practices in Kazakhstan. “Kazakh national traditions are closely connected with religious ones. Islam penetrated the elements of Kazakh nomadic tradition” (Edelbay 2012, 123). Edelbay argues that it became a challenge to balance and settle the differences between Islam and traditions. The contradictions between the two mostly become visible in relation to the hijab. President Nursultan Nazarbayev criticized the new trend of women wearing the hijab. “He criticized the youth that started to wear the hijab in schools. . . . The question whether women should wear the hijab or not is one of the sensitive issues under discussion in the contemporary Kazakhstan society” (Edelbay 2012, 124).

An article in the *Astana Times* stated that, as a young state, Kazakhstan faces the challenge of uniting more than 120 ethnicities. Describing the multiple religious identities of the country and religious spaces she visited, the reporter discussed the urgency of addressing questions at frequent interreligious conferences that take place in the capital, Astana. “If we are talking about necessary structural changes in civilizations, we have to address the fact that women are often systematically excluded from decision-making processes, both in peace and war times. How can a global society create sustainable concepts without bringing the knowledge and needs of the female population into international fora?” (Gelis 2014).

Scholars noted that the relative religious freedom the post-Soviet Kazakhstan experienced coupled with

economic insecurity and the rise of traditionalism during the country’s transitional period had affected marriage, childbearing, and parenthood conditions. “These factors potentially impact Muslim women in the region differently than their Christian or non-religious counterparts” (Anderson and Becker 2008, 10). The authors also stated, “Muslim women were less likely to use modern contraception or abortion or engage in premarital sex. Contraceptive knowledge and use—differences between Muslim, Christian, and non-religious women—were evident” (Anderson and Becker 2008, 47).

To counter the religious narratives and traditional practices that negatively impact women’s lives in Kazakhstan, Muslim women established the Society for Muslim Women (SMW) in 1990 in Almaty. The organization is unique in its emphasis on Islamic spirituality and what it proclaims to be “traditional Kazakh culture” as the core of its community activism. SMW defines its mission as an informal grassroots religious movement. Discovering how little the community actually knew about Islam, the nongovernmental organization (NGO) started educating people in addressing family and marital problems (Snajdr 2005, 298).

Issues

Child and Forced Marriage

Due to its multiethnicity, Kazakhstan has ethnic and cultural traditions deeply rooted in some communities that challenge state laws. Reports have indicated that practices of early and forced marriages still pose a threat to many Kazakh girls and young women. During the conference organized by the Women’s League of Creative Initiative of Kazakhstan, held on January 27, 2015, in Almaty, researchers indicated that most cases of early marriages and bride kidnapping occur among ethnic minorities. “Early marriage is typical for the Uighur population. They believe that a girl who doesn’t marry before the age of 18—has failed.” In Almaty oblast, 56.3 percent of girls aged 15–19 years have completed secondary education out of a total of 84,684 girls, and 4.8 percent of all total married women are in this age category (Asia 2015).

A 2012 study conducted on child marriage in South-eastern Europe and Central Asia, including Kazakhstan, stated that the country had cases of girls being married off as a means of continuing their younger siblings’ education (Nihlen and Aguirre 2012, 12). Scholars noted that the problem of child marriage is attributed to social, cultural,

and economic challenges that families of young girls and women face in rural areas. Another reason for child and forced marriages is the stereotypical ideology of women's subordinated status in families and their subjection to the parents. Research by the UN Population Fund (UNFPA) on child and forced marriage found that, while data and statistics were scarce, "unregistered marriages involving girls under the age of 18 seem to be growing in prevalence in some rural areas, and among some ethnic groups (including the majority Kazakhs)" (SIGI 2014). The process by which child marriages were conducted and legalized, the research found, was a religious ceremony that makes the marriage illegal; hence, the wife loses her basic rights for protection and human dignity. "Only marriages contracted in a state registry office are legally recognized in Kazakhstan; religious marriages have no legal validity. Child spouses interviewed by UNFPA had often been married against their will, and reported physical and sexual abuse, and labor exploitation" (SIGI 2014).

In 2011, the country introduced a new Law on Marriage and Family, "where the statutory minimum age of marriage for women and men is 18. However, in cases of pregnancy or if a child has already been born to the couple, a civil registry office may lower the minimum age for marriage by up to two years, with the consent of the intended spouses and their parents or guardians" (SIGI 2014). In the concluding observations report on Kazakhstan that the UN Committee on the Rights of the Child presented on October 30, 2015, the committee recognized positive measures taken by the state party to prevent child and forced marriages. However, the report reiterated the number of girls continuing to be subjected to early and forced marriages, especially in rural areas and southern Kazakhstan regions. The committee urged the government to ensure that the minimum age of marriage of 18 years for both girls and boys is enforced throughout the country. The committee also asked the Republic of Kazakhstan to develop awareness campaigns and programs on the harmful effects of early marriages on the physical and mental health and well-being of girls, targeting parents, teachers, and religious and community leaders, and to establish protection schemes for victims of early and forced marriages who file complaints (OHCHR 2015).

The UNFPA carried out a study in 2014 on child marriage in Kazakhstan while also reviewing national legislation and the country's ratification of the various international standards related to the issue. According to the study, the total number of marriages was 16,494,

with 1,373 brides under age 18 and 79 grooms under age 18 (UNFPA 2014). The numbers indicate that the issue of child marriage needs policy makers, parliamentarians, communities, and families to address it and to protect girls' rights and provide them access to livelihoods, social support, and health programs for sexual and reproductive health.

HASNAA MOKHTAR

Further Resources

- Akiner, Shirin. 1995. *The Formation of Kazakh Identity: From Tribe to Nation-State*. London: Royal Institute of International Affairs.
- Alma, Sultangaliyeva K. 2015. "Women and Religion in Post-Soviet Kazakhstan: A View from Within." In *Gender in Modern Central Asia*, edited by Thomas Kruessmann, 139–162. Zürich: LIT Verlag GmbH & Co. KG Wien.
- Anderson, Kathryn H., and Charles Becker. 2008. *Religious Affiliation and Family Formation in Post-Soviet Central Asia*. Seattle, WA: National Council for Eurasian and East European Research. Retrieved from https://www.ucis.pitt.edu/nceer/2008_821-04_Anderson.pdf.
- Ashirbekova, Arailym. 2015. "Kazakhstan: Empowering Girls." *The Puls* 5 (January). Retrieved from <https://pulsocentralasia.org/2015/02/03/kazakhstan-empowering-girls>.
- Bardall, Gabrielle. 2014. "Enhancing Women's Political Participation in Kazakhstan." Bridge, May 2. Retrieved from <http://www.bridge-project.org/en/news2/asia-pacific/1329-enhancing-women%E2%80%99s-political-participation-in-kazakhstan.html>.
- Carrel, Frederic. 2010. "Millennium Development Goals in Kazakhstan." Retrieved from <http://www.undp.org/content/unct/kazakhstan/en/home/mdgs-sdgs/mdgs-in-kazakhstan/0.html>.
- CIA (Central Intelligence Agency). 2016. "The World Factbook. Central Asia: Kazakhstan." Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/kz.html>.
- Danilovich, Natalia. 2010. "Growing Inequalities and Reproductive Health in Transitional Countries: Kazakhstan and Belarus." *Journal of Public Health Policy* 31.1: 30–50. doi:10.1057/jphp.2009.47.
- DLIFLC (Defense Language Institute Foreign Language Center). 2009. "Kazakh Cultural Orientation." *Kazakhstan: Country Profile*, 1–72. Retrieved from http://fieldsupport.dliflc.edu/products/kazakh/ke_co/kazakh.pdf.
- Duban, Elisabeth. 2013. *Kazakhstan: Country Gender Assessment*. Mandaluyong City, Philippines: Asian Development Bank.
- Edelbay, Saniya. 2012. "Traditional Kazakh Culture and Islam." *International Journal of Business and Social Science* 3.11 (June): 122–133.
- EPDC (Education Policy and Data Center). 2014. "Kazakhstan: National Education Profile 2014 Update." fhi360. Retrieved from http://www.epdc.org/sites/default/files/documents/EPDC%20NEP_Kazakhstan.pdf.

- Flintoff, Corey. 2015. "For Kazakhstan's LGBT Community, a Struggle for Recognition and Rights." NPR.org, August 21. Retrieved from <http://www.npr.org/sections/parallels/2015/08/21/433450186/for-kazakhstans-lgbt-community-a-struggle-for-recognition-and-rights>.
- Gelis, Ursula. 2014. "Kazakhstan's Religious Worlds: A Path of Coexistence." *Astana Times*, June 4. Retrieved from <http://astanatimes.com/2014/06/kazakhstans-religious-worldsa-path-coexistence>.
- HRW (Human Rights Watch). 2014. "Kazakhstan: Lawsuits over Same-Sex Kiss on Poster." Retrieved from <https://www.hrw.org/news/2014/10/01/kazakhstan-lawsuits-over-same-sex-kiss-poster>.
- HRW (Human Rights Watch). 2015. "Kazakhstan: LGBT Community Living in Fear." Retrieved from <https://www.hrw.org/news/2015/07/23/kazakhstan-lgbt-community-living-fear>.
- IPU (Inter-Parliamentary Union). 2016. "Kazakhstan Mazhilis (House of Representatives)" Retrieved from <http://www.ipu.org/parline-e/reports/2165.htm>.
- Kamalova, Gyuzel. 2015. "LGBT Human Rights: Freedom or Infringement in Kazakhstan?" Tengrinews. Retrieved from https://en.tengrinews.kz/laws_initiatives/LGBT-human-rights-freedom-or-infringement-in-Kazakhstan-262583.
- Khassanova, Galiya. 2000. "On the Way to Democracy: Women's Activism in Kazakhstan." *Demokratizatsiya: The Journal of Post-Soviet Democratization* 8.3: 385–395.
- King, Elizabeth M., and Rebecca Winthrop. 2015. *Today's Challenges for Girls' Education*. Working paper 90. Global Economy and Development at Brookings.
- Lillis, Joanna. 2012. "Kazakhstan Says No to Gays in Military." EurasiaNet.org. Retrieved from <http://www.eurasianet.org/node/65533>.
- Matuszkiewicz, Renata. 2010. "The Language Issue in Kazakhstan: Institutionalizing New Ethnic Relations after Independence." *Economic and Environmental Studies (A Journal for Sustainable Development)* 10.2: 211–227.
- Nihlen, Asa, and Isabel Yordi Aguirre. 2012. "Entre Nous: The European Magazine for Sexual and Reproductive Health." In *Child Marriage*, edited by Werner Haug, 4–5. Copenhagen, Denmark: UN Population Fund (UNFPA), Regional office for Eastern Europe and Central Asia, with the assistance of the World Health Organization Regional Office for Europe.
- OHCHR (UN Human Rights Office of the High Commissioner). 2015. "Committee on the Rights of the Child Holds Seventieth Session in Geneva." Retrieved from <http://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=16403&LangID=E>.
- Parliament of the Republic of Kazakhstan. 2016. Retrieved from <http://parlam.kz/en>.
- PRB (Population Reference Bureau). 2013. "World Youth Data Sheet 2013." Retrieved from <http://www.prb.org/pdf13/youth-data-sheet-2013.pdf>.
- Republic of Kazakhstan. 2005. *Strategy for Gender Equality in the Republic of Kazakhstan for 2006–2016*. Retrieved from <https://www.ndi.org/sites/default/files/Kazakhstan-Gender-Strategy-2006-2016.pdf>.
- Sholk, Dena. 2015. "Understanding Kazakhstan's Politics Nazarbayev's Overwhelming Victory Notwithstanding, Change Is Taking Place in Kazakhstan." *The Diplomat*, May 5. Retrieved from <http://thediplomat.com/2015/05/understanding-kazakhstans-internal-politics>.
- SIGI (Social Institutions & Gender Index). 2014. "Kazakhstan." OECD Development Center. Retrieved from <http://www.genderindex.org/country/Kazakhstan>.
- Snajdr, Edward. 2005. "Gender, Power, and the Performance of Justice: Muslim Women's Responses to Domestic Violence in Kazakhstan." *American Ethnologist* 32.2: 294–311.
- StateUniversity.com. 2016. "Kazakhstan – Educational System – Overview." Retrieved from <http://education.stateuniversity.com/pages/761/Kazakhstan-EDUCATIONAL-SYSTEM-OVERVIEW.html>.
- Trading Economics. 2016. "Kazakhstan Population." Retrieved from <http://www.tradingeconomics.com/kazakhstan/population>.
- UNESCO. 2005. *History of Civilizations of Central Asia*. Edited by Madhavan K. Palat and Anara Tabyshalieva, *Multiple History Series*. Paris, France: UNESCO.
- UNFPA. 2014. "Child Marriage in Kazakhstan (Overview)." Retrieved from <http://eece.unfpa.org/publications/child-marriage-kazakhstan-overview>.
- UNICEF. 2010. *Country Profile 2010: Education in Kazakhstan*. Retrieved from https://www.unicef.org/ceecis/Kazakhstan_2010.pdf.
- USCIRF. 2015. *Annual Report of the U.S. Commission on International Religious Freedom*. Washington, D.C.: USCIRF.
- Voronina, Kseniya. 2015. "Secretary of State, OECD Official Discuss Increasing Women's Participation in Kazakh Economy." *Astana Times*, March 6. Retrieved from <http://astanatimes.com/2015/03/secretary-state-oecd-official-discuss-increasing-womens-participation-kazakh-economy>.
- Voronina, Kseniya. 2016. "Women Run about 700,000 Kazakh Enterprises." *Astana Times*, March 10. Retrieved from <http://astanatimes.com/2016/03/women-run-about-700000-kazakh-enterprises>.
- Witte, Michelle. 2015. "Women's Health Coverage in Kazakhstan Becoming More Comprehensive." *Astana Times*, March 30. Retrieved from <http://astanatimes.com/2015/03/womens-health-coverage-in-kazakhstan-becoming-more-comprehensive>.
- World Bank. 2014. "Millennium Development Goals." Data Bank. Retrieved from <http://data.worldbank.org/country/kazakhstan>.

Kyrgyzstan

Overview of Country

Kyrgyzstan is located in Central Asia along the Silk Road. It is surrounded by China in the east, Kazakhstan to

the north, Uzbekistan in the west, and Tajikistan in the south. The country is approximately 77,182 square miles (199,900.46 sq. km) and is dominated by two mountain systems: the Pamir and the Tian Shan. The population was 5.72 million in 2013 and has continued to steadily increase since the 1960s (World Bank 2015). The *Human Development Report 2015* ranks Kyrgyzstan at 67th of 188 on the Gender Inequality Index (GII) (UNDP 2015).

The Soviet Union (USSR) had extreme influence on every aspect of life in Kyrgyzstan, especially in the lives of women. The area that is now the democratic country of Kyrgyzstan was under USSR control from 1924 to 1991. Under the USSR's rule, women were encouraged to work, which resulted in the number of working women and students being one of the highest in the world (Kuehnast and Nechemias 2004). Also, while promoting women, the USSR suppressed the Islamic background of people (Blackburn 2011). As a result, some women stopped wearing the veil.

After the fall of the USSR, the living standards of women disintegrated (Blackburn 2011). Budget cuts dissolved government assistance programs that had primarily helped women and children (Ishkanian 2003). Further, free health care and education were terminated, which created barriers for women to obtain degrees (Akiner 1997). Finally, policies from the USSR era that assisted women in the hiring process—for example, gender quotas—were dissolved. With the fall of the USSR came a call to establish a national identity, and this caused a resurgence of traditionalism and Islam. This process is what Graney (2004) refers to as “retraditionalism” or a “revival of masculinity” (45).

Present-day Kyrgyzstan struggles with many issues from the past and new issues from today's global pressures and local governmental corruption. There are accusations of “distortion of justice” during the violence when President Askar Akayev was overthrown for becoming authoritarian and corrupt in the 2010 Tulip Revolution. Violence against women is often not reported, and the LGBT community is not protected in the same ways as its heterosexual counterpart.

Girls and Teens

In Kyrgyzstan, growing into the adolescence stage is different for girls and boys. Girls are considered *balagatak toluu*, or a teen, at age 9, and boys enter their teens at age 12. Officials and parents view girls and boys in their teens as risky and keep them under strict observation. The teen-age years are referred to as *ovzrast smiatentia*, or age of

confusion, because teens often rebel and commit various acts that range in severity (running away, attempting suicide, or dropping out of school) (Ismailova 2007).

Girls are taught how to do household chores at a young age (e.g., cooking, sewing, etc.). Boys are expected to work in the villages or on the farms and are taught how to interact with others in a way that is desirable. The entire community curtails the behavior of young girls in Kyrgyzstan. Girls are not permitted to date openly or to drink or smoke in public, especially in rural areas. For chores, girls are taught at a young age, and they are socialized to be a wife, a mother, and a cook and to maintain the home. Mostly, urban parents teach their daughters to be successful and independent. However, even with the teachings of being self-sufficient that the urban parents give, they still teach their daughters “to be good wives” and mothers (Ismailova 2007).

Education

Education is a cornerstone of facilitating gender equality. Clark, Roy, and Blomqvist (2008) suggest that the development of gender equality is heavily influenced by women's empowerment, and empowerment is dependent on education. Further, education creates more opportunities for women to prosper and move up the ranks (Carbone and Lister 2006). Post-USSR, this region suffers greatly from a lack of educational funding. Hanks (2005) found that some schools are in such financial crises that they lack basic amenities such as heat. Another barrier to education is language. The call to establish a national identity has led to youths being taught their ethnic languages rather than Russian (Hanks 2005). In fact, many USSR teachers have migrated out of Kyrgyzstan because of their inability to teach these other languages (Blackburn 2011).

The youth of Kyrgyzstan are required to complete 11 years of primary and secondary schooling. Students then choose a path to pursue after the secondary level of schooling—a university, a technical school, or an institute (Hanks 2005). UNICEF (2013b) found that for the 15–24 age group, there is a 100 percent literacy rate. Attendance at primary school for females is 99 percent and 83 percent for males; 2 percent of primary school children are out of school. The secondary school attendance rate for females is 80 percent and 81 percent for males. In 2008, UNICEF reported that there were 39,000 primary school-age children out of school, and 38.5 percent are girls. Adults have a 99 percent literacy rate (UNICEF 2013b).

Table 1 Perceptions of Individual Well-Being (Percent Satisfied)

Education Quality	Health Care Quality	Standard of Living	Feeling Safe	Freedom of Choice	
2014	2014	2014	2014	2014	2014
				Female	Male
58	57	76	49	70	63

Source: UNDP, *Human Development Report 2015*, 268.

Health

The advancements in health care indicate the health sector was a major benefactor after Kyrgyzstan gained independence, and the quality of life has improved. The under-5 mortality rate (U5MR) for Kyrgyzstan has decreased from 66 in 1990 to 24 in 2013 (UNICEF 2013b). In 2013, the U5MR for males and females was 27 and 24, respectively. Also, life expectancy is 68 years old. Further, it was found that 62 percent of children with symptoms of pneumonia are currently seeking treatment, and only 45 percent of those children are receiving antibiotics (UNICEF 2013b). For children under 5 years old, 17.8 percent suffered from malnutrition (UNDP 2015). Finally, the *Human Development Report* surveyed individuals in Kyrgyzstan on their perceptions of individual well-being (UNDP 2015).

In 2013, on average, women gave birth to three children, and the female-to-male population ratio was 0.97 (WEF 2013b). The maternal mortality ratio is 71 per 100,000 live births, and the infant mortality rate is 1 per 1,000 live births (WEF 2013b). Kyrgyzstan does have legislation that allows for an abortion for the mother's physical health. According to UNICEF (2013b), 97 percent of women attended at least one antenatal visit, and 84 percent attended at least four visits. Further, 99 percent of women stated that they gave birth with a skilled attendant present or at an institution (UNICEF 2013b).

Diseases and Disorders

Causes of death by disease or disorder are diverse in Kyrgyzstan. In 2002, the World Health Organization (WHO) found that of 45,000 deaths, 47 percent were from cardiovascular disease; 17 percent were from communicable, maternal and perinatal, or nutritional deficiencies; 10 percent were from other chronic diseases; 9 percent were from cancer; 7 percent were from chronic respiratory disease; and 1 percent were from diabetes. UNICEF (2013b) provides detailed information about HIV in Kyrgyzstan. UNICEF estimated that a minimum of 7,000

to a maximum of 10,000 people are living with HIV in Kyrgyzstan.

It is estimated that 1,000 females are living with HIV, and for the 15–49 age group, 0.30 percent have HIV (UNICEF 2013a). For the 15- to 49-year-old males, 0.50 percent are living with HIV (2013a). Also, fewer than 0.2 percent of children are living with HIV (UNICEF 2013b). For the ages 15–24, 24 percent of males and 20 percent of females have comprehensive knowledge of HIV (2013b). In reference to safe sex, 75 percent of males said they use condoms, and 1 percent of males and 12 percent of females indicated that they had been tested for diseases in the last six months (2013a).

Employment

During the USSR era, women in Kyrgyzstan were encouraged to work, and while that trend started to disappear after independence, these women work more so than women in other Central Asian countries (Olcott 1997). However, even with women in Kyrgyzstan working more than women in surrounding countries, there is still great inequality and underrepresentation. This section discusses women's employment rates, where women are working, and whether they hold high positions.

In 2013, the unemployment rate for women was 9 percent, and the rate for men was 7 percent (WEF 2013b). On the political empowerment index, Kyrgyzstan ranks 71st out of 136 countries. The female-to-male ratio of Parliament memberships is 0.30, and the female-to-male ratio of holding ministerial positions is 0.12. The World Economic Forum (WEF 2013b) also examined the percentage of women in top management positions—23 percent of firms—and a woman's ability to move up in position. On a seven-point scale, with one as the worst score and seven as the best score, a woman's ability to move vertically in a firm was rated at five.

Kyrgyzstan offers 126 calendar days for maternity leave and will cover 100 percent of pay for 10 days. The remaining 116 days are covered by social security and is 10 times the benchmark rate (WEF 2013b).

Family Life

In 2013, UNICEF collected data from across the world on different aspects of life (2013b). In Kyrgyzstan, it was discovered that there is a belief that beating one's wife is justified, with 50 percent of males and 34 percent of females agreeing. Most women in Kyrgyzstan transition from a household where the father holds all authority to a home with their husband where the new bride has the least power (HRW 2006). Power in the new home is not entirely held by the husband, but also by female in-laws.

When a woman is married, willingly or not, she inherits most of the work in the new home that was initially completed by the mother-in-law. This includes participating in agriculture, maintaining the home, assisting with the family business, and raising children. She will not be paid for completing any of these tasks. Also, Human Rights Watch (HRW 2006) interviewed several women from Kyrgyzstan to understand their relationships with their female in-laws. These women revealed that their mothers-in-law were extremely abusive—psychologically and physically. However, the mother-in-law was not the only one to physically and verbally abuse a new bride. The sisters-in-law of new brides often participated in relentless abuse to increase her sense of powerlessness. New brides often have every aspect of their lives controlled by their female in-laws and husbands (e.g., ability to leave the house, contact with anyone, decisions related to sex and child-rearing, and her daily schedule) (HRW 2006).

Polygyny

Polygyny, allowing a man to have more than one wife, is illegal in Kyrgyzstan; however, it is still a common practice in the country. Men will often have their first marriage recognized by the state, but additional marriages are not registered. These men usually keep their additional marriages secret from their original wives, and most marriages are accompanied by Muslim ceremonies. Since Kyrgyzstan gained independence, polygyny has increased. Of the women who have filed complaints to women's crisis centers, 40 percent described issues associated with polygyny, for example, custody and property rights (HRW 2006).

Domestic Violence

Victim blaming and a normalized view of domestic violence in Kyrgyzstan is what HRW (2006) found during its extensive research in the country. An abused woman

recounts her experience when explaining the situation to her mother:

When I told my mother that he beat me, she told me that this is normal, everyone is beaten. My mother said, "What, you don't think that father beat me?" Because of that I thought I had to just live with it. She said, "Put up with it." She said, "What if you leave and come home, what will our neighbors and relatives say?" (HRW 2006, 22)

Taalaygul Isakunova, who is on the Presidential Council of Women, Family, and Gender Development, states that big politics are the priority, not women. She explains that Kyrgyzstan has made a statement of commitment, but there is no action to protect the victims of domestic violence (HRW 2006).

Domestic violence has a lasting effect on the victims. Many of the women interviewed by HRW (2006) stated symptoms of posttraumatic stress disorder (PTSD): flashbacks of violence, feelings of paranoia, and panic attacks. Domestic violence also affects the children within a family. Many of the interviewees reported that their children experience depression and anxiety because of witnessing the abuse (HRW 2006). Also, a number of respondents reported that their abuser regularly beat the children of the household.

Female victims of domestic violence are reluctant to seek help for multiple reasons. The Organization for Security and Cooperation in Europe (OSCE) shows that the public in Kyrgyzstan has broad disapproval of the police. These victims also believe that turning to the police will not lead to their abuser being prosecuted. Retaliation against women for reporting on their abusers and subsequent stigmatization by the community are prominent fears among victims (HRW 2006). These issues and concerns are further amplified when the female victim is married to a police officer.

Leaving violent relationships is not an easy task for women experiencing abuse. Physical and economic constraints inhibit victims of domestic violence from leaving the marriage. One HRW interviewee stated that her husband and in-laws locked her in a room. Further, when a woman is confined to the home, she may have no financial means to leave the marriage. As mentioned earlier, fear of retaliation also impedes victims of domestic violence from escaping. Keres K., an HRW interviewee, stated, "I suggested a divorce, and he said, 'No, I'd kill you and the children'" (48). And social stigma is another deterrent

of divorce. A woman being part of a failed marriage can result in a community placing shame on the entire family (HRW 2006).

The law in Kyrgyzstan also contributes to the difficulty for an abused woman to divorce her husband. In instances where one party disagrees with the divorce, a judge may enact a three-month period where the couple is instructed to attempt reconciliation. However, many marriages are not registered with the state, and this causes additional difficulty for the woman to claim property, child custody, and alimony (HRW 2006).

Politics

Women's rights groups are currently fighting on several fronts for the women of Kyrgyzstan; however, their progress is inhibited by several entities. At the conclusion of the Tulip Revolution, President Bakiyev was overthrown, and Roza Otunbayeva rose to office. President Otunbayeva served as interim president from July 2010 to December 2011 and is the first woman to accomplish this in Kyrgyzstan. After special elections were held, a new president was elected, and Otunbayeva made a failed attempt to become foreign minister. Otunbayeva's rise and fall in Kyrgyzstan's government demonstrates how precarious it is for a woman in this country, even for one in the highest office.

Women's Rights Organizations

Kyrgyzstan has dozens of active women's rights groups, and most also address domestic violence in some way. Some of these groups use their resources for research, and others provide crisis centers for women. Women's rights groups that offer services usually have outreach efforts, including a 24-hour hotline, psychological counseling, and legal consultations. HRW found that larger cities in Kyrgyzstan typically have shelters for abused women; however, smaller towns have very few, if any, services for these women. Current law conflicts with these women's rights organization when they attempt to provide shelter. Laws regulating these shelters state a maximum of 10 days for free housing for women and their children, while most of these women need housing for several weeks or months (HRW 2006).

Kyrgyzstan gives very little funding to women's rights groups, and thus the majority of organizations dedicated to supporting women are funded by foreign aid. Housing women survivors of abuse also puts the workers in

danger. In 2000, a husband of a sheltered woman physically assaulted Svetlana Sayakbayeva, the head of the Naryn province shelter, for assisting his wife (HRW 2006).

Kyrgyzstan's Law on Domestic Violence

Kyrgyzstan's government is committed to stopping domestic violence, forced marriage, and abductions. Kyrgyzstan ratified international instruments in regard to guaranteeing a woman's right to have equality and live free of violence (HRW 2006). However, even with these progressive laws and protections, Kyrgyzstan is not effectively enforcing these statutes. Kyrgyzstan is obligated by international law to protect women from violence from the state or private actors. However, a number of complex issues associated with domestic violence make it difficult to leave a violent home.

Law enforcement is the central entity that receives the information to respond to and mitigate the effects of domestic violence in Kyrgyzstan. Overall, Kyrgyzstan's government and police forces fail to adequately address domestic violence. In 2003, Kyrgyzstan adopted a progressive law to provide victims of domestic violence with resources; however, this law has not been integrated into the everyday duties of law enforcement. The issue of domestic violence is not one that receives high priority or sympathy from the police or government officials. Police officers view domestic violence as the woman's problem and often discourage the victim from seeking an investigation. Also, when the police are involved, they often encourage the woman to make peace with her abuser, which gives the victim no option for help). At the writing of the HRW (2006) report, there was no official governmental statistic on the scope of domestic violence in Kyrgyzstan.

Religion and Culture

A belief that is often stressed in Kyrgyzstan is *El menen el bolosun*, or "only with people can individuals see themselves as persons" (Ismailova 2007, 573). Parents in rural areas tend to be stricter on religious and cultural practices than parents in urban areas (e.g., birth, marriage). Also, the culture of Kyrgyzstan is very influential in sustaining beliefs of collectivity and hierarchical relationships (e.g., parent-child, teacher-student, old-young) (Ismailova 2007). Even though religion is a major influence on life in Kyrgyzstan, it is mostly the religious elite that sequester women. With the nomadic tribes, women work as equals

beside men because everyone contributes to the family's well-being (Glenn 1996).

Issues

Bride Kidnapping

In Kyrgyzstan, bride kidnapping is a reality that women experience. According to HRW, these kidnappings are not exclusive to certain areas (rural or urban) but take place all across Kyrgyzstan (2006). The vast majority of females taken are younger than 25, and some are minors. There are government officials in Kyrgyzstan who argue that bride kidnapping is "tradition"; however, nongovernment organizations (NGOs) have argued it is not tradition—it is a crime. Sociologists who have examined the history of marriage in Kyrgyzstan state that arranged marriage is tradition, but bride kidnapping is not. Additionally, since Kyrgyzstan gained independence, bride kidnapping has increased (HRW 2006). Approximately 30 percent of all marriages are the result of bride kidnapping, and some estimate in certain areas it may be as much as 80 percent. HRW (2006) interviewed officials from the Office of the Ombudsman, and their statements are below:

[Bride kidnapping] is a tradition, that's why we've received no appeals. If it were by force, then maybe [people would complain]. A senior police officer states, Of course there is kidnapping, without this marriage doesn't happen. A human rights official continues, I am a Kyrgyz man who grew up here and on the one hand I see it as a violation of the woman who then can't marry the man she loves, but also many women are very shy, their behavior is very different, especially in the villages. We advise women not to associate with men. Our girls don't know how to deal with men. When they grow up, they don't know what to do. Some women are grateful [to be kidnapped], otherwise they say they would never have gotten married. If there was not this tradition, then they would never get married and have children, so I also look at it from that angle. I don't support bride abduction myself. (53)

This statement shows how even someone who holds a human rights governmental position has normalized this crime in everyday life. A survey completed in Kyrgyzstan discovered that the most common reason given for bride kidnapping is that the participants regarded it as a "good tradition" (HRW 2006). Further, Handrahan (2004) found

that men wanting to positively express their Kyrgyz identity caused the increase in bride kidnapping following the breakup of the USSR.

Patterns of bride kidnapping show that this crime is more prevalent in villages than in cities, but it still takes place in cities as well. To highlight a few bride-kidnapping cases, Shoiria S, an HRW (2006) interviewee, was kidnapped in Bishkek, the capital of Kyrgyzstan, in 2002. In 1999, a 12-year-old girl was taken. Also, in November of 2005, six girls were kidnapped from the Jalal Abad province in one week (HRW 2006).

Bride kidnapping happens in multiple ways. A young woman is usually taken by force or deception by the intended groom and a group of other men. They transport the woman to the intended groom's home, and she is locked in a room with the male's female relatives. The intended groom's female relatives physically and psychologically coerce the woman to agree to wear the marriage scarf, which is used as a sign of her consent to the marriage. This process can last hours, and, at times, the intended male will sexually assault the woman as a way to force her to agree to the marriage because of shame, which may result in the victim's family disowning her if she does not marry. The victims are often isolated to prevent them from escaping. These types of marriages are not typically registered with the state; however, they are mostly accompanied by a Muslim ceremony and feast. Also, at the ceremony, the confirmation of consent is usually eschewed (HRW 2006).

It is the norm to be married in Kyrgyzstan, and males often feel pressure from their families to marry. Also, with the generational repetition of domestic violence, young boys are taught that this crime is tradition or normal and acceptable. Bride kidnapping is an expression of male dominance (HRW 2006; Handrahan 2004). Handrahan states that kidnapping "reinforces male hegemony, that is, dominance of women" (HRW 2006, 57). Another factor that perpetuates this crime is that men who bride kidnap are not prosecuted in most cases. Women who are kidnapped are often forced by strangers or acquaintances. Feruza F. recounts her experience below:

The men who took me were acquaintances of my father. It was evening, and the men had seen me earlier for a while, and they went to my parents and said they wanted to marry me with someone. My parents said, "No, she's still young." The men ignored that. I was in shock, I had never seen this man before, and I didn't want to marry him. I didn't like it, and I said, "I don't want to live with

you, and I don't know you." They said, "No, this is the way with all women. Everything will be normal." I didn't like the man they made me marry. (HRW 2006, 59)

Even though there is a massive amount of evidence that strangers and acquaintances commit these crimes, law enforcement officials who spoke to HRW deny who carries out the abductions. In cases where the men are not acquaintances, physical force is used to kidnap the woman. When there is a previous relationship between the abductors and the victim, deception is more common (HRW 2006).

These kidnappings have a significant emotional and physical impact on the victims. Many victims have the trauma of being kidnapped compounded with domestic violence. This trauma is only amplified when examining how the legal system handles bride kidnapping. "Article 155 of the Criminal Code outlaws non-consensual marriage by abduction. It states, 'Forcing a woman to marry or to continue a marriage or kidnapping her to marry without her consent' will be punished by law" (HRW 2006, 72). The punishment is up to five years in prison or a fine of 100 to 200 times the monthly minimum wage (HRW 2006). The minimum wage in 2005 was approximately 100 som, or USD\$2.42.

This statute is not entirely clear on what will happen if it is violated. Also, under this law, a man could kidnap a woman, rape her, and throw her on the streets and just receive a fine, which some women's rights advocates and sociologist Medina Aitieva agree is not adequate punishment. HRW interviewed police officers on the matter of bride kidnapping and discovered the attitudes that NGOs say are "typical." While speaking to officers about the kidnappings, they would laugh, and one joked that the HRW researcher could be kidnapped while in Kyrgyzstan (HRW 2006). These attitudes do not support the victims.

A nongovernmental activist states, "I've never heard of a criminal case being opened related to a kidnapping." Further, Medina Aitieva states,

I've never heard of a case where a woman sued for kidnapping as a crime if she was returned home. In one case, a family sued a man for kidnapping because the families had no connection to one another. There was financial compensation for the family but no jail time for the kidnappers. There are almost no legal cases. Even the case in the film [by Petr Lom] where the girl died, that case hasn't gone anywhere. It was too hard to prove. No autopsy was done. The other side [the abductor's family] said it was suicide. (HRW 2006, 73–74)

LGBT Issues

Same-sex activity between two men or two women is legal in Kyrgyzstan. However, same-sex couples face obstacles that their straight counterparts do not. In 1998, Kyrgyzstan ratified same-sex sexual relations and equal age of consent. However, LGBT citizens are not completely or equally protected by social or legal standards similar to their heterosexual counterparts. Same-sex couples cannot marry and therefore do not have any legal relationship benefits from such declarations. Also, LGBT couples cannot adopt children. Finally, there is no hate crime legislation in Kyrgyzstan that protects individuals on the bases of sexual orientation or gender identity (Itaborahy and Zhu 2013).

Being out as LGBT in Kyrgyzstan is not only incompatible with the country's norms, but it also may lead to life-threatening situations. LGBT individuals attempt to remain unidentified because of several negative outcomes: termination from one's job, physical and verbal abuse, and disownment by one's family (Wilkinson and Kirey 2010). LGBT individuals who do not have financial dependency or social group support are at extremely high risk of being "outed" (Plus 2007).

HRW (2008a) found that the LGBT community in Kyrgyzstan is subjected to unprovoked physical and verbal attacks based on mannerisms and appearances. Attempting to positively express one's nonheterosexual identity is seen as undesirable and shameful in Kyrgyzstan. This attitude is shown by the following question a university professor asked a lesbian student: "We don't put you in jail; we don't beat you; what more do you want?" (HRW 2008b, 29). When LGBT individuals fail to conform to the heteronormative expectations of Kyrgyzstan, this is used to legitimize a punishment of physical beating or rape for their "immoral behavior" (Wilkinson and Kirey 2010).

The victimization of LGBT individuals is compounded by the fact that law enforcement often perpetuates the violent attack (Van der Veur 2004; HRW 2008b). Additionally, the families of LGBT individuals often try to force marriage of the opposite sex on these persons as an attempt to "cure" them (HRW 2008b; Kyrgyzlabrys 2007b). Governmental officials state that LGBT individuals are protected as much as their heterosexual counterparts (Kyrgyzlabrys 2007a). However, these same officials do not recognize the violent and discriminatory milieu the LGBT community faces in everyday life. Van der Veur (2004) states that Kyrgyzstan is for human rights, but not for homosexuals. The

following daily routine is recounted to show how LGBT individuals censor their daily self for Kyrgyzstan society:

For example, when we eat out sometimes . . . we must not show who we are. And this is how we live. . . . We must pretend that we are not like “them” [e.g., lesbians], we must be reserved, although we just want to be free. On the streets, among other people, we are not free. We can only be free at Labrys or at home, or in our clubs. So I think it is very hard. And even when we walk down the street holding hands . . . , sometimes we get shouts of “shameless” and similar things. (Wilkinson and Kirey 2010, 489)

Further, a trans man who works for Labrys remarked on the advancement of LGBT rights in Kyrgyzstan, “No one will give you right, you have to go and take you[r] right” (Wilkinson and Kirey 2010, 490).

Labrys is an NGO in Kyrgyzstan that advocates for the rights of LGBT individuals in the country. It was founded in 2004 after the owner of a café threw out a group of mostly LGBT women. The owner stated the group was removed because two women were seen kissing. The group would have sought legal action; however, the prospect of being “outed” inhibited their action (Wilkinson and Kirey 2010). These events inspired this organization to be formed to protect individuals in the LGBT community.

Labrys operates as a starting point for exploring and conversing about the lives of the LGBT community (Wilkinson and Kirey 2010). Compared to Kyrgyzstan’s neighbors, the opportunities for the LGBT community to be recognized is greater. However, this progression is due in large part to international donors and the influence they hold in the Kyrgyzstan government (Kirmse 2009; Paasiaro 2009).

LGBT citizens of Kyrgyzstan face numerous dangers in everyday life, but these dangers are exacerbated when law enforcement officers are the perpetrators. Fathullo F., a gay man, told HRW (2014) about his encounter with the police. He had arrived at a destination to meet another man, and police officers arrested him. Once he was at the police station, officers beat him until he agreed to write a confession about seeking another male. These officers threatened to charge Fathullo F. with criminal sodomy—even though sex between two men is not illegal—if he did not give the officers money and the names of other gay men. Fathullo F. recalls what the officers said to him during this process:

The officers told me that people like me do not deserve to [be] on [the] face of the earth. I asked them to let

me sit down because I was tired. They said that I didn’t deserve to use their chair and spat on me. They said that I didn’t deserve to live and threatened to ruin me if I didn’t give them 10,000 soms [USD\$214]. (HRW 2014)

Social conservatism makes gay and bisexual males easy targets for extortion, violence, and blackmail. Several of HRW’s gay male interviewees, one being 17 years old at the time of abuse, stated that police officers threatened to rape them. It was not uncommon for the officers to say they would complete the rape with inanimate objects (HRW 2014). Additionally, many men reported rape or the threat of rape by police officers.

Kyrgyzstan’s laws not only prohibit detaining an individual because of their sexual orientation but also explicitly outlaw torture and ill treatment by the police (HRW 2014). The interviewees of HRW (2014) stated that they do not feel secure in reporting these events and have an extreme lack of confidence in the legal system.

R. KYLE SAUNDERS

Further Resources

- Akimer, Shirin. 1997. “Between Tradition and Modernity—The Dilemma Facing Contemporary Central Asian Women.” In *Post Soviet Women: From the Baltic to Central Asia*, edited by Mary Buckley, 261–304. New York: Cambridge University Press. Retrieved from <https://eprints.soas.ac.uk/1562>.
- Blackburn, Rebecca Anne. 2011. *Women of Kyrgyzstan and Tajikistan: Historical Legacies Impacting Contemporary Involvement*. Master’s thesis, University of Illinois at Urbana-Champaign. Retrieved from <https://www.ideals.illinois.edu/handle/2142/24380>.
- Carbone, Maurizio, and Marjorie R. Lister. 2006. “Integrating Gender and Civil Society into European Union Development Policy.” In *New Pathways in International Development: Gender and Civil Society in EU Policy*, edited by Maurizio Carbone and Marjorie R. Lister, 1–14. Hampshire, England: Ashgate Publishing. Retrieved from <https://www.researchgate.net/file.PostFileLoader.html?id=564b75415dbbbd208d8b456e&assetKey=AS%3A296849287204869%401447785793737>.
- Clark, Cal, Kartik Roy, and Hans Blomqvist. 2008. “Institutions and Women’s Empowerment in the Contemporary World.” Retrieved from <http://espace.library.uq.edu.au/view/UQ:177043>.
- Glenn, Curtis. 1996. “Kyrgyzstan: Social Structure.” Library of Congress. Retrieved from <http://countrystudies.us/kyrgyzstan/11.htm>.
- Graney, Katherine E. 2004. “The Gender of Sovereignty: Constructing Statehood, Nation, and Gender Regimes in Post-Soviet Tatarstan.” In *Post-Soviet Women Encountering Transition: Nation Building, Economic Survival, and Civic Activism*, edited by Kathleen R. Kuehnast and Carol Nechemias, 44–64. Washington, D.C.: Woodrow Wilson Center Press.

- Handrahan, Lori. 2004. "Hunting for Women: Bride-Kidnapping in Kyrgyzstan." *International Feminist Journal of Politics* 6(2): 207–233.
- Hanks, Reuel R. 2005. *Central Asia: A Global Studies Handbook*. Santa Barbara, CA: ABC-CLIO. Retrieved from <https://books.google.com/books?hl=en&lr=&id=7qEgs9ZL7LgC&oi=fnd&pg=PT11&dq=hanks+central+asia&ots=uisjnodXP5&sig=e-tmQlmQyKYhLLUN4WuzbRWX7Do>.
- HRW (Human Rights Watch). 2006. *Reconciled to Violence: State Failure to Stop Domestic Abuse and Abduction of Women in Kyrgyzstan*. Vol. 18, No. 9 (D). Retrieved from <https://www.hrw.org/sites/default/files/reports/kyrgyzstan0906webwcover.pdf>.
- HRW (Human Rights Watch). 2008a. "Kyrgyzstan: Halt Anti-Gay Raids." Retrieved from <https://www.hrw.org/news/2008/04/16/kyrgyzstan-halt-anti-gay-raids>.
- HRW (Human Rights Watch). 2008b. "These Everyday Humiliations: Violence against Lesbians, Bisexual Women, and Transgender Men in Kyrgyzstan." October 6. Retrieved from <https://www.hrw.org/report/2008/10/06/these-everyday-humiliations/violence-against-lesbians-bisexual-women-and>.
- HRW (Human Rights Watch). 2014. "'They Said We Deserved This': Police Violence against Gay and Bisexual Men in Kyrgyzstan." January 28. Retrieved from <https://www.hrw.org/report/2014/01/28/they-said-we-deserved/police-violence-against-gay-and-bisexual-men-kyrgyzstan>.
- Ishkanian, Armine. 2003. "Gendered Transitions: The Impact of the Post-Soviet Transition on Women in Central Asia and the Caucasus." *Perspectives on Global Development and Technology* 2(3): 475–496.
- Ismailova, Baktygul. 2007. "Kyrgyzstan." In *International Encyclopedia of Adolescence*, vol. 1, edited by Jeffrey Jensen Arnett, 573–581. New York: Taylor & Francis.
- Itaborahy, Lucas, and Jingshu Zhu. 2013. *State-Sponsored Homophobia a World Survey of Laws: Criminalisation, Protection and Recognition of Same-Sex Love*. 8th ed. ILGA, the International Lesbian, Gay, Bisexual, Trans and Intersex Association. Retrieved from http://old.ilga.org/Statehomophobia/ILGA_State_Sponsored_Homophobia_2013.pdf.
- Kirmse, Stefan B. 2009. "Leisure, Business and Fantasy Worlds: Exploring Donor-Funded 'youth Spaces' in Southern Kyrgyzstan." *Central Asian Survey* 28(3): 289–301.
- Kuehnast, Kathleen, and Carol Nechemias. 2004. *Post-Soviet Women Encountering Transition: Nation Building, Economic Survival, and Civic Activism*. Washington, D.C.: Woodrow Wilson Center Press.
- Kyrgyzlabrys. 2007a. "Kyrgyz-Language Newspaper Writes about Homosexuality in Kyrgyzstan." *Lesbian, Bisexual and Transgender Organization in Kyrgyzstan* (blog), November 1. Retrieved from <https://kyrgyzlabrys.wordpress.com/2007/11/01/kyrgyz-language-newspaper-writes-about-homosexuality-in-kyrgyzstan>.
- Kyrgyzlabrys. 2007b. "Response from the Ombudsman's Office about Transgender Documents Change Query." *LiveJournal* (blog), July 23. Retrieved from <http://kyrgyzlabrys.livejournal.com/10105.html>.
- Olcott, Martha. 1996. *The Role of Women*. Retrieved from https://cdn.loc.gov/master/frd/frdcstdy/ka/kazakstankyrgyzs00curt_0/kazakstankyrgyzs00curt_0.pdf.
- Paasiaro, Maija. 2009. "Home-Grown Strategies for Greater Agency: Reassessing the Outcome of Civil Society Strengthening in Post-Soviet Kyrgyzstan." *Central Asian Survey* 28(1): 59–77.
- Plus, Tais. 2007. "Letter about Situation of LGBT People in Kyrgyzstan." Retrieved from <http://en.labryskg.2bb.ru/viewtopic.php?id=48>.
- UNDP (UN Development Programme). 2015. *Human Development Report 2015*. New York: UNDP. Retrieved from <http://report.hdr.undp.org>.
- UNICEF. 2008. *Country Profile: Education in Kyrgyzstan*. Retrieved from <http://www.unicef.org/ceecis/Kyrgyzstan.pdf>.
- UNICEF. 2013. "Kyrgyzstan: Statistics." Retrieved from http://www.unicef.org/infobycountry/kyrgyzstan_statistics.html.
- Van der Veur, D. 2004. *Kyrgyzstan: "The Country for Human Rights" but Not for Homosexuals!* Retrieved from <http://www.iav.nl/epublications/2004/kyrgyzstan.pdf>.
- WEF (World Economic Forum). 2013a. "Country/Economy Profiles: Kyrgyz Republic." In *The Global Competitiveness Report 2013–2014*, 242–243. Geneva, Switzerland: WEF. Retrieved from <http://www3.weforum.org/docs/GCR2013-14/KyrgyzRepublic.pdf>.
- WEF (World Economic Forum). 2013b. "Country Profiles: Kyrgyz Republic." In *The Global Gender Gap Report 2013*, 248–249. Cologny/Geneva, Switzerland: WEF. Retrieved from <http://www3.weforum.org/docs/GGGR13/KyrgyzRepublic.pdf>.
- WHO (World Health Organization). 2016. "Facing the Facts: The Impact of Chronic Disease in Kyrgyzstan." Retrieved from http://who.int/chp/chronic_disease_report/media/impact/kyrgyzstan.pdf.
- Wilkinson, Cai, and Anna Kirey. 2010. "What's in a Name? The Personal and Political Meanings of 'LGBT' for Non-Heterosexual and Transgender Youth in Kyrgyzstan." *Central Asian Survey* 29(4): 485–499. <http://dx.doi.org/10.1080/02634937.2010.533970>.
- World Bank. 2015. "Population, Total." Retrieved from <http://data.worldbank.org/indicator/SP.POP.TOTL>.



Laos

Overview of Country

Lao People's Democratic Republic—Laos or Lao PDR—is located in Southeast Asia and borders Thailand, Vietnam, Burma, Cambodia, and China. It is completely landlocked. The estimated population is 6,894,000 people. Among the 49 official ethnic groups, the Lao Lum represent the majority, having the greatest socioeconomic status and political power. This is followed by the Khmu and the Hmong groups. Laos is the 84th-largest country in the world. Its total area is 91,429 square miles. Only 2.5 percent of that area consists of water. Most of its landscape (90%) is rugged mountains and the rest plains and plateaus. The Mekong River, the main river of the country, is the 12th-longest in the world at 2,700 miles; it forms part of the border with Thailand. The country's climate is tropical monsoon, and the rainy season occurs from May to November.

The constitution of Laos as a country started in the 14th century with the proclamation of the Kingdom of Lang Lao—or Kingdom of the Million Elephants. The kingdom lasted until the 18th century, when it was invaded by Siam (now Thailand). With the expansion of European colonization in Africa and Asia, France conquered the region in 1893, and Laos became part of French Indochina. During World War II (between 1940 and 1945), the Japanese invaded and controlled the region. However, when they

lost the war, the country went back to French domination. At that time, Laos tried to become independent but faced resistance by France, obtaining its independence only in 1954, when it became a constitutional monarchy known as Pathet Lao (Lao State). Subsequently, it became a member of the United Nations.

Amid the Cold War and following French domination, the United States and the Soviet Union started to gain influence in the region. While the Soviet Union supported the Pathet Lao, which was a communist political movement, the United States supported right-wing groups against the government. The result was a civil war between leftist, neutralist, and rightist groups that culminated with the leftist (communist) victory and the establishment of the Lao People's Democratic Republic in December of 1975.

The capital of the country and biggest city is Vientiane, where 946,000 Laotians live. Only 34.7 percent of the population live in urban areas, which means the vast majority reside in rural areas. Lao is the official language, but French is also spoken in government, commerce, and schools. In addition, the many different ethnic groups that are part of the country have their own languages and dialects. Theravada Buddhism is the official religion, which is deeply embedded in the culture. Kip is the official currency.

There are many reasons why Laos holds the rank of the least-developed country in the world. To start, unexploded bombs from the previous years of war can still be found and threaten the lives of Laotians; children represent 58

percent of casualties (UNICEF 2013b). In addition, the country lacks an efficient transportation system. There are no railroads, and the Mekong River is the main means of transportation for agriculture products to get from the rural to urban areas. This causes many issues, considering that 80 percent of the population works with agriculture. Using the river is riskier and longer. In addition, because the country is landlocked, air transportation is required. The roads' extension over the country is the equivalent to 20,300 miles, many of which are not paved. Another factor is that many places within the country do not have basic infrastructure systems, such as schools, sewage, and clean water, increasing the chances of infectious diseases. The communication system is also lacking; in 2005, for example, there were about 20,000 Internet users.

In the late 1980s, the government initiated a decentralization of the economy, opening it to private companies and foreign investment, which resulted in economic growth. However, subsistence agriculture is still the economic activity that employs the most people in Laos, both men and women. Rice is the main cultivated product; others include corn, pineapple, potatoes, and cassava. Livestock is also important. The few industries in the country are restricted to small consumer goods factories. More women run businesses than men (63% of business owners were women in 2010), both in private and informal sectors. However, few women hold managerial positions (11% hold senior management positions), and the gender gap is still considerable: when they are managers, women receive half the salary men earn.

Gender inequality is an important factor in the country. In 2014, the UN Development Programme (UNDP) ranked Lao People's Democratic Republic 141th out of 188 nations, based on the Human Development Index (HDI, 0.575) (UNDP 2015). The UNDP did not find relevant data to measure the Gender Inequality Index (GII) for Laos. According to the Gender Gap Index 2015, measured by the World Economic Forum (WEF), Laos's score was 0.713 (the closer to 1.0, the closer to equality), putting the country at 52nd out of 145 countries. However, taking into consideration the other measurement—the gender gap presented above—and the literature review, it is clear that gender inequality is still a problem. Poverty affects both men and women and plays an important role in Laotians' lives. Almost one-third of the population lives in poverty, and another one-third lives in severe conditions of poverty or near poverty, resulting in 67.6 percent of the population facing poverty daily.

Girls and Teens

Laos's population is very young: almost 60 percent of its population is under 25 years old, and 34.7 percent is under 14 years old. In general, Laos's society has almost the same number of men and women (CIA 2015). In many cases, there is no gender difference among boys and girls, especially when related to health problems, such as the risk of infectious diseases and malnutrition, and economic issues, such as child labor. In 2006, 11 percent of boys and girls 5–14 years old were victims of child labor (CIA 2015). Of children under 5 years old, 29.3 percent suffered from malnutrition between 2008 and 2012 in rural areas, while 16.1 percent presented malnutrition conditions in urban areas (UNICEF 2013). The infant mortality ratio is 52.97 deaths per 1,000 births—the 32nd-highest rate among 224 countries (CIA 2015).

The differences among girls and boys are highlighted when culture is considered. From a young age, girls are expected to help with domestic chores and develop traits associated with femininity, such as cooking. Their double work journey—in the house and helping with farming—results in fewer school opportunities for them. While on average boys spend 6.1 years in school, girls spend only 3.9 on average (UNDP 2015). The literacy rate for female youth (15–22 years old) is 78.7 percent, compared to 89.2 percent for males (UNICEF 2013). However, when these numbers are broken down by ethnicity, the gender gap is bigger, showing that women in ethnic minority groups are more disadvantaged in Laos's society.

Teen Pregnancy

One of the main problems for girls in Laos is teen pregnancy. Especially in the most remote villages, where access to education and jobs is restricted, many girls see marriage as their only option, and they get married at early ages. Although the legal marriage age for girls is 18 years old, 24.7 percent of girls were married before the age of 18 in 2006 (UNGEI 2016). Parents usually do not oppose early marriage because getting married young is culturally accepted and seen as normal. In 2013, 1 out of 10 girls between 15 and 19 years old gave birth (UNFPA 2013). In rural areas, some cultural practices (such as giving birth in the wild) and the lack of access to health care pose great threats to the lives of both mother and child. The country presents a high maternal mortality rate, 197 deaths per 100,000 live births, the 21st highest in the world (CIA 2016). Education is seen as a way to avoid teen pregnancy

among Laotian girls because it is a powerful tool that could bring different possibilities of jobs. However, many girls leave school after the primary years, as secondary education is not compulsory. While 96.4 percent of girls are enrolled in primary school, only 38.7 are enrolled in secondary school.

Sex Trafficking

According to the 2015 U.S. State Department report on human trafficking, Laos is classified in the Tier 2 category, which means that despite the efforts of the government, progress has not been made in the fight against human trafficking. In addition, the implementation of programs is slow or relies on the efforts of international agencies. A report from 2011 indicated that almost 100 percent of the victims were women and that 82 percent of all the victims were children (UNODC 2012). Many Laotian girls are victims of sex trafficking. Their main destination is Thailand, where around 90 percent are forced to work as prostitutes (Kimmons 2014). A lack of education and poverty are the two main factors that result in this situation.

Education

The Ministry of Education is responsible for the educational system of the country at a national level, including primary school (grades 1–5), which is tuition-free, compulsory, and the only one guaranteed by the constitution; lower secondary school (grades 6–8), which is tuition-free but not compulsory; upper secondary school (grades 9–11), which is tuition-free but not compulsory; and post-secondary school, which is tuition-based and not compulsory. Educational planning and policy making are part of its responsibilities. In some cases, this centralization resulted in a poor integration with local diversity, which is problematic considering the many ethnic groups in the country. Therefore, in March 2000, a deconcentration decree was signed, allowing more autonomy to the provinces. The Ministry of Education works together with the Provincial Education Services, District Education Bureaus, and the Village Education Development Committees. The government allows the creation of private schools, as long as they follow the curriculum developed by the Ministry of Education.

The focus on education has been part of many initiatives and debates about policies because it is seen as a means for the country to overcome its position as the

least-developed country in the world. Economic disparity is an important factor when analyzing education, as most of the population living in the rural areas is poorer when compared to the people living in urbanized cities. In 2010, 2.8 percent of the gross domestic product (GDP) was spent on education (CIA 2016). To reduce these disparities, a partnership between the Basic Education for Girls Project (BEGP), funded by the Asian Development Bank (ADB), and the Ministry of Education between 2001 and 2007 resulted in the construction of 512 schools in rural areas with water supplies and sanitation facilities. In many instances, these schools were the first buildings with this infrastructure in the villages. In addition, in 2009, the government, in partnership with the Global Partnership for Education, developed the Education Sector Development Plan (ESDP) between 2010 and 2015 to improve the quality of the educational system and to reduce the number of dropouts, supporting the completion of all educational levels, especially from the rural ethnic minorities groups, during the period of 2010–2015.

Among the many problems faced by Laos's schools, the lack of meals for students was significant. Many of the children suffered from malnutrition, significantly decreasing their performance at school. Therefore, the School Meals Program was created. To solve the meal problem in the schools, a sustainability chain was developed with the local food producers, who provided food to the schools. This initiative also promotes the active involvement of the community in the school, not only helping to solve the nutrition problem of the children but also promoting self-reliance and strengthening the community. In general, the government has been investing more in education. This partnership has been renewed, and the new ESDP 2016–2020 focuses on expanding secondary education as compulsory, eradicating illiteracy among all ethnic groups, and improving teacher training, among other goals.

Primary and Secondary Education

The goals of primary education are to develop good citizens that understand and respect their ethnic backgrounds and to provide them with basic knowledge and skills to keep studying after completing their primary education. Although primary school is a requirement, many children still face difficulties accessing it. Mainly in rural areas, the distance to the school is a key factor that still impacts attendance rates; usually, people living in the mountains are the most affected because they either do not have

schools at all or, when they do, it is usually incomplete; that is, the school might not offer the full primary education or have multigrade classes. By 2001, only 70 percent of the 11,640 existing villages in Laos had a partial school (only primary education). Among these, the majority were incomplete, providing only the first two or three grades out of the five.

Children should start the first year of primary education by the age of 6; however, most start at 9 or 10. The school progression is usually very slow. On average, it takes 10 years to complete primary education due to the high rates of repetition and dropout. Besides the lack of schools and infrastructure, the high dropout rates are a big problem. The survival rate to the last primary grade is only 68 percent (UNICEF 2013). When gender and ethnicity are considered, the result is the minority group most affected by the lack of formal education: girls in ethnic minorities (among the poorest groups of the country) experience higher rates of dropping out. The percentage of girls who are out of school in primary age is 64 percent, compared to 36 percent for boys (World Economic Forum 2015).

The gender gap does not stop at the primary educational level: the gross enrollment ratio for secondary education is 48.6 percent for boys, compared to 42.9 percent for girls. In general, the numbers are concerning because only 45.9 percent of boys and girls are enrolled in secondary education (Ministry of Education 2015). As stated before, secondary education is not compulsory, but it is during this period that students are expected to enhance their general and vocational knowledge and skills. After completing the lower secondary education, students have three options: continue to upper secondary education, enter the workforce with basic skills, or enroll in a teacher training course that lasts three years and allows them to teach in primary and lower secondary education. After completing secondary education, students may have better chances to join the workforce in better-paid positions, go to the university, or attend a teacher training course to teach in both primary and secondary education.

Students in Laos also demonstrate high rates of dropping out of secondary education. The main reasons are economic and infrastructural. While many families lack resources and need the children to work from very young ages to have better incomes, and many girls end up getting married in early ages and become mothers as a solution to their economic situation, the schools are very sparsely distributed in the rural areas. This makes the schools difficult to access. Following the same pattern of primary

education, girls from ethnic minorities have lower enrollments because they are expected to assume responsibilities of the household, from taking care of younger siblings to assisting in the domestic agricultural production. In addition, the difficulties imposed by the low number of secondary schools also impact girls' enrollment because parents tend to be more reluctant to allow them to walk or travel longer distances to get to school because they are likely to be abused.

Lao PDR's government also offers technical and vocational education. Students who graduate from primary education have the option to attend a four-year vocational program administered by the Ministry of Information and Culture, and students who graduate lower secondary school can enroll in a three-year vocational program, which may be administered by the Ministries of Education, Finance, Health, or others. In 2005–2006, there were only 12 vocational training institutions in the whole country, with 2,585 students enrolled. Of these, only 34.8 percent were girls (UNESCO-IBE 2011). Technical education is provided to students who graduated from lower secondary education. The programs are offered by 17 institutions, and their duration is three or four years. In 2005–2006, the number of students enrolled was 10,219, and of these, 33.3 percent were girls.

Postsecondary Education

Postsecondary education is offered in public and private institutions; however, the number of institutions is small. The main public university is the National University of Laos (NUOL). In general, different types of diplomas are offered in academic, professional, and technological programs. According to the last educational census, from 2014 to 2015, there were 42,723 students enrolled in a bachelor's degree program (42.9% of women), 1,244 enrolled in a master's degree program, and 22 in a PhD program (36.9 percent and 40.9 percent are women, respectively) (Ministry of Education 2015). By analyzing the data, it is possible to see that women are a minority at all levels; however, when it comes to the area of study, the disparity increases greatly. In STEM fields (science, technology, engineering, and mathematics), women represent only 20 percent of enrolled students.

Teaching Staff and Methodology

The requirements to become a teacher vary according to the level being taught. To become a primary teacher, there

are three possibilities: finish primary school and take a four-year teacher education and training course, complete lower secondary education and take a three-year teacher education and training course, or complete the whole secondary education and take a one-year teacher education and training course. Secondary school teachers must complete secondary education and take a three-year teacher training course for lower secondary and a four- to five-year teacher training course for upper secondary. Women are the majority of the teachers in preprimary, primary, and secondary levels: 98.4 percent, 51.2 percent, and 50.3 percent, respectively. However, the situation changes at the postsecondary level. Out of the 6,723 teachers, administrators, and staff working in the public sector, only 2,831 are women (42.1%), and of the 1,989 teachers, administrators, and staff working in the private sector, 764 are women (38.4%) (Ministry of Education 2015). Salaries are low, varying from USD\$39 to USD\$45 per month in primary and lower secondary education, respectively (UNESCO-IBE 2011).

In general, the methodology used by teachers is based on lectures, and there is little time allocated to applying the knowledge obtained from these lectures. Students are then passive recipients and not active learners, making it more difficult to develop critical and applicable thinking. The classroom also reproduces general social traditions. For example, boys and girls usually sit in different rows and do not share tables or benches, reinforcing cultural traditions that men and women should sit and work apart.

Health

The Laos government has been significantly investing in health as part of the established measures to alleviate poverty and overcome its position as the least-developed country in the world by 2020. The expenditure on health in 2013 was 2 percent of the GDP. From 2005 to 2015, health indicators showed major changes. For example, life expectancy increased from 59 to 64 years old for men and from 63 to 67 years old for women (WHO 2016b). The maternal mortality rate also decreased significantly, from 405 deaths per 100,000 live births in 2005 to 197 deaths per 100,000 live births in 2015. The infant mortality rate has fallen from 104 deaths to 52.97 per 1,000 live births between the same period (CIA 2015). Some of the ongoing health problems in the country are related to the lack of access to clean water and basic sanitation. Most of the population still lives in rural areas, where the geography

may cause barriers to access and transportation. Among these health problems are malaria, dysentery, hepatitis A, parasitic diseases, and respiratory infections. Child polio was eradicated in the country in 2000.

Regarding the use of tobacco, since 2014, the government's efforts to control it have increased. Some public places, such as schools and public transportation, are smoke-free. In addition, health warnings are mandatory on cigarette boxes, and advertisement is banned on national television, radio, and print media. On the other hand, the taxation of the product is low (less than 25% of retail price), and there are no treatments for tobacco dependence. In general, men are the major users: 65 percent of men smoke tobacco, compared to 11.5 percent of women. Among the youth (13–15 years old), boys also use tobacco more than girls (18.7% of boys and 6% of girls) (WHO 2015). In terms of alcohol consumption, men also consume more than women—20.9 liters per year for men and 6.2 for women—and 5 percent of the male population is alcohol dependent, compared to 0.7 percent of the female population. Alcohol consumption is the main cause of liver cirrhosis in 72.6 percent of the male population and 51.2 percent of the female population. In addition, it is responsible for 26.3 percent of road accidents involving men and 5.4 percent involving women (WHO 2014). Regulations related to alcohol consumption are less strict. The on-site sale of alcohol is restricted to people over 18 years old, but off-premise sales have no restrictions. In addition, alcohol can be sold without time and day restrictions.

Access to Health Care

Health care is not guaranteed in Laos's Constitution; however, the government has been working to provide public health services to populations in every village. Access and instructions about the use of clean and sanitized water are part of the main efforts the government has taken to control and avoid transmittable diseases, such as dengue, diarrhea, and malaria. The rural population suffers more from these diseases than the urban population due to the lack of infrastructure. While 94.5 percent of the urban population has access to improved sanitation facilities, and 85.6 percent have improved access to a drinking-water source, these numbers are considerably lower for the rural population. In rural areas, only 56 percent have access to improved sanitation facilities, and 69.4 percent have improved access to an improved drinking-water source (CIA 2016).

Health services have been provided by public and private initiatives since 2001. The government controls more than 870 public health services, and the private sector is responsible for 1,332 private clinics. The country also produces its own medicine; the six government factories produce around 880 types of drugs, supporting 48 percent of the country's demand. There are 1,992 private pharmacies (United Nations 2011). In 2012, there were 0.18 physicians per 1,000 population and 1.5 hospital beds per 1,000 population (CIA 2015).

Maternal Health

By 2030, Laos's population is projected to increase by 33 percent. It is estimated that 308,000 pregnancies occur every year, and the fertility rate of the country is 3 children per woman. Most of the pregnant women live in rural areas, as that is where most of population is located; therefore, the risks are higher due to the infrastructural problems faced by those living in rural conditions. However, maternal health still needs to be improved. To start, the actual workforce available—midwives or birth attendants—to take care of pregnant women (from pre-pregnancy to postnatal) is estimated to meet only 19 percent of the demand (UNFPA 2014). In 2005, only 18.5 percent of the births were attended by skilled health professionals.

When considering the economic status of the population, the difference becomes drastic: between 2008 and 2012, 90.7 percent of the richest population had skilled attendants at birth compared to only 10.8 percent of the poorest. In this same period, 54.2 percent of pregnant women had at least one antenatal care visit, and 36.9 percent had at least four visits. In the same period, 3.7 percent of babies were delivered by cesarean section. Although working mothers are allowed to have paid breaks during work hours to breastfeed their babies for six months, in 2006, 26.4 percent of infants were exclusively breastfed during the first six months of life (WHO 2013).

The law guarantees less than 14 weeks of paid leave for mothers of infants. In addition, the number of women of reproductive age (15–49 years old), married or in union, was 49.8 percent in 2011–2012 (CIA 2015). This number reveals that many women still do not have access to contraceptive methods. On the other hand, Laos was able to eliminate maternal and neonatal tetanus in 2014 with the support of UNICEF. Also in 2014, this same partnership implemented a national immunization campaign against measles and rubella, targeting children between 9 months

old and 10 years old. This campaign successfully immunized 1.66 million children.

Diseases and Disorders

Laos is considered a country with low prevalence of HIV/AIDS. In 2014, the adult prevalence rate was at 0.26 percent; there were 11,100 people living with HIV/AIDS, and 500 people died because of it (CIA 2015). Even among women in the sex industry, which is considered a high-risk group, the incidence rate was low (0.9% in 2000–2001); however, the incidence of other sexually transmitted diseases (STDs) is considerably higher, such as chlamydia (32%) and gonorrhea (14%). The majority of the cases are a result of heterosexual intercourse; however, the incidence of HIV/AIDS among men having sex with other men was 5.6 percent in 2007 in the capital of Vientiane. Most of the infected population is male and 20–40 years old. Between 1990 (the year of the first registered incident) and 2003, the transmission of the disease by drug injection was the same as the rates related to acupuncture (0.09%). This is compatible with the fact that although high school students learn about HIV/AIDS at school, the modes of transmission are not very clear, resulting in some confusion about it (such as whether it can be transmitted by a mosquito bite or by sharing the same toilet). One of the problems is that the use of condoms is not widespread among the Laotian population.

The diseases that most affect the population are related to water and sanitation. Dengue is one of the main concerns, as 1.8 billion of the people at risk globally live in the Asia-Pacific region, where Laos is located. With the Zika virus (which is transmitted by the same mosquito as dengue, called *Aedes*), the efforts to control the situation have been improved. In 2013, the country registered the worst dengue epidemic, with 44,171 cases and 95 deaths (WHO 2016a). The rate for malaria incidence was 369.35 per 100,000 people in 2010, with a mortality rate of 0.39 per 100,000 people. Other diseases, such as tuberculosis (TB), also affect the population. It was estimated in 2011 that there were 213 cases per 100,000 people, which resulted in 11 deaths (WHO 2013). High blood pressure affects men (39.7%) slightly more than women (35.1%).

Employment

Labor rights are very limited. On one hand, the minimum wage is defined by law, and on the other hand, unemployed

people do not receive any assistance from the government. The constitution does not guarantee equal pay by gender, nor does it protect against discrimination in the workplace. Workers cannot work more than 48 hours per week, and they are allowed to have one day of rest. Workers are allowed to have 15–19 days of paid annual leave, and no sick leaves are allowed. In addition, trade unions are not allowed to be formed in Laos, violating the right to freedom of association for workers—the only unions allowed must be affiliated with the ruling party, Lao People's Revolution Party, and follow their ideology. Strikes are also prohibited by law.

Most women in Laos live and work in rural areas. The work they develop in agriculture is often seen as part of their domestic responsibilities, and unpaid in some cases. When it comes to small enterprises, more than half of women are owners or operators, but this is not the case in medium and big enterprises. In general, women are half of the labor force of the country.

Family Life

Living in rural and remote areas, many boys and girls do not see any other option regarding education and work in their lives, so they end up getting married early. Although by law the legal marriage age is 18 years old, it is common to see women, especially, married before this age and having children. The average age for marriage, though, is 22 for women and 25 for men. Women are not only responsible for child care and household duties, but they also generally work outside the house. The constitution provides equal rights for both men and women after marriage; that is, women can keep their assets if they were acquired prior to marriage.

In the north of the country, families live in a patrilineal system, in which the home and land of the family is passed to the sons when they get married. However, in the south, the system is matrilineal, meaning that daughters receive their family's property when they get married. However, this does not change women's matrimonial obligations. Regarding reproductive rights, the choice of quantity and timing of children is guaranteed to be a decision made only by the couple or individuals. Abortion is allowed only in cases where there is a risk to the woman's life. Not having children results in many social stigmas. Divorce is allowed, but it is very rare.

Although the country remains communist, having a centralized economy and politics, it has opened up to

the private sector and international initiatives. Among the most problematic factors for doing business in Laos are the following: the workforce is not properly educated, which is consistent with the educational problems that still exist in the country; lack of access to financing; and lack of infrastructure. This reinforces the existing systemic problems in Laos's society: without infrastructure, many people cannot attend school due to lack of transportation or even because there are not schools in every village. It is hard to have a skilled workforce and establish more businesses under these circumstances.

Politics

Laos is one of the remaining communist countries with one political party: the Lao People's Revolution Party (LPRP). Any other party is illegal. The 132 members of the National Assembly are elected every five years. With universal suffrage, any adult can vote. The government restricts the rights of freedom of speech, association, and assembly, and it controls the newspapers, television, and radio. Also, since 2014, the Internet has limitations regarding the type of information that can be shared. Many social activists critical of the government have been arrested, detained, and have even disappeared. Women are minorities in politics, and according to the 2015 Gender Gap Index, it is the area with more inequality among men and women.

After the election of 2011, there were 33 women in the National Assembly (25% of all seats), and 2 were ministers in the prime minister's office, 1 was the minister of labor and social welfare, and 5 were members of the LPRP Central Committee. Women constituted less than 3 percent of village chiefs, even though the vast majority of the population live in rural areas. The Lao PDR Women's Union (LWU) is the mass organization from the government that focuses on women's issues and has a presence in every village and at every government level. The number of ethnic minorities is higher: there are 7 members in the LPRP Central Committee and 50 members in the National Assembly.

According to the constitution, rape is a crime, and the punishment is between three to five years in prison. If the victim is under the age of 18, died, or is seriously injured, the sentence may be longer. However, there are no crime statistics and no central crime database provided by the government. Domestic violence is also illegal, but it is almost never reported due to the social stigma related to it. Equal rights are provided to women through the

constitution; however, socioeconomic status, gender stereotyping, and ethnicity can impact women's lives, making it harder for them to access education and find jobs and business opportunities.

Religious and Cultural Roles

People in Laos are allowed to believe or not believe in religion. There is no official religion recognized by the state, but the majority of the population is Buddhist. However, the government also officially recognizes three more groups: Christianity, Islam, and the Baha'i faith. Especially at the provincial level, there is some discrimination against non-Buddhist individuals.

Culturally, women have secondary roles. They have more responsibilities (household, work, and children) and, therefore, less time to socialize with other people. Women's roles are also reinforced by Buddhism, in which a woman can achieve nirvana, but only after she is reborn as man. Women are not even the spiritual leaders within their households. Buddhist nuns live a contemplative and ascetic life, similar to monks; however, they are not allowed to lead religious ceremonies, as the monks do. Usually, women are responsible for preparing and taking food for the monks in the village, and because they cannot have possessions, they rely on other people to provide them with food and clothing.

Issues

LGBT Community

The first LGBT Pride event occurred in June 2012. More than 100 people attended the event, which was organized by young activists who employed different tactics, such as dance and drama, to raise the issues faced by members of the LGBT community, including discrimination and sexual health. Although homosexuality is not a crime in Laos, the constitution does not address LGBT rights and includes no prohibition of discrimination against LGBT people. In general, lesbians encounter more discrimination than gay men (U.S. Department of State 2013).

GRAZIELE GRILO

Further Resources

- Bounbouly, Thanavanh, Harun-Or-Rashid, Kasuya Hideki, and Sakamoto Junichi. 2013. "Knowledge, Attitudes and Practices Regarding HIV/AIDS among Male High School Students in Lao People's Democratic Republic." *Journal of the International AIDS Society* 16.1: 1–7.
- Burke, Andrew, Justine Vaisutis, and Joe Cummings. 2007. *Laos*. Footscray, Victoria, Australia: Lonely Planet, 52–54.
- CIA (Central Intelligence Agency). 2015. "Laos." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/la.html>.
- Gerin, Roseane. 2015. "Lao and Thai Border Officials Team Up against Trafficking of Young Women." Radio Free Asia, February 13. Retrieved from <http://www.rfa.org/english/news/laos/border-officials-team-up-against-trafficking-02132015153655.html>.
- Global Partnership for Education. 2016a. "Lao PDR." Retrieved from <http://www.globalpartnership.org/country/lao-pdr>.
- Global Partnership for Education. 2016b. "Lao PDR: An Innovative School Meals Program." <http://www.globalpartnership.org/success-stories/lao-pdr-innovative-school-meals-program>.
- HRW (Human Rights Watch). 2015. "Human Rights Watch Concerns on Laos." Retrieved from <https://www.hrw.org/news/2015/11/05/human-rights-watch-concerns-laos>.
- ILO (International Labour Organization). 2015. "Lao PDR: Social Security." Social Security Extension Initiatives in East Asia Series. Retrieved from http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---soc_sec/documents/publication/wcms_secsec_6601.pdf.
- Immonen, Kaarina, and Ildiko Hamos-Sohlo. 2016. "40 Years in a Country of Untold Stories." UN Development Programme (UNDP). Retrieved from http://www.la.undp.org/content/lao_pdr/en/home/presscenter/articles/2016/02/23/40-years-in-a-country-of-untold-stories.
- Kimmons, Sean. 2014. "Sex Trafficking Victims Go Unnoticed in Laos." *The Diplomat*, March 26. Retrieved from <http://thediplomat.com/2014/03/trafficking-victims-go-unnoticed-in-laos>.
- Knoema. 2015. "World Bank Gender Statistics, October 2015." Retrieved from <http://pt.knoema.com/WBGS2015Oct/world-bank-gender-statistics-october-2015>.
- "Laos." 1996. *Funk & Wagnalls New World Encyclopedia*. [electronic resource]. n.p. Ipswich, MA: EBSCO Publishing, 1996. USMAI Catalog, EBSCOhost.
- Ministry of Education. 2015. "Annual School Census 2014–2015." Retrieved from http://www.moe.gov.la/data/Statistics/2014-15_school_year/Annual%20school%20census%202014-2015.pdf.
- Mosbergen, Dominique. 2015. "In Laos, an Invisible Minority Is Finding Its Voice." *Huffington Post*, October 19. Retrieved from http://www.huffingtonpost.com/entry/lgbt-laos_us_5616433ce4b0e66ad4c681cc.
- Núñez, Christina. 2014. "How Did Your School Lunch Compare?" Global Citizen. Retrieved from <https://www.globalcitizen.org/en/content/how-did-your-school-lunch-compare>.
- Peters, Heather A. 1998. *Girls' and Women's Education: Policies and Implementation Mechanisms*. Bangkok: UNESCO Principal Regional Office for Asia and the Pacific. Retrieved from <http://unesdoc.unesco.org/images/0011/001146/114673eo.pdf>.
- Phimphachanh, Chansy, and Khanthanouvieng Sayabounthavong. 2004. "The HIV/AIDS/STI Situation in Lao People's Democratic Republic." *IDS Education & Prevention* 16: 91–99.

- Savada, Andrea Matles, and Donald P. Whitaker. 1995. *Laos: A Country Study*. Washington, D.C.: Federal Research Division, Library of Congress. Retrieved from <https://www.loc.gov/item/95017235>.
- Schwitzer, Daniel. 2009. "Basic Education (Girls) Project (BEGP) in Laos People's Democratic Republic." Retrieved from <http://www.skat.ch/publications/prarticle.2005-09-29.1982292338/skatpublication.2009-10-06.9638850935/file>.
- UNDP (United Nations Development Programme). 2015. "Human Development Report 2015. Work for Human Development." Retrieved from http://hdr.undp.org/sites/default/files/2015_human_development_report.pdf.
- UNESCO-IBE. 2011. "Lao People's Democratic Republic." In *World Data on Education*, 7th ed. 2010/11. Retrieved from http://www.ibe.unesco.org/fileadmin/user_upload/Publications/WDE/2010/pdf-versions/Lao_PDR.pdf.
- UNFPA (UN Population Fund). 2013. "Teenage Pregnancy Is Way of Life in Remote Laotian Villages." October 30. Retrieved from <http://www.unfpa.org/news/teenage-pregnancy-way-life-remote-laotian-villages>.
- UNFPA (UN Population Fund). 2014. *The State of the World's Midwifery 2014: A Universal Pathway: A Woman's Right to Health*. Retrieved from http://www.unfpa.org/sites/default/files/pub-pdf/EN_SoWMy2014_complete.pdf.
- UNGEI (United Nations Girl's Education Initiative). 2016. *Lao People's Democratic Republic*. Retrieved from <http://www.ungei.org/infobycountry/laopdr.html>.
- UNICEF. 2013a. "At a Glance: Lao People's Democratic Republic." Retrieved from http://www.unicef.org/infobycountry/laopdr_statistics.html.
- UNICEF. 2013b. *The State of the World's Children 2013. Children with Disabilities*. Retrieved from https://data.unicef.org/wp-content/uploads/2015/12/SOWC_2013_75.pdf.
- United Nations. 2011. *Lao People's Democratic Republic. Report on Implementation of the Brussels Programme of Action for the Least Developed Countries (2001–2010)*. Retrieved from <http://www.un.org/en/conf/ldc/pdf/laos%20pdr.pdf>. <http://www.un.org/wcm/webdav/site/ldc/shared/Laos%20National%20report%20on%20BPoA.doc>.
- UNODC. 2012. *Country Profiles: South Asia, East Asia, and the Pacific*. Retrieved from https://www.unodc.org/documents/data-and-analysis/glotip/Country_Profiles_South_Asia_East_Asia_and_Pacific.pdf.
- U.S. Department of State. 2013. *Laos 2013 Human Rights Report*. Retrieved from <http://www.state.gov/documents/organization/220418.pdf>.
- World Economic Forum. 2015. *The Global Gender Gap Report 2015*. Retrieved from <http://www3.weforum.org/docs/GGGR2015/cover.pdf>.
- WHO (World Health Organization). 2013. "Western Pacific Health Databank, 2012–2013." Retrieved from http://www.wpro.who.int/countries/lao/13_lao_2012_final.pdf?ua=1.
- WHO (World Health Organization). 2015. *WHO Report on the Global Tobacco Epidemic, 2015. Country Profile. Lao People's Democratic Republic*. Retrieved from http://www.who.int/tobacco/surveillance/policy/country_profile/lao.pdf?ua=1.
- WHO (World Health Organization). 2014. *Lao People's Democratic Republic*. Retrieved from http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/lao.pdf?ua=1.
- WHO (World Health Organization). 2016a. "Dengue Preparedness Activities in Lao PDR." March 18. Retrieved from http://www.wpro.who.int/laos/mediacentre/releases/2016/20160317_dengue_preparedness/en.
- WHO (World Health Organization). 2016b. "Lao People's Democratic Republic." Retrieved from <http://www.who.int/countries/lao/en>.

M

Malaysia

Overview of Country

Malaysia is located in Southeast Asia. Kuala Lumpur is the capital. The country is a federal constitutional monarchy, consisting of 13 states and 3 federal territories (Nations Online 2016). It is 127,720 square miles (330,803 sq. km). The southern city of Putrajaya is the federal administrative center. The South China Sea, which goes into Peninsular Malaysia and East Malaysia, separates the country (CIA 2016). Peninsular Malaysia shares land and maritime borders with Thailand, Singapore, Vietnam, and Indonesia. East Malaysia shares land and maritime borders with Brunei, Indonesia, the Philippines, and Vietnam (CIA 2016). As of 2013, the population was roughly 29,716,000 (UNICEF 2015a).

Malaysia was a British colony until 1942, when it was occupied by the Imperial Japanese Army for three years (CIA 2016). In 1948, the British-ruled territories on the Malay Peninsula, except Singapore, established the Federation of Malaya; it became independent in 1957. Malaysia came into being in 1963, when Singapore, North Borneo, and Sarawak joined the federation (CIA 2016). During the first several years of the independence, the federation faced a communist insurgency, confrontations with Indonesia, annexation by the Philippines, and Singapore's withdrawal in 1965 (CIA 2016).

Malaysia is a multiethnic and multicultural country. Based on the 2010 census, 91.8 percent of the population are Malaysian citizens, and 8.2 percent are noncitizens (Department of Statistics 2010; CIA 2016). Malaysian citizens are divided among different ethnic groups: Malays constitute 50.1 percent, Chinese 24.6 percent, Indians 7.3 percent, and others 0.7 percent (Department of Statistics 2010). The constitution defines Malays as Muslims and declares Islam as the state religion. But non-Muslims have religious freedoms. The 2010 census shows that among specified religions, 61.3 percent of Malaysians are Muslims; 19.8 percent are Buddhists; 9.2 percent are Christians; 6.3 percent are Hindu; 1.3 percent practice Confucianism, Taoism, or other traditional Chinese religions; 0.4 percent are other groups; and 0.8 percent have no religion (CIA 2016).

Multiple languages are spoken in this country. The official language is Bahasa Malaysia; other languages include English; various Chinese dialects (Cantonese, Mandarin, Hokkien, Hakka, Hainan, and Foochow); Tamil; Telugu; Malayalam; Panjabi; and Thai (Gale Virtual Reference Library 2013; CIA 2016). Several indigenous languages are spoken in East Malaysia, and Iban and Kadazan are the most widely spoken (CIA 2016).

In 2014, the UN Development Programme (2014) ranked Malaysia 42nd out of 188 nations based on its Gender Inequality Index (GII) of 0.209. This ranking places Malaysia in the second tier of "high human development." The GII consists of three aspects of human development:

reproductive health, empowerment, and economic status. As it measures the human development costs resulting from gender inequality, the lower the GII value, the fewer disparities between females and males and the less loss to human development. Thus, the 42nd ranking indicates a gender inequality issue exists in Malaysia, but it does not seem to be problematic overall.

Girls and Teens

There were 5,533,000 adolescents aged 10–19 years old, according to 2013 UNICEF data (2015a). Six percent of the females were married or in a union, compared to 5 percent of males (UNICEF 2015a). Based on information from an intercultural program, most boys and girls do not touch when they greet due to religion and other factors. However, boys and girls are usually not separated from attending the same classes unless required by teachers or if they attend single-sex Islamic schools, according to the Youth for Understanding U.S.A. (YFU 2017)

Family customs in Malaysia vary depending on traditions of ethnic or religious affiliations; however, Malaysian parents allow boys to participate in activities outside the home (YES Program n.d.). Traditional families tend to believe girls should assume the role of homemaking when they marry; in urban areas, however, this view is less prevalent due to the culture of protectiveness (YES Program n.d.).

There are no apparent gender differences in literacy rates due in part to all students having equal access to education (Gale Virtual Reference Library 2013). UNICEF (2015a) data reveals the youth (ages 15–24) literacy rate between 2009 and 2013 was the same for males and females (98%).

The topic of sexuality in Malaysia is taboo. A study by Talib et al. (2012) examined 380 university students who reflected on their sex education in high school. Nearly 90 percent of the respondents reported sex education had not been taught in formal curriculum, and many teachers provided informal, vague, and limited information on sex education. While the Malaysian government attempted to introduce sex education into school curriculum by 2011, the idea remains controversial (Mutalip et al. 2012). The researchers investigated the acceptance of teaching sexual education in secondary schools. Half of the respondents agreed on the implementation of sex education, and girls expressed less agreement than boys (Mutalip et al. 2012).

Bernama notes in a *Malaysian Times* article on February 12, 2015, that while topics of reproductive functions

and health care are taught in science, Islamic studies, moral studies, and physical and health education, the debate over introducing formal sex education into public schools remains controversial. The Women, Family, and Community Development Minister (MFCDM) stated sex education would be imparted to teenagers ages 16 and above beginning in 2016.

Education

According to the “Malaysia” entry in Gale Virtual Reference Library (2013), the country has a centralized educational system that falls under the jurisdiction of the Ministry of Education (MOE). Its educational expenditure in 2011 was 5.9 percent of its gross domestic product (GDP) (CIA 2016). Preschools educate children ages four through six, after which they attend primary school. At the end of six years of primary school, students take a standardized test to get promoted to secondary school, which lasts five years (Gale Virtual Reference Library 2013). Both public and private colleges and universities offer postsecondary education. Since 2004, the newly established Ministry of Higher Education oversees postsecondary education (Gale Virtual Reference Library 2013).

Literacy

Female literacy in Malaysia has improved. UNDP (MWFC and UNDP 2007) data shows a 23 percent increase between 1980 and 2004, from 65 percent in 1980 to 88 percent in 2004. In comparison, the adult male literacy changed from 82 percent in 1980 to 95 percent in 2004. Despite “the overall declining trend in gender disparity,” the number of illiterate females was larger than males (MWFC and UNDP 2007, 28). While the literacy rates were similar for younger groups of both sexes, women from older age groups experienced low literacy rates (MWFC and UNDP 2007).

Between 2009 and 2013, the adult literacy rate ratio for females and males was 95–100 (UNICEF 2015a). An estimated 93.2 percent of the females aged 15 years and over can read and write, and the percent for males was 96.2 percent in 2015 (CIA 2016). This is an improvement from 2010, when the literacy rate for females was 90.7 percent and 95.4 percent for males (CIA 2016).

Education Access

Pre-K–12 education enrollment reveals little to small variations in gender. Between 2009 and 2012, 73 percent of the

boys enrolled in preprimary schools, but the enrollment for girls was 68 percent (UNICEF 2015a). While preschooling is not compulsory, primary education is required for all students at age 6, and almost all students aged 12–16 years receive secondary schooling (Gale Virtual Reference Library 2013). Enrollment data in the 1990s indicates “no apparent disadvantage faced by girls at all levels of the eleven years of basic schooling,” and female enrollment was on the rise (CEDAW 2004, 52). The 2001 data for MOE shows 51.4 percent of males and 48.6 percent of females enrolled in primary schools (CEDAW 2004). The 2005 estimation shows males and females are expected to receive the total 13 years of schooling (CIA 2016). In terms of the retention rate to the last grade of primary school, between 2009 and 2013, the female-to-male ratio was 101 to 100 (UNICEF 2015a). In secondary schools, the percentages by males and females were 49.5 percent and 50.5 percent, respectively (CEDAW 2004). There was a slight variation in secondary school participation between 2009 and 2013, 67 percent for male students and 66 percent for female students, and the ratio of gross enrollment in secondary education males and females in the same four years was 100 to 97 (UNICEF 2015a).

Two factors have contributed to the trend for gender equity in school enrollment. The increasing job opportunities in the 1980s and 1990s encouraged girls to stay in school longer (UNDP MWFC and 2007). Also, largely due to the commitment to global participation, Malaysia increased its educational expenditures from 1998 to 2001, which targeted greater school access, computer literacy, and gender equity (Gale Virtual Reference Library 2013). In particular, girls’ primary and secondary schools and residential schools were built in rural areas to increase educational access (CEDAW 2004). In terms of the combined enrollment at K–16, the female enrollment rate increased from 53 percent in 1980 to 67 percent in 2004, and males’ enrollment grew from 57 percent in 1980 to 66 percent in 2004 (MWFC and UNDP 2007). In fact, MOE data shows a decrease in the participation of male students in secondary and tertiary education (Gale Virtual Reference Library 2013). Within overall university enrollment, 57.8 percent were females, and 42.2 percent were males (CEDAW 2004). This is also confirmed by information from personal contacts with Malaysians; girls receive fair opportunities for study in primary and secondary schools, and they tend to perform better than boys in standardized examinations and find achievement in universities.

Regardless, female college students are underrepresented in engineering and technical majors, in which

30 percent of females graduate (Gale Virtual Reference Library 2013). It resonates with the late 1990s, when around 30 percent of the students were female in polytechnics and about 40 percent of the females comprised the total number of graduates in science, medicine, agriculture, and engineering (CEDAW 2004). Likewise, MOE data shows, in 2001, that males constituted 61.2 percent of the enrollment in polytechnic institutions, and 38.8 percent were females (CEDAW 2004). The difference in course taking can be traced to secondary schools. Many girls registered in home economics courses rather than engineering or science subjects in the late 1990s, probably due to socialized gender roles (CEDAW 2004). While both male and female high school graduates can apply for polytechnics run by the Ministry of Education, an average of 30 percent of the students in polytechnics were female in 1998, with the female enrollment rate in mechanical engineering being 5 percent (CEDAW 2004). Many women majored in commerce, food technology, hospitality, and fashion (CEDAW 2004).

In contrast, more women are interested in attending teacher training colleges, even though men and women are given equal access to teacher’s colleges operated by MOE (CEDAW 2004). Between 1996 and 2000, the yearly enrollment of females was higher than for males. In 2001, 57.8 percent of the enrollment in a teachers’ college were female, and 42.2 percent were male (CEDAW 2004). The MOE established scholarships and loans for high-performing college students; more than 60 percent of females received scholarships or loans that funded teaching and education in 1998 (CEDAW 2004). But fewer females received scholarships at postgraduate levels and certificate-polytechnic teaching scholarships as opposed to males (CEDAW 2004).

Teaching Workforce

According to the Gale Virtual Reference Library (2013), as in many other countries, female teachers comprise the majority in Malaysian public schools. In the 2000s, the number of male teachers declined; male teachers comprised 4 percent in kindergarten and 35 percent in primary and secondary schools in 2008. While college male and female teachers are generally comparable (Gale Virtual Reference Library 2013), their distribution differs across majors, with females underrepresented in the natural science field. The 1990s data shows 32 percent of the lecturers were female in polytechnics (CEDAW 2004).

Health

In general, Malaysia has an efficient and widespread system of health care; there is a two-tier system that consists of the government-run universal health care system and a coexisting private system (Castro 2009). Health services are offered free or at very low cost to citizens (MWFC and UNDP 2007). The Malaysian government is committed to providing universal access to high-quality health care. However, health care is basic in rural areas, with high-quality health care relatively unavailable in remote areas. Free health care does not apply to non-Malaysians.

Access to Health Care

Many government and private hospitals provide health services to citizens. As the Malaysian government supports universal health care, eligible women can access free, high-quality health care. Although the government hospitals possess the country's best health care equipment and facilities and have specialists in various fields, the main drawback is the shortage of staff (Bernama 2011). Because the government emphasizes the expansion and development of health care, eligible women are able to receive quality health care. Women's health is generally good, and the gender health gap is not obvious (Chee and Lin 2007).

The country has taken several significant health care-related actions. In 1995, all Malaysian health centers and polyclinics were redesignated as health clinics that provide maternal and child health care (Chee and Lin 2007). The increase in literacy among women along with poverty reduction account for the improved access to health facilities (MWFC and UNDP 2007). The government goes beyond reproductive health concerns to broader aspects, including "early detection of cancer, menopause, health needs of working women, and environmental issues affecting women" (MWFC and UNDP 2007, 29). The Ministry of Health (MOH) promotes screening for breast and cervical cancers at early stages (Chee and Lin 2007). Since the early 1990s, breast cancer clinics have been available in major government hospitals, and Pap smear screenings are promoted for women aged 21–65 years old (Chee and Lin 2007). However, fewer than 30 percent of women 20–54 years old had this procedure, and access was more difficult for women with less education or who lived in rural environments (Chee and Lin 2007).

Maternal Health

Malaysia has long given priority to women's health, "in particular their reproductive health (including maternity

care) and especially in the rural health network of clinics" (MWFC and UNDP 2007, 28). "A comprehensive range of services and information for women" is available in its health service infrastructure in the rural areas, especially providing "more remote and disadvantaged groups" with maternal and child health services (MWFC and UNDP 2007, 28–29). There has been an increase in trained and skilled health personnel in public and private institutions being involved with childbirth (Chee and Lin 2007; Kaur and Singh 2011). On average, the proportion improved from 85 percent in 1985 to 97 percent in 2001 (Chee and Lin 2007). It has increased from 92.9 percent in 1990 to 98.6 percent in 2008 (Kaur and Singh 2011).

Antenatal care coverage has been on the rise (Chee and Lin 2007; Kaur and Singh 2011). The average number of antenatal visits increased from about six visits in 1985 to around nine in 2001 (Chee and Lin 2007). It has increased from 78 percent in 1990 to over 90 percent since 2006. Some areas even had full coverage of antenatal care in 2008. UNICEF (2015a) data shows that an average of 96.52 percent of pregnant women received prenatal care in 2012. The country also witnesses an increased trend of safe deliveries (Kaur and Singh 2011). A primary health care staff delivers postpartum care at the health clinics, except eight home visits required by the MOH (Kaur and Singh 2011).

Western and traditional maternity care for pregnant women and infants coexist. Ali and Howden-Chapman (2007) suggest that traditional maternity care works better to help rural women through pregnancy and to achieve postnatal recovery. However, no data at hand shows the prevalent maternity care adopted by women nowadays. In terms of infant feeding, Malaysia remains improved. A study shows that although 75 percent of mothers breastfed babies at birth in the 1970s, few breastfed babies at two and six months (19% and 5%, respectively) in urban and rural Malaysia due to a high percentage of working mothers (Sinniah et al. 1980). There was a revival of breastfeeding in Malaysia in the late 1980s, which was prominent with less-educated women (Thapa and Williamson 1990). A 2007 study by Yee and Chin reports that 86.3 percent of the respondents initiated breastfeeding, but only 8.3 percent exclusively breastfed for six months and beyond. While there are still a number of working mothers, 32.2 percent of these women exclusively breastfeed for six months, according to a 2015 news article (Cilisos Editorial Team 2015). The country also lacks sufficient proper facilities for breastfeeding, such as nursing rooms in public places.

Maternal and Infant Mortality

Maternal health in Malaysia is relatively good compared to its Southeast Asian neighbors (Kaur and Singh 2011). Maternal mortality has been reduced due to the implementation of various programs by the government (MWFC and UNDP 2007). International data from the World Health Organization (WHO), UNICEF, the UN Population Fund (UNFPA), the World Bank Group, and the UN Population Division show the maternal mortality ratio/rate (MMR) has decreased in Malaysia in the past 25 years: from 79 deaths per 100,000 live births in 1990 to 40 deaths per 100,000 live births in 2015. Correspondingly, the maternal deaths have dropped from 410 to 200.

National data from the Malaysia MOH and Statistics Department portray a better picture. Kaur and Singh (2011) review data between 1990 and 2008 and find the MMR was 44 and 29 deaths per 100,000 live births in 1990 and 2007, respectively. Further, they indicate the MMR grew stagnant at about 28–30 per 100,000 live births since 2000. However, this review finds that in three large states, the MMR increased between 1997 and 2007. Women aged 40–44 years old experienced a higher MMR as opposed to those in the prime childbearing age group. The most common causes of maternal death include obstetric embolism, postpartum hemorrhage, and hypertensive disorders of pregnancy (Kaur and Singh 2011).

The infant mortality rate is a standard in indicating the overall efficiency of health care. UNDP data shows the child mortality rate for girls and boys has dramatically dropped between 1980 and 2004 (MWFC and UNDP 2007). The under-5 mortality rate (U5MR) for girls was 28.5 per 1,000 live births in 1980, compared to the 34.3 for boys. The U5MR fell to 7.1 for girls and 8.3 for boys in 2004.

In Malaysia, the infant mortality rate has experienced a steady decrease since independence in 1957, falling from 75 per 1000 live births to 7 in 2013 (CIA 2016). In 2015, the infant mortality rate for females was 11.07 deaths per 1,000 live births and for males 15.33 deaths per 1,000 live births (CIA 2016).

Tobacco Use

Based on an *Expat Focus* article, Malaysia outlaws tobacco advertising. As smoking affects people's health, it is banned in most public places, with violations leading to heavy fines or imprisonment.

Limited data is available in terms of women's tobacco-use habits. Choi's (2004) international comparison study

reports female smoking is not a problem in Malaysia and other South Asian countries. However, the female smoking prevalence increased for those 15–34 years old. A cross-sectional study by Manaf and Shamsuddin (2009) surveyed 408 female students in private universities in Kuala Lumpur and Selangor in 2005; the prevalence rate of these young urban Malaysian women was 18.6 percent.

Diseases and Disorders

Previous research shows cancer (in particular breast and cervical), diabetes, mental health, menopause-related conditions, reproductive disorders, lung disease, HIV/AIDS, and STDs affect Malaysian women's health and their counterparts in other South Asian countries (Choi 2004). The government has implemented gender-based programs, including the Prevention of Mother-to-Child Transmission of HIV Program, that target women and children and "have improved the chances of HIV-positive mothers delivering healthy babies" (MWFC and UNDP 2007, 29). Data from 2015 indicates the HIV prevalence rate is low among Malaysian young people (less than 0.1%). Specifically, it was 0.2 percent for males and less than 0.1 percent for females (UNICEF 2015a).

Female Genital Mutilation and Cutting

Female genital mutilation and cutting (FGM/FGC), also referred to as female circumcision, involves over 90 percent of Muslim women (Desk 2015; Reyck 2016). Despite strong voices against FGM from WHO and other international organizations (WHO 2016), in 2009, the Fatwa Committee of Malaysia's National Council of Islamic Religious Affairs determined female circumcision as obligatory for Muslims, but harmful effects should be avoided (Khalib 2012). While FGM in Malaysia is thought to be less severe (Desk 2015), it produces no health benefits for girls and women, only harm (WHO 2016). Cultural and social factors are common reasons for performing FGM (WHO 2016). FGM has a lot to do with social pressure to conform to others, cultural beliefs of femininity and modesty, preparation of girls for adulthood and marriage, and ensuring premarital virginity and marital fidelity (WHO 2016).

Employment

Women play an important role in the workforce and enjoy legal protections. The 1955 Malaysian Employment Act contains provisions that prohibit night and underground

work. Female employees are also entitled to maternity leave in the public and private sectors. Eligible women can also receive maternal allowances from employers.

The 1998 amendment provides flexible working hours and accords “maternity leave of sixty days (from forty-two days) for up to a maximum of five births” (MWFC and UNDP 2007, 28). The 2012 version amends the 1955 act by the Parliament of Malaysia. The new version stresses maternity leave that lasts no less than 60 consecutive days. The new act also adds that an employer commits an offense if a female employee is fired during her maternal leave, unless the business closes. Malaysia is “one of a group of twenty out of the 152 countries which provide maternity leave of less than eighty-four days” (28).

Largely because of the lobbying by women’s groups in the early 1960s, the government adopted “the principal of pay in 1967” and granted permanent employment tenure to women employees (28). Other protections include the Income Tax Act of 1967 that allows women to opt for separate assessment decisions. Additionally, the 1999 Code of Practice on the Prevention and Eradication of Sexual Harassment at the workplace is the first “means of recourse under the law” for women workers facing sexual harassment (28).

Data from the Ministry for Women, Family, and Community Development (MWFC 2014) shows 92.9 percent of women working in the public, but not informal, sector receive social security benefits. Women who work in the informal economy (such as wage workers) face extreme vulnerabilities (MWFC 2014).

Women Employed outside the Home

Women in Malaysia “gravitate towards traditionally women-identified occupations e.g. teaching, nursing and secretarial work” (CEDAW 2004). More women also work in manufacturing and service sectors. The increase of women in paid employment began during the country’s independence in 1957, when the focus shifted from agriculture to manufacturing services, and women’s role in the labor force grew social acceptance (MWFC 2014). In the 1980s and 1990s, a large number of women worked in the manufacturing and service sectors (MWFC and UNDP 2007). One reason is the economic growth after the recession in 1985 (CEDAW 2004). That women have more access to education also explains the increase of employment (MWFC 2014). In particular, more rural women entered employment in the textile, garment, electronics,

and hospitality industries (CEDAW 2004). The economic growth in the 1980s also boosted women’s employment in wholesale, retail, hotels, and restaurants (MWFC and UNDP 2007). Since 1990, there has been a tremendous rise of “female employment in the wholesale and retail trade, hotels, and restaurants sector and the financial services sector” (MWFC and UNDP 2007, xii). In the 1990s, more than 50 percent of workers in electronics and textiles were women; almost 90 percent of employees in the clothing industry were women too.

Changes have occurred with women’s occupations in the last decade. In the 2000s, Malaysian women’s employment in manufacturing dropped as migrant women from the Philippines, Indonesia, and Bangladesh arrived (MWFC 2014). Between 2001 and 2010, the percentage of females employed as service and sales workers increased from 16.9 percent in 2001 to 20.1 percent in 2008 and 2010. The percentage of women professionals increased from 5.6 percent in 2001, to 7.3 percent in 2008, and 8.3 percent in 2010; the majority of women in the professional category are teachers and nurses. In 2010, women technicians and associate professionals increased to 16.1 percent from 12.5 percent in 2001 and 15.7 percent in 2008. Fewer female employees worked in agriculture-related jobs, such as plants, machine operators, and assemblers (MWFC 2014). While the “overall occupational segregation by gender is declining, [it] . . . still prevails in some occupations” (MWFC 2014, 35).

The female labor force participation rate (LFPR) grew slowly (MWFC and UNDP 2007) and remained constant until 2012, which matched the global trend (MWFC 2014). The female LFPR grew from 44.7 percent in 1995 to 46.7 percent in 2000 (CEDAW 2004). Another source portrays a similar picture: the rate changes from 44 percent in 1980 to 48 percent in 1990, and it remained around 47 percent until 2004 (MWFC and UNDP 2007). Data from the Malaysian Institute of Economic Research showed that female LFPR was 45.7 percent in 2005, a mild decrease from 47.8 percent in 1990. In contrast, male’s LFPR in the same period remains over 80 percent, which is higher than the 2003 average rate of 53.5 percent for countries with higher levels of human development (MWFC and UNDP 2007).

Recent data shows little improvement for women with LFPR. In 2011, out of the labor force population, 63.4 percent were men with a LFPR of 79.8; 36.6 percent were women with a LFPR of 47.9 (MWFC 2014). Women’s LFPR in 2011 remains “consistent between 44% and 47%

for the last three decades and remains well below the participation rate for men” (MWFCFCD 2014, 29). Data from the Malaysia Department of Statistics (2015) shows 52.4 percent of the women were employed in 2013, and the percent in 2014 was 53.6, an increase of 1.2 percent. Over 80 percent of the males are employed in the same period, with a decrease of 0.3 percent (Department of Statistics 2015).

Gender differences also exist in the unemployment rate. In 2013, the unemployment for young people 15–24 years old also showed more females, with 9.3 percent male and 12 percent female (CIA 2016). Regarding the overall unemployment rate in 2014, 2.7 percent were male, and 3.2 percent were female (Department of Statistics 2015).

Work Opportunities, Pay, and Conditions

Labor regulations and employment rights do not eliminate gender inequity, and the equal treatment of women in the workplace remains an issue. In the mainstream public and private sectors, males usually hold the top executive positions, with few women in the upper echelons (CEDAW 2004). Female employees in Malaysia tend to be placed in low-paying jobs, working as typists, clerks, and secretaries (CEDAW 2004). A study that analyzes data between the economy boom in the 1980s and 1995 echoes that women in Malaysia “tend to be concentrated in lower-ranking positions that are lower paid and have poor training and career development prospects” (Fernandez 2009, 27). Further, this study points out the gender gap in earnings is largely due to the residual or discrimination component prominent in male-dominated occupations (Fernandez 2009). A recent study analyzes data in 1994 and 2004 and reports the gender earnings gap shrank in the upper-end wage distribution, but the bigger gender gap was at the bottom of earnings distribution (Goy and Johnes 2015).

A 2013 study shows many companies in Malaysia lack family-friendly facilities or flexible work arrangements; many lack a designated car park for pregnant women, nursing rooms for mothers, or child care centers. As a result, some new mothers quit working to be full-time housewives (Su-Lyn 2015). While the government is collaborating with corporations to encourage working mothers by increasing the number of child care facilities (Y-Sing 2014), the results are nominal thus far. Dewan (2014) cites data from the study by the Association of Women Lawyers that among the past 27 bar presidents, only 2 were female, and women were often perceived as “less competent and unable to handle big cases and more files.” The study also

finds more women experienced sexual propositioning and were bypassed for promotions due to their family roles (Dewan 2014). Similarly, while more women are found in senior management roles, males still dominate (Liang 2015). A 2013 survey by Talent Corp finds just 8 percent of the board members of all listed companies were women (Liang 2015). Out of the public opinions collected by UNICEF last year, 46 percent disagree, and 27 percent hold neutral views that women in Malaysia are treated equally to men in the workplace (UNICEF 2015b).

Family Life

In primary school textbooks, women’s primary roles were depicted as wives and mothers or were not presented as being able to have careers (CEDAW 2004). In light of this, the Ministry of Women and Family Development has requested that the MOE eliminate such stereotypical images and that women be presented in diverse occupations; in response, MOE made changes to the curriculum (CEDAW 2004). Regarding whether women and girls in Malaysia are subject to harmful traditional laws and customs, a poll of 460 people shows 51 percent agree or somewhat agree, 28 percent disagree, and 21 percent hold neutral views (UNICEF 2015b).

Family Structure and Household Responsibilities

Family composition might differ among different ethnic groups across regions and time. The extended family pattern was common when Malaysia was a rural-based country, but the family size decreased in many nonrural states since 1960. Limited data also shows a common family pattern in urban Malaysia is a nuclear family with parents and multiple children (YFU n.d.).

In urban areas where both parents may work, the father is the primary breadwinner, and the mother supplements the family income; in rural families, the father might be the only working parent (YFU n.d.). Some mothers even quit their jobs to become full-time housewives to take care of children, as there are often unfavorable child care services at work (Su-Lyn 2015). A report that surveyed 967 married and unemployed women found that 66.9 percent left work to look after their children, 42.8 percent left due to marriage, and 36.3 percent left upon their husband’s request (MWFCFCD 2014). Public opinion from 459 people in a poll by UNICEF (2015b) reports 25 percent agree or somewhat agree that women and men share equal

responsibility in housework and child care, and 57 percent disagree.

Marriage

There are two types of legal marriage: civil marriage and Islamic marriage (Lawyerment 2014). The former is known as monogamous opposite-sex marriage and is practiced by non-Muslim and nonnatives under the Law Reform (Marriage and Divorce) Act 1976 (Lawyerment 2014). While Muslim men may marry as many as four wives simultaneously, most have one wife; however, women may not have multiple husbands concurrently (Lawyerment 2014).

According to Section 23 of the Islamic Family Law (Federal Territories) Act 1984, a husband “must obtain the consent and views of the existing wife or wives and the permission from the Syariah [Sharia] Court to enter into a polygamous marriage, failing which he is deemed to have committed an offence under Section 123 of the Act” (Lawyerment 2014). However, in doing so, men “must be able to afford to take care of each of their wives,” and “the wives have little or no contact with each other” (Lawyerment 2014).

The Islamic Family Law Act, however, states that a wife’s maintenance by her husband is subject to her obedience (Laws of Malaysia 2002). A wife will have no entitlement to maintenance if she is not associated with her husband anymore, when she leaves her husband’s home without his consent, or when she has no valid reason but refuses to follow him to another home (Laws of Malaysia 2002).

While Segaran (2006) argues the Islamic Family Law Act suggests many Malaysian females still face discrimination associated with marriage, family, and inheritance, the 1957 Married Women Act protects a wife’s rights associated with property, court cases, and bank accounts (Laws of Malaysia 2006). Muslim women have the right to a dowry, “an obligatory marriage payment due under Islamic law from the husband to the wife at the time the marriage is solemnized. The dowry can either be in the form of money or property” (CEDAW 2004, 109). Also, all women have rights to retain their own names. The penal code also lists specific offenses against women, including those relating to marriage. For instance, the Domestic Violence Act 1994 (Act 521) recognizes that the victims of domestic violence are mainly women. According to the Employees’ Social Security Act 1969 (Act 4), a wife is entitled to her husband’s social security payment upon his death (CEDAW 2004).

Marital status data also suggests gender disparity. According to the Department of Statistics (2010), while the percentage of males and females who were married was similar (59.8% of men and 59.4% of women), the proportion of males who were never married (37.8%) was slightly higher (32.2%). By the mean age at one’s first marriage, males fell from 28.6 years in 2000 to 28.0 years in 2010; inversely, the age for females increased from 25.1 in 2000 to 25.7 years in 2010 (Department of Statistics 2010). For women, “Marriage is taking place at the later age wherein the age at first marriage for women went up from 17.4% in 1970 to 25.7% in 2010” (MWFC 2014, 28). There were more widowed women (7.2%) than widowed men (1.9%) in 2010, with more women (1.2%) divorced or permanently separated than men (0.5%) in the same year (Department of Statistics 2010).

Fertility

Although “access to family planning services has enabled women to choose freely the number and spacing of their children” (MWFC and UNDP 2007, 29), fertility rates declined, dropping from 4.0 percent in 1980 to 2.3 percent in 2010 (MWFC 2014). According to the United Nations, the projected fertility rate will drop to 1.91 children per family by 2020, which will be lower than the 2012 rate of 2.1 children. Given the potential decline, Malaysians are encouraged to have children. It is possible more women seeking education and careers marry at a later age (Sipalan 2015).

There are restrictions on who can utilize nontraditional methods for childbearing. Only married couples can go through in-vitro fertilization (IVF); same-sex couples and single parents are excluded, according to the reproductive laws in Malaysia. Surrogacy is illegal for Muslim couples. While non-Muslim couples may find leeway, there are complications with this route (Lim 2015).

Contraception

Based on Kumarasamy (2012), the contraceptive usage was low in Malaysia, and the proportion of women within the fertile age group using any form of contraception was only 48 percent. This number is much lower compared to Singapore (71%) and Thailand (73%). Consequently, a sizable number of unplanned pregnancies occur, some of which lead to abortions or abandoned newborns. One possible reason is the misinformation regarding contraception, resulting in unreliable or incorrect contraception (Kumarasamy

2012). Kumar asserts contraception is not accessible to all women; fewer than 50 percent of eligible women of child-bearing age can access contraceptives. A woman's right to contraception depends on national policies on their age, marital status, and other factors (Kumar 2015).

Politics

Women have voted since independence in 1957 and are members of different political parties (CEDAW 2004). The constitution grants each qualified citizen the right to vote. In 1999, out of a total of 9,509,332 registered voters, 49.8 percent were women (CEDAW 2004).

Women are underrepresented in political participation. While there is no gender-based discrimination against women "with respect to participating in the electoral process and holding elected offices" (CEDAW 2004, 32), they have primarily "played a supportive role to men except in the women's wings of political parties, where women elect and choose their own leaders" (CEDAW 2004, 20). There were no gender-based political parties (CEDAW 2004) and few gender-sensitive leaders (Ariffin 1999).

Female leaders are unable to exercise their political rights freely. Their political behavior "is molded by the political culture and tradition of the political party" (CEDAW 2004, 25). As such, they behave in a way to create an image accepted "by all in the party and society at large," and "their views or political postures reflect the ideology of the ruling party" (CEDAW 2004, 25).

The female representation in government has been extremely low and seen slow growth. Malaysia models its Parliament after the Westminster system, and since "the first election to the Federal Legislative Assembly in 1959, the number of female candidates elected to Parliament has increased at a moderate rate" (CEDAW 2004, 32). Specifically, it grew from 2.9 percent (3 out of 104) in 1959, to 4.1 percent in 1986, to 7.3 percent in 1995, and 10.4 percent in 2000. In the House of Representatives, the number of female parliamentarians increased from 4.5 percent in 1980 to 10.4 percent in 2000, yet decreased to 9.6 percent in 2004 (MWFC and UNDP 2007). Overall, the number of women at federal levels did not change with 2 women ministers out of 28 people in the cabinet. By 2001, the number rose to 3 upon the establishment of the Ministry of Women and Family Development. At the state level, the percentage of women elected in different state assemblies between 1959 and 2000 increased from 2.7 percent in 1986, to 4.8 percent in 1995, and 5.5 percent in 2000 (CEDAW 2004).

In comparison, women officers in the Malaysian Foreign Service have significantly increased between 1992 and 2002. In 2002, female officers were 20.7 (69 out of 333) "as compared to 18.8 percent (64 out of 340) in 2001 and 15.4 percent (42 out of 273) in 1999" (CEDAW 2004, 43). Cultural and professional constraints or barriers from the host countries, other than gender-based discrimination, have affected their assignments (CEDAW 2004).

This country is committed to women's empowerment. "The low representation of women in Parliament and the State Assemblies is an indication of the fact that few women are elected to the apex bodies of the various political parties" (CEDAW 2004, 34). Each party was asking for more women members, and some parties adopted affirmative-action strategies to boost female participation (CEDAW 2004). The major political parties focus on recruiting young women supporters (MWFC and UNDP 2007). Further, the country promised to achieve the target of 30 percent female parliamentarians (out of 222 seats) as stated in the 1995 Beijing Declaration and Platform for Action (MWFC and UNDP 2007). The country also amended Article 8(2) of the Federal Constitution on August 1, 2001, and added the prohibition of discrimination-based gender to the list of religion, race, descent, and place of birth (CEDAW 2004). Based on data from the World Bank (2016), the proportion of female parliamentarians by 2015 is 10.4 percent, which is far from reaching the 30 percent target.

Feminist Movements and Women's Organizations

In Malaysia, feminist movements apply to multicultural groups and continue to play an active role toward ending discrimination, harassment, and violence against women. According to Ariffin (1999), feminism is seen as a Western concept and has been complex, crossing racial, ethnic, and class divisions within women's groups. Ng et al. (2006) identify four dominant feminist groups in Malaysia's history: nationalist feminism, social feminism, political feminism, and market-driven feminism.

Female officers in the government also play an active role in improving the status of women. For instance, Ariffin (1999) documents how female officials attended an international conference in Beijing in 1995 and became vocal on women's issues, as they sought to establish working relationships with nongovernmental organizations (NGOs). Noteworthy women's NGOs in Malaysia include All Women's Action Society, Women's Aid Organization, and Sisters in Islam. The National Council of Women's

Organization, “a national coalition body for many women’s NGOs, often provides the final channel of communication to the government in seeking the passing of demands” (Ariffin 1999, 420). Feminists also face criticism and backlash. In 2012, the prime minister openly declared that the women’s rights movement was unnecessary because equality was already given (Razak 2012).

Lesbian, Gay, Bisexual, and Transgender (LGBT) Rights

A Pew Research Center survey (2013) found that 86 percent of Malaysians hold that homosexuality is unacceptable. However, Malaysia retains the colonial-era penal code and still criminalizes homosexuality. Forty-two of the 53 countries that used to comprise the Commonwealth are antihomosexuality, and Malaysia is one of them (Gerber 2014). Shah (2013) argues that Malaysia does not tolerate homosexuality now due to the affront to Islam. In 2014, an opposition leader faced five years of imprisonment largely for political reasons (Gerber 2014). Same-sex marriage is prohibited; same-sex couples are not recognized and cannot adopt children together. Same-sex couples also cannot seek IVF treatment (Lim 2015).

“Discrimination against LGBT people is pervasive in Malaysia,” as stated by Human Rights Watch (HRW) last year (Melayu 2015). Transgender people “face arbitrary arrest, physical and sexual assault, imprisonment, discriminatory denial of health care and employment, and other abuses,” according to HRW (Melayu 2015). This group is often subjected to abuses such as “assault, extortion, and violations of their privacy rights” from Religious Department officials and police (Melayu 2014).

Religious and Cultural Roles

As stated earlier in the overview, Malaysia is a multiracial nation, and Islam is the most widely professed religion. By 2010, the majority (61.3%) of the population were Muslims, the second-largest group was Buddhists (19.8%), and the third-largest group was Christians (9.2%).

Contrary to the Constitution of Malaysia, freedom of religion is subject to many restrictions. A person must be Muslim to be considered Malay; conversion to another religion is difficult and results in punishments. Many Muslims who have attempted to convert received death threats (Perlez 2006). A non-Muslim must convert to marry a Muslim (Bernama 2013). To avoid a suspicion of “engaging immoral acts,” unmarried Muslim couples are prohibited

from occupying “a secluded area or a confined space” and face charges if they disobey (Pak 2010).

As 61.3 percent of the population practices Islam, Muslim women’s clothing stands out. Although there is no required law, many women wear the tudung (or tudong), a type of hijab that covers the head and exposes the face. Some government buildings have a dress code that bans entry of both Muslim and non-Muslim women if they wear “revealing clothes (Hassim 2014). The tudung was uncommon prior to the 1979 Iranian revolution and had been used primarily in rural areas (Heath 2008). After the 1970s, however, the tudung grew in popularity (Leong 2015), largely due to the increase of religious conservatism among Muslims (Koh and Ho 2009). It is noteworthy that Muslim and non-Muslim women in the International Islamic University must wear the tudong (Windows on Asia 2014). Further, by 2015, this country had “a fashion industry related to the tudung (Boo 2015),” and Muslim women not wearing the tudung are negatively perceived (Leong 2015).

The status of Muslim women is religiously conditioned. As stated earlier, they must obey as prescribed in the Islamic Family Law Act to obtain maintenance from the husband (Laws of Malaysia 2002). The new Islamic law of 2006 allows Muslim husbands to divorce or take up to four wives and grants men more control over their wives’ property (Kent 2006a). In response, Marina Mahathir, an active campaigner for women’s rights, “described the status of Muslim women in Malaysia as similar to that of Black South Africans under apartheid” (Kent 2006a, 2006b). Conservatives disagreed in that Mahathir’s comments undermined “the prominent role of women in Malaysia compared to other Muslim and/or east Asian countries” (Kent 2006a).

Issues

Persisting Inequality

Malaysia is committed to moving toward gender equality (MWFC and UNDP 2007). The country has implemented various programs with NGOs to reduce poverty for women, in particular for single mothers; to increase women’s educational attainment and their participation in higher-paying occupations; and to improve women’s involvement in business activities and their health status (MWFC and UNDP 2007).

Regardless, inequality in key areas persists. UNICEF’s poll of 459 people with regard to status in society suggests 70 percent say men’s status is higher, 22 percent find

equal status, and 1 percent think women's status is higher (2015b). In contrast to the minimal gap in health access, "gender inequalities exist in work, income, and political leadership indices" (Chee and Barraclough 2007, 141). For instance, women still face discrimination in the workplace, "especially at the managerial level" (Othman and Othman 2015, 26). They tend to sacrifice more for the family. Women are underrepresented in the enrollment of natural science majors. And the women parliamentarians constitute 16 percent of the cabinet, a far cry from the 30 percent goal listed in the 1995 Beijing Declaration and Platform for Action. The UNDP suggests women should be empowered "through increased political representation, and through a greater proportion of positions in higher paying jobs" to further reduce gender gaps (MWFC and UNDP 2007, xii).

Trafficking and Prostitution

While "trafficking in persons is not specifically criminalized in Malaysia, there are laws in the country aimed at and used to combat trafficking in persons, including women" (CEDAW 2004, 27). The Royal Malaysia Police is the main law enforcement agency, and the Social Welfare Department is responsible for protecting women younger than 21 who have been forced into prostitution. The MWFC runs four shelters for women (U.S. Department of State 2015). The country passed the Child Act 2001 (Act 611) to protect girls against prostitution activities and provides protection homes (CEDAW 2004).

It seems that Malaysia has made little progress in containing trafficking. According to the *Malaysian News* article on June 23, 2014, Malaysia was downgraded to the lowest level (Tier 3) in eliminating human trafficking among three other countries. Based on the recent report by the U.S. Department of State (2015), Malaysia was placed on the Tier 2 Watch List. This report shows that many young women, most from Southeast Asia and some from Africa, were recruited to work legally in Malaysian restaurants, hotels, and beauty salons, but they were forced into the sex industry (U.S. Department of State 2015). Some Vietnamese girls and women were forced into prostitution through brokered marriages.

Violence against Women

Women are vulnerable to sexual harassment, domestic violence, and rape. When asked whether women are adequately protected from sexual harassment, domestic abuse, and rape, 20 percent of the 458 polled agree and somewhat

agree, 63 percent disagree, and 17 percent are neutral (UNICEF 2015b). Data from the Women's Aid Organization Web site shows that the number of rape cases in 15 states increased from 1,217 in 2000, to 2,431 in 2006, to 3,098 in 2007. Based on the Penang Women's Development Corporation, 31,685 rape cases, 42,449 domestic violence cases, and 24,939 cases have occurred between 2000 and 2013, and there were about 3,000 rape cases every year (Bernama 2015). Based on information from Women's Aid Organization, 90 percent of the rape cases have gone unreported.

The government provides certain protections. Since 2010, trains on the Malaysian Railway have added women-only cars to contain sexual harassment, and there are women-only buses in Kuala Lumpur (MSNBC 2010). In 2011, the government initiated women-only taxi services in greater Kuala Lumpur (AFP Kuala Lumpur 2011). Despite the Domestic Violence Act of 1994, this type of violence has increasingly become a public issue and received concerns from feminist organizations (Bernama 2014). Domestic abuse cases become complicated, as sharia law forbids wives to disobey husbands.

DONGMEI LI

Further Resources

- AFP Kuala Lumpur. 2011. "Malaysia Launches Women-Only Taxis, Hoping to Reduce Number of Rape and Robbery Cases." *Al Arabiya News*, November 27. Retrieved from <http://www.alarabiya.net/articles/2011/11/27/179417.html>.
- Ali, Aishah, and Philippa Howden-Chapman. 2007. "Maternity Services and the Role of the Traditional Birth Attendant, Bidan Kampung, in Rural Malaysia." *Journal of Public Health Management and Practice* 13.3: 278–286.
- Ariffin, Rohana. 1999. "Feminism in Malaysia: A Historical and Present Perspective of Women's Struggles in Malaysia." *Women's Studies International Forum* 22.4: 417–423.
- Bernama. 2011. "Public or Private Hospitals? The Choice Is Yours." *Borneo Post Online*, February 18. Retrieved from <http://www.theborneopost.com/2011/02/18/public-or-private-hospitals-the-choice-is-yours>.
- Bernama. 2013. "Marriage between Muslim and non-Muslim Illegal, Says Jakim." *Malay Mail Online*, September 27. Retrieved from <http://www.themalaymailonline.com/malaysia/article/marriage-between-muslim-and-non-muslim-illegal-says-jakim>.
- Bernama. 2014. "WAO Introduces First SMS Helpline for Domestic Abuse Survivors." *Malay Mail Online*, May 23. Retrieved from <http://www.themalaymailonline.com/malaysia/article/wao-introduces-first-sms-helpline-for-domestic-abuse-survivors>.
- Bernama. 2015. "3,000 Rape Cases in Malaysia Every Year." *Malaysia Kini*, December 11. Retrieved from <https://www.malaysiakini.com/news/322980>.

- Boo, Su-lyn. 2015. "Tudung industry in Malaysia: Cashing In on conservative Islam." *Malay Mail*, May 9. Retrieved from <http://www.themalaymailonline.com/malaysia/article/tudung-industry-in-malaysia-cashing-in-on-conservative-islam>.
- Castro, Jose Marc. 2009. "Health Care in Malaysia." *Expatforum.com*, August 8. Retrieved from <http://www.expatriot.com/articles/health/health-care-in-malaysia.html>.
- CEDAW (Convention on the Elimination of All Forms of Discrimination against Women). 2004. "Combined Initial and Second Periodic Reports of States Parties: Malaysia." Retrieved from <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N04/309/80/PDF/N0430980.pdf?OpenElement>.
- Chee, Heng Leng, and Simon Barraclough, eds. 2007. *Health Care in Malaysia: The Dynamics of Provision, Financing and Access*. New York: Routledge.
- Chee, Heng Leng, and Wong Yut Lin. 2007. "Women's Access to Health Care Services in Malaysia." In *Health Care in Malaysia: The Dynamics of Provision, Financing and Access*, edited by Heng Leng Chee and Simon Barraclough, 137–153. New York: Routledge.
- Choi, Bernard. 2004. "An International Comparison of Women's Health Issues in the Philippines, Thailand, Malaysia, Canada, Hong Kong, and Singapore: The CIDA-SEAGEP Study." *Scientific World Journal* 4: 989–1006.
- CIA (Central Intelligence Agency). 2016. "People and Society: Malaysia." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/my.html>.
- Cilisos Editorial Team. 2015. 5 Interesting Facts about Breastfeeding in Malaysia. *Current Issues Tambah Pedas*, July 12. Retrieved from <https://cilisos.my/5-interesting-facts-about-breastfeeding-in-malaysia/>.
- Department of Statistics. 2010. *Population Distribution and Basic Demographic Characteristics 2010*. Retrieved from https://web.archive.org/web/20140522234002/http://www.statistics.gov.my/portal/download_Population/files/census2010/Taburan_Penduduk_dan_Ciri-ciri_Asas_Demografi.pdf.
- Department of Statistics. 2015. *Labor Force Survey Report, Malaysia, 2014*. Retrieved from <https://www.dosm.gov.my/v1/index.php?r=column/pdfPrev&id=NHUxTlk1czVzMGYwS29mOEc5NUtOQT09>.
- Desk, Web. 2015. "Female Circumcision on the Rise in Malaysia." *Tribune*, February 20. Retrieved from <http://tribune.com.pk/story/841392/female-circumcision-on-the-rise-in-malaysia>.
- Dewan, Akankasha. 2014. "Gender Inequality a Problem for Malaysia's Legal Profession." *Human Resources*, June 30. Retrieved from <http://www.humanresourcesonline.net/gender-inequality-abound-malaysias-legal-profession>.
- Fernandez, Jacqueline Liza. 2009. "Intra-Occupational Gender Earnings Gaps in Malaysia." *Jurnal Kemanusiaan* 14: 20–36.
- Gale Virtual Reference Library. 2013. "Malaysia." In *International Education: An Encyclopedia of Contemporary Issues and Systems*, edited by Daniel Ness and Chia-Ling Lin, 444–449. Armonk, NY: M. E. Sharpe.
- Gerber, Paula. 2014. "Living a Life of Crime: The Ongoing Criminalisation of Homosexuality within the Commonwealth." *Alternative Law Journal* 78 39.2. Monash University Faculty of Law Legal Studies Research Paper No. 2013/63. Retrieved from <http://ssrn.com/abstract=2468967>.
- Goy, Siew Ching, and Geraint Johnes. 2015. "Differences in Decline: Quantile Regression of Male-Female Earnings Differential in Malaysia." *Singapore Economic Review* 60.4: 1550054. doi:10.1142/S021759081550054X.
- Hassim, Nurzihan. 2014. "A Comparative Analysis on Hijab Wearing in Malaysian Muslimah Magazines." *SEARCH: The Journal of the South East Asia Research Center for Communications and Humanities* 6.1: 79–96.
- Heath, Jennifer. 2008. *The Veil: Women Writers on Its History, Lore, and Politics*. Berkeley and Los Angeles: University of California Press.
- Kaur, J., and Harpal Singh. 2011. "Maternal Health in Malaysia: A Review." *WebmedCentral Public Health* 2.12: WMC002599. Retrieved from https://www.webmedcentral.com/article_view/2599.
- Kent, Jonathan. 2006a. "Malaysia 'Apartheid' Row Deepens." BBC, March 11. Retrieved from <http://news.bbc.co.uk/2/hi/asia-pacific/4795808.stm>.
- Kent, Jonathan. 2006b. "Malaysia Women 'Suffer Apartheid.'" BBC, March 8. Retrieved from <http://news.bbc.co.uk/2/hi/asia-pacific/4784784.stm>.
- Khalib, Azrul Mohamad. 2012. "Malaysia Storm over Female Circumcision." ABC, December 7. Retrieved from <http://www.abc.net.au/news/2012-12-07/an-malaysia-debate-over-female-circumcision/4416298>.
- Koh, Jaime, and Stephanie Ho. 2009. *Culture and Customs of Singapore and Malaysia*. Santa Barbara, CA: ABC-CLIO.
- Kumar, H. Krishna. 2015. "Women's Healthcare in Malaysia Is the Weaker Rights." *Star Online*, January 25. Retrieved from <http://www.thestar.com.my/lifestyle/health/2015/01/25/womens-healthcare-in-malaysia-is-the-weaker-rights>.
- Kumarasamy, Suresh. 2012. "Benefits beyond Contraception." *Star Online*, September 30. Retrieved from <http://www.thestar.com.my/lifestyle/health/2012/09/30/benefits-beyond-contraception>.
- Laws of Malaysia. 2002. Act 303: Islamic Family Law (Federal Territory) ACT 1984. Retrieved from http://www2.esyariah.gov.my/esyariah/mal/portalv1/enakmen2011/Eng_act_lib.nsf/858a0729306dc24748257651000e16c5/1d314361e2750042482569810025f0fc?OpenDocument.
- Laws of Malaysia. 2006. Act 450: Married Women ACT 1957. Retrieved from <http://jafbase.fr/docAsie/Malaisie/MarriedWomenAct.PDF>.
- Lawyerment. 2014. "What Are the Types of Marriages in Malaysia?" Retrieved from <http://www.lawyerment.com/library/kb/Families/Marriage/1019.htm>.
- Leong, Trinna. 2015. "Malaysian Women Face Rising Pressure from Muslim 'Fashion Police.'" *Huffington Post*, July 21. Retrieved from http://www.huffingtonpost.com/entry/malaysian-women-face-rising-pressure-from-muslim-fashion-police_us_55aeb0b1e4b0a9b94852d441.
- Liang, Goh Wei. 2015. "Gender Inequality and Women in Malaysia." *Malaysia Kini*, March 8. Retrieved from <https://www.malaysiakini.com/letters/291333>.

- Lim, Letitia. 2015. "5 Shocking Facts about Baby-Making in Malaysia." *Current Issues Tambah Pedas*, June 10. Retrieved from <http://cilisos.my/5-shocking-facts-about-baby-making-in-malaysia>.
- Manaf, Rosliza A., and Khadijah Shamsuddin. 2008. "Smoking among Young Urban Malaysian Women and Its Risk Factors." *Asia-Pacific Journal of Public Health* 20.3: 204–213.
- Melayu, Bahasa. 2014. "Malaysia: Transgender People under Threat." Human Rights Watch, September 24. Retrieved from <https://www.hrw.org/news/2014/09/24/malaysia-transgender-people-under-threat>.
- Melayu, Bahasa. 2015. "World Report 2015: Malaysia." Human Rights Watch. Retrieved from <https://www.hrw.org/world-report/2015/country-chapters/Malaysia>.
- MSNBC. 2010. "Women-Only Buses Aim to Halt Sexual Harassment." NBC, December 7. Retrieved from http://www.nbcnews.com/id/40468372/ns/world_news-asia_pacific/t/women-only-buses-aim-halt-sex-harassment/#.V_H9ffArLnB.
- Mutalip, Siti Syairah Mohd, and Ruzianisra Mohamed. 2012. "Sexual Education in Malaysia: Accepted or Rejected?" *Iranian Journal of Public Health* 41.7: 34–39.
- MWFC (Ministry of Women, Family and Community Development). 2014. *Study to Support the Development of National Policies and Programmes to Increase and Retain the Participation of Women in the Malaysian Labor Force: Key Findings and Recommendations*. Putrajaya, Malaysia: MWFC. Retrieved from <http://www.undp.org/content/dam/malaysia/docs/Women%20In%20Malaysian%20Labour%20Force%20Study%20with%20UNDP-2013.pdf>.
- MWFC (Ministry of Women, Family and Community Development) and UNDP (UN Development Programme). 2007. *Measuring and Monitoring Gender Equality: Malaysia's Gender Gap Index Report*. Kuala Lumpur, Malaysia: MWFC. Retrieved from http://www.undp.org/content/dam/malaysia/docs/WomenE/MGGI_report.pdf.
- Nations Online. 2016. Malaysia. Retrieved from <http://www.nationsonline.org/oneworld/malaysia.htm>.
- Ng, Cecilia, Mohamad Maznah, Beng Hui Tan, and Malaysia Persatuan Sains Sosial. 2006. *Feminism and the Women's Movement in Malaysia: An Unsung (R)Evolution*. London: Routledge, 2006.
- Othman, Zaiton, and Nooraini Othman. 2015. "A Literatural Review on Work Discrimination among Women Employees." *Asian Social Science* 11.4: 26–32.
- Pak, Jennifer. 2010. "Unmarried Couples Caught in Malaysia Hotel Raids." BBC, January 4. Retrieved from <http://news.bbc.co.uk/2/hi/asia-pacific/8439899.stm>.
- Perlez, Jane. 2006. "Once Muslim, Now Christian and Caught in the Courts." *New York Times*, August 24. Retrieved from http://www.nytimes.com/2006/08/24/world/asia/24malaysia.html?_r=0.
- Pew Research Center. 2013. The Global Divide on Homosexuality: Greater Acceptance in More Secular and Affluent Country. Retrieved from <http://www.pewglobal.org/2013/06/04/the-global-divide-on-homosexuality/>.
- Portlock, Sarah. 2015. "Gender Wage Gap in Eight Charts." *Wall Street Journal*, April 14. Retrieved from <http://blogs.wsj.com/economics/2015/04/14/the-gender-wage-gap-in-eight-charts>.
- Razak, Aidila. 2012. "PM: No Need for Women's Rights Movement in M'sia." *Malaysia Kini*, October 2. Retrieved from <https://www.malaysiakini.com/news/210484>.
- Reych, Zofia. 2016. "Malaysia: Female Genital Mutilation on the Rise." Stop FGM Middle East, June 22. Retrieved from <http://www.stopfgmmideast.org/tag/malaysia>.
- Segaran, M. Kula. 2006. "Gender Equality in Malaysia Still Way Behind." Retrieved from <http://www.dapmalaysia.org/english/2006/marc06/bul/bul2950.htm>.
- Shah, Shanon. 2013. "The Malaysian Dilemma: Negotiating Sexual Diversity in a Muslim Majority Commonwealth State." In *Human Rights, Sexual Orientation and Gender Identity in the Commonwealth: Struggles for Decriminalisation and Change*, edited by Corrine Lennox and Matthew Waites, 261–282. London: Institute of Commonwealth Studies.
- Sinniah, D., F. M. Chon, and J. Arokiasamy. 1980. "Infant Feeding Practices among Nursing Personnel in Malaysia." *Acta Paediatrica* 69.4: 525–529.
- Sipalan, Joseph. 2015. "As National Birthrate Declines, Malaysians Urged to Make More Babies." *Malay Mail*, May 25. Retrieved from <http://www.themalaymailonline.com/malaysia/article/as-national-birthrate-declines-malaysians-urged-to-make-more-babies>.
- Sun-Lyn, Boo. 2014. "Malaysia's Missing Women Workers." *Malay Mail*, July 1. Retrieved from <http://www.themalaymailonline.com/malaysia/article/malaysias-missing-women-workers>.
- Talib, Johari, Maharam Mamat, Maznah Ibrahim, and Zulkipli Mohamad. 2012. "Analysis on Sex Education in Schools across Malaysia." *Procedia-Social and Behavioral Sciences* 59: 340–348.
- Thapa, Shyam, and Nancy E. Williamson. 1990. "Breast-Feeding in Asia: An Overview." *Asia-Pacific Population Journal* 5.1: 7–25.
- UNDP (UN Development Programme). 2014. "Human Development Reports: Gender Inequality Index." Retrieved from <http://hdr.undp.org/en/composite/GII>.
- UNFPA-UNICEF. 2012. "Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change." Retrieved from https://www.unfpa.org/sites/default/files/pub-pdf/UNICEF-UNFPA%20Joint%20Programme%20AR_final_v14.pdf.
- UNICEF. 2015a. "State of the World's Children Country Statistical Tables." Retrieved from http://www.data.unicef.org/corecode/uploads/document6/uploaded_pdfs/corecode/SOWC_2015_all-countries-update_214.xlsx.
- UNICEF. 2015b. "Gender Equality in Malaysia: Fact or Fiction?" Retrieved from http://www.unicef.org/malaysia/media_features2015-gender-equality-in-malaysia-fact-or-fiction.html#.Vv4ahaQrLnB.
- U.S. Department of State. 2015. "Malaysia: 2015 Trafficking in Persons Report." Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/countries/2015/243485.htm>.
- WHO (World Health Organization). 2016. "Female Genital Mutilation: Fact Sheet." Retrieved from <http://www.who.int/mediacentre/factsheets/fs241/en>.
- Windows on Asia. 2014. "Malaysia: Religion." Retrieved from http://asia.isp.msu.edu/wbwoa/southeast_asia/malaysia/religion.htm.

- World Bank. 2016. Proportion of Seats Held by Women in National Parliaments (%): Malaysia. Retrieved from <http://data.worldbank.org/indicator/SG.GEN.PARL.ZS?locations=MY>.
- Yee, Chye Fook, and Rebecca Chin. 2007. "Parental Perception and Attitudes on Infant Feeding Practices and Baby Milk Formula in East Malaysia." *International Journal of Consumer Studies* 31.4: 363–370.
- YES Program. n.d. *Handbook for U.S. Host Families of Malaysian Participants*. Retrieved from <https://www.afswiki.org/w/uploads/8/81/HostFamilyHandbook-MalaysianStudents.pdf>.
- YFU (Youth for Understanding U.S.A.). n.d. "Malaysia." Retrieved from http://online.yfuusa.org/media/yes_lounge/Malaysia.pdf.
- Y-Sing, Liao. 2014. "Mothers Wanted Back in Workforce as Malaysia Seeks Growth." Bloomberg, August 20. Retrieved from <http://www.bloomberg.com/news/articles/2014-08-19/malaysia-seeks-to-draw-women-back-to-work-southeast-asia>.

Maldives

Overview of Country

Maldives is a double chain of 26 natural atolls, oriented north to south, in the Indian Ocean and Arabian Sea in Southern Asia, to the south and southwest of India. The country consists of 1,190 coral islands stretched over 34.75 square miles (900 sq. km). Maldives is the smallest Asian country and is nearly twice the size of Washington, D.C. (USAID 2015).

The Maldives' location near the equator contributes to the islands' tropical climate. There are two seasons: wet and humid, and dry. This geography also provides the Maldivians' main sources of commerce: tourism and fishing (CIA 2015). Tourism began early in the 1970s and is prospering with 70 resorts located among the 26 atolls. However, Maldives' proximity to the ocean has left it susceptible to several global issues, including rising sea levels, climate change, global warming, limited water resources, and one natural disaster—the 2004 tsunami (CIA 2015).

In the early 2000s, the Human Development Index (HDI) of the Maldives has gradually increased. The United Nations classified the Maldives as a lower middle-income country. The HDI measures average achievement in basic human development capabilities, and the Gender Development Index (GDI) adjusts this to reflect the inequalities between men and women. At 0.767 (2007 index), the GDI is almost equal (99.5 percent) to the HDI and ranks the Maldives 47th of 155 countries in the both HDI and GDI values (UNDP 2010).

Because of their continuous contact with surrounding countries, such as India and Pakistan, Maldivians originate from the Indo-Aryan peoples. Nonetheless, because of its locations near India, Africa, and South Asia (Singapore, Malaysia, Thailand, and Cambodia), the population is ethnically and culturally diverse. Ethnic groups include South Indian, Sinhalese, Dravidian, Negrito, Caucasian, and Arab (CIA 2015).

The one official written language, Dhivehi, was derived from Arabic and spoken by the first settlers. English is spoken by government officials and taught in a few schools, but it is not an official language (USAID Maldives 2016).

In July 2014, the population was 393,595 (54% male), with most Maldivians under the age of 54. The median life expectancy is 75 years (CIA 2015).

Overview of Women's Lives

Women hold prominent positions in government, business, and education and can pursue secondary education. Despite these opportunities, women still face unequal treatment in many areas, including but not limited to inequality in religion, sexuality, and extramarital sexuality.

Post-Tsunami 2004

Following the tsunami in 2004, the UN Children's Fund (UNICEF) and the World Health Organization (WHO) evaluated Maldives' countrywide achievement of Millennium Development Goals. Nutrition was first to be evaluated, and it was clear Maldives had reduced the number of people suffering from hunger; however, children and infants remained affected by lack of nutrition. Following the tsunami, 19 percent of children were diagnosed as stunted or had a low height-for-age ratio. In a 2007 report, 81 percent of infants younger than six months old received water, nonmilk liquids, and breast milk mixed with water, which contributed to stunting (WHO 2016).

Currently, UNICEF, in collaboration with the Maldivian government, is providing instruction to mothers regarding nutrition as well as nutrition supplements to children to prevent stunting and reduced height (UNICEF 2015).

Girls and Teens

In 2014, an estimated 20 percent of Maldivians girls were under 18 years old (UNICEF 2015). The quality of life has improved since 2000; many girls and teens receive quality education, over 60 percent advance to secondary school and college, and many receive proper medical care in Malé

and the outer atolls (UNICEF 2015). The Ministry of Education has also presented plans to the United Nations to improve and encourage educational opportunities for all. Prior to 2012, many teens would need to leave Maldives for college and university studies upon completion of secondary education. Maldives established the College of Higher Education, and in 2011, the college was expanded in Maldives National University. This provided an opportunity for many lower and middle socioeconomic students to participate in undergraduate- and graduate-level courses (MNU 2016; UNICEF 2015).

According to the Maldives National Bureau of Statistics, 93 percent of young women 15–19 years old are not married. According to Maldivian law, the legal age of consent to marry is 18 years of age. If a young woman desires to marry prior to age 18, special consent must be given by the marriage registrar at the marriage court.

UNICEF reported that since 2008 there has been a steady increase of rapes and other forms of violence (domestic violence, bullying, and sexual harassment) against young girls and teenagers. An outcome of violence is sexually transmitted diseases and HIV/AIDS. Although few individuals have HIV/AIDS, the Ministry of State for Gender, Family, and Human Rights is concerned about the potential for an HIV epidemic among teens. In a positive light, many are becoming educated about the risks and using safe practices (UNICEF 2015; World Bank 2016).

Health

Access to Health Care

Maldives has worked directly with the United Nations to accomplish the Millennium Development Goals (MDG) for health care. Progress in reducing child mortality and

battling HIV/AIDS, malaria, and other diseases is documented among all the atolls. Additionally, beginning in 2015, licensing exams for practicing doctors were required for all atolls in Maldives (UNDP 2010).

From 2000 to 2012, Maldivians have seen an increase in the average life expectancy, which was 72 years in 2010. Infant mortality was 24 per 1,000 births (UNDP 2010). Over the past several years, life expectancy for men has increased from 70 years to 73 years and from 70 years to 75 years for women (WHO 2016). Several factors together brought about this improvement, including improved access to health care, diagnostic services, and other health services, such as labor and delivery, emergency services, and improvement in specialized medical programs, such as cardiology and cancer. Finally, healthier lifestyles and health awareness have emerged within the atolls (WHO 2016).

Fertility rates are falling in Maldives. In 2000, the birth rate was almost 7 births per woman. In 2006, Maldives decreased dramatically to 2.1 births per woman (CIA 2015). The decline was more pronounced in rural atolls when compared with the capital city of Malé. As infants born before 2000 are reaching reproductive age, the crude birth rate (number of children born overall) is expected to increase, but the birth rate per woman is expected to remain low.

The crude death rate (CDR) has steadily declined and stabilized at 4 per 1,000 people during the last decade. The significant decline in CDR was mainly associated with the decline in infant and child mortality rates over the last two decades. Access to better health care, the expansion of better health services to the atolls, and effective immunization programs have played a major role in decreasing child death rates (UNICEF 2015).

According to the country statistics, in 2009, 93 percent of children ages 12–23 months were fully immunized.

Crude Birth and Death Rates

Crude Birth Rate

Crude birth rate (CBR) indicates the number of live births occurring during the year per 1,000 people, estimated at midyear. Subtracting the crude death rate from the crude birth rate provides the rate of natural increase, which is equal to the rate of population change in the absence of migration.

Crude Death Rate

Crude death rate (CRD) is the number of deaths occurring among the population of a given geographical area during a given year per 1,000 midyear total population of the given geographical area during the same year.

Ninety-five percent of the women had prenatal and postnatal care and delivered in a hospital or care facility attended by a skilled or licensed health care worker. Maldives is making a significant effort to encourage all women to seek postnatal care 40 days after giving birth (Ministry of Health 2014).

Newborn Delivery and Postnatal Care

Prenatal and perinatal care has increased in the early 2000s. According to statistical data from the Ministry of Health in Maldives (2014), 95 percent of women deliver in a health facility and are attended by a skilled provider, including a gynecologist, doctor, nurse, midwife, or community or family health worker. Unfortunately, only 46 percent of mothers have a postnatal checkup within 4 hours of the delivery, 21 percent had a postnatal checkup within 2 days, and 6 percent had no postnatal checkup within 41 days of delivery (MOHF 2009). Despite the high number of mothers delivering with skilled professionals, family demands and living in rural atolls, including outside of Malé where many professionals are based, means mother and baby often do not receive the necessary postnatal care. The Ministry of Health is continuing to try and find solutions to ongoing problems (Ministry of Health 2014).

Disease and Disorders

Maldives has made notable strides to be disease free. According to the Centers for Disease Control and Prevention (CDC), there have been no indigenous cases of malaria in Maldives since 1984. Children are vaccinated for polio, neonatal tetanus, whooping cough, and diphtheria. The country is making progress in eliminating leprosy, a chronic disease caused by bacillus attacking the skin and nervous system, and filaria, a parasitic disease spread by flies and mosquitoes (CDC 2014). Significantly, there has not been a case of filaria reported in Maldives during the past three years.

Dengue fever, diarrheal diseases, and acute respiratory infections (ARI) continue to plague the children and adults of Maldives. In 2012, ARI; viral fever (a virus that causes body and muscle aches, a fever, nasal congestion, cough, and vomiting); and diarrheal diseases were the communicable diseases most reported, amounting to 694 incidents per 100,000 people. Typhus, a fever caused by a parasite, and toxoplasmosis, an infection that causes flu-like symptoms, are also endemic in Maldives (CDC 2014).

Maldives is in the process of evaluating and rebuilding irrigation, sanitation, and waste management facilities destroyed by the 2004 tsunami (Ministry of Health 2014).

Sex Education, Teen Pregnancy, and Abortion

In 2012, the Department of National Planning completed a 10-year study indicating that because of the high number of unsafe abortions, rising infanticide, and increasing rates of sexually transmitted diseases, including HIV/AIDS, Maldivian youth need more sex education and expanded access to reproductive health services. Contraception use among married couples was found to be “relatively low,” with only 27 percent of married women using modern prevention, such as birth control and intrauterine devices (IUDs). Husbands often control wives’ health decisions, usually citing religious and cultural ideology as the basis for their beliefs.

Sports and Recreation

In 2011, 27 young women established the first Maldivian women’s national football (soccer) team. With support from Switzerland and the UN Development Programme (UNDP), the Football Association of Maldives launched a project to increase women’s participation in sports. The United States provided additional support of USD\$4.1 million to encourage sports as a tool for women’s empowerment (UNDP 2010). Despite the initial negativity, the team’s greatest goals have been to create a national football team and play in it. Earlier generations of women, mothers, and grandmothers never dreamed of playing professional football; however, because of new initiatives launched in September 2010 that break gender stereotypes, the team has played a series of games with Qatar, India, and Myanmar, among others (FIFA 2015).

Education

On November 11, 1968, the Ministry of Education in Maldives was established by Parliamentary Act 3 of 68. In 1978, Maldives unified its education system, which had previously been split by atolls. Several goals were created to be completed within four decades. In 2008, some of the goals were completed when the People’s Majlis (Parliament) adopted a new constitution that gave structure and organization to education. Preschool education is two years and is usually held in private homes where children ages four to five years old are taught the Koran with

qualified teachers. Primary education begins at age six in a traditional school and lasts seven years. The instruction includes basic education in all academic areas, such as mathematics, languages, arts, and science. Koran studies are held after school within family homes, and classes are divided based on age and sex (Ministry of Education 2016). Secondary schooling is divided into two levels: lower (grades 8–10) and upper (grades 11–12). Following a test given in 12th grade, it is determined whether university studies are appropriate for students. Maldives does not have universities, so most students continue their schooling in England or India (UNESCO-IBE 2011).

The educational act established several goals from preschool to secondary education (UNESCO-IBE 2011), including raising literacy rates to 70 percent for both males and females, increasing the primary education rate to 98 percent, and increasing the quality of teachers.

In 2014, 35 percent of Maldivian female adolescents were enrolled in school, but according to the *CIA World Factbook* (2015), most girls leave school at age 13. However, 2011 statistics indicate that 98 percent of 15-year-old girls successfully passed the country's literacy tests (UNESCO-IBE 2011). Child-supportive teaching became very successful, and many island communities joined voluntarily. A countrywide government initiative expanded an education program to support young women focused on achieving secondary school. This has enabled the girls and young women in preschool and primary schools to be fully engaged in their future educational goals (UNICEF 2015).

Educational conditions outside Malé are more difficult for all children. Libraries are nonexistent, and other learning materials are scarce. Separate restrooms for girls are usually unavailable, making it difficult for young women to attend school during menstruation. This is a major reason why adolescent girls go to school sporadically or even drop out altogether. The number of secondary schools is limited, and students typically have to live away from home to attend secondary school. Families are often reluctant to have daughters away from home, especially when considering the cost of travel, room, and board (UNDP 2010).

Children with Disabilities

In 2009, it was estimated that more than 6,000 children ages 2–9 had some type of disability—mobility, speech, and hearing being the most common (MOHF 2009). Children with disabilities typically have little or no access to services, especially outside Malé. Appropriate education, basic health

services, and future livelihood are invisible to those without caring parents or educators. Additionally, those with disabilities without supportive homes and provisions for future monetary support are left without even basic necessities. In 2001, the “First Steps” Early Childhood campaign was established to change the conditions for children with disabilities. An evaluation of its effectiveness was completed by UNICEF and noted that attitudes and behavior changed in Maldivians linked to the campaign (Kolucki 2005).

In 2004, UNICEF, with support from the Ministry of Education, created a plan with several solutions to improve education in Maldives. Twenty Teacher Resource Centres (TRCs) spread throughout the 1,900 atolls are equipped with broadband Internet and enable teachers access into national and global teaching communities. Child-friendly teaching methods have reduced costs because technology cuts down on the use and cost of expatriate teachers. The TRCs are available to all students in rural and urban populations, and one teacher is always available to answer questions with children. This has improved educational skills throughout all the atolls, especially since the tsunami in 2004, when many children were displaced (UNICEF 2015).

A few years later, the World Health Organization (WHO), under direction by Disability and Rehabilitation (DAR), created an initiative “to enhance the quality of life for persons with disabilities through national, regional, and global efforts” (UN 2011). Its purposes were to provide entry into the education system and identify impairments and provide appropriate support (UNICEF 2015). The DAR initiative is ongoing today in Maldives.

Employment

Over the past several years, women have remained underrepresented in social and economic life in Maldives. The first shift of opportunity occurred when Maldives established a new program with the support of the UN Development Programme (UNDP) called Employment and Enterprise Development for Women and Youth. The program began in 2011 and continues through 2015 (UN 2011). The overall purpose is to strengthen and provide economic opportunities to vulnerable groups, such as women and youth in rural areas. This will also provide new employment opportunities and services, such as a national framework focused on tourism to improve employment and labor opportunities for women (UNDP 2010).

In recent years, Maldives has become a middle-income country thanks to the rapid growth of tourism and fisheries

combined with a parliamentary amendment legalizing foreign ownership of land bringing in USD \$1 billion. The expansion of these opportunities has provided many women and men with opportunities for expanded employment, formally and informally. Women still participate in thatch weaving, the practice of weaving coconut leaves together for fishing nets, rooftops, and supports for other plants (CIA 2017).

One area that is lacking is child care facilities. With the increase in employment opportunities, challenges for women to remain employed following the birth of children and proper supervision have arisen. Therefore, many women have shifted to the informal sector, home-based careers, or contributing to the family. Almost 90 percent of women are self-employed in cottage industries, making woven mats, clothing, and handicrafts (Everyculture.com 2016; Quinn 2011).

The government employs the largest number of people. Sixty-two percent of men are employed by the government versus 38 percent of women. However, of those women in government, 54 percent of the government jobs focus on the education, health, and welfare sectors. The education sector employs the second-highest number of women, with women teachers dominant in the primary and tertiary levels.

Although the female labor force is growing, the unemployment rate for women continues to be three times higher than for men. In 2009, 8 percent of men were unemployed compared to 24 percent of women. Nearly half the employed women in the atolls and 40 percent of employed women in Malé fall into the category of home-based, own-account workers or contributing family workers.

Despite provisions in the constitution and the 2008 Employment Act, no policies were in place to provide equal opportunities for women's employment. The absence of child care facilities has made it difficult for women to remain employed after having children. It is frowned upon for women to stay on resort islands for extended periods, and they are discouraged from working at tourist resorts (Suood 2015). Some employers discourage women from marriage or pregnancy, telling them it could result in employment termination or demotion (UN 2011).

Family Life

Marriage

The Maldivian Family Act passed on December 27, 2004. According to the law, Maldives' legal marriage age is 18,

although according to a report for the Rights of Children and Children's Court, marriage before 18 has increased among young women. In 2009, the country showed a 4 percent increase in marriage among young girls 14–18 years of age (MOHF 2009). Despite the law, it is relatively easy for young women under 18 years to get married. They are required to complete the application to marry, and the Registrar of Marriages makes the decision based on the following criteria: (a) whether the youth has attained puberty, (b) whether they are in good physical health, (c) and whether their spouse is able to maintain a livelihood (AG Office 2004).

Each time a man seeks marriage to an additional spouse, he must petition the Registrar of Marriage, showing proof of financial viability. The law has several links with Islam. First, sexual relations for women and men before a first marriage are illegal. Women may not marry an excess of three times in any circumstance, including during widowhood, and widows must wait 4 months plus 10 days before marrying again. Men and women are restricted from marrying anyone outside the Muslim faith, and the court must confirm both individuals have never married outside the country. If an individual violates any of these conditions, punishments are outlined by parliamentary rule. Violation of the law can result in severe punishment, such as long-term imprisonment or stoning (AG Office 2004).

Despite the regulations to marry in Maldives, obtaining a divorce is simple. A husband or wife only has to petition a judge, and it is complete. The following reasons for divorce are established within the Family Act: "I. Commission of an act by the husband that injures the integrity of the wife; II. Cruelty by husband toward a wife; III. The compulsion by husband toward a woman to commit an act unlawful by religion; IV. Abstinence by husband, without just cause, from performing sexual intercourse with the wife for a period exceeding four months" (AG Office 2004). In terms of custody, a mother is entrusted with care of her children provided she is a Muslim, of sound mind, capable of providing the compassion and care necessary for raising the child, and not involved in the commission of vice acts prohibited in sharia. Vices include abuse, violence, and husband's unemployment. Due to the simplicity of obtaining a divorce by both men and women, Maldives divorce rate has escalated since 2011. The National Bureau of Statistics estimated that 10.97 of 1,000 people, or approximately 11 percent of the country, has been granted at least one divorce (Ministry of Finance and Treasury 2016).

Women in Society

Despite the emergence of opportunities, a status on gender roles from the United Nations (2012) reported that traditional roles of men and women remained intact (UNDP 2010). Traditionally, the woman remains at home as a wife and mother. Domestic burdens are traditionally high due to the care of extended families, particularly in rural areas. These duties involve domestic responsibilities with children, including those of the second or third wives and aging parents (UN 2011).

Politics

Maldives was first discovered in the 12th century by Europeans and non-Arabs. Previously, Maldives had been established as a sultanate, indicative of its Arabic roots. In 1887, Maldives became a British Protectorate, and in 1968, it was declared a republic (CIA 2015). Maldivians were entitled to vote, and supreme power rested with the parliamentary group; Maldivians were given independence three years later. President Maumoon Abdul Gayoom ruled for 30 years (six terms) through a series of single-party referendums. In August 2003, political demonstrations in Malé, the capital of Maldives, changed the political system and expanded political freedoms. Between 2005 and 2008, two major political changes occurred. Political parties were organized, and a “Special Majlis” (Constitutional Assembly) was established. Maldives created a constitution and elected a president. President Gayoom was defeated in the polls by President Nasheed. In late 2012, President Nasheed resigned and turned power over to Vice President Mohammed Maniku, who remained the president in 2014 (CIA 2015). In 2013, a new election was held among all the atolls of Maldives and President Abdulla Yameen. Abdul Gayoom was elected from the Progressive Party of Maldives (PPM). President Gayoom who had served as the incumbent president prior to being elected, is the head of state, Commander-in-Chief of the Armed Forces and the Police (Presidency Maldives 2013).

Religious and Cultural Roles

By law, Maldives has only one religion: Sunni Islam. Even though Maldivians actively practices Sunni Islam from birth and throughout school, they practice a reformed Islam, which allows women to remain unveiled, permitting multiple divorces between men and women, and allowing

women to obtain land. Educationally, children within the ages of four and five years gather at private homes, known as a *madrassa*, established by the Ministry of Education. The Koran, among other subjects, is taught to young children by fully trained teachers. Religious education continues after school as students advance, and it is primarily taught in the home (UNESCO-IBE 2011).

Religious Freedom and Liberty

The constitution and other policies in Maldives strictly forbid the practice of any other religion. Additionally, government jurisdiction enforces the restrictions placed on persons living in Maldives. Throughout the years, there have been increasing reports of abuse of religious freedom, religious intolerance, and pressure to conform to a stricter practice of Islamic practice (International Religious Freedom Report 2012). All citizens are required to practice their religion in private or at a mosque, especially during the tourist season. The 800,000 tourists who visit annually and the 100,000 foreign workers from Bangladesh, Sri Lanka, India, and Pakistan are also encouraged to practice in private.

Within the country, the Protection of Religious Unity among Maldivians Act states that both the government and people must protect religious unity within the country. Even though Maldives has opened its atolls to many nations, religiously it adheres to one religious ideology, Sunni Islam. The government has passed the Protection of Religious Unity with the aim to protect Maldivians from hearing outside Western religions, prohibit sermons that many be interpreted as racially or gender discriminatory, prevent access to education or health services (blood transfusions from a nonbeliever) in the name of Islam, and prevent hatred toward people of any other religious affiliation (International Religious Freedom Report 2012). Items such as Bibles, Christmas cards, and alcoholic items cannot be sold, and marriage to non-Muslims is restricted. Maldivians are not allowed to share religious ideology as well. The breaking of any laws can result in imprisonment for two to five years, depending on the severity.

Issues

Maldivians face increasing poverty, drug abuse, decreasing democracy, and restrictive religious freedom among the population, and a number of government officials have committed criminal acts. Additional problems relating

to climate change include low elevation, threatening sea-level rises affecting fishing, depletion of freshwater, global warming, coral reef bleaching, and effects from the tsunami in 2004 (CIA 2015).

Global Issues

Maldives is known for its white-sand beaches and extensive coral reefs. It does not maintain ground surface higher than 10 feet (3 meters) above sea level. This makes Maldives and its atolls the flattest country on earth and susceptible to rising sea levels and coastal flooding (UCS 2011). The Ministry of Environment and Energy has aided the country in adapting to rising seas, especially after the tsunami in 2004. Some of these measures include protecting valuable groundwater and increasing rainwater harvesting. Finally, the increasing elevation of critical infrastructure has greatly affected schools, government buildings, and public buildings commonly used in times of crisis (Ministry of Environment and Energy 2016).

Water Resources

Freshwater resources are extremely limited on Maldives. Maldives' northeast and southwest monsoon seasons from November to September supply the atolls with an average rainfall of 75 inches (1,900 mm) annually. The freshwater supply is scarce, particularly in rural areas. According to the Maldives Water and Sanitation Authority (MWSA), finding suitable drinking water is challenging. Groundwater is continually replenished by the rain; however, when it infiltrates the soil, it becomes contaminated by human waste and organic products (FAO 2009).

Rainwater is collected from rooftops and stored in different types of containers in rural areas. Within Malé, people use purified water for drinking, cooking, bathing, and daily uses. Groundwater is used for restrooms and outdoor purposes. Additionally, those with limited finances collect rainwater and tap into bays around the island (FAO 2009).

Violence, Domestic Abuse, and Human Trafficking

Women of all ages in Maldives face violence in many forms and in many arenas: at home, in public, in the workplace, and in the community. In 1993, Maldives signed the Convention for the Elimination of All Forms of Discrimination against Women (CEDAW), committing to its implementation. With the aid of UNICEF, television programs have discussed issues of violence, abuse, and human trafficking

of children, young women, and older women. These crimes are challenging to prove because of religious ideologies that consider women and children to be property (shariah law). In 2008, violence against women steadily increased, especially against young women. In 2011, 261 cases of violence against children and young women were reported, but the police estimate there were several hundred to thousands more unreported (UNICEF 2015).

UNICEF is working with the government and social workers to raise awareness and establish a child abuse prevention program under the Ministry of State for Gender, Family and Human Rights. It is a three-year program to protect children, both in school and at home. The program trains social workers about how to address child abuse in a timely manner, which may include (a) placing children or young women in 1 of the 10 Family and Child Service Centres established by the Ministry of Gender and Family, (b) assisting families in overcoming drug abuse and family breakdowns, and (c) setting up direct counseling for individuals and families. Social workers in Maldives are frequently the most able to assist in emergencies (UNICEF 2015).

Maldives has made considerable improvements and shown support for the Millennium Development Goals (MDG) by providing adequate health and wellness, improving education to those in outside atolls, and finding solutions to poverty and hunger, especially in newborns and young children. With the assistance of WHO and UNICEF, Maldives has and will continue to combat malaria, leprosy, dengue fevers, diarrheal diseases, and acute respiratory infections (WHO 2016). The country continues to search for and improve island conditions, such as thermal conditions, shortages of freshwater, and additional problems with its second major industry, fishing, all of which will contribute to improving the conditions of women's lives.

LORI A. LOESCH

Further Resources

- AG Office. 2004. "Family Act of Maldives." Retrieved from <http://www.agoffice.gov.mv/pdf/sublawe/Family.pdf>.
- CDC (Centers for Disease Control and Prevention). 2014. "Health Information for Travelers to Maldives." Retrieved from <http://wwwnc.cdc.gov/travel/destinations/traveler/none/Maldives>.
- CIA (Central Intelligence Agency). 2015. "South Asia: Maldives." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/resources/the-world-factbook/index.html>.
- Everyculture.com. 2016. "Countries and Their Cultures: Maldives." Retrieved from <http://www.everyculture.com/Ja-Ma/Maldives.html>.

- FAO (Food and Agriculture Organization). 2009. *Maldives*. Retrieved from http://www.fao.org/nr/water/aquastat/countries_regions/mdv/MDV-CP_eng.pdf.
- FIFA.com. 2015. "Maldives: Football Association of Maldives." Retrieved from <http://www.fifa.com/associations/association=mdv>.
- Kolucki, Barbara. 2004–2005. "High Praise for Disability: Inclusive Early Childhood Campaign in Maldives." *Disability World* 26 (December–February). Retrieved from <http://www.blindcanadians.ca/publications/cbm/22/high-praise-disability-inclusive-early-childhood-campaign-maldives>.
- Madhok, Rajat. 2012. "Addressing Rising Violence against Girls and Women in Maldives." UNICEF, October 11. Retrieved from http://www.unicef.org/rosa/protection_7972.htm.
- Ministry of Education. 2016. Retrieved from <http://www.moe.gov.mv/en/page>.
- Ministry of Environment and Energy. 2016. Retrieved from <http://www.environment.gov.mv/v1>.
- Ministry of Finance and Treasury. 2016. "National Bureau of Statistics Maldives." Retrieved from <http://www.planning.gov.mv>.
- Ministry of Health. 2014. "Maldives Health Profile." Retrieved from http://www.health.gov.mv/publications/13_1395305886_Maldives_Health_Profile_2014_final_final.pdf.
- MNU (Maldives National University). 2016. "History." Retrieved from <http://mnu.edu.mv/history>.
- MOHF (Ministry of Health and Family). 2009. *2009 Maldives Demographic and Health Survey*. Retrieved from http://www.cdc.gov/nchs/ppt/citygroup/meeting12/WG12_Session6_2_AbdulHakeem.pdf.
- The Presidency: Republic of Maldives. 2013. President Abdulla Yameen Abdul Gayoom. Retrieved from <http://www.presidency.maldives.gov.mv/Index.aspx?lid=171>.
- Quinn, Ingrid. 2011. *Women in Public Life in the Maldives: Situational Analysis*. Retrieved from http://www.undp.org/content/dam/maldives/docs/Democratic%20Governance/Women_in_Public_Life_Report.pdf.
- Suood, Husnu. 2015. "Employment Law in Maldives." Retrieved from <http://suoodanwar.blogspot.com/2015/03/employment-law-in-maldives.html#!/2015/03/employment-law-in-maldives.html>.
- UCS (Union of Concerned Scientists). 2011. "Climate Hot Map: Global Warming Effects around the World." Retrieved from <http://www.climatehotmap.org/global-warming-locations/republic-of-maldives.html>.
- UNDP (UN Development Programme). 2016. "Human Development Reports: Maldives Human Development Indicators." Retrieved from <http://hdr.undp.org/en/countries/profiles/MIDV>.
- UNDP (UN Development Programme). 2010. "Millennium Development Goals: Maldives Country Report 2010." Retrieved from [http://www.unicef.org/maldives/MDG_report_final_\(july_11\).pdf](http://www.unicef.org/maldives/MDG_report_final_(july_11).pdf).
- UNESCO. 1989. *Status of Women: Maldives*. Bangkok, Thailand: UNESCO Principal Regional Office for Asia and the Pacific. Retrieved from <http://unesdoc.unesco.org/images/0008/000853/085382eo.pdf>.
- UNESCO-IBE. 2011. "Maldives." In *World Data on Education*, 7th ed. 2010/11. Retrieved from <http://www.ibe.unesco>

[.org/fileadmin/user_upload/Publications/WDE/2010/pdf-versions/Maldives.pdf](http://www.ibe.unesco.org/fileadmin/user_upload/Publications/WDE/2010/pdf-versions/Maldives.pdf).

UNICEF. 2015. "State of the World's Children: Country Statistical Information." Retrieved from http://www.unicef.org/infobycountry/maldives_maldives_statistics.html.

USAID. 2015. "U.S. Relations with Maldives: Bureau of South and Central Asian Affairs Fact Sheet." Retrieved from <http://www.state.gov/r/pa/ei/bgn/5476.htm>.

U.S. Department of State. 2016. "International Religious Freedom Report: Maldives." Retrieved from <https://www.state.gov/j/drl/rls/irf/religiousfreedom/index.htm#wrapper>.

WHO (World Health Organization). 2016. "Maldives." Retrieved from <http://www.who.int/countries/mdv/en>.

World Bank. 2016. "Maldives." Retrieved from <http://www.worldbank.org/en/country/maldives>.

Melanesia

Overview of Region

Melanesia is a region in Oceania; the Andesite Line, a geological feature of extreme volcanic and seismic activity, separates Melanesia from Polynesia in the east and from Micronesia to the north. Melanesia derives from the Greek *melas* (black) and *nesoi* (islands) due to the dark skin of its inhabitants (Kahn and Keesing 2016). Melanesia is made up of several island countries; countries within Oceania are generally referred to as Pacific Island countries (PICs). Vanuatu was jointly managed by France and the United Kingdom for almost a century before becoming independent in 1980. The Solomon Island chain includes the countries of Papua New Guinea and the Solomon Islands, the latter formerly a protectorate of the United Kingdom. The island of New Guinea is politically divided; the western half is an Indonesian province called Irian Jaya, and the eastern half is the independent nation of Papua New Guinea (PNG). Fiji was a crown colony of the United Kingdom from 1874 until gaining independence in 1970. Additionally, Melanesian contains New Caledonia (collectivity of France) and the Maluku Islands (Indonesia) (Countries and Their Cultures 2016).

Historically, Melanesia was a "meeting ground of two cultural traditions and populations: Papuans and Austro-nesians" (Kahn and Keesing 2016, para. 11). Evidence of the Papuans dates back at least 40,000 years. Papuans were hunter-gathers who had adapted to the tropical rain forest and inhabited the landmass, which became modern New Guinea. Pottery, tools, and shell ornaments distinctive of the Lapita culture provide evidence of their presence in this

region. Papuan descendants all speak languages belonging to several families, all categorized as Papuan languages. Papuans spoke a language related to those spoken in the Philippines and Indonesia. These long-distance sea travelers eventually spread to Polynesia and Micronesia.

Austronesians (Lapita) were expert sailors and navigators. They were governed by a hereditary chief system, and these chiefs possessed both political and religious authority. The religious systems practiced were complex and had commonalities with those practiced in western Polynesia. The Papuans inhabited the Bismarck Archipelago (east of New Guinea) when the Austronesians first arrived there. There is evidence of economic exchange between Austronesians and Papuans; therefore, genetic and cultural exchanges were also likely. Contemporary Melanesian people and cultures are likely the result of such exchanges (Kahn and Keesing 2016).

Europeans began colonizing Melanesia in 1660, when the Dutch assumed sovereignty over New Guinea. Over the following centuries, the United Kingdom, the Netherlands, Australia, Germany, and Japan all established colonies that disrupted traditional trade systems, intensified existing intercommunity warfare, reduced populations due to introduction of new diseases and indentured servitude, and eroded traditional systems of leadership and authority; such disruptions continue to have impacts on modern Melanesian societies. Due to the remoteness of some areas (i.e., the interior highlands of New Guinea), Western influence came to some Melanesian societies as late as the 1950s (Kahn and Keesing 2016).

Not all Melanesian islands are independent nations, nor do they all have comprehensive systems for collecting and reporting data; therefore, indicators and statistics are not available and reported for each. In 2015, Vanuatu had a Gender Development Index (GDI) of 0.903. Fiji had a 2015 GDI of 0.941 and a Gender Inequality Index (GII) of 0.418. PNG had a 2015 GII of 0.611 (UNDP 2016a, 2016b, 2016c). In 2015, Fiji ranked 121st out of 145 countries with a Global Gender Gap Index of 0.645 (World Economic Forum 2015). By international standards, women in the Pacific face significant gender inequality (AusAID 2011).

Girls and Teens

In PICs, children generally have the lowest social status; due to the relatively high gender inequality in Melanesian societies, young girls are typically at the bottom of the social hierarchy. Therefore, girls are socialized to have a sense of inferiority, resulting in a lack of development of

opinions or choices; in many areas, Melanesian girls are taught to never question male authority (Ali 2006).

Early, Forced, and Custom Marriages

Most Melanesian countries allow marriage for girls between 14 and 16 years old with parental consent and for boys between 16 and 18 years old. Early marriage can have detrimental, long-lasting effects upon girls' education, health, and physical and emotional well-being (Morales 2015). Both forced and early marriage are often associated with each other. Women at or above the legal age of consent are also often forced to wed. Customary marriage is still widely practiced in many Melanesian communities, and due to the remoteness of many communities, there is often no legal protection for young boys or girls marrying by custom. A custom marriage may have no legal requirements, but traditional practices will likely take place so that the marriage will be accepted and recognized within the tribe or community (e.g., payment of bride-price, feasting). In some parts of Melanesia, customary law allows girls to be married at puberty, as young as 12–13 years old (Ali 2006; Morales 2015). In Fiji, about 27 percent of Muslims enter into *nikah* without legalizing their marriages. In 1994, almost 20 percent of Indo-Fijian girls were removed from school between the ages of 15 and 16 years old and forced into arranged marriages, often to overseas nationals in the hope of securing a better life overseas. In some parts of Vanuatu, it is customary for a murderer's family to give the victim's family a girl child for the purposes of marriage as amends. Where large-scale logging industries have developed, a new form of customary marriage has arisen. In the Solomon Islands, girls as young as 11 and 12 years old are sometimes forced to marry loggers (often foreign and much older) because parents can demand a significant bride-price. When these "logging brides" become pregnant, their husbands often leave, moving on to another logging camp to repeat the practice (Jalal 2009).

Custom marriage can be overruled when it violates legal minimum marrying age, but it is rarely challenged in courts. The legal pluralism that allows customary law to exist alongside formal, conventional legal systems makes protecting young women difficult. For example, customary law in Solomon Islands has constitutional status. Many Melanesians are unaware of the existence of laws governing the minimum age of consent. Additionally, births and marriages are often not officially registered. Only around 2 percent of births in PNG and 15 percent in the Solomon Islands are ever legally registered, leaving no possibility for verifying the ages of these individuals (Jalal 2009).

Presently, only civil remedies are available to custom wives. Such provisions may allow for annulment if a marriage is forced, but most women married by force or custom simply accept this fate and fail to ever pursue annulment. Melanesian family laws are heavily in favor of men, leaving women who obtain a divorce or annulment incapable of retaining custody of their children, spousal financial support, or any property. This provides women little incentive to pursue either option (Jalal 2009).

Bride-Price

Bride-price, a documented traditional practice in all Melanesian countries except Fiji, is a method of payment by a groom or his family to the parents of the woman he has just married or is about to marry. Historically, bride-price was an exchange of gifts between families or clans so that an alliance between the groups was secured. A bride-price ceremony is a public demonstration of marriage and establishes new ties between families, relatives, and clans. Also, bride-price appropriates the notion that the bride is considered lost to her own family or clan (Maebuta 2012).

Modern bride-price can include money, pigs, cows, cassowaries, chickens, coffee machines, vehicles, outboard motors, garden tools, or food (Bre 2006). In resource-rich areas, such as the PNG highlands, extremely high bride-prices are paid, and even men of modest means are expected to pay a woman's family in pigs and money valuing USD\$5,000–USD\$10,000. This amount may escalate to as much as USD\$100,000 and include vehicles when either party in the couple is university educated or well-placed in society. PNG bride-prices are particularly high near rich mining districts and the capital city of Port Moresby. In the Simbu province of PNG, bride-price is paid throughout the marriage (Maebuta 2012). These practices represent some extremes; for most PNG couples, if a bride-price is paid, it amounts to around a dozen pigs, some domestic goods, and a modest sum of money.

Modern influences on traditional bride-price practices have drawn criticism. Families begin preparing in advance for a marriage, as it can take several years to raise pigs, save money, and plant gardens to afford bride-price and a marriage celebration. Bre (2006) argues that if the PNG bride-price system were eliminated, most Papua New Guineans would be wealthy. Bre puts forth that continuing the practice is simply a manifestation of greed justified by tradition, as money was only introduced to Melanesia after European colonization. High bride-prices are prohibitive

to marriage for some couples; in response, the Vanuatu National Council of Chiefs banned cash from bride-price payments in 2012. This ban allows the cultural tradition of bride-price to continue, but only with traditional currencies such as woven mats, pigs, and shell money (ABC Radio Australia 2012).

Some customary practices (e.g., bride-price) remain as hostile responses to Melanesian women's growing assertiveness and evolving societal roles. In this manner, culture and custom are invoked to justify violent treatment of women. Because they are typically "hazy manifestations" (Jalal 2009, 5) of original customs distorted to suit community or family convenience, the practices are accepted by society. Some PNG fathers use the tradition of bride-price to justify trading daughters for cash or goods from transient logging and mining workers, invoking the monetary gain elements of the practice while ignoring others. This practice is considered a form of child trafficking by some who claim these young girls are simply being bought for labor and sex (Laqeretabua et al. 2009). Additionally, some PNG communities that never practiced bride-price have recently adopted it as a means for demanding cash for a daughter.

Bride-price is a significant factor in perpetuating domestic violence, as it demotes women to the status of property (Ali 2006). Bride-price is used to secure custody rights to children after separation or divorce; husbands retain children as repayment for loss of the wife they paid for. Many Melanesians believe bride-price gives men the right to control their wives, even through violence. A husband's use of violence against his wife is typically only questioned if he beats her excessively, when he's drunk, or for no reason. Bride-price is widely recognized as a legal defense to prosecution against domestic violence; if prosecution is successful, bride-price may lead to a penalty reduction. However, Vanuatu's Family Protection Act of 2008 made domestic violence illegal and specified that payment of bride-price could not be utilized as a defense in such cases (Jalal 2009).

Education

Many Melanesian countries face similar barriers to education: limited access, funding, resources, and quality. Some countries do not have compulsory education, resulting in limitations to workforce and quality of life development. Because most Melanesian countries have unbalanced population structures, there are limited opportunities for

students wishing to pursue education beyond basic primary education.

Preprimary and Primary Education

Primary education is available in Vanuatu, except for some remote areas; the academic year begins in February and ends in December. The number of schools varies annually; 44.2 percent are on customary land, 27 percent are government-owned, and 12 percent are owned by other agencies (Natuman and Lamoureux 2006). The official primary school entrance age is six years, and the primary school cycle lasts for six years. The gross enrollment ratio (GER) for preprimary school is 61.2 percent; this accounts for 14,301 students enrolled in 576 schools. The GER for primary schools is 122.5 percent; this accounts for 45,931 students enrolled in 433 schools. The primary school completion rate is 84 percent, and the dropout rate is 28.5 percent.

Typically, students drop out because they cannot afford school fees. Primary school is subsidized, but with 80 percent of the population living off subsistence farming, even reduced fees are prohibitive (Mackey 2014). Repetition rates for the first five grades of primary school range from 20.8 percent to 8.8 percent; repetition rates are higher for boys for each grade. The pupil-to-teacher ratio for preprimary school is 16:1, and for primary school it is 25:1; 100 percent of primary school teachers are properly trained. Vanuatu spends 5 percent of gross domestic product (GDP) on education; it ranks at the 97th percentile in access and the 49th percentile in learning. The youth literacy rate is 95 percent; this is much higher than in other lower middle-income countries (EDPC 2014b; Government of Vanuatu 2016; UNDP 2016d).

Fijian law requires that all children have access to education. In 2013, Fiji began offering free primary and secondary education (RNZ 2013). Instruction may be in any one of Fiji's three official languages (none of which most children likely speak at home), and even teachers within the same school may utilize different languages for instruction, presenting a significant barrier to learning. The six-year primary cycle is not compulsory. In Fiji, the GER is 17.8 percent for preprimary education and 104.6 percent for primary education. The dropout rate is 3.5 percent.

There are approximately 700 public and private primary schools. The pupil-to-teacher ratio in primary school is 28:1, and 100 percent of primary teachers are properly trained. Village schools are typically one room, with a single teacher for about 20 students; in towns, classes are

larger, and ratios can be 50:1. About 20 percent of village children miss out on a primary education due to poverty. Fiji spends 4.2 percent of GDP on education (Go-Fiji.com 2016; UNDP 2016a); this has steadily decreased since 2008. The majority of Fijian schools operate as partnerships between community- or religious-based organizations and the Ministry of Education. Government funding barely covers per pupil expenses, leaving no funding for maintenance (Water Charity 2017).

Basic education is free (as of 2013) and compulsory in PNG for students ages 6–14 years; preschool is not compulsory. In PNG, the GER for preprimary school is 99.8 percent, and for primary school, it is 114.2 percent (UNDP 2016b). GERs for boys are higher than for girls at both the preprimary (101% versus 98.5%) and primary (63.4% versus 56.5%) levels. Children mainly fail to attend school due to the distance to school, security, and a lack of parental support (UNICEF 2013). Children begin elementary school at age six and move on to a six-year primary school cycle at age nine, during which they begin a bilingual program to learn English. Primary school consists of both lower (grades 3–5) and upper (grades 6–8) grades (PNGNRI 2017). Only one-third of children complete basic education; completion rates are worse in rural areas. Most rural schools lack toilets and adequate clean water, posing serious health hazards. Adolescent girls suffer the most, because without clean, private changing rooms with soap, water, or sanitary pads, girls are frequently sent home for days at a time (UNICEF 2013).

The Solomon Islands' academic year begins in January and ends in December. Education is not compulsory, but it is free at the primary level. The primary cycle lasts six years. Only about 60 percent of school-age children have access to primary education and of this number only 72 percent complete primary education. Because resources are so little, students must successfully pass an exam in order to enroll in secondary school. Efforts to expand educational facilities and increase enrollment are inhibited by a lack of funding and classroom materials, poor teacher preparation, poor coordination, and the failure to pay teachers. Less than half of schools have adequate drinking water and sanitation (Binns 2015).

In the Solomon Islands, the preprimary GER is 43.4 percent, and the primary is 114.4 percent. The dropout rate is 25.1 percent; only 72 percent of children complete the full primary cycle. Repetition rates for grades 1–5 range from 9.1 percent to 6.2 percent and are higher for boys in every grade except third. About 19 percent of primary

school-aged children are out of school—18 percent of boys and 21 percent of girls (EDPC 2014a). The pupil-to-primary teacher ratio is 20.6:1, and 63.3 percent of primary school teachers are properly trained (UNDP 2016c). Government expenditures on education have dropped from 9.7 percent in 1998 to 2.2 percent in 2015 (Binns 2015). Solomon Islands ranks in the 16th percentile for access and the 35th percentile for learning compared to other low- to middle-income countries. The youth literacy rate is 85 percent, lower than the average in other lower- to middle-income countries (EDPC 2014a).

Secondary and Vocational Education

In Fiji, the GER for secondary education is 88.3 percent, and for tertiary education, it is 16.1 percent. The mean years of schooling is 9.9 years, and 64.3 percent of the population over 25 years of age has at least some secondary education; full secondary education consists of four years. Poverty, school fees, child labor practices, poor education quality, distance from schools, and the HIV pandemic are some of the reasons why Fiji's children do not all receive a complete, high-quality education. Only 55 percent of children from the poorest third of the population reach upper secondary school, compared to 73 percent from the richest third. Only 27 percent of children from the poorest third reach tertiary education, compared to 40 percent from the richest third (EI 2013). Private schools offer higher quality; however, the few private schools are too expensive for many (Go-Fiji.com 2016). Higher education is offered by a number of universities and colleges (SpainExchange 2016b; UNDP 2016a).

In Vanuatu, the secondary school GER is 59.5 percent; this accounts for 20,568 students enrolled in 96 schools. Only 20–25 percent of graduating primary students move on to secondary school, mainly due to school fees. Additionally, students must perform in the top of their class according to nationwide exams to qualify for secondary education. Because about 66 percent of Vanuatu's population is under 24 years old, there is insufficient secondary school infrastructure to accommodate all students. Lower secondary school lasts four years, and upper secondary is three years. The pupil-to-teacher ratio is 21:1. The GER for tertiary education is 4.7 percent. The mean years of schooling is 6.8, and the adult literacy rate is 83.4 percent; most literate adults are under age 35 (EPDC 2014a; Government of Vanuatu 2016; UNDP 2016d). Attendance and enrollment are the lowest in the Pacific, largely because school

is not compulsory. Vanuatu has some vocational training centers; most are poorly built and frequently destroyed by cyclones. Oxfam operates 50 such centers that offer training in business management, health care, agriculture, carpentry, home skills, and mechanics. The University of the South Pacific is in Port Vila and has three branch campuses (Mackey 2014; SpainExchange 2016a).

In PNG, the secondary GER is 40.2 percent, and 11.1 percent of the population 25 years or older has some secondary education. The mean years of education is four, and the adult literacy rate is 62.9 percent (UNDP 2016b). Students who complete primary schooling may matriculate to secondary school for grades 9–12. Vocational education is available for students who have completed eighth grade. Higher education is provided by several universities, colleges, and specialized training institutes (PNGNRI 2017).

In Solomon Islands, the lower secondary cycle last three years, and upper secondary lasts four. The secondary GER is 48.4 percent, and the mean number of years of schooling is five (UNDP 2016c). The student transition rate to secondary school is 86 percent (EDPC 2014a). Because resources are limited, students must pass an examination to secure a seat in secondary school. The adult illiteracy rate is 75 percent. As most adults have no educational background, the main source of income is through farming. Many children remain at home to work at the family farm rather than attend school. These poor educational results are due to a slow recovery from the civil war of 1998–2003 and the tsunami in 2007. Teachers, schools, and classroom materials are in short supply and of poor quality. About 50 percent of teachers are underqualified, and less than 50 percent of schools have adequate drinking water (Binns 2015). The University of the South Pacific and the University of Papua New Guinea have campuses in the Solomon Islands.

Health

Health care in Melanesia is a mix of private and publicly provided facilities. There is a lack of adequate access to even basic primary health care in many areas, and many countries must rely on international referral agreements for tertiary care.

Access to Health Care

In Fiji, the life expectancy in 2015 was 72.4 years—69.8 years for men and 75.2 years for women. About 4.1 percent of the 2013 GDP was spent on health care. In 2009,

Fiji had 0.43 physicians and two hospital beds per 1,000 people (CIA 2016a). In New Caledonia, the 2015 life expectancy was 77.5 years, 73.5 years for men and 81.7 years for women (CIA 2016b). In PNG, the 2015 life expectancy was 67 years; 64.8 years for men and 69.4 years for women. About 4.5 percent of the 2013 GDP was spent on health care. In 2008, there were 0.06 physicians per 1,000 people (CIA 2016c). In the Solomon Islands, 5.1 percent of the 2013 GDP was spent on health care. In 2008, there were 0.22 physicians per 1,000 people, and in 2012, there were 1.3 hospital beds per 1,000 people (CIA 2016d). Life expectancy in Vanuatu in 2015 was 73 years; 71.5 years for men and 74.7 years for women. About 3.9 percent of the 2013 GDP was spent on health care. In 2008, Vanuatu had 0.12 physicians and 1.8 hospital beds per 1,000 people (CIA 2016e).

Maternal Health

In 2015, in Fiji, 2.47 children were born per woman. The maternal mortality rate was 30 deaths per 100,000 live births. The infant mortality rate was 9.94 deaths per 1,000 live births (CIA 2016a). In New Caledonia, 1.97 children were born per woman in 2015. The infant mortality was 5.37 deaths per 1,000 live births (CIA 2016b). In PNG, 3.16 children were born per woman in 2015. The maternal mortality rate was 215 deaths per 100,000 live births. The infant mortality rate was 38.6 deaths per 1,000 live births. The 2007 contraceptive prevalence rate was 32.4 percent (CIA 2016c). In Solomon Islands, the median age at first birth was 21.6 years, and there were 3.28 children born per woman in 2015. The maternal mortality rate was 114 deaths per 100,000 live births. Infant mortality was 15.65 deaths per 1,000 live births. In 2007, the contraceptive prevalence rate was 34.6 percent (CIA 2016d). In 2015, in Vanuatu, there were 3.25 children born per woman. The maternal mortality rate was 78 deaths per 100,000 live births. The infant mortality rate was 15.7 deaths per 1,000 live births. The 2007 contraceptive prevalence rate was 38.4 percent (CIA 2016e).

Women and girls have little to no access to reproductive health education in Melanesia. Only very rarely is any reproductive health education delivered in schools. This is because cultural taboos surrounding sexual topics exist, and beliefs that reproductive health education encourages youth sexual experimentation are widespread. The absence of education on reproductive health and empowerment training for girls results in higher risks of child

pregnancy, contracting sexually transmitted diseases, and sexual abuse and exploitation (Ali 2006).

Diseases and Disorders

In Melanesia, rates of HIV infection are among the highest in the PICs, mainly due to the epidemic in PNG. In 2004, 90 percent of HIV infections in the Pacific were reported in PNG (Oxfam 2010). There are also high levels of other sexually transmitted diseases. The primary avenue of infection of HIV and other STDs is through heterosexual coitus. Condoms and other forms of protection are not widely utilized in Melanesia; such items are not readily available, and public discourse and religious values discourage their use. HIV and how it spreads are poorly understood throughout Melanesia. Women are particularly vulnerable to HIV infection due to the high rates of gender-based violence in Melanesia; women lack the ability to negotiate sex and protect themselves. Very few HIV-infected individuals receive treatment, and because people tend to be diagnosed late in the disease process, treatment (if received) is rarely effective. This leads to an almost 100 percent fatality rate, creating widespread fear and social stigma associated with HIV/AIDS (Butt and Eves 2008; Caldwell and Isaac-Toua 2002; Oxfam 2006, 2010).

People living in PNG, Fiji, Vanuatu, and the Solomon Islands experience high risks of neglected tropical diseases (NTDs). NTDs are the most common infections of the “the bottom billion,” the world’s poorest people, and can adversely affect economic productivity, pregnancy and childbirth, and children’s physical and cognitive development. Melanesians are at high risk for hookworm, strongyloidiasis, lymphatic filariasis (LF), balantidiasis, yaws, trachoma, leprosy, and scabies. PNG has the largest number of cases and highest prevalence for most of these NTDs as well as outbreaks of cholera and malaria.

Of note, LF remains widespread in PNG despite programs of mass drug administration through the Pacific Programme to Eliminate Lymphatic Filariasis (PacELF), which has made enormous strides in reducing LF in Fiji and New Caledonia, possibly eliminating LF in Vanuatu. LF had previously been eliminated in the Solomon Islands through vector control methods. Malaria is endemic in the Solomon Islands, Vanuatu, and in regions of PNG. The Pacific Malaria Initiative Support Centre (PacMISC) and the Global Fund have begun promising programs aimed at reducing mosquito-borne diseases in these countries. Within the next decade, epidemiologists are concerned

that dengue, Ross River virus, and Japanese encephalitis could become important NTDs (Kline et al. 2013).

Replacing traditional foods with imported processed foods has caused numerous health problems. The prevalence of adult-onset diabetes in the Pacific region is one of the highest in the world. Micronutrient deficiencies are also common; in 94 percent of PICs surveyed, more than 20 percent of children and pregnant women were anemic. In Fiji, PNG, and Vanuatu, iodine deficiency and related goiter are endemic; Fiji and PNG introduced salt iodization and are seeing good results. Vitamin A deficiency is also high in PNG; lack of adequate vitamin A can cause xerophthalmia (the inability to see in low light) in young children and pregnant women, which can lead to blindness if left untreated. About 40 percent of Pacific Islanders have a noncommunicable disease, such as cardiovascular disease, diabetes, or hypertension. These diseases account for 75 percent of deaths across the Pacific archipelago and 40–60 percent of health care expenditures (WHO 2010).

Employment

Among Oceania's approximately 35 million people, the greatest number living in poverty reside in PNG, Fiji, Vanuatu, and the Solomon Islands, all Melanesian nations (Kline et al. 2013). Great gender disparities in education and employment limit growth within the region.

Female Labor Participation

Melanesia's average loss in potential human development due to gender inequality is about 70 percent. However, it has the largest disparity between countries of any other region. Gender inequality is about 80 percent in the Solomon Islands and PNG due to large disparities in educational attainment, political representation, and high maternal mortality rates. Fiji maintains the region's smallest loss due to gender inequality (about 50%). Average female labor force participation rates are significantly lower than men in Melanesia; 53 percent compared to 73 percent, respectively (AusAID 2011). Even so, the East Asia and Pacific region has the highest average female labor participation rate and highest ratio of female-to-male labor force participation in the Global South. Female labor force participation rates vary in Melanesia, from over 75 percent in Vanuatu to as low as 40 percent for Fiji; however, even those countries with low rates reported female labor participation increases.

Agriculture remains the largest sector of employment, mainly small-scale subsistence farming. Women are more likely than men to perform unpaid family labor in agriculture and the informal market. Additionally, women are more likely to be teachers, nurses, temporary workers, or to work in textiles, food, or other export-oriented firms. Female-led businesses tend to be smaller and more precarious than male-led businesses; they are also more likely to operate in the informal market. Such businesses tend to have fewer employees, command lower profits, be less capitalized, and be located in less remunerative sectors, such as food, retail, and garment-manufacturing sectors. Women tend to undertake the majority of household and child care work, in addition to market work, due to longstanding gender norms regarding division of labor. Melanesian tradition limits female economic opportunities, and women tend to work longer hours and earn less than men (World Bank 2012).

Family Life

Melanesian societies are highly patriarchal, and a great deal of antagonism exists between men and women. Traditionally, villages have separate residences for men and women. For example, in the PNG's Sepik River region, male ceremonial houses are off-limits to women and children, who live in smaller domestic dwellings. This is one extreme. In smaller societies, there may be communal residences; however, domestic space is still typically divided between males and females. Women serve as primary caregivers for children and are the primary food producers (Countries and Their Cultures 2016; Kahn and Keesing 2016).

Violence against Women

Modern Melanesian women increasingly desire to participate in the formal economy and gain more agency. This poses significant challenges to Melanesian men, who are said to be experiencing a "crisis of masculinity" due to evolving societal roles. This "crisis" is often cited as a cause of violence against women (VAW). VAW is the gender issue of greatest concern in Melanesia because some of the highest incidences of VAW in the world occur there (AusAID 2011 UNIFEM 2010). VAW includes sexual violence, physical violence, forced marriage, and payback rape, and it primarily stems from the gender inequality normalized across much of Melanesia.

Customary law and a long history of patriarchy play huge roles in sanctioning harmful practices against Melanesian

women and girls. Domestic violence is frequently viewed as legitimate spousal “discipline” and is often validated by the practice of bride-price (Rasanathan and Bhushan 2011). In the Solomon Islands, 73 percent of men and women believe that VAW is justifiable when women disobey, are unfaithful, or do not live up to societal expectations (Rasanathan and Bhushan 2011). Most VAW goes unreported due to a cultural taboo against speaking about such acts (Morioka 2013).

In the Solomon Islands, 64 percent of women 15–49 years old have been victims of VAW committed by their partners. About 18 percent of women have experienced nonpartner violence. Most VAW in the Islands is sexual (Lewis 2012), and 37 percent of women have experienced sexual abuse prior to age 15 (Rasanathan and Bhushan 2011). VAW is especially acute in PNG, where many agencies describe the problem as “endemic” (Eves 2012, 1). A PNG survey discovered that 67 percent of all wives interviewed—and alarmingly 100 percent of highland wives interviewed—had been physically abused by their husbands. Additionally, about 50 percent of married women reported being forced into sex by their husbands. About 80–90 percent of injuries presented by women in health care facilities are the result of VAW (AusAID 2008; Amnesty International 2006). Sexual violence has reached epidemic levels in PNG, where gang rape, payback rape, rape due to tribal disputes, and rape of suspected witches are all commonplace. In some parts of PNG, the fear of sexual violence, especially rape, severely restricts women’s freedom of movement (AusAID 2008; Amnesty International 2006). In PNG, 60 percent of men admitted to being involved in gang rape at least once (AusAID 2008; Morioka 2013; UNIFEM 2010).

In 2002, VAW was formally recognized as a criminal offense in PNG. VAW is a crime under the Solomon Islands Penal Code (Morioka 2013); however, domestic violence has not been criminalized (Lewis 2012). In 2009, Vanuatu passed the Family Protection Act after over a decade of pressure from women’s rights activists. In 2009, Fiji improved the legal framework for prosecuting sexual and domestic violence. Such recent actions are promising; however, great need exists for much stronger legal and judicial measures. The judicial and police response to VAW regionally has remained relatively unchanged in comparison to legislative actions (ICRW 2012).

Politics

Melanesian women have relatively low levels of representation in national and local leadership. Women make up

about 19 percent of national parliamentarians globally, and 18 percent in East Asian and Pacific countries. This representation has not increased with economic development and growth, barely changing since the 1990s. This is in stark contrast to other Global South nations where women’s political representation has risen (World Bank 2012).

Women in Leadership

The number of PIC women in national parliaments varies greatly. However, Melanesian female political representation is among the lowest in the world. In 2011, half of the countries in the world lacking women parliamentarians were located in Oceania. Solomon Islands was one (World Bank 2012). In Fiji, 14 percent of parliamentary seats are held by women. This percentage drops to 2.7 percent in PNG, 2 percent in Solomon Islands, and 0.1 percent in Vanuatu (UNDP 2016a, 2016b, 2016c, 2016d). Traditional gender roles present a consistent barrier to increasing the involvement of women in national and local political leadership.

Some Melanesian women are experiencing leadership success in civil society and grassroots movements. In 2012, the Fiji Women’s Crisis Center lobbied for a national survey to quantitatively measure VAW. This organization is known for a human rights and gender transformative approach for addressing women’s issues in Fiji. They carry out regular trainings for various actors engaged in preventing and responding to VAW (ICRW 2012). Similar efforts in Vanuatu and PNG have seen benefits. More grassroots successes should positively affect the public’s perception of female leadership. More exposure to women leaders and elected officials can have positive influence on perceptions of women’s leadership. However, such change can be slow (World Bank 2012).

LGBT Rights

LGBT rights across Melanesia are limited, with the exception of New Caledonia. In New Caledonia, same-sex sexual activity, same-sex civil unions and marriages, adoption by same-sex couples, and military service by LGBT individuals are legal. Antidiscrimination laws are in place banning antigay discrimination. Gender transition is permitted; however, sterilization is required for those undergoing a medical sex change. In Fiji, same-sex sexual activity was legalized in 2010, and there are some antidiscrimination laws that protect LGBT individuals; however, LGBT individuals may not enter civil unions, marry, or adopt

children. In PNG, male homosexual activity is illegal and carries a penalty of 3–14 years of imprisonment, but this is rarely enforced. Female homosexual activity has always been legal. In PNG, LGBT individuals cannot enter civil unions, marry, adopt children, serve in the military, or transition gender, and there are no laws protecting LGBT individuals from discrimination. In Vanuatu, same-sex sexual activity has been legal since 2007. However, LGBT individuals enjoy no other rights, nor are they protected by antidiscrimination laws. Same-sex sexual activity is illegal in the Solomon Islands, carrying a penalty of up to 14 years' imprisonment. Additionally, LGBT individuals have no other rights, nor are they protected by antidiscrimination laws (Carroll and IGLA 2016). In fact, the latest constitutional draft permits discrimination and even violence related to sexual orientation (Verheyen 2016).

Religious and Cultural Roles

Christianity spread throughout Melanesia due to active missionaries and remains one of the “most successful and entrenched cultural legacies of the European expansion into the Pacific” (Eves, 2012, 3). The success experienced by missionaries and the indigenous churches that developed from their work is reflected in the significant numbers of Melanesians who identify as Christian.

Influence of Christianity

Christianity has exerted powerful change since the late 1800s. Missionaries and colonial rule eliminated a variety of cultural traditions and traditional religious practices. Many Melanesian leaders were educated in mission schools; some trained as Christian ministers. The result is that postcolonial Melanesia is among the most Christian regions on the planet (Kahn and Keesing 2016). Christianity has a “pervasive influence in daily life and is central to the framework through which people make sense of the world” (Eves 2012, 3). Christian language is found within public discourse, and civil society is dominated by Christian faith-based groups. Christianity is represented in constitutions, and there is a Christian church in nearly every community. And church leaders are often revered more than government leaders.

In Fiji, 45 percent of the population is Protestant (mainly Methodist); 27.9 percent is Hindu; 9.1 percent is Roman Catholic; and the remainder is Muslim, Sikh, or other Christian. In Vanuatu, 70 percent of the population is

Protestant (the largest denomination being Presbyterian); 12.4 percent is Roman Catholic; and 3.7 percent practices traditional religion. The people of the Solomon Islands are 73.4 percent Protestant (the Church of Melanesia is the largest denomination at 31.9%), and 19.6 percent are Roman Catholic. PNG's people are 69.4 percent Protestant (Evangelical Lutherans are the largest denomination at 19.5%); 27 percent are Roman Catholic; and 3.6 percent practice Baha'i or traditional religions. In New Caledonia, 60 percent of the population is Roman Catholic, and 30 percent is Protestant (CIA 2016a, 2016b, 2016c, 2016d, 2016e).

The Role of Churches in Gender Relations

The first missionaries employed a distinctly gendered approach in efforts to establish churches and influence Melanesian society and culture. They attempted to “civilize” Melanesia by instilling European standards and values of “appropriate” conduct for both men and women. Male violence was discouraged, but missionaries also attempted to domesticate women, whom they considered unruly. “Missionaries endeavored to reform gender by cultivating new and different forms of masculinity and femininity,” and such efforts did not ultimately “displace traditional notions of gender hierarchy, but merely reinscribed them in a different form” (Eves 2012, 3). Church leadership was exclusively the role of men, and this continues today.

Recognizing their significant place in modern Melanesian culture, many churches are attempting to address some of the societal problems facing Melanesia. Many churches play significant roles in the delivery of health, education, and social services and through such efforts are attempting to address the problems of gender violence and inequality. Because churches often hold the greatest authority in a community, some of these efforts are seeing success. For example, the Pacific Conference of Churches has conducted training to advance attitude change among Melanesian clergy about gendered roles within marriage. Similarly, the Solomon Islands Christian Association has conducted training with clergy and community members on gender and the link between inequality and violence (ICRW 2012).

Some Evangelical churches are making positive impacts on issues of domestic violence through teaching a New Testament ethos of care and compassion and spreading a desire for harmonious community relations. In PNG, the Catholic Church is at the forefront of church response to domestic violence. Church leaders declared that marriage

must be a free contract between equals, that violence has no place in a marriage, that payment of bride-price does not give husbands the right to beat wives, and that parishes were to offer protective action plans in situations of domestic violence.

The Catholic Church in PNG still views the man as head of the family; this familial hierarchy has influenced the formation of some men's groups (male equivalents of the Catholic Women's Federation). Such groups are referred to as "Papa Groups," and they have organized in several provinces to address issues of domestic violence. However, rather than working toward creating more equitable relationships with women, most Papa Groups have asserted themselves as affirmations of male authority in "organizing, disciplining, and bringing family members into line" (Eves 2012, 4). Women's church groups also frequently adopt this traditional family model, teaching wives to obey, submit to, and not ever challenge husbands to prevent domestic violence.

Issues

Modern Melanesia faces many challenges, some of which have been discussed above. Melanesian women face multiple gendered barriers to achieving more agency over their own lives, and many such barriers are violent ones. Another form of violence is that against those accused of witchcraft and sorcery. "Black magic" is believed by many Melanesians to be real, and those accused of its practice can face violent torture and death. Such sorcery-related violence is often directed at women.

Witchcraft and Sorcery

Belief in sorcery and witchcraft has a long history in Melanesian societies, and rather than dying out, it is widespread, increasing, and spreading to areas where historically the people did not share such beliefs. These entrenched beliefs in witchcraft in PNG, Vanuatu, and the Solomon Islands have become commonly accepted explanations for any unusual occurrence, sickness, death, or misfortune. Historically, people believed to be witches were killed in secret, often by relatives. In modern Melanesia, witchcraft-related attacks have become public and are often associated with prolonged physical and sometimes sexualized torture of accused victims. While both men and women are victims of such attacks, women are the more common targets of sorcery- and witchcraft-fueled violence (Forsyth 2013).

The traditional belief in witchcraft is used to justify heinous violent acts. In PNG, women are more likely to be accused of witchcraft than men and are more likely to become victims of violence (Gibbs 2012). Sorcery-related violence and killings are not uncommon. The accused are usually economically dependent older women who lack family to support them; as such, they are viewed as burdens on their tribes (Jalal 2009). Perpetrators are usually young men frustrated with the inability to find a community role for themselves; killing the "village witch" may elevate them to hero status (Forsyth 2013). Suspected witches are often beaten, burned, raped, hung over fires, cut, pulled behind vehicles, or have body parts amputated. If such torture does not cause death, victims are then often killed in extremely violent and sometimes prolonged manners, including being thrown off cliffs or into rivers or caves, burned or buried alive, beheaded, hanged, asphyxiated, starved, electrocuted, forced to drink poisonous or hot substances, stoned, shot, or dismembered (Amnesty International 2006).

Some PICs have antisorcery or antiwitchcraft laws in place, which provides evidence of widespread belief in witchcraft. In Vanuatu law, sorcery remains a criminal offense; however, most sorcery cases are thrown out in court as too difficult to prove (Forsyth 2015). In 2014, Vanuatu Willie Jimmy, a member of parliament and former finance minister, called for witchcraft to be made punishable by death. Jimmy put forth that such capital punishment for practicing witchcraft was necessary to curb the "innocent" killing of accused witches (Hill 2014, para. 4). In other words, Jimmy espoused that the Vanuatu government was not protecting its citizens from witchcraft through state-sponsored capital punishment of witches, leaving the population no choice but to kill witches themselves.

Progress against sorcery-related violence is being made in some countries. In 2013, the deaths of two PNG women accused of witchcraft resulted in such public outcry that the government responded by repealing the Sorcery Act of 1971, which criminalized acts of forbidden sorcery. They also created a new provision in the Criminal Code Act that stipulates that the intentional killing of a person accused of sorcery will be classified as willful murder. The PNG government also authored the Sorcery National Action Plan, which, if fully implemented, should reduce and hopefully eliminate violence related to sorcery accusations (Gibbs 2015).

In 2015, the Supreme Court of Vanuatu sentenced five men to 15 years' imprisonment each for unlawful assembly

and intentional homicide for the brutal killing of two men accused of witchcraft. The court also sentenced seven men to one year of imprisonment each for organizing the unlawful assembly that led to the murders (Stop Sorcery Violence 2015). Such recent legal and legislative actions evidence potential progress in combating sorcery-related violence.

AMANDA L. ESPENSCHIED-REILLY

Further Resources

- ABC Radio Australia. 2012. "Chiefs Ban Cash in Bride-Price Payments." Retrieved from <http://www.radioaustralia.net.au/international/radio/onairhighlights/chiefs-ban-cash-in-brideprice-payments>.
- Ali, Shamima. 2006. *Violence against the Girl Child in the Pacific Island Regions*. UN Division for the Advancement of Women, Expert Paper. Retrieved from <http://www.un.org/womenwatch/daw/egm/elim-disc-viol-girlchild/ExpertPapers/EP.14%20%20Ali.pdf>.
- Amnesty International. 2006. "Papua New Guinea: Violence against Women: Not Inevitable, Never Acceptable." Retrieved from <http://www.amnesty.org/en/library/info/ASA34/002/2006/en>.
- AusAID. 2008. *Violence against Women in Melanesia and East Timor: Building on Global and Regional Promising Approaches*. Canberra: AusAID. Retrieved from <http://dfat.gov.au/aid/how-we-measure-performance/ode/documents/violence-against-women-melanesia-east-timor-building-on-global-and-regional-promising-approaches-2008.pdf>.
- AusAID. 2011. "Economic Status of Women in the Pacific." Research Note. Retrieved from <http://www.pacificwomen.org/wp-content/uploads/2013/05/Economic-Status-of-Women-in-the-Pacific2.pdf>.
- Binns, Melissa. 2015. "Education in the Solomon Islands." *The Borgen Project* (blog), March 10. Retrieved from <http://borgenproject.org/education-solomon-islands>.
- Bre, Henry. 2006. "The Real Cost of Bride Price." *Melanesian Journal of Theology* 22.2: 8–18.
- Butt, Leslie, and Richard Eves, eds. 2008. *Making Sense of AIDS: Culture, Sexuality, and Power in Melanesia*. Honolulu: University of Hawaii Press.
- Caldwell, John, and Geetha Issac-Toua. 2002. "AIDS in Papua New Guinea: Situation in the Pacific." *Journal of Health, Population, and Nutrition* 20.2: 104–111.
- Carroll, Aengus, and IGLA (International Lesbian, Gay, Bisexual, Trans and Intersex Association). 2016. *State-Sponsored Homophobia 2016: A World Survey of Sexual Orientation Laws: Criminalisation, Protection and Recognition*. 11th ed. Geneva: ILGA. Retrieved from http://ilga.org/downloads/02_ILGA_State_Sponsored_Homophobia_2016_ENG_WEB_150516.pdf.
- CIA. 2016a. "Fiji." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/fj.html>.
- CIA. 2016b. "New Caledonia." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/nc.html>.
- CIA. 2016c. "Papua New Guinea." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/pp.html>.
- CIA. 2016d. "Solomon Islands." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/bp.html>.
- CIA. 2016e. "Vanuatu." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/nh.html>.
- Countries and Their Cultures. 2016. "Melanesians." Retrieved from <http://www.everyculture.com/wc/Norway-to-Russia/Melanesians.html>.
- EPDC (Education Policy and Data Center). 2014a. "Solomon Islands." Retrieved from https://www.epdc.org/sites/default/files/documents/EPDC%20NEP_Solomon%20Islands.pdf.
- EPDC (Education Policy and Data Center). 2014b. "Vanuatu." Retrieved from https://www.epdc.org/sites/default/files/documents/EPDC%20NEP_Vanuatu.pdf.
- Eves, Richard. 2012. "Christianity, Masculinity and Gender Violence in Papua New Guinea." *State, Society & Governance in Melanesia*. Discussion Paper 2012/2. Australian National University. Retrieved from https://www.academia.edu/1498878/Christianity_Masculinity_and_Gender_Violence_in_Papua_New_Guinea.
- Forsyth, Miranda. 2013. "Summary of Main Themes Emerging from the Conference on Sorcery & Witchcraft-Related Killings in Melanesia, 5–7 June 2013, ANU, Canberra." Retrieved from <http://pacificinstitute.anu.edu.au/outtrigger/2013/06/18/summary-sorcery-witchcraft-related-killings-in-melanesia-5-7-june-2013>.
- Forsyth, Miranda. 2015. "A Pluralist Response to the Regulation of Sorcery and Witchcraft in Melanesia." In *Talking it Through: Responses to Sorcery and Witchcraft Beliefs and Practices in Melanesia*, edited by Miranda Forsyth and Richard Eves. Canberra, Australia: ANU E. Press.
- Gibbs, Philip. 2012. "Engendered Violence and Witch-Killing in Simbu." In *Engendering Violence in Papua New Guinea*, edited by Margaret Jolly and Christine Stewart. Canberra, Australia: ANU E. Press.
- Gibbs, Philip. 2015. "Confronting Sorcery Accusation Violence in PNG." *Asia & the Pacific Policy Society*, November 13. Retrieved from www.policyforum.net/confronting-sorcery-accusation-violence-in-png.
- Go-Fiji.com. 2016. "Fiji School." Retrieved from <http://www.go-fiji.com/schools.html>.
- Government of Vanuatu. 2016. "Education in Vanuatu 2015." Last modified May 2016. Retrieved from https://moet.gov.vu/docs/press-releases/ministry/2015%20Education%20Statistics_05_2016.pdf.
- Hill, Bruce. 2014. "Vanuatu MP Willie Jimmy Proposes Death Penalty for Witchcraft." Retrieved from <http://www.abc.net.au/news/2014-11-21/vanuatu-pm-proposes-death-penalty-for-witchcraft/5910600>.
- ICRW (International Center for Research on Women). 2012. "Violence against Women in Melanesia and Timor-Leste." Retrieved from <http://www.icrw.org/files/publications/Violence-against-women-in-Melanesia-Timor-Leste-AusAID.pdf>.

- Jalal, Imrana. 2009. *Harmful Practices against Women in Pacific Island Countries: Customary and Conventional Laws*. UN Division for the Advancement of Women, Expert Paper. Retrieved from [http://www.un.org/womenwatch/daw/egm/vaw_legislation_2009/Expert percent20Paper percent20EGMGPLHP percent20Imrana percent20Jalal_.pdf](http://www.un.org/womenwatch/daw/egm/vaw_legislation_2009/Expert%20Paper%20EGMGPLHP%20Imrana%20Jalal_.pdf).
- Kahn, Miriam, and Roger M. Keesing. 2016. "Melanesian Culture." *Encyclopædia Britannica*. Retrieved from <https://www.britannica.com/place/Melanesia>.
- Kline, Kevin, James McCarthy, Mark Pearson, Alex Loukas, and Peter Hotez. 2013. "Neglected Tropical Diseases of Oceania: Review of Their Prevalence, Distribution, and Opportunities for Control." *PLOS Neglected Tropical Diseases* 7.1: 1–9.
- Laqueretabua, A., V. Naidu, and S. Bhagwan Rolls. 2009. *Pacific Perspectives on the Commercial Sexual Exploitation and Sexual Abuse of Children and Youth*. Bangkok, Thailand: UN Economic and Social Commission for Asia and the Pacific. Retrieved from <http://www.unescap.org/publications/detail.asp?id=1320>.
- Lewis, Martin. 2012. "Violence against Women in Solomon Islands." GeoCurrents, March 27. Retrieved from <http://www.geocurrents.info/news-map/gender-news/violence-against-women-in-solomon-islands>.
- Mackey, Patricia. 2014. "Education in Vanuatu Struggling." Borgen Magazine, June 20. Retrieved from <http://www.borgenmagazine.com/education-vanuatu-struggling>.
- Maebuta, Jack. 2012. "The Changing Dynamics of Bride Price in Temotu Nendo, Solomon Islands." Australian National University. Retrieved from <http://asiapacific.anu.edu.au/cap-events/2013-03/changing-dynamics-bride-price-temotu-nendo-solomon-islands>.
- Morales, Paulina. 2015. "The Child Bride." International Journalism, June 2. Retrieved from <http://internationaljournalism280.com/the-child-bride>.
- Morioka. 2013. "A Silent Crime: Violence against Women in Melanesia." FutureChallenges, March 11. Retrieved from <https://futurechallenges.org/local/a-silent-crime-violence-against-women-in-melanesia>.
- Natuman, Joe, and Daniel Lamoureux. 2006. *Vanuatu Education Sector Strategy 2007–2016*. Retrieved from http://planipolis.iiep.unesco.org/upload/Vanuatu/Vanuatu-Education_sector_strategy.pdf.
- Oxfam. 2006. "Safe Water for People Living with HIV and AIDS." Retrieved from <https://www.oxfam.org.nz/what-we-do/where-we-work/papua-new-guinea/safe-water-and-sanitation/water-for-all>.
- Oxfam. 2010. "HIV and AIDS in the Pacific." Retrieved from <https://www.oxfam.org.nz/what-we-do/issues/hiv-aids/hiv-aids-in-the-pacific>.
- PNGNRI. 2017. "The Current State of Education in Papua New Guinea: Some Facts and Figures on Access and Quality of Education." Retrieved from <https://pngnri.org/the-current-state-of-education-in-papua-new-guinea-some-facts-and-figures-on-access-and-quality-of-education/#>.
- Rasanathan, Jennifer J. K., and Anjana Bhushan. 2011. *Gender-Based Violence in Solomon Islands: Translating Research into Action on the Social Determinants of Health*. Background Paper 4A. World Health Organization (WHO). World Conference on Social Determinants of Health, October 19–21, 2011, Rio de Janeiro, Brazil. Retrieved from http://www.who.int/sdhconference/resources/draft_background_paper4_solomon_islands.pdf.
- RNZ (Radio New Zealand). 2013. "Free Education for Primary and Secondary School Students in Fiji." Retrieved from <http://www.radionz.co.nz/international/pacific-news/227158/free-education-for-primary-and-secondary-school-students-in-fiji>.
- SpainExchange. 2016a. "The Education System in Fiji." Retrieved from <http://www.studycountry.com/guide/FJ-education.htm>.
- SpainExchange. 2016b. "The Education System in Vanuatu." Retrieved from <http://www.studycountry.com/guide/VU-education.htm>.
- Stop Sorcery Violence. 2015. "Justice in Vanuatu: 5 Men Sentenced to 15 Years Imprisonment for the Brutal Killing of Two Men Accused of Practicing Witchcraft." Retrieved from <http://www.stopsorceryviolence.org/justice-in-vanuatu-for-sorcery-violence-crime>.
- UNICEF. 2013. "Education." Retrieved from http://www.unicef.org/png/activities_4369.html.
- UNIFEM. 2010. *Ending Violence against Women and Girls: Literature Review and Annotated Bibliography*. Retrieved from <http://www.unicef.org/pacificislands/evaw.pdf>.
- UNDP (UN Development Programme). 2016a. "Fiji." *Human Development Report 2016: Human Development for Everyone*. Retrieved from <http://hdr.undp.org/en/countries/profiles/FJI>.
- UNDP (UN Development Programme). 2016b. "Papua New Guinea." *Human Development Report 2016: Human Development for Everyone*. Retrieved from <http://hdr.undp.org/en/countries/profiles/PNG>.
- UNDP (UN Development Programme). 2016c. "Solomon Islands." *Human Development Report 2016: Human Development for Everyone*. Retrieved from <http://hdr.undp.org/en/countries/profiles/SLB>.
- UNDP (UN Development Programme). 2016d. "Vanuatu." *Human Development Report 2016: Human Development for Everyone*. Retrieved from <http://hdr.undp.org/en/countries/profiles/VUT>.
- Verheyen, Vincent. 2016. "Explicit Allowance of Discrimination (and Advocacy of Hatred, and of Incitement to Cause Harm) on Grounds of Sexual Orientation [LGBTQ+] in Latest Endorsed Draft [Published on 6 May 2014] of Solomon Islands' Constitution." Retrieved from <http://vincentverheyen.com/node/18>.
- Water Charity. 2017. "Saraswati Primary Manoca Water Tank Project—Fiji." Retrieved from <https://watercharity.com/saraswati-primary-manoca-water-tank-project-fiji>.
- WHO (World Health Organization). 2010. "Pacific Islanders Pay Heavy Price for Abandoning Traditional Diet." *Bulletin of the World Health Organization* 88.7: 481–560.
- World Bank. 2012. *Toward Gender Equality in East Asia and the Pacific*. World Bank East Asia and Pacific Regional Report. Washington, D.C.: World Bank. Retrieved from <http://siteresources.worldbank.org/EASTASIAPACIFIC>

EXT/Resources/226300-1339798342386/eap-gender-full-conference.pdf.

World Economic Forum. 2015. "The Global Gender Gap Report." Last modified 2015. <http://www3.weforum.org/docs/GGGR2015/cover.pdf>.

Micronesia

Overview of Country

Micronesia is one of three main territories (along with Polynesia and Melanesia) that cover much of the Pacific Ocean. Micronesia crosses five time zones and straddles the international date line, mostly north of the equator. The total area of these scattered islands is about 1,000 square miles sprinkled over an expanse of ocean of about 2.9 million square miles (a land area equivalent to the size of Rhode Island spread over a sea the size of Australia). Micronesia includes a series of island groups, including both above-water volcanic mountain summits and low-lying islands or atolls (a ring of coral reefs enclosing a central lagoon).

Political boundaries cross geographical borders. The Commonwealth of the Northern Mariana Islands (CNMI) and the island of Guam are U.S. territories. The Republic of Palau includes part of the Caroline Islands. The Federated States of Micronesia (FSM) includes the remainder of the Carolines and is subdivided into the Yap, Chuuk, Pohnpei, and Kosrae states. The Republic of the Marshall Islands (RMI) includes the two Marshall Island chains; the Republic of Nauru is a single island; and the Republic of Kiribati (pronounced "kiribas") includes the three island groups of Tungaru (formerly the Gilberts), the Line Islands, and the Phoenix Islands.

The original inhabitants of Micronesia settled there about 2000 BCE. As they crossed the expanse of ocean between islands, each group developed a culture unique to their particular situation; however, they had certain characteristics in common. For example, they lived mostly in extended matrilineal groups (land was occupied by the female side of the family, and inheritance was passed down through this line) headed by male chieftains. This gave women a certain level of status. Islanders tended to be respectful to elders, generous with their resources, and reserved about sharing strong feelings in public (Salem Health n.d., 3–4). Their most important values were the "three pillars"—the land, women, and children—as these were the things that ensured survival (Government of the Republic of the Marshall Islands and UNICEF 2003, 10).

Micronesian economies were subsistence-based, meaning they produced food and other products primarily for their own use, including fishing, exploitation of other marine resources, and cultivation of native plants, such as coconut, taro (a tuber), and pandanus (a type of palm). Labor was divided along gender lines, with men and women performing different but equally important tasks. As local economies became larger and trade increased, they developed into regional economic and religious systems. This way of life endured for over 3,000 years, until about 1500 CE.

Around this time, European contact began. From the 16th through the 19th centuries, waves of explorers, traders, and missionaries (both Catholic and Protestant) came from Portugal, Spain, and Germany. They brought knowledge about the wider world and created changes in indigenous religions, economy, family life, and social practices—in short, every aspect of island culture. In the 1900s, the islands also saw war, occupations, and displacements by various military forces and environmental devastation caused by nuclear bomb testing.

Today, Micronesians are overwhelmingly Christian, split between Catholicism and various Protestant denominations, with a small percentage of other faiths, such as Baha'i. Many modern Micronesians have some percentage of European ancestry, and some have Japanese, Filipino, Chinese, or Australian heritage, but most island groups remain primarily of their original ethnicity (for example, over 90 percent of the residents of the RMI are ethnic Marshallese), with small concentrations of foreign workers or expatriates (citizens of other countries living in the islands). English is the official language or one of several official languages in most of the states; however, many local languages, such as Marshallese and Nauruan, are also used, especially in the outlying areas.

Contemporary influences include a continued U.S. presence (the military base and community on Kwajalein Atoll in the Marshall Islands); dependence on U.S. economic assistance; dissemination of Western cultural values (notably, an emphasis on the individual over the family or community); changes in economy (emphasis on wage employment); population growth; changes in land use; diet changes; increases in certain communicable and noncommunicable diseases; effects of climate change; and increases in social challenges such as domestic violence, teen pregnancy, and substance abuse.

The UN Development Programme (UNDP) uses several measures to rank various countries on issues such as gender equality. The Gender Inequality Index (GII), a measure based

on women's reproductive health, empowerment, and labor market participation (UNDP 2014, 157), is not available for the Micronesian nations due to difficulties collecting data. However, the following two related measures may provide some perspective: In 2012, infant mortality data (number of infant deaths per 1,000 births) across Micronesia was as follows: Palau, 15; Nauru, 30; FSM, 31; RMI, 31; and Kiribati, 46 (for comparison, the U.S. infant mortality rate is about 6 per 1,000) (184–187). And in 2014, the Human Development Index (HDI) ranked the Micronesian nations for which data was available as follows: Palau 60th, the FSM 124th, and the Republic of Kiribati 133rd out of 187 nations (for comparison, the United States ranked 5th) (160–163). The above all indicate that women in these countries face significant challenges. Micronesian women and girls have responded to these challenges in different ways in different areas.

Girls and Teens

The experiences of girls and teens across Micronesia differ widely, but a common theme in their lives is the effect of ongoing change. The massive changes in the region have affected every aspect of traditional life. There have been advantages as well as disadvantages, but societal change, whether positive or negative, causes stress. To compound the issue, “in societies undergoing rapid social and economic transformation . . . the pressures facing adolescents are even greater because they have to cope with their own transition to adulthood at the same time their society undergoes immense change” (Government of the Republic of the Marshall Islands and UNICEF 2003, 66). If the

differences between traditional and modern values are great enough, young people can feel like they are “between two worlds” (Government of Palau and UNICEF 2008, v). This stress can lead to greater risk of behavioral and emotional problems, such as family conflict, unsafe and early sex, shame, depression, dropping out of school, substance abuse, and violence.

Conflicts between young women and their families in Micronesia often arise when they feel pulled between the various aspects of their lives, including family obligations, chances to engage with friends or social groups, expectations to participate in church activities, and the pressures of school. Church activities, which may include work projects, sports, cultural activities such as dancing, and fund-raisers (Government of Kiribati and UNICEF 2005, 20), are opportunities for girls and teens to express religious beliefs, to be involved in their communities, and also to “build status” and bring respect to themselves and their families (Lowe 2003, 201). Girls may have an advantage over boys in this regard; because these activities are socially appropriate for girls, they may have extra family and peer support in this area.

Along with many other social changes, sexual attitudes and behaviors are also changing. Sexual information has traditionally been kept very secret, and females were expected to be virgins until marriage. Today, young people are becoming sexually active much earlier (13–14 years of age). Sexual content is available online and in other media, exposing young people to information (or misinformation) at younger ages.

With less reliable information and less life experience, teens are more vulnerable to unplanned pregnancies and

Darlene Keju-Johnson: A Voice for Health

As a young person who left the Marshall Islands in the 1960s to attend school and then college in Hawaii, Darlene Keju was already somewhat nontraditional. She put her talents to work, first as an activist against the ongoing effects caused by U.S. nuclear testing in the Marshall Islands, and later as an advocate for youth in these islands.

In 1983, she addressed the World Council of Churches to raise public awareness about the Marshall Islanders' situation. She described the prevalence of cancers, miscarriages, and birth defects caused by the radiation; the contamination of fish and other foods in the region; and the communicable diseases caused by relocation and overcrowding.

In 1986, Keju-Johnson founded Youth to Youth in Health, which targets out-of-school young people using a peer-educator model to teach about health issues (such as substance abuse and sexual and reproductive issues); to teach counseling skills, and to work to eliminate youth suicide. Youth to Youth in Health operates a health clinic on Majuro (Majro) Atoll and reaches out to the outer islands with their programs.

Keju-Johnson herself was affected by radiation; she died of breast cancer at the age of 45 in 1996. You can view the video of her address to the World Council of Churches here: <https://www.youtube.com/watch?v=1hxCGIA5oJQ>.

—Janet Lockhart

to sexually transmitted diseases (STDs) such as syphilis and HIV/AIDS, both of which are very high in the region. Babies born to teenage girls are more likely to suffer from low birth weight, a high health risk, and may have other challenges, such as their mothers' lack of knowledge about infant nutrition. There are some supports in place to provide information and guidance.

Education

In most of Micronesia, elementary and some secondary education is public, compulsory, and at least nominally free (although families are often responsible for certain costs, such as school uniforms). In Palau and the RMI, church schools also play an important role. Early childhood education (preschool) is somewhat rare, although it is available in Nauru and in the capital cities of the FSM, and the RMI at one time had a Head Start program for five-year-olds (Government of Nauru and UNICEF 2005, 30; Government of the Federated States of Micronesia and UNICEF 2004, 32; Government of the Republic of the Marshall Islands and UNICEF 2003, 54).

The availability of special education services varies widely. Palau offers comprehensive special education for children ages 3–21 (Government of Palau and UNICEF 2008, v), whereas in the Marshall Islands, the Ministry of Education has struggled to build the capacity of schools to accommodate special needs children (Government of the Republic of the Marshall Islands and UNICEF 2003, 57). The attitude toward disability also differs; although each of the Micronesian states has an official policy of quality service to special needs children, there can still be shame, frustration, and stigma around such issues.

Although attendance to primary school seems to be relatively high or improving, a high number of females and males drop out during the teen years. Girls' attendance and completion levels vary across the region: in Palau, with its focus on youth development, 83% of females (and 72% of males) earn a high school diploma (Government of Palau and UNICEF 2008, 41). In Nauru, only about a quarter of female teens attend high school (Government of Nauru and UNICEF 2005, 51), and in the RMI, about half finish high school (Government of the Republic of the Marshall Islands and UNICEF 2003, 50). In most of the region, although secondary school attendance is low overall, girls slightly outnumber boys.

Throughout Micronesia, education faces a number of challenges. Conflicts between families' needs and the

education system lead to females dropping out. Some families may not value education that does not lead to paid work. Teachers are often not highly qualified and may not be held in high regard (Government of the Republic of the Marshall Islands and UNICEF 2003, 53). Infrastructure may be inadequate: school buildings may be old or unsafe, and they lack adequate sanitation or safe drinking water (Government of Kiribati and UNICEF 2005, 39). Transportation and communication problems are common, especially in the outer islands. Also, there may be differences in the young people's home language and the language of instruction at school (often English), introducing an additional barrier (Government of the Federated States of Micronesia and UNICEF 2004, 35; Government of Kiribati and UNICEF 2005, 38). Finally, funding for education may rely heavily on U.S. grants or other aid, which may be subject to cuts. Across the region, many students do not meet the minimum achievement levels necessary to move on to tertiary education (Government of the Federated States of Micronesia and UNICEF 2004, 41).

High school graduates may compete for limited financial resources and access to higher education at regional community colleges, universities such as the University of Guam or the College of the Marshall Islands, or colleges in the United States. Some areas are also introducing vocational or alternative educational programs, such as the Tungaru Nurse Training School in Kiribati (Government of Kiribati and UNICEF 2005, 48), to increase youth participation and prepare them for scarce wage-earning jobs.

Health

Access to Health Care

Women face a variety of challenges regarding health care access. In general, it can be said that health care services are more available in the main cities of each island group and much less so in the outer islands. Throughout Micronesia, resources tend to be needed to treat health issues after a problem has developed and are less available for preventive measures.

Prenatal care, hospital births, and child immunizations are widely available in some places, such as Palau, but much less consistently in the RMI and Kiribati. Relatively few specialists practice in the islands—for example, there is only one women's health care clinic in Nauru—so women may need to see a general practitioner for their obstetric and gynecological needs or wait until a visiting gynecologist comes to their area (Government of Nauru

and UNICEF, 2005, 24). In Kiribati, a shortage of qualified medical personnel has led to a program to increase the knowledge and skill levels of traditional birth attendants (Government of Kiribati and UNICEF, 2005, 63). In most parts of the region, patients must go off-island for specialized treatments or surgeries; there are also few diagnostic laboratories, so samples must be sent overseas for testing (Government of the Republic of the Marshall Islands and UNICEF, 2003, 31).

Maternal Health

In some parts of the region, maternal and infant life expectancy have gone up, but in other places, they have declined. Women may or may not have access to contraception, due both to lack of availability and to religious practices that discourage the use of family planning methods (Government of the Federated States of Micronesia and UNICEF 2004, 7), so women may have frequent pregnancies at short intervals. Obstetric problems such as low birth weight in babies and gestational diabetes in mothers are common.

The practice of breastfeeding, which protects infants against disease, is nearly universal in the RMI, but less so in Palau and Kiribati. In some places, vitamin A capsules are routinely distributed to pregnant women and infants to protect against the effects of vitamin A deficiency, which can lead to blindness and diminish the ability to fight infections such as measles, a serious issue in the region (Government of the Republic of the Marshall Islands and UNICEF, 2003, 37).

Diseases and Disorders

A variety of communicable and noncommunicable diseases are common. In addition, girls and women face a variety of health challenges related to changes in lifestyle, such as the nutrition value of available foods. In general, the islands have seen a decrease in fresh native foods and an increase in imported foods, which are often expensive, packaged or preserved, and high in fat, sugar, and salt. Diseases related to poor nutrition and lack of exercise, such as diabetes, are affecting Micronesian women at younger ages. Cardiovascular diseases, cancers of the cervix and breast, and obstetric complications are leading causes of death in Micronesian women.

In addition, the strategic marketing of commercially produced cigarettes to women in developing countries has contributed to an increase in tobacco use, which varies greatly among women, from less than 6 percent in the

Federated States of Micronesia (Marshall 2005, 377) to the women of the Republic of Kiribati having one of the highest rates of tobacco use in the world (Government of Kiribati and UNICEF 2005, 62). In addition to cancers and lung disease, tobacco smoking is linked to other health-threatening conditions, such as hypertension (high blood pressure).

Mental Health Issues

Females and males are affected differently by certain mental health issues. For example, male teens in Palau develop schizophrenia at about twice the rate of females, 2.8% and 1.2%, respectively (Sullivan et al. 2007, 191), but traditional practices are more supportive of Palauan females (for example, allowing them to continue to live at home and avoid the social stigma of the disease) than males, who may still be expected to find paid work and fulfill reciprocal family obligations (Bower 2007, 8).

Similarly, in some areas, females are less likely to acquire an illness such as alcoholism; for example, strong church pressures in Chuuk State, in the FSM, tend to keep adolescent girls from experimenting as early as boys do, which may protect them from developing dependency. However, all females and males are affected by the serious upswing of alcohol-related male suicides across the region, which traumatize individuals, families, and communities.

Employment

Traditionally, women were responsible for family and household care, and that commonly continues today. Many Micronesian women still work in the home, and now often outside the home as well. Especially in the outlying areas, women continue to produce food through subsistence gardening and fishing or generate cash to buy imported food and pay for education and church-related expenses, among others. Many women work for small amounts of cash by selling items such as handicrafts or vegetables in shops (Government of Kiribati and UNICEF 2005, 66), or they take out microloans to start small businesses. In general, the lack of infrastructure makes such income generation difficult. Also, many women remain unaware of their rights, may not know what to ask for or where to go for help, or face barriers to economic participation due to the traditional dominance of men in these matters.

Since the 1960s, women have had more access to education, especially in urban areas, and this has provided many

Table 1 Micronesian nations that have ratified treaties protecting the rights of women, children, and disabled people

Treaty	Palau	Federated States of Micronesia	Republic of the Marshall Islands	Kiribati	Nauru
CEDAW*	—	2004	2006	2004	2011
CRC**	1995	1993	1993	1995	1994
CRPD***	2013	—	—	—	2012

*CEDAW: Convention on the Elimination of All Forms of Discrimination against Women

**CRC: Convention on the Rights of the Child

***CRPD: Convention on the Rights of Persons with Disabilities

Source: UN Women, 2013. "The Convention on the Elimination of All Forms of Discrimination against Women: CEDAW Pacific: Frequently Asked Questions."

with access to better wage-earning professional jobs. This gives them the ability to make more money outside the home, to engage in nontraditional female activities, and to make family decisions (Marshall and Marshall 1990, 45). In many places, such as Nauru, women are beginning to fill middle- and higher-level professional jobs (many as teachers or nurses). However, there are still gender differences in employment opportunities and, thus, differences in pay and other benefits: for example, women are more likely to work as clerks or in service industries, while men are more likely to work in public administration or communications. An interesting exception to the trend is Palau, where women in the salaried workforce typically earn more than men (Government of Palau and UNICEF 2008, 50).

As the prevalence of both nuclear and single-parent families increase, women are increasingly the sole wage earners in a household, and those with salaried jobs may need to keep working beyond a typical "retirement" age (Government of Nauru and UNICEF 2005, 13). Some states, such as Palau, have legislation providing for equal economic opportunity or against workplace harassment, but others have no such protections (Government of the Republic of the Marshall Islands and UNICEF 2003, 74; Government of Kiribati and UNICEF 2005, 67).

Besides salaried professional jobs, Micronesian women also increasingly hold influential positions in local and national governments. In Kiribati, women have held the offices of vice president, secretary to the cabinet, and one of the permanent secretary positions (Government of Kiribati and UNICEF 2005, 68). In Nauru, the post of chief secretary was held by a woman (Government of Nauru and UNICEF 2005, 14). In the RMI, women have served as senators, mayors, and permanent secretaries (Government of the Republic of the Marshall Islands and UNICEF 2003,

74). And in Palau, women have been ambassadors, senators, and Supreme Court justices (Government of Palau and UNICEF 2008, 50). (See the "Politics" section for more information about women in government.) Women continue to be the minority in these and most other high-level positions, however, and continue to network with each other through governmental agencies, nongovernmental organizations (NGOs), and church groups to promote gender equality, gain experience, and give women a greater voice in the decisions that affect their lives.

Family Life

Marriage and Childbearing

Traditionally, young women were strongly expected to marry and bear children to demonstrate their "worth and maturity" (Brewis 1996, 34). Unmarried women were pitied or ridiculed and used for their labor. Arranged marriages were common in some parts of Micronesia, and in other areas, "love matches" were allowed. A good marriage would benefit the couple's families as well as the young couple themselves. The newlywed couple moved in with the extended family of one of the spouses. These practices are becoming less common these days, especially as more young people go overseas for school or work.

Young women are still generally expected to be virgins when they marry and to be monogamous after marriage. They may also be expected not to initiate sex and to respond to their husband's initiations even during times when sex is supposed to be restricted (e.g., during menstruation or late pregnancy) or when they are not in the mood. Married Micronesian women are often expected to obey their husbands, work hard, be humble, and not complain. Nevertheless, love and respect between spouses are ideals to many Micronesian women and men.

Domestic Violence

Women report that domestic violence was not a part of traditional cultures (Dugwen et al. 2013, 320). Nevertheless, as economic and social conditions have changed throughout the region (an example is the high rate of male misuse of alcohol, which is almost universally implicated in domestic violence incidents in Micronesia; Government of the Republic of the Marshall Islands and UNICEF 2003, 13), traditional protections for women and children have been strained. Domestic violence, child abuse, and child neglect are now serious concerns in the region.

All the Micronesian nations have ratified the Convention on the Rights of the Child (CRC), and all except Palau have ratified the Convention to End All Forms of Discrimination against Women (CEDAW). However, Oceania in general (all regions of the Pacific) has an average domestic violence rate of about 35 percent (WHO 2013, 47). (For comparison, the United States falls at about 25 percent, which is “average” worldwide.) Governments, churches, and NGOs struggle to put new protections in place in ways that are “culturally sensitive yet effective” (Dugwen et al. 2013, 321), but they may lack resources, such as counseling or women’s shelters.

Efforts are also limited by islanders’ belief that domestic violence is a private issue rather than a social or criminal issue. Women may be afraid to speak of it, and they may delay or avoid getting help. Understanding of the word *abuse* also varies. Police may categorize reports of domestic violence as *assault and battery* for lack of a more accurate term. The phrase *child abuse* is not widely used because many Micronesians continue to equate *abuse* with *sexual abuse* only, not with *verbal* or *physical abuse*, and this subject is still not often spoken about openly.

The effects of domestic violence—which can be verbal, physical, sexual, or economic—include physical injuries, transmission of sexually transmitted diseases (STDs), depression, posttraumatic stress disorder (PTSD), and loss of ability to work, to function in the family, or to engage in school or social activities. As Dugwen et al. puts it, “Domestic violence is not healthy in any relationship, regardless of culture or traditions” (2013, 321).

Variations on Compulsory Heterosexuality

In Micronesia, as in many parts of the world, there is an unspoken assumption that everyone is heterosexual (known as normative, or compulsory, heterosexuality). This can severely limit the life options of people who are

lesbian, gay, bisexual, or transgender (LGBT), who may marry opposite-sex partners when they would not choose to do so because they are not safe to live their orientation openly. Same-sex activity is illegal in certain Micronesian nations, same-sex marriage is not legal in any of the nations, and the social stigma of being lesbian, gay, or bisexual has been described as “the horror of having a

Nikiranroro: An Ambiguous Status

In parts of Kiribati, a small number of women, called *nikiranroro*, live outside of typical marriage and motherhood. A *nikiranroro* can be a woman who has not married when her age peers have done so, or she can be an “unmarried nonvirgin” who is perceived as being sexually available whether or not she is in fact active. A woman may become a *nikiranroro* in a number of ways: She was divorced, widowed, or separated. She “flaunted community norms” in some way (MacDonald 1998, 14). She had premarital sex. She was raped. Or she was persuaded by her family to leave a violent husband.

The connotation of *nikiranroro* depends on the situation and who uses it. Married women may use it disdainfully to describe an unmarried woman and segregate her from her “categorically chaste” peers (Brewis 1992, 202) if they perceive her status to be her “fault” in some way. Married men may have community approval to seek sexual satisfaction from a *nikiranroro*, as long as they do not fall in love with her (which is reserved for wives). Some *nikiranroro* choose the status for themselves to find greater social and sexual freedom. As one woman put it, “Because I am a *nikiranroro* I can go where I want and do what I want. That is better than being a wife” (Brewis 1996, 32).

—Janet Lockhart

Brewis, Alexandra. 1992. “Sexually-Transmitted Disease Risk in a Micronesian Atoll Population.” *Health Transition Review* 2.2: 195–211.

Brewis, Alexandra. 1996. *Lives on the Line: Women and Ecology on a Pacific Atoll*. Belmont, CA: Thomson Higher Education.

Macdonald, Barrie. 1998. *Pacific Islands Stakeholder Participation in Development: Kiribati*. Pacific Islands discussion paper series no. 5. Washington, D.C.: The World Bank. <http://documents.worldbank.org/curated/en/314371468753367994/Pacific-Islands-stakeholder-participation-in-development-Kiribati>.

secret . . . that you are afraid to tell anyone for fear that they will not love or respect you anymore” (Nicloy 2006, 18).

In some places in the Pacific, variations on compulsory heterosexuality may be accepted. In Kiribati (as well as in many Polynesian societies), some people fall into a “third gender” category (what Westerners would call *transgender*): sometimes, men live outwardly as women, wearing women’s clothing, taking women’s names, and doing women’s work of child care and housekeeping; some women live, dress, and behave as men. Such people may be ridiculed or teased, but they are at least nominally tolerated (Brewis 1996, 34). Also, in Kiribati, there is a class of women known as *nikiranroro* (“remnant of their generation”), unmarried nonvirgins who are seen as dishonored or sexually “loose.” Some women choose this status for their own reasons.

Politics

Micronesian women have always engaged informally with “politics,” which takes place in every aspect of their lives. Within their extended families, women have wielded influence as lineage heads, household managers, and landholders. In these roles, they cooperate with chiefs, organize household and food procurement work, and oversee child care.

At a community level, women may use existing structures, such as women’s church groups, to influence political issues affecting themselves and their children. In some areas of the FSM, women use these established gender- and age-related discussion groups to explore the appropriateness of certain behaviors for women, men, and adolescents (such as domestic violence, substance use, and local conflict or gang activity). In situations where their voices may not typically be heard, they can express their concerns and be supported (Flinn 2013, 22).

To succeed in politics, whether formal or informal, certain characteristics are needed. Good problem-solving skills, a level of education, and a polite but firm public speaking persona are essential. In general, and especially in areas where “kin politics” are strong (that is, where family relationships decide who runs for office and earns votes and where single women may be at a disadvantage), it is important for women to embody traditional gender-associated traits, such as gentleness, the willingness to put the needs of others over their own, and an acceptable public demeanor (Marshall and Marshall 1990, 56). Women’s experiences of informal politics within the traditional and religious arenas help them cultivate these valuable skills for working within the formal political arena.

In formal politics, whether at a local, national, or international level, Micronesian women advocate around issues such as climate change; human rights issues (including LGBT rights, labor violations, and sex trafficking); and building peace in the Pacific. Women exert political influence through their increasing presence in law- and policy-shaping positions (such as senators and permanent secretaries) in many local and national Micronesian governments. They engage in activism that is both top-down, in which aid or intervention is solicited from outside the region, and bottom up, in which local groups band together to address regional and international concerns (George 2011, 59). Their activism takes a variety of forms, from marches and rallies, to letter-writing campaigns, attendance at international conferences, political lobbying, and even theater presentations (George 2011, 44–45).

At the Micronesian Chief Executives Summit in December 2013, Guam’s governor, Eddie B. Calvo, compared the region’s efforts for self-determination to Nelson Mandela’s fight against apartheid (a system of racial discrimination and segregation) in South Africa. He reminded the audience that Micronesian nations are some of the “youngest democracies in the world . . . fighting for the same cause of individual liberty” as Mandela (Eugenio 2014). Micronesian women are instrumental in that struggle.

Religious Roles

Religion, specifically Christianity, is pervasive in Micronesia. Churches wield great influence on public attitudes, provide many services—schools, sports and training programs, community groups—and shape women’s lives. Women in various parts of Micronesia have integrated its influence in various ways.

In most of Micronesia, church attendance is very high, and in some places, membership in age- and gender-related church groups is mandatory. Churches are important centers for exploring faith, receiving guidance, and promoting social and community development. As such, they can be a source for both stability and social change (Government of Kiribati and UNICEF 2005, 21).

Churches can also either limit or promote women’s and girls’ ability to deal with issues of concern to them. For example, in the case of domestic violence, tradition might dictate that a woman may leave or divorce her husband for her own well-being and that her extended family would protect her and perhaps help her find a better husband later. In contrast, the Catholic Church may press for the nuclear family to remain intact, limiting the woman’s

ability to avoid the abusive relationship and remain safe (Flinn 2013, 24).

On the other hand, women are not just passive respondents to hierarchical church dictates. Some Catholic women have incorporated the food-based imagery of the Feast of the Immaculate Conception with the bountiful imagery of similar indigenous feasts so that women's roles as procurers of food are emphasized and respected (Ames 2013, 190). Women in Pollap use church discussion groups to reinforce connections between Christian and traditional values. Christian concepts such as showing compassion and refraining from violence help them draw what they see as essential lines of continuity between their indigenous past and their modern religious convictions. As Flinn puts it, "it is as though they use Catholicism as a way to be perceived as being better Pollapese" (20).

Church influence extends to the realms of women's physical and mental as well as spiritual health. In some parts of the FSM, church doctrine that "good Christian women are not supposed to smoke or drink" is widely adhered to, and this belief may be to girls' and women's health benefit, as it means they are much less likely than males to use or abuse these substances (Marshall 2005, 374).

Women's experiences of the huge social issues of sexuality and STDs such as HIV/AIDS are also affected by church attitudes and dictates. Because of the traditional reluctance to speak of sexual matters and the stigma around the sexual nature of these infections, there is opportunity for shame and silence as well as acceptance and information. In terms of STDs, some churches may focus on promoting prevention, such as use of condoms (Government of Nauru and UNICEF 2005, 26), while others may condemn the sexual behaviors that are, or that are assumed to be, the cause of the disease (for example, many church counselors may still blame same-sex activity for the rapid spread of HIV/AIDS, when currently heterosexual activity is often the source of the spread). In terms of sexual orientation and sexual behavior, many may encourage empathy for the societal oppression of LGBTQ people and at the same time advocate promotion of "traditional concepts regarding marriage and family" (Nicloy 2006, 18)—which usually include only heterosexual monogamy—without acknowledging that this constitutes compulsory heterosexuality. The sexual and mental health of teens, women, and men are affected by these influences.

Issues

The issues described here cannot be unraveled from their effects in the lives of girls and women as described in

the previous sections. These are chosen because of their uniqueness, severity, or relevance to girls and women in other parts of the world.

Environmental and Health Damage in the Marshall Islands

During the 1940s and 1950s, many Marshall Islanders were forcibly dislocated from their home islands to make way for U.S. military activity. The immediate consequences were social and psychological trauma resulting from the dislocations, physical hardships from being relocated to islands without adequate food or water, and the environmental and health effects of radioactive fallout from the nuclear bombs tested on Bikini and other Marshall Islands. As is common in many parts of the world, women and girls were also affected by acts of physical and sexual violence committed against them by personnel of the various military forces in the region (George 2011, 61).

Long-term effects of the bombing include radiation poisoning in the land and sea, making many foods no longer edible, and some islands being uninhabitable for thousands of years. Direct health effects of the radiation include high numbers of miscarriages and birth defects, including what Darlene Keju-Johnson described as "jelly-fish babies" (Johnson 2013), and various cancers, thyroid problems, and immune deficiency disorders. Long-term effects include noncommunicable disease, such as diabetes, related to food supply issues, and the rampant spread of communicable diseases such as tuberculosis (TB), which occurs on Ebeye, for example, at 23 times the rate in the United States (California Newsreel 2008); cholera; respiratory infections; and waterborne illnesses. All of these conditions are due to overcrowding on small islands that still may not have electricity or running water. The effects of waiting for promised compensation payments for nuclear-affected victims, and of heavy dependence on U.S. aid, also take a psychological toll.

Climate Change

In 2014, the Republic of Kiribati bought land in Fiji, anticipating the need for their residents to migrate when increasing sea levels inundate their own islands about 30 years from now (Dizard 2014). Because many Pacific islands lie only a few feet above sea level, Kiribati is not the only nation looking ahead in this fashion. Other nations, such as Tuvalu and the Maldives, are also considering the possibility of buying some higher ground (Dizard 2014). Climate change is bringing both drought and floods, the

inundation of freshwater wells and taro patches with seawater, and ocean water acidification that is killing off the life-sustaining coral reefs. Changes in their ability to access freshwater and procure food and shelter for their children will disproportionately affect women, who are more likely to live in poverty and lack access to needed resources that will help them move to safer ground.

Labor Violations

Saipan, the capital of the CNMI, was the center of a decades-long controversy about the use of foreign workers in inhumane conditions in garment factories. Part of the CNMI's commonwealth agreement with the United States exempted the territory from the Immigration and Nationality Act and from minimum wage requirements. Foreign-owned garment companies brought in guest workers from poor Asian countries to cheaply produce clothing that could be imported to the U.S. mainland labeled "Made in the U.S.A." The workers—mostly women, many of whom were working for money to support children in their home countries—had few protections. The conditions of their "recruitment" meant they often had to work for years to pay off debt to their recruiters, and other abuses—such as rapes, forced abortions, and summary deportation of pregnant workers—occurred as well (Clarren 2006).

After years of lobbying in the U.S. Congress, a protracted influence-peddling scandal, an investigation by then representative George Miller (Vorderbrueggen 2008), and two class-action lawsuits, some improvements were made. Lawsuit monies were allocated, and some were disbursed. An ombudsman's office was created in Saipan. In 2007, Congress declared the islands subject to minimum wage standards.

However, as of 2012, there were still pressures in Congress to curtail the minimum wage (Moyers 2012). Factory inspections are rare, the ombudsman's office has no authority to prosecute violations (Vorderbrueggen 2008), and many factories have closed and moved to regions with even fewer worker protections.

Concern remains that garment workers still will not be able to pay off their "recruiting" debts, afford to return to their home countries, or find other paid work in Saipan. They may be forced to move into scarce jobs in the legitimate tourist industry or into sex tourism (e.g., prostitution, strip clubs, and massage parlors). A continued lack of government intervention makes the islands a "breeding ground for slavery" (Clarren 2006).

Sex Trafficking

In Micronesia, trafficking in human beings is common. The RMI, Guam, the CNMI, and the FSM have all been implicated as both source and destination countries for women and girls subjected to sex trafficking. Palau, the FSM, and the RMI were all on the Tier 2 Watch List for 2013 (U.S. Department of State 2013), indicating they are among countries where the "absolute number of victims of severe forms of trafficking is very significant or is significantly increasing" (Eugenio 2014). In places where women or girls are vulnerable due to poverty, poor education, or a lack of family support or other resources, they are more likely to become victims of trafficking.

Some protections are in place. The FSM, Kiribati, and Nauru have ratified or acceded to the 2003 United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (United Nations 2003, 319), and two states of the FSM have laws against sexual servitude of children and involuntary servitude of adults (but not sexual servitude of adults) (U.S. Department of State 2013). However, all Tier 2 nations continue to face challenges with raising public awareness, developing effective action plans, and prosecuting identified cases of trafficking.

JANET LOCKHART

Further Resources

- Ames, Angeline. 2013. Review of "*Mary, the Devil, and Taro: Catholicism and Women's Work in a Micronesian Society*." *Pacific Asia Inquiry* 4.1: 189–192. Retrieved from http://www.uog.edu/sites/default/files/ames_mary-devil-taro.pdf.
- Bower B. 2007. "Trouble in Paradise: High Schizophrenia Rates among Pacific Islanders Raise Cultural Questions." *Science News* 172.1 (July 7): 8–9. Retrieved from <https://www.sciencenews.org/article/trouble-paradise?mode=magazine&context=615>.
- Brewis, Alexandra. 1996. *Lives on the Line: Women and Ecology on a Pacific Atoll*. Belmont, CA: Thomson Higher Education.
- California Newsreel. 2008. *Unnatural Causes: Collateral Damage*. Season 1, Episode 6. Film. Directed by Eric Stange. Retrieved from <http://www.unnaturalcauses.org>.
- Clarren, Rebecca. 2006. "Paradise Lost: Greed, Sex Slavery, Forced Abortions and Right-Wing Moralists." *Ms.* (Spring). Retrieved from http://www.msmagazine.com/spring2006/paradise_full.asp.
- Dizard, Wilson. 2014. "Plagued by Sea-Level Rise, Kiribati Buys Land in Fiji." *Al Jazeera America*, July 1. Retrieved from <http://america.aljazeera.com/articles/2014/7/1/kiribati-climatechange.html>.
- Dugwen, Geraldine Luchuen, W. Thane Hancock, James Gilmar, John Gilmatam, Petra Tun, and Gregory G. Maskarinec. 2013. "Domestic Violence against Women on Yap, Federated States of Micronesia." *Hawai'i Journal of Medicine & Public Health*



Two teenage girls walk in the Harajuku district of Tokyo, June 2010. The Japanese word *kawaii* means cute, a style adored by many Japanese girls and teens. (Greir11/Dreamstime.com)



Australia's Mahalia Murphy, front, scores a try as Brazil's Raquel Kochhann attempts to stop the score during their match at the World Rugby Women's Sevens Series tournament in Sydney, Australia, February 3, 2017. The Australian Women's Rugby Union was established in 1993. (AP Photo/Rick Rycroft)



In Tharail Village, Bangladesh, women are members of a microcredit project. Microcredit is the lending of small sums of money to people in developing economies. (Sjors737/Dreamstime.com)



Local women in their traditional attire, called *kira*, rehearsing a dance sequence for an upcoming festival in Punakha, Bhutan, October 2011. Festivals in Bhutan are grand and colorful, and are an integral part of Bhutanese life. (Subhrajyoti Parida/Dreamstime.com)



A vendor at the open air market in Bandar Seri Begawan, Brunei. In Brunei, 56 percent of women are actively involved in the workforce, compared to 76 percent of men. (Presse750/Dreamstime.com)



Mu Sochua upon her release on bail from Prey Sar prison in Phnom Penh, Cambodia, July 22, 2014. Mu Sochua is a human rights advocate, MP-elect, and senior member of the opposition Cambodia National Rescue Party (CNRP). She is a former Minister of Women's Affairs in Cambodia, and was nominated for a Nobel Peace Prize in 2005 for her work to end gender-based violence. (Tang Chhin Sothy/AFP/Getty Images)



A Hani woman is pictured in Yunnan, China. The Hani are among the 56 ethnic groups in China. Ethnic minorities mainly live in southern China's Yunnan Province. (Li Kang Long/Dreamstime.com)



An indigenous family poses for a photo in the highlands of Tibet, an autonomous region of China distinguished particularly by Tibetan language and Tibetan Buddhism. (Bbbar/Dreamstime.com)



Award-winning author Arundhati Roy celebrates after being released from Tihar Jail in New Delhi, India, March 7, 2002. The Supreme Court found Roy guilty of criminal contempt of court, and sentenced her to a day of “symbolic imprisonment.” Roy, whose novel *The God of Small Things* won Britain’s Booker Prize, was also fined 2,000 rupees. (AP Photo/Manish Swarup)



Local women wait for the fishing boats in order to trade in the fish market, Muncar, Java, Indonesia, May 2015. In Indonesia, 51 percent of women are engaged in the workforce. (Yavuz Sariyildiz/Dreamstime.com)



Local women participate in the traditional celebration of Navruz, the spring festival, Fort Shevchenko, Mangystau, Kazakhstan, March 2015. The country is a former republic of the Soviet Union, and gained independence as a state on December 16, 1991. (Barbarico/Dreamstime.com)



Women in a village in Kyrgyzstan sharing information about childbirth. Kyrgyzstan has a population of around 5.7 million, two-thirds of which live in rural areas. (Radiokafka/Dreamstime.com)



Field hockey players compete at the Malaysia Games in Kuala Terengganu, Malaysia, during a semi-final match between the Malaysian states of Pahang and Penang, June 7, 2008. Malaysia is a multi-ethnic and multi-cultural country. (Shariff Che' Lah/Dreamstime.com)



An indigenous Fijian woman pictured with agricultural produce. In Fiji, women are more likely than men to perform unpaid labor on family farms and in the informal economy. (Rafael Ben Ari/Dreamstime.com)



Riders wear traditional clothing at the Naadam Festival horse race in Mongolia. The economy in Mongolia relies heavily on agriculture, livestock (herding of horses, cattle, camels, sheep, and goats), and mining. (Loca4motion/Dreamstime.com)



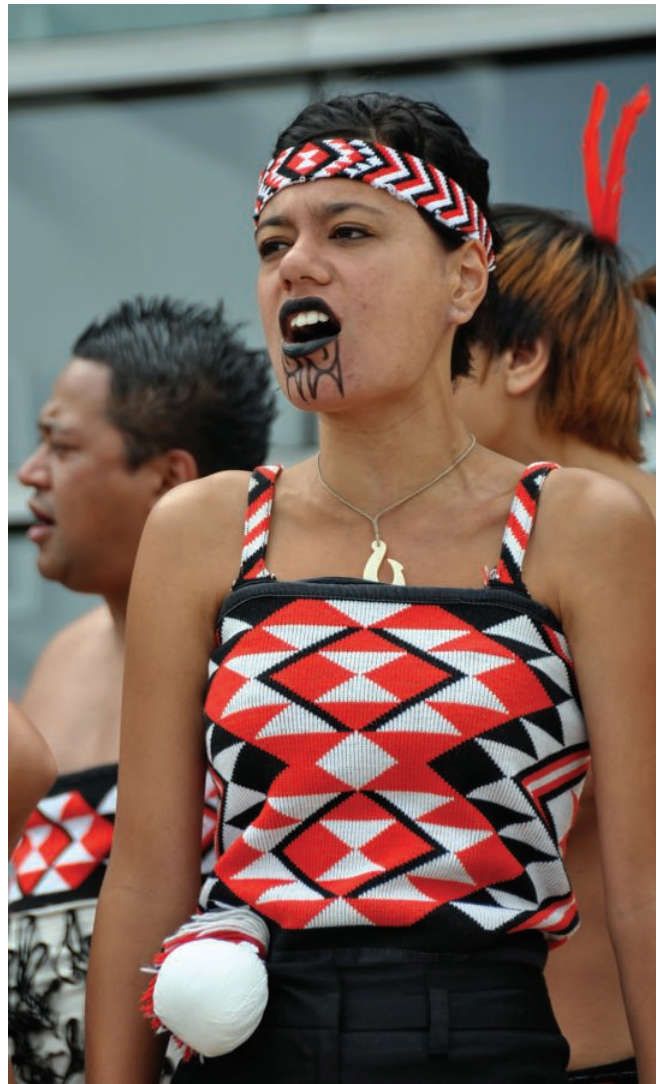
Woman and children on a path in rural Myanmar (Burma). Women account for 56 percent of the Burmese workforce. (Gualtiero Boffi/Dreamstime.com)



A North Korean kindergarten teacher and her students walking to Kim Il Sung Square on North Korea's National Day, September 9, 2013. North Korean women are typically assigned to work in fields like health, education, and communications. (Linqong/Dreamstime.com)



A woman stands in front of the small grocery shop she owns in a village near the Everest Base Camp in Nepal. The most common industries in Nepal are tourism, carpet textile production, rice, jute, sugar, and oilseed mills, as well as cigarettes, cement, and brick production. (Stbernardstudio/Dreamstime.com)



Maui, a traditional Maori song and dance group, perform Maori *Haka* (war dance) at the 18th World Buskers Festival in Christchurch, New Zealand, January 2011. Maori comprise 15 percent of the population. (Nigel Spiers/Dreamstime.com)



A group of Kalasha girls pose for a photo, Bumburet valley, Pakistan. The Kalasha are the smallest religious community of Pakistan. (Paweł Opaska/Dreamstime.com)



Members of GABRIELA (General Assembly Binding Women for Reforms, Integrity, Equality, Leadership, and Action) march to the U.S. Embassy to protest violence against women, and forms of oppression associated with neoliberalism, on International Women's Day, in Manila, Philippines, March 8, 2017. Beginning in 1984, GABRIELA was formed in honor of Gabriela Silang, a woman general during the Filipino revolution for independence from Spain. (Gregorio B. Dantes Jr./Pacific Press/LightRocket via Getty Images)



A woman casts her ballot at a polling station, voting in the second round of the French presidential election in Papeete, Tahiti, French Polynesia, May 6, 2017. French Polynesia and Wallis and Futuna are overseas collectivities of France and not independent nations; the elected French president is the head of state. (Mike Leyral/AFP/Getty Images)



A South Korean college student holds a lit candle during a rally against the Japanese government in front of the Japanese Embassy in Seoul, South Korea, December 30, 2015. The rally followed an “irreversible” settlement of a decades-long standoff over Korean women forced into sexual slavery by the Japanese military during World War II. The institutionalized rape of up to 200,000 Korean girls and women, euphemistically referred to as “comfort women,” continues to be an important issue for South Korea. (AP Photo/Ahn Young-joon)



Local women in Koggala, Sri Lanka, December, 2013. The United Nations Development Programme highlighted Sri Lanka as a regional leader in women's education and health. (Anastasiia Kosarieva/Dreamstime.com)



Devotees at a Taiwanese temple burn incense for good luck in the coming year. In Taiwan, 93 percent of the population practice religions considered to be traditionally Chinese, such as Buddhism and Taoism. (Fang Chun Che/Dreamstime.com)



A woman stands, paddling a boat, while another woman sells her fruits, including bananas, pineapples, and melons, at a local floating market, and popular tourist destination, near Bangkok, Thailand. Women's roles in small-and medium-sized business enterprises have increased since the economic crisis of 1997. (Adeliepenguin/Dreamstime.com)



Local women in Kow-Ata, Turkmenistan, October 2015. Turkmenistan is composed of many different ethnic groups including Turkmen, Uzbeks, Russians, and many minority groups. (Olga Buiacova/Dreamstime.com)



Women selling jewelry at the bazaar in the historic center of Bukhara, Uzbekistan. The Business Women's Association of Uzbekistan seeks to educate women through a wide variety of courses regarding entrepreneurship and home business opportunities. (Antonella865/Dreamstime.com)



Three women visit their terraced rice fields in Mu Cang Chai, Yen Bai, Vietnam. Vietnam is an agriculture-centered country, with approximately 70 percent of the population living in rural areas. The majority of working Vietnamese women work in agriculture. (Sonha95/Dreamstime.com)



Women walk on National Road 13, near the village of Muang Phou Khoun, Laos. The vast majority of Laotians reside in rural areas. (Presse750/Dreamstime.com)

- 72.9: 318–322. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3780464>.
- Eugenio, Haidee V. 2014. “Micronesian Leaders Tackle Climate Change, Human Trafficking.” *Islands Business* (January). Retrieved from <http://www.islandsbusiness.com/2014/1/pacific-update/micronesian-leaders-tackle-climate-change-human-tr>.
- Flinn, Juliana. 2013. “Pollapese Catholicism as Strategy.” *Oceania* 83.1: 16–30. doi:10.1002/ocea.5004.
- George, Nicole. 2011. “Pacific Women Building Peace: A Regional Perspective.” *Contemporary Pacific* 23.1: 37–71. doi:10.1353/cp.2011.0001.
- Government of the Federated States of Micronesia and UNICEF. 2004. *The Federated States of Micronesia: A Situation Analysis of Children, Women and Youth*. Retrieved from http://www.unicef.org/pacificislands/FSM_Situation_Analysis_Report.pdf.
- Government of Kiribati and UNICEF. 2005. *Kiribati: A Situation Analysis of Children, Youth and Women*. Retrieved from http://www.unicef.org/pacificislands/Kiribati_Sitan.pdf.
- Government of Nauru and UNICEF. 2005. *Nauru: A Situation Analysis of Children, Women and Youth*. Retrieved from http://www.unicef.org/pacificislands/Nauru_Sitan_Report_Latest_pdf.pdf.
- Government of Palau and UNICEF. 2008. *Palau: A Situation Analysis of Children, Youth and Women*. Retrieved from http://www.unicef.org/pacificislands/Palau_Sitan_compressed.pdf.
- Government of the Republic of the Marshall Islands and UNICEF. 2003. *Republic of the Marshall Islands: A Situation Analysis of Children, Youth and Women*. Retrieved from [http://www.unicef.org/pacificislands/RMI_SITAN\(1\).pdf](http://www.unicef.org/pacificislands/RMI_SITAN(1).pdf).
- Johnson, Giff. 2013. *Don't Ever Whisper: Darlene Keju: Pacific Health Pioneer, Champion for Nuclear Survivors*. Charleston, SC: CreateSpace Independent Publishing Platform.
- Lowe, Edward D. 2003. “Identity, Activity, and the Well-Being of Adolescents and Youths: Lessons from Young People in a Micronesian Society.” *Culture, Medicine and Psychiatry* 27: 187–219.
- Marshall, Mac. 2005. “Carolina in the Carolines: A Survey of Patterns and Meanings of Smoking on a Micronesian Island.” *Medical Anthropology Quarterly* 19.4: 365–382.
- Marshall, Mac, and Leslie B. Marshall. 1990. *Silent Voices Speak: Women and Prohibition in Truk*. Belmont, CA: Wadsworth Publishing Company.
- Moyers, Bill, and Michael Winship. 2012. “GOP Defends Marianas’ Sweatshops.” Consortiumnews.com, September 1. Retrieved from <http://consortiumnews.com/2012/09/01/gop-defends-marianas-sweatshop>.
- Nicloy, Major Scott. 2006. “Homosexuality in Micronesia.” *Micronesian Counselor* 62: 1–19. Retrieved from <http://www.micsem.org/pubs/counselor/frames/homosexualityfr.htm>.
- Salem Health. n.d. “Culture Whispers: Healthcare Reflections: Understanding Micronesian Culture.” Retrieved from https://www.salemhealth.org/chec/culture/CW_Micronesia_final.pdf.
- Sullivan, Roger J., John S. Allen, and Karen L. Nero. 2007. “Schizophrenia in Palau: A Biocultural Analysis.” *Current Anthropology* 48.2: 189–213.
- UNDP (UN Development Programme). 2014. “International Development Indicators.” *Human Development Reports*, July 24. Retrieved from <http://hdr.undp.org/en/countries>.
- United Nations. 2003. “2003 United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children.” *Treaty Series* 2237: 319. Retrieved from https://treaties.un.org/pages/viewdetails.aspx?src=ind&mtsg_no=xviii-12-a&chapter=18&lang=en.
- UN Women. 2013. “The Convention on the Elimination of All Forms of Discrimination against Women: CEDAW Pacific: Frequently Asked Questions.” Retrieved from <http://www.pacificwomen.org/wp-content/uploads/CEDAW-Leaflet-13-1-08-2013-cc-edit.pdf>.
- U.S. Department of State. 2013. *2013 Trafficking in Persons Report—Micronesia, Federated States of*. June 19. Retrieved from <http://www.refworld.org/docid/51c2f3a248.html>.
- Vorderbrueggen, Lisa. 2008. “Martinez Congressman Dedicates Years to Tiny Island Worker Abuse Reforms.” *Contra Costa Times*, May 28. Retrieved from http://www.contracostatimes.com/ci_9408783.
- WHO (World Health Organization). 2013. *Global and Regional Estimates of Violence against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence*. Retrieved from http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf.

Mongolia

Overview of Country

Mongolia, the 19th-largest country and the 2nd-largest landlocked country in the world, is located in North Asia and borders China and Russia. It is approximately 603,905 square miles (1,564,116 sq. km). As of 2015, Mongolia had a population of 3 million. Approximately, 72 percent of the population lives in urban areas, and 1.37 million live in Ulaanbaatar (or Ulan Batar), the capital city (CIA 2016).

The officially reported literacy rate is above 97 percent, and the poverty rate is 21.6 percent. The country’s gross domestic product (GDP) growth is 7.8 percent. In 2014, the UN Development Programme (UNDP) ranked Mongolia 103rd out of 187 nations based on the Gender Inequality Index (GII; 0.320). The World Economic Forum (WEF) ranked Mongolia 58th out of 144 countries based on the Gender Gap Index (0.705) in 2016 (WEF 2016).

The overall sex ratio at birth is 1.05 male(s)/female, and a 2014 estimate of the sex ratio of the total population is 1 male(s)/female. Close to 44.5 percent of the population is under 24 years old, and 50.48 percent of the population is

female. On average, women have a longer life expectancy (73.76 years old) when compared to men (65 years old) (CIA 2016).

There are eight major ethnic groups in Mongolia, among which the largest group is the Khalkh (81.9%). The Kazakh is the second-largest (3.8%) group, living primarily in western Mongolia. After Kazakhstan gained sovereignty from the Soviet Union (1990), many Kazakhs in Mongolia migrated to Kazakhstan, which inevitably impacted the Kazakh population in Mongolia. Other ethnic groups in the country include Dörvöd, Bayad, Buriat, Dariganga, and Urianhai (CIA 2016).

Spoken by more than 85 percent of the population, Khalkha Mongolian is the official language in Mongolia. Other languages spoken or used in the country include Russian, English, Chinese, Japanese, and Korean (CIA 2016).

All religions were banned from 1921 to 1990, but they revived in postsocialist Mongolia (1990–present). Buddhism, Islam, Christianity, and Shamanism are four major religions in the country, among which Buddhism and Shamanism are traditional religions. More than half of the population is reportedly Buddhist. Islam is primarily practiced among Kazakhs. There has been an increase in the Christian population since 1990. The majority of registered religious organizations are primarily Buddhist and Christian.

Mongolia won independence from China with the help of the former Soviet Union in 1921. It became the second socialist country in the world—the Mongolian People's Republic (1924–1992)—and a Soviet satellite. After the dissolution of the Soviet Union in 1989, Mongolia became the first postsocialist country that held democratic elections in 1990 and started its transition into a democratic country with a market economy. It enacted the new constitution in 1992 and amended it in 1999 and 2001. Under the new constitution, over 20 political parties have competed for presidential elections every four years and competed for the 76 Parliament seats. The Mongolian People's Party (MPP) is the largest political party, followed by the Democratic Party (DP).

Mongolia is divided into 21 *aimags* (provinces) and the capital city, Ulaanbaatar. Ulaanbaatar has 9 districts and 132 subdistricts. The 21 *aimags* are divided into 338 *soums* (second-level administrative subdivisions) that have 1,682 *baghs* (the smallest administrative units).

Since 1990, Mongolia has undergone drastic political, economic, and social changes that have created opportunities and problems for women in the postsocialist era.

Aiming to establish a legal basis to ensure gender equality in all spheres, the Law on Promotion of Gender Equality was passed in 2011. The United Nations launched Sustainable Development Goals (SDG) in Mongolia in 2015. One of its goals is gender equality and empowerment of all women and girls.

Girls and Teens

As of 2016, 44.5 percent of the total Mongolian population is under the age of 25 years old, and the sex ratio is 1.03 male(s)/female for the 15–24 age group. The youth dependency ratio is 41.7 percent (CIA 2016), but many young people live in poverty because of an increased number of female-headed households that are stricken by abject poverty. This is particularly rampant in rural areas that depend so heavily on the herding industry and mining areas that have very limited job opportunities for women and girls.

There is a huge disparity in girls' extracurricular activities and educational opportunities in Mongolia. The low population density in Mongolia affects girls and teens differently, depending on regionally specific economic activities and available resources or educational opportunities. Economic activities in Mongolia depend heavily on herding, agriculture, and mining, which are traditionally and professionally male-dominated. As a result, more male youths join the labor force without earning high school diplomas or college degrees. Girls, on the other hand, participate in less physically demanding economic activities closer to home, and they are more likely to have more years of schooling, including college. Realizing that girls have limited job opportunities because of gender difference and occupational segregation, many parents try to support their daughters through high school or college so that they are more employable.

Girls in rural or nomadic communities usually have limited access to an array of extracurricular activities because of the scarcity of facilities in schools. Some also have family responsibilities after school and have to help take care of family herds or do house chores. Those from nomadic herder families living in remote areas usually attend boarding schools and visit their families during school breaks from June to August every year. While in school, these girls participate in organized school activities, including sports and education-related events. As for girls living in large cities, they have more extracurricular activities, such as Girl Scouts, sports, art, and foreign-language

learning. They are also able to attend private schools if their parents can afford it. By contrast, girls living in poverty in big cities are more vulnerable to homelessness, drugs, and human trafficking.

Education

Mongolia has undergone a series of structural changes and reforms in its education system since 1990. For example, the original 10-year school system was changed to an 11-year school system in 2004 and then to a 12-year school system beginning in 2008, which is to be completed by 2016. School-age children now start primary education at the age of 6 instead of 7. Irrespective of all the changes, the state emphasis on universal and compulsory primary and lower secondary education, which was accomplished in the early 1960s, has remained unchanged. Although socioeconomic status, such as unstable living conditions in remote rural areas, affects school-age children's enrollment, Mongolia has almost achieved near universal primary education for both girls and boys of 15–24 years of age. The overall youth literacy rate is 98.51 percent, with a female literacy rate slightly higher (98.98%) than the male literacy rate (98.05%) (UNESCO 2015a).

The enrollment rate in education for girls and boys is high in Mongolia. Attendance in early childhood education includes approximately 55.9 percent of males and 59.8 percent of females. The net enrollment ratio in primary school participation is 98.5 percent for females and 99.4 percent for males, and the secondary education participation is 78.9 percent for females and 74.1 percent for males. Nevertheless, only 24.5 percent of the poorest 20 percent attend school, as opposed to 80.3 percent of the richest 20 percent. The enrollment ratio in primary school is approximately 99.4 percent for boys and 98.2 percent for girls (UNICEF 2013). The country's school life expectancy for females is approximately 16 years, as opposed to 14 years for males.

Mongolians are required to receive nine years of free basic education, including six years of primary education and three years of lower secondary education. The Mongolian government prioritizes education, which makes Mongolia one of the top countries with a high literacy rate in the world. When compared to global male and female youth literacy rates at 92.6 percent and 88.6 percent (UNESCO 2016), male and female youth literacy rates in Mongolia (15–24 years old) are at 98 percent and 98.9 percent, respectively (UNDATA 2016).

Enrollment in higher education in Mongolia reflects reverse gender disparity. The level of female enrollment in college is higher than the average in developed countries. Some male youths drop out of school in postsocialist Mongolia, primarily because they depend on family support for advanced education, and some parents, especially herders, are unable to pay the costs associated with their education. In the meantime, some male youths choose to attend technical or vocational schools because of the increasing demand for workers in the mining industry, for example, or other male-dominated occupations. For female youths, occupational segregation and a bleak job market in general pose more challenges. Many of them choose to continue with their education for future economic security and employment opportunities.

Even though there are more female students in college, most female science majors are in biology or medicine; they are still outnumbered by male students in STEM fields, including physics, mathematics, computer science, technology and engineering. For example, 73 percent of biology majors are female, whereas only 30 percent of computer science majors and 24 percent of engineering majors are female (UNESCO 2015).

The Mongolian government implemented an explicit policy to support sexuality education for every Mongolian school child. It launched sexual education reform in 1998 and identified 10 priorities for health education, including reproductive health. Sex education courses are available from the 3rd grade through the 10th grade. Each grade focuses on specific topics. For example, 3rd graders study gender roles, anatomy, and physiology. Students in the 10th grade learn about marriage, rearing children, prenatal care and childbirth, STIs, and HIV/AIDS (Population Council 2002).

Employment

The economy in Mongolia relies heavily on agriculture; livestock (herding of horses, cattle, camels, sheep, and goats); and mining (UNESCO 2013). Presently, 40 percent of employed people are in the agriculture and herding industries. The mining industry has expanded rapidly since 1990.

Mongolian women have played an active role in family economic life and economic decisions. After the economy was transformed from a nomadic pastoral economy to a centrally planned urbanized industrial economy in the socialist era (1921–1990), state policies protected women's

participation in all sectors, which enabled women to be actively engaged in a wide range of economic activities in material or nonmaterial production. Most of them were hired in trade, medicine, or education. The employment rate was relatively high. For example, in 1985, 51.3 percent of the employee workforce was composed of women. Mongolian women were successful in all the core indicators (Burn and Oidov 2001).

In the postsocialist era, however, changes in the country's once planned economy adversely affected women. Women experienced a higher rate of unemployment. Many did not have the skills required in the new system and were unable to find jobs once the government gave private enterprises and employers more hiring autonomy. Additionally, unemployment policies changed dramatically in the new economic system. As a result, more women worked in underpaid occupations (e.g., trade, service sectors, and education), and more women, particularly those who head their households and work in agriculture or are self-employed, were likely to live in poverty.

In 1990, women accounted for 45.6 percent of the total labor force (ages 15 and older). There has been a noticeable increase to 45.8 percent or 48 percent, according to different sources (UNESCO 2013). The level of women's participation in the labor force is still lower, considering the sex ratio (50.6% of the population is female) and concentration of working-age groups—there are more women 15–64 years old. Irrespective of the Law on the Promotion of Gender Equality (2011) that clearly prohibits gender discrimination, gender inequalities have become more pronounced. In particular, the workplace is a sector for increasing gender disparities in job opportunities, promotion, fair wages, and benefits. The unchanging fact is that more women continue to work in low-paying sectors, and fewer women are in higher-level managerial positions, which undoubtedly affects labor market outcomes for women (Khan et al. 2013). In 2015, the WEF ranked Mongolia 60th out of 145 countries based on labor force participation.

Girls and women in Mongolia have a higher literacy rate than boys and men, and more women hold college degrees. Women also account for close to half of the Mongolian workforce. This means women are supposedly more hireable, or at least have more opportunities in the workplace. In actuality, Mongolian women, especially educated women, have a higher rate of joining the labor force, and their economic participation rate is higher when compared with other developing countries. Nevertheless, market reforms

and cutbacks on social welfare and child care have forced many women to enter low-paying jobs (BDHRL 2015). Women tend to work in informal or service-oriented sectors, whereas more men work in higher-paying heavy-duty occupations, such as mining, transportation, and energy. On the one hand, gender norms affect the hiring process; employers are less likely to hire women over men for positions in male-dominated occupations. Women are also discouraged from going to vocational schools or entering these occupations. On the other hand, women are prohibited by law from working in certain occupations, especially those requiring heavy labor or exposure to chemicals that are believed to harm women's maternal health. Gender norms and laws combined inevitably limit women's job opportunities.

Women in professional fields in urban areas are more concentrated in health care and legal services. Although more recent data are insufficient, approximately three out of four doctors and three out of five lawyers were females as of 2007 (Morris 2007), which can exemplify women's participation in professional development in Mongolia. Women without formal employment choose to set up informal businesses in the service sector. They are vulnerable to risks in the market economy, which clearly affects their earnings and stability.

More women in rural areas participate in economic activities than their peers in urban areas. The economic transition in postsocialist Mongolia has revitalized the herding lifestyle in rural areas. Animals that were appropriated by the state have been redistributed to the owners, who are usually men. Nevertheless, the rapid growth in the mining and transportation industries has enabled many men in rural areas to enter these industries for better pay. As a result, married women must assume more responsibilities and play a more important role in helping raise family animals and do chores outside the house, but they usually receive minimum or no pay. This leaves them more dependent on their husbands. Some women also work as unpaid herders in small family economic activities. There are also women who are household heads and the primary source of family income. With limited access to job opportunities or better-paying jobs, they are more likely to live in poverty, even if they actively participate in economic activities.

Women are also seen in the artisanal mining activities. Among the 37,000 people working in the mining industry in Mongolia as of 2014, over 25 percent are women. They usually work fewer hours and earn less than men because

of their roles in the household. A survey also shows that close to 17 percent of “all top managers of Mongolia’s mining companies are women,” which is above the global average of 12 percent (WIMM 2016). When it comes to promotion or leadership positions in the workplace, however, fewer women are in higher-level managerial positions (Khan et al. 2013), and the top positions in most fields and occupations are held by men. Many women hold midlevel positions in, for example, trading and manufacturing management (BDHRL 2015), whereas more men are likely to be promoted or given opportunities for professional development, even in female-dominated sectors.

Even though Mongolia is ranked 22nd out of 145 countries based on wage equality for similar work, women are still underrepresented in sectors with higher pay, and they still make less than men at almost all levels (WEF 2016). They reportedly make 87.6 percent of men’s average salaries. Women in managerial positions across all sectors receive 77.2 percent of what men in similar positions earn. Women’s pensions are also lower (BDHRL 2015). Even though men and women doing the same job in some job positions are paid equally, women usually hold low-paying positions where there are more women than men.

Various factors affect a woman’s earnings at different stages of her career. Early-career Mongolian women usually have more years of education or hold higher degrees than their male counterparts, but their median wage is 25 percent lower than that of men, which is 11.7 percent lower than what they should make, even if only educational attainment is considered. Some argue that these young women are more likely to take maternity leave and are less motivated at work, which could be an explaining factor of lower earnings (Pastore 2010). However, other contributing factors of the wage difference include types of education attainment; geographical locations; formal or informal sectors (i.e., with or without contracts); types of occupations; work experience; double burden at work and at home; care obligations; and years of service, to name a few. The most recent report from the National Statistics Office indicated that the average monthly salary for women was roughly 88 percent of that of men (BDHRL 2015).

Women employees enjoy paid maternity leave during pregnancy and after childbirth. The International Labor Organization (ILO) proposes a minimum of 12 weeks, but it recommends a 14-week maternity leave to its member countries in its Maternity Protection Convention (also Convention No. 183). Although Mongolia is among the majority of the member countries that have not ratified

the convention (it did ratify ILO No. 103, which is one of three maternity protection ILO conventions), it gives new mothers 17 weeks of paid leave with 70 percent of their salary. Specifically, women receive 45 days of pregnancy leave and 56 days of birth leave. Women are also allowed to combine maternity leave with their allocated annual leave. If they request a longer leave, they can take an additional six months of unpaid leave and return to work afterward. When they return to work, their employers are required by law to allow longer breaks for child care or feeding younger children. In addition, mothers with younger children are not to be assigned to work night shifts.

Family Life

The legal minimum age for marriage is 18 in Mongolia. The mean age at marriage is 24 for women and 26 for men. The government usually pays 100 percent maternity leave for 120 calendar days. Means and modes of livelihood and economic development have historically shaped the family structure and size in Mongolia. Nuclear and one-breadwinner families are more common in Mongolia, a country that depends heavily on livestock and where 25–40 percent of the population lives as nomadic herders. A traditional family is a married couple and their children. In 2013, the average family size was 3.5 persons. The crude birth rate was 20.88 per 1,000 persons in 2014, and the total fertility rate was approximately 2.13 children per woman in 2016 as compared to 1.87 in the United States (CIA 2016).

A woman usually marries out of her family and starts her new family with her husband instead of living with her in-laws. Traditional Mongolian weddings are usually arranged between two families, which involves transfers of the bride’s wealth from the groom’s family and a dowry from the bride’s family. Marriages are usually among people from similar backgrounds, such as education and occupation. Divorce in the 1980s was relatively rare. The crude divorce rate (CDR) was only 0.3 divorces per 1,000 inhabitants in 1980 and 1985. However, divorce has been on the rise in the postsocialist Mongolia, especially in urban areas in recent years. In 2015, the CDR was 1.8. It is much higher than 30 years ago, but it is still low when compared with other countries, such as the United States (a CDR at 3.6 in 2015). The higher divorce rate is primarily caused by financial challenges because of male unemployment, alcoholism in lower- and middle-class families, domestic violence, or disparities between the educational levels of spouses.

Demographic differences; mobility (e.g., internal and external migration); access to opportunities and resources; and participation in economic activities have impacted women and their family lives differently. Whatever activities in which women partake, the gender division of labor in family life usually aligns with traditional gender roles, and women usually engage in unpaid family labor. For example, women in nomadic families assume very specific gender roles and usually assume responsibilities in the domestic sphere. Whereas men herd, hunt, and kill animals or fix technical problems or manage animal shelters outside the *ger* (traditional portable Mongolian dwelling), women presumably do housework or seasonal family labor, such as collecting water, cooking, cleaning, sewing, milking animals, making dairy products, sewing, spinning wool, and taking care of children. Employed working women, on the other hand, carry a double burden at work and at home. Many of them spend over 20 hours a week doing house chores after work. Many women are also the primary financial supporters in their households if their spouses are unemployed.

Women and children in female-headed households encounter more challenges and financial strains. Many women have divorced their husbands because of male unemployment and related problems, such as alcoholism and domestic violence. Some women get pregnant out of wedlock and become single mothers. There is no penalty if a divorced husband fails to pay child support, leaving more financial strain on women. In addition, a lack of family members to help with livestock or heavy-duty work and shortage of livestock, for instance, adversely affects female-headed households. A higher level of widowhood at ages 60–64, unpredictable climate change and natural disasters, and limited sources of income also pose challenges for female-headed households. As a result, these households are vulnerable and prone to poverty, especially in rural areas and highland regions.

A married woman usually has limited access to family finances, although women are by law entitled to inheritance, land use, and property ownership. The Mongolian tradition favors men; they are given the family herds or the *ger*. Once a woman is married, she depends on her husband for livelihood. As more women work informally, they may simply let their husbands make financial decisions. Family businesses are often registered under the husband's name, and ownership is transferred automatically to the husband once a couple gets divorced. Women seeking a divorce are more likely to encounter legal and financial

barriers. It usually takes a few months to get a divorce, which sometimes comes with restrictions. For example, women who are pregnant or have children under one year old are not legally allowed to file a divorce. A divorce is also expensive. Some women have to wait for years before they have enough money saved to pay divorce fees. Divorced couples usually evenly divide property and assets acquired during their marriage. More women than men retain child custody once granted a divorce.

Health

Mongolia has been ranked first out of the 145 countries in women's health since 2006 (WEF 2016). Health Law (1998) states that all citizens are entitled to free primary health care, maternal care, and child care and are required by law to register for health services and receive annual physical exams. The government pays for services (e.g., preventive care, disease surveillance, and epidemiological monitoring) provided by primary providers. Administrative divisions determine how health service is delivered at three different levels: primary, secondary, and tertiary. For instance, maternal health and child health are among the prioritized free public health services in approximately 530 facilities at the primary level in Mongolia. Services are also provided with copayments in 36 district, regional, or central hospitals at secondary and tertiary levels. Private clinics and hospitals require out-of-pocket payments. Doctors are highly concentrated in larger cities, such as the capital city, which poses challenges to health care for women in rural areas. Health services have continued to deteriorate since the transition to the market economy and privatization of the health care sector started in the 1990s.

Mongolian women's average age at first birth is 21.9, and their median age at first birth is 25–29. The fertility rate is 2.17 children per woman as of 2015, which leaves the country ranked 100th out of 224 countries in the world. The infant mortality rate is 23.15 deaths per 1,000 live births, and male infants have a higher mortality rate (26.4) compared to female infants (19.75). The average maternal mortality ratio (MMR) worldwide was 216 in 2015, whereas it was 44 in Mongolia. This number is lower than the initial Millennium Development Goal of 50 by 2015. It is also much lower than it was in 1990 (186 per 100,000 live births), when many women were unemployed and the health care system was ineffective. Mongolia has undoubtedly made progress in improving women's health in the postsocialist era. Nevertheless, some *aimags* have a

higher MMR due to a shortage of health care providers; a lack of knowledge or skills; or a shortage of drugs, supplies, or blood products (CIA 2016).

By law, Mongolian women are entitled to state-sponsored primary health care (PHC) and preventive services. For instance, pregnant women and infant babies have free medical care at all three levels of health care facilities. Nevertheless, women's access to health care services differs depending on demographics and physical locations, and they may experience higher health risks accordingly. The affordability of health care also varies depending on women's income.

Women living in rural and highland areas, in particular, have to travel long distances to visit doctors because medical facilities are not readily available or do not have basic, functioning diagnostic equipment. As a result, many women may delay their visit or refrain from traveling long distances because the financial strain is high. Some women experiencing complications undoubtedly have higher risks from not receiving timely treatment. For instance, maternal health specialists are usually available in the capital city, which means a two-day trip for many women. With the help of the UN Population Fund (UNFPA), telemedicine is now available in remote Mongolia to connect pregnant women to faraway care (UNFPA 2015).

In the area of reproductive health, more than 50 percent of married women and 35 percent of all women of reproductive age use modern methods of birth control, and more women in rural areas use contraceptives. Methods by popularity are intrauterine devices (IUDs), condoms, birth control pills, injections, female sterilization, and implants. However, fewer married women under age 19 use contraceptives. There has been a decline in contraceptive prevalence.

Women with no or low income and primary or less education have a much higher fertility rate. The teen pregnancy rate has risen in rural areas since the 1990s. The teen birth rate—the number of live births per 1,000 people—was close to 41 in 2013. The lack of reproductive knowledge is reported to be a primary contributing factor. Cohabitation is popular among people of reproductive age in Mongolia. It is common for a couple to cohabit two to three years and even have children before getting married. This may also explain why there is a higher teen pregnancy rate. Other factors include access to birth control, level of education, socioeconomic status, and family background. Teen girls in rural areas have a higher pregnancy rate than their peers in urban areas. Teen pregnancy can

harm girls' health, cause premature birth and low birth weight, and limit girls' opportunities for personal development and well-being. The Mongolian government has actively empowered women and girls with systemic family planning services, including sex and reproductive health education, contraceptives, antenatal care assistance and coverage, full coverage of health care for mothers and children, and medicine and supply subsidies. Specific adolescent reproductive and sexual health education programs have also been established.

HIV prevalence is very low in Mongolia (less than 0.01% in the general population and 0.03% in the reproductive-age population), according to UNAIDS (2015). The cumulative number of reported HIV cases since the first case was reported (1992) is 181 as of 2014 (UNAIDS 2015). The high-risk population is men who have sex with men (MSM), and that group has more reported HIV cases than female sex workers (FSWs). Nonetheless, women engaged in sex work because of unstable financial situations and limited alternate sources of income may experience increased risks for HIV and sexually transmitted infections (STIs) by having unprotected sex. Among the reported HIV cases in women, approximately half occur among sex workers aged 25–44 who live in the capital city.

Cancer screening for women in Mongolia is not as common as it is in many other countries. The breast cancer rate in Mongolia has increased in urban areas in the past decade, but only 25.1 percent were diagnosed in the earlier stages (Angarmurun 2014). Age, menopause, and breast cancer correlate in Mongolia. Mongolia also has one of the highest cervical cancer rates in East Asia. Women are usually not aware of these cancers, know very little about them, and fail to seek diagnosis or treatment.

Politics

In the 2015 *Global Gender Gap Report*, Mongolia is ranked 117th out of 145 countries in women's political empowerment, 102nd in women's representation in the Parliament, and 105th in women in ministerial positions (WEF 2016). Before Mongolia became a Soviet satellite state (1921–1990), Mongolian women were excluded from political participation and influenced by the political system, gender norms, and the nomadic ways of living. In 1924, they were granted the right to vote and be elected in the one-party political system. The Mongolian Women's Federation was also founded to coordinate and facilitate women's political participation.

Mongolian women's rights to free political participation were further protected by legislature in 1926. A quota system was adopted to ensure 25 percent of women's representation in Parliament. At one point, 30 percent of local government positions were taken by women (1931). By the end of the 1980s, 20–24 percent of the Parliament seats were taken by women. Historically, the government also appointed women ministers of state or department heads. For example, the first female acting head of state was appointed in 1953. However, women were still underrepresented in political activities and decision-making processes.

Postsocialist Mongolia has adopted the presidential-parliamentary system of multiparty democracy. It held its first free multiparty elections in 1990, a milestone for Mongolian democracy. The 1992 constitution reiterated that women have equal rights to political activities, but the quota system for women's representation in the government was abandoned. This has inevitably impacted women's share in the Parliament seats. In reality, women have been underrepresented on all political and decision-making levels, even though more women than men hold college degrees in Mongolia. While women accounted for approximately one-quarter of the Parliament in socialist Mongolia, women's representation in the Parliament dropped to 3.9 percent in 1992. It was 10.5 percent in 1996 and 14.9 percent in 2015, which is lower than the world average of 21 percent and the desired 20 percent (WEF 2016).

Very few Mongolian women have taken the top leadership positions since 1990. In 1999, Tuya Nyam-Osoryn was appointed acting prime minister. In 2013, Udval Natsag, the minister of health, became the first woman candidate running for the president in postsocialist Mongolia and the third presidential candidate for the election year. Even though she lost to the two male candidates, her candidacy exemplified an important step in women's political participation in the country.

One barrier to women's participation in politics in postsocialist Mongolia is gender norms. Considered vulnerable and weak, women are not expected to be leaders. In addition, women also internalize gender norms and hesitate to run for leadership positions. It is also important to note that women have limited access to the financial resources needed to be nominated for or to run an election campaign; their male counterparts are prioritized and have more success in fund-raising. The candidate pool is one more factor contributing to lower women's representation in the national government. Reported growing gender disparity

in the junior leadership positions has reduced the number of qualified female candidates for higher positions.

Various measures have been taken to counter or raise awareness of gender stereotypes to enhance women's participation and representation in politics. A new election law also came into effect in 2012. It aims to increase women candidates from 15 percent in a committee draft to 20 percent during final plenary discussion. However, it was revised again in May 2016, reducing the quota for women candidates for each party to 20 percent, a move that reversed the increase passed in 2015. As a result, women took 17.11 percent of the Parliament seats in the 2016 election. Mongolian women still have a long way to go to fully participate in politics and decision making.

Religious and Cultural Roles

Research in women and religions in Mongolia is scarce, but various sources have indicated that the religious environment has changed in the postsocialist era. Mongolians have had more freedom to practice the religion of their preference. Specifically, the 1992 Mongolian Constitution granted freedom of religion, and religions that were oppressed for 70 years have been revived and resumed their roles in people's daily life. They include Lamaist Buddhism (90%), Islam (5%), Christianity (2.1%), Shamanism (2.9%), and other folk religions. Many worship centers were founded, but people living nomadic lifestyles or in rural areas have fewer formal places to worship (WEF 2016).

Historically, Mongolian women participated in religious activities. For example, women in traditionally nomadic cultures performed shamanic rituals and took the most powerful positions as shamans. Even when religions were banned in the socialist Mongolia, some women in rural areas secretly practiced Shamanism (Buyandelger 2013). More women engaged in Shamanism than men at the time, as they were not regarded as doing anything harmful.

The majority of Mongolian women are Buddhists in the postsocialist era. Some of them are ordained after making their vow of ordination—ordination for nuns started in 1993. Many make lay vows (e.g., not to kill, steal, or lie), but they are not required to shave their heads, to wear Buddhist robes, or to stay in the nunneries. They can get married, have children, and live with their families. Since 1990, women Buddhists have been actively engaged in organizing and collaborating with Buddhists at home and abroad. For example, there are Buddhist women's centers in the capital city. The Mongolian Buddhist Women's Conference

was held in 2015 to discuss experiences, prospects, and challenges in local communities, whether or not they are from rural or urban areas.

As a nontraditional religion in Mongolia, Christianity was reportedly introduced to the country during the Chinese Qing Dynasty (1644–1912), but it was banned for almost 70 years (1921–1990). It was revived and expanded rapidly with missionaries' efforts and utilization of various media since 1990. Approximately 2.1 percent of the total population is Christian, and they attend more than 600 registered churches in the country—Evangelical, Protestant, or Roman Catholic. Although pressures against Christianity have been reported by various sources, there has been an increase in the Christian population in Mongolia. Missionaries now aim to convert more Mongolians—women in particular—in rural areas. Many of these women have undergone divorces or witnessed increasing alcohol abuse in their communities and are eager to seek emotional and spiritual support.

Issues

While Mongolia has made progress in achieving gender equality since 1990, persistent poverty, gender-based violence, and discrimination against the LGBT population are major issues that require attention to the well-being of less-privileged groups and more inclusive and equal social, cultural, and political systems.

Persistent Feminization of Poverty

There are more women and children among the poor in the postsocialist Mongolia. Although a market economy undoubtedly provides more opportunities, choices, and mobility, it also facilitates redistribution of wealth, access, and resources. Industries have been privatized, and prior benefits have been halted. The unprecedented change inevitably affects the daily lives of vulnerable social groups, such as women, the elderly, people with disabilities, and children. The percentage of the national population living in poverty was 36.3 percent in 1990, 35.6 percent in 2000, and 21.6 percent in 2014. The country's GDP growth rate from 1991 to 2016 has averaged 5.8 percent, but it slowed down to 1 percent in 2016 (World Bank 2017). The national poverty rate is reported at 21.6 percent as of 2014. Rural areas have a higher rate of poverty (26.4%) when compared with urban areas (18.8%) in the same year (World Bank 2015).

Although poverty has declined when compared to prior years, it is still relatively high. On the one hand, economic

development has enabled more people to migrate to large cities, but it has also caused many of them to live in poverty, particularly those living in the outskirts with limited access to employment, education, and health care. On the other hand, the moderate economic growth fails to keep up with inflation and other cost-related changes and poses imminent danger to push people back into poverty. It is true that many Mongolians have benefited from economic development, but a deceleration of the economy, inflation, or a lack of inclusiveness in economic growth may push them back into poverty again, as they barely stay above the poverty line to begin with (World Bank 2016). The majority of the unemployed are women, and they are more likely to live in poverty if they are unable to find new sources of income.

Under socialism, Mongolian women, like their male peers, enjoyed guaranteed employment, pensions, free education, and health care. In addition, subsidized day care was available to women with children. The government also had policies to reward women who had multiple children; it gave them additional benefits, including an early retirement. With the market economy came changes in livelihood support, access to resources, unprecedented urbanization, benefits in reproductive health, food and housing subsidies, pensions, and health care. All the changes have undoubtedly created inequality at various levels, which adversely affects both men and women. Nevertheless, the gendered nature of impoverishment and its long-lasting impacts on the well-being and livelihood of women and girls are profound.

For example, women in rural areas worked on state collective farms and received structural support for their families and livelihood under socialism. In the postsocialist era, many of them have abandoned herding or migrated to cities after the state discontinued its support for nomads in areas such as means of transportation, clean water, or veterinary health. With limited access to resources, education, employment, and health care, they are more likely to live in poverty. Those remaining in the rural area, in particular those heading households or herding livestock (half of the households headed by women are poor) or having more than four children, are at a higher risk if without helpers to herd livestock or a decent number of livestock to help generate income and support them at the subsistence level.

Irrespective of the state efforts to reduce the poverty rate to 21.6 percent in 2015, as compared to 27.1 percent in 2012, one in five Mongolians still lives in poverty, which means the state government will need to further reduce

poverty through more effective policies and assistance (World Bank 2016).

Gender-Based Violence

The most common forms of gender-based violence Mongolian women experience include domestic violence and sex or human trafficking. Women reportedly account for 88.3 percent of the victims of domestic violence, and close to 40 percent of them are 15–34 years of age. Some victims have lost their lives, while many others have been injured since 2010. Social and cultural norms and victim blaming also discourage victims from reporting these cases.

UNFPA Mongolia (2016) reports that 1,356 domestic violence cases were registered in 2015, and reported domestic violence cases increased by 26 percent from the same period of the prior years. However, the government has not been able to address the problem effectively because of vague laws, the reporting requirement, and a lack of social awareness and transparency in legislative, executive, and judicial processes. For example, no law specifically prohibits intimate partner rape, and only a small number of rape cases have been prosecuted, either because of a lack of evidence or inaccessible postrape medical exams in some areas (BDHRL 2015).

One out of five women in Mongolia is a victim of domestic violence. Children and the elderly are also victims of domestic violence. Eighty people died, and 3,299 people were injured in 2015. Reported cases increased by 26 percent the same year. Violence may continue even after a divorce. Many victims are unable to find a place because of the shortage of shelters and lack of support services.

Human and sex trafficking also remain a serious problem in Mongolia. Living in a source and destination country for forced labor or sex trafficking, women and girls are vulnerable groups targeted by traffickers in the name of employment or education opportunities at home or abroad. Many have been lured, coerced, or forced into involuntary labor, sexual exploitation in local hotels and clubs, or prostitution in foreign countries.

Mongolia is currently ranked as a Tier 2 country in the *Trafficking in Persons Report 2016* released annually by the U.S. Department of State (2015). According to the report, the Mongolian government has made efforts to prosecute trafficking cases or to fund antitrafficking training. Nevertheless, it still needs to fully meet the minimum standards to eliminate trafficking, protect victims more effectively, and implement its national action plan to address the problem of trafficking.

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) has expressed a deep concern regarding the prevalence of domestic violence in Mongolia. The Mongolian government has taken initiatives to establish partnerships with various organizations locally and internationally to address violence against women and girls. In 2014, a hotline was enacted to provide emergency assistance to victims of domestic violence. The Mongolian Parliament revised and approved the Law to Combat Domestic Violence (LCDV) in 2016 and criminalized domestic violence (UNFPA Mongolia 2016). The battle against gender-based violence in the country will remain ongoing.

It should be noted that grassroots organizing or international partnership to combat gender-based violence has gained momentum. For example, the Start, Awareness, Support, Action (SASA) program is a nationally known community initiative aiming to address gender inequality and reduce gender-based violence through raising awareness and making changes in culture and individual behaviors. Nongovernmental organizations (NGOs), such as the National Center against Violence (NCAV), have endeavored to help prevent gender-based violence and protect victims. For instance, NCAV, a pioneer NGO in Mongolia combating domestic and sexual violence against women and children, was established in 1994 and has been involved in the prevention of gender-based violence and protection of victims. In addition, the Swiss Agency for Development and Cooperation (SDC) established a partnership with the UNFPA and cosponsored and launched the Combating Gender-Based Violence in Mongolia project in September 2016.

Challenges for the LGBT Population

The challenges for the LGBT population in Mongolia are culturally specific but also exist within the larger global anti-gay context. Words to describe sexual orientation and nontraditional sexual relationships were nonexistent in the Mongolian language and public life in socialist Mongolia; scarce documented studies or literature could be found about gays and lesbians. The term *LGBT* is relatively new to the general public (UNDP 2014). While the younger generation is more open to LGBT topics and individuals, the older generation tends to be more resistant.

The first LGBT center was established in 2007 and held the first gay pride parade in 2013. Its activities have been curtailed by cultural and traditional biases against the LGBT population. Social stigmas, fear of retaliation, and absence of pertinent legal protection discourage LGBT

people from coming out, resorting to law enforcement, or seeking health care assistance, for example, for depression or sexually transmitted diseases. Nationwide, there is only one gay bar located in the capital city. The exact number of the LGBT population is unknown, and few studies have been done on the status of the population, including employment, access to health care, poverty, and violence.

NGOs and LGBT people in Mongolia have reported discrimination based on sexual orientation and gender identity. For example, LGBT employees tend to experience more discrimination or unfair treatment after revealing their sexual orientation or gender identity in the workplace; however, there are no specific legal ramifications for employers or discriminatory practices because there is no law prohibiting discrimination on the basis of sexual orientation or gender identity as such. Violence against LGBT individuals in public and private spaces is not uncommon. LGBT youths tend to encounter violence from family members. Some law enforcement officers reportedly harass LGBT individuals who report alleged crimes. Social media also reinforce stereotypes of LGBT individuals, including HIV/AIDS (BDHRL 2015). Given the challenges on social, cultural, and institutional levels, it is incumbent on local and international communities to jointly create a healthier social, cultural, and legal environment for the LGBT population in Mongolia.

DONG ISBISTER

Further Resources

- Angarmurun, Dayan et al. 2014. "Breast Cancer Survival in Mongolian Women." *OALibJ*. 1.5: 1–5.
- BDHRL (Bureau of Democracy, Human Rights and Labor). 2015. *Country Reports on Human Rights for 2015: Mongolia*. U.S. Department of State. Retrieved from <http://www.state.gov/documents/organization/252995.pdf>.
- Burn, Nalini, and Oyuntsetseg Oidov. 2001. *Women in Mongolia: Mapping Progress under Transition*. UNIFEM. Retrieved from <http://www.refworld.org/pdfid/46cadabb0.pdf>.
- Buyandelger, Manduhai. 2013. *Tragic Spirits: Shamanism, Gender, and Memory in Contemporary Mongolia*. Chicago, IL: University of Chicago Press.
- CIA (Central Intelligence Agency). 2016. "Mongolia." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/mg.html>.
- Enkhbaatar, Ulziilkham. 2013. "Human Trafficking as a Violation of Human Rights in Mongolia." *Australian Journal of Asian Law* 13.2: 1–15.
- Government of Mongolia. 2013. *Achieving the Millennium Development Goals: Fifth National Progress Report*. UNDP (UN Development Programme). Retrieved from <http://www.mn.undp.org/content/mongolia/en/home/library/National-MDG-reports/TheFifthNationalMDGReport>.
- International Fund for Agricultural Development (IFAD). 2016. "Rural Poverty in Mongolia." Retrieved from <http://www.ruralpovertyportal.org/country/home/tags/Mongolia>.
- Khan, Tehmina, R.V.D. Brink, and M. Aslam. 2013. *Mongolia—Gender Disparities in Labor Markets and Policy Suggestions*. Washington, D.C.: World Bank. Retrieved from <http://documents.worldbank.org/curated/en/2013/01/17694501/mongolia-gender-disparities-labor-markets-policy-suggestions>.
- Knodel, John. 2013. "A Qualitative Assessment of Teenage Pregnancy in Mongolia." Population Studies Center Data Catalog: Study Bibliographic Details. Retrieved from <http://www.psc.isr.umich.edu/dis/data/catalog/detail/1318>.
- Koch, Julie M. 2016. "Working with the LGBT Community in Mongolia." *Psychology International* 27.1: 1–6.
- Morris, Neil. 2007. *North and East Asia*. Portsmouth, NH: Heinemann.
- Munkhbat, Naran, Robbie Paras, and Tirza Theunissen. 2014. "Advancing Women Business Leadership in Mongolia." Asia Foundation, May 14. Retrieved from <http://asiafoundation.org/in-asia/2014/05/14/advancing-women-business-leadership-in-mongolia>.
- Pastore, Francesco. 2010. "The Gender Gap in Early Career in Mongolia." *International Journal of Manpower* 31.2: 188–207.
- Population Council. 2002. "Universal Sexuality Education in Mongolia: Educating Today to Protect Tomorrow." *Quality/Calidad/Qualité*. Retrieved from <http://www.popcouncil.org/uploads/pdfs/qcqc/QCQ12.pdf>.
- Spoorenberg, Thomas. 2009. "The Impact of the Political and Economic Transition on Fertility and Family Formation in Mongolia." *Asian Population Studies* 5.2: 127–151. doi:10.1080/17441730902992067.
- UNAIDS. 2015. *AIDS Response Progress Report: Mongolia*. Retrieved from http://www.unaids.org/sites/default/files/country/documents/MNG_narrative_report_2015.pdf.
- UNDATA. 2016. *Youth Literacy Rate, Population 15–24 years (%)*. Retrieved from http://data.un.org/Data.aspx?d=UNESCO&f=series%3ALR_AG15T24.
- UNDP (UN Development Programme). 2014. *Being LGBT in Asia: Mongolia Country Report*. Retrieved from http://www.asiapacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv_aids/rbap-hhd-2014-blia-mongolia-country-report.pdf.
- UNDP (UN Development Programme). 2015. "Together for Women's Empowerment: Kazakhstan and Mongolia Sharing Good Practices." Retrieved from <http://www.mn.undp.org/content/mongolia/en/home/presscenter/articles/2015/10/09/together-for-women-s-empowerment-kazakhstan-and-mongolia-sharing-good-practices.html>.
- UNDP (UN Development Programme). 2016. *Mongolia Human Development Report 2016*. Retrieved from http://hdr.undp.org/sites/default/files/mongolia_human_development_report_2016_english_full_report_2016_06_28.pdf.
- UNESCO. 2015a. *Adult and Youth Literacy: National, Regional, and Global Trends, 1985–2015*. Retrieved from <http://www.uis.unesco.org/Education/Documents/literacy-statistics-trends-1985-2015.pdf>.

- UNESCO. 2015b. *A Complex Formula: Girls and Women in Science, Technology, Engineering and Mathematics in Asia*. Retrieved from <http://unesdoc.unesco.org/images/0023/002315/231519e.pdf>.
- UNESCO. 2015c. "Implementation of Women's Right to Health: Reproductive Health of Women and Girls: Mongolia." Retrieved from <http://webapps01.un.org/nvp/indpolicy.action?id=2604>.
- UNESCO. 2016. "UIS Fact Sheet." Retrieved from <http://uis.unesco.org/sites/default/files/documents/fs38-50th-anniversary-of-international-literacy-day-literacy-rates-are-on-the-rise-but-millions-remain-illiterate-2016-en.pdf>.
- UNFPA (UN Population Fund). 2015. "In Remote Mongolia, Telemedicine Connects Pregnant Women to Faraway Care. June 19. Retrieved from <http://www.unfpa.org/news/remote-mongolia-telemedicine-connects-pregnant-women-faraway-care#sthash.Af53ASNO.dpuf>.
- UNFPA Mongolia. 2016. "Forging a Partnership to Combat Gender-Based Violence in Mongolia." June 27. Retrieved from http://countryoffice.unfpa.org/mongolia/2016/06/27/13930/forging_a_partnership_to_combat_gender_based_violence_in_mongolia.
- UNICEF. 2013. "Writing a Bright Future: Literacy Rates in Mongolia." Retrieved from <http://unicefmongolia.blogspot.com/2014/09/writing-bright-future-literacy-rates-in.html>.
- United Nations. 2015. *The World's Women 2015: Trends and Statistics*. New York: United Nations, Department of Economic and Social Affairs, Statistics Division.
- U.S. Department of Labor's Bureau of International Labor Affairs. 2013. "2013 Findings on the Worst Forms of Child Labor: Mongolia." Retrieved from <http://www.dol.gov/ilab/reports/child-labor/findings/2013TDA/mongolia.pdf>.
- U.S. Department of State. 2015. *Trafficking in Persons Report 2015: Mongolia*. Retrieved from <https://www.state.gov/documents/organization/245365.pdf>.
- WEF (World Economic Forum). 2016. *The Global Gender Gap Report 2015*. Retrieved from <http://www3.weforum.org/docs/GGGR2015/cover.pdf>.
- WHO (World Health Organization). 2016. "Mongolia: Statistics Summary (2002–Present)." Retrieved from <http://apps.who.int/gho/data/node.country.country-MNG?lang=en>.
- WIMM (Women in Mining Mongolia). 2016. "Preliminary Findings on the Women Participation in the Mining Industry of Mongolia." Retrieved from <http://www.wimmongolia.org/wim-mongolia-research.html>.
- World Bank. 2015. "Poverty Continued to Decline, Falling from 27.4 Percent in 2012 to 21.6 Percent in 2014." Retrieved from <http://www.worldbank.org/en/news/press-release/2015/07/01/poverty-continued-to-decline-falling-from-274-percent-in-2012-to-216-percent-in-2014>.
- World Bank. 2017. "Mongolia: Country Profile." Retrieved from http://databank.worldbank.org/data/Views/Reports/ReportWidgetCustom.aspx?Report_Name=CountryProfile&Id=b450fd57&tbar=y&dd=y&inf=n&zm=n&country=MNG.

Myanmar

Overview of Country

Myanmar is a tropical country bordered by Bangladesh, India, China, Laos, and Thailand. It is a complicated country, starting with the name. The term *Myanmar* derives from the literary form of the language, while *Burma* comes from the spoken form (Dittmer 2008), in the language of the dominant ethnic group, the Barmars. An election in the early 2000s allowed a new government to be created in March 2016. The largest population is the Burman, or Bamar, people who have dominated or attempted control over the Karen, Shan, Rakhine, Mon, Rohingya, Chin, Kachin, and other minorities, leading to ethnic tension, intermittent protests, and separatist rebellions (BBC 2015).

The history of Burma goes back to the Mon people who settled in 1500 BCE. The Mon introduced Buddhism to those living there. Conquered by the Burman leader U Aungzeya in 1757, the Mon have since been in conflict with the rulers of Burma. The Mon and the military agreed to a cease-fire in 1995, but there is still active conflict. The Shan people ruled from 1287 until 1604, when the Burman king Anaukpetlun rose to power. Conflict resulted in a British invasion in 1885. "Under colonial rule the Shan states were administered under a separate system as protectorates, and the British recognized the authority of the Saophas, who enjoyed a high status. But the rule of Ne Win and the dreaded State Law and Order Restoration Council (SLORC) brought ethnic cleansing and economic collapse to the Shan, who number approximately 6 million. Many of them now live across the border in Thailand" (Rigg 2006).

An important people in the history of Burma are the Karen. The British fought with them in World War II against the Japanese, but they revolted in 1948. The Karen National Union (KNU) is a large insurgency against the military dictatorship. Approximately 20,000 KNU members fought during the 1980s, but by 2006, there were less than 4,000 opposing a much larger Burmese army (Rigg 2006). Currently, Myanmar is divided into 7 states and 14 divisions, representing demographic concentrations of the 7 main ethnic groups: Burman (majority), Kachin, Karen (and subset Karenni), Mon, Shan, Chin, and Arakan. As several authors point out, "Demands for federalism are as old as independence, and armed struggles for

self-determination started as early as the 1950s” (Betkerur and Palkar 2013, 1).

Burma is one of the least-developed economies in the world, one of the poorest countries in Asia, with approximately 26 percent of the country’s 51 million people live in poverty (CIA 2017), and has the highest number of stateless people of any nation. It is also one of the most corrupt, receiving a 22 out of 100 transparency score and a 147th ranking of 168 countries for corruption from the Transparency International organization (Transparency International 2015). There are 135 national groups: the Barmars (58%), the San (9%), and the Karen (7%) are the majority, and around 1 million Muslim Rohingya live beleaguered in a country that is 89 percent Buddhist.

A former British colony, Burma won independence in 1948 and has been rife with violently changing political landscapes ever since—coups and counter-coups in 1958, 1962, 1988, to name but a few. Results of a 1990 election were ignored, and the 2010 elections were boycotted by the National League of Democracy because it was clear they would not be free. In November 2015, the National League for Democracy (NLD) under Aung San Suu Kyi won in what some thought were flawed elections that did not improve human rights, as more citizens were incarcerated, more laws were used to silence dissent, and the oppression of the Muslim Rohingya increased.

Burma’s history is sadly a record of the government killing, arresting, and relocating its own people. For example, in 1988, thousands of unarmed demonstrators, students, and monks protesting the authoritative government—known as the 8888 Uprising—were attacked. In 1989, tens of thousands were “forcibly evicted” from cities where they were active in antigovernment protests. In May 2003, the Depayin Massacre occurred when the government attacked a National League for Democracy convoy, killing 80. And in 2007, in response to mass demonstrations, live fire was used on the civilians gathered, resulting in 200 people being killed. Muslims have been the targets of official violence in 1978, 1997, and 2001, and in June 2012, 5,000 Rohingya houses were destroyed by security forces, many lost their lives, and 30,000 Rohingyas became homeless. Between June 2013 and March 2014, more than 200 Muslim Rohingyas were killed and another 140,000 lost their homes (Brooten, Ashraf, and Akinro 2015, 719). Death also comes often to Burma through natural disasters. Burma is the “most at risk” country in Asia, as it is

subject to floods, cyclones, earthquakes, landslides, and tsunamis. Between 2002 and 2012, three cyclones affected more than 2.6 million people, floods affected 500,000 people, and two major earthquakes affected more than 20,000 people (UNOCHA 2012).

The most recent UN *Human Development Report* describes Burma’s statistical place in the world. “Myanmar’s HDI value for 2015 is 0.556—which put the country in the medium human development category—positioning it at 145 out of 188 countries and territories. Between 1990 and 2015, Myanmar’s HDI value increased from 0.353 to 0.556, an increase of 57.4 percent. Between 1990 and 2015, Myanmar’s life expectancy at birth increased by 7.4 years, mean years of schooling increased by 2.3 years and expected years of schooling increased by 3.2 years. Myanmar’s GNI per capita increased by about 563.5 percent between 1990 and 2015.” (UNDP 2016).

LGBT people are outlawed. “The legacy of British law means that same-sex sexual relations are illegal, a corrupt police force is able to harry them in their everyday lives; and LGBT people cannot respond legally for discrimination and abuse inflicted by family members, employers, teachers, and others in their social circles” (Chua and Gilbert 2015, 2). The first gay pride celebrations were held in May 2012. Instead of a parade, about 400 people attended an evening of music in a hotel in Rangoon. According to a member of the LGBT community in Burma, “In the past we didn’t dare do this. We’ve been preparing to hold this event for a long time . . . and today, finally it happened” (BBC 2012).

Girls and Teens

In this male-dominated world, adolescents are expected to be seen and not heard, and young women are expected to obey their fathers (MacGregor 2015). Class determines access to education: only 29 percent of children from households in the poorest quintile were enrolled in secondary school, compared with 80 percent of those from the richest quintile. Furthermore, 33 percent of children from households in the poorest wealth quintile were underweight compared to 14 percent of children from the richest quintile (Pyne 2015, 1).

Rape

Violence is a prevalent weapon of war. In six months alone, 81 cases of rape were documented in one state in 2011, but

the perpetrators are immune from prosecution (Burma Campaign 2014). The United Nations has described the situation as “particularly alarming” for both women and young girls. “Women are systematically raped on a daily basis when they are used as forced labor, when taken as guides for the military, when carrying out daily chores such as collecting vegetables for cooking, when looking after cattle in their fields, gathering firewood or bamboo shoots outside their village, or walking to markets and nearby villages” (Women’s League of Burma 2008, 75). Because it is a crime to “disgrace the army,” head chiefs of villages are reluctant to report the assaults, even if they are known to them. A pilot study to try to address the needs of victims of sexual violence found many barriers: shyness; fear of others’ opinions, such as the scolding of parents or being looked down upon by community members; shame; and concerns that they may not receive help. A frequent remark was, “They are not telling . . . other people because they are shy, afraid other people look down [on] them, afraid [that] other people don’t care [about] them or help them.” Others reiterated: “Some are feeling afraid so much” (Tanabe et al. 2013, 8).

Child Labor

Twenty-four percent of children ages 10–17 were reported to be in the labor force, according to a 2014 census. “The government concedes that at least half a million children are working and out of school, but campaigners reckon that number could be much higher” (Lewis 2015). Too often, employers regard employing children as a benefit to the life of the child and their family and believe working in a tea room or factory is better than being exploited in the sex trade. One project, MyMe, is trying to make a difference and has equipped buses around Myanmar to educate children being exploited in the tea room trade. Currently, about 750 children are being educated through these mobile schools (MyMe Project 2014).

Forced Marriages, Human Trafficking, and Underage Sex Work

China’s one-child policy of has resulted in a need for wives. Forced marriages, where Burmese girls and women are sold to be wives to men in China, sometimes by family members, is just one form of human trafficking that young women in Burma might fall victim to. “There were 306 trafficking victims in 2010; 265 in 2011; 261 in 2012; 256 in 2013; and 309 in 2014. Forced marriage was the top cause

of human trafficking, with 72 cases, while there were 29 forced labor cases and 22 cases of women being forced into prostitution” (AP, Forced Labour Net 2015). Superstition makes virginity a premium, as it is thought that having sex with a virgin leads to long lives and curing AIDS. Because parents are sometimes involved and girls are stigmatized, there is often no way out. “Some 0.45 percent of Burma’s women between 15 to 49 years of age—an estimated 40,000 to 80,000—are engaged in paid sex work, according to government and United Nations figures released in 2013” (BurmaNet News 2015).

Education

The Curriculum Project, which is a nonprofit organization that supports educational efforts with freely available texts and other resources, reports there is an undervaluation of education when 25 percent of government spending goes to the military and only 1.3 percent to education. Three of ten children are not in school, almost 75 percent do not complete primary school, and half are unable to continue to secondary education. The military controls the curriculum and has closed the universities for much of the last 25 years. Teachers have to work second jobs or ask their students’ parents for more money. Female literacy is estimated at 91 percent, despite the obstacles facing them (Curriculum Project 2012). In Myanmar, 22.9 percent of adult women have reached at least a secondary level of education compared to 15.3 percent of their male counterparts (UNDP 2015).

Primary Education

Burma’s children are relentlessly hopeful, despite the challenges. As part of a project studying the attitudes toward education of the refugees fleeing Burma between 2013 and 2015, one student said, “It depends on me. If I try hard, if I trust myself, I don’t waste my time for useless reasons, if I focus on my education, the dream will become true one day, I hope. The chance will come, it just depends on me trying” (Carpeño and Feldman 2015, 420). The educational systems are a hodgepodge of government schools, monastic schools, and schools run by opposition groups, including the Mon and Karen people, with many students falling between the large cracks in these makeshift systems. This is often due to lack of native-language education, poverty that drives many children to work, sexism that does not prioritize girls’ educational attainment, and an ongoing war between factions.

The tension between educating in the student's language and developing ethnic pride and preparing them to be able to earn a living as a governmental functionary, for one example, results in disconnects. In the example of Karen schools, a distinctly Karen educational system and curriculum, while instilling ethnic pride and sense of identity, does not prepare students to integrate with the government system or to attend university within "a militarized state bent on forced assimilation" (Lall 2014, 312). The Mon, conversely, "follow the government curriculum, with extra classes in Mon language and history-culture, graduates are able to matriculate and enter the nationwide tertiary education system" (298).

A recent article reported that while there are officially 41,000 schools and about 276,000 school teachers, as well as 23 education colleges and two schools that produce 10,000 teachers annually, most students are learning from teachers with multiple grades in poor buildings with thin walls. "It is claimed that 81 percent of children complete the full cycle of primary education that ends at the fourth grade. However, it is acknowledged that there are disparities in access to education between states and divisions. For example, the net enrollment for primary schools in Kachin State is 94.8 percent compared to 61.2 percent in Shan State East, and 59 percent in Chin State" (Hardman et al. 2014, 1).

Hardman's group found that teaching methods are purely rote, with the teacher reading a paragraph and making the students repeat it. Teaching behaviors rarely observed in a recent study include peer tutoring, encouraging questions, identifying special needs, group work, teacher's use of open-ended questions, equal feedback to girls and boys, and the teacher moving around to interact with pupils (12). Teacher training is inadequate, and most students drop out long before the end of primary school. One problem is that the language of instruction is too often not the language of the pupils, and there are extremely large class sizes with entrenched rote learning. "Most monastic schools try to follow the national curriculum but hardly have any resources such as books or even enough tables, chairs, and blackboards" (Lall 2011, 219).

Secondary Education

According to UNESCO, only 50 percent of Burma's children are enrolled in secondary education. Even primary schools would require the sacrifice of half of a middle-class salary per month, and transportation to the schools is also an issue. "While both genders are negatively affected by these

costs, girls often pay a heavier price. As Lway Aye Nang, the secretary-general of Women's League of Burma (WLB), told IPS News, "In both the cities and in rural areas, there is a greater likelihood that parents may keep their boys in school and take the girls out. Family members do not support daughters going to school if there is limited funding."

Children of ethnic minorities are also discriminated against in terms of access and also, as noted earlier, because the language of instruction is unlikely to be the language of the pupil: "Some of the ethnic minorities find it difficult to preserve their cultures and retain their languages." School-aged children are often working to support family members. In Burma, child labor, as a recent report stated, "Is a pillar of the economy. And at this unique moment in the nation's history, that economy is set to explode. In international rankings, Myanmar is often cast alongside nations mired in anarchy or tyranny. Maplecroft, the U.K. risk analysis firm, ranks Myanmar's child labor problem as the worst on the planet, worse even than in North Korea or Somalia" (Curriculum Project 2012).

Special Needs Education

The first Disability Survey (2008–2009) found that the prevalence of those with a disability is about 2.3 percent and that only 50 percent of people with a disability have gone to school. In 2011–2012, there were 9,738 students with disabilities in basic education primary schools, 11,536 in basic education middle schools, and 47 in basic education high schools. "For many of Myanmar's disabled, lack of access to schooling causes enormous difficulty in adult life, further disadvantaging already marginalized people" (Solomon 2015). While some educational reformers are pushing for inclusive education, disabled children are often not allowed to attend government schools and are offered few alternatives. Myanmar only has about 15 special education schools for the deaf, blind, and physically and intellectually disabled. Only about 0.5 percent of the country's school-aged children living with a disability are enrolled in government-run schools (Solomon 2015).

Tertiary Education and Job Training

Students have often protested governmental actions, and the government has repeatedly and frequently closed down higher education. Universities have been perceived as dangerous by the government, which has repeatedly reacted by closing universities and relocating them away from urban areas (Lall 2011, 222).

Health

The Health Information System Working Group's *The Long Road to Recovery* (2015) describes the difficult conditions in Eastern Burma. Burma ranks the lowest of any country for health care for their citizens. A *Lancet* study outlined their health indicators—the worst in the world—with only a 56-year life expectancy, a 40 percent rate of stunted children, and 50 percent of all malaria deaths in Southeast Asia. Rural Burma is almost wholly without health care services, and these lack supplies, while urban health care centers are corrupt, with patients having to give bribes to staff and pay for food and cleaning themselves, even at public facilities. Leading causes of death are AIDS, septicemia, general injuries, fetal disorders, liver disorders, respiratory disorders, intrauterine hypoxia, health failure, and tuberculosis (9). To summarize some of the results reported in a *PLOS One* article, about 10 percent of the respondents felt they were in poor health, 5 percent were depressed, 3 percent had malaria, 11 percent of the children were malnourished, and 37 percent of the parents gave their children vitamin A supplements and deworming medications. Eleven percent of women in their childbearing years were malnourished, and 52 percent reported no postnatal care. Polled about human rights violations (HRV), “one in nine households experienced at least one HRV in the past year and four percent reported two or more HRVs (Parmar et al. 2015, 11), including forced labor, confiscation of food, gunshot wounds, and landmine injuries.

Access to Health Care

Access to health care is limited in Myanmar, particularly in rural or contested areas. In Myanmar, charity hospitals serve the poor. There are private nonprofit clinics run by community-based organizations and religion-based societies, which also provide care but “the information on private facilities both for the rich and the poor is limited” (Latt, Cho, Htun, Saw, Myint, Aung, Aoki, Reyer, Yamamoto, Yoshida, and Hamajima 2016, 126).

Maternal Health

“Complications arising from unsafe terminations are the third leading cause of maternal deaths after post-partum hemorrhage and eclampsia,” according to the government's 2006–2011 National Health Plan. The latest survey by UNICEF and the Department of Health in 2005 shows that Myanmar's maternal mortality ratio (MMR) is

persistently high at 316 per 100,000 live births. Nearly 10 percent of all maternal deaths are abortion-related. Pansy Tun Thein, the assistant representative of the UN Population Fund (UNFPA) in Myanmar, said the government recognized that abortion-related deaths are one of the leading causes of maternal mortality. “The government is currently promoting the reduction of maternal mortality. It's high on their agenda and abortion is one of the issues being addressed through improved quality services for maternal health,” she told IRIN (Women on Waves 2016). “More than half, or about 54 percent of women have an unmet need for contraception” (HISWG 2015, 29). The key challenge facing many mothers and their children is limited access to qualified antenatal and postnatal assistance. Figures differ, with the British Red Cross saying that almost half are not attended by a skilled health worker, but another resource stating that three-quarters of new mothers had an attendant. “About 60% of women surveyed reported attending at least one antenatal care visit and almost 80 percent of new mothers breastfeed for six months” (HISWG 2015, 6). In 2013, about 17 percent of children under five years old suffer from acute malnutrition (HISWG 2015, 6).

Diseases and Disorders

Health issues abound, and AIDS rates are high. HIV in Myanmar is concentrated among men who have sex with men, people who inject drugs, and female sex workers. HIV prevalence in the adult population aged 15 years and older was estimated at 0.54 percent in 2014, and 9,000 new cases were reported (Ministry of Health 2014). There is a very high occurrence of food- or waterborne diseases, such as bacterial and protozoal diarrhea, hepatitis A, and typhoid fever; vector-borne diseases, such as dengue fever, malaria, and Japanese encephalitis; water contact diseases, such as leptospirosis; and animal contact diseases, such as rabies. The World Health Organization (WHO) reports the top 10 causes of death as follows: stroke (12%), lower respiratory infections (9%), ischemic heart disease (7%), tuberculosis (6%), chronic obstructive pulmonary disease (4%), cirrhosis of the liver (4%), diabetes (3%), asthma (3%), diarrheal diseases (3%), and HIV/AIDS 2.6% (WHO 2015, 2).

Employment

In Myanmar, female participation in the labor market is 75.2 percent, and it is 82.3 for men (UNDP 2015). Women often work in agriculture, unpaid on their own farms, or as

laborers on plantations and farms. They also process agricultural products, fish, or gather from the forests. Women encounter multiple barriers and forms of discrimination, including barriers to accessing or owning land, participating in decision-making processes regarding land, and accessing resources for resolving disputes. Reports indicate that limited education; the lack of resources, time, and money; internalized gender roles; and social and cultural inequities all exacerbate these barriers for women's employment in Myanmar (Transnational Institute 2015, 6). A recent article described some of the barriers for women in employment: males dominate local government, and women are made to feel dismissed in village discussions and decisions as well as within the agricultural instruction that might be available. Land and land rights are connected to women's employment in Myanmar and often to other rural inequalities, including lower wages. As Faxon et al. point out, widows are particularly vulnerable to losing their land; titles rarely include the names of wives, so in-laws may take ownership of land rights (440).

Furthermore, a 2011 Gender Development Index survey found that women and girls frequently perform unremunerated tasks, including cooking, cleaning houses, washing clothes, caring for children, caring for the sick and elderly, fetching water, collecting firewood, purchasing food and supplies at the market, and delivering food to those working the fields. As Minoletti writes,

The types of work that women typically perform to raise income and/or produce food for family consumption are those that tend to be located closer to their house than the types performed by men. Also, self-employed women typically have smaller start-up capital than self-employed men. . . . In Myanmar, in 71.9 percent of households that do not have a source of drinking water on their own premises a female aged 15 or over was found to be the person usually responsible for collecting water. (17)

Family Life

One of the few quotidian studies of Burma provided some stories to shed light on the everyday negotiations of the people of Burma. One narrative, for example, describes how the most common method for families to supplement their income is to establish a home-based food stall or small shop. Such home-based businesses allow for greater flexibility, as owners can simultaneously care for children

and perform household chores, while also avoiding government regulations and taxes. For instance, one woman “whose husband was employed as a night guard at a construction site temporarily camped out at the site where she sold snacks and betel nuts to the construction workers while breastfeeding her infant and taking care of her other children” (Thawngmung 2011).

The author described how, even if these shops do not make a profit, the leftover food can be used to feed the family. Families often have gardens, raise pigs, and do everything they can to be self-sufficient and outside the influence of governmental policies and interference. Three generations often live together to share living space and contribute to the common good. Thawngmung gives many examples of creative resourcefulness (650).

Politics

An election in 2010 started Burma down the road to democracy. Decades of military rule, an abundance of factors, including poverty; a plethora of stateless ethnicities; environmental, climate, and political turmoil; a tradition of corruption; educational deficits; and religious conflicts, have all contributed to a chaotic political climate. The election in November 2015, however imperfect, means that this is an unfolding story, and anything true today may change dramatically tomorrow.

While the new government elected in 2015 is a move in the right direction, *The Economist* reports, “The army controls defense, frontier and home-affairs ministries. That will not change after April 1st” (2016). In Myanmar, 4.7 percent of parliamentary seats are held by women (UNDP 2015). The Asia Foundation reported on the most recent election, saying that the number of women has increased 14.5 percent in all elected members of Parliament, mostly members of Aung San Suu Kyi's National League for Democracy. These 145 women, compared to the incoming male parliamentarians, are younger, more highly educated, and from every career—business leaders, farmers, doctors, lawyers, and educators. One study of previous female parliamentarians reported various barriers to success: “82 percent of respondents saying that lack of support from other women ‘very much’ discouraged them from entering politics.” The study found that “three-quarters of women respondents felt that men make better political leaders than women” (Ninh 2016). At the subnational level, women are underrepresented. There are “no women township administrators anywhere, and women account

Women's Voices

Aung San Suu Kyi

Aung San Suu Kyi is an activist from Myanmar (Burma) and is the winner of the 1991 Nobel Peace Prize. Starting in 1988, she began to speak out against human rights violations in her home country. In 1989, she was placed under house arrest by the government and spent 15 of the next 21 years in custody. She was finally released in 2010. Her political party, the National League for Democracy, is currently in power in Myanmar. As the new leader of Myanmar, San Suu Kyi says her priorities will be “the rule of law, internal peace and the amending of the Constitution” (Mydans 2015). She believes her aspirations reflect those of her people. She says, “I’m confident the great majority of the people want peace. . . . [T]hey do not want to live on a diet of hate and fear” (Keane 2015).

—Melissa Jacobs

Biography.com. n.d. “Aung San Suu Kyi Biography.” Retrieved from <http://www.biography.com/people/aung-san-suu-kyi-9192617#synopsis>.

Keane, Fergal. 2015. “Myanmar Election: Aung San Suu Kyi Positions Herself for Victory.” BBC, November 10. Retrieved from <http://www.bbc.com/news/world-asia-34774952>.

Mydans, Seth. 2015. “Aung San Suu Kyi, Long a Symbol of Dignified Defiance, Sounds a Provocative Note.” *New York Times*, November 17. Retrieved from http://www.nytimes.com/2015/11/18/world/asia/myanmar-aung-san-suu-kyi.html?_r=0.

for only 19 of the 16,743 ward/village tract administrators in government-controlled areas of Myanmar” (Minoletti 2014, 10–11). The incoming women will be fighting an uphill battle in a culture in which women’s voices are not impacting daily life and where there is an omnipresent military that is more interested in its continued power than benefits to the citizens of the country.

Women’s Nongovernmental Agencies

Interestingly, an Internet search of “nongovernmental agencies/Myanmar” mostly retrieves organizations based in Thailand, Australia, and other countries focused on helping refugees. There are, however, more than 30 women’s

groups under the umbrella of Women’s Organizations Network of Myanmar (WON) that advocate for women, organize events to highlight violence against women in Myanmar, and do capacity building for women’s groups. The Alliance for Gender Inclusion in the Peace Process (AGIPP), for example, advocates for increased representation of women in peace-related decision-making roles in Myanmar (Snaing 2016).

The Karen Women’s Organisation, in existence since 1949, has more than 49,000 women. There is a Gender Equality Network, which works for greater gender equality through research, networking, and training women. The Women’s League of Burma (WLB) organizes workshops for women and men on negotiation and peace building. There is also the Mon Women’s Organization (MWO), which especially works for the education and skills needed by women around Mon villages inside and on the Thai-Burma border, based on Buddhist teachings. The organization also teaches ancient Mon history to make it more accessible. Another women’s group is the Rainfall Gender Study Group, which was created to promote women’s rights and women’s roles and to increase gender awareness.

Religious and Cultural Roles

Muslims constitute a religious minority in Burma and are violently oppressed by certain elements of the Buddhist peoples. The majority of people in Burma are Buddhist, but Buddhism is not necessarily one coherent religion. There are nine official sects in the monastic community (*sangha*) of Burma, and there are individual opinions and interpretations (Gravers 2012, 2). Women become nuns for many reasons, but some suggest that this can be one way for a girl from a poor family to access an education (Sinclair-McCartney 2016). Women who become nuns cut their hair in a ceremony, which is often a source of dismay for their relatives. Nuns practice obedience and discipline, fasting, and serving the monks, and they preside at ceremonies such as funerals and pagoda consecrations. They hold traditional roles, often walking behind and eating after the men (Kawanami 2013, 100).

The monks provide religious education and have been in stalwart opposition to the military rule in Burma. “The monk-led protests, known as the Saffron Revolution, were turning points in Burma’s modern history. Unlike the 1988 uprising, during which hundreds if not thousands of peaceful demonstrators were gunned down, the uprising in 2007 was rather short-lived but also had a lasting

impact.” However, the 300,000–400,000 monks are divided into those that hurt the regime, who are sanctioned, and those “who appear to take a neutral stance or promote nationalism and narrow-minded religious hatred [who] are allowed to operate freely” (Zaw 2015).

Astrologers, palm readers, and portents are the norm. Thawngghmung, who offered up a recent study of daily life in Burma gave this example from one woman:

She consults a number of astrologists two or three times a month on issues ranging from whom to choose for a spouse, her continued job prospects, to choosing names for her new-born relatives and picking appropriate dates for special events. She recalled that she was once told by a palm reader to make an offering of 23 ears of corn (she was 23 years old back then) at the pagoda in order to ward off an impending danger predicted to befall upon her. She was living in Pegu city, a two-hour bus ride from Yangon, and, because there was no corn in Pegu, had to catch transport early in the morning to search for the corn at vegetable markets in Yangon. She had to find ears of just the right size—small enough that they could be held in a single bunch for her offering.

Because she had to visit a number of different markets in different locations, it was already getting dark by the time she arrived back to her home in Pegu with the appropriate offering, which she brought directly to the pagoda. She nonetheless went to bed happy after her long day, content in the knowledge that danger had been averted. (653)

Thawngghmung claims that “the decisions taken by many people, from senior military officials to poor farmers, are often heavily influenced by advice offered by astrologers” (653). Mikael Gravers, who has written many articles and books on Burma, in studying how both the military and Aung San Suu Kyi explain their goals in terms of Buddhist principles, discusses how the military used numerology, astrology, and prophecy to determine the timing of the constitution, the move to the new capital, and the sentencing of a prisoner (12). The struggle between the military rulers and the opposition are both articulated in religious terms: “The monks and Daw Aung San Suu Kyi have used Buddhist concepts in order to translate and transmit ideas of democracy, human rights and human security into a Burmese cultural context. The opposition thus uses Buddhism as a medium for critique of the regime, while the generals use Buddhism as a means to legitimize their power and rule” (2).

Issues

Violence against Women

A study released in 2015, which involved in-depth interviews with 38 women, found that domestic violence victims “experienced mental, physical, and sexual health consequences, including blurred vision, broken bones, stress, depression, and social isolation. . . . [N]one of the participants received medical assistance for . . . problems that resulted from violence. Similarly, no participants were able to negotiate successfully for condom use, sometimes resulting in STI or HIV transmittal from a husband’s extra-marital relations” (Faxon, Furlong, and Phyu 2015, 467). Many women are victims of sex trafficking. They are sent to China and become involuntary sex workers or Chinese wives. The stateless ethnic minorities are particularly vulnerable. Human Rights Watch (HRW) claims “widespread sexual violence perpetrated by Burmese soldiers has been a hallmark of the culture of abuse and impunity in Burma’s decades-long civil wars with its ethnic groups. . . . [T]he army continues to shield its soldiers from prosecution for crimes committed throughout war zones in the country’s north and east” (2016). Victims are told by the soldiers not to reveal the rapes, and “the rapes have taken place in different parts of the country, involve many different battalions, are often gang-rapes, and are connected to conflict areas, suggesting that the practice is widespread and part of military tactics” (Burma Campaign 2014, 2). “Recent cases of women and girls being raped by soldiers from the government’s forces include the rape of a 12-year-old girl in front of her mother and of a disabled woman. Many of the victims were gang-raped, and many were killed afterward” (Burma Campaign 2014, 1).

Child Soldiers

Burma has the highest number of child soldiers in the world, according to HRW. Photojournalist Spike Johnson, under the aegis of the Pulitzer Center on Crisis Reporting, produced a slideshow of these child soldiers. The accompanying report states,

Boys are kidnapped in their early teens, or convinced to join the Tatmadaw (Myanmar army) and armies of pseudo independent states, with the lure of a small but steady income. Military men or corrupt civilian administrators faced with filling quotas will often forge the paperwork of minors, allowing them to be admitted

into official recruitment centers. They're forced to fight frontline battles in Myanmar's civil wars to act as porters for heavy equipment, and to walk remote fields acting as human mine detectors. (2015)

HRW describes the pressures brought to bear to try to force the government to release these children to their families, but it is impossible to know how many children still serve.

Role of Technology

Phandeeyar, a civil society organization focused on technology, estimated there were approximately 6 million Facebook users in Myanmar in 2015, which is partially a result of the low cost of smartphones and SIM cards (BurmaNet News 2015). In the most recent election, this translated into deaths from unwarranted but shared Facebook accusations of murder and rape, with the government cracking down on some but not others. On the other hand, smartphones and social media have frequently resulted in better educational opportunities and health care. One report stated that, "in 2014, Myanmar had the lowest revenues for mobile learning in the region; by 2019, it will be outspending six other countries" (Adkins 2015, 9). And *National Geographic* reported on a new tool, Koe Koe Tech, a health care systems provider for health institutions and the greater public of Myanmar. "In a nation of 4 doctors per 10,000 citizens, mobile phones represent a powerful instrument to overcome state capacity by providing healthcare information, advice, and feedback in rural and urban areas." For example, people can access technology like Koe Koe Tech to find doctors, medications, and health information (Bosler 2015).

KELLIAN CLINK

Further Resources

- Adkins, Sam S. 2015. *The 2014–2019 Asia Mobile Learning Market*. Ambient Insight, March. Retrieved from <http://www.ambientinsight.com/Resources/Documents/AmbientInsight-2014-2019-Asia-Mobile-Learning-Market-Overview.pdf>.
- AP, Forced Labour Net. 2015. "Trafficking in Myanmar Peaks in 2014." January 15. Retrieved from <http://apflnet.ilo.org/news/trafficking-in-myanmar-peaks-in-2014>.
- BBC. 2012. "A Pride with No Parade for Burma's First Gay Festival." May 17. Retrieved from <http://www.bbc.com/news/world-asia-18106018>.
- BBC. 2015. "Myanmar Profile—Overview." August 27. Retrieved from <http://www.bbc.com/news/world-asia-pacific-12990565>.
- Betkerur, Niharika, and Dnyanada Palkar. 2013. *Women in Peace-making: A Myanmar Report*. Delhi Policy Group. Retrieved from http://www.delhipolicygroup.com/uploads/publication_file/1052_DPG_-_Myanmar_Report.pdf.
- Bosler, Cayte. 2015. "How Smartphones Fill the Healthcare Gap in Myanmar." *National Geographic*, September 22. Retrieved from <http://voices.nationalgeographic.com/2015/09/22/how-smartphones-fill-the-healthcare-gap-in-myanmar>.
- Brooten, Lisa, Syed Irfan Ashraf, and Ngozi Agwaziam Akinro. 2015. "Traumatized Victims and Mutilated Bodies: Human Rights and the 'Politics of Immediation' in the Rohingya Crisis of Burma/Myanmar." *International Communication Gazette* 77(8): 717–734.
- Burma Campaign UK. 2014. "Rape and Sexual Violence by the Burmese Army." April 16. Retrieved from http://burmacampaign.org.uk/burma_briefing/rape-and-sexual-violence-by-the-burmese-army.
- BurmaNet News. 2015. "Burmese Government Accused of 'Double Standard' on Online Hate Speech." October 22. Retrieved from <http://www.burmanet.org/news/2015/10/22/the-irrawaddy-burmese-government-accused-of-double-standard-on-online-hate-speech-kyaw-phyo-tha>.
- Carpeño, Eva Ramírez, and Hannah Isabelle Feldman. 2015. "Childhood and Education in Thailand-Burma/Myanmar Border Refugees Camps." *Global Studies of Childhood* 5.4: 414–424.
- Chua, Lynette J., and David Gilbert. 2015. "Sexual Orientation and Gender Identity Minorities in Transition: LGBT Rights and Activism in Myanmar." *Human Rights Quarterly* 37.1.
- CIA (Central Intelligence Agency). 2016. "Burma." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/bm.html>.
- Curriculum Project. 2012. "Education in Burma and on the Border." Retrieved from <http://curriculumproject.org/education-in-burma>.
- Dittmer, Lowell. 2008. "Burma vs. Myanmar: What's in a Name?" *Asian Survey* 48.6: 885–888.
- The Economist*. 2016. "Changing Lanes: A New President in Myanmar." (March 10): 43.
- Faxon, Hilary, Roisin Furlong, and May Sabe Phyu. 2015. "Reinvigorating Resilience: Violence against Women, Land Rights, and the Women's Peace Movement in Myanmar." *Gender & Development* 23.3: 463–479.
- Fisher, John. 2016. "Dispatches: Keep Up the Pressure on Rights in Burma." Human Rights Watch, March 10. Retrieved from <https://www.hrw.org/news/2016/03/10/dispatches-keep-pressure-rights-burma>.
- Gravers, Mikael. 2012. "Monks, Morality and Military: The Struggle for Moral Power in Burma and Buddhism's Uneasy Relation with Lay Power." *Contemporary Buddhism* 13.1: 1–33.
- Hardman, Frank, Christian Stoff, Wan Aung, and Louise Elliott. 2014. "Developing Pedagogical Practices in Myanmar Primary Schools: Possibilities and Constraints." *Asia Pacific Journal of Education*: 1–21.
- HISWG (Health Information System Working Group). 2015. *The Long Road to Recovery: Ethnic and Community-Based Health Organizations Leading the Way to Better Health in Eastern Burma*. Retrieved from <http://www.burmacampaign.org.uk/media/The-Long-Road-to-Recovery.pdf>.
- Johnson, Spike. 2015. "Of the Same Life: Releasing Myanmar's Child Soldiers." Pulitzer Center on Crisis Reporting, October

22. Retrieved from <http://pulitzercenter.org/reporting/same-life-releasing-myanmar%E2%80%99s-child-soldiers>.
- Kawanami, Hiroko. 2013. *Renunciation and Empowerment of Buddhist Nuns in Myanmar-Burma: Building a Community of Female Faithful*. Volume 33, *Social Sciences in Asia*. Leiden: Brill.
- Lall, Marie. 2011. "Pushing the Child Centered Approach in Myanmar: The Role of Cross National Policy Networks and the Effects in the Classroom." *Critical Studies in Education* 52.3: 219–233.
- Lall, Marie. 2014. "Comparing Models of Non-State Ethnic Education in Myanmar: The Mon and Karen National Education Regimes." *Journal of Contemporary Asia* 4.2: 298–321.
- Latt, Nyi Nyi, Su Myat Cho, Nang Mie Mie Htun, Yu Mon Saw, Myint, Myat Noe Htin Aung, Fumiko Aoki, Joshua A. Reyer, Eiko Yamamoto, Yoshitoku Yoshida, and Nobuyuki Hamajima. 2016. Healthcare in Myanmar. *Nagoya Journal of Medical Science* 78.2: 123.
- Lewis, Simon. 2015. "Rampant Child Labor a Challenge for Myanmar." Voice of America, December 21. Retrieved from <http://www.voanews.com/a/rampant-child-labor-a-challenge-for-myanmar/3111874.html>.
- Lin, Htet Khaung. 2015. "Poverty Drives Myanmar Girls into Underage Sex Work." Myanmar Now, August 13. Retrieved from <http://www.burmanet.org/news/2015/08/24/myanmar-now-poverty-drives-myanmar-girls-into-underage-sex-work-htet-khaung-lin>.
- Maber, Elizabeth. 2014. "(In)Equality and Action: The Role of Women's Training Initiatives in Promoting Women's Leadership Opportunities in Myanmar." *Gender and Development* 22.1: 141–156. doi:10.1080/13552074.2014.889340.
- MacGregor, Fiona. 2015. "Teenage Girls in Burma Find Their Voices to Defend Their Rights." *The Guardian*, February 11. Retrieved from <https://www.theguardian.com/global-development/2015/feb/11/teenage-girls-burma-girl-determined>.
- Mathieson, David Scott. 2016. "Dispatches: Impunity for Sexual Violence in Burma's Kachin Conflict." Human Rights Watch, January 21. Retrieved from <https://www.hrw.org/news/2016/01/21/dispatches-impunity-sexual-violence-burmas-kachin-conflict>.
- Minoletti, Paul. 2014. *Women's Participation in the Subnational Governance of Myanmar*. Subnational Governance in Myanmar Discussion Paper Series. Discussion Paper No. 3. Asia Foundation. Retrieved from <https://asiafoundation.org/resources/pdfs/WomensParticipationintheSubnationalGovernanceofMyanmar.pdf>.
- MyMe Project. 2014. "Project." Retrieved from <http://www.mymeproject.org/about.html>.
- National AIDS Programme. 2015. *Global AIDS Response Progress Report: Myanmar*. Ministry of Health. Retrieved from http://www.unaids.org/sites/default/files/country/documents/MMR_narrative_report_2015.pdf.
- Ninh, Kim N. B. 2016. "Myanmar Elections Usher in Unprecedented Number of Women Parliamentarians." Asia Foundation, March 2. Retrieved from <http://asiafoundation.org/2016/03/02/myanmar-elections-usher-in-unprecedented-number-of-women-parliamentarians>.
- Oxford Burma Alliance. 2015. "Education in Myanmar." Retrieved from <http://www.oxfordburmaalliance.org/education-in-burma.html>.
- Parmar, Parveen Kaur, Charlene C. Barina, Sharon Low, Kyaw Thura Tun, Conrad Otterness, Pue P. Mhote, Saw Nay Htoo, et al. 2015. "Health and Human Rights in Eastern Myanmar after the Political Transition: A Population-Based Assessment Using Multistaged Household Cluster Sampling." *PLOS One* 10.5 (May 13). doi:<http://dx.doi.org/10.1371/journal.pone>.
- Pyne, Hnin Hnin. 2015. "All Aboard: Policies for Shared Prosperity in Myanmar." World Bank. Retrieved from <http://www.worldbank.org/en/country/myanmar/publication/all-aboard-policies-for-shared-prosperity-in-myanmar>.
- Rigg, Jacob. 2006. "Burma Special: The Forgotten War." *New Statesman*, August 14. Retrieved from <http://www.newstatesman.com/node/195587>.
- Sinclair-McCartney, Molly. 2016. "High above Central Myanmar's Ancient Temples: A Bird's Eye View of the Past." *Journal Gazette*, February 23. Retrieved from <http://www.journalgazette.net/news/world/myanmar/High-above-central-Myanmar-s-ancient-temples-a-bird-s-eye-view-of-the-past-11647977>.
- Snaing, Yen. 2016. "Women's Alliance Breaks Down Gender Disparity in Peace Process." *Irrawaddy*, January 22. Retrieved from <http://www.irrawaddy.com/burma/womens-alliance-breaks-down-gender-disparity-in-peace-process.html>.
- Solomon, Feliz. 2015. "Crafting a Better Life." *ReliefWeb*. Retrieved from <http://reliefweb.int/report/myanmar/crafting-better-life>.
- Tanabe, Mihoko, Keely Robinson, Catherine I. Lee, Jen A. Leigh, Eh May Htoo, Naw Integer, and Sandra K. Krause. 2013. "Piloting Community-Based Medical Care for Survivors of Sexual Assault in Conflict-Affected Karen State of Eastern Burma." *Conflict and Health* 7.1: 12.
- Thawngmung, Ardeth Maung. 2011. "The Politics of Everyday Life in Twenty-First Century Myanmar." *Journal of Asian Studies* 70.3: 641–656.
- Transnational Institute. 2015. "Linking Women and Land in Myanmar: Recognizing Gender in the National Land Use Policy." Retrieved from <https://www.tni.org/en/briefing/linking-women-and-land-myanmar>.
- Transparency International. 2015. "Corruption by Country/Territory." Retrieved from <https://www.transparency.org/country/#MMR>.
- UNDP (United Nations Development Programme). 2016. "Myanmar." United Nations Development Reports. Retrieved from http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/es/MMR.pdf.
- UNOCHA (UN Office for the Coordination of Humanitarian Affairs). 2012. "Myanmar: Natural Disasters 2002–2012." November. Retrieved from <http://reliefweb.int/map/myanmar/myanmar-natural-disasters-2002-2012>.
- WHO (World Health Organization). 2015. *Myanmar Statistical Profile*. Retrieved from <http://www.who.int/gho/countries/mmr.pdf?ua=1>.

Women on Waves. 2016. "Abortion Law Myanmar." Retrieved from <http://www.womenonwaves.org/en/page/4884/abortion-law-myanmar>.

Women's League of Burma. 2008. "CEDAW Shadow Report: Long Way to Go." Retrieved from <http://womenofburma.org/cedaw-shadow-report-long-way-to-go>.

Zaw, Aung. 2015. "Remembering Saffron: Of Monks and Military Men." *The Irrawaddy*, September 26. Retrieved from <http://www.irrawaddy.com/from-the-irrawaddy-archive-burma/remembering-saffron-of-monks-and-military-men.html>.

N

Nepal

Overview of Country

Nepal is a landlocked nation in South Asia bordered by India to the south and China to the north. Nepal is a geographically and ethnically diverse country, with archeological evidence showing humans have lived in the Kathmandu Valley for more than 10,000 years. It has a total surface area of about 56,000 square miles (147,181 sq. km) and is home to 8 of the world's 10 tallest mountain peaks, including the tallest peak—Mount Everest at 29,035 feet (8,850 m). Nepal is broadly divided in three geographic areas with multiple climate zones extended in bands across the country as altitudes increase. In the south, the Tarai region consists of low flat river plains and subtropical and tropical climates. The hill region has multiple mountain ranges and a temperate climate. The mountain region is composed of the Himalayas in northern Nepal and experiences subalpine and alpine climates.

The modern era of Nepali history is marked by the beginning of a unified state under the Shah monarchy in 1768 by Gorkha ruler Prithvi Narayan Shah. Following the Anglo-Nepalese War (1814–1816), Nepal maintained independence, and treaties with Great Britain established the country's boundaries. The Nepali government was ruled by hereditary prime ministers, called Ranas, until 1951, when a cabinet system with political parties was brought into the

governmental system. Then, in 1960, during the Panchayat period, the cabinet was dismissed until 1990, when a democratic system as part of a constitutional monarchy was established (CIA 2017).

The last decade of the 20th century and the beginning of the new millennium were marked by political instability and conflict in Nepal. Political tensions and volatility culminated in a decade-long civil war known as the Maoist People's War (1996–2006). During this period, the Nepali government had several different prime ministers, and in June 2001, 10 members of the royal family, including King Birendra and Queen Aishwarya, were killed by Crown Prince Dipendra before he shot himself. Over the next few years, there was an increase in violence until a temporary cease-fire in 2003 which was followed by another uptick in violence. In 2005, King Gyanendra reinstated a total monarchy and then reinstated the Parliament in 2006. In November 2006, the Maoists and the government signed the Comprehensive Peace Agreement, formally ending the war (BBC 2016). An interim constitution was adopted in 2007, and in 2008, the Constituent Assembly formally declared Nepal to be a democratic republic, abolished the monarchy, and elected the first president, Ram Baran Yadav. Eventually, in 2015, the Parliament passed a new constitution that Nepal currently operates under. Nepal's state structure consists of 7 provinces and 75 districts.

Nepal is among the poorest countries in the world. Approximately one-fourth of the population lives below

the poverty level, but the number of people living below the poverty line has decreased from 42 percent of the population in 1996 (UN Women 2017). Agriculture is the core of Nepal's economy, comprising nearly 30 percent of the country's gross domestic product (GDP) and providing a living for 70 percent of the population. Services make up 50 percent of Nepal's GDP, and industry comprises 13 percent. The most common industries in Nepal are tourism, carpet textile production, rice, jute, sugar, oilseed mills, and cigarette, cement, and brick production. Remittances are another significant component of Nepal's economy, accounting for as much as 29 percent of the GDP (CIA 2017). In 2014, Nepal and India entered trade agreements to work to increase Nepal's hydropower potential, a potential economic area to grow. In the spring of 2015, Nepal was struck by a massive 7.8 magnitude earthquake that resulted in more than 8,000 deaths and an estimated economic impact of USD\$7 billion (Kumar 2017).

As of 2016, the population of Nepal is 29,033,914 (CIA 2017). In the 2011 national census, there were 125 different ethnic groups and 123 languages reported. The largest ethnic group in Nepal is the Chhettri people at almost 17 percent of the population. This is followed by the Brahman-Hill people (12%), Magar (7%), Tharu (6.6%), Tamang (5.8%), Newar (5%), Kami (4.8%), Muslim (4.4%), Tadva (4%), Rai (2.3%), Gurung (2%), Damai/Dholi (1.8%), Thaku (1.6%), Limbu (1.5%), Sarki and Teli (1.4%), Chamar/Harijan/Ram (1.3%), Koiri/Kushwaha (1.2%), and other ethnicities totaling 19 percent of the population (CIA 2017). The official language of Nepal is Nepali, which is spoken by almost 45 percent of the country. Other significant spoken languages include Maithali, Bhojपुरi, Tharu, Tamang, Newar, Magar, Bajjika, Urdu, Avadhi, Limbu, and Gurung. Hinduism is the prominent religion of Nepal, being practiced by 81 percent of the population. Buddhism (9%) is the next most commonly practiced religion, followed by Islam (4.4%), Kirant (3%), Christianity (1.4%), and other (0.5%) (CIA 2017).

Broadly speaking, Nepali culture is influenced by a strong patriarchal culture, with women having unequal status in many areas, including literacy and education, employment, health, and law, as well as in the prevalence of sexual and domestic violence. The lives of women and girls in Nepal are shaped by a variety of factors, including ethnicity, class, religion, and location, which result in different cultures and customs as well as different levels of vulnerability. Anthropologists have distinguished two main areas that ethnic groups fall under, Tibeto-Burmans and

Indo-Aryans. While discrimination based on caste is illegal in Nepal, it is still in practice, and women and children's caste status, particularly being a member of the Dalit, or untouchable caste, can impede access to education, health care, and economic opportunities (UNICEF 2006).

Women in urban areas have greater access to basic resources than those in rural communities, with women from the mid and far western regions facing the most barriers. Since the 1970s and the rise of a global focus on development programs to support women, Nepal has seen an influx of funding and organizations, such as the UN Women program and UNICEF, as well as the growth of national nongovernmental organizations (NGOs) and local organizations working on issues ranging from education, to health care, to property rights.

Over the past several decades there have been positive indicators for women's status in Nepal, such as a reduction in infant and maternal mortality rates; however, much work remains. Women and children were greatly impacted by the Maoist insurgency. The war resulted in more than 15,000 deaths, of which 8 percent were women and 3 percent were children (Malla 2011, 58). In 2014, the UN Development Programme (UNDP) ranked Nepal 145th out of 188 nations based on the Gender Inequality Index (GII; 0.548) (UNDP 2017).

Girls and Teens

Girls' everyday life in Nepal is shaped by ethnicity, class, and location. Girls across Nepal have higher mortality rates than boys for children aged 1–4, have less access to education, and have household responsibilities, such as cleaning, cooking, and helping to care for siblings (UNICEF 2006). In rural areas, girls are additionally expected to gather water and firewood or fodder and to participate in agriculture. The literacy rate of women in Nepal is 53 percent, while for men it is 76 percent, and the school life expectancy for girls is 13 years. Child labor is common in Nepal; in 2008, 34 percent of children ages 5–14 were engaged in child labor. A 2006 estimate stated that more than 127,000 children perform labor as domestic workers, factory workers, bonded laborers, and rag pickers (UNICEF 2006). It is the societal expectation that girls will marry and have children. Child marriage is still practiced in Nepal, despite the law stating the minimum age for marriage is 18 with the permission of a guardian and 20 without. Thirty-seven percent of girls marry before the age of 18, and 10 percent marry before the age of 15 (HRW 2016).

Health

The 2016 estimated infant mortality rate in Nepal was 28 deaths for every 1,000 live births, and 30 percent of children under the age of 5 years are underweight (CIA 2017). Common health threats to Nepali children are malnutrition, diarrhea, and acute respiratory infection. As girls age, an additional health barrier they face is around menstruation. Across Nepal the practice of *chhaupadi* continues to varying degrees, despite it being outlawed in 2005. *Chhaupadi* are centuries-old customs linked to the Hindu religion that dictate the mobility and interactions women and girls can have while on their periods. In the most extreme instances, girls and women are sent to live in cowsheds during the times they are menstruating, with limited access to food and water. Other forms of this practice include restrictions on what women can eat, where they can go, and whom they can interact with or touch while menstruating (Hodal 2016). This practice is most prevalent in the mid and far west, but in subtle forms, it exists throughout the country. Some studies show changing attitudes toward menstruation among younger generations of Nepali youth and a belief that these restrictions should no longer practiced (Acharya 2003, 72).

Sex Education

At the secondary education level, students in Nepal are supposed to learn sex education through a health course. A 2006 study found that sex education was unevenly implemented in the eight schools sampled. Issues contributing to the poor implementation included inadequate teacher preparation, lack of teaching materials, and lack of school and community support (Pokharel, Kulczycki, and Shakya 2006, 159). However, other groups are working to provide sex education outside of school. The Youth Activists Leadership Council, composed of 10 youth activists ages 16–24, advocates at the national and international level for comprehensive sex education and health policies that support reproductive health and family planning services (Youth Activists Leadership Council 2012).

Education

The Ministry of Education and Sports, established in 1951, oversees education in Nepal. Prior to 1951, education was reserved for the royal family and members of upper castes. Nepal has more than 34,000 primary and secondary schools, 9 universities, and more than 1,000 colleges

(World Education News and Reviews 2017). In 2009, Nepal implemented a School Sector Reform Program with two levels, basic education consisting of grades 1–8 and secondary education consisting of grades 9–12. In Nepal, there are both public and private schools. Community and government-run schools are typically used for primary school, whereas private schools are offered at the secondary level. Access to private schools is influenced by class and location, with middle-class families in urban areas being more likely to afford and be located near a higher-quality private school.

Enrollment at all levels of education is increasing, with more than 90 percent of primary school-aged children enrolled in school. At the secondary level, enrollment grew for grades 9–10, from 40 percent in 2004 to 52 percent in

Women's Voices

Kumari: The Living Goddess of Nepal

My name is Sanju Gharti. When people hear me say that I am a woman from Nepal who is pursuing a degree in women, gender, and sexuality studies here in the United States, the first thing that crosses their minds is that women in Nepal must be oppressed and marginalized, because they assume that Nepal is far removed from civilization. They are quick to assume that we are culturally backward in terms of assigning equal status and opportunities to both men and women.

But what they might not know is that we have traditions that uphold women to the status of goddesses. Not only does Nepal have female deities, avatars that are worshipped and revered as statues, images, and symbols, but we also have a real living goddess known as Kumari. Kumari is the tradition of worshipping young, prepubescent girls believed to be manifestations of the divine female energy, or *devi*, in Hindu-Buddhist religious tradition. The word *Kumari* derives from the Sanskrit word *kau-marya*, meaning virgin; hence, Kumari is believed to be the living virgin goddess. As unlikely as it might seem, this strong persona of a female god in an essentially male-dominated orthodox society validates the existence of matriarchal societies in the ancient times within Nepal, and it empowers women today.

2011, and from 6.8 percent to 9.4 percent for grades 11–12 (World Education News and Reviews 2017). A large number of Nepali students who move on to attend college or university travel abroad for their studies; in 2010, there were over 24,000 Nepali students studying abroad (World Education News and Reviews 2017). While enrollment in school is increasing, there are many challenges for girls seeking education, particularly girls from minority ethnicities and in poor and rural communities who are more likely to not attend or to leave school early (Maslak 2003, 11). If a family has to choose which children they send to school, they will typically prioritize the boys' education. The need for girls' labor at home and early marriages are also reasons why girls do not attend school or leave school early.

Health

In Nepal, health care access is varied across location and ethnic, class, and gender markers, with wealthier citizens being able to afford private care or travel to neighboring countries for specialized treatments and poorer citizens not having access to basic or quality care. Since 1991, with the adoption of the National Health Policy, there have been multiple plans to address the lack of access to quality health care in Nepal in the public and private sectors. Health care services are provided at the district level through health posts, subhealth posts, primary health care centers, and district hospitals. There are also regional hospitals and facilities that provide specialized care (WHO Country Office for Nepal 2007, 20). Challenges facing the health care system in Nepal include finances, rural health care facilities lacking resources, clean facilities, and staff and strengthening the health care workforce with better training, resources, and greater numbers as well as improving the availability of health information.

In 2016, the life expectancy for women in Nepal was 71, while the male life expectancy was the age of 70. Infant mortality rates in Nepal have been decreasing since the 1970s, when 250 infants died for every 1,000 live births. In 2016, the infant mortality rate was 30 deaths per every 1,000 live births. Nepal has also worked to decrease the number of children who die before the age of 5. In 2010, 34,000 children out of 730,000 died before the age of 5; this is a decrease from prior years. The common causes of death before the age of 5 are premature birth, acute respiratory infections, birth asphyxia, neonatal sepsis, injuries, and diarrhea (WHO 2015). In Nepal, tobacco use among youth is at 16 percent for girls and 24 percent for

boys. Among adults, 13 percent of women smoke tobacco and 38 percent of men (WHO 2015).

Reproductive and Maternal Health

Women's access to health care, particularly reproductive and maternal health care, is influenced by ethnicity and location. Studies have shown Brahmin, Chhetri, and Newar women are more likely to have access to health care, while women in the lower class and rural locations have less access to care (UNFPA 2007). Addressing maternal health care and decreasing maternal mortality rates have been an area of focus for health organizations working in Nepal. In 1999, Nepal's maternal mortality rate was 901 deaths per 100,000 live births, and that decreased to 258 deaths per 100,000 live births in 2015 (Liu et al. 2016, 58). Factors that affect maternal health include malnutrition and anemia, along with age. Younger women not yet being fully developed can increase complications during delivery. Older women who have multiple or closely spaced births are more likely to have low birth weight babies (UNICEF 2006). In 2007, 50 percent of women in Nepal received antenatal care—health care visits during their pregnancy. Only 36 percent of births were attended by a skilled health professional (WHO 2015). Organizations and health care workers are working to increase the number of rural women who visit health care centers for delivery.

The government of Nepal only allows women employees to take maternity leave twice in their lifetime (ILO 1998). The government has a policy that allows women to take 52 days of maternity leave; however, many employers do not follow the policy. Women working in informal sectors, such as agriculture and domestic service, are paid daily, so women return to work as quickly as possible following childbirth, which can result in problems with prolapsed uteruses, a health issue that is not uncommon for Nepali women in rural communities. As of 2016, the fertility rate for women in Nepal was 2.1, and the use of contraceptives has been steadily increasing. Contraceptive prevalence among women in Nepal was 29 percent in 1996, and in 2007, it was up to 50 percent (WHO 2015). In 2002, Nepal legalized abortion for women in the first 12 weeks of pregnancy and up to 18 weeks of pregnancy in the case of rape or incest.

Diseases and Disorders

In Nepal, the leading cause of death is chronic obstructive pulmonary disease, accounting for 9.2 percent of deaths in

2012. This is followed by ischemic heart disease at 9.2 percent, stroke at 8.2 percent, and lower respiratory infections at 7 percent (WHO 2015). Both outdoor and indoor pollution contribute to the respiratory and heart health-related illnesses and deaths in Nepal. In rural areas, 91 percent of the population uses solid fuels, such as biomass or coal, for cooking, and in urban areas, 29 percent of the population cooks with solid fuels. Due to their roles in the family and community, women and children are at greater risk for diseases caused by air pollution (WHO and UN on Climate Change 2015). Other causes of death in Nepal are diarrheal diseases, accounting for 3.3 percent of deaths in 2012, followed by self-harm and tuberculosis (TB), each causing 3 percent of deaths. Diabetes mellitus caused 2.8 percent of deaths, followed by road injuries at 2.7 percent. The next most common cause of death in 2012 was from preterm birth complications, at 2.5 percent.

In 2015, it was estimated that 39,000 adults over the age of 15 in Nepal live with HIV (UNAIDS 2017). Of those, an estimated 14,000 cases are women and an additional 1,600 cases are children, up to the age of 14. Among women and men ages 15–49, 28 percent say they have experienced discriminatory attitudes toward their HIV-positive status. Health workers are working to prevent mother-to-child transmission of HIV, and per the World Health Organization (WHO), the number of pregnant women receiving antiretroviral therapy (ART) was at 35 percent in 2015 (UNAIDS 2017).

Employment

Women and girls in Nepal participate in both formal and informal labor. While many differences emerge because of location, ethnicity, education, and skills, women's labor can be divided into five broad categories: woman who partly work and hire labor for household work; women who fully work in their households; women who work in their households, agriculture and microenterprises; women who do wage-earning work and household work; and women who work fully outside the home as wage earners (Shrestha 2008, 2). Household work involves caring for children, the production of goods and services for the consumption of the household, as well as agricultural production for the consumption of the household and to sell to others. Most of the Nepali population lives in rural areas, and women are actively involved in farming, household production, and microenterprises. Rural women are involved in the daily collection of water and fuel for kitchen fires, raising

animals, farming, and food preservation activities, and they may participate in forestry collections and other cooperatives, in addition to caring for children (Shrestha 2008, 3). Women in urban areas are more often solely serving their households and raising their children or are employed in formal labor industries, but they also maintain households and perform domestic labor at home.

In waged employment, in industries such as carpet and garment production, women are concentrated in low-paying, less productive, and capital-intensive jobs (Acharya 2003, 45). Women in the agricultural and nonagricultural sectors are paid three-quarters of what men are paid (UNFPA 2007, 19). In a 2008 study of women employed in the organized sector of Kathmandu Valley, researchers found the main motivational drive behind their employment for low-level employees was independence. For the mid- and high-level women employees, who typically had more education or skill training, their motivation was based on career advancement. In both the public and private sectors, women accounted for less than 12 percent of the workforce (Shrestha 2008, 30).

Migrant labor is another source of employment for the Nepalese people. Historically, this has been an option predominantly available for men, but women are increasingly leaving Nepal for work in India and other countries, with some studies suggesting that women are as much as 10 percent of the migrant Nepali workers in India (UN Country Team in Nepal 2011, 70). Many of the migrant workers from Nepal are from lower-caste communities and are often illiterate, leaving them vulnerable to exploitation. This is particularly true for girls and women who are vulnerable to being trafficked and who are often employed in domestic services while abroad, which leaves them vulnerable to abusive and exploitative practices. Migrant labor also affects the families who remain at home in Nepal when workers leave, including the disruption of family relationships and additional burdens for caregiving for the women, children, and elderly who remain. Some women who migrate for work return home to find their husbands living with another woman (UN Country Team in Nepal 2011, 71).

Family Life

Due to Nepal's multiethnic, regionally diverse population and the former caste system, women from different backgrounds and locations have different gender role expectations. Bahun-Chhetris people experience some of

the more severe forms of gender discrimination. Comparatively, Tiebto-Burman women have a higher status, and evidence suggests that some ethnic groups from the hill region have more equitable inheritance traditions (Malla 2011, 97). However, the strong influence of patriarchy and a legacy of Hinduism influence laws and cultural practices that generally have resulted in the societal expectation for girls and women to marry, have children, and take care of the household. Women and girls collect water, prepare food, care for children, and clean, with additional or variant tasks influenced by class and location. Sexuality expectations vary by class, ethnicity, religion, and location. In the 2015 constitution, Nepal recognized the rights of lesbian, gay, bisexual, and transgender people to be free from discrimination and to have state identification that aligns with a person's gender identity, but it does not address same-sex marriage (Panthi 2016).

Marriage

Marriage is an expected component of life in Nepal. In 2001, 94 percent of women and 81 percent of men were married before the age of 30 (UNFPA 2007, 22). Marriage traditions vary among regions, ethnicities, and religions, but it is common practice in Nepal for families to provide *daijo*—a form of dowry that often includes clothing and cooking utensils, and more items depending on the economic status of the family (Galvin 2005, 7). While it is not legal for girls to marry before the age of 18, the median age of women for their first marriage is 16.6 years (UNICEF 2006). Child marriage at early ages is most common in the rural and Tarai regions of the country and among Dalit girls. In Nepal 37 percent of girls marry before the age of 18, and 10 percent marry before the age of 15 (HRW 2016).

For women, along with social pressures for marriage, there is also the understanding that marriage is a means of livelihood. Once married, women typically move to the husband's household, and marriage is the most common reason for women to migrate within the county. While polygamy is illegal in Nepal, there are still polygamous marriages practiced among some hill people and among members of the Dalit caste. Additionally, in some Tibetan communities in the high mountain region, small numbers of women participate in polyandry (UNFPA 2007, 23).

In Nepal, women face barriers in the case of divorce or becoming a widow. Historically for women, the legal

grounds for divorce include a husband taking another wife, if a husband abandons her more than three years, or if the family does not provide the wife with food or clothes. Additionally, divorced women are not granted custody of their children (UN Development Fund for Women 2002, 6). However, now women can file for divorce with common consent with their husbands. Widows face both physical and psychological violence, being viewed in many cultures as a symbol of bad luck or cursed, and the level of discrimination faced by widows is greater than married women (Mānava Adhikārako lāgi Mahilā 2010, 27). While remarriage is allowed, is not a common practice in many Nepali communities. A report in 2000 found that 48 percent of the widow population in Nepal was over the age of 60. In a 2005 study, research found that young widows benefited from moving away from traditional norms by separating themselves from extended family who could be abusive once the husband died, whereas elderly widows benefited from more traditional structures and living with extended family. The study also found that widows are increasingly using different tactics for survival, depending on economic trends, education, and age (Galvin 2005, 148).

Politics

Throughout Nepal's history, women have been involved in different political movements, from the Anglo-Nepalese War (1814–1816) to the Nepal civil war (1996–2006). Women in Nepal were granted suffrage in 1947. The first formal women's organization, the Women's Committee, was formed in 1917 in the Siraha District. Then, in 1947, women actively involved in the movement against the Ranas formed the Nepal Women's Association, and in subsequent years, different women's political organizations emerged (Malla 2011, 47). Women were active participants during the Panchayat period (1960–1990) of Nepali history, and they worked at the local and national levels. The National Assembly used a quota system for women's participation, reserving three seats for women (Malla 2011, 50). Women were also involved in the efforts to end the Panchayat system and institute a democracy in Nepal in the early 1990s.

Women were greatly impacted by, and active participants in, the Maoist insurgency, also known as the Maoist People's War. Women who participated in the People's War were predominantly from poor rural communities and marginalized ethnicities. Throughout the war, women were active in all levels of the insurgency, from being

Women's Voices

Shyam Kumari Sah

Shyam Kumari Sah is an activist from Nepal who focuses on women's rights. Sah helped found Mukti Nepal, an organization that "was established with the aim of ending all kinds of inequalities and violence against women" (Pokhrel 2013). Mukti means liberation, a fitting word for her organization. Sah works on issues of domestic violence, accusations of witchcraft, rape and sexual assault, and dowry. In 2011, the French embassy of Nepal recognized her with a human rights award for her work with Mukti Nepal.

Sah travels to remote villages to educate women on their rights, often putting her safety on the line. In one village, nearly 50 villagers encircled her, ready to kill her, until a human rights defender arrived on the scene and stopped the potential violence. She is committed to women's access to justice, an end to violence against women, and peace.

—Melissa Jacobs

Embassy of France in Kathmandu. 2012. "Shyam Kumari Shah's Biography." January 30. Retrieved from <http://www.amba-france-np.org/Mrs-Shyam-Kumari-Sah>.

Martin, Jeanne. 2012. "Shyam Kumari Sah: The Right Fight." *Spotlight Nepal*, January 27. Retrieved from <http://www.spotlightnepal.com/News/Article/SHYAM-KUMARI-SAH-The-Right-Fight>.

Pokhrel, Ambika. 2013. "Shyam Kumari Sah: An Emerging Female Peacebuilder." *Insight on Conflict*, July 9. Retrieved from <http://www.insightonconflict.org/2013/07/emerging-womenpeacebuilder/#?1#?1#WebrootPlugIn#?1#?1#PhreshPhish#?1#?1#agtpwd>.

members of village defender groups to guerilla combatants (Manchanda 2001, 236). Maoists actively recruited women and spoke to issues important to them, such as domestic violence. In the 2008 election that followed the peace agreement, women representatives made up almost 33 percent of representatives in the Constituent Assembly (Malla 2011, 72). In 2015, President Bidhya Devi Bhandari became the first female head of state of Nepal. While women in Nepal have been politically engaged throughout time, barriers remain to having an equitable number of women in government. These barriers include illiteracy, poverty, social barriers, and lack of support from family members.

In 2015, the Parliament passed a new constitution that Nepal currently operates under. The constitution includes broad language about equal rights for women, but legal barriers for women still exist in Nepal, particularly surrounding citizenship, property, and inheritance rights. The constitution states that men can pass their citizenship to their children, but this same right does not extend to women. Women married to foreign nationals cannot pass on their citizenship, and children born to single Nepalese women will only be able to apply for citizenship if the whereabouts of their fathers are known. There is no citizenship provision for children born to single mothers outside of the country (Dulal 2017).

Since the 1990s, laws have attempted to address some of the discriminatory statutes in Nepal; however, challenges still exist. While daughters and sons are equally entitled to inherit property from their parents, girls can only claim their share of the property if they remain unmarried until the age of 35, and if they marry, women must return the property to their natal household. Work is being done to increase women's and girls' access to resources, but legal policies still largely revolve around marriage in determining women's access to and control of property (UNFPA 2007, 60). In the 2001 census, 11 percent of households in Nepal had female landownership, 5.5 percent of households were in a woman's name, and only 7.2 percent of women owned livestock (Acharya 2003, 47). Women and feminist organizers in Nepal have worked to increase women's and girls' status in society and to address issues such as unequal laws and social practices as well as such issues as sexual and domestic violence.

Religious and Cultural Roles

Hinduism is the predominant religion in Nepal, followed by Buddhism; the country has deep connections for both faiths. The Himalayas are considered sacred in the Hindu faith, and Nepal is the birthplace of the Buddha. Women keep devoted religious practice in Nepal. The two largest

festivals in Nepal are Dashain, a 15-day national celebration, and Tihar, a 5-day celebration known as the “festival of lights.” Each day of the festivals carries specific meaning and worshipping rituals (UN Development Fund for Women 2002, 51). The ethnic and religious diversity in Nepal results in varied cultural practices for women. Some cultural practices, such as *chhaupadi*, the belief based in Hinduism that women are unclean during menstruation and after the delivery of a child, still have negative impacts on women in Nepal today.

Issues

Community Forestry

Nepal has a vast amount of forest resources and a broad range of biodiversity. Since 1978, community forestry has been an important development project in Nepal. Community forests are part of the national forests given to community user groups for development and use based on a work plan. User groups set the price of forest products for sale and distribution among the members for the group’s collective benefit. The objectives of community forestry are to support sustainability, improve forest conditions, and supplement local needs (Agarwal 2010, 88). The benefits of community forestry include the protection and maintenance of forests by community members, a participatory democratic form of management, and increasing self-reliance for communities through income-generating activities. In Nepal, the community forests are managed by an executive committee consisting of 9–15 members elected by the general body. Women play a significant role in community forestry in many ways. They contribute their indigenous knowledge of forest resources in community forestry group meetings and are active workers in promoting wood-saving stoves. Women participate in the daily management of forests and soil conservation efforts and skills trainings. As of 2008, there were 560 all-women forest user groups in Nepal (Shrestha 2008, 39).

Violence against Women

Violence against women in Nepal manifests at the family, community, and state levels and takes many forms, including domestic violence, sexual assault, sexual harassment, and trafficking. At the state level, violence manifests in the policies or lack of policies toward women. At the family and community levels, women and girls experience violence and harassment from family members and in the

workplace, with some populations of girls and women being particularly vulnerable to trafficking.

Sexual Harassment

Sexual harassment is prominent in Nepali workplaces. A study of workplaces, including the carpet and garment industry, hotels, airlines, hospitals, restaurants, and government offices, found that 48 percent of women employees experience sexual harassment (Shrestha et al. 2010, 6). Women working as low- and mid-level employees are among the most prone to harassment. Barriers to addressing sexual harassment include a lack of awareness that sexual harassment is an issue worth addressing and few repercussions for harassers because women who face sexual harassment are often from lower classes. However, women from all classes experience harassment, including women politicians.

Domestic Violence

Domestic violence in Nepal happens in all communities. Domestic violence includes physical abuse, sexual abuse, psychological and emotional abuse, and economic abuse. The patriarchal structure and cultural, religious, and social norms in Nepal contribute to household violence against women and girls. Perpetrators of domestic violence are usually the women’s husband or male partner, her in-laws, or other family members. The type of violence experienced can include beatings and verbal abuse, including while women and girls are pregnant. Reported causes of violence vary from arguments over money, perceived failure to properly perform household tasks, or disrespect (UNFPA 2007, 32). Women remain in violent household for various reasons, including an inability to support themselves and their children, fear of losing respect in family and community, threats from the perpetrators, hope of change, and for their children.

Sexual Violence

A 2014 study of the national prevalence of intimate partner violence against women in Nepal found that almost 15 percent of women ages 15–49 experienced sexual violence. During the People’s War, sexual violence was used by both the Maoists as well by the state security forces through coerced sex work around army barracks (Rajbhandari 2006, 17). Young girls experience sexual violence through child marriage as well as trafficking. Children and young women are the most vulnerable to sexual exploitation and abuse in Nepal. In 2006, the Ministry of Women, Children,

and Social Welfare estimated that 40,000 women aged 12–30 were working in cabin and dance restaurants and massage parlors in the Kathmandu Valley and are forced to engage in sexual activities. A 2001 study found that every year 12,000 children are trafficked outside of the country, and of those children, more than 50 percent were under the age of 16; 25 percent were under the age of 14 (UN Country Team in Nepal 2011, 35). A 2005 study found that there were 25,000 Nepali sex workers in India (UNFPA 2007, 31).

KALI FURMAN

Further Resources

- Acharya, Bhawani Shanker, Sunity Shrestha Hada, and Gyan Bahadur Tamang. 2012. *Women in Management: Balancing Work and Family, a Study on Nepalese Women at Decision-Making Level at Various Sectors*. Kathmandu: Lambert Academic Publishing.
- Acharya, Meena. 2003. *Efforts at Promotion of Women in Nepal*. Kathmandu: Tanka Prasad Memorial Foundation /Friedrich-Ebert-Stiftung.
- Agarwal, Bina. 2010. *Gender and Green Governance: The Political Economy of Women's Presence within and beyond Community Forest*. New York: Oxford University Press.
- BBC. 2016. "Nepal Profile-Timeline." South Asia section. Retrieved from <http://www.bbc.com/news/world-south-asia-12499391>.
- CIA (Central Intelligence Agency). 2017. "Nepal." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/resources/the-world-factbook/geos/np.html>.
- Dulal, Pratichya. 2017. "CA Snubs Proposal for Gender Friendly Citizenship Provisions." Retrieved from <http://kathmandupost.ekantipur.com/news/2015-09-15/ca-snubs-proposal-for-gender-friendly-citizenship-provisions.html>.
- Galvin, Kathey-Lee. 2005. *Forbidden Red: Widowhood in Urban Nepal*. Pullman: Washington State University Press.
- Hodal, Kate. 2016. "Nepal's Bleeding Shame: Menstruating Women Banished to Cattle Sheds." *The Guardian*, April 1. Retrieved from <https://www.theguardian.com/global-development/2016/apr/01/nepal-bleeding-shame-menstruating-women-banished-cattle-sheds>.
- HRW (Human Rights Watch). 2016. "Nepal: Child Marriage Threatens Girls' Future." September 8. Retrieved from <https://www.hrw.org/news/2016/09/08/nepal-child-marriage-threatens-girls-futures>.
- ILO (International Labor Organization). 1998. "More than 120 Nations Provide Paid Maternity Leave." February 16. Retrieved from http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_008009/lang-en/index.htm.
- Kumar, Nikhil. 2017. "Why Nepal Is Still in Rubble a Year after Devastating Quake." *Time*. Retrieved from <http://time.com/4305225/nepal-earthquake-anniversary-disaster>.
- Liu, Marisa, Neeraja Nagarajan, Anju Ranjit, Shailvi Gupta, Sunil Shrestha, Adam Kusher, Benedict Nwomeh, and Reinou Groen. 2016. "Reproductive Health Care and Family Planning among Women in Nepal." *International Journal of Gynecology and Obstetrics* 134.1: 58. doi:10.1016/j.ijgo.2015.11.020.
- Malla, Meena Vaidya. 2011. *Political Socialization of Women in Nepal*. New Delhi: Adroit Publishers.
- Mānava Adhikārako lāgi Mahilā. 2010. *A Journey toward Empowerment & the Status of Single Women in Nepal, June 2010*. Kathmandu: Women for Human Rights, Single Women Group.
- Manchanda, Rita. 2001. *Women, War, and Peace in South Asia: Beyond Victimhood to Agency*. New Delhi and Thousand Oaks, CA: Sage Publications.
- Maslak, Mary Ann. 2003. *Daughters of the Tharu: Gender, Ethnicity, Religion, and the Education of Nepali Girls*. Reference Books in International Education. New York: Routledge Falmer.
- National Network against Girl Trafficking. 2001. *Women's Voice: Situation Analysis on the Problems Faced by Nepalese Women: A Compilation of Article on Overall Status of Women in Nepal*. Kathmandu: National Network against Girl Trafficking.
- Panthi, Kishor. 2016. "LGBTI Rights in Nepal: Few Steps Forward, One Step Backward." *Huffington Post*, May 9. Retrieved from http://www.huffingtonpost.com/kishor-panthi/lgbti-rights-in-nepal-few_1_b_9854660.html.
- Pokharel, Shreejana, Andrzej Kulczycki, and Sujeeta Shakya. 2006. "School-Based Sex Education in Western Nepal: Uncomfortable for Both Teachers and Students." *Reproductive Health Matters* 14.28: 156–61.
- Rajbhandari, Retika. 2006. *Violence against Women in Nepal: A Complex and Invisible Reality*. Kathmandu: WOREC.
- Shrestha, Mangala. 2008. *Women and Development in Nepal*. Kathmandu: Sigma-Carts, Printing and Logistics.
- Shrestha, Prakash, Rohitakumāra Nepālī, South Asia Partnership International, and Social Inclusion Research Fund. 2010. *Spectrum of Violence against Women in Nepal*. Lalitpur: South Asia Partnership International in association with Social Inclusion Research Fund.
- UNAIDS. 2017. "AIDSinfo." Retrieved from <http://aidsinfo.unaids.org>.
- UN Country Team in Nepal. 2011. "A Country Analysis with a Human Face."
- UN Development Fund for Women. 2002. *Mother, Sister, Daughter: Nepal's Press on Women*. Kathmandu: Sancharika Samuha.
- UNDP (UN Development Programme). 2017. "Nepal." Retrieved from <http://www.np.undp.org/content/nepal/en/home/operations/projects/overview.html>.
- UNFPA (UN Population Fund). 2007. *Gender Equality and Empowerment of Women in Nepal*. Kathmandu: UNFPA, Nepal Country Office.
- UNICEF. 2006. "Situation of Children and Women in Nepal 2006." Kathmandu, Nepal.
- UN Women. 2017. Retrieved from <http://www.unwomen.org/en>.
- WHO (World Health Organization). 2015. "WHO Report on Tobacco Epidemic, Country Profile Nepal." Retrieved from http://www.who.int/tobacco/surveillance/policy/country_profile/npl.pdf.

- WHO (World Health Organization) and UN on Climate Change. 2015. "Climate and Health Country Profile Nepal." Retrieved from http://www.searo.who.int/entity/water_sanitation/nep_c_h_profile.pdf?ua=1.
- WHO (World Health Organization) Country Office for Nepal. 2007. "Health System in Nepal: Challenges and Strategic Options." Kathmandu, Nepal. Retrieved from http://apps.searo.who.int/PDS_DOCS/B0677.pdf.
- World Education News and Reviews. 2017. "Education in Nepal." Retrieved from <http://wenr.wes.org/2013/03/wenr-march-2013-academic-mobility-and-the-education-system-of-nepal>.
- Youth Activist Leadership Council. 2012. "Issue Brief on Sexuality Education in Nepal." Kathmandu, Nepal. Retrieved from <http://yuwa.org.np/wp-content/uploads/2012/06/EPH-brief-on-youth-SRHR.pdf>.

New Zealand

Overview of Country

Aotearoa New Zealand is located in the southwestern Pacific Ocean. It consists of three main islands: the North Island, the South Island, and Stewart Island. New Zealand is approximately 600 miles south of the Pacific islands of Fiji and Tonga and 900 miles east of Australia. The country is roughly 103,483 square miles. On December 1, 2014, the population of New Zealand was estimated at about 4.5 million (Statistics New Zealand 2014). About one-third of the population is aged 15–39 years old. The official languages are Māori, English, and New Zealand Sign Language. Europeans are the largest group in New Zealand, with approximately 74 percent of the population identifying as such. Māori comprise 15 percent, and Pasifika comprise 12 percent of the population. A majority of the people live on the North Island, with Auckland housing 1.4 million people. New Zealand is a popular place for travel; 2.64 million individuals visited the country in 2013. Those tourists mostly came from Australia, the People's Republic of China, the United States, and the United Kingdom.

The issues women and girls in New Zealand face are similar to other Western countries: pay inequity, domestic violence, rape culture, and reproductive justice. In 2014, the UN Development Programme (UNDP) ranked New Zealand 7th out of 187 nations based on the Gender inequality index (0.185).

Māori are the indigenous population of New Zealand. Their ancestors discovered the islands around 1,300 CE, naming the new land Aotearoa (the "land of the long white cloud"). Dutch explorer Abel Tasman came to New Zealand in 1642, but it was not until English explorer James Cook arrived in 1769 that the country became a priority for British colonization. Representatives of the Crown negotiated with Māori chiefs and signed Te Tiriti o Waitangi on February 6, 1840, making New Zealand a colony of Great Britain.

Girls and Teens

Girls in New Zealand attend school, engage with their friends, and play important roles in their families. Many begin babysitting at the legal age of 14. They may play sports, and they enjoy being creative and excel in academics. Girls in New Zealand are a diverse group, coming from different ethnic, religious, and class backgrounds. In 2013, the most popular girl names in New Zealand were Charlotte, Emily, and Ruby (Department of Internal Affairs 2015). Well-known young women from New Zealand include professional golfer Lydia Ko, Man Brooker Prize-winning author Eleanor Catton, and the musician Lorde.

Recreation

Many young girls and teens of all ethnic backgrounds participate in kapa haka. Kapa haka is a Māori performance containing chanting, singing, and movement. Performers wear traditional clothing and adopt specific facial expressions (such as wide eyes and jutted chins) throughout the

Lorde

Lorde is best known for her 2013 hit song "Royals." Born in Takapuna in 1996, Lorde grew up singing in Auckland. She writes much of her music, and many of her songs criticize popular and consumer culture. Lorde identifies herself as a sex-positive feminist and has participated in political activism by filming a video that encouraged young people to vote in a New Zealand election. She has been recognized by both *Time* and *Forbes* as one of the world's most influential youth.

—Cat Pausé

performance. Many schools offer opportunities for girls to participate in kapa haka. Most kapa haka consist of several songs (including warm-up, action, challenge, and closing) and rely solely on vocal intonations.

GirlGuiding Nga Kohine Wakamahiri o Aotearoa was founded in 1908 to provide opportunities for girls and young women to develop confidence, self-esteem, and skills. Its mission is to “enable girls and young women to reach their potential and make a difference in the world” (GirlGuiding 2016). GirlGuiding is part of the World Association of Girl Guides and Girl Scouts. More than 12,000 girls participate in GirlGuiding, including selling their Guide Biscuits each year to raise money for the organization.

Sports

Sports are an important part of New Zealand culture. Popular sports include rugby, rowing, and cricket. Young girls believe sport to be a fun activity to engage in; it allows for interacting with friends and developing personal skills, both physical and social (Burrows and McCormack 2011). Netball is the most popular sport girls play. It is played with teams of seven who work to score goals by passing a ball down a court and shooting it through a goal ring at the end. Netball has a very high profile in the country; the women’s professional team, the Silver Ferns, is at the forefront of the sport internationally. The Black Ferns, the women’s professional rugby team, won the Rugby World Cup three times in the early 2000s.

Education

Primary Education

Early childhood education is strongly valued in New Zealand, with providers being either teacher led, like kindergartens, or parent led, like play centers and *kohanga reo* (centers that operate in the indigenous language). Most children begin formal schooling on their 5th birthday. In New Zealand, education is compulsory from ages 6–16. Schools in New Zealand conform on their school terms, with four terms splitting up the year. A six-week holiday break is taken during the summer Christmas season, and three two-week breaks are scheduled throughout the year. Schools teach the New Zealand Curriculum, which consists of eight learning areas: English, science, social sciences, arts, languages, technology, statistics, and health and physical education.

Sex Education

Sex hygiene was included in the curriculum in New Zealand from the advent of formal schooling. It focused on preparation for marriage and stressed the importance of sexual purity beforehand. Current sex education in New Zealand is a required subject in primary school. But each school may determine how to teach the material, and parents may opt their children out of participating. Sex education often takes a holistic approach to sexuality, considering physical aspects as well as psychosocial and social aspects (Allen and Elliot 2008). Following an increase in discussions around rape culture, calls have been made to have greater attention focus on the importance of active consent (Davison 2014).

Secondary Education

From year 11 (approximately 15 years of age), students choose the subjects they wish to study to achieve their National Certificates of Educational Achievement (NCEA). Young women are more likely than young men to select the subjects of English, biology, and classical studies (Statistics New Zealand 2005). NCEA is the primary secondary school qualification and may be achieved at three levels (level 1 in year 11, level 2 in year 12, and level 3 in year 13). Ninety-five percent of young women complete some secondary education in New Zealand, with many leaving after year 12 (United Nations 2014). Young Māori women are the least likely to leave secondary school without a NCEA qualification (Focusing on women 2005).

Tertiary Education

In New Zealand, tertiary education is provided by universities, polytechnics, Wānangas, and private training establishments. Universities focus on advanced learning, while polytechnics focus on vocational and professional programs. Wānangas also focus on advanced learning, with a special emphasis on indigenous knowledge (*kaupapa*) and ways of being and acting (*tikanga*). Most bachelor’s degrees take three years to complete, although many students complete a fourth honors year.

Health

Life expectancy for white women in New Zealand is 83 years old (OECD Better Life Index 2015). Of those living in New Zealand, 85 percent report more positive experiences

Sandra Grey

Sandra Grey is the national president of the Tertiary Education Union (TEU). The TEU provides support for more than 10,000 workers in the postsecondary sector in New Zealand. As an academic whose work focuses on social movements and politics, Dr. Grey has studied women's political representations and the role of women in community and voluntary groups. In 2013, the TEU produced *Te Kaupapa Whaioranga*, its policy document outlining a vision for tertiary education in New Zealand (see *Te Kaupapa Whaioranga*). This document pays special attention to the needs of Māori, Pasifika, and of women in the sector in particular. Dr. Grey previously served as the National Women's vice president of TEU and the spokesperson for the campaign for the mixed-member proportional representation voting system.

—Cat Pausé

daily than negative experiences, compared to the Organisation for Economic Co-Operation and Development (OECD) average of 76 percent. According to the New Zealand General Social Survey (2013), 60 percent of New Zealanders described their current health status as good or excellent, 52 percent stated they earned a living wage, and more than 90 percent identified a sense of belonging to New Zealand.

Health Care Access

Health care in New Zealand is provided by both the public and private sectors. Since 1935, all New Zealand residents and citizens have been provided affordable access to the publicly funded system. Visiting a general practitioner costs a small fee, which is often reduced based on need, and specialist and hospital care are provided free of charge. Medications are also subsidized, resulting in little cost to the individual. The Accident Compensation Corporation (ACC) covers the treatment for accidents within the country for all individuals, including tourists. District health boards manage the public health system across the country. Some individuals choose to purchase private health insurance to guarantee quality service quickly. New Zealand spends less than 10 percent of its gross domestic product (GDP) on health care, with excellent health

outcomes for most citizens (Ministry of Health 2016b). Barriers to accessing health care include social class, ethnicity, and body size (with overweight women less likely to access health care than leaner women, due to stigma).

Child Health

All aspects of health care are free to children from birth to 5 years of age, but children living in poverty (one in five) have poorer health care access and outcomes than those out of poverty. These include health checks and programs designed to support new parents. Children aged 5–18 have most of their health needs covered by the public system, including immunizations, eye and hearing checks, and general practitioner visits. The most common health concern in children in New Zealand is asthma, especially among Māori and Pasifika youth. And an increase in diagnosed behavioral problems, such as ADHD/ADD, has health officials concerned (Ministry of Health 2012).

Diseases

The Ministry of Health establishes health targets for New Zealand to improve health care performance and ensure that appropriate funding priorities are set. Current health targets include increasing immunizations, reducing smoking, and improving cancer treatments. The health issues most common for women include cancer, heart disease, and respiratory diseases. Breast cancer is the most common cancer diagnosed in women in New Zealand. Unfortunately, Māori women are more likely to have a delayed diagnosis of breast cancer due to delayed access of care; therefore, they are also more likely to die from it. Māori women experience many barriers to health care, including discrimination, access, and cost (Ellison-Loschmann and Pearce 2005).

Te Ropu Wahine Māori Toko i te Ora

Te Ropu Wahine Māori Toko i te Ora (Māori Women's Welfare League) was established by the government in the 1950s to improve the health and well-being of Māori women in New Zealand. In its early days, the focus was on immunization, family planning, and tuberculosis (TB). As the league grew through the latter part of the 20th century, there were other issues, such as family violence and sexually transmitted infections. The Māori Women's Welfare League was central in the establishment of Te Waka Hauora (the National Māori Health Authority).

The Cartwright Inquiry

The Cartwright Inquiry was held in the late 1980s to investigate unethical practices in the treatment of women with abnormal cervical smears at the National Women's Hospital. The attending physician under review was found to have withheld treatment from women with abnormal smears. The inquiry's results changed the laws around health consumers' rights in New Zealand and enshrined informed consent within all research practices. It resulted in New Zealand being the first country to guarantee patients' rights by law, and it helped promote patient-centered health care around the world.

—Cat Pause

Childbirth and Maternal Health Care

Maternal health is robust in New Zealand; the maternal mortality rate is 15 deaths in every 100,000 live births (Ministry of Health 2016a). Pregnant women in New Zealand select a lead maternity carer (LMC) to oversee their pregnancy. This may be a general practitioner, a midwife, or an obstetrician. Most women chose a midwife to be their LMC. Women may select to give birth at home or in a hospital. Home birth is regarded as a viable and even preferable birthing option for many women in New Zealand; approximately 3–5 percent of all births take place within the home.

Reproductive Justice

The Contraception Sterilisation and Abortion Act of 1977 allows for women to have access to an abortion for fear of physical or mental harm (saving the life of the women, preserving the physical health of the women, preserving the mental health of the women, fetal impairment, and in cases of incest). Two doctors must sign off on the need for an abortion. There are no parental notification restrictions on access for young women (Abortion Services in New Zealand. 2016). The Abortion Law Reform Association of New Zealand continues to work toward the complete decriminalization of abortion within the country.

Employment

Most women in New Zealand engage in paid employment. Almost half of the women who work in New Zealand

are in female-dominated occupations. Women are more likely than men to work part-time and to be in temporary positions. White women earn 85 percent of men's average hourly pay (CEVEP 2016) with an average gross income of USD\$19.125 (United Nations 2014); women of color earn even less.

Typical Jobs and Careers

Women may be found in a wide variety of careers in New Zealand. Professional, community, and personal service workers are overwhelmingly women. Female-dominated occupations also include nurses, teachers, and midwives. Half of the young doctors in the country are women, although they are poorly represented in the specialties of surgeon and anesthesiologists (Callister and Didham 2013).

Labor Regulations

The Employment Relations Act outlines the minimum employment rights guaranteed to all individuals working in New Zealand. These include a 37.5-hour full-time work week, 4 weeks of paid holiday per year, 14 weeks parental leave, and bereavement leave. The current minimum wage is USD\$10.48 an hour (see Ministry of Business, Innovation & Employment). Since March 6, 2015, the Employment Relations Amendment Act has been enacted. This removes several protections that workers currently have in New Zealand, including collective agreement coverage for the first 30 days of employment and tea and lunch break entitlements. This amendment will also allow employers to opt out of multiemployer collective agreements and to deduct partial pay from workers' pay for partial strikes.

Pay Equity

The Equal Pay Act of 1972 made it illegal for women to earn less than men for doing work that requires the same, or similar, skill, responsibility, and working conditions in both the public and the private sectors (equal pay was protected for the public sector in the 1960 Government Service Equal Pay Act). Unfortunately, pay equity has not been achieved in New Zealand, with the hourly gender wage gap sitting around 9.9 percent (Ministry of Women 2014). According to a recent document from the Ministry of Education, within five years of graduation from tertiary education, men earn more than women at all qualification levels (Ministry of Education 2014).

Before 2009, a Pay and Employment Equity Unit worked within the Department of Labour to provide support for employers to conduct pay and employment equity reviews. These reviews were often partnerships between employers and unions. The PaEE Unit developed the Equitable Job Evaluation System and the New Zealand Gender-Inclusive Job Evaluation Standard. This unit was dissolved, and its work ceased when the conservative government took office in 2009.

Many sectors in New Zealand have undergone job sizing: assessing the skills, knowledge, responsibility, demands, and effort in positions. This allows comparisons to be made across sectors, such as the similar job sizing between police officers and nurses. A recent court case has explored this further, with a residential aged-care provider, Kristine Bartlette, arguing that the pay in her sector is low because care work is seen as women's work. The employment court agreed with her, and the appeals court dismissed an appeal brought by her employer. The employer may now decide to appeal this to the Supreme Court. Bartlett's wins in employment and appeals courts are victories for pay equity in New Zealand.

Sexual Harassment

The Human Rights Act 1993 protects individuals from sexual harassment in the workplace (along with educational settings, and access to goods, public places, accommodation, etc.). Sexual harassment claims may also be filed under the Employment Relations Act 2000. Sexual harassment is divided into two types of possible complaints: complaints about requests for sexual activity for preferential treatment or the avoidance of detrimental treatment and complaints about behaviors of a sexual nature that are unwelcome or offensive. Behaviors of a sexual nature that may be considered harassment include sexual jokes, offensive body gestures, provocative posters, and repeated comments about a person's sex life or sexual activities. Sexual harassment has been on the front page of New Zealand news, as the chief executive of the Canterbury Earthquake Recovery Authority resigned his position after being found to have engaged in serious misconduct during a sexual harassment investigation (Edwards 2014).

Sex Work

Sex work is legal in New Zealand. The Prostitution Reform Act of 2003 decriminalized brothels, escort agencies, and soliciting; it is suggested that the laws around sex work

New Zealand Prostitutes Collective

From 1987, the New Zealand Prostitutes Collective (NZPC) has been supporting the rights of sex workers in New Zealand. NZPC works to have sex work acknowledged as work, and sex workers acknowledged as workers who deserve the same protections and conditions as those in other sectors. Operating free sexual health clinics in the major cities in New Zealand allows the organization to provide bias-free, anonymous, sexual health care to its members. NZPC liaises with government agencies on issues relating to sex work, educates sex workers on important topics, and works to ensure occupational health and safety for sex workers. NZPC also organizes conferences and facilitates research into sex work.

—Cat Pausé

in New Zealand are among the most liberal in the world. Before the Reform Act, sex work was allowed to operate indoors under disguise (see, e.g., the Massage Parlours Act of 1978). Legalization has allowed for sex work to be legislated, monitored, and regulated, like other industry sectors in the country. It has also allowed sex workers to unionize, capitalizing on the power of collective bargaining and employment negotiations (see the New Zealand Prostitutes Collective).

Maternity Leave

Paid parental leave in New Zealand is among the lowest in the OECD. Parental leave is available to women having a baby or parents who adopt. In an employed married couple, the mother is entitled to 10 days of special leave before the birth for necessary appointments, 14 weeks of paid parental leave, and an additional 52 weeks of unpaid leave. The mother is able to transfer the 14 weeks of paid parental leave to the other parent; the other parent may also split the 52 weeks of unpaid leave. These conditions are the minimum provisions guaranteed by law. An individual's employment agreement may extend these entitlements beyond what is required by law (Ministry of Business, Innovation & Employment 2015). In a parliamentary session in 2012, Sue Moroney, a Labour member of parliament (MP), presented a bill to expand paid parental leave to 26 weeks. The bill had the support of the New Zealand

26 Weeks for Babies

In 2012, Labour Party MP Sue Moroney introduced a bill to Parliament that would extend paid parental leave in New Zealand from 14 weeks to 26 weeks. Extending paid parental leave to 26 weeks was argued to support families, recommendations from the World Health Organization (WHO) on the importance of exclusive breastfeeding, and the economy (by providing employment opportunities for those replacing staff on parental leave). The bill passed its first vote a few months later with support from Labour, NZ First, Maori Party, Mana Party, United Future, and the Greens. The national government threatened to veto the bill, claiming costs were too high. In its 2014 budget, the government increased paid parental leave to 16 weeks on April 1, 2015, and then 18 weeks on April 1, 2016.

—Cat Pausé

populous (see the 26 weeks for babies campaign), but it failed to get the support of the government. The government did agree to increase parental leave to 16 weeks from 2015 and 18 weeks in 2016; the amount of the parental tax credit was also increased.

Family Life

Family life is important, especially for the Māori. Families are the main organizing structure in society. It is projected that couples without children will be the largest-growing family type in the 2020s. This is partly because of the aging baby-boomer generation, whose children no longer live at home. The number of single-parent families is also expected to increase (Statistics New Zealand 2010a). For the Māori, *whanau* (family) is multigenerational, and there is little distinction between the nuclear family and extended family. Whanau provides structure, history, and support for its members. Within the *whanau*, particular importance is placed on the *tamariki* (children) and *koroua* (elders).

Marriage

Marriage is important to people in New Zealand, and most young women marry during early adulthood. The median

age of marriage is 30 (Statistics New Zealand 2013). Many young people work to have equal-partner relationships in their marriages, where both individuals share responsibilities inside and outside the home. This balance is often upset with the introduction of children, as women take on significantly more responsibilities within the home, even when continuing to work full-time outside the home. The Civil Unions Act of 2005 allowed for the legal recognition of same-sex couples in a union but not a marriage. That changed in 2013, when the Marriage Amendment Bill made New Zealand the first country in Asia-Pacific (and the 13th country in the world) to recognize same-sex marriages. The first same-sex marriage took place on August 19, 2013.

Fertility

The median age of women having their first baby in New Zealand is 30. As is true in most Western cultures, women are having fewer babies in New Zealand as compared to several decades ago. The crude birth rate in New Zealand is 15.1 live births per 1,000 people. The total fertility rate in New Zealand is 2.2 births per woman. The median age of a woman giving birth in New Zealand is 29.8. Access to quality health care in New Zealand means that the maternal and infant mortality rates are both low (15 deaths/100,000 live births, and 4.59/1,000 live births, respectively) (Statistics New Zealand 2009).

Migrants

Many individuals migrate to New Zealand each year from countries around the world. India, China, Germany, the United Kingdom, and the Philippines are the countries of origin for most migrants. There are many types of entry for migrants, including the skilled migrant category (for workers with skills, qualifications, or experience that New Zealand has identified as “high need”). Migrants applying for this category must be under 55 years of age and pass health tests and character and English-language requirements (New Zealand Now 2016). More adult women migrate into New Zealand now than adult men, especially of Asian ethnicity (in direct contrast to 19th-century patterns of young men migrating to New Zealand), following the international trend for women to migrate independently or for work purposes. Groups such as the Women’s International Newcomers Group Social provide support for newly immigrated women.

Shakti

Shakti is a nonprofit organization that provides support for migrant and refugee women from Asia, Africa, and the Middle East. Shakti's services include family violence support, prevention, and awareness. Shakti has member organizations across New Zealand. It was founded in 1995 by Farida Sultana, who wanted to create a safe space for Asian women who were experiencing family violence. Her original group expanded later to the national nonprofit that operates today across seven locations. Many locations provide programs that assist women in empowerment, building life skills, and education. Shakti also assists migrant and refugee women in accessing available government support.

—Cat Pausé

Refugees

New Zealand accepts refugees for many reasons, including women at risk in their home country. Refugee women may struggle to settle within New Zealand for many reasons, including ongoing trauma, lack of familial support, and nonrecognition of tertiary qualifications (New Zealand Red Cross 2016). There are many organizations within New Zealand that provide support for refugee women, including the Women's Network of ChangeMakers Refugee Forum. Depending on culture, refugee women may also struggle with oppression stemming from honor-based violence, forced marriage, underage marriage, and dowry abuse (De Souza 2013).

Politics

New Zealand was the first country where women won the right to vote. Since that culture shift, New Zealand has had women as prime minister, governor-general, head of state, and chief justice. While women remain underrepresented in politics at both the local and national levels, the introduction of the mixed-member proportional representation voting system has seen an increase in women MPs.

Government Structure and Participation

The government of New Zealand is an elected House of Representatives (composed of MPs). The government

advises the head of state, Queen Elizabeth II. The queen has a representative in New Zealand called the governor-general. Except in rare circumstances, the queen acts on the advice of the government. This form of government is called a constitutional monarchy.

There are three branches of government in New Zealand: Parliament, the executive, and the judiciary. Parliament makes the laws, which are enacted by the executive and may be interpreted by the judiciary. There is no written constitution in New Zealand. There are 120 MPs that are elected for terms of three years. MPs are elected under a mixed-member proportional representation (MMP) voting system. Each individual has two votes, a party vote and a vote for a local member to represent their area in Parliament. The parties in Parliament are represented in proportion to the share of party votes they achieve. MMP has seen an increase in women's representation in Parliament as well as an increase in representation for the Māori (Grey 2006).

Suffrage

In 1893, New Zealand became the first country where women won the right to vote (New Zealand History 2015). Suffragettes who campaigned for this right included Kate Sheppard (who is on the \$10 note), and Meri Te Tai Mangakāhia; the camellia flower became synonymous with the movement. On September 19 of every year, women across New Zealand celebrate suffrage with breakfasts, rallies, and by wearing camellias on their clothing. Even with the right to vote, women were excluded from running for Parliament until 1919, and the first woman MP was not elected until 1933 (New Zealand History 2015). After the introduction of the mixed-member proportional system, women often held 30 percent of parliamentary seats. In 1997, Jenny Shipley became the first female prime minister. From March 2005 to August 2006, New Zealand was the only country in the world where the highest constitutional officials were all women: prime minister, head of state, governor-general, Speaker, and chief justice (Collins 2005).

LGBT Rights

In 1986, the Homosexual Law Reform Act was passed, decriminalizing same-sex relationships between men in New Zealand (same-sex relationships between women were never illegal). The public support of the act was varied; members of the LGBTIAQ community faced the same kinds of bias, oppression, and hatred as others in their

Georgina Beyer

Georgina Beyer was born in 1957 and became the world's first openly transgender member of parliament (MP) in 1999. Before becoming an MP, Beyer was the world's first openly transgender mayor. In a member bill in 2004, Beyer proposed to add *gender identity* to the Human Rights Act, prohibiting discrimination against individuals based on their gender identity. The bill was withdrawn after the solicitor-general clarified that gender identity was already protected under the Human Rights Act. She served as a list MP for Labour from 2005 to 2007 before retiring from politics and working in the public sector on issues related to gender equity and domestic violence. She returned in 2014, for an unsuccessful run for a seat as a member of the Mana Party. A film about her life, *Georgie Girl*, has screened at more than 30 international film festivals.

—Cat Pauseé

community living elsewhere in the Western world. A few years later, the Human Rights Act made it illegal to discriminate on the grounds of sexual orientation. In 1993, Labour MP Te Atatu Chris Carter was New Zealand's first openly gay member of Parliament. The 1996 census recognized same-sex couples. Labour MP Georgina Beyer was New Zealand's first openly transsexual member of Parliament in 1999 (New Zealand History 2015).

Feminist Movements

Suffrage, while an important part of feminist history in New Zealand, was not the only activist movement within New Zealand. Female-dominated unions, such as the Dunedin Tailoresses' Union, the Christchurch Tailoresses' Union, and the Auckland Tailoresses' Union, worked to improve conditions for women working in factories in the late 19th and early 20th centuries. Other women-dominated occupations—teaching and nursing—unionized as well to collectively organize. The Family Planning Association worked to ensure reproductive justice and health for all women. The Society for the Protection of Women and Children works to improve domestic conditions for women and children. And the Women's Studies Association works to improve gender equity within education and

to promote the availability of women's and gender studies courses within tertiary education.

Wellington Young Feminists' Collective

The Wellington Young Feminists' Collective is a social group of feminists in the capital city of Wellington. The group has three primary functions: social, education, and activism. The group is open to anyone who identifies as a feminist, including men and trans individuals. Despite the name, feminists of all ages are welcome to participate in the group (Wellington Young Feminists' Collective 2016).

National Council of Women

The National Council of Women was formed in 1896 with the aim to “unite all organised Societies of Women for mutual counsel and co-operation, and in the attainment of justice and freedom for women, and for all that makes for the good of humanity” (New Zealand History 2015). In its early days, the National Council of Women worked for legal equality for women and men in employment settings, stricter enforcement of liquor laws, universal pensions for those in old age, and prison reform. It continues to work on issues such as barriers for women in the workplace and pay equity.

Cultural Roles

Women play important roles throughout New Zealand culture. They are active in the arts and utilize new social media to engage with each other and the larger world. Women are especially engaged in activism in New Zealand, from the 1980s anti-apartheid protests to more modern movements promoting fat rights. Community groups provide ways for women to network, build skills, and share interests. Most community groups are organized around religious affiliations, family life, service, and identity.

In the Arts

New Zealand women have long been involved in the arts. *Spiral*, a journal of women's arts, began publishing in the 1970s, and there are women's galleries and art festivals across the country. Women found that organizing allowed for support and collective-bargaining opportunities. The Women's Professional Playwrights Association (WOPPA) was established in the early 1990s to support women playwrights, and the Equity Women's Caucus supports women

Broadsheet

From 1972 to 1997, a feminist magazine called *Broadsheet* was produced monthly in New Zealand. Founded by Anne Else and Sandra Coney, it was New Zealand's first feminist magazine. Consisting of 12 foolscap pages (8.5 × 13.5 inches), *Broadsheet* covered a range of issues, including politics, sexuality, health, and art. The magazine often focused on Māori issues, which resulted in heated conversations as subscribers responded through submitting letters to the magazine. Subscribing to the magazine itself was often seen as controversial, which one library in Nelson, on the South Island, discovered when male city councillors objected based on the magazine's content. When *Broadsheet* ended publishing in 1997, it had been the longest-running second-wave feminism magazine in the world.

—Cat Pausé

actors. Mediawomen provides support for women writers, producers, and directors. Some forms of media stand out for their inclusion of women. TV3's nightly news show *Nightline*, for example, was hosted by a woman for its 15-year run. And the popular TV show *Outrageous Fortune* allowed Cheryl West's matriarch into New Zealand homes each week.

Feminist Bloggers

New Zealand has a wide range of feminists who are active with blogs. *The Hand Mirror*, for example, is a popular New Zealand feminist blog. Dating back to 2008, the blog has posted more than 2,500 pieces. The blog itself seeks to promote female bloggers in New Zealand, and most posts deal directly with gender oppression within the country (*The Hand Mirror* 2016). Many writers for *The Hand Mirror* maintain their own feminist blogs as well, such as *A Bee of a Certain Age* and *Kiwi Stargazer*. Other popular feminist blogs include *He Hōaka* and *Not Afraid of Ruins*.

Māori Activism

Māori women have long been active in social justice and shaping New Zealand culture; 13 of them signed the Te Tiriti o Waitangi. Māori women, such as Dame Whina Cooper, were central to the establishment of the Waitangi Tribunal,

Waitangi Tribunal

The Waitangi Tribunal was established in 1975 to investigate failures of the British Crown to fulfill the promises made in Te Tiriti o Waitangi to the indigenous peoples of Aotearoa New Zealand. Various claims have been made to the tribunal, including claims relating to traditional fishing rights, Māori language (*Te Reo*), geothermal rights, and land rights. The tribunal itself does not have the power to change laws or negotiate claims, but it does make recommendations to the government on how to proceed in addressing breaches of Te Tiriti. For example, the tribunal made a recommendation that *te reo* be established as an official language of New Zealand. This recommendation was enacted in 1987.

—Cat Pausé

a commission of inquiry charged with investigating failed promises by the Crown to the indigenous peoples of New Zealand (Mikaere 1994). Important issues for Māori activists include education, domestic violence, prison reform, and the health and well-being of the Māori people. For example, Māori women worked to establish *kohanga reo* across the country. These early education settings focused on providing instruction in *tikanga* and the native language. One of New Zealand's most notable organizations of social justice is the Te Rōpu Wahine Māori Toko i te Ora (Māori Women's Welfare League).

Fat Activism

New Zealand and Australia have both seen a rise in fat activism. In Australia, groups such as Aquaporko (a fat-synchronized swimming group) and Va Va Boom-bah (a fat burlesque troupe) are challenging cultural ideas around obesity. Within New Zealand, fatshion blogger Meagan Kerr has recently received media attention for her work promoting fashion tips and style advice for overweight women (O'Neill 2014). *Friend of Marilyn*, a fat-positive radio show, celebrated its 100th episode in 2014, making it the longest-running fat-positive radio show (Kirk 2011). Fat activists in New Zealand work to ensure that fat people have the same rights and dignity as nonfat people. The Human Rights Commission does not currently include size as a protected category within New Zealand.

Religious and Cultural Roles

Sixty percent of the New Zealand population declares a religious affiliation, with a little more than half of those affiliated with Christianity. Of those with an affiliation, approximately 15 percent regularly attend services. Missionaries who arrived during colonization worked to convert the indigenous population, with Catholicism becoming one of the most common among the converted due to their establishment of schools. Catholicism is the most common affiliation today, with about 11 percent of the population identifying as Catholic (Statistics New Zealand 2014). Syncretic faiths, such as Pai Marire, Ringatu, and Ratana, arose as Māori developed new belief systems that integrated traditional beliefs with common tenets of Christianity. Immigration from Asia and the Middle East has seen the rise of the Eastern religions of Hindu, Islam,

and Buddhism. Many religious buildings have become icons in New Zealand, such as the Holy Trinity Cathedral in Auckland, the Futuna Chapel in Wellington, and the Christchurch Cathedral in Christchurch (which was destroyed in the 2011 earthquakes). As with most Western cultures, religion plays a somewhat small role in politics. In 2016, the prime minister, John Key, and the former prime minister, Helen Clark, are both agnostic. Women's roles in their religious communities vary among the denominations.

Community Groups

For women in New Zealand before the mid-20th century, most of their lives were spent within the home. Women fostered relationships with one another and their community through normed social outings, such as church and inviting others over for morning or afternoon tea. In the early 20th century, organizations such as the Women's Division of the Farmers' Union provided communal opportunities for women in isolated rural areas. Community groups today often center on self-improvement, service, identity, and the family. The largest women's community group in New Zealand is the New Zealand Federation of Women's Institutes. Groups such as Plunket and the Salvation Army Home League provided women opportunities for fellowship and skill building. Other groups, such as Zonta and Business and Professional Women New Zealand, provide opportunities for professional networking and leadership roles. Most community groups have an aging membership and are struggling to recruit young members.

Women's Voices

Helen Clark

In 1999, Helen Clark became the first woman to be elected prime minister of New Zealand. She served three terms (of three years each), and she is now head of the UN Development Programme (UNDP). There are talks of her leading the United Nations when the current leader steps down. If she does, she will be the first woman in that position.

Clark's tenure in the UNDP has led the organization to respond to the Syrian refugee crisis, help South Sudan's efforts toward reconciliation, and help Sierra Leone's Ebola crisis. When asked about her legacy, Clark responded, "I don't necessarily want to be remembered as the most popular girl on the block. I want to be remembered as the girl who made a difference" (McKenzie 2013).

—Melissa Jacobs

Martinson, Jane. 2014. "Will Helen Clark Be the First Woman to Run the UN?" *The Guardian*, January 27. Retrieved from <http://www.theguardian.com/lifeandstyle/2014/jan/27/will-helen-clark-be-first-woman-to-run-united-nations>.

McKenzie, Sheena, and Felicia Taylor. 2013. "Helen Clark: From New Zealand Prime Minister to United Nations Heavyweight." CNN, October 2. Retrieved from <http://www.cnn.com/2013/10/01/world/helen-clark-from-new-zealand-prime-minister/index.html>.

Plunket

The Royal New Zealand Plunket Society has been providing health and education services to young children in New Zealand since 1907. Plunket is a commonly accessed service, providing home or clinic visits for children under five and their families. These visits include developmental assessments and an opportunity for the parents to express concerns about issues such as breastfeeding, sleep, nutrition, and the like. Plunket also provides car seats, toy libraries, parent groups, play groups, and early childhood education (Plunket).

Zonta

The New Zealand District of Zonta provides professional women with leadership and networking opportunities.

Similar to Rotary clubs or the Lions Club, Zonta is a service organization that works to advance the status of women around the world. Zonta provides scholarships, promotes projects, and gives awards for improving the economic, educational, and political lives of women. Zonta in New Zealand supports the work of the international organization and projects of its own. Current projects include the Sophie Elliot Foundation, which works to educate young people about violence prevention and intervention. Zonta New Zealand also hosts women's breakfasts on International Women's Day (March 8) across the country (Zonta International 2016).

Issues

Women in New Zealand are a diverse group, leading lives as individual as they are. But there are issues that many of them face living in the male-dominated patriarchal society. These include the rising levels of student debt many women incur, bullying (both on the playground and in the workplace), domestic violence, and rape culture.

Student Loan Debt

Tertiary students in New Zealand who are under 65 years old, meet residency requirements, and are enrolled in full-time study of a qualification are eligible for a student allowance from the government. This allowance is designed to help support a student's living expenses during study, although there are limitations (being able to access it for only 120 weeks if you are over 40). Many tertiary students in New Zealand take out a student loan to help finance their education. Student loans may pay for course fees, course-related costs such as texts and course materials, and costs related to living expenses. Residents of New Zealand under the age of 55 enrolled in full-time study are eligible for student loans. Loans are only available for up to 7 years. Those who have completed, or ended, their schooling, pay their student loan through automatic deduction based on an equation that considers income level and pay period. Repayment holidays are available to individuals who are overseas for up to one year (down from three years previously), and those who default on their loans while overseas may be arrested when they return to New Zealand (StudyLink 2016). In 2010, the average student loan debt upon leaving tertiary study was USD\$16,227, and the median yearly income was USD\$20,234 (Statistics New Zealand 2010b). In 2003, the New Zealand Union of

Students' Associations filed a claim with the Human Rights Commission that the student loan scheme discriminated against women because women usually took twice as long as men to repay their student loans due to the gender wage gap, resulting in higher interest paid (New Zealand Union Students' Associations 2016).

Bullying

Women of all ages may experience bullying within New Zealand. Bullying occurs on the playground and in the boardroom. Within the last decade, bullying has received more attention in New Zealand as new mediums, such as the Internet, have changed the nature of unsafe environments. Cyberbullying received a great deal of attention after a teenage girl committed suicide following being bullied in text messages (O'Rourke 2006). The organization NetSafe works to support responsible and safe online environments, including through their task force, National Cyber Bullying Taskforce. Bullying is also being considered more within workplaces, with many focusing on promoting positive working environments. In 2014, WorkSafe New Zealand released guidelines for how to manage bullying in the workplace (WorkSafe New Zealand 2014).

Domestic Violence

It is estimated that half of all violent crime, including homicides, kidnapping, and assaults, are incidents of family violence in New Zealand. The majority of family violence is perpetrated against women, with women being 91 percent of those admitted to hospitals because of family violence and 78 percent of partner homicides. The reasons behind family violence vary greatly, although key indicators such as poverty are common. The highest numbers of family violence in New Zealand are found among young couples with low levels of education living in low-income homes, especially ones with children (Ministry of Social Development, Wellington 2007). This often results in an intergenerational cycle of violence. Another strong association has been found with sporting events. In the year before New Zealand hosted the Rugby World Cup, groups across the country worked to acquire additional funding to help keep women safe from the increased levels of physical and sexual abuse expected due to the increase in hyper-masculinity and alcohol consumption associated with the event (Hager and Neville 2011). The nationwide campaign It's not OK began in 2007 to promote awareness around

family violence and decrease occurrences across the country (It's not OK 2016).

Rape Culture

Sexual violence is the fifth most common offense in New Zealand. It is estimated that one in five women in New Zealand are sexually assaulted and that 90 percent of sexual offenses go unreported (Morris 2003). Recent events have forced a dialogue about rape culture in the wider culture. Slutwalks organized by feminist groups in 2011 received heavy media attention. A recent example is a group of young men in Auckland who supported each other as they targeted girls, got them inebriated, pressured them into sex, and then bragged about it online on their Facebook page, Roast Busters (Russell 2014). No charges were brought against the young men, but the story propelled the conversation about rape culture to the fore again. On June 12, 2014, the Are You That Some1 campaign was launched by the government. This campaign aimed to reduce sexual assault in New Zealand.

CAT PAUSÉ

Further Resources

- Abortion Services in New Zealand. 2016. "Abortion Is free in New Zealand to Any Pregnant Person Eligible for Funded Healthcare." Retrieved from <http://abortion.org.nz>.
- Allen, Louisa, and Kim Elliot. 2008. "Learning and Teaching Sexualities in Aotearoa/New Zealand." In *Nga Kaupapa Here: Connections and Contradictions in Education*, edited by V. Carpenter, J. Jesson, P. Roberts, and M. Stephenson, 168–178. South Melbourne, Australia: Cengage.
- Burrows, Lisette, and Jaleh McCormack. 2011. "Young Women's Engagement in Sport." Dunedin: University of Otago. Retrieved from <http://www.srknowledge.org.nz/wp-content/uploads/2014/03/Fact-Sheet-Young-Womens-Views-and-Experiences-of-Sport2.pdf>.
- CEVEP. 2016. "Pay Gaps by Ethnicity and Gender." Retrieved from <http://www.cevepnz.org.nz/Gender%20pay%20gap/gender-ethnicity.htm>.
- Callister, Paul, and Didham, Robert. 2013. "Occupational Structure—Gender." Te Ara: Encyclopedia of New Zealand, July 12. Retrieved from <http://www.TeAra.govt.nz/en>.
- Collins, Simon. 2005. "Women Run the Country, But It Doesn't Show in Pay Packets." *New Zealand Herald*, May 28. Retrieved from http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=10127960.
- Coney, Sandra, and Phillida Bunkle. 1987. "An Unfortunate Experiment at National Women's." *Metro Magazine*, June. Retrieved from <http://www.womens-health.org.nz/index.php?page=cartwright>.
- Davison, Isaac. 2014. "Govt Calls for Overhaul of Sex Education." *New Zealand Herald*, March 7. Retrieved from http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11215360.
- Department of Internal Affairs. 2015. "Most Popular Male and Female First Names." Retrieved from http://www.dia.govt.nz/diawebsite.nsf/wpg_URL/Services-Births-Deaths-and-Marriages-Most-Popular-Male-and-Female-First-Names?OpenDocument.
- De Souza, Ruth. 2013. "Refugee Women in New Zealand: Findings and Recommendations." March 8. Retrieved from <http://www.ruthdesouza.com/2013/03/08/refugee-women-in-new-zealand-findings-and-recommendations>.
- Edwards, B. 2014. "Sexual Politics and State Integrity." *New Zealand Herald*, November 24. Retrieved from http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11363627.
- Ellison-Loschmann, Lis, and Neil Pearce. 2005. "Improving Access to Health Care among New Zealand's Māori Population." *American Journal of Public Health* (4): 96.
- EmploymentNewZealand. 2016. "Minimum Rights of Employees." Retrieved from <https://www.employment.govt.nz/starting-employment/rights-and-responsibilities/minimum-rights-of-employees>.
- GirlGuiding New Zealand. 2016. Retrieved from <https://www.girlguidingnz.org.nz>.
- Grey, Sandra. 2006. "The 'New World'?: The Substantive Representation of Women in New Zealand." In *Representing Women in Parliament: A Comparative Study*, edited by M. Sawer, 134–151. Abingdon, OX: Routledge.
- Grey, Sandra. 2008. "Out of Sight, Out of Mind: The New Zealand Women's Movement." In *Women's Movements: Flourishing or in Abeyance*, edited by S. Grey and M. Sawer, 65–78. New York: Routledge.
- Hager, Diane, and Diane Neville. 2011. "Mitigating the Risk of Men's Violence against Women Increasing during the Rugby World Cup 2011." Retrieved from https://www.researchgate.net/publication/285826396_Mitigating_the_risk_of_men's_violence_against_women_increasing_during_the_Rugby_World_Cup_2011.
- The Hand Mirror*. 2016. Blog. Retrieved from <http://thehandmirror.blogspot.co.nz>.
- It's not OK. 2016. "Family Violence: It's Not OK." Retrieved from <http://www.areyouok.org.nz>.
- Kerr, Meagan. 2016. *This Is Meagan Kerr: Style & Self Love*. Blog. Retrieved from <http://www.thisismeagankerr.com>.
- Kirk, Stacey. 2011. "Fat Fallacies Head for the Airwaves." *Stuff*, August 24. Retrieved from <http://www.stuff.co.nz/manawatu-standard/news/5498734/Fat-fallacies-head-for-the-airwaves>.
- Mahoney, Paul. 2014. *Men and Women—Moving On Up: What Young People Earn after Their Tertiary Education*. Ministry of Education. Retrieved from http://www.educationcounts.govt.nz/__data/assets/pdf_file/0008/147239/Men-and-women-moving-on-up.pdf.
- Māori Women's Welfare League. 2016. Retrieved from <http://www.mwwl.org.nz>.
- Mikaere, Anne. 1994. "Māori Women: Caught in the Contradictions of a Colonised Reality." *Waikato Law Review* 2: 125.

- Ministry of Health. 2012. "The Health of New Zealand Children 2011/12." December 12. Retrieved from <http://www.health.govt.nz/publication/health-new-zealand-children-2011-12>.
- Ministry for Women. 2016. "Gender Pay Gap." Retrieved from <http://mwa.govt.nz/our-work/economic-independence/income/gender-pay-gap>.
- Ministry of Health. 2016a. "Maternity Services." Retrieved from <http://www.health.govt.nz/your-health/services-and-support/health-care-services/maternity-services>.
- Ministry of Health. 2016b. "New Zealand Health System." Retrieved from <http://www.health.govt.nz/new-zealand-health-system>.
- Ministry of Social Development, Wellington. 2007. "The Scale and Nature of Family Violence in New Zealand: A Review and Evaluation of Knowledge Ministry of Social Development." Retrieved from <https://www.msd.govt.nz/about-msd-and-our-work/tools/copyright-statement.html>.
- Morris, A., et al. 2003. *The New Zealand National Survey of Crime Victims 2001*. Wellington: Ministry of Justice.
- Mothers Matter. 2015. "The Mothers Matter Trust." Retrieved from <http://www.mothersmatter.co.nz/About-Us/default.asp>.
- New Zealand History. 2015. "Women and the Vote." Retrieved from <http://www.nzhistory.net.nz/politics/womens-suffrage>.
- New Zealand Now. 2016. "Your Guide to Living, Working, and Moving to New Zealand." Retrieved from <https://www.newzealandnow.govt.nz>.
- New Zealand Red Cross. 2016. "Refugee Services." Retrieved from <https://www.redcross.org.nz/what-we-do/in-new-zealand/refugee-services>.
- New Zealand Union of Students' Associations. 2016. "Tertiary Women New Zealand." Retrieved from <http://www.students.org.nz/twfg>.
- OECD Better Life Index. 2015. "New Zealand." Retrieved from <http://www.oecdbetterlifeindex.org/countries/new-zealand>.
- O'Neill, Therese. 2014. "Fat, Happy, and Fabulous." Stuff, September 21. Retrieved from <http://www.stuff.co.nz/life-style/fashion/10514243/Fat-happy-and-fabulous>.
- O'Rourke, Simon. 2006. "Teenage Bullies Hound 12-Year-Old to Death." *New Zealand Herald*, March 11. Retrieved from http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=10372137.
- Pausé, Cat. 2016. "On My Own Fat Demise." *Friend of Marilyn* (blog), August 5. Retrieved from <http://friendofmarilyn.com>.
- Plunket. 2016. "Plunket." Retrieved from <https://www.plunket.org.nz/>.
- Russell, Deborah. 2014. "Opinion: Roastbusters Shows How Society Enables Rape." Massey University, November 20. Retrieved from http://www.massey.ac.nz/massey/about-massey/news/article.cfm?mnarticle_uuid=AEDC61FD-02E6-AE1D-1C36-865385463454.
- Shakti New Zealand. 2016. "Welcome to Shakti New Zealand." Retrieved from <http://shakti-international.org/shakti-nz>.
- Statistics New Zealand. 2005. "Focusing on Women." Retrieved from http://www.stats.govt.nz/browse_for_stats/people_and_communities/Women/focusing-on-women.aspx.
- Statistics New Zealand. 2009. "Measuring Fertility." Retrieved from http://www.stats.govt.nz/browse_for_stats/people_and_communities/Women/measuring-fertility.aspx.
- Statistics New Zealand. 2010a. "National Family and Household Projections: 2006–2031." Retrieved from http://www.stats.govt.nz/browse_for_stats/population/estimates_and_projections/NationalFamilyAndHouseholdProjections_HOTP2006-2031update.aspx.
- Statistics New Zealand. 2013. "New Zealand General Social Survey 2012." Retrieved from http://www.stats.govt.nz/browse_for_stats/people_and_communities/Households/nzgss_HOTP2012.aspx.
- Statistics New Zealand. 2010b. "New Zealand Income Survey." June. Retrieved from http://www.stats.govt.nz/browse_for_stats/income-and-work/Income/NZIncomeSurvey_HOTP_Jun10qtr.aspx.
- Statistics New Zealand. 2014. "New Zealand in Profile 2014." Retrieved from http://www.stats.govt.nz/browse_for_stats/snapshots-of-nz/nz-in-profile-2014.aspx.
- Statistics New Zealand. 2016a. "Population Clock." Retrieved from http://www.stats.govt.nz/tools_and_services/population_clock.aspx.
- Statistics New Zealand. 2016b. "Population Indicators." Retrieved from http://www.stats.govt.nz/browse_for_stats/population/estimates_and_projections/pop-indicators.aspx.
- StudyLink. 2016. Retrieved from <http://www.studylink.govt.nz>.
- Tertiary Education Union. 2013. "Te Kaupapa Whaioranga." Wellington, New Zealand: Tertiary Education Union.
- 26 for Babies. 2016. Blog. Retrieved from <http://26forbabies.org>.
- 20/20. 2012. "Fat Activism in New Zealand." February 16. Retrieved from <https://www.youtube.com/watch?v=RJlsVWCK1IU>.
- United Nations. 2014. "Human Development Report 2014". New York: United Nations Development Fund.
- Wellington Young Feminists' Collective. 2016. "The Wellington Young Feminists." Retrieved from <http://wellingtonyoungfeminists.tumblr.com/about>.
- WorkSafe New Zealand. 2014. "WorkSafe New Zealand Releases Guidelines for Managing Workplace Bullying." February 20. Retrieved from <http://www.business.govt.nz/worksafe/news/releases/2014/worksafe-new-zealand-releases-guidelines-for-managing-workplace-bullying>.
- Zonta International. 2016. Retrieved from <http://www.zonta.org>.

North Korea

Overview of Country

North Korea, formally known as the Democratic People's Republic of Korea, is located in East Asia on the northern section of the Korean Peninsula. The country is bordered by China and Russia to the north and northwest. The

Korean Demilitarized Zone (DMZ), an established border dividing the Korean Peninsula, separates North Korea from its southern neighbor, South Korea. The Yellow Sea and Korea Bay border North Korea to the west, and the Sea of Japan borders it to the east. The country is approximately 46,528 square miles (120,540 sq. km) in area. Much of North Korea consists of mountains and highlands. However, most of the country's population lives closer to the coasts, where the geography is mostly plains and lowlands (Caraway 2016). During the summer season, the weather is hot, humid, and rainy, whereas during the winter season, the country receives frequent snowfall because of cold winds from Siberia. The country experiences four distinct seasons. Spring and fall are usually mild transition seasons between summer and winter (UNEP 2003).

As of 2015, the population in North Korea was 25,155,000 (WHO 2016). More than 60 percent of the population lives in urban areas. The largest urban area, Pyongyang, has a population of 2.863 million people and is the capital of the country. North Korea contains minimal racial and ethnic diversity. Small Chinese and Japanese communities exist within the country. The majority of the population identifies as Korean and speaks Korean, the national language (CIA 2016).

People have inhabited the Korean Peninsula since prehistoric times. Up until Japan seized the peninsula in 1910, Korea was an independent empire. After World War II, the Korean Peninsula was liberated from Japan and split into North Korea and South Korea, with North Korea controlled by the communist Soviet Union. North Korea failed during the Korean War to conquer South Korea, which was controlled by the United States. After suffering failure during the Korean War, the country turned against outside influence and became self-reliant. Three generations of Kim family leaders, including Kim Il-sung, Kim Jong-il, and Kim Jong-un, have all ruled the country in a similar manner, maintaining North Korea's limited exposure to the outside world. North Korea joined the United Nations in 1991, which has increased its financial support from outside organizations. In fact, because of widespread famine during the last few decades, the country has opened its doors to international nutritional aid (CIA 2016; Spoorenberg and Schwekendiek 2012). Though the country considers itself a socialist state today, leaders outside the country view North Korea as a totalitarian dictatorship.

Today, information from inside North Korea is limited. North Korea is not included in the UN Development

Programme's (UNDP) Gender Inequality Index. Yet, the UNDP continues to work with the country to improve the quality of human development and degree of gender equality. North Korean women still face a variety of challenges pertaining to equality, and all citizens are still deprived of warranted human rights. North Korea, with the help from the UNDP and other organizations, continues to work to improve living standards, access to health care, and life expectancy of North Korean women (UNDP 2012).

Girls and Teens

Compared to North Korea's total population, children ages 14 and under make up 21.2 percent of the population. Girls make up less than half of this age group, which is equal to 10.4 percent of the total North Korean population. Comparatively, boys in this age group make up 10.7 percent of the total North Korean population (CIA 2016). The mortality rate for North Korean children under 5 years of age has decreased over the last 20 years. Girls in the country have lower mortality rates than boys. However, 29 out of 1,000 girls under the age of 5 still die today (UNICEF 2013a). Many of these deaths are attributed to acute respiratory infections and diarrheal diseases (UNICEF DPRK 2003). Additionally, UNICEF reports a 100 percent literacy rate for both boys and girls in the country (UNICEF 2013a).

Nutrition

Though North Korea has seen advances in the status of childhood nutrition, many children in the country are still malnourished. Specifically, the amount and availability of food, unsanitary water, inadequate care by caregivers, and nutritional status of women all impact the nutrition of both girls and boys in the country. Food served to children in North Korea is typically watery and consists of only vegetables. Children receive limited amounts of meat, eggs, and other sources of protein, which makes them vulnerable to malnutrition. No gender differences exist in the nutritional status of children. UNICEF and other humanitarian organizations outside the country have made financial contributions to improve the nutritional status of North Korean children (UNICEF DPRK 2006).

Labor

Girls and boys are expected to perform certain roles according to their gender. Girls learn at a young age that their job is to take care of the home and nurture family

Women's Voices

Sunyoung Kim

I would like to share my mom's story, which has inspired me in so many ways.

She was growing up with a family of nine. Yes, she has six siblings. As the oldest daughter, she had to be responsible for house chores to help her mom, who lost her hearing during the Korean War. Due to poverty and the aftermath of the war, it seemed almost impossible to pursue her education. Most of girls stayed at home to help family—or rather, to support their male siblings to pursue their education. As the first child, she had to work at the factory at the age of 11 to support her family and pay for her tuition to go to school. She even had to clean the toilets as a penalty for not being able make tuition on time.

My grandfather saw my mom's talents and her persistence in education; he sold his last inheritance, a piece of land, to pay her first college tuition to be a pharmacist, which seemed nonsense to neighbors. Since then, she has taken care of all her siblings to keep her promise with her father. She recently retired at the age of 70.

Growing up as a girl carried a big burden. She had to count every penny to save and cut down her expenses. She still hates to use a laundry machine rather than do her wash by hand; she thinks it wastes too much water and electricity. She is still nagging me about how wasteful I am in using toilet paper whenever I visit Korea. I had to make sure to cut down my shower time too. It wasn't just for saving money, but to think of people left behind, suffering from poverty and a shortage of clean water and resources, as she experienced. Now she is supporting many students in mission schools and missionaries who work for people in need.

After growing up as a girl with my mom, going to school is my first priority. Believe it or not, I have a record with no absence throughout K–12. I'm thankful that she was there to support me as a girl, a mom, and an educator.

members, particularly family members who are younger. Boys have less of a role performing household duties. North Korea emphasizes boys' involvement with labor and political participation outside the home (UNICEF DPRK 2006).

Even though North Korea forbids children under the age of 16 from working, many school-aged children still work outside the home when particular jobs arise. For instance, many children work in fields or factories when production targets need to be met. Children also tend to help with snow removal on main roads. Reportedly, thousands of children in the country are imprisoned in labor camps with their parents and are required to perform strenuous physical labor (U.S. Department of State 2011).

Sexual Health

Inconsistent with other countries, North Korea reports no sexual abuse, teen pregnancies, sexually transmitted diseases, or abortions among girls. It is unclear if prevalence rates for these issues are, indeed, zero or if they are merely not reported. The country's economic challenges make it likely that young children are at risk for exploitation in exchange for money. Therefore, experts suggest

that education regarding sexual health is needed in North Korea (UNICEF DPRK 2006). A mere 7.9 percent of young people in the country have comprehensive knowledge of HIV (UNICEF 2013a). Girls in rural North Korea have lower rates of comprehensive knowledge of HIV, with only 3.8 percent having this knowledge compared to 10.8 percent of girls in urban areas (UNICEF 2013a).

Education

The North Korean government heavily controls education at all levels as well as citizens' access to sources of information. Information from outside the country is illegal, and people who are caught smuggling in foreign sources of influence, such as videotapes, DVDs, CDs, and sources of media, are often imprisoned in detention facilities. Citizens are also denied access to the Internet, as Internet access is typically only granted to high-ranking individuals (U.S. Department of State 2011).

The North Korean government emphasizes ideological education over academic education within the country's schools. The majority of books, performances, plays, and other sources of media that North Korean citizens are exposed to center around the Kim family (U.S. Department

of State 2011). Thus, the education North Koreans receive is highly censored, and their ability to access information other than what is regulated by the government, without consequences, is unlikely.

North Korea's national 12-year required education policy guarantees that all children in the country finish secondary education. The government reports that this education is free to citizens (North Korean Economy Watch 2014; UNICEF 2012). Even though the country requires education for all children, many children are still denied the opportunity to attend school. For instance, many orphans and children living on the streets do not receive an education. Children of adults who have disobeyed the government and children who are in labor camps with their parents are also often denied education. Many children are also unable to gain an education because of hidden costs associated with schooling (U.S. Department of State 2011). Furthermore, for financial reasons, many North Korean children drop out of school to work and help support their families financially (Korea Institute for National Unification 2013). These obstacles tend to impact girls more than boys (UNICEF DPRK 2006).

Early Childhood Education

The quality of early childhood education continues to improve within the country. It is estimated that more than 2 million children are enrolled in early childhood education in North Korea. Early childhood education includes nurseries and kindergarten. Children between the ages of three months and four years can attend nurseries. Nursery attendance is not required. Kindergarten is two years in length for children between the ages of five and six. The first year is optional. The second year of kindergarten is the first year of the required education. Nurseries and kindergartens are connected to factories, farms, and other places of employment. These organizations financially support the nurseries and kindergartens. It is unknown how these organizations have adapted to the economic hardships within the country and continue to ensure that the children in their early childhood centers are still receiving adequate resources (UNICEF DPRK 2006).

Compulsory Education

As of 2012, North Korea increased the number of required schooling years from 11 to 12. Today, after completing kindergarten, children are enrolled in primary school, which takes 5 years to complete (North Korean Economy Watch

2014). It is estimated that 99.2 percent of males and 99.1 percent of females participate in primary school (UNICEF 2013a). Of the country's primary school teachers, 86 percent are women (Korea Institute for National Unification 2013). Following 5 years of primary school, children enroll in secondary school, which takes 6 years to complete (North Korean Economy Watch 2014). An estimated 97.5 percent of males and 97.9 percent of females participate in secondary school (UNICEF 2013a). Of the country's secondary school teachers, 58 percent are women (Korea Institute for National Unification 2013). Children in rural areas of the country have lower school attendance rates compared to children in urban areas (UNICEF 2013b).

Education in North Korea promotes the socialist philosophy and includes experiential learning, where students receive hands-on experiences while participating in production and public life. Children participate in different tasks, which ultimately affects the type of employment they are assigned to after receiving their education. The goal of this education is to prepare children for life after schooling. Like many countries, children complete learning assessments in school to determine whether they have learned the objectives included in the curriculum. Results from learning assessments are also used to determine whether teachers are successfully teaching students what they are required to learn (UNICEF DPRK 2006).

Several concerns have been raised pertaining to schools in North Korea. As a result of natural disasters and economic hardships, the condition of North Korea's schools has significantly decreased. Thousands of schools and hundreds of thousands of books have been destroyed by floods within the last two decades. Even schools that survived these disasters still face significant damage to infrastructure. As the economy collapsed, the amount of money the government allocated to schools also decreased. Within the last decade, the government has committed to devoting more finances to improve the quality of schools. Additionally, experts have expressed concern that the school curriculum emphasizes gender stereotypes, limiting the quality of education for all students. For example, boys are exposed to more physical education, and girls are exposed to more home economics education (UNICEF DPRK 2006).

Higher Education

Higher education in North Korea includes either specialized colleges that last between two to three years or regular

colleges and universities that last between four and six years (UNICEF DPRK 2006). There are more than 300 institutions of higher education in the country. Institutions of higher education in North Korea are unlike those outside the country. Much of the instruction in North Korea pertains to political propaganda. Up to 50 percent of the classes offered for academic degrees pertain to political propaganda. It is estimated that two-thirds of college students are women, as most college-aged men are in the military (Library of Congress 2008).

Health

North Korea has experienced public health challenges in recent years. Economic hardship and natural disasters have contributed to insufficiencies within the country's quality of health care compared to many other countries in the world (CBS UNICEF 2010). Between 1990 and 2010, the life expectancy for North Koreans decreased two years, from 71 to 69 (UNICEF 2012). North Korea mandates regular annual checkups for all citizens and monthly checkups for citizens who have minor illnesses, such as the common cold (Library of Congress 2008). Maternal and early childhood malnourishment continue to be a challenge within the country (UNICEF 2013b). Additionally, citizens within the country, including those with health care training, reportedly lack information regarding health care, diseases, and healthy behaviors (Noh et al. 2015; UNICEF 2013b). Medical research within North Korea is said to be 15–20 years behind the rest of the world (Library of Congress 2008).

Access to Health Care

A lack of health care providers and facilities is not an issue within North Korea. Each district includes health care facilities, with many of these facilities attached to factories and other places of work (UNICEF DPRK 2006). It has been reported that for every 700 people in the country, there is one doctor. However, North Koreans are not able to choose which health care provider they visit for services. They are required to seek services from the provider to which they are assigned, and that is usually determined by the citizen's location (Library of Congress 2008). The quality of health care providers is unclear. Health care providers within the country receive minimal supervision, and their access to new knowledge and technology is limited. The training for health care providers stresses textbook knowledge instead

of hands-on experience (Grundy and Moodie 2008). The quality of medical facilities is also lacking because of the economic difficulties in the country. Currently, North Korea faces a shortage of medical supplies and medicine as well as a neglected infrastructure (UNICEF DPRK 2006). Medicines that do exist within the country are said to be extremely expensive, making it hard for North Koreans to access the medication they may need to live a healthy life (Library of Congress 2008).

Health care is reportedly accessible and free for all North Koreans, regardless of gender. However, the extent to which health care is actually accessible and free is in question. Outside health care providers who have worked with North Korean providers claim that health care is only offered to citizens who are able to pay for it. Those who cannot pay for services are often turned away (World Opinion 2010).

Maternal Health

Maternal malnutrition continues to be a challenge in North Korea and is linked to low birth weight and stunting (growth failure) in a child's early years. To facilitate better antenatal care, North Korean women are legally required to register pregnancies with the government (UNICEF DPRK 2006). Registering pregnancies allows the government to regulate the antenatal care women receive. In fact, more than 330,000 pregnant and lactating women received multiple micronutrient supplements in 2015 (UNICEF 2016). Additionally, 100 percent of women report at least one antenatal care visit, and more than 93 percent report at least four antenatal care visits. Similarly, 100 percent of women have at least one skilled attendant during their birthing process, whether this is a doctor, nurse, or midwife (UNICEF 2013b).

Though improvements have been made in the quality of care pregnant women receive, the country has seen a decline in the number of infants less than six months of age who are exclusively breastfed. Many North Korean women lack knowledge regarding the importance of exclusively breastfeeding their newborns. The lack of breastfeeding in the country contributes to the overall health and nutrition of the country's children (UNICEF DPRK 2006). Maternity leave in the country is substantial compared to other countries, consisting of two months prior to delivery and a mandatory three months after delivery with full pay (CBS 2013; Park 2011). The mandatory termination of maternity leave at three months may disrupt breastfeeding, which

may impact the exclusive breastfeeding rates (UNICEF 2003). Overall, a need exists for the country to promote early initiation breastfeeding and exclusive breastfeeding for at least six months (CBS 2013).

Compared to many other countries in Asia, the rate of contraceptive use in North Korea is relatively high. An estimated 69 percent of women in the country report using contraceptives (UNICEF 2013a). Nevertheless, of women in the country who report undergoing an abortion, many do so because of failed contraceptive use. Other North Korean women choose to receive an abortion because of an unwanted pregnancy. The abortion rate of 121 out of 1,000 births suggests a need for family planning information to be dispersed in the country (UNICEF DPRK 2006; WHO 2009).

Diseases and Disorders

Compared to other countries in Asia, North Korea has higher rates of premature deaths due to cerebrovascular disease; cancers (lung, liver, and stomach); and road injuries (Global Burden of Disease 2016). Tuberculosis (TB) is also a major health concern for North Koreans. TB causes 2,300 deaths every year within the country. Treatment for TB continues to improve and decrease mortality rates. However, as the need for treatment persists, access to the treatment may become an issue (UNICEF DPRK 2006). Additionally, the country has seen a reemergence of vivax malaria, likely due to the increased breeding of mosquitoes from less pesticide use and new irrigation methods. Even though vivax malaria is typically nonfatal, pregnant women and their unborn children are at high risk for dangerous consequences, such as anemia, low birth weight, and maternal or fetal mortality (UNICEF DPRK 2006).

It is estimated that few, if any, North Koreans are infected with HIV/AIDS. The neighboring countries of China and South Korea have small but growing rates of HIV/AIDS (0.11% and 0.1%, respectively), suggesting the need for the North Korean government to develop a strategic plan and promote education toward the issue. Even today, citizens in the country, including health professionals, have minimal knowledge on the issue of HIV/AIDS (UNICEF DPRK 2006).

Though North Korea still faces high rates of certain diseases, immunizations have aided in disease prevention. The country has started to emphasize the importance of preventing diseases through immunizations, and international support has helped the country afford this form

of prevention (Grundy, Biggs, and Hipgrave 2015). For instance, the government reports a 97.2 percent vaccination rate against hepatitis B. However, it is unclear whether vaccination coverage rates are as extensive as the government reports (UNICEF DPRK 2006). The country's lack of refrigerators with thermometers, reliable vehicles, and inaccessible roads contribute to the difficulty distributing immunizations throughout the country (Grundy, Biggs, and Hipgrave 2015).

Compared to physical illnesses, mental health issues are discussed less within North Korea. Few North Koreans, including doctors, have knowledge regarding many mental health issues. Schizophrenia, which includes delusions and hallucinations, has been reported as the mental health issue with the highest prevalence rate in the country. Depression is said to be increasing significantly among North Koreans, but few doctors in the country report learning about or using the term *depression*. The lack of knowledge and discussion about mental health in North Korea suggests that many citizens may be suffering but are not receiving adequate, if any, treatment (Cheung 1991; Noh et al. 2015).

Finally, illegal drug use and addiction is on the rise within North Korea. Methamphetamine has the highest usage and addiction rate of the drugs used in the country. The lack of knowledge about the dangers of drug use contributes to this significant public health issue. Additionally, the drug production business within the country contributes to the problem. North Korea has been known to produce and distribute amphetamine stimulants and narcotics. Most of their drugs are smuggled over the Chinese border, where China repackages and distributes the drugs to the rest of the world (HRNK 2014).

Employment

North Korea has experienced labor shortages due to the war and the country building up the labor force to maintain its status as a socialist economy. These events have contributed to North Korean women being equally represented in the labor force compared to men. However, few women are assigned to high-level jobs or manager positions (Korea Institute for National Unification 2013; U.S. Department of State 2011). Compared to men, women face employment discrimination, as they are typically assigned to lower-paying, simpler, and lower-status jobs (Korea Institute for National Unification 2013). Women are also the first to be laid off from jobs when economic challenges occur because men's ability to work is valued

more than women's (Park 2011). Additionally, there is a gendered nature to the jobs men and women are assigned to perform in the country. Specifically, for jobs with the government, men are prioritized over women. Women are typically assigned to work in such fields as health, education, and communications. In fact, a reported 100 percent of nurses within the country are women. To obtain higher-paying and respected jobs, many women reportedly offer sexual favors or monetary bribes.

Women in rural areas face more discrimination compared to women in urban areas. Unless a rural woman joins the military or progresses to college, she is expected to work as a farmer (Korea Institute for National Unification 2013). Despite these challenges in the workforce, North Korea does guarantee privileges for women who are expecting a baby or have recently given birth. The country requires paid breaks during the work day for women to be able to breastfeed, encourages companies to transfer pregnant women to less strenuous work, and bans companies from forcing pregnant and breastfeeding women to work overtime or at night (Park 2011). The age of retirement for women in North Korea is 55 years old, whereas for men it is 60 years old (Explore North Korea 2016).

Family Life

In 1946, North Korea passed the Law on Sexual Equality, which warranted women's rights in family matters. The law guaranteed women's rights to child support, alimony, and other issues related to marriage and divorce. This law also prohibits polygamy, prostitution, and concubinage (when an unwed woman lives with a man to perform household work and sexual favors). Despite this law, North Korea is still highly influenced by Confucian tradition, which promotes the practice of patriarchy. Therefore, barriers still exist for women, as men are viewed with higher status compared to women (Park 2011).

The Kim family has traditionally encouraged North Koreans to love their children and to respect the elderly. Children are taught manners at a young age and to love and obey both their parents and the North Korean government. Children can often be seen bowing to their parents and other individuals of authority as a way to express their respect (Library of Congress 2008). The Kim family has also encouraged North Koreans to live frugally. Due to the economic challenges within the country, the size of families has decreased in recent decades. The typical family in North Korea consists of four or five people, with women

having an average of two children. Today, only two generations tend to live in one house together, compared to traditional Korean families that oftentimes included three or more generations living together. Despite changing views toward women in the country, sons are still more desired than daughters for financial purposes and carrying on the family name (Library of Congress 2008).

Marriage

Compared to years past, women in North Korea tend to marry later in life. North Korean women are legally allowed to marry at age 17, whereas men cannot legally marry until age 18. Despite these legal ages for marriage, most women today do not marry until they are between the ages of 24 and 26, and men do not marry until they are between the ages of 26 and 28 (UNICEF DPRK 2006). Many women even view marriage as optional, as opposed to required, with many viewing being single as preferable. This shift in women's views toward marriage can be attributed to the changing gender roles and opportunities for women outside the home (Park 2011). Furthermore, sexual relationships prior to marriage are prohibited. Couples who engage in a sexual relationship prior to marriage risk condemnation from their families (Library of Congress 2008).

North Koreans who do choose to get married have an engagement ceremony with both of their families prior to the wedding. This ceremony is viewed as an appreciation to the bride's family for giving their daughter away. During the ceremony, the groom's family gifts the bride with makeup and clothing for the wedding day. The wedding date is set by elders from the two families. Most weddings occur during the fall season, as summer and winter weather are too extreme. Weddings in North Korea are typically formal and traditional. The bride wears the *hanbok*, or the traditional Korean dress, and the groom dresses in Western-style suits. The weddings are usually held in large spaces, such as community centers, restaurants, or places of work. For wedding gifts, the bride and groom usually receive currency or food from guests, usually corn or rice (Grant 2014). During the last few decades, "love marriages," when the couple decides to wed because they have fallen in love, have become more popular among North Koreans. The rate of marriages arranged by families has been on the decrease. Yet, children still typically seek their parents' approval before getting married (Grant 2014). The marriage between a rural female and urban male is

typically opposed, as this is a way to limit relocation to the city (Library of Congress 2008).

Many people who have escaped North Korea report a high rate of unhappy marriages within the country. This unhappiness is often due to the stress and high demands of balancing work obligations both outside and inside the home. Couples rarely have time for leisure activities and spend minimal time alone together (Library of Congress 2008).

Divorce

Divorce rates have increased within the country due to marital conflict, domestic violence, and women's involvement in business. Though divorce is legal within North Korea, the process does not come without corruption. The process for a divorce is long, challenging, and requires financial means. Judges and lawyers often have to be bribed with large sums of money for the divorce case to continue moving forward. Even with bribery, the divorce process usually takes at least three years (Korea Institute for National Unification 2015). It has also been reported that divorce can prevent a person from advancing in their career, and it oftentimes results in a demotion at work. Additionally, many people choose not to pursue a divorce for fear that they will lose their children. Even though divorce rates have increased, divorce is still viewed negatively within the country (Library of Congress 2008).

Lesbian, Gay, Bisexual, and Transgender Rights

Limited information is available regarding the rights of lesbian, gay, bisexual, and transgender (LGBT) individuals in North Korea. North Korea does not have laws against LGBT individuals; however, there are no laws ensuring the rights of LGBT individuals either (U.S. Department of State 2011). Even for North Korean individuals who identify as LGBT, most will still marry a person of the opposite sex and have children due to traditional gender roles. For the most part, LGBT individuals in North Korea do not publicly identify themselves as such (Hotham 2013).

Child-Rearing

Women have typically held the role of raising and caring for the children in the home. However, with the increasing economic opportunities for women outside the home, roles within the home are changing as well. With increased empowerment, women are now insisting that

their husbands assist with child-rearing when the family is together at home (Park 2011). For most of the day, children are in child care while their parents are at work (Library of Congress 2008). Moreover, corporal punishment is a legal form of discipline within North Korea, as it is not considered violence or child abuse (Global Initiative to End All Corporal Punishment of Children 2016).

Gender Roles and Family Structure

Because of economic hardship, North Korean women are forced to work outside the home in addition to performing the household work. Women working outside the home challenge the typical patriarchal family structure, where men have the responsibility of working outside the home and women are assigned to work in the home, performing household duties. This change in family structure has resulted in women enduring harsh conditions both outside and within the home, as they try and balance their work duties and the peace with male family members. However, more women have begun to take on work outside the home, making this shift in gender roles more accepted among families. These changes have also led to the gradual improvement of women's status in the country (Korea Institute for National Unification 2013). However, most North Korean women still seem to accept that men are the head of the household (Park 2011).

Politics

Participation in Government

Women hold approximately 20 percent of the positions in the North Korean legislature. Even though women are represented in the legislature, the amount of power and responsibility they have is said to be limited. The United Nations has conveyed concern regarding the number of North Korean women in political positions as well as the level of authority actually held by the women in government (Korea Institute for National Unification 2013).

Laws

Historically, North Korea has successfully passed laws intended to ensure women's equality. In addition to the previously discussed Law on Sexual Equality, which protects women's rights and independence in family matters, additional laws have been passed to promote women's health, safety, and independence. For example, the Socialist Labour

Law of 1978 protects pregnant women from having to perform strenuous work and women of infants from having to work late hours. Additionally, North Korea's joining with the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 2001 confirmed the country's commitment to work toward attaining women's equality (UNICEF DPRK 2006). Although these laws exist to guarantee women's rights and equality, the extent to which these laws are enforced is unknown, with many experts claiming that the status of women in the country is not consistent with these laws (Korea Institute for National Unification 2013; U.S. Department of State 2011).

Women's Associations

It is unknown whether feminist organizations exist within the country today. Given the severe regulations against nongovernmental organizations (NGOs), feminist organizations in North Korea may not openly proclaim their existence. However, one women's association that does exist in the country is the Women's League. If North Korean women between the ages of 31 and 60 are not members of other government groups, they are required to join the Women's League. Despite the title, this organization does not promote women's empowerment and rights. This strict organization serves as a way to spread the country's ideology and assemble women to help build the country's socialist economy (Korea Institute for National Unification 2013).

Religious and Cultural Roles

North Korea restricts religious freedom among its citizens, as it believes religion poses a threat to the country's socialist ideology. North Koreans who are found guilty of religious activity are subject to punishment, such as torture, imprisonment, or execution, depending on the case. Religious activity includes any praying, singing of hymns, owning religious items, participating in religious events, or associating with other religious individuals. Christians in particular are under persecution in the country and oftentimes receive the most severe punishments. Tens of thousands of Christians are imprisoned in North Korea and face intense labor or execution. It is difficult to confirm the number of followers of religious faiths, as people tend to practice privately. However, it is estimated that between 200,000 and 400,000 people in the country are Christian. In addition, there is said to be Buddhist and Russian Orthodox Church followers in the country

as well, but estimates of followers are unknown. Though punishment is severe if caught, some radio stations from China and South Korea are able to transmit religious programming into North Korea for those who possess a radio. Despite accounts of punishment for religious activity, the North Korean government still claims that they do not violate religious freedom or punish citizens for religious involvement (U.S. Commission on International Religious Freedom 2016).

Celebrations

Most of the holidays celebrated in the country relate to the North Korean government or their leader. The most important celebration is Day of the Sun, which occurs every year on April 15. This day honors the birthday of Kim Il-sung, the founder of North Korea. This celebration involves dancing in the streets, where many women wear the traditional Korean dress. Consistent with other Asian countries, North Korea also celebrates Lunar New Year during January. During this celebration, food is shared with family members, and traditional folk games are played (Explore North Korea 2016).

Issues

Travel Restrictions

Travel abroad is severely limited for most North Koreans. Those who are permitted a passport to travel outside the country are typically those who have been inspected for political loyalty to the country. Of the North Koreans who have left the country, most have left without permission and face substantial penalties, such as forced labor, prison, or the death penalty, depending on the nature of the case. North Korea has become increasingly strict about its citizens not crossing the border and has even begun to threaten harsher penalties for those who do leave (HRW 2015). North Koreans who leave the country without permission are treated as refugees by the United Nations. The majority of North Koreans living outside the country are women (South Korean Ministry of Unification 2005). Many of these women cross the border to China and enter into cohabiting relationships with Chinese men (HRW 2015).

Detention Facility Conditions

Severe human rights violations occur within North Korean detention centers. Inmates, who are often imprisoned for

speaking or acting out against the government, face torture, forced labor, lack of medical care, and poor nutrition (Korea Institute for National Unification 2013). Imprisoned women are also at risk for rape by prison guards. Because of the extreme conditions in some detention facilities, it is not likely that many prisoners survive (U.S. Department of State 2011). Though the exact number of imprisoned North Koreans is unknown, satellite images lead experts to estimate 80,000–120,000 people are detained. The proportion of those detained who are women is also unknown (Korea Institute for National Unification 2013). Women are separated from men in certain facilities (U.S. Department of State 2011).

Many of the women in detention facilities were caught trying to cross the border to China. These women face harsh punishment in the facilities, where they are often beaten and forced to undergo uterine inspections. Pregnant women are often subject to forced abortion (Korea Institute for National Unification 2013).

Human Trafficking

North Korea is a source country for human trafficking victims of sexual exploitation and forced labor. A large portion of North Korean trafficking victims cross the Chinese border voluntarily. Many of these women are abducted or lured by traffickers and forced into prostitution, sold as brides to Chinese men, or forced into slave labor. Other North Korean victims of trafficking are lured across the Chinese border with the promise of employment in a factory or restaurant. However, when many of these women reach China, they become victims of sexual violence in their new places of employment. Many North Korean women who are victims of sex trafficking in China become pregnant. If the child is born in China, the North Korean mother has minimal rights over her child, even if the father is Chinese. Children born in China to North Korean women are also denied rights to education (Park 2011).

Violence

Violence against women is a problem both within homes and outside homes in North Korea. Even though the country has laws that condemn violence against women, such as the Law on Sexual Equality, violence still occurs because of the patriarchal influence in the country. As women's economic opportunities have increased within recent years, domestic violence has increased as well. Women have become more independent, lessening the degree to

which they rely on their husbands. As men's traditional role as the breadwinner lessens, this can cause tension within the home, which often gets taken out on women in the form of violence (Park 2011). It is unknown how North Korea enforces laws against violence, or if they do. Similarly, North Korean women who have escaped the country report that few options and services exist for women who have been subject to this violence (U.S. Department of State 2011).

SARAH TAYLOR

Further Resources

- Caraway, Bill. 2016. "Korea: Land of the Morning Calm." Retrieved from <https://web.archive.org/web/20070706035307/http://koreanhistoryproject.org/Jta/Kr/KrGEO0.htm>.
- CBS (Central Bureau of Statistics, DPR Korea). 2013. *Democratic People's Republic of Korea: Final Report of the National Nutrition Survey: September 17th to October 17th 2012*. Retrieved from http://www.unicef.org/eapro/DPRK_National_Nutrition_Survey_2012.pdf.
- CBS (Central Bureau of Statistics) and UNICEF. 2010. *Democratic People's Republic of Korea: Multiple Indicator Cluster Survey 2009: Final Report*. Pyongyang, DPRK: CBS. Retrieved from http://www.unicef.org/eapro/MICS_DPRK_2009.pdf.
- Cheung, Peter. 1991. "Adult Psychiatric Epidemiology in China in the 80s." *Cult Med Psychiatry* 15.4: 479–496.
- CIA (Central Intelligence Agency). 2016. "Korean, North." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/kn.html>.
- Explore North Korea. 2016. "Public Holidays in North Korea." Retrieved from <http://www.explorenorthkorea.com/north-korean-public-holidays.html>.
- Global Burden of Disease. 2016. "North Korea." Retrieved from <http://www.healthdata.org/north-korea>.
- Global Initiative to End All Corporal Punishment of Children. 2016. "Corporal Punishment of Children in the Democratic People's Republic of Korea." Retrieved from <http://www.endcorporalpunishment.org/assets/pdfs/states-reports/DPRKorea.pdf>.
- Grant, Natalie. 2014. "North Korea's Marriage Culture." Retrieved from <http://en.nksc.co.kr/our-work/leadership-development/eyes-pyongyang/marriageculture>.
- Grundy, John, Beverley-Ann Biggs, and David Hipgrave. 2015. "Public Health and International Partnerships in the Democratic People's Republic of Korea." *PLOS Medicine* 12.12: 1–10. doi:10.1371/journal.pmed.1001929.
- Grundy, John, and Rob Moodie. 2008. "An Approach to Health System Strengthening in the Democratic People's Republic of Korea." *International Journal of Health Management and Planning* 24: 120–121.
- Hotham, Oliver. 2013. "Being Gay in the DPRK." Retrieved from <https://www.nknews.org/2013/11/being-gay-in-the-dprk>.
- HRNK (Committee for Human Rights in North Korea). 2014. *Illicit: North Korea's Evolving Operations to Earn Hard*

- Currency*. Washington, D.C.: Committee for Human Rights in North Korea. Retrieved from <http://www.hrnk.org/uploads/pdfs/SCG-FINAL-FINAL.pdf>.
- HRW (Human Rights Watch). 2015. "North Korea: Events of 2015." Retrieved from <https://www.hrw.org/world-report/2016/country-chapters/north-korea>.
- Korea Institute for National Unification. 2013. "White Paper on Human Rights in North Korea." Retrieved from <http://www.dbpia.co.kr/Journal/ArticleList/VOIS00111557>.
- Korea Institute for National Unification. 2015. "White Paper on Human Rights in North Korea 2015." Retrieved from <http://www.dbpia.co.kr/Journal/ArticleList/VOIS00242471>.
- Library of Congress. 2008. *North Korea: A Country Study*. Washington, D.C.: U.S. Government Printing Office. Retrieved from <https://cdn.loc.gov/master/frd/frdcstdy/no/northkorea/countr00word/northkoreacountr00word.pdf>.
- Noh, Jin-Won, Young Dae Kwon, Sieun Yu, Hyunchun Park, and Woo Jong-Min. 2015. "A Study of Mental Health Literacy among North Korean Refugees in South Korea." *Journal of Preventive Medicine and Public Health* 48.1: 62–71.
- North Korean Economy Watch. 2014. "Changes Made to North Korean Education System." Retrieved from <http://www.nkeconwatch.com/category/dprk-organizations/state-offices/ministry-of-education>.
- Park, Kyung-Ae. 2011. "Economic Crisis, Women's Changing Economic Roles, and Their Implications for Women's Status in North Korea." *Pacific Review* 24.2: 159–177. doi:10.1080/09512748.2011.566349.
- South Korean Ministry of Unification. 2005. "A Study of the Human Rights Situation of the Refugees Who Fled North Korea." Retrieved from http://www.unikorea.go.kr/kr/uninews_policyfocus.php.
- Spoorenberg, Thomas, and Daniel Schwekendiek. 2012. "Demographic Changes in North Korea: 1993–2008." *Population and Development Review* (Population Council) 38.1: 133–158.
- UNDP (UN Development Programme). 2012. "About Democratic People's Republic of Korea (DPRK)." Retrieved from <http://www.kp.undp.org/content/dprk/en/home/countryinfo>.
- UNEP (UN Environment Programme). 2003. "State of the Environment: DPR Korea." Retrieved from http://wedocs.unep.org/bitstream/handle/20.500.11822/9690/-DPR_KOREA_State_of_the_Environment_Report-2003DPRK_SOERReport_2003.pdf.pdf?sequence=3&isAllowed=y.
- UNICEF. 2012. "Democratic People's Republic of Korea." Retrieved from <http://www.unicef.org/dprk/education.html>.
- UNICEF. 2013a. "At a Glance: Korea, Democratic People's Republic of." Retrieved from http://www.unicef.org/infobycountry/korea_statistics.html.
- UNICEF 2013b. *UNICEF Annual Report 2013: Korea, Democratic People's Republic of*. Retrieved from http://www.unicef.org/about/annualreport/files/DPRK_COAR_2013.pdf.
- UNICEF. 2016. "Democratic People's Republic of Korea." Retrieved from <http://www.unicef.org/appeals/dprk.html>.
- UNICEF DPRK. 2003. *Analysis of the Situation of Children and Women in the Democratic People's Republic of Korea*. Pyongyang, DPR Korea: UNICEF DPRK. Retrieved from <http://www.unicef.org/dprk/situationanalysis.pdf>.
- UNICEF DPRK. 2006. *Analysis of the Situation of Children and Women in the Democratic People's Republic of Korea*. Pyongyang, DPRK: UNICEF DPRK. Retrieved from http://www.unicef.org/sitan/files/DPR_Korea_SitAn_2006.pdf.
- UN Inter-Agency Group for Child Mortality Estimation. 2012. "Levels and Trends in Child Mortality." Retrieved from http://www.who.int/maternal_child_adolescent/documents/levels_trends_child_mortality_2012.pdf?ua=1.
- U.S. Commission on International Religious Freedom. 2016. "North Korea Chapter—2016 Annual Report." Retrieved from <http://www.uscifr.gov/reports-briefs/annual-report-chapters-and-summaries/north-korea-chapter-2016-annual-report>.
- U.S. Department of State. 2011. *Democratic People's Republic of Korea*. Country Reports on Human Rights Practices for 2011. Retrieved from <http://www.state.gov/documents/organization/186491.pdf>.
- WHO (World Health Organization). 2009. "WHO Country Cooperation Strategy: Democratic People's Republic of Korea." Retrieved from <http://apps.who.int/iris/bitstream/10665/161137/1/B4501.pdf>.
- WHO (World Health Organization). 2016. "Democratic People's Republic of Korea." Retrieved from <http://www.who.int/countries/prk/en>.
- World Opinion. 2010. "North Korea's 'Horrible' Health Care System" Retrieved from <http://theweek.com/article/index/205123/north-koreas-horrible-health-care-system>.

P

Pakistan

Overview of Country

The Islamic Republic of Pakistan encompasses about 307,000 square miles (796,095 sq. km) of land area and had a population of 188.9 million in 2015 (the U.S. Census Bureau put this figure at 202 million in July 2016). It lies at the intersection of four roughly coherent economic groups: the Indian subcontinent, China, Central Asia and Russia, and the Middle East. About 600 miles (1,050 km) of Pakistan's southern boundary consists of Arabian Sea coastline; the country borders the Islamic Republics of Iran and Afghanistan, the Russian Federation, the People's Republic of China, and the Republic of India. Approximately 80–85 percent of Pakistanis are Sunni Muslims, and 10–15 percent are Shia; Hindus, Sikhs, and Christians make up 3.6 percent of the population. Major languages include variations of Punjabi, Pashto, Sindhi, Saraiki, Urdu, and Balochi; Urdu has been widely adopted as a second language, but English remains the primary language of instruction in urban centers. It is also the official language for government communication.

One-third of Pakistan consists of the northern mountain ranges (Karakorum, Hindukush, and Himalayan) and is home to the largest mass of glaciated ice in the world, barring the earth's poles. The country's central-eastern fertile plains are drained primarily by the Indus, Jhelum,

Chenab, Ravi, and Sutlej Rivers—in accordance with the 1960 Indus Waters Treaty. Pakistan controls flow of the Indus, Chenab, and Jhelum, while India controls the Beas, Ravi, and Sutlej. The Balochistan Plateau extends from Pakistan's midwest border through the southeast. The Thar and Kharan Deserts extend east and west, respectively.

Pakistan came into being as a sovereign nation-state in 1947, with the end of British imperial rule over the Indian subcontinent. The country took shape under the leadership of Mohammad Ali Jinnah (1876–1948) and the All-India Muslim League, a political party that originated in the literary and social reformist Aligarh movement initiated by philosopher and activist Syed Ahmad bin Muttaqi Khan (1817–1898) and his contemporaries circa 1875.

The Muslim League campaigned for the partition of British colonial territories to secure representation for and to safeguard the rights and interests of the Islamic minority throughout South Asia. The state of Pakistan originally consisted of a western arm, including Khyber Pakhtunkhwa (formerly the North-West Frontier Province), part of the Punjab, Sindh, and Balochistan, as well as an eastern, Bengali-speaking region separated from the rest by nearly 1,200 miles of Indian territory. The linguistic and cultural differences, chronic underrepresentation of East Pakistani concerns in central government policy making, and chronic underdevelopment led to the birth of a disillusioned, nationalist movement that resulted in Bangladesh's secession in 1971.

The accompanying “war of independence” was bitter and brutal. Pakistan’s parliamentary democracy had experienced numerous upheavals between 1947 and 1958, enduring widespread Hindu-Muslim communal violence during Partition and the accompanying exchange of populations, two wars with India over Kashmir (in 1948 and in 1965), the abortive institution of two separate constitutions, and several forcible changes of governments’ attempting to manage the demands of an ethnically and geographically diverse population. Yahya Khan became the second president of Pakistan to declare martial law in 1969 and launched Operations Blitz and Searchlight following the divisive and inconclusive 1970 elections to eliminate intellectuals, dissidents, and nationalists in East Pakistan.

In addition to perpetrating extrajudicial killings and causing the displacement of several million people, Khan’s army is widely accused of having engaged in systematic, genocidal rape. Significantly, this tactic was supported and facilitated by military as well as religious leaders’ representations of the Bangla “race” as inherently treasonous and inferior as well as of Bangla women as objects or war booty (Jahan 2008, 250). South Asian sectarian ire (in Pakistan directed against the Ahmadi population, Hazara refugees from Afghanistan, or in some instances against non-Muslim citizens) has often followed this rhetorical pattern, leading to the weaponization of violence against women and disproportionately affecting them.

Conflicting reports on the number of people who lost their lives during the 1971 conflict range from 26,000 to 3 million. Sarmila Bose’s *Dead Reckoning* (2011) has challenged the nationalist and ostensibly humanitarian narratives perpetuated by the Bangladeshi and Indian establishments, respectively, claiming that the inflation of numbers and relentless focus on Pakistani atrocities is disrespectful to the real (though fewer) victims and makes impossible any objective consideration of corresponding violence perpetrated against Bihari Muslims or nonnationalist factions in East Pakistan by the rebels, universally and unequivocally celebrated as heroes. Despite receiving positive academic attention, however, her research and presentation remains controversial, and the prevailing political narratives in South Asia decisively condemn the actions of the Pakistani army through *The Longest August*.

Zulfikar Ali Bhutto’s civilian government attempted cultural and constitutional reforms following the war, but his leftist Pakistan People’s Party (PPP) was overthrown by Zia-ul-Haq in 1977, who executed Bhutto and replaced the legislative assembly with a consultative Majlis-e-Shoora.

Eleven years of economic deregulation, rapid industrial development, curtailment of civil liberties and secular law, and increased armament and militarization followed, including a long and active U.S.-funded involvement with Afghan mujahideen fighting the Soviet-backed communist regime.

Perhaps the most pervasively pernicious aspect of Zia’s approach, at least for women in Pakistan, was the promulgation of the Hudood Ordinances (1979), which replaced parts of the secular penal code with sharia law. In addition to instituting inhumane punishment (such as stoning, flogging, and whipping) for offenses such as theft, alcohol consumption, and bearing false witness, Hudood’s Zina Ordinance criminalized extramarital sex, required the evidence of four male witnesses to penetrative rape (and penalized women victims who failed to produce them), disregarded both statutory and marital rape as offenses, and facilitated the notion of personal physical retribution—including honor killing. The Qanun-e-Shahadat (Law of Evidence, passed in 1984) subordinated evidence given by women to that presented by men. Between 2005 and 2006, Pervez Musharraf—the architect of Pakistan’s fourth military coup (ousting Nawaz Sharif as Prime Minister in 1999)—announced his intention to repeal (later, to amend) the provisions of Hudood. The Women’s Protection Bill of 2006 replaced rape under the penal code but failed to address the problems of accusation and witness. It also legitimized DNA evidence, but again failed to factor in the inadequacies of Pakistan’s single DNA testing lab for the purpose of processing evidence relating to all sexual assault cases. During his term as President, Musharraf did, however, increase reservation for women in the National Assembly to 60 seats and in the provincial assemblies to 128 seats.

Zulfikar’s daughter, Benazir Bhutto, became the first female prime minister of Pakistan after Zia’s death in 1988. Though her rise to political office owed much to popular perceptions of her and her family’s sufferings in custody, and later in exile, Bhutto established herself on the international stage as a highly accomplished, progressive, and authoritative (but not authoritarian) diplomatic force. Like Zia, Bhutto embarked on a sustained project to foster alliances with America and Europe. However, her adherence to the Western capitalist model of modernization stopped short of continuing Zia’s proxy war on behalf of the United States. Bhutto made serious attempts to broker a peaceful partnership with Indian prime minister Rajiva Gandhi (like Bhutto, the scion of a political dynasty) and

developed the Pakistani space and nuclear energy programs. However, Bhutto's years in power (interrupted by a Nawaz Sharif term) were mired in charges of corruption against her husband. Her outlook toward trade unions was hostile, and her relationship with women's organizations was marked by neglect and unease, alternating with "bonhomie and the spirit of mutual accommodation" (Saigol 2016, 23). Her commitment to Pakistan's nuclear weapons program proved expensive, both in political and financial terms, and her continuation of Sharif's Operation Blue Fox to "cleanse" Karachi of "anti-social elements" left thousands dead or disappeared.

It is possible to argue that Bhutto made a far more effective leader of the opposition than she did a premier. Her critique of Zia-ul-Haq's and Pervez Musharraf's undemocratic regimes added force and provided increased visibility to resistance movements and protest against abuses within as well as outside Pakistan. And her careful cultivation of her image as a female, secular rationalist, pragmatic, formidably well-informed, articulate, and urbane actor in the Global South resonates powerfully at the intersections of ethnicity/race, religion, sex/gender, and political agency. On the other hand, despite her symbolic significance as a member of the Council of Women World Leaders, Bhutto's predominantly neoliberal policies, diplomatic sufferance of and forbearance toward the Taliban in neighboring Afghanistan, and frequent social conservatism (exemplified by her antiabortion stance and hardline approach toward trade unions) benefited the privileged, wealthy, male elite far more than the majority of her country's populace.

Moreover, through the 1990s, vocal and stringently liberal women's organizations lost many of their platforms. The spirit of solidarity that had sustained them and their painstakingly assembled authority waned with the proliferation of nongovernmental organizations (NGOs) that depoliticized sex, women's issues, violence, and the polarization of power and powerlessness; conflated equality with equity and rights with statistic-heavy and GDP-based definitions of development; and facilitated the global, neoliberal move toward "privatizing state functions" (Saigol 2016, 21).

The Clinton and Bush administrations' acceptance, encouragement, and perpetuation of Musharraf's self-representation as a liberal constituted a multilayered, multi-lateral political strategy that furthered both the control and the racially fraught and divisive narrative of the troubled and radically Islamist regions through the Middle East and

South and Southeast Asia. The geographic location of Pakistan, its need for international aid, and its volatile history of negotiable, shifting allegiances and priorities made it a valuable ally to the United States, particularly after September 11, 2001. The Global War on Terror resulted in rapid polarization of world powers. Musharraf's aim through his final six years in power was demonstrably to navigate and balance his alliances with (and prove his indispensability to) the warring West and the domestically influential religious right. While he managed to do so more or less successfully until 2007, his handling of the Lal Masjid crisis sparked a series of suicide bombings and set spurs into autocratic, dogma-inspired patterns of social conduct that manifest repeatedly, and increasingly, as violence against women.

Girls and Teens

Initiatives have chronicled stories of young women who struggle against societal odds or institutional obstacles to receive an education. These international groups consist of Girl Rising, Women in Development (WID), and the UN's Education for All program. National groups are the Pakistan Girls' Education Initiative (launched in 2010), various projects run by the Ministries of Education and Women's Development, and such groups as Khwendo Kor, the Mukhtar Mai Women's Organization, and the All Pakistan Women's Association.

The prevailing rhetoric of girls' emancipation through formal schooling alone has been critiqued as apolitical and ahistorical by Khoja-Moolji (2015), Dogra (2011), and grassroots women's movements. The Women's Action Forum and the Aurat Foundation are two such groups. Scholars include Chakravarti (2008) and Purewal (2015), writing for the Institute of Development Studies, and Zia (2003), Rose (2015), and Channa (2016), writing for UNESCO's *Prospects* series. Fieldwork and research by organizations such as Shirkat Gah through the 1970s, 1980s, and 1990s demonstrated that without a concerted effort to address cultural taboos associated with women's sexuality, the enrollment of girls and young women in schools does not necessarily result in the advancement of their individual freedom within communities. Alcott and Rose (2015) examine the intersectional nature of these disparities, for instance, by querying not only which subsections of communities in rural areas of Pakistan are able to access formal curricula but also how cross-sectional privilege, or the range of teaching resources and facilities available to students, corresponds with what the curricula contain.

Furthermore, discussions about “modern” empowerment for women keep in place the systemic deprioritization of allowing women control of their bodies and equal wages.

Nevertheless, the long-term benefits of cultural and educational frameworks include increased visibility of problems that relate to social welfare, maternal care, disability rights, media representation of violence against women, and access to information about health care (Casanova and Jafar 2013; Jafar and Casanova 2013). However, providing Pakistani women with access to education has shown to improve women’s earning power and self-identification as agents of national growth and positive change (Joseph 2003–2007; Jafar 2016).

Education

While 38 percent of out-of-school boys’ parents report that their son was not willing to be enrolled, 34 percent of out-of-school girls’ parents did not allow them to attend school in Pakistan. While 51 percent of boys who drop out of school report that they did not wish to continue, only 28 percent of girls had the same reason: 29 percent had to drop out to help with work, and 27 percent were not permitted to continue their schooling.

In Pakistan, 57 percent of the poorest families are unable or unwilling to send their children to school; among the wealthiest, this figure is 10 percent and largely consists of girls. While enrollment to higher secondary schools in the public sector is 1.298 million, 0.366 million higher secondary school students are enrolled in private schools. Similarly, private universities cater only to 14 percent of a total 1.144 million students enrolled in degree colleges. And finally, while only 44 percent of enrolled students are girls, 58 percent of teachers are women.

Literacy

Pakistan has an average literacy rate of 58–70 percent for men, and 47 percent of women can read and write. The 2014–2015 National Education Management Information System (NEMIS) Pakistan Education Statistics report released by the Ministry of Federal Education and Professional Training and the Academy of Education Planning and Management highlighted that more than 24 million children 5–16 years old are out of school in the country. (Data collected by the nongovernmental Alif Ailaan indicates this number may be as high as 25.2 million as of 2015.) UNESCO reports that, as of 2010, Pakistan was spending 2.3 percent of its gross national product (GNP)

on education, which amounts to one-seventh of its defense budget.

In addition to the gender imbalance in education, there is a great deal of disparity by region as well. In Balochistan, 66 percent of school-age children are out of school; the figure drops to 47 percent in Punjab (though 52% of Pakistan’s out-of-school children live in the populous province). The Federally Administered Tribal Areas have the highest figures for girls out of school: 75.2 percent. Similarly, two-thirds of the girls from Swat Valley (home to Malala Yousafzai) have never been to school.

Health

Pakistan ranks 146th on the Human Development Index (HDI). About 2.2 percent of the gross domestic product (GDP) is spent on health care. According to the World Health Organization (WHO), life expectancy for women in Pakistan is 67.5 years (in comparison with 65.5 years for men).

Pakistan’s average score for 13 core international health capacity indicators is 43 (Mexico, for instance, scores 97). About 91 percent of the population has access to drinking water, and 64 percent has access to adequate sanitation. Natural disasters, such as the 2005 earthquake that killed 83,000 people; periodic floods in Sindh province; and militancy in the north and west make health care access problematic.

While the government ostensibly offers a vast range of services and facilities for its population’s health care and has launched or instituted a wide array of projects for improving delivery systems and disseminating knowledge about prevention, risk, and available resources, these interventions are sporadic, overlap as competing organizations disregard work done and progress made by others, and are fragmented.

Diseases and Disorders

Pakistan is one of three countries with remaining cases of endemic polio and has high rates of tubercular and acute respiratory infections, malaria, and other vaccine-preventable diseases; diarrhea; and malnutrition. In 2012, 231 cases of tuberculosis (TB) were reported per 100,000 persons.

Maternal mortality is 178 per 100,000 live births. Skilled health personnel attend to 52 percent of births, and in 2014, Pakistan averaged 0.2 new HIV infections per 100 uninfected population. About 47 percent of Pakistani

women (in comparison with 76% globally) have their family planning needs met through modern methods of contraception.

Employment

Throughout the country, 52 percent of the population live near what the *Human Development Report* for 2015 defines as multidimensional poverty; 15 percent live in severe poverty. According to the Food and Agricultural Organisation, 30.47 hectares of land in Pakistan are arable, though per capita figures have declined steadily since 1961, from 0.665 hectares per person to 0.168 in 2013. Agriculture accounts for about 21 percent of Pakistan's GDP, and wheat, sugarcane, cotton, and rice make up more than 75 percent of crop production.

Major urban centers include Karachi, Lahore, Faisalabad, Rawalpindi, Multan, Hyderabad, Gujranwala, Peshawar, Quetta, and the capital, Islamabad. Sialkot, Jhelum, and Larkana are also culturally significant; in Gwadar—an underutilized port—the China Overseas Port Holding Company began construction of a USD\$2 million special economic zone in June 2016. Approximately 40 percent of Pakistan's population lives in cities, and about 44 percent of the labor force is employed in the agricultural sector. The country's GDP is valued at USD\$270 billion and makes up less than 2.5 percent of the global economy.

The civilian labor force consists of 45.45 percent of Pakistanis; 42.74 percent are employed in some capacity, including part-time and flextime workers.

Job and Career Opportunities

In theory, Pakistani women enjoy equal employment rights to men. In practice, though, women are disproportionately employed in care work, occupy administrative and low middle-management positions, and have only recently begun to participate in specialized law enforcement, military, and peace-keeping sectors.

Only 22 percent of the female population of working age are participants in the country's formal economic activities; over the past 15 years, the percentage of women identifying as self-employed has risen from 15.7 percent to 33.6 percent, and those categorized as unpaid domestic assistants has risen from 47 percent to 61 percent. Women employers constitute 0.1 percent of the potential female labor force in Pakistan; professionals constitute 6.4 percent, and 0.9 percent do work requiring technical expertise.

The *Global Gender Gap Report* for 2015 indicates that Pakistani women on average earn 23 percent less than their male counterparts. Their estimated income averages PKR 9,760 per month (USD\$94), and though Pakistan has ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), employers, particularly of undocumented, unskilled, migrant, and agricultural workers, are able to exploit them with impunity. Both male and female workers are liable to be discriminated against based on ethnicity and religion; manual laborers, indentured farm workers, and domestic staff are paid a pittance, in goods, or forced to work for sustenance and shelter. Women receive no formalized benefit for emotional labor or domestic care.

Maternity Leave

While Section 37(e) of the Pakistani Constitution as well as four separate laws (referring to the rights of workers in mines, civil servants, industrial and commercial organizations, and agricultural and domestic workers) nominally safeguard the rights of new mothers. Maternity leave, paid or unpaid, varies widely across regions, sectors, and with reference to the dynamics of employee-employer relations.

The 2011 Eighteenth Amendment to the Constitution, meant to roll back some of the excessive powers assumed by Zia-ul-Haq and Pervez Musharraf, repealed these provisions and left it up to each province to institutionalize workers' welfare. With the exception of civil servants, entitled by law in each province to 90 days (up to 6 weeks before and after delivery), employees must negotiate suffering of their pregnancy at work as best as they are individually able.

Day Care

Employers are required by law to provide or pay for day care, but they are notoriously lax in doing so. Organizations concerned about their reputations occasionally make provisions for mothers of young children. However, the concept of maternal care is narrowly defined: within Pakistani society as a whole, as well as within the highly competitive corporate culture, a worker's dependents are viewed as a liability, and they are the working mom's responsibility. Women (as well as men) are likelier to depend on (usually female) family members to care for children during the work day than on employer-provided day care.

Family Life

Familial bonds are highly regarded in Pakistan, but they are subject to both hierarchical, patriarchal norms and religious codes. According to the Pew Research Center's 2013 report, Pakistan ranks below Turkey, Malaysia, and Kenya on issues surrounding LGBTQ rights. Homosexuality is illegal both under penal and sharia law (and is punishable by death in Balochistan); it is legal to change one's gender (except in the Federally Administered Tribal Areas), but the issuance of state-recognized proof of a gender identity other than that assigned at birth requires surgery and comprehensive medical documentation.

Gender Roles

Gender roles are strictly enforced. Transgender people and identities are recognized and permitted, as is gender play for sexual pleasure, which is even expected from sex workers. Sex work and prostitution is not, however, a respected profession. Nonbinary, nonheteronormative sexuality is considered an invitation to abuse; difference is ostracized and often penalized severely.

In urban centers, particularly in Karachi and Lahore, the gay rights movement has found expression through online activity, such as through the Pakistan Forum for Gender and Sexual Minorities. Women's rights and feminist organizations and grassroots movements have a sustained history of engaging with and occasionally supporting multiple and diverse sexes and sexualities.

Marriage

In Pakistan, 50.71 percent of the population is male, and 24.48 percent have never been married. Likewise, 49.29 percent of the population is female, and 18.88 percent have never been married.

Polygamy is permitted by Islamic law and widely practiced. Divorce laws are theoretically equal and free, but women tend not to work (at least not in a formalized, wage-earning capacity) after marriage, as they are expected to devote themselves to domestic duties. They are frequently financially dependent on their husbands, making it difficult to leave an unpleasant or abusive situation.

Notions of honor, shame, and pride also play a part: stories collected by women's organizations, editors, and activists from Balochistan, Sindh, KPK, as well as urban centers such as Lahore and Karachi, demonstrate that the "respectability" of a family often depends on the silent endurance of their daughter. Adultery, even disobedience

or assertions of individuality, are considered provocative, even immoral, by communities that adhere to dogmatic, traditionalist interpretations of Islamic doctrine; punishments vary from sexual neglect, to physical abuse, to whipping and acid burning.

Reproduction

A woman in Pakistan, on average, has 4.9 children. Because polygamy is common practice in accordance with Islamic law, households often consist of 10 or more children. Urban women are more likely to have fewer children and better access to prenatal and postnatal care. However, women's control over motherhood is limited by social structures that prioritize their domestic functions over professional ones.

Historical ideological shifts have tended to focus on women's bodies as sites of contention and control, and less-secular policies have tended to reject birth control as immoral. Girl children, however, are subject to sex-selective abortion: in 2014, 105.7 boys were born per 100 girls, and 116,384 female fetuses were aborted based on their gender. According to statistics provided by the Edhi Foundation, Pakistan's largest nongovernmental welfare agency, female infanticide (propelled by a growing population of urban poor) has been on the rise in Pakistan since 2011.

Sex Education, Contraception, and Abortion

Access to sex education, contraception, and abortion varies widely with region, class, and economic and financial circumstances. Programs such as the one launched by Shadabad Elementary School for Girls in Pir Mashaikh, Johi (Sindh province)—which has begun conducting classes for girls to explain puberty, gynecological biological functions, and "preventative measures" to protect them from sexual abuse or harassment—are rare. Information about sex and reproduction, as well as abuse, rights, and legal recourse, overwhelmingly comes from female relatives in rural areas (particularly Khyber Pakhtunkhwa, Punjab, and Baluchistan); television serials in urban areas (particularly Sindh, Punjab, and Baluchistan); and television news in urban Sindh. Statistics collected by the Shirkat Gah Women's Resource Centre are striking, in part because interviewed women report that they also acquire information from newspapers and magazines, male relatives, and radio broadcasts.

Abortion to protect the life of a pregnant woman is legal in Pakistan, but regulations regarding termination of

unwanted pregnancies vary. According to the Guttmacher Institute, 200,000 women are hospitalized in Pakistan each year due to complications resulting from nonmedically supported abortions.

Politics

Pakistan practices universal suffrage: each citizen has the right to vote in local, provincial, and national elections. However, panchayats and jirgas often operate based on nomination and social influence. Vulnerable members of society—women and persons discriminated against on the basis of ethnicity, religion, or sexual identity—are exposed to intimidation, violence, and silencing and have little practical recourse.

Political Participation

According to research conducted by the Shirkat Gah Foundation, female membership in formalized political parties declined steadily and plateaued at single digits, or lower, through the 1980s and 1990s. Women's wings of political parties, segregated from male memberships by implicit if not explicit regulation, functioned "largely as a means of mobilizing women for purposes of voting and demonstration" (Shaheed 2002, 30). Parties without specifically female wings began to address women's issues (being otherwise raised only by radical feminist, occasionally socialist/Marxist feminist, grassroots organizations) in the 2000s after extensive and sustained lobbying efforts from civil society movements.

Between 2000 and 2004, the Women's Political Participation Project, in collaboration with organizations such as the Aurat Foundation based in Karachi and Lahore, trained women councillors newly elected to office under the aegis of increased reservation for women: 33 percent of local government positions and 17.5 percent of provincial and national assembly seats were filled by women. According to Saigol, this type of training, or reeducation, neutralized what might otherwise have been a feminist lobby. The peasants' and land rights struggles led by the Anjuman-e-Mazreen had huge implications for, and consisted of, Punjabi women without state- or societally sanctioned privilege to draw on, and precisely that segment of the population is best served by women representatives in government. Neither they, nor the WID-oriented NGOs, challenged Musharraf's quell of the incipient movement. Afiya Zia has pointed out that feminist movements in

Pakistan have more often been spurred by dictatorial regimes.

Women's Rights

Major laws that make up a bulk of the humanitarian discourses, and continue to have a direct bearing on women's rights and well-being in Pakistan, include the following: Guardians and Wards Act (1890), the Foreign Marriage Act (1903), the Child Marriage Restraint Act (1929), the Dissolution of Muslim Marriage Act (1939), the Muslim Family Law Ordinances (1961), the West Pakistan Rules under the Muslim Family Laws Ordinance (1961), the West Pakistan Family Court Act (1964), the West Pakistan Family Court Rules (1965), the Dowry and Bridal Gifts (Restriction) Act (1976), the Dowry and Bridal Gifts (Restriction) Rules (1976), the Hudood Ordinances (1979), the Qanun-i-Shahadat Order (1984), the Pakistan Citizenship Act (1951; amended in 2001), Amendments in Family Courts Act for Khula, etc. (2002), the Protection of Women (Criminal Laws Amendment) Act (2006; barred by the CII as of 2011), the Criminal Laws (Amendment) Act on sexual harassment (2010), the Protection against Harassment of Women in the Workplace Act (2010), the Prevention of Anti-Women Practices (Criminal Laws Amendment) Act (2011), the Acid Control and Acid Crimes Prevention Act (2010), the Women in Distress and Detention Fund (Amendment) Act (2011), the Domestic Violence (Prevention and Protection) Act (2012), the Anti-Rape Bill (2014), and the Anti-Honor Killings Laws (Criminal Laws Amendment) Bill (2014).

Religious and Cultural Roles

Women in Pakistan routinely labor under the dual burden of fulfilling their patriarchally prioritized function as reproductive subjects and acting as sexually fetishized objects of devotion and contempt. It is a position often accorded, reserved for, or forced upon the female or the feminine by dogmatic and conservative interpretations of Abrahamic as well as Indic religions practiced worldwide. Women are systematically subordinated and often relegated to the *chardiwari*, or "four walls" of a domestic household, as well as to metaphorical, symbolic, and actual invisibility.

According to Deniz Kandiyoti (2016), the overlapping of cultural violence against women with religion in Pakistan has a complex history. The All-India Muslim League's

strategy of framing women's participation in the movement for an independent Pakistan as a religious duty through the early 20th century set a precedent for theocratic thinkers to abuse notions of Islamic morality for political ends in later years, with particularly dire consequences for women and minorities. Similarly, Zulfikar Ali Bhutto's progressive and populist position was maintained through intimidation: in a classic instance of arguing that the ends justify the means, Zulfikar's power base reportedly kept dissidents in line by using sensationalized figurations of transgressive women. These women were often dependent on men who had violated a vague amalgam of social, political, and religious order, and the women were forced into prostitution in the Gulf States. The pattern of drawing upon fears of contamination ("Pakistan" literally means "land of the pure") as well as strategically fueling the objectification of women by associating the value of their vote with the benefit of virtue have created an ideal of a female citizen, which makes her indivisible from physical resource—possessable, transferable, and subject to control and ownership.

Issues

Advocacy Groups

Advocacy groups such as Tabassum Adnan's Mingora village-based Khwendo Jirga offer some alternatives for women who need legal help. Adnan's Jirga is a female-run council that challenges the traditionally male prerogative of communal justice and offers women a forum to which they might bring domestic as well as broader grievances and concerns.

Student and youth groups, such as the Karachi-based Girls at Dhabas, have harnessed social media platforms to trigger dialogue and increase their own and their readers' engagement with public life—or the constraints thereof. With wide-ranging, diverse participant pools and readerships, these incipient, originally anecdotal would-be movements have immense amorphous potential, but their ultimate efficacy over time remains to be measured.

The viral hashtag #TryBeatingMeLightly featured young professional women's response to the Council of Islamic Ideology's (CII) proposed riposte to the 2016 Punjab Protection of Women against Violence Act, which includes provisions for safeguarding the physical welfare of a woman whose abuse complaint has been verified by the court. The CII deemed said provisions un-Islamic and unconstitutional; their alternative mandated that a

husband may ignore an offending wife, refuse to share her bed, refuse her food, and, in exceptional circumstances or if her conduct failed to improve, beat her "lightly." While young middle-class women from Sindh and Punjab (as well as members of the Pakistani diaspora) retweeted and shared photographer Fahhad Rajper's images by the thousands, the "trend" petered off without engaging with the political process. It is perhaps most accurately described as an aesthetic, if politically inspired, exercise, an anomaly.

Energy, Environment, and Climate Change

According to the Pakistan Alternative Energy Development Board, 18 percent of (mostly urban) households in Pakistan have access to natural gas, and more than 80 percent of the rural population relies on biomass. Only 45 percent of Pakistanis have access to clean fuel. The National Rural Support Programme launched a pilot biogas program in Punjab in collaboration with the Netherlands Embassy in Pakistan, Winrock International, and SNV (both Dutch NGOs) to explore ways to address energy needs.

WHO's 2015 report indicated that 0.4 percent of the population dies as a result of natural disasters. Pakistan ratified the Paris Agreement on climate change in April 2016.

Human Trafficking, Displacement, and Migration

Pakistan has a long history of dealing (not very effectively) with refugees, migrants, and displaced persons. During the Afghan-Soviet war, as well as during times of increased radical Islamist activity in Afghanistan, persons fleeing persecution have found their way into the country. Pakistani citizens facing destitution often migrate to Gulf States or Europe in search of low-skilled employment; people from Bangladesh and Afghanistan, as well as Sri Lanka, immigrate to Pakistan for the same reason. Some of them are conned by trafficking concerns. Borders with India as far less porous: with the exception of occasional efforts to run symbolic bus services across the two Punjab, the neighbors have refused to receive nondiplomatic migrants and discouraged tourism.

The Partition of British India in 1947, of course, accompanied large-scale exoduses on both sides as well as a great deal of bloodshed. Likewise, during the Bangladesh Liberation war, refugees from East Pakistan found their way west.

Of greatest concern, however, is Pakistan's status as a significant "source, transit, and destination country" for human trafficking; the U.S. State Department now

categorizes it as a Tier 2 purveyor of trafficked people. The agriculture, brickmaking, fishery, carpet-making, and mining industries employ bonded, usually unwaged, laborers; women and children are also trafficked for domestic servitude and sexual exploitation. The use of children, who are often maimed, in begging rings is widespread; girls are often sold into one or another form of “forced marriage” in Pakistan, Iran, Afghanistan, or the West.

Though Pakistan has laws designed to counter this activity, the report suggests that the absence of procedural and legal implementation has two main causes: bribery and corruption (law enforcement officials are paid to look away), institutionalized disregard for the victims (particularly rooted in misogynistic, culturally and politically endorsed frameworks that legitimize the use and abuse of women). The Pakistani Federal Investigative Agency’s research and analysis efforts are acknowledged by the State Department report, but found wanting. The efforts establish protective and care services for victims of trafficking and aim to prevent the prosecution of trafficked people for visa and migration regulation violations, as well as any other offenses they may have been forced to commit during the course of their ordeal. However, persistent abuse by government officials of their position to facilitate trafficking for profit and the persistent conflation of migrant smuggling and human trafficking are seen as serious hindrances to the effective implementation of the Prevention and Control of Human Trafficking Ordinance (PACHTO).

URVASHI VASHIST

Further Resources

- Aftab, Tahera. 1993. *Abolish Violence: Souvenir of International Women’s Day, 1993*. Karachi: Pakistan Association for Women’s Studies.
- Aftab, Tahera. 2008. *Inscribing South Asian Muslim Women: An Annotated Bibliography and Research Guide*. Leiden & Boston, MA: Brill.
- Ahmad, Rukhsana, trans. and ed. 1991. *We Sinful Women: Contemporary Urdu Feminist Poetry*. London: The Women’s Press.
- Alcott, Benjamin, and Pauline Rose. 2015. “Schools and Learning in Rural India and Pakistan: Who Goes Where, and How Much Are They Learning?” *Prospects: UNESCO’s Quarterly Review of Comparative Education* 45.3: 345–363.
- Barrett, Jacqueline K., ed. 1993. *Encyclopedia of Women’s Associations Worldwide [A Guide to over 3400 National and Multinational Nonprofit Women’s and Women-Related Organizations]*. London & Detroit, MI: Gale Research.
- Bhutto, Fatima. 2010. *Songs of Blood and Sword: A Daughter’s Memoir*. London: Jonathan Cape.
- Bosch, Anita, Stella M. Nkomo, Nasima M. H. Carrim, Rana Haq, Jawad Syed, and Faiza Ali. 2015. “Practices of Organizing and Managing Diversity in Emerging Countries: Comparisons between India, Pakistan, and South Africa.” In *The Oxford Handbook of Diversity in Organizations*, 408–434, edited by Regine Bendl, Inge Bleijenbergh, Elina Henttonen, and Albert J. Mills. New York: Oxford University Press. Pp. 408–34.
- Bose, Sarmila. 2011. *Dead Reckoning: Memories of the 1971 Bangladesh War*. London: C. Hurst.
- Casanova, E. M. and Afshan Jafar, eds. 2013. *Bodies Without Borders*. New York: Palgrave Macmillan.
- Chakravarti, Uma. 2008. “Beyond the Mantra of Empowerment: Time to Return to Poverty, Violence and Struggle.” *IDS Bulletin* 39.6: 10–17.
- Channa, Anila. 2016. “Popularity of the Decentralization Reform and Its Effects on the Quality of Education.” *Prospects: UNESCO’s Quarterly Review of Comparative Education*, August 9. doi:10.1007/s11125-016-9380-7.
- Charnia, Moon. 2015. *Will the Real Pakistani Women Please Stand Up?: Empire, Visual Culture and the Brown Female Body*. Jefferson, NC: McFarland & Company.
- Dogra, Nandita. 2011. “The Mixed Metaphor of ‘Third World Woman’: Gendered Representations by International NGOs.” *Third World Quarterly* 32.2: 333–348.
- Government of Pakistan, Ministry of Information and Broadcasting, Directorate of Research, Reference, and Publications. 1975. *Women of Pakistan*. Islamabad: The Directorate.
- Farouk, Sharmeen A. 2005. *Violence against Women: A Statistical Review, Challenges and Gaps in Data Collection, and Methodology and Approaches for Overcoming Them*. Geneva, Switzerland: UN Division for the Advancement of Women.
- Fitzpatrick, Stella, ed. 1996. *Our Experience: Women from Somalia, Tanzania, Bangladesh & Pakistan Write about Their Lives*. Manchester, UK: Gatehouse Books.
- Gazdar, Aisha, Arifa Nazle, and Cassandra Balchin, eds. 1999. *From a Grain to a Pearl: True Stories from the Field*. Lahore: Shirkat Gah Women’s Resource Centre.
- Hafeez, Sabeeha. 1990. *Metropolitan Women in Pakistan*. Delhi: Renaissance Publishing House.
- Hameed, Yasmin, and Asif Aslam Farukhi, eds. 2007. *So That You Can Know Me: An Anthology of Pakistani Women Writers*. Reading, PA: Garnet.
- Hamouda, Sandra. 2003. “Pakistan.” In *The Greenwood Encyclopedia of Women’s Issues Worldwide*, edited by Lynn Walter, volume editor [Asia and Oceania] Manisha Desai, 393–403. Westport, CT, and London: Greenwood. Pp. 393–403.
- Hussein, Aamer, ed. 2005. *Kahani: Short Stories by Pakistani Women*. Revised and expanded edition. London: Saqi.
- Imran, Rahat. 2005. “Legal Injustices: The Zina Hudoood Ordinance of Pakistan and Its Implications for Women.” *Journal of International Women’s Studies* 7.2: 78–100.
- Jafar, Afshan. 2016. *Women’s NGOs in Pakistan*. Reprint of the 2011 edition. New York: Palgrave Macmillan.
- Jafar, Afshan, and Erynn Masi de Casanova, eds. 2013. *Global Beauty, Local Bodies*. New York: Palgrave Macmillan.
- Jahan, Rounaq. 2008. “Genocide in Bangladesh.” In *Century of Genocide: Critical Essays and Eyewitness Accounts*, 3rd ed.,

- edited by Samuel Totten and William S. Parsons. New York: Routledge. Pp. 245–266.
- Joseph, Suad, ed. 2003–2007. *Encyclopedia of Women and Islamic Cultures*. 6 vols. Leiden: Brill.
- Khoja-Moolji, Shenila. 2015. “Suturing Together Girls and Education: An Investigation on the (Re)Production of Girls’ Education as a Hegemonic Ideology.” *Diaspora, Indigenous, and Minority Education: Studies of Migration, Integration, Equity, and Cultural Survival* 9.2: 87–107.
- Kimball, Michelle R., and Barbara R. von Schlegell. 1997. *Muslim Women throughout the World: A Bibliography*. Boulder, CO & London: Lynne Rienner.
- Kramarae, Cheris, and Dale Spender, eds. 2000. *Routledge Encyclopedia of Women: Global Women’s Issues and Knowledge*. 4 vols. New York and London: Routledge.
- Menon, Ritu, ed. 2006. *Women Writers on Partition of Pakistan and India*. Lahore: Vanguard Books.
- Mirza, Sarfaraz Hussain. 1981. *Muslim Women’s Role in the Pakistan Movement*. Lahore: Research Society of Pakistan, University of the Punjab.
- Moudud, Hasna Jasimuddin. 2010. “Women’s Leadership in Asia.” In *Gender and Women’s Leadership: A Reference Handbook*, edited by Karen O’Connor, 381–386. Thousand Oaks, CA: Sage.
- Niaz-Anwar, Unaiza. 1997. *Contemporary Issues of Pakistani Women: A Psycho-Social Perspective*. Karachi: Pakistan Association for Women’s Studies.
- Pakistan Publications. 1949. *Women of Pakistan*. Washington, D.C.: Gibson Bros.
- Purewal, Navtej. 2015. “Interrogating the Rights Discourse on Girls’ Education: Neocolonialism, Neoliberalism, and the Post-Beijing Platform for Action.” *IDS Bulletin* 46.4: 47–53.
- Rab, Maryam. 2010. *The Life Stories of Successful Women Academics in Pakistani Public Sector Universities*. London: Institute of Education, University of London.
- Rose, Pauline. 2015. “Introduction: Overcoming Inequalities in Teaching and Learning.” *Prospects: UNESCO’s Quarterly Review of Comparative Education* 45.3: 279–283.
- Saigol, Rubina. 2016. *Feminism and the Women’s Movement in Pakistan: Actors, Debates and Strategies*. Berlin: Friedrich-Ebert-Stiftung.
- Schmittroth, Linda, ed. 1995. *Statistical Record of Women Worldwide*. 2nd edition. Detroit, MI: Gale Research.
- Seager, Joni. 2003. *The Atlas of Women: An Economic, Social & Political Survey*. New rev. 3rd ed. London: Women’s Press.
- Shaheed, Farida. 2002. *Imagined Citizenship: Women, State & Politics in Pakistan*. Lahore: Shirkat Gah Women’s Resource Centre. [First pub. as “Pakistan Country Report” in Shaheed, Farida, and Abbas Rashid. 2002. *Women and Governance in South Asia: Re-Imagining the State*. Colombo: International Centre for Ethnic Studies.]
- Shaheed, Farida, and Khawar Mumtaz, eds. 1987. *Women of Pakistan: One Step Forward, Two Steps Back?* London: Zed Books.
- Singhal, Nidhi. 2016. “Education of Children with Disabilities in India and Pakistan: Critical Analysis of Developments in the Last 15 Years.” *Prospects: UNESCO’s Quarterly Review of Comparative Education*, August 11. doi:10.1007/s11125-016-9383-4.
- UN DESA (UN Department of Economic and Social Affairs). 2007. “World Abortion Policies 2007.” Chart. Geneva, Switzerland: UN DESA.
- UN-Habitat (UN Centre for Human Settlements (Habitat)). 2001. *Cities in a Globalizing World: Global Report on Human Settlements 2001*. London and Sterling, VA: Earthscan Publications.
- U.S. Department of State (Office to Monitor and Combat Trafficking in Persons). “Country Narratives: Pakistan.” *Trafficking in Person Report 2015*. Retrieved from <https://www.state.gov/documents/organization/243561.pdf>.
- Worell, Judith, ed. 2001. *Encyclopedia of Women and Gender: Sex Similarities and Differences and the Impact of Society on Gender*. 2 Vols. San Diego, CA, and London: Academic Press.
- Zia, Afiya Shehrbano. 2009. “The Reinvention of Feminism in Pakistan.” *Feminist Review* 91.1: 29–46.
- Zia, Afiya Shehrbano. 2012. “Taliban: Agent or Victim?” *OpenDemocracy*, November 30. Retrieved from <https://www.opendemocracy.net/5050/afiya-shehrbano-zia/taliban-agent-or-victim>.
- Zia, Afiya Shehrbano. 2016. “Performance Anxiety: Women’s Sexed Bodies in Pakistan.” *International Feminist Journal of Politics*, August 5: 1–15. doi:10.1080/14616742.2016.1207464
- Zia, Rukhsana. 2003. “Religion and Education in Pakistan: An Overview.” *Prospects: UNESCO’s Quarterly Review of Comparative Education* 33.2: 165–178.

Philippines

Overview of Country

The Republic of the Philippines is an archipelago (a group of islands) between the Philippine Sea and the South China Sea. It lies east of Vietnam, south of Taiwan, and north of Malaysia and Indonesia. The archipelago is made up of 7,107 islands, with only 3,144 named islands. The country is roughly 115,000 square miles (298,170 sq. km) and has a mountainous topography as well as coastal lowlands. Its climate is tropical marine with northeast and southeast monsoons. The wet season runs from June until November and is characterized by rain showers, and the dry season runs from December to May (National Statistics Office 2014). The Philippines is near a typhoon belt and is struck by five to six cyclone storms each year. It is also subject to landslides, active volcanoes, and tsunamis (CIA 2013). As of 2012, the population of the Philippines was 96.7 million (UNICEF 2013).

The country is divided into 17 regions that are further divided into 80 provinces. The provinces are divided into

143 cities and 1,491 municipalities. The municipalities and cities are then divided into *barangays* (National Statistics Office 2014). A *barangay* is a unit of administration in the Philippines that consists of a headman with 50–100 families underneath him (Merriam-Webster 2015).

The Philippines has a history of being under Spanish colonial rule. Ferdinand Magellan entered the Philippines on March 16, 1521, and 300 years of Spanish colonial rule followed. The Philippines was named after the Spanish ruler, King Philip. Following the Spanish-American War, Spain was defeated and ceded the Philippines to the United States under the Treaty of Paris in 1898. The Filipino people attempted to become sovereign and fought the Americans in the Filipino-American War from 1899 to 1902, but they lost. In 1934, the Philippines was recognized as a Commonwealth of the United States. When World War II began, the Japanese invaded the Philippines and occupied the country from 1942 to 1944. The Filipino people achieved their independence from the Japanese in 1946 and remained independent until 1972.

In 1986, President Ferdinand Marcos was overthrown by the People Power Revolution, and Corazon C. Aquino became president, followed by Fidel V. Ramos in 1992. In 1998, President Estrada was elected the 13th president of the republic, but in 2001, he was overthrown by another People Power Revolution. In 2004, Vice President Gloria Macapagal Arroyo became president; she survived several coups attempts before her term ended in 2010. Benigno Simeon C. Aquino III became president of the Republic in 2010, and Rodrigo Duterte was elected president in 2016 (National Statistics Office 2014). Duterte, former mayor of Davao City for two decades, campaigned to kill criminals and drug dealers as an anti-crime measure (The Guardian 2016; Villamor 2017).

The government in the Philippines follows a 1987 constitution similar to that of the United States. Its government consists of the executive, legislative, and judicial branches. The president is limited to a six-year term. The executive branch consists of the president, a vice president, and a cabinet, and the legislative branch consists of Congress. The judicial branch includes the Supreme Court (National Statistics Office 2014). However, the Philippines elects the president and vice president separately. Citizens vote for a presidential candidate and an unpaired vice presidential candidate. Because of this system, a president and a vice president in the Philippines can be from two different political parties (Silvestre 2001). For the most part, however, the government is structured similarly to the U.S.

government due to the influence of the United States from 1898 until the Japanese occupation in 1942.

The ethnic groups in the Philippines are Tagalog (28.1%), Cebuano (13.1%), Ilocano (9%), Bisaya/Binisaya (7.6%), Hiligaynon Ilonggo (7.5%), Bikol (6%), Waray (3.4%), and others (25.3%). The capital city of the Philippines is Manila, which has about 12.946 million inhabitants (CIA 2013). The Philippines' other main cities include Davao (1.63 million), Cebu City (951,000), and Zamboanga (936,000). Forty-four percent of the population is urban (Worldometers 2015).

In 2015, the UN Development Programme (UNDP) ranked the Philippines 115th out of 188 nations based on the Gender Inequality Index (GII), with a score of 0.42 on a scale of 0–1 (UNDP 2015). GII measures the loss in potential human development due to disparity between female and male achievements on empowerment and economic status. A higher GII value indicates a higher level of inequality. Factors included in the calculation of GII are the maternal mortality ratio, adolescent birth rates, educational attainment statistics, representation in the Inter-Parliamentary Union (IPU), and women's labor market participation. The Philippines score is compared to normative ideals for women's health. The Philippines GII score is considered "medium human development" on a scale from "low human development" to "high human development" (UNDP 2015).

Girls and Teens

Family Role and Recreation

There appears to be no single definition as to what identifies a young woman as a Filipino "adolescent." Interestingly, most government and nongovernment parameters seem to include ages 15–24 and then span across 13–30 years old (Cabigon 2009, 110). Young adults are likely to continue living in their parents' home, and married couples often continue living with one of the spouse's parents. This is due to a cultural norm valuing the family system, but it can also provide economic benefits (Cruz, Laguna, and Raymundo 2011).

The family serves as the primary social group for Filipinos. The role of mass media, perhaps particularly Western media, has reshaped the adolescent experience. Single, female, urban residents between the ages of 15 and 19 are reported as the biggest consumers of mass media.

The Youth Adult Fertility Study (YAFS) was the first nationally representative sample of adolescents between

the ages of 15 and 24, and it reported the endorsement of distal-risk, proximal-risk, and risk behaviors. Distal-risk behaviors were described as going to parties, discos, excursion and picnics, sport activities, movie theaters, and fraternity and sorority activities. Forty-three percent of adolescents reported participating in one or more of these distal-risk activities. In the YAFS, distal-risk behaviors were suggested as healthy social outlets that likely served as fertile ground for more extreme risk behaviors.

Proximal-risk behaviors included visiting massage parlors, spending the night out with friends, going to strip shows and nightclubs, and visiting beer houses. Eighteen percent of females reported no participation in proximal-risk behaviors, 66.8 percent reported moderate participation, and 15.1 percent reported high participation. Finally, risk behaviors were defined as smoking, drinking, drug use, commercial sex, and premarital sex. The study showed that 16.5 percent of females reported having smoked (5.1% currently smoke), 36.5 percent reported trying alcohol (0.7% currently drink), 1 percent reported trying drugs, and 26.6 percent reported having premarital sex (Cruz, Laguna, and Raymundo 2011, 21).

Sexual Activity

Early sexual initiation is defined as beginning sexual activity before age 18. In 2013, 22 percent of female youth in the Philippines reported early sexual initiation, an increase from 12 percent in 1994 (Demographic Research and Development Foundation 2013). Casual sex reported among girls in the Philippines is lower than that of males, with 0.7 percent of girls reporting engaging in casual sex, whereas 9.4 percent of males reported engaging in casual sex. Of the women who engaged in premarital sex, 83.8 percent reported not using any form of birth control during the initial encounter (Philippine Statistics Authority and ICF International 2014). The country is largely Roman Catholic, which may speak to the low percentage of females who engage in casual sex. This may also account for the lower use of birth control during sexual encounters. Lower use of birth control could also be due to lack of access or other extraneous factors.

Discussions about sex education are very limited; only 17.6 percent of female adolescents ever discuss sex at home (Cruz, Laguna, and Raymundo 2011, 5). Most females receive information regarding sexual experiences from a female friend (53%). As in other countries, this can lead to a dissemination of misguided information.

Media and Sex

Media exposure plays a role on how women view themselves, interact with others, and receive messages from society. Women and girls in the Philippines have access to information through a variety of media forms. Eighty percent of women own a cell phone, and 61 percent report using the Internet. Fifty-six percent report using a social networking site, and 55 percent report having an e-mail account. While women have access to media, only 5.1 percent report visiting Web sites with sexually explicit content, compared to 26.4 percent of men reporting visiting such sites. Ten percent of women report sending or receiving sex videos through their cell phone or the Internet (Philippine Statistics Authority 2013). Women and girls in the Philippines appear to have access to various forms of media, but they do not engage in sexual behavior through media at the same frequency as men in the Philippines or possibly girls and women within other contexts.

Education

Primary and Secondary Education

The literacy rate for females ages 15–24 in 2008–2012 was 98.5 percent, and for males of the same age, it was 97 percent (UNICEF 2013). There does not appear to be a discrepancy between males' and female' access to literature or reading level. Girls' rates for literacy are similar to males' because they attend school at a similar rate to males. Social factors on girls do not seem to affect literacy rates in the Philippines.

Like literacy, there does not appear to be a gender difference regarding access to and attendance in school. The expected number of years of schooling a child can expect is 11.5 years for females and 11.1 years for males (UNDP 2015). There does not appear to be a discrepancy between the number of years that men and women stay enrolled in school. Fifty-one percent of females enroll in preprimary school. The primary school enrollment rate is 89.5 percent for girls, but only about 66 percent of girls enroll in secondary education (UNICEF 2013). Sixty-seven percent of students in secondary education are female (UNICEF 2013). The presence of the United States in the Philippines may address why the rates for females in education are similar to that of the United States.

College and Technical School

Women in the Philippines attend college at a slightly higher rate than men in the Philippines. Around 22.7 percent of

women attend college compared to 18.1 percent of men, and around 21 million women are enrolled in college compared to 18.1 million men. The most common major among Filipino college-aged women is business administration. This choice in major may speak to the increased salary later in life. While some women attend college, others attend vocational school or receive technical training. Men and women in the Philippines have similar rates of attendance in Technical Vocational Education and Training (TVET). Around 216,303 women and 115,550 men attend technical school annually. In 2014, 929,960 women graduated from TVET in the Philippines. The most common TVET degrees for women in 2013 were health and social services and community development services (Philippine Statistics Authority 2013).

Health

Life Expectancy

Women in the Philippines live 71.8 years on average, whereas men live 64.9 years on average (Philippine Statistics Authority and ICF International 2014). Males may not live as long as women due to a variety of biological, social, and psychological factors, such as an increased suicide rate among males.

Access to Health Care

Access to health care remains a concern in the Philippines. The Philippines has approximately 1,800 hospitals and 98,100 beds. In 2012, only four regions of the Philippines were equipped with an adequate number of beds per 1,000 individuals, per the Philippines Department of Health. In 2013, only 63 percent of Filipinos had health insurance, an increase from 42 percent in the previous five years. Men and women were equally likely to have health insurance. Ten percent of the population reported receiving treatment within a 30-day period, and women were 3 percent more likely to have received treatment than men. During this period, the average cost of treatment for a single outpatient visit was 455 Philippine pesos (PHP) in a public facility and 2,268 PHP in a private facility. However, the average cost of medication was 4,663 PHP (Philippine Statistics Authority and ICF International 2014).

Economic class impacts access to health care. Pregnant women in the lowest economic class are underserved and have the greatest need for health care. In 2011, the Philippine government recognized an inequality in access to

health care and put into action *Kalusugan Pangkalahatan*, or achieving universal health care (Romualdez et al. 2011). Access to vital medications is one large area of concern. Only 25 percent of public facilities, and less for individuals, have access to such medications. Costs of medications and counterfeited medications exacerbate this access shortage (WPRO 2016). When making decisions regarding health care, 52 percent of women report making their own decisions, regardless of marital status (Philippine Statistics Authority and ICF International 2014).

There are 46 outpatient facilities for mental health care in the Philippines' larger cities. There are 15 community residential facilities with about 1,457 beds total (WHO 2011). Access to psychiatrists is greater in the mental health clinics than in the public sector. In the public sector, there are 0.41 psychiatrists per 100,000 Filipinos. In mental health clinics, there are 3.21 psychiatrists per 100,000 Filipinos (WHO, and Department of Health, Philippines 2007). The lack of mental health professionals contributes to the limited access of care. Additional barriers, such as cost for treatment, also prevent individuals from seeking treatment. Like many countries, there is a stigma in the Philippines associated with mental health and mental health treatment. Because the cause of mental illness is believed to be a lack of ability to adapt to the current situation, a weak spirit, or the consequences of past behavior or past ancestral behavior, ridicule is expected for the individual seeking treatment. Furthermore, problems that might be classified as mental illness are treated in other regards, such as support from family and friends, indigenous healers, or through religious practice (Sanchez and Gaw 2007).

Diseases and Disorders

There is a high risk for food- or waterborne diseases such as bacterial diarrhea, hepatitis A, and typhoid fever. Dengue fever, malaria, and leptospirosis are also present in the Philippines (CIA 2013). Additionally, the Philippines has one of the highest rates of tuberculosis (TB) in the world, which is the sixth-leading cause of mortality for the nation. Males experience TB at rates roughly twice that of females (Vianzon et al. 2013). Malnutrition is a concern in the Philippines. In 1987, it was reported that 2.8 percent of preschoolers were experiencing severe malnutrition, below 60 percent of desired body weight for age and sex (Dolan 1993). Between the years of 2008 and 2012, 7 percent of the overall population experienced severe malnutrition

(UNICEF 2013). The Philippines' Department of Health reported the following as the top 10 leading causes of mortality among females in 2013, in order: heart disease, diseases of the vascular system, malignant neoplasms, pneumonia, diabetes mellitus, accidents, chronic lower respiratory diseases, tuberculosis, nephritis, and certain conditions originating in the birthing period (Timbang et al. 2014).

Mental Illness

Filipinos historically believed mental illness was caused by inanimate objects or supernatural phenomena, and conditions were treated by faith healers using purification and exorcism. A shift of conceptualizing mental illness was seen during the introduction of the Spanish rule. During this period, Jose Rizal wrote the novel *Noli Me Tangere* (*Touch Me Not*), in which he depicted a deranged woman who cannot protect her two sons from the abuse of their father. This woman, Sisa, has become the national symbol for mental health in the Philippines. Her story is described as one of a typical woman during the Spanish reign. At this time, and for periods following, insanity was believed to be the result of a person's inability to face reality or handle life's pressures.

The first mental health hospital opened in November of 1904 under the Bureau of Health and started the mental health practices of the Philippines that are seen today (Philippine Psychiatric Association 2016). A statue of Sisa and her two children welcomes patients to receive care at the National Center for Mental Health. Therapy treatments have been influenced by the different national occupancies and will mimic treatments of these countries during the corresponding time frame (e.g., the United States and Japanese). A specific mental disorder called *silok* is experienced by Filipino women and has also been reported within other Asian countries. This disorder presents as a hypersensitivity to fright accompanied with repetitive behaviors and speech and a trancelike demeanor (American Psychiatric Association 2000).

In the Philippines, females have a much lower rate of suicide than males. In 2015, the suicide rate was 1.2 per 100,000 females and 4.8 per 100,000 males (UNDP 2015). Women in the Philippines may have certain protective factors that males in the Philippines do not. Of the persons treated in outpatient mental health facilities in 2011, 43 percent were female. Of persons staying in community residential facilities in 2011, 30 percent were female (WHO 2011).

Sexual Health

In 2014, 0.06 percent of the population (35,600 people) in the Philippines were living with AIDS (CIA 2013). Of those, around 2,200 are women. About 18.7 percent of female adolescents disclose that they have a comprehensive knowledge of HIV (UNICEF 2013). Around 80 percent of females disclose that they do not use protection the first time they are sexually active.

Childbirth and Maternal Health

In the Philippines, the mean age of a woman's first birth is 23 years old. The fertility rate is about 3.09 children born per childbearing woman (CIA 2013). Of the births per year, 46.8 percent are considered "teen births" (born to women ages 15–19). A majority of women in the Philippines receive at least four visits of antenatal care. Of women who are pregnant, 9 percent received at least one antenatal visit, and 77 percent received at least four visits. There appears to be a discrepancy in the presence of skilled birthing attendants in rural versus urban settings. Seventy-seven percent of births in an urban area had a skilled attendant at the birth, compared to 47 percent of births in rural areas. Many births occurred in an institutional or hospital setting (44%), but the majority do not. A small minority, 9.5 percent, of babies are born via cesarean section (UNICEF 2013). Fertility rates for women differ among income levels. Those in the highest 25 percent have two children on average, and those in the lowest 25 percent birth an average of five children (Romualdez et al. 2011).

Breastfeeding

Mothers in the Philippines reported breastfeeding their children as well as introducing solid and soft foods. Thirty-four percent of mothers report breastfeeding exclusively while their child was under six months of age. By the time their child turned two years old, 34 percent of mothers reported continued breastfeeding. However, the majority of mothers (90%) introduced solid, semisolid, or soft foods between the ages of six and eight months (UNICEF 2013).

Mortality among Infants, Children, and Mothers

The infant mortality rate in 2015 was 23.5 per 1,000 live births (UNDP 2015). It is estimated that the maternal mortality rate is 114 deaths per 100,000 live births (CIA 2013). The under-5 mortality rate for children is 29.9 per 1,000 live births (UNDP 2015). Twenty-one percent of babies

have a low birth weight (UNICEF 2013). Twenty-two percent of babies are moderately or severely underweight. The life expectancy of females as a percentage of males in 2012 was 110.5. The reported maternal mortality ratio between 2008 and 2012 was 160. The life expectancy at birth is 68.5 years (UNICEF 2013).

Employment

Workforce

The workforce is composed of 51.1 percent of females 15 years and older, compared to 79.7 percent for males (UNDP 2015). Women and men do not experience different rates of unemployment. Both men and women in the Philippines have an unemployment rate of 5.2–5.9 percent. While women attend college in higher numbers than men, the primary occupation for both men and women in the Philippines is as a laborer or in an unskilled work position (Philippine Statistics Authority 2015).

Women and the Economy

The Philippines has been ranked 7th out of 145 countries in the *Global Gender Gap Report* from the World Economic Forum (WEF 2015). The Gender Gap Index ranks countries on a scale of 0–1.00. The Philippines has a score of 0.790. The scores are composed of economic participation and opportunity, educational attainment, health and survival, and political empowerment. The Philippines ranks 16th for economic participation and opportunity, which includes components such as women in legislative positions as well as women as professionals and technical workers. The Philippines ranks 34th for educational attainment. This includes factors such as the literacy rate and enrollment in primary through tertiary education. For political empowerment, the Philippines ranks 17th, which includes women in parliament and years with a female head of state. Most notably, the Philippines ranks 1st on health and survival. The sex ratio at birth and healthy life expectancy in the Philippines is ranked the best globally. Since the beginning of the Gender Gap Index in 2006, the Philippines has been number one every year in health rankings. The Philippines was number one in education from 2006 to 2014, but its ranking fell to 34th in 2015 (WEF 2015).

Maternity Leave

In the Philippines, women get 60 days of paid maternity leave benefits through the Filipino government. Female

workers receive 100 percent of their wages while on maternity leave. Males in the Philippines receive 7 calendar days of paternity leave through their employers, and receive 100 percent of wages while on leave (WEF 2015).

Income

Women in the Philippines have a higher average income and higher average annual savings than males. The average annual income of women heads of household is 258,000 Philippine pesos (PHP), which is about USD\$5,500 (Philippine Statistics Authority 2014). Male heads of household have an average annual income of 228,000 PHP, which is about USD\$4,900. Women in the Philippines also report saving more money annually than men in the Philippines. Women in the Philippines report saving 51,000 PHP (USD\$1,100), whereas men report saving 39,000 PHP (USD\$846) (Philippine Statistics Authority 2014). Women in the Philippines report a higher income, which may be due to higher participation in tertiary education and higher rates of college degrees.

The annual earnings discrepancy may also be due to the type of work that men and women do in the Philippines or the types of degrees they obtain. Twenty-eight percent of men work in industries such as mining and construction. Twenty-two percent of men are in agriculture or fishing. The other half (49.7%) work in the service industry (National Statistics Office 2013). The majority of females in the workforce are in the service industry (78.4%). Only 8.7 percent of women are in agriculture, and 13 percent are in industry (e.g., mining, construction) (National Statistics Office 2013). The service industry could pay more than agriculture and industry. The discrepancy is not fully explained.

Labor Export

Labor export, or nonpermanent overseas employment, continues to grow as a means to financially support one's family. The Philippines is one of the largest sources of female labor export (Parrenas 2001). The Philippine Overseas Employment Administration (POEA) was developed in the 1970s, and in 2014, it reported that 2,391,152 workers have overseas employment contracts (POEA 2014). Top destinations include Saudi Arabia, the United Arab Emirates (UAE), Singapore, Qatar, and Hong Kong. Top occupational categories include household services, nurses, waiters and related workers, caregivers, and laborers. Roughly 55 percent of the labor export is made up of

women who are predominantly working in service positions (e.g., caregiver, housekeeping).

It might be expected that the physical removal of mothers from the home—in addition to the higher income contribution—would impact traditional gender roles. However, this is typically not the case, as other women (e.g., daughters, grandmothers) take on the remaining domestic duties (Parrenas 2005). Labor export often results in the separation of mothers and their children. Approximately 27 percent of the youth population in the Philippines will be apart from one or both parents as a result of labor export (Parrenas 2005, 317). This *transnational motherhood* has been described as a process that “ruptures the ideological foundation of the Filipino family” (Parrenas 2001, 361). Some scholars argue such separation causes feelings of helplessness, loneliness, insecurity, loss of intimacy, and guilt for mothers. Filipinas experience what is believed to be a binary decision between providing for their children financially abroad or emotionally nearby (Parrenas, 2001). The economic gains earned from export laborers are often sent back to immediate family to help pay for a more secure lifestyle. With the higher wages, these Filipina export laborers are able to finance domestic help, housing, education, land, and possibly savings. This middle-class lifestyle is a stark contrast to the Third World life of poverty from which the women may have originated (Parrenas 2001).

The reality of violence and sexual abuse in the labor export of Filipinas has been exposed. Not only through sex trafficking and “mail-order brides,” but within any position abroad, Filipina women risk sexual assault and abuse. Furthermore, those who experience sexual violence are often not supported by the local law enforcement, and they are often blocked from embassies, making it ineffective to report such crimes (Piper 2003).

Family Life

Family Structure

The nuclear family plays an important role in the life of a Filipino woman. There is a strong allegiance to family members and their well-being. The familial role of the Filipino woman is complex and at times contradictory. As a strong contributor to the household income, the female may experience greater equality than she would in other Asian countries. Eighteen percent of women reported owning land, and 33 percent of women reported owning a home, either alone or jointly (Philippine Statistics Authority and ICF International 2014). Women also take on the responsibility

of managing the family income, which is said to “give her the power of the purse” (Dolan 1993). As in other traditional Asian countries, women are expected to manage or perform daily household tasks. Of the population over the age of 10, 45.3 percent were married, and 1.2 percent were divorced (Philippines Commission of Women 2014).

The Filipino language demonstrates the distinction and hierarchy of roles within the family. Women are given the following titles signifying their age: *ate* (eldest sister), *ditse* (second-eldest sister), *sanse* (third-eldest sister), and *lola* (elder family member, similar to grandmother). *Ate* and *lola* are also used as terms of endearment for elder nonfamilial women. Similar terms are used for male counterparts. The importance of the elderly is apparent and helps to identify the head of the nuclear family, which can be filled by a man or woman. Expected norms are determined by the head of the family, and breaking such norms can lead to ostracism (Torres 1985). The rate of female-headed households has steadily increased from 10 percent in 1970 to 21.2 percent in 2009 (Philippines Commission of Women 2014).

Reproduction

The Responsible Parenthood and Reproductive Health Act of 2012 was made into law in the Philippines and covered topics such as contraception, sexual education, and maternal care. The law declared that the state “recognizes and guarantees the exercise of the universal basic human right to reproductive health by all persons, particularly parents, couples and women, consistent with their religious convictions, cultural beliefs and the demands of responsible parenthood.” Abortion is illegal in the Philippines, but the act states that women needing care after an abortion would be treated in a humane and compassionate manner. Also, the act states that there would not be a target or required growth rate of the population and that the focus would be on reproductive health and sustainable human development (Responsible Parenthood and Reproductive Health Act of 2012). Proponents of the bill believed that it would improve the lives of women and children in the Philippines and provide more humane care. Opponents of the bill argued that the government declaration of contraceptive use went against the majority Catholic beliefs.

Politics

Representation in Government

Of the elected positions in the Philippines, women are represented in leadership about 20 percent of the time

(Philippine Statistics Authority 2013). Men hold 80 percent of the public roles, such as president, vice president, senator, congressmen, governors, and mayors. This is slightly higher than the 19 percent global rate of women parliamentarians (UNDP 2016). While women only hold 20 percent of the elected government positions, the number of women in public office is rising. In 1998, there were 2,810 women in office. As of 2013, there were 3,580 women in office (Philippine Statistics Authority 2014).

Women in the Philippines are slowly rising into positions of power in the Filipino local and national governments. Most notably, the Philippines has had two female presidents Corazon Aquino and Gloria Macapagal-Arroyo. Corazon Aquino was the wife of Benigno “Ninoy” Aquino, who was a political figure known for exposing the corruption of Ferdinand Marcos, the president in 1986 (Silvestre 2001). Corazon Aquino ran against the man who had her husband killed and won the support of the Catholic Church, the religious majority in the Philippines. Aquino’s campaign focused on her role as a “housewife” as well as being the widow of a political leader and a religious woman. This suggested to the people that she was not another corrupt politician.

Gloria Macapagal-Arroyo became the second female president; she had a different path to power than Aquino. Macapagal-Arroyo had political experience as a senator and was the daughter of a former president of the Philippines. She was elected vice president in 1998 with 13 million votes, the largest mandate in history (Silvestre 2001). When President Estrada was impeached and resigned, Macapagal-Arroyo became president. Furthermore, as of 2010, 34 percent of incumbent judges in the first and second level courts were female. During this same period, 21 percent of Supreme Court justices were female. However, trends have shown a decrease of female representation in the high courts (Philippine Commission on Women 2013).

Voter Turnout

National voter trends suggest 24 percent of women are registered to vote, and 18 percent of women participate by voting in national elections. The rate of voter turnout is slightly higher for women than it is for men (Philippine Commission on Women 2013).

Feminist Movement and Advocacy

The feminist movement of the Philippines is described as a grassroots-based organization that demands social

justice, equality, freedom, and democracy for Filipinas. Beginning in 1984, GABRIELA (General Assembly Binding Women for Reforms, Integrity, Equality, Leadership, and Action) was formed in the spirit of Gabriela Silang, a female general during the Filipino revolution from Spain (Gabriela Women’s Party 2016). During the 1980s, Filipinas experienced high levels of political and economic distress and saw a need to form a coalition to unite women. The GABRIELA movement has expanded internationally to align over 250 organizations, including a U.S. chapter (Gabriela USA 2016). GABRIELA has identified “seven deadly sins against women” as part of Voices of Women vs. Violence against Women: (1) sex trafficking and prostitution; (2) domestic violence; (3) rape, incest, and sexual abuse; (4) sexual harassment; (5) violence as a result of political repression; (6) sexual discrimination and exploitation; and (7) limited access to reproductive health care (UN Entity for Gender Equality and the Empowerment of Women 2002).

In 2000, the Gabriela Women’s Party was formed as a by-product of the GABRIELA movement. This political party identified as an alliance of Filipino women at the forefront for freedom and democracy (Philippine Commission on Women 2013). With more than 100,000 members, the Gabriela Women’s Party ranks fourth of 66 groups in elected representatives. The Gabriela Women’s Party has found success in helping to pass the Anti-Trafficking Persons Act, the Anti-Violence against Women and Children Act, and smaller legislation such as HR 1523: Merchandise That Commodify and Degrade Women (Gabriela Women’s Party 2016).

In 1988, President Corazon C. Aquino passed proclamation No. 227, observing the month of March as Women’s Role in History Month. The proclamation exclaimed, “Filipino women of every class, ethnic, and religious background served as leaders in the forefront of every major progressive social change movement, not only to secure their own right of suffrage and equal opportunity, but also to create a more fair and just society for all” (Philippine Commission on Women 2009).

The Philippine Commission on Women is now recognized as the official government authority on women’s empowerment and gender equality. This organization works to repeal discriminatory laws, support the gender balance of political representation, address environmental concerns, eliminate violence against women, and provide economic empowerment, all in the spirit of promoting gender equality.

Religious and Cultural Roles

Religion intersects with many areas of life in the Philippines. The primary religion in the Philippines is Catholic; 80.9 percent of people practice Roman Catholicism, and 2 percent practice *Aglipayan Catholicism* (Philippine Independence Church) (CIA 2013). The remaining population identifies as Muslim (5%), Protestant (7.3%), *Iglesia ni Kristo* (Church of Christ, 2.3%), or Buddhist (0.1%) (Pew Research Center 2010). Growth is occurring within what has been deemed as the “Charismatic Catholic” churches, most notably in the churches of *El Shaddai* and the Jesus Is Lord Movement (Pangalangan 2010). This growth may be counterdemocratic due to Charismatic’s desire to base government on their religious values and the presence of a Muslim minority in the south Philippines (Kessler and Ruland 2006). This growth may also have been exacerbated as a result of the conflict in Mindano (Du and Chi 2016).

Religious Behaviors and Beliefs

From the early 1990s to the late 1990s, data shows that Filipinos are becoming slightly more fundamental to their holy book as well as the tenets of their faith. This may explain a rise in intolerance toward nonmajority sexual behaviors. However, this contrasts with Filipinos praying and attending formal religious services less than they previously did. Religious individuals are more tolerant of women working outside of the home. Additionally, more Filipinos believe that churches should play less of a role in governmental affairs (Abad 2001). For Filipino youth, religion and spirituality remain very closely intertwined. This affects social behaviors, including Filipinos who are religious being more open to help members of their out-groups as well as their in-group, which is atypical. This may be a result of the Filipino value of *Maka-Diyos*, in which self and service to society is prized (Batara 2015).

Armed Religious Conflict

Despite being a small minority in terms of percentage, the Muslim population does play an active role throughout the Philippines. “Moro, not Filipino,” is a popular slogan among Muslim Filipinos (McKenna 1998). Conflicts between the government and extremists of the Moro Islamic Liberation Front have cost over 120,000 lives since 1997. It has been estimated that more than 2 million people have been displaced, the majority in Mindanao. A peace accord was signed in March of 2014 (Centre for Humanitarian

Dialogue 2014). In this, the Supreme Court allowed sharia laws and the jurisdiction of sharia courts in Mindano to be independent of the central government, allowing further religious influence in government. Hui (2012) argues the separatist elements of Moro religious culture are the greatest domestic issue in the Philippines.

Political Intersection

Despite an official separation of church and state, the Supreme Court of the Philippines referred to religion and state as a “diabolical union” (*Pamil v. Teleron*, G.R. No. 34854, 1978), there remains much overlap. Catholic bishops have argued this separation is to protect the church from the state interfering in religious matters, not to stop the church from expressing its opinion on state matters. This was notable in the *Catechism on Family and Life for the 2010 Elections*, in which they urged voters to consider their religion in their voting process, specifically in regard to voting on contraceptive use for women. It has been noted that this influence leads to governmental restrictions on women’s bodies (Ruiz 2004). Additionally, *Iglesia ni Kristo* and *El Shaddai* previously adopted official candidates for public office (Pangalangan 2010). This intersection is transitioning as the Catholic Church becomes increasingly pluralized and international women’s health and pro-life organizations grow in influence (Buckley 2014).

Religious Culture and Mental Health

The 300 years of colonization by Spanish and American forces have created many similarities between religion in the Philippines and in the Western world. However, differences remain in terms of values, specifically related to collectivism (Piedmont 2007). Collectivism plays a strong role in health care. When treating mental health, Filipinos are likely to search for alternative sources of treatment in the form of faith healing “*albularyos*,” friends, family, and faith in their religion (Sanchez and Gaw 2007). Additionally, these cultural influences and reluctance for traditional psychological health services continues even when Filipinos reside in Western nations (David 2010).

Issues

Domestic Violence

Spousal violence experienced by Filipino women has been broken down into three categories: physical, sexual, and other, such as emotional or economic (Philippine

Commission on Women 2014). Surveys have reported numbers as high as 3 in 5 women experiencing domestic violence (Philippine Commission on Women 2016). The National Statistics Office surveyed Filipino women between the ages of 15 and 49 and found that 1 in 5 reported physical violence, and 1 in 10 reported sexual violence. Domestic violence appears more prevalently in lower socioeconomic classes and with lower levels of education.

Sixteen percent of women reported ever hitting, slapping, kicking, or physically hurting their husband (Philippine Commission on Women 2014). Because of domestic violence, 10 percent of women suffered severe injuries (e.g., sprains, dislocation, and burns). Ten percent of women also report attempted suicide related to domestic violence. In 2004, the Anti-Violence against Women and Their Children Act was passed and made acts of violence against women and children punishable by law. Under the Family Code, Article 55 allows for domestic violence of a spouse to qualify as grounds for legal separation (Philippine Commission on Women 2016).

Sexual Violence

Thirty-three percent of women in the Philippines have experienced violence at some point in their lives (UNDP 2015). In 2013, 10,963 cases of violence against women aged 15–49 years old were reported as a part of the National Demographic and Health Survey (NDHS) administered to individuals in the Philippines (Philippine Statistics Authority 2013). However, the number of reports to the police in 2014 was substantially higher than reported on the NDHS. In 2014, the Philippine National Police filed 49,883 reports of violence against women, including physical injuries, rape, acts of lasciviousness, threats, and attempted rape (Philippine Statistics Authority 2013). The difference in the number of reports speaks to the difficulty in reporting violence and in capturing the true numbers of violence against women. Furthermore, the numbers represented in 2014 are just the cases that lead to police intervention. There may be more cases that were not reported on demographic surveys, to the police, or to social services. The Department of Social Welfare and Development reported 3,184 cases of girls who experienced violence, such as sexual abuse, neglect, physical abuse, abandonment, sexual exploitation, and child labor (Philippine Statistics Authority and ICF International 2014).

Filipinas have also suffered from a history of sexual violence by foreign occupations. In fact, Margold suggests that

violence against women correlates with levels of foreign troops. She explains, “Between the Vietnam War era and 1991, Filipinas were subjected to many forms of dehumanization and violence at the hands of U.S. (United States) soldiers, including rape, battery, widespread abandonment of the Amerasian children they fathered, and a legacy of sexually-transmitted disease” (Margold 2003). Even before the Vietnam War era, sexual violence began with the initial occupation by the United States in the early 1900s and with other prior occupancies (Maza 2015). Unfortunately, remnants of such sexual violence continue with “juicy bars” found in the Pacific, where U.S. soldiers are said to pay to play bar games with a local employee that results in the exchanging of sexual company. U.S. commanders do forbid such behavior, citing the reinforcement of objectification of women and sexist attitudes (Lamothe 2014). Now organizations like GABRIELA fight to stop such military sexual violence against women (Moon 2009).

Human Trafficking

Human trafficking of women typically occurs under bleak circumstances. A child may have lost one or both parents, be sold to provide money for a starving family, might be a product of military conflict, or is living in extreme poverty. The Philippines holds a Tier 2 status, indicating “not compliant,” but putting forth efforts to meet the standards set by the Trafficking Victims Protection Act. It is estimated that 300,000–400,000 women are trafficked, with an additional 60,000–100,000 children trafficked (De La Paz and Marcelo 2007). In 2003, the Anti-Trafficking in Persons Act was passed and made human trafficking a crime. To help protect against trafficking, the Philippine Guidelines on the Protection of the Rights of Trafficked Women were created to outline prevention, rescue and recovery of trafficked women, postrescue integration, and legal protection, among other things (Philippine Commission on Women 2013).

Typhoon Response

The Philippines experiences an average of eight tropical storms each year, making it the most storm-exposed country (Brown 2013). Typhoons cause damage to the environment, financial burdens, and high death tolls. Filipino women encounter gender-specific barriers as a result of these natural disasters. Typhoon-affected areas often have large populations of pregnant and lactating women. During evacuations, access to reproductive health care can be a critical challenge. Sanitation is vital for new mothers and

newborn children, and providing adequate sanitation can be a hard task to accomplish during a natural disaster.

Sexual violence is often a risk experienced by women. Shelter should be provided in a way that will be safe from violence for women. Health care and treatment for these attacks is also a critical component in disaster relief. Resources (food and nonfood items) are now often distributed to families with special attention to the possibility of a household headed by a female. Past relief efforts have not shown an equal distribution of resources. An alert in 2013 by the Inter-Agency Standing Committee (IASC) released a list of gender-sensitive response priorities, emphasizing the specific needs of women during these incidences as well as a call for equality in allocation of resources.

NICOLE M. FARMER, AMANDA BACKER LAPPIN,
AND CRAIG WARLICK

Further Resources

- Abad, Ricardo G. 2001. "Religion in the Philippines." *Philippine Studies* 49.3: 337–367.
- American Psychiatric Association. 2000. Appendix I to *Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision*, 897–903. Washington, D.C.: American Psychiatric Association.
- Barangay. 2015. *Merriam-Webster's Collegiate Dictionary*. Retrieved from <http://www.merriam-webster.com>.
- Batara, Jame Bryan Lamberte. 2015. "Overlap of Religiosity and Spirituality among Filipinos and Its Implications towards Religious Prosociality." *International Journal of Research Studies in Psychology* 4.3: 3–22.
- Brown, Sophie. 2013. "The Philippines Is the Most Storm-Exposed Country on Earth." *Time*, November 11. Retrieved from <http://world.time.com/2013/11/11/the-philippines-is-the-most-storm-exposed-country-on-earth>.
- Buckley, David T. 2014. "Catholicism's Democratic Dilemma: Varieties of Public Religion in the Philippines." *Philippine Studies: Historical and Ethnographic Viewpoints* *Philippine Studies* 62.3: 313–339.
- Cabigon, Josefina V. 2009. "Understanding Filipino Adolescents: Research Gaps and Challenges." *Philippine Social Sciences Review* 56.1: 107–129.
- Centre for Humanitarian Dialogue. 2014. "Government of the Philippines and the Moro Islamic Liberation Front Achieve Historic Peace Agreement to End Conflict in Mindanao." Retrieved from <http://www.hdcentre.org/en/resources/news/detail/article/1395914377-government-of-the-philippines-and-moro-islamic-liberation-front-achieve-historic-peace-ag>.
- CIA (Central Intelligence Agency). 2013. "Philippines." In *CIA World Factbook 2013–2014*. Washington, D.C.: Central Intelligence Agency.
- CIA (Central Intelligence Agency). 2017. "East and southeast Asia: Philippines." Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/rp.html>.
- Cruz, Grace T., Elma P. Laguna, and Corazon M. Raymundo. 2011. "Family Influences on the Lifestyle of the Filipino Youth." *Philippine Population Review* 1.1: 39–63.
- David, E. J. R. 2010. "Cultural Mistrust and Mental Health Help-Seeking Attitudes among Filipino Americans." *Asian American Journal of Psychology* 1.1: 57–66.
- De La Paz, Isagani, and Patricia Marcelo. 2007. "Coercion of Victim Key in Human Trafficking." *Philippines Today* (September 24). Retrieved from <http://www.philippinestoday.net/archives/607>.
- Demographic Research and Development Foundation. 2013. *Young Adult Fertility and Sexuality Study*. Quezon City, Philippines: Demographic Research and Development Foundation, Inc. Retrieved from <http://www.drdf.org.ph/yafs4>.
- Department of Health, Philippines. 2012. "Health Service Delivery Profile." Retrieved from http://www.wpro.who.int/health_services/service_delivery_profile_philippines.pdf.
- Dolan, Ronald E. 1993. *Philippines: A Country Study*. Washington, D.C.: U.S. Government Printing Office.
- Du, Hongfei, and Peilian Chi. 2016. "War, Worries, and Religiousness." *Social Psychological and Personality Studies* 7.5: 444–451.
- Gabriela USA. 2016. *Our History*. Retrieved from <http://gabusa.org>.
- Gabriela Women's Party. 2016. *Her Story*. Retrieved from <http://gabrielawomensparty.net/content/her-story>.
- The Guardian. 2016. "Philippines Election. Duterte Declares Victory and Promises Change." Retrieved from <https://www.theguardian.com/world/2016/may/10/rodrigo-duterte-declares-victory-in-philippines-election-vows-to-rewrite-constitution>.
- Hui, Peng. 2012. *The "Moro Problem" in the Philippines: Three Perspectives*. Working paper no. 132. Hong Kong: Southeast Asia Research Centre Working Paper Series.
- Kessler, Christl, and Jürgen Rüland. 2006. "Responses to Rapid Social Change: Populist Religion in the Philippines." *Pacific Affairs* 79.1: 73–96.
- Lamothe, Dan. 2014. "The U.S. Military's Long, Uncomfortable History with Prostitution Gets New Attention." *Washington Post*, October 31. Retrieved from <https://www.washingtonpost.com/news/checkpoint/wp/2014/10/31/the-u-s-militarys-long-uncomfortable-history-with-prostitution-gets-new-attention>.
- Margold, Jane A. 2003. *Women, Violence, and the Reinvolverment of the U.S. Military in the Philippines*. Retrieved from http://www.carnegiecouncil.org/publications/archive/dialogue/2_10/online_exclusive/1071.html.
- Maza, Liza L. 2015. *U.S. Military Bases and the Derogation of Women's Rights in the Philippines*. Retrieved from <http://www.globalresearch.ca/u-s-military-bases-and-the-derogation-of-womens-rights-in-the-philippines/5455098?print=1>.
- McKenna, Thomas M. 1998. *Muslim Rulers and Rebels: Everyday Politics and Armed Separatism in the Southern Philippines*. Berkeley: University of California.
- Moon, Katharine H. S. 2009. *Military Prostitution and the U.S. Military in Asia*. Retrieved from <http://apjpf.org/-Katharine-H.S.-Moon/3019/article.html>.
- National Statistics Office. 2013. "Percent Distribution of Male and Female Wage and Salary Workers 15 Years Old and Over

- by Major Industry Group and by Hours Worked, Philippines." U.S. Census Office. Retrieved from https://psa.gov.ph/sites/default/files/attachments/hsd/article/TABLE%20%20Male%20and%20Female%20Wage%20and%20Salary%20Workers%2015%20Years%20Old%20and%20Over%20by%20Major%20Industry%20Group%20and%20by%20Hours%20Worked%20%20Philippines%20October%202013_1.pdf.
- National Statistics Office. 2014. "Philippines in Figures: 2014." Edited by Carmelita N. Ericta and Paula Monina G. Collado. Retrieved from <https://www.scribd.com/document/345361658/PSA-Philippines-in-Figures-2014-pdf>.
- Pamil v. Teleron*. 1987. G.R. No. 34854.
- Pangalangan, Raul C. 2010. "National Report for the Philippines." In *Religion and the Secular State: Interim Reports*, edited by W. Cole Durham, Jr. and Javier Martínez-Torrón, 559–571. Provo, UT: International Center for Law and Religious Studies.
- Parrenas, Rhacel. 2001. "Mothering from a Distance: Emotions, Gender, and Intergenerational Relations in Filipino Transnational Families." *Feminist Studies* 27.2: 361–390.
- Parrenas, Rhacel. 2005. "Long Distance Intimacy: Class, Gender and Intergenerational Relations between Mothers and Children in Filipino Transnational Families." *Global Networks* 5.4: 317–336.
- Pew Research Center. 2010. "Philippines." Retrieved from http://www.globalreligiousfutures.org/countries/philippines/#?affiliations_religion_id=0&affiliations_year=2010®ion_name=All%20Countries&restrictions_year=2013.
- Philippine Commission on Women. 2009. "Proclamation No.227." Retrieved from <http://www.pcw.gov.ph/law/proclamation-no-227>.
- Philippine Commission on Women. 2013. "Philippine Guidelines on the Protection of the Rights of Trafficked Women." Manila: Office of the President Philippine Commission on Women.
- Philippine Commission on Women. 2013. "Women Participation in Politics and Governance." Retrieved from <http://pcw.gov.ph/statistics/201405/women-participation-politics-and-governance>.
- Philippine Commission on Women. 2014. "Population, Families and Household Statistics." Retrieved from <http://www.pcw.gov.ph/statistics/201405/population-families-and-household-statistics>.
- Philippine Commission on Women. 2014. "Statistics on Violence against Filipino Women." Retrieved from <http://www.pcw.gov.ph/statistics/201405/statistics-violence-against-filipino-women>.
- Philippine Commission on Women. 2015. "National Machinery for Gender Equality and Women's Empowerment." Retrieved from <http://www.pcw.gov.ph/pcw/mission-statement>.
- Philippine Commission on Women. 2016. "Domestic Violence." Retrieved from <http://www.pcw.gov.ph/publication/domestic-violence>.
- Philippine Psychiatric Association. 2016. "PPA History." Retrieved from <http://www.philpsych.ph/about-us/ppa-history>.
- Philippine Statistics Authority. 2013. *Philippines: National Demographic and Health Survey 2013*. Maryland: ICF International.
- Philippine Statistics Authority. 2014. *Fact Sheet on Women and Men in the Philippines*. Poverty and Human Development Statistics Division. Retrieved from <http://psa.gov.ph/content/women-and-men-factsheet-2014>.
- Philippine Statistics Authority. 2015. "Careers." Retrieved from <http://www.census.gov.ph/careers>.
- Philippine Statistics Authority and ICF International. 2014. *Philippines National Demographic and Health Survey*. Manila, Philippines, and Rockville, MD: PSA and ICF International.
- Piedmont, Ralph L. 2007. "Cross-Cultural Generalizability of the Spiritual Transcendence Scale to the Philippines: Spirituality as a Human Universal." *Mental Health, Religion, and Culture* 10.2: 89–107.
- Piper, Nicola. 2003. "Feminization of Labor Migration as Violence against Women." *Violence Against Women* 9.6: 723–745.
- POEA (Philippine Overseas Employment Administration). 2014. "2010–2014 Overseas Employment Statistics." Retrieved from <http://www.poea.gov.ph/ofwstat/compendium/2014.pdf>.
- Realuyo, Bino A. 1999. *The Umbrella Country*. New York: Ballantine.
- Responsible Parenthood and Reproductive Health Act of 2012, Republic Act No. 10354.
- Romualdez, Alberto G., Jr., Jennifer Frances E. dela Rosa, Jonathan David A. Flavie, Stella Luz A. Quimno, Kenneth Y. Hartigan-GO, Liezel P. Lagrada, Lilibeth C. David. 2011. "The Philippines Health System Review." *Health Systems in Transition* 1.2: 1–130.
- Ruiz, Carolina S. 2004. "The Church, the State and Women's Bodies in the Context of Religious Fundamentalism in the Philippines." *Reproductive Health Matters* 12.24: 96–103.
- Sanchez, Francis, and Albert Gaw. 2007. "Mental Health Care of Filipino Americans." *Psychiatric Services* 58: 810–815.
- Silvestre, Jaylyn. 2001. "The Rise of Women Leaders in the Philippines: A Study of Corazon Aquino and Gloria Macapagal-Arroyo." *Berkeley McNair Research Journal*: 165–177. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.551.1162&rep=rep1&type=pdf>.
- Soliven, Marivi. 2013. *The Mango Bride*. New York: Penguin Group.
- Syjuco, Miguel. 2010. *Ilustrado*. New York: Picador.
- Timbang, Theresa D., Fe A. Sinson, and Lea Mylene R. Rebanal. 2014. "The 2013 Philippine Health Statistics." Retrieved from http://www.doh.gov.ph/sites/default/files/publications/2013PHScompressed_0.pdf.
- Torres, Amaryllis T. 1985. "Kinship and Social Relations in Filipino Culture." Retrieved from <http://lynchlibrary.pssc.org.ph:8081/bitstream/handle/0/1221/Kinship%20and%20Social%20Relations%20in%20Filipino%20Culture.pdf?sequence=1>.
- UNDP (UN Development Programme). 2015. *Human Development Report 2015: Work for Human Development*. New York: UNDP. Retrieved from http://hdr.undp.org/sites/default/files/2015_human_development_report.pdf.
- UNDP (UN Development Programme). 2016. "Table 5: Gender Inequality Index." Retrieved from <http://hdr.undp.org/en/composite/GII>.

- UN Entity for Gender Equality and the Empowerment of Women. 2002. *The Fight against Violence on Women in the Philippines: The Gabriela Experience*. Retrieved from <http://www.un.org/womenwatch/daw/vaw/ngocontribute/Gabriela.pdf>.
- UNICEF. 2013. "At a Glance: Philippines." Retrieved from http://www.unicef.org/infobycountry/philippines_statistics.html#114.
- Vianzon, Rosalind, Anna Marie Celina Garfin, Arthur Lagos, and Roxanne Belen. 2013. "The Tuberculosis Profile of the Philippines, 2003–2011." *Western Pacific Surveillance Response Journal* 4: 7–12.
- Villamor, F. (2017). "Duterte Says He Will Still Kill Criminals, Despite Call for Inquiry." *New York Times*. Retrieved from <https://www.nytimes.com/2017/03/14/world/asia/duterte-philippines-drug-crackdown.html?mcubz=0>.
- WEF (World Economic Forum). 2015. "Economies: Philippines." Retrieved from <http://reports.weforum.org/global-gender-gap-report-2015/economies/#economy=PHL>.
- WHO (World Health Organization). 2011. *Mental Health Atlas 2011: Philippines*. Retrieved from http://www.who.int/mental_health/evidence/atlas/profiles/phl_mh_profile.pdf?ua=1.
- WHO (World Health Organization), & Department of Health, Philippines. (2007). *WHO-AIMS report on mental health system in the Philippines*. Report Retrieved from http://www.who.int/mental_health/evidence/philippines_who_aims_report.pdf.
- Worldometers. 2015. "Philippines Population: Live." Retrieved from <http://www.worldometers.info/world-population/philippines-population>.
- WPRO (World Health Organization, Philippines Representative Office). 2016. "Medical Products, Vaccines and Technologies." Retrieved from http://www.wpro.who.int/philippines/areas/health_systems/products_technologies/en.

Polynesia

Overview of Country

Polynesia is a triangular region of the east-central Pacific Ocean; its northern apex is the Hawaiian Islands, its western base angle is New Zealand, and its eastern base angle is Easter Island. More than 1,000 islands, totaling 115,000 square miles, are scattered across this 70 million square mile region. The island groups or countries within Polynesia are New Zealand, the Hawaiian Islands, French Polynesia, Samoa, Tonga, Wallis and Futana, Niue, the Cook Islands, American Samoa, Easter Island, Rotuma, Tuvalu, the Midway Islands, and Tokelau (Hartney 2015).

Some linguistic and archaeological evidence indicates that the Lapita people, originally from Taiwan, first settled

western Polynesia around 3,000 years ago. The Lapita were ocean explorers who reached New Guinea by 2000 BCE; the Solomon Islands by 1600 BCE; Fiji, Tonga, and western Polynesia by 1000 BCE; and finally Micronesia by 500 BCE (The Editors of the Encyclopedia Britannica 2016). This is the express train model of Polynesian migration; however, it is not universally accepted. Other researchers claim that genetic evidence supports that Polynesians are descended from peoples from Wallacea and Melanesia (Oppenheimer and Richards 2001). Other experts propose that the Lapita intermixed with native Melanesians and Polynesians (Handwerk 2008).

Polynesians developed a diverse, complex civilization with some shared elements. Many material goods, terms and names, art, and medical techniques are remarkably similar. A principal cultural characteristic was expert adaptation to and mastery of the sea. Navigators were highly respected members of society. Islands each maintained a house of navigation, which included an area for building canoes. Polynesians were skilled hunters and fishermen (Kahn et al. 2016). They were also skilled artists and often elaborately decorated everyday items. Navigation, hunting, and craftsmanship skills were handed down through families, and today traditional craft items remain important for traditional living and the tourist trade (New World Encyclopedia 2015).

Polynesian culture has been misrepresented as overtly sensuous and sexually unrestrained—misperceptions publicized widely by early European visitors and 19th-century anthropologists. The most famous of the latter may be Margaret Mead (1901–1978), whose 1928 book *Coming of Age in Samoa* described Samoan culture as implicitly favoring premarital sexual freedom. Generally, Polynesians "took a very direct, realistic, and physical approach to gratification of the senses and while traditional culture placed restrictions on sexual behavior, the range of acceptable behavior was wider" (Kahn et al. 2016 para. 21) than among the early Europeans who first documented it. This cultural misunderstanding has become a resilient stereotype of extreme sexual promiscuity and high sexual appetites among Polynesian people (Kahn et al. 2016).

Polynesians settled in either hamlets or villages. Hamlets were more common on the larger volcanic islands because food sources were both diverse and spread out. Hamlet settlement patterns, typified in French Polynesia, involved small clusters of houses that spread up sides of valleys. Lush gardens, taro patches, and groves of coconut and breadfruit trees were cultivated nearby. However, in

Samoa, the settlement pattern shifted to fortified coastal villages of 30 or more houses. Villages were organized and surrounded by a wooden or stone wall. The New Zealand Maori constructed large hilltop, fortified villages (*pas*). Exterior protections included ditches, palisades, trenches, and terraces. Village interiors were divided by other defensive fortifications that were intended to facilitate battle should enemies breach exterior barriers (Kahn et al. 2016).

Not all Polynesian islands are independent nations, nor do they all have comprehensive systems for collecting and reporting data; therefore, indicators and statistics are not available and reported for each. In 2014, New Zealand (discussed in another chapter of this volume) was ranked 32nd, Samoa 97th, and Tonga 148th, out of 155 nations, by the UN Development Programme's Gender Inequality Index (GII) (UNDP 2015a, 2015b, 2015c). The 2014 Global Gender Gap Index for New Zealand was 0.777, ranking it 30th out of 142 countries (WEF 2016).

Girls and Teens

There are relatively high rates of teenage pregnancy, unwanted pregnancy, and sexual violence in many Pacific island countries (PICs). Additionally, Western influences have impacted the health status and may be influencing the body image of Polynesian girls.

Teen Pregnancy

From 2003 to 2013, fertility rates of women 15–19 years old declined in several PICs but remained high in others. The latter is likely due to the lack of adolescent sexual and reproductive education and of accessible modern contraception (UNFPA 2013). Sex education is poor, if even present, in schools, and few youths interact with health services or educators. Information regarding sex and reproduction is often received informally and is not always accurate. Misinformation about conception and pregnancy is high, including a belief that pregnancy cannot occur at first intercourse (UNICEF et al. 2005). In many PICs, the contraceptive prevalence rate (CPR) for women 15–24 years old is low due to poor access and availability or partner refusal to utilize contraception. Many PICs have high populations that are younger than 14, and high adolescent fertility rates make introducing programs to promote sexual and reproductive health a high priority (UNFPA 2013). Abortion is legal, available, and performed by health care providers in some PICs, although a heavy social stigma exists (Statistics New Zealand 2003).

Teenage pregnancy is not always the result of lack of education or contraception. It is also closely related to poverty, unequal gender roles and expectations, and gender-based violence. Often, unwanted pregnancy results from forced sexual relations. Polynesian girls are often unprepared to deal with peer pressure, are unaware of their rights, or lack the social skills to refuse intimacy (UNICEF et al. 2005). In many PICs, a heavy stigma is associated with sexual violence, making women reluctant to report attacks and resulting in lowered access to emergency contraception, counseling, and legal action. Studies in several PICs revealed that 3–8 percent of women had their first sexual encounter before age 15 and 23–50 percent before age 18. Of the former, 23–59 percent reported that this first encounter was forced (UNFPA 2013).

Teenage pregnancy is one of the main reasons girls leave school, voluntarily or not, negatively impacting future employment prospects. In response, the Cook Islands passed a 2012 law prohibiting schools from expelling pregnant girls and requiring some flexibility for student mothers. Babies often become financial burdens for families because the new parents are typically unemployed and unprepared to raise a child. This may lead to neglect, malnutrition, or abandonment. Teenage mothers experience greater risks of partner violence and face harsh social stigma, often resulting in public shunning. These factors contribute to the higher rates of poverty and family breakdown experienced by the children of teenage mothers compared to those of older mothers. Teenage pregnancy perpetuates many barriers because lack of parental preparation inevitably takes its toll on subsequent generations (Ragogo 2004; UNICEF et al. 2005).

“Fat Is Beautiful”

Traditional Polynesian body ideals view large bodies as healthy, attractive, and a positive reflection of family and community. A person's body is traditionally viewed as a reflection of how well family and community care for and provide for that person. Fattening ritual feasts were traditionally practiced to enhance the sexual attractiveness of an individual (Reade 2013). Some experts believe that Polynesians are genetically predisposed to convert extra calories into fat as a result of centuries of periodic, natural food shortages; this is known as the “Thrifty Gene” hypothesis (Senthilingam 2015). Because Polynesians are naturally larger, this norm has become attractive.

PICs are increasingly exposed to and influenced by Western media, which largely encourages women to be

underweight. Traditional culture encourages a value on larger bodies, but Western acculturation introduces a value on thinness. This cultural contrast is causing concern that increased eating disorders may result. However, despite the increased prevalence and influence of Western media, most Polynesians still value larger body sizes and consider larger individuals more attractive, affluent, and happy (Cormier et al. 2012).

Education

Many PICs' educational systems face similar challenges (UNESCO 2015). Academic results are poor even though education expenditures are relatively high. Poor assessment results in a lack of outcome data; what data are available are underutilized (Levine 2013). However, many reforms have been enacted, and some promising results have been realized.

Preprimary and Primary Education

Primary and lower-secondary education access has improved; however, many PICs have not achieved full access to preprimary and upper-secondary education. Preprimary enrollment rates vary from 90 percent to 95 percent in the Cook Islands, Niue, and Tuvalu to below 50 percent for Samoa. Primary school enrollment was at 89 percent for the region in 2012. Many countries have the necessary capacity and are on track to achieving universal primary education, unlike at the preprimary and secondary levels. International funding and recent government emphasis has resulted in dramatic primary enrollment increases in the Cook Islands and Samoa; however, Tongan data indicate an enrollment drop (99–90 percent from 2000 to 2012) (UNESCO 2015).

Enrollment does not equate to attendance; student and teacher truancy is pervasive and is influenced by (1) low cultural value on education; (2) perception that teachers do not teach; (3) bullying; (4) lack of transport; (5) children required at home to mind younger siblings; (6) lack of antitrucancy laws; (7) lack of remediation; (8) lack of uniforms or food; or (9) poor sanitation. The largest consistent barrier is geographical; some students must walk or paddle up to two hours to reach the nearest school (UNESCO 2015). Around 40 percent of children in PICs do not complete primary school, and only 20 percent of those graduate from secondary school (Levine 2013).

Secondary and Vocational Education

Around 5 percent of PIC secondary education students are enrolled in vocational education, and about 30 percent are female. Enrollment in lower-secondary education increased (from 44% to 77%) from 2000 to 2012, but it was still below the world average of 85 percent. Enrollment in upper-secondary education is lower, and this drop is due to lack of capacity, school and travel expenses, and entrance exams. Some youth leave school to seek employment or apprenticeships, but many simply drop out. Many PICs offer nonformal education opportunities. The Cook Islands has community programs that transition male dropouts back into formal education or into trades-based courses. In Tuvalu, community training centers offer non-formal education courses to students who cannot access secondary education (UNESCO 2015).

Access does not guarantee quality, and in some PICs, completing school does not necessarily result in obtaining basic literacy or math skills (Levine 2013). The average adult literacy rate in the Pacific is 71 percent, below the world average of 84 percent. There is a significant difference between the numbers of illiterate youth (436,000) versus adults (1.9 million), indicating some positive effects of recent reforms (UNESCO 2015). However, UNICEF (2011) reports a lack of qualified teachers, inadequate instructional materials, weak management, poor information systems, and low levels of parent-community involvement in many PICs.

Many PICs have eliminated primary school fees, improving primary access and resulting in increased demand for secondary education; however, access to the latter is not equitably available (UNESCO 2015). At the secondary level, poorer children drop out more frequently or are prohibited from attending at all. As a result of poor-quality primary education, many low-income students fail to achieve the required grades to enter public secondary schools and cannot afford private education (Levine 2013). Low-quality primary education also precludes access to tertiary education. This is a cascade effect; more affluent children have better access to higher-quality primary education and so experience better educational outcomes, which lead to access to higher-quality secondary and, eventually, tertiary schools. In most PICs, tertiary education is highly subsidized through government and private scholarships. Such funding is intended to assure access and equity; however, the students who need the

funding rarely remain in the educational system long enough to even apply (Levine 2013).

Health

Health care across the PICs is a mix of private and publicly provided primary and secondary care facilities, with New Zealand having some tertiary services. Many countries rely on international referral agreements to provide tertiary care.

Access to Health Care

The Cook Islands' Ministry of Health is the main provider of care; services are provided through child welfare clinics, dental clinics, health centers, and one general hospital (WHO 2012). Niue partners with several international governmental and nongovernmental organizations (NGOs) to provide health care. The World Health Organization (WHO 2014a) reported good maternal and child health care in Niue provided through a community outreach system of village visits and inspections by public health nurses and officials. The Samoan health system is a combination of public and private financing and provision of services (WHO 2013). All Tongans receive free health care, and WHO (2014b) has commended Tonga for its commitment to improving the health of its population; however, it also cites family planning, sexually transmitted disease prevention, and health services funding as areas of concern.

Tuvalu provides free health services, which provide most of the key health care required; serious cases are sent for care to Fiji or New Zealand under a medical referral partnership. There is only one hospital in Tuvalu, but several new health centers have been established since 2008 (WHO 2014c). New Zealand has a predominantly tax-funded health system that provides universal coverage, with services provided by public, private, and nongovernmental sectors. Roughly 40 percent of adults hold supplementary private insurance, and all adult dental and optometry services are privately paid for; basic pediatric dental services are free. New Zealanders experience good health status overall; however, significant inequities exist in Maori health. In 2015, 27 percent of New Zealand adults and 20 percent of children had an unmet primary health care need (Cumming et al. 2014).

Maternal Health

Median maternal age at first birth ranges from 23.5 years in Tuvalu to 27.8 years in New Zealand (CIA 2016d,

2016g). Fertility rates vary from 1.75 children born per woman in Wallis and Futana to 3.26 children born per woman in Tonga (CIA 2016f, 2016h). Birth rates range from 13.33 children born for every 1,000 people in New Zealand to 23.74 children born per 1,000 people in Tuvalu (CIA 2016d, 2016g). Maternal mortality rates range from 11 deaths per 100,000 live births in New Zealand to 124 deaths per 100,000 live births in Tonga (CIA 2016d, 2016f). WHO (2014a) reported no maternal deaths in Niue from 1999 to 2010. Infant mortality ranges from 4.43 deaths per 1,000 live births in Wallis and Futana to 19.57 deaths per 1,000 live births in Samoa (CIA 2016e, 2016h). The 2007 contraceptive prevalence rate in Tuvalu was 30.5 percent (CIA 2016g) and 29 percent in Samoa in 2012 (WHO 2013).

Diseases and Disorders

The prevalence of adult diabetes in the Pacific is among the highest in the world, ranging from 14 percent to 47 percent. Around 40 percent of the region's population has cardiovascular disease, diabetes, or hypertension, which account for 75 percent of all deaths and 40–60 percent of health care expenditures (WHO 2010). Health concerns were caused in part by a decrease in physical activity and a growing dependence on Western diets, which began in the early 20th century. Traditional foods (fresh seafood, meat, and local produce) have been replaced by higher calorie, lower nutritional value foods such as rice, sugar, flour, canned meats, canned produce, soft drinks, and beer. The ability to purchase imported foodstuffs is a sign of social status in many PICs. Polynesians who maintain a traditional diet benefit from lower rates of diabetes compared to those of Western populations. Physical activity has greatly decreased due to increases in technology and civil service employment (WHO 2003).

Employment

Throughout Polynesia, there is traditional gendered division of labor; men are responsible for fishing, construction, and protection of the family, and women are responsible for collecting and preparing food and for manufacturing household items. Agricultural responsibilities are typically shared. Modern types of employment are found in urban areas; yet, economic growth lags behind other developing regions at only 3 percent. This lag is largely due to small size, remoteness, and vulnerability to natural disasters (van Trotsenburg 2015).

Gender Disparities in Vocational Training and Professions

Gender disparities in education exist in many PICs. A higher percentage of males than females of the correct age are enrolled in primary and lower-secondary education. For postsecondary and vocational education, gender disparities are reflected through males or females being overrepresented in certain types of programs; males are overrepresented in maritime programs and females in teaching and nursing. Such disparities do not necessarily reflect inequality of opportunity, but rather social pressure to conform to cultural expectations of appropriate occupations for men and women. Such educational disparities directly impact the gender makeup of the workforce. PICS have more female than male teachers; however, the extent of this gap differs between countries and levels of education. Preprimary teachers are predominantly women; in Tonga and the Cook Islands, there are no male preprimary teachers. This gender gap remains, but it shrinks at the primary level and reverses at the lower-secondary level, where a higher percentage of teachers are male (UNESCO 2015).

There is a generalized lack of alignment between the supply of skills and the demand for them in Polynesia. A 2014 study analyzed labor market demand and skills gaps and shortages in several PICs. The results showed that, in most cases, a higher proportion of foreign workers possessed the required qualifications for higher-paying, professional jobs than national workers. This indicates disconnect between available vocational and tertiary educational training and formal labor market needs; in essence, many PICS must import workers to meet skilled and professional labor needs.

The informal sector is the dominant labor market of most PICs and is where most native Polynesians find work. Increasing the skill level of informal economy workers should increase employment, enabling workers to actively participate in the development of their communities (UNESCO 2015). More than half of Polynesians are under age 24. The number of youth of working age is expected to increase over the next decade. PICs will find it difficult to meet the growing demand by youth for gainful employment because of small, fragile economies and severely limited formal-sector employment (van Trotsenburg 2015), which could result in increased poverty levels or emigration.

Family Life

Many Polynesian societies traced ancestry through the male line (patrilineality). After marriage, couples generally

resided with the husband's extended family. Patrilineality was commonly utilized for determining ancestry, but it was not employed universally. If it were advantageous, Hawaiian descent could be traced through women (matrilineality). The method utilized for tracing lineage had consequences for inheritance, titles, and societal standing. In matrilineal societies, married couples lived with or near the wife's parents, often forming large multigenerational clan families. Many modern Polynesian societies are highly matricentric in their traditional jurisprudence (Hage 1998; Hage and Marck 2003; Marck 2008). Adoption was very common because it increased the flexibility of kinship. Adoption was viewed as accruing additional parents, not as replacing biological parents. Siblings and cousins frequently adopted one another's children, and grandparents often adopted grandchildren. Adopted children moved freely among all the households, often resulting in a large extended-family structure (Kahn et al. 2016).

Pregnancy and Childbirth

Pregnancy and childbirth in PICs are traditionally celebrated community events. While some of the traditional practices are changing (particularly in urban areas), many still exist. A woman's mother and other female elders are expected to teach the pregnant woman about healthy habits, traditions, and taboos related to taking care of herself and the baby (Kaipo 2016). Pregnant women are typically well cared for; family and neighbors often prepare special foods thought to promote easy labor or to help the baby grow large and strong. Maori believe that babies are aware during pregnancy and that keeping mothers calm promotes infant health and vitality; therefore, pregnant Maori are often given belly massages by their husbands or female relatives (Mothers Matter 2015a, 2015b). Pregnant women and new mothers are discouraged from performing housework or heavy labor. New mothers and babies often stay with the mother's family and are taken care of for up to several months. Breastfeeding is encouraged and common; infants are fed on demand, typically immediately after birth. Breastfeeding is believed to be contraceptive by many Polynesians (Queensland Health 2009).

Birth occurs at home or the hospital. Babies are usually delivered by women because modesty and humility are strong Polynesian values; it can be humiliating to have one's genitals exposed to a man other than the husband (Mothers Matter 2015a). Laboring Samoan women are forbidden from crying out in pain and may be slapped by

female family members if this is done. Laboring Tongan women have their hair washed because they may not wash it again for 30 days after delivery (Kaipo 2016). After birth, washing and massaging are common practices. In Niue, an elder performs such massages to cleanse the baby, discouraging any toxins. Samoan babies are massaged with blood from the umbilical cord and bathed after birth. Many Polynesians babies are frequently massaged with coconut oil, especially after bathing. Newly delivered mothers also typically bathe almost immediately. After giving birth, a Samoan woman's abdomen is bound with cloth, which will remain in place for a month and is believed to keep the uterus from falling down. Afterward, she will bathe and place a bowl of steaming water between her legs, allowing the steam to rise and cleanse the birth canal (Kaipo 2016; Queensland Health 2009).

Disposal of the afterbirth has great significance; the placenta must be disposed of properly to protect the newborn. Samoans may wrap the placenta in cloth and bury or burn it or throw it into the sea. Maori also either bury the placenta or throw it into the sea. In Niue, a family typically buries all afterbirth in the same place. In Tonga, the placenta is thrown into the ocean if the baby is a boy and is buried under a *Hiapo* or *pandanas* tree if it is a girl. These practices are believed to ensure boys will be good fishermen and girls will be good weavers or tapa makers (Kaipo 2016; Mothers Matter 2015a).

Politics

New Zealand and Tuvalu are members of the British Commonwealth, but they are both independent parliamentary democracies. The Queen of England is the official head of state, but each has an elected prime minister. Suffrage is universal at age 18 (CIA 2016d, 2016g). The Cook Islands, Niue, and Tokelau are dependent areas of New Zealand (CIA 2016d). French Polynesia and Wallis and Futana are overseas collectivities of France and not independent nations; the elected French president is the head of state. French Polynesia has an elected president, and Wallis and Futana has an elected president of the territorial assembly; each serves as the head of government.

American Samoa is a U.S. territory. The U.S. president is the chief executive; however, there is an elected governor (CIA 2016a). Tonga is an independent constitutional monarchy with a hereditary king as the head of state and a prime minister (appointed by the king from among the members of Parliament) as the head of the government;

suffrage is universal at 21 (CIA 2016f). Samoa is an independent parliamentary republic with an elected chieftain as the head of state and an elected prime minister as the head of the government; suffrage is universal at 21 (CIA 2016e).

Women's Movement in New Zealand

The Ministry for Women arose from developments in New Zealand's women's liberation movement, which surfaced in 1970 as part of a worldwide movement. New Zealand feminists demanded equitable opportunities for education and employment, equitable pay, free child care and contraception, and legalized abortion. The Women's Electoral Lobby (WEL) was formed in 1975 to increase the participation of women in politics and to help elect individuals dedicated to working for women's equality. Many of WEL's efforts were successful, and by the 1980s, the New Zealand government felt that women needed a formal cabinet-level voice. The Ministry of Women's Affairs (Ministry for Women as of 2014) was established by the government in 1984. The Ministry for Women is the only public-sector body specifically established to address the needs of women in New Zealand. The ministry addresses these needs by providing guidance and policy recommendations aimed at improving opportunities and outcomes for women, their families, and their communities overall. The Ministry of Women was the first public-sector body to establish a unit specifically to address the unique needs of the Maori (Ministry for Culture & Heritage 2016; Ministry for Women 2016).

LGBT Rights

Polynesia has diverse laws regarding LGBT individuals that range from granting significant rights to enforcing criminal penalties for homosexual activity. New Zealand, French Polynesia, and Wallis and Futana have legalized same-sex activity, civil unions and marriages, adoption by same-sex couples, LGBT individuals openly serving in the military, and antidiscrimination laws protecting sexual orientation and identity. Both French Polynesia and Wallis and Futana require medical and psychological diagnosis prior to and sterilization as part of gender reassignment (The Local 2015). No other PICs legally recognize same-sex civil unions or marriages. Male same-sex activity is illegal and punishable by prison or corporal punishment in the Cook Islands, Samoa, Tonga, and Tuvalu, although this is rarely enforced (Itaborahy and Zhu 2014).

Religious and Cultural Roles

European missionaries had significant influence in Polynesia, and today the majority of Polynesians identify as Christian. Modern Christianity in many PICs is heavily influenced by local traditions and cultures.

Traditional Religion

Many religious attributes were common over the Pacific region, specifically a shared creation story, deities, and daily religious tasks. The supernatural was part of the continuum of reality, not a separate category of experience. Spirits, deities, and ancestors were seen as part of daily life and were feared and revered; great care was taken not to offend them. The spirits of the dead dwelt in an underworld, although there was no notion of judgment. Major deities were personifications of nature and required worship, which could involve sacrifices (including human), chants and recitations, feasting, ritual sex, and other elaborate practices, often preceded by long fasting and abstinence. Creation stories told of a chaotic time when the world was formed in the sea by a creator deity or of the separation of the primal parents Sky-father and Earth-mother, followed by the formation of life (Elsmore 2016; Kahn et al. 2016).

Taboo

Polynesian religions held all things to be endowed with varying levels of sacred powers, or *mana*. *Mana* could be nullified, and many taboos were intended to prevent this nullification. Violations of taboo were believed to result in divine punishment, bad luck, or illness (Kahn et al. 2016). Taboos could be imposed by individuals possessing great *mana* (e.g., chiefs, priests). For example, if a chief's shadow was touched by a commoner, the chief's *mana* could only be repaired through that individual's death. This explains why it is bad manners to step over someone's legs, pass a hand over someone's head, or stand above a high-ranking person in many PICs; such actions are believed to injure *mana* (Kahn et al. 2016).

Common men possessed lesser *mana* and carefully protected it. When preparing for dangerous tasks, they purified themselves through eating or avoiding specific foods or entering into seclusion. Women had great *mana* due to their reproductive abilities. Multiple taboos were crafted to ensure both the protection of women's *mana* and the protection of *mana* of other people and objects from

women. In French Polynesia, taboo prohibited women from riding in canoes. It was believed that a woman's *mana* and the canoe's *mana* would compete; therefore, only in an emergency could this taboo be violated (Kahn et al. 2016). Traditionally, certain foods were forbidden to women; in Hawaii, hog, bird, turtle, and several species of fish flesh were reserved for deities and men and could rarely be eaten by women.

Mothers and newborns were considered taboo for a time after birth. Before marriage, women were *noa* ("common," the opposite of taboo) and could have as many sexual partners as desired; after marriage, they were taboo and had to remain monogamous (Frazer 2016). One of the strongest Polynesian taboos insulates menstruating women from male contact (Steiner 2004). Similar taboos exist in other cultures and have traditionally been considered oppressive to women. However, some anthropologists believe menstruation taboos are protective of and empowering to women (Buckley and Gottlieb 1988). Where menstrual taboos retain their traditional force, a menstruating woman is to be respected without question. Her taboo is a part of herself, her ritual potency, and is inseparable from her flesh and blood (Durkheim and Ellis 1963).

Penalties for violating taboos could be religious or civil. Religious penalties were believed to be inflicted by offended deities or spirits. Civil penalties were imposed by society and varied from death (Hawaii) to judicial robbery (New Zealand). When a New Zealand taboo was broken, friends and neighbors would rob the offender of his or her possessions.

Taboo could often be removed through various ceremonies. In New Zealand, a taboo could be removed by taking food or drink from the hand of a child or grandchild, although the child was then tabooed for the remainder of the day. Taboo could be removed from newborns by consecrating them with potato or fern root cooked over a ceremonial fire (Frazer 2016). Taboos varied, but they were powerful societal and religious influences; some are still practiced. In 2006, the king of Tonga died, and it was taboo to touch the king. The 40 undertakers who prepared his body were prohibited from using their hands for three months. The undertakers, or *nima tapu* ("sacred hands"), were housed in a special residence and fed by hand and cared for during the 100-day mourning period. Three centuries ago, *nima tapu* would have been strangled or had their hands severed after taking part in a royal funeral (UPI News Source 2006).

Influence of Christianity

European Christian missionaries (late 18th to early 19th century) strove to replace local Polynesian culture and traditional customs by spreading the Christian faith. Sacred places were replaced by Christian churches, and local deities and practices were condemned or outlawed. Western influence quickly transformed the lives of Polynesians (Elsmore 2016). More than half of New Zealanders identify as Christian, although only 15 percent regularly attend church. New Zealand has no officially established church, and freedom of religion is protected. A recent significant increase in non-Christian immigration into the country is changing the religious makeup of the population; Sikh, Hinduism, Buddhism, Islam, and Spiritualism makeup the most significant minority religions (Immigration New Zealand 2013).

Tongans are overwhelmingly Christian and ardent churchgoers; churches function as spiritual and social hubs. Sunday is a strict Sabbath, dictated by the constitution, and no trade is permitted. The Tongan king and royal family are members of the Free Wesleyan Church, as is 35.5 percent of the population. The Latter-day Saints make up 18 percent of the population, Roman Catholic 15 percent, and the Free Church of Tonga 11.5 percent, according to the 2011 census. The largest non-Christian faith is Baha'i. The constitution protects the freedom of religion, and this right is generally respected (Tonga Department of Statistics 2011). Samoans are almost all Christian (98%), with the Congregational Church of Samoa representing 31.8 percent, Roman Catholic 19.4 percent, and Latter-day Saints 15.1 percent of Christians. The constitution provides for the right to choose, practice, and change the religion of one's choice, and legal protections exist to prevent religious discrimination (U.S. Department of State 2012).

Issues

Polynesia is a region of coral atolls and volcanic islands spread across a vast swath of the Pacific Ocean. Home to less than 1 percent of the global population, their unique environment provides important ocean resources. The many issues PICs face are as diverse as each island's rich culture and history.

Climate Change

Historically, Polynesia has experienced numerous, unpredictable natural disasters and environmental changes, which is why Polynesians have developed cultural

resilience strategies. During the last century, Polynesia has experienced increased temperatures, rising sea levels, coral bleaching, increases in coastal flooding, shoreline erosion, and increased tropical storm frequency. Warming and sea-level rise are expected to accelerate, which could cause profound environmental, societal, and developmental changes within the region. These environmental changes may be related to the increasing pace of globalization and the growing populations' demand on limited resources. Due to the long cultural history of dealing with environmental change and disaster, Polynesians' awareness of climate change and commitment to crafting adaptation agendas is slow to emerge (Nunn 2012).

Eight of the top 20 countries in the world in terms of annual losses caused by natural disasters are PICs; Tonga is one of the two most vulnerable nations. The average annual cost of natural disasters to small PICs is equal to almost 2 percent of the gross domestic product (GDP) and has reached as great as 20–30 percent of GDP in Tonga and Samoa. These vulnerabilities could increase due to global climate change, which has been correlated with sea-level rise and the increasing strength of tropical storms. Such environmental changes threaten even the existence of some low-lying island nations.

Some international groups, determined to aid PICs, have launched projects intended to mitigate such impacts of climate change. Because extreme weather events are expected to increase in size and frequency, the development of quick and effective responses to natural disasters is imperative. Tonga and Samoa have received emergency support in the wake of natural disasters (van Trotsenburg 2015). Some experts believe these efforts are insufficient and recommend the relocation of people to less vulnerable locations within the region be planned for and that regional agencies and governments promote and disseminate climate change information and adaptation strategies (Nunn 2012).

Samoan *Fa'afafine*

Samoa has a large third-gender community called *fa'afafine* ("in the manner of woman"). Tonga has a similar community referred to as *fakaleiti*, and in Hawaii, such individuals are called *mahu*. *Third gender* refers to individuals who are categorized by themselves or society as neither male nor female. *Fa'afafine* are biological males who express feminine gender identities (Schmidt 2001). The community is heterogeneous in the expression of feminine traits and behaviors; some "pass" as women in public, and others only

engage in intermittent feminine gender expressions (Bartlett and Vasey 2006). *Fa'afafine* are typically identified at an early age for their propensity for traditionally female tasks; their gender is largely defined by their labor contribution to the family (Schmidt 2001). Samoan parents seldom ridicule or display displeasure toward a *fa'afafine* child. Only 20 percent of parents admitted to attempting to stop a *fa'afafine* son from engaging in feminine behaviors. Some *fa'afafine* reported believing they were female until young adulthood (Bartlett and Vasey 2006). Parents with no daughters may raise a son as *fa'afafine* to ensure a caregiver for their old age or because there are not enough women to complete necessary housework. As a result, *fa'afafine* are traditionally respected for their contributions to families (Goodness 2012).

Fa'afafine engage in sexual relationships with masculine "straight" men with relatively few exceptions; however, referring to *fa'afafine* as homosexual, transgender, or drag queens would be incorrectly applying Western cultural labels to this group. In Samoa "straight" men self-identify as male and are masculine in their gender presentation; such individuals may have male and female sexual partners and yet not identify as gay or bisexual. Many *fa'afafine* adamantly assert that "gays" do not exist in Samoa (Bartlett and Vasey 2006).

Recently, Samoa has experienced a growing homophobia, likely related to Western cultural influences and the changing constructions and expressions of some *fa'afafine*. Traditional Samoan village life is declining, and as people move to urban settings, gender is becoming less identified by work and more by sexuality. Traditionally, village *fa'afafine* were thought of simply as feminine boys, but modern urban *fa'afafine* are beginning to develop more sexualized identities. Some who originally considered themselves *fa'afafine* now consciously identify as gay (Schmidt 2001).

AMANDA L. ESPENSCHIED-REILLY

Further Resources

- Bartlett, Nancy, and Paul Vasey. 2006. "A Retrospective Study of Childhood Gender: Atypical Behavior in Samoan Fa'afafine." *Archives of Sexual Behavior* 35: 659–666.
- Buckley, Thomas, and Alma Gottlieb. 1988. *Blood Magic: The Anthropology of Menstruation*. Los Angeles: University of California Press.
- CIA (Central Intelligence Agency). 2016a. "American Samoa." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/aq.html>.
- CIA (Central Intelligence Agency). 2016b. "Cook Islands." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/cw.html>.

- CIA (Central Intelligence Agency). 2016c. "French Polynesia." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/fp.html>.
- CIA (Central Intelligence Agency). 2016d. "New Zealand." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/nz.html>.
- CIA (Central Intelligence Agency). 2016e. "Samoa." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/ws.html>.
- CIA (Central Intelligence Agency). 2016f. "Tonga." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/tn.html>.
- CIA (Central Intelligence Agency). 2016g. "Tuvalu." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/tv.html>.
- CIA (Central Intelligence Agency). 2016h. "Wallis and Futana." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/wf.html>.
- Cormier, Loretta, Sharyn Jones, Christel Carlisle, Courtney Andrews, Caitlin Aamodt, Anna McCown, Mallory Messersmith, et al. 2012. "A Case Study of Metabolic Syndrome without Hypertension in a Fijian Coastal Fishing Village." *Journal of Human Ecology* 39(2): 115–123.
- Cummings, Jacqueline, Janet McDonald, Colin Barr, Greg Martin, Zac Gerring, and Jacob Daube. 2014. "New Zealand: Health System Review." *Health Systems in Transition* 4(2): 1–244.
- Curtis, Michael. 2004. "The Obesity Epidemic in the Pacific Islands." *Journal of Development and Social Transformation* 1: 37–42.
- Diamond, Jared. 2003. "The Double Puzzle of Diabetes." *Nature* 423: 599–602.
- Durkheim, Emile, and Albert Ellis. 1963. *Incest: The Nature and Origin of the Taboo, Together with the Origins and the Development of the Incest Taboo*. New York: Lyle Stuart.
- The Editors of Encyclopædia Britannica. 2016. "Lapita Culture." *Encyclopædia Britannica*. Retrieved from <http://www.britannica.com/topic/Lapita-culture>.
- Elsmore, Bronwyn. 2016. "General Essay of the Religions of Polynesia." Overview of World Religions, University of Cumbria. Retrieved from <http://www.philtar.ac.uk/encyclopedia/poly/geness.html>.
- Frazer, James George. 2016. "Taboo, Tabu." *Encyclopedia Britannica*, 9th and 10th eds. Retrieved from <http://www.britannica.com/T/TAB/taboo.html>.
- Goodness, Patrick. 2012. "Polynesian Culture: The Interesting, Taboo, and the Bizarre." The Goodness Company, October 18. Retrieved from <https://prezi.com/scg9vuw0y8/polynesian-culture-the-interesting-taboo-and-the-bizarre>.
- Hage, Per. 1998. "Was Proto-Oceanic Society Matrilineal?" *Journal of Polynesian Society* 107: 365–379.
- Hage, Per, and Jeff Marck. 2003. "Matrilineality and the Melanesian Origin of Polynesian Y Chromosomes." *Current Anthropology* 44: S121–S127.
- Handwerk, Brian. 2008. "Polynesians Descended from Taiwanese, Other East Asians." *National Geographic News*, January

17. Retrieved from <http://news.nationalgeographic.com/news/2008/01/080117-polynesian-taiwan.html>.
- Hartney, Laura. 2015. "List of the Islands of Polynesia." BellaOnline. Retrieved from <http://www.bellaonline.com/articles/art21528.asp>.
- Immigration New Zealand. 2013. "What Religions Are Most Prevalent in New Zealand?" Retrieved from <http://dol.govt.nz/immigration/knowledgebase/item/2952>.
- Itaborahy, Lucas Paoli, and Jingshu Zhu. 2014. *State-Sponsored Homophobia: A World Survey of Laws: Criminalisation, Protection and Recognition of Same-Sex Love*. International Lesbian Gay Bisexual Trans and Intersex Association (ILGA). Retrieved from http://old.ilga.org/Statehomophobia/ILGA_SSHR_2014_Eng.pdf.
- Kahn, Miriam, Robert C. Kiste, Robert Carl Suggs, Elizabeth Prine Pauls, Gaurav Shukla, Kathleen Kuiper, Surabhi Sinha et al. 2016. "Polynesian Culture." *Encyclopædia Britannica*. Retrieved from <http://www.britannica.com/place/Polynesia>.
- Kaipō, Allana. 2016. "Our Beliefs." Retrieved from <http://spasifikmag.com/issue45babyandchild/ourbeliefs>.
- Levine, Victor. 2013. *Education in Pacific Island States: Reflections on the Failure of "Grand Remedies"*. Pacific Islands Policy series, Issue 8. Honolulu, HI: East-West Center. Retrieved from <http://www.eastwestcenter.org/sites/default/files/private/pip008.pdf>.
- The Local. 2015. "Sex-Change Sterilization Slammed as 'Degrading.'" Retrieved from <http://www.thelocal.fr/20150512/france-ok-for-gays-but-sex-change-rules-appalling>.
- Marck, Jeff. 2008. "Proto Oceanic Society Was Matrilineal." *Journal of Polynesian Society* 117: 345–382.
- Mead, Margaret. 1928. *Coming of Age in Samoa*. New York: HarperCollins.
- Ministry for Culture & Heritage. 2016. "Story: Women's Movement." Retrieved from <http://www.teara.govt.nz/en/womens-movement/page-1>.
- Ministry for Women. 2016 "Ministry for Women." Retrieved from <http://women.govt.nz/new-zealand-women/history/ministry>.
- Mothers Matter. 2015a. "Maori." Retrieved from <http://www.mothersmatter.co.nz/Culture/Maori.asp>.
- Mothers Matter. 2015b. "Pasifika." Retrieved from <http://www.mothersmatter.co.nz/Culture/Pasifika.asp>.
- New World Encyclopedia. 2015. "Polynesia." *New World Encyclopedia*. Retrieved from <http://www.newworldencyclopedia.org/entry/Polynesia>.
- Nunn, Patrick D. 2012. *Climate Change and Pacific Island Countries*. Asia-Pacific Human Development Report Background Papers Series 2012/07. UN Development Programme (UNDP). Retrieved from <http://www.unclearn.org/sites/default/files/inventory/undp303.pdf>.
- Oppenheimer, Stephen, and Martin Richards. 2001. "Fast Trains, Slow Boats, and the Ancestry of the Polynesian Islanders." *Science Progress* 84: 157–181.
- Pollack, Nancy. 1992. *These Roots Remain: Food Habits in Islands of Central and Eastern Pacific Since Western Contact*. Honolulu: University of Hawaii Press.
- Queensland Health. 2009. "Samoan Ethnicity and Background." Retrieved from https://www.health.qld.gov.au/multicultural/health_workers/samoan-preg-prof.pdf.
- Ragogo, Matelita. 2004. "How Teenage Pregnancy Affects Teenagers." Retrieved from http://www.unicef.org/pacificislands/1849_2919.html.
- Reade, Jessica. 2013. "Imported Foods, Obesity, and Health in French Polynesia." *Atlas for Sustainability in Polynesian Island Cultures and Ecosystems*, Sea Education Association. Sea Education Association, Woods Hole, MA. Retrieved from http://www.sea.edu/spice_atlas/food_atlas/imported_foods_obesity_and_health_in_french_polynesia.
- Ringrose, Helen, and P. Zimmet. 1979. "Nutrient Intakes in an Urbanized Micronesian Population with a High Diabetes Prevalence." *American Journal of Clinical Nutrition* 32: 1334–1341.
- Schmidt, Johanna. 2001. "Redefining Fa'afafine: Western Discourse and the Construction of Transgenderism in Samoa." *Intersections: Gender, History, and Culture in the Asian Context* 6. Retrieved from <http://intersections.anu.edu.au/issue6/schmidt.html#n26>.
- Senthilingam, M. 2015. "How Paradise Became the Fattest Place in the World." Retrieved from <http://www.cnn.com/2015/05/01/health/pacific-islands-obesity/index.html>.
- Statistics New Zealand. 2003. "Teenage Fertility in New Zealand." Retrieved from http://www.stats.govt.nz/browse_for_stats/population/births/teenage-fertility-in-nz.aspx.
- Steiner, Franz. 2004. *Taboo*. London: Routledge.
- Tonga Department of Statistics. 2011. "Census 2011." Retrieved from <http://tonga.prism.spc.int/index.php/census-population#census-2011>.
- UNDP (UN Development Programme). 2015a. "New Zealand." *Human Development Report 2016*. Retrieved from http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/NZL.pdf.
- UNDP (UN Development Programme). 2015b. "Samoa." *Human Development Report 2016*. Retrieved from http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/WSM.pdf.
- UNDP (UN Development Programme). "Tonga." 2015c. *Human Development Report 2016*. Retrieved from http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/TON.pdf.
- UNESCO. 2015. *Pacific Education for All 2015 Review*. Paris, France: UNESCO. Retrieved from <http://unesdoc.unesco.org/images/0024/002432/243250E.pdf>.
- UNFPA (UN Population Fund). 2013. *I Am Not a Lost Cause!: Young Women's Empowerment and Teenage Pregnancy in the Pacific*. Retrieved from <http://countryoffice.unfpa.org/pacific/drive/UNFPASWOPPacificSupplementIamNotaLostCauseLR5final.pdf>.
- UNICEF; Secretariat of the Pacific Community, Noumea; and UN Population Fund (UNFPA). 2005. *The State of the Pacific Youth Report 2005*. Retrieved from http://www.unicef.org/eapro/State_of_Pacific_youth_2005_FINAL.pdf.
- UNICEF; Secretariat of the Pacific Community, Noumea; and UN Population Fund (UNFPA). 2011. *The State of the Pacific Youth Report 2005*. Retrieved from https://www.unicef.org/pacificislands/State_of_the_Pacific_Youth_Report_web.pdf.

- UPI News Source. 2006. "Tongan Royal Undertakers to Be Released." Retrieved from <http://www.realitytvworld.com/news/tongan-royal-undertakers-be-released-1011045.php>.
- U.S. Department of State. 2012. "Samoa." Retrieved from <http://www.state.gov/j/drl/rls/irf/religiousfreedom/index.htm?year=2012&dlid=208262>.
- van Trotsenburg, Axel. 2015. "Pacific Connected: A Regional Approach to Development Challenges Facing Island Nations." *East Asia & Pacific on the Rise* (blog), February 22. Retrieved from <http://blogs.worldbank.org/eastasiapacific/pacific-connected-regional-approach-development-challenges-facing-island-nations>.
- WEF (World Economic Forum). 2016. "New Zealand." Retrieved from <http://reports.weforum.org/global-gender-gap-report-2014/economies/#economy=NZL>.
- WHO (World Health Organization). 2003. *Diet, Food Supply, and Obesity in the Pacific*. Retrieved from http://www.wpro.who.int/publications/docs/diet_food_supply_obesity.pdf.
- WHO (World Health Organization). 2010. "Pacific Islanders Pay the Heavy Price for Abandoning Traditional Diet." Retrieved from <http://www.who.int/bulletin/volumes/88/7/10-010710/en>.
- WHO (World Health Organization). 2012. "WHO Country Cooperation Strategy for Samoa 2013–2017." Retrieved from http://www.who.int/countryfocus/cooperation_strategy/ccs_wsm_en.pdf?ua=1.
- WHO (World Health Organization). 2013. "Samoa" Retrieved from http://apps.who.int/iris/bitstream/10665/136834/1/ccs_brief_wsm_en.pdf.
- WHO (World Health Organization). 2014a. "Niue." Retrieved from http://www.who.int/countryfocus/cooperation_strategy/ccs_brief_niu_en.pdf?ua=1.
- WHO (World Health Organization). 2014b. "Tonga." Retrieved from http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_ton_en.pdf?ua=1.
- WHO (World Health Organization). 2014c. "Tuvalu." Retrieved from http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_tuv_en.pdf?ua=1.

S

Singapore

Overview of Country

Singapore is the world's only island city-state. It is located at the southernmost tip of continental Asia, at the end of the Malayan Peninsula, between Malaysia and Indonesia. The country is roughly 278 square miles in size, comprising a diamond-shaped main island and more than 60 small islets. Owing to its small size, it is often depicted on world maps as a red dot and hence enjoys the nickname "Little Red Dot."

Sir Stamford Raffles is credited as the father of modern Singapore for establishing it as a trading post of the East India Company in 1819. After the collapse of the East India Company, Singapore was ceded to Great Britain, and in 1826, it became part of its Straits Settlements. Singapore was occupied by Japan during World War II, from 1942 to 1945. It gained independence from Great Britain in 1963 and united with other former British territories to form Malaysia. But disputes due to differing political ideologies resulted in Singapore's separation from Malaysia, and Singapore became an independent republic on August 9, 1965.

Despite its small size, a lack of natural resources, and the turbulence in the initial years following its independence, Singapore developed rapidly through the 1960s and 1970s and today is looked upon as a major commerce, finance, and transport hub in Asia with a stable political

and transparent legal environment. It has been ranked first worldwide for "the ease of doing business" by the World Bank for the last 10 consecutive years. In 2015, Singapore was ranked 9th in the world in the Rule of Law Index by the World Justice Project.

In June 2015, the population of Singapore was around 5.54 million, consisting of 3.38 million Singapore citizens, 0.53 million permanent residents, and 1.63 million non-residents (which refers to foreigners who are working, studying, or living in Singapore but do not have a permanent residency status). The population is multiethnic, consisting of 74.3 percent Chinese, 13.3 percent Malays, 9.1 percent Indians, and 3.3 percent of other ethnicities. The sex ratio among residents (which includes only Singapore citizens and permanent residents) was 965 males per 1,000 females in 2015 (Department of Statistics 2015a).

Singapore has made significant strides in the area of women's equality and empowerment since its independence. In 2013, the UN Development Programme (UNDP) ranked Singapore 13th out of 188 nations based on the Gender Inequality Index (GII; 0.088).

At present, women enjoy strong legal protection under the Singapore Constitution as well as in such legislation as the Employment Act, the Women's Charter, the Penal Code, the Protection from Harassment Act, and the Prevention of Human Trafficking Act. Having said that, there are also some areas where the status and protection of women may not be considered entirely satisfactory.

Girls and Teens

Girls and teenagers under the age of 20 comprise approximately 20 percent of the female population as of June 2015.

Labor

Singapore ratified the Convention on the Rights of the Child in 1995. Child labor is prohibited in Singapore. A child must be at least 13 years old to be legally employed. Children between 13 and 15 years of age are only permitted to undertake light duties suited to their capacity in non-industrial settings. For instance, this may include serving drinks in a cafeteria. A child who is 13 or older may work in an industrial setting in which only members of the same family are employed, for example, in family-run shops.

Children between the age of 15 and 16 years may work in industrial settings, provided the employers appropriately notify the commissioner for labor at the Ministry of Manpower and submit a medical report certifying the child's fitness for the work. Further, there are also time restrictions on the working hours of children. Children under the age of 16 cannot work between 11:00 p.m. and 6:00 a.m. Children under 15 years old who are still attending school may only work six hours per day. Children in the age group of 15 and 16 who are still attending school are only permitted to work seven hours per day, except where the children are working in government-approved apprenticeships.

The Ministry of Manpower effectively enforces laws and regulations in relation to child labor. Based on statistics made available by the Ministry of Social and Family Development in 2013, there have been no cases charged for child labor under the employment legislations since 1990.

Having said that, some social workers have reported that the problem of child labor does exist in the country, and some children do have to work to help support their families. Poverty is recognized as one of the main causes for such child labor, with most of such working children coming from low socioeconomic status or ethnic minority communities. These children typically work in low-technology sectors, mainly where there is a need for manual labor.

Sex Education

Sex education is imparted to students from primary school to junior college. The Ministry of Education administers a framework for sex education for children covering the physical, emotional, social, and ethical dimensions of

a person's sexuality. The framework emphasizes quality parent-child communication at home, supportive school leadership, and partnerships with relevant expertise from the community. All schools are required to provide sexuality education to their students aligned with the framework developed by the Ministry of Education.

The sex education curriculum developed by the ministry is holistic and secular and is aimed at students' needs at the different stages of development. The five main themes of sex education are human development, interpersonal relationships, sexual health, sexual behavior, and culture, society, and the law (Ministry of Education, 2016).

Incidences of teenage sex are not infrequent. Social workers are of the view that the early onset of puberty and easy access to sexual materials and information online may be some of the factors responsible for teenagers starting to have sex at the ages of 12 or 13 years as compared to 15 or 16 years a decade ago. Under local laws, sex with a girl under 16 years old, even if she gives her consent, is a criminal offence. Statistics from state courts show a steady number of cases of sex with a minor; 76 cases were reported in 2014.

Teenage pregnancies are another concern in Singapore. According to a report published by the registry of births and deaths in 2015, 341 live births were born to teenagers aged 19 and below. This was a reduction of 16 percent compared with 406 in 2014 (ICA 2015). Though there has been a reduction in the number of teenage pregnancies, it is believed that the reduction is attributable to more teenagers using contraceptives or opting for abortions rather than teenagers abstaining from sex. Abortion is legal in Singapore up to the 24th week. It is noteworthy that parental consent is not needed before a teenager is allowed to have an abortion, although teenage mothers below the age of 16 have to undergo mandatory counseling prescribed by the health promotion board before initiating the abortion procedures.

Girls with Disabilities

Singapore ratified the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1995 and the UN Convention on the Rights of Persons with Disabilities in 2013. The government has taken some steps to improve the lives of people with disabilities. For example, there are laws to safeguard the interests of people with an intellectual disability. New buildings need to conform to requirements for assisting people with different disabilities. Further, the deceased parents' monies are used

for taking care of the financial needs of disabled children. In addition, social outreach and awareness programs are conducted to encourage public perception and positive attitudes toward people with impairments.

In this context, it is worth mentioning that there have been a few persons with disabilities who have achieved a name for themselves in society. One such girl is Yip Pin Xiu, also called “Pin Xiu the golden girl,” a 16-year-old girl suffering from muscular dystrophy who went on to become the first athlete from Singapore to win a gold medal in the 50-meter backstroke in the 13th Paralympic Games in Beijing in 2008.

Child Marriage

The Woman’s Charter regulates the rights of girls and women (excluding Muslims who are governed by the Administration of Muslim Law Act), including in relation to marriage and divorce. The Women’s Charter prohibits child marriage by voiding marriages of persons below the age of 18. The minister is empowered to make an exception to this rule and grant a special marriage license if appropriate consent is obtained from the girl’s parents, guardians, or the court and it can be demonstrated that, among other things, there is no lawful impediment to the proposed marriage. The Women’s Charter also maintains that any person having a carnal connection with a girl under the age of 16, except by way of marriage, is guilty of an offense. The Penal Code makes it an offense of statutory rape if a man has sexual intercourse with a girl, even with her consent, if she is under 14 years of age.

The Administration of Muslim Law Act states that no marriage shall be solemnized if either party is below the age of 16 years, except in special circumstances; the girl must have also attained the age of puberty.

Based on available statistics for 2015, marriages under the Women’s Charter involving grooms and brides under 21 years old (i.e., minors) remained uncommon: 0.2 percent of grooms and 1.1 percent of brides marrying under the Women’s Charter were below 21 years of age. For Muslims, it was 1.5 percent of grooms and 4.2 percent of brides, which was a significant decline from the figures in 2005 (Department of Statistics 2015).

Education

Literacy

It is compulsory for children of primary school age to attend school (excepting those with disabilities). It is also a

criminal offense for parents to fail to enroll their children in school. Exemptions exist for homeschooling or attending full-time religious institutions. In these cases, parents must apply for an exemption from the Ministry of Education and meet certain educational benchmarks. As of 2015, the literacy rate among residents aged 15 years and above was 96.8 percent. The literacy rate among resident males aged 15 years and above was 98.6 percent, and among resident females, it was about 95.2 percent. The percentage of females aged 25 years and above with secondary or higher qualifications was 68.3 percent and those not attending school as full-time students was 10.3 percent.

The education system consists of the following levels: (1) Preschool (4–6 years old) and then primary education starting at age 6 and progressing through a 4-year foundation stage of primary 1–4. It is followed by a 2-year orientation stage of primary 5–6, which provides students with a foundation in English language, native language, and mathematics. (2) For secondary education, students are placed in an “Express” or “Normal” (academic or technical) course, according to their examination results after primary school. The different curricular materials are designed to match the learning abilities and interests of the respective students. (3) Pre-university helps to prepare students for the GCE A-level examination at the end of the two-year junior college or three-year centralized institute course. (4) University is the last level.

In 2014, around 56 percent of females in the age group of 25–29 years held a university degree, and 23 percent had a diploma and professional qualifications. Only a mere 3.7 percent in this age group had below a secondary education.

Sports

Physical education is a compulsory nonexaminable course in the education system. This has encouraged a number of girls and women to take an active part in a variety of sports, including such sports that are traditionally considered men’s sports. For instance, Singapore’s first-ever female windsurfer Audrey Yong, also a 2015 SEA Games gold medalist, represented the country at the 2016 Rio Olympics.

The government has planned to take several steps in the coming years to promote sports as a lifestyle habit. Existing facilities will be rejuvenated, and new sports facilities will be built in the coming years at regional, town, and neighborhood levels to allow people access to sports and recreational facilities within a 10-minute walk of their homes.

Health

Access to Health Care

The Singapore government has invested much effort in promoting healthy living and preventive health programs as well as maintaining high standards of living, clean water, and hygiene to achieve better health for all. In addition to granting women equal access to health care resources, Singapore has paid special attention to women's health care needs. One example of this is the provision of subsidized screenings for breast and cervical cancer.

Early Onset of Puberty

In recent years, an increasing trend of more girls growing breasts or pubic hair around the ages of six or seven has been reported. While no specific research has been conducted to ascertain the cause for the pattern, doctors have noticed a link between weight and the early onset of puberty. It is estimated that the phenomenon affects between 3 percent and 5 percent of young girls.

This issue is increasingly becoming a matter of concern in view of associated potential mental and physical health risks. For example, girls experiencing an early onset of puberty are likely to begin their growth spurts early and stop growing by the age of 12 or 13 instead of the normal growth until 16. Early onset of puberty results in longer lifetime exposure to the hormones estrogen and progesterone, which are known to feed some tumors and slightly increase the risk of breast cancer. In addition, there may be behavioral changes and social consequences associated with young girls' hormonal and bodily changes.

Tobacco Use

The smoking prevalence among Singaporean women is among the lowest in the world. Based on available statistics, the percentage of female smokers in the age group of 18–29 years who smoke daily was 6.5 percent in 2013. The most common form of tobacco product in Singapore is cigarettes, followed by cigars, roll-your-own cigarettes, and *shisha* smoking (which is smoking from a water pipe with partially burned flavored tobacco).

Maternal Health

The death of a mother during childbirth is relatively rare in Singapore. In the *State of the World's Mothers 2015* report, published by Save the Children, based on statistics on the health of mothers, Singapore ranked 14th out of 179

countries. It was reported that the lifetime risk of maternal death is only 1 in 13,900 (Mother's Index 2015). The rate is so low because obstetricians in Singapore are equipped to identify and appropriately treat mothers who are at risk of maternal death during pregnancy or at the time of childbirth and improved antenatal care is available at Singapore hospitals.

Postpartum depression is prevalent among a significant number of new mothers. Research suggests that around 8 percent of new mothers develop postnatal depression; however, it is believed that there may be more who do not get diagnosed and treated.

Breastfeeding initiation is high among new mothers in view of the widespread awareness of the benefits of breastfeeding for the baby. In a study conducted in 2013, it was found that 96 percent of new mothers left the hospital breastfeeding, with 50 percent of infants being exclusively breastfed. After 2 months, 80 percent of the mothers were still breastfeeding, with around 28 percent exclusively breastfeeding. At 6 months, around 42 percent of the infants were receiving some breast milk, and only 1 percent were exclusively breastfed. The most common reasons for stopping breastfeeding were the inability to supply enough breast milk, the need to return to work, and the baby not being able to suck well.

To overcome these breastfeeding barriers, a number of initiatives are currently working in Singapore. Some hospitals have initiatives that provide training to all maternity ward staff and provide breastfeeding counseling and consultation to mothers. Further, employers are encouraged to support their female employees to continue to breastfeed after returning to work.

Diseases and Disorders

In view of advancements in health care facilities and the ease of access to them, the life expectancy of Singapore residents has continued to rise. According to the Department of Statistics, "a girl born in 2014 is expected to live an average of 84.9 years, longer than 80.5 years for a boy born in the same year. At age 65 years, females could expect to live another 22.2 years, longer than 19 years for males" (Department of Statistics 2015).

Heart disease and stroke combined is the number one cause of death for women. The top five leading cancers for females during 2010–2014 were breast, colorectum, lung, corpus uteri, and ovarian cancer. Since 2010, doctors have also reported that the number of local women who seek

medical attention for sexual health issues has increased 500 percent.

Employment

Women comprise a sizeable portion of the participating labor force in Singapore. The *Yearbook of Statistics Singapore 2016* reports that the female resident labor force participation rate in 2015 was 60.4 percent, compared to the male resident participation rate of 76.7 percent. This is an upward trend from 54.3 percent in 2006. One of the factors for this upward trend is believed to be the greater availability of flexible work arrangements for better work-life integration.

The majority of the participating female labor force was 25–39 years old: 89.7 percent of 25–29-year-olds, 83.9 percent of 30–34-year-olds, and 81.7 percent of 35–39-year-olds. The age group of 75 years and above saw the lowest participation rate, 5.5 percent, followed by the age group of 15–19 years, at 13.1 percent. Further, a majority of the female resident labor force were either single or married. There was also a reasonable portion of divorcees.

Typical Jobs and Careers

In 2015, women mainly worked in the services sector, with majority holding positions of associate professionals and technicians, followed by clerical support workers, professionals, and service and sales workers.

Discrimination and Income Disparity

Despite a positive upward trend in the employment rates of women, certain gender gaps are still believed to exist. For example, some women are still not paid the same as their male counterparts in the workplace. Based on information made available in the 2015 Labor Force Statistics, women earn less compared to men in all occupational categories except in clerical and support jobs.

Further, although the same number of women as men enters tertiary institutions, women typically quit working in their thirties due to child-rearing and caregiving responsibilities. The 2015 Labor Force Statistics reported that 184,700 female residents in the 25–54 age group were out of the labor force, of which 79.6 percent cited family responsibilities (housework, child care, and caregiving to family and relatives) as the main reason.

It must also be mentioned that although women are still underrepresented at senior management levels, there has

been improvement in recent years. The Diversity Action Committee reported that the number of directorships (board seats) held by women rose 10 percent to 448 in 2014 from 406 in 2013. In this regard, the media industry is notable, as it showed a significant 16 percent in women directorships, the highest representation of women on boards. For the remaining industries, female representation ranged between 6 percent and 11 percent. Further, 8.8 percent of companies listed on the Singapore exchange had women on their boards in 2014.

Maternity Leave

Working mothers are entitled to either 16 weeks of government-paid maternity leave or 12 weeks of maternity leave, depending on whether the child is a Singapore citizen and other criteria. It is also noteworthy that pursuant to a shared parental leave scheme, working fathers, including those self-employed, are permitted 1 week of their wife's paid maternity leave with her agreement and for utilization before the child is 12 months old. This scheme assists fathers in caring for and bonding with a newborn baby, and it also allows the new mother to rest.

Family Life

The Singapore government places significant emphasis on the value of a strong family life. In 2015, on the Chinese New Year, Prime Minister Lee Hsien Loong urged "Singaporeans not to overlook the importance of strong families and their role as the bedrock of Singapore society" (Straits Times 2015). The government has also taken several steps to foster familial ties among Singaporeans, for example, by introducing targeted housing grants that encourage three-generation families to stay close by, issuing incentives to couples to have more children, and launching support schemes for low-income elderly persons.

Marriage

The Women's Charter of 1961 regulates marriages among Singaporeans (excluding Muslim marriages, which are governed by the Administration of Muslim Law Act.) The Women's Charter makes polygamy illegal. It recognizes equal rights and duties of both husbands and wives in the management of the home and children and makes it mandatory for a husband to financially support his wife and children during marriage and after divorce. The Women's Charter entitles the divorced husband or wife to a share

of matrimonial assets and empowers a battered spouse to gain protection from the perpetrator. It also sets out punishment for offenses against women and girls.

For Muslims, Islamic law prevails over civil law in matters of marriage, divorce, guardianship, and inheritance. Muslim men are permitted to practice polygamy, and Muslim women do not have the benefit of all the rights and protections provided by the Women's Charter.

Based on available statistics, 28,322 marriages were registered in 2015 under the Women's Charter and the Administration of Muslim Law Act. In addition, there were 29 re-registered marriages (civil marriages that were contracted overseas or under religious and customary rites and were subsequently registered in Singapore). The general marriage rate for females was 41.1 marriages per 1,000 unmarried females aged 15–49 years, which was slightly higher when compared to 40.8 marriages in 2014. There was a shift toward later marriages. Among the total marriages, slightly over three-quarters were first marriages for the couple. The median age at first marriage for women was 28.2 years and 37.5 years at remarriage. In 38 percent of first marriages, the couples were of the same age or just a year apart. The median age of women was higher across all educational groups—secondary and below, post-secondary, and university (Department of Statistics, 2015).

In 2015, 21.5 percent of the total marriages were interethnic, up from 14.9 percent in 2005. An upward trend among grooms marrying brides with the same or higher educational qualifications has also been noticed.

Contraception

The use of contraceptives is common among women. The estimated contraceptive prevalence among married or in-union women aged 15–49 years in 2015 was 66 percent (United Nations 2015).

Divorce

There has been a very slight increase in the number of divorces in recent years. The divorce rate among females rose from 6.5 percent in 2014 to 6.6 percent in 2015. For female divorcees, 32.3 percent were aged 25–34 years, and 27.5 percent were aged 45 and over. The median age for female divorcees was 38.8. The median marriage duration for divorces was 10 years. In marriages under the Women's Charter, 59.9 percent of the female plaintiffs cited unreasonable behavior of the spouse as the main reason. Female plaintiffs accounted for 69.1 percent of the Muslim

divorces in 2015, and infidelity or extramarital affair of the spouse accounted as the primary reason.

Counselors have reported that a diminishing social stigma attached to divorce and a lack of tenacity to make things work out between the couple are some of the factors that have led to divorce. Further, it is believed that the level of marital satisfaction tends to drop as couples take on their new roles as parents and no longer feel as important in the marriage or feel they do not have enough support from their spouse.

The Woman's Charter also permits invalidation of marriage, or annulment. Annulment means that parties whose marriages have ended are conferred the status of never having been married. In 2015, 405 couples annulled their marriage under the Woman's Charter. The median duration of marriages was two years.

Household Roles and Responsibilities

The Women's Charter requires marriage partners to cooperate with each other in safeguarding the interests of the marital union and in taking care of the children. The running of the matrimonial household is the shared responsibility of the husband and wife, although it is not clear how the government will enforce this. As a result, women continue to bear more responsibility for housework and child care. This has become a double burden for working women in cases where couples cannot afford domestic help.

Pursuant to amendments passed to the Women's Charter in early 2016, a woman is also legally obliged to provide for her husband or ex-husband in cases where he is unable to work because of disability (physical or mental) or illness.

Fertility

Singapore struggles with one of the lowest fertility rates in the world. These rates are based on the average number of children that are born to a woman who completes her childbearing years. The government has actively pursued baby-making incentives for couples, including cash bonuses and grants, subsidizing the cost of fertility treatments, child care subsidies, and parenthood and child care leave. There were 33,793 Singaporean babies born in 2015. It is possibly the highest number of births since 2002. However, the number was below the replacement rate of 2.1 to maintain population levels.

The main reasons for a low fertility rate are women marrying late, worries about the high costs of raising kids, and

worries about the economy. As more women focus on their studies and careers, they delay marriage and parenthood plans. The median age of a first-time bride has changed from 23.1 in 1970 to 28.2 years in 2015. Those who marry after 30 are unlikely to have large families.

LGBT Rights

Singapore does not recognize marriages, civil unions, or domestic partnerships of same-sex couples. Postoperative transgender persons are allowed to marry a person of the opposite sex. The adoption of children by same-sex couples is not legal. There is a statutory ban on consenting adult men who want to have same-sex relations. There are no laws specifically protecting LGBT Singaporeans from discrimination. No statistics are available on how many LGBT people there are in Singapore or what percentage of the population they constitute.

Politics

Participation in Government

Women are underrepresented in the political leadership of the country. The first two women ever elected in Singapore were Mrs. Robert Eu and Ms. Amy Laycock, in 1949, into municipal councils, followed by Mrs. Elizabeth Choy and Mrs. Vilasini Menon into the Legislative Council in 1951. There are currently 22 women in Parliament out of a total of 92 seats, which makes it lower than the 30 percent threshold recommended by CEDAW.

In 2013, Madam Halimah Yacob was appointed as the first female Speaker of the Parliament. After the last general elections in September 2015, Grace Fu was appointed as the Culture, Community, and Youth Minister. She is the first female full minister to helm a ministry and the first woman to be appointed Leader of the House.

Judicial System

Women judges have served in the high court since 1991 with the appointment of Lai Siu Chiu as a judicial commissioner. This led to a change in the mode of address from the tradition “My Lord” to the gender neutral “Your Honor.” However, it was only in 2015 that Judicial Commissioner Hoo Sheau Peng became the first woman to hear criminal cases in the high court. Justice Judith Prakash has become the first woman to be appointed as a permanent judge of the Singapore Court of Appeal as of August 2016.

Women’s Associations, NGOs, and Nonprofits

There are many women’s rights organizations and non-profit organizations that work for the protection and advancement of girls and women. The Singapore Council of Women was formed in 1952 under the leadership of Shirin Fozdar and Zahara Noor Mohamed. The council fought for the advancement of women’s rights and was instrumental in ending the practice of polygamy.

The Singapore Council of Women’s Organizations was set up in 1978, and the Association of Women for Action and Research was founded in 1985. Both organizations are key advocates and guardians of women’s rights in Singapore. They are involved in lobbying for changes in legislation and research on various topical women’s issues. Kanwaljit Soin, Constance Singam, Claire Chiang, Braema Mathi and Anamah Tan are some of Singapore’s feminist voices that continue to be active.

Armed Forces

The Singapore Armed Forces (SAF) has been aggressively recruiting women over the last few years. The SAF recruited its first women combatants in 1986. There are currently about 1,500 uniformed women in the armed forces, which amounts to 7 percent of SAF. Every year, about 60 women join the army, and the highest recruitment in recent years was recorded at 140 in 2014. In 2015, Col. Gan Siow Huang became the first female brigadier general in SAF.

Religious and Cultural Roles

The role of women in religion in public space in Singapore is a simple yet effective example of how religion can play a transformative role in public life. The current Speaker of Parliament in Singapore, Madam Halimah Yacob, is a hijab-wearing Muslim. She comes across as fair and impartial, with a particular concern for those on the margins. She proposes no Islamic teaching in her public role. (Athyal 2015).

Issues

Domestic Labor, Housemaids, and Helpers

Many families employ female migrant domestic workers from Indonesia, the Philippines, China, Nepal, and Myanmar to take care of children and the elderly at home and to do domestic work. There is a lack of adequate protection of rights for such women. The long hours of work, lack of legal rights of domestic workers, and exploitative

recruitment systems make female migrant workers vulnerable to abuse. In a 2005 report by Human Rights Watch (HRW), almost two-thirds of workers surveyed were subject to various forms of physical and psychological abuse: for example, repatriation threats, constant name-calling, deprivation of food and sleep, forced confinement, violent beatings, scalding, sexual harassment, and assault. In 2014, 26 cases of abuse were registered in the local courts, which was a sharp increase from 14 cases in 2012.

Discriminatory policies also impact the reproductive health of migrant women. For instance, as a public health measure, all work pass holders are required to undertake regular pregnancy tests. Contrary to CEDAW obligations, pregnancy results in the termination of employment and subsequent deportation. The cost of abortion and fear of authorities being notified cause some domestic workers to access self-administered, dangerous abortion drugs. Fear of deportation combined with a total dependence on one's employer to cover all medical expenses also affect a worker's decision to report any abuse, let alone access reproductive and sexual health services.

Trafficking and Prostitution

Singapore is a destination country for women and young children from Bangladesh, Indonesia, the Philippines, Thailand, China, Sri Lanka, and Timor-Leste. Many of Singapore's labor force are vulnerable to trafficking; most victims willingly migrate for work in the construction, domestic service, performing arts, manufacturing, or service industries or in the sex trade. Social workers have found that many domestic workers from Cambodia and Burma, who experience language barriers and lack access to mobile phones, become isolated and vulnerable to trafficking.

Foreign women sometimes enter Singapore to work in the sex industry, but upon arrival, they are coerced into prostitution under the threat of serious harm, including financial harm. There are cases of child sex trafficking in Singapore, involving boys and girls, and cases of Singaporean men engaging in child sex tourism in other countries.

In September 2015, Singapore acceded to the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (UN TIP Protocol), and in January 2016, it ratified the ASEAN Convention against Trafficking in Persons, Especially Women and Children (ACTIP).

The domestic legislation, Prevention of Human Trafficking Act (PHTA), came into force on March 1, 2015. It

formally defines human trafficking for purposes of sex, labor, and organ removal and empowers specialist officers to investigate cases. First-time offenders of trafficking face a mandatory fine of up to \$100,000 and a jail term of up to 10 years, plus the possibility of up to six strokes of the cane. The law is transnational in nature, and anyone who facilitates the offense can be charged under it. It also provides for the victims to receive shelter, counseling, translation, and legal assistance. While legal cases against their traffickers are ongoing, victims will be allowed to continue working in Singapore.

Since the PHTA came into force, authorities have identified 33 victims and initiated 11 prosecutions in 4 cases. In February 2016, in the first case to be prosecuted under PHTA, a 25-year-old man was sentenced to 75 months in jail and fined SGD\$30,000 (close to USD\$22,000) for sexually exploiting at least two teenage girls and forcing them into prostitution.

MALOBICA BANERJI

Further Resources

- Athyal, Jesudas M., ed. 2015. *Religion in Southeast Asia: An Encyclopedia of Faiths and Cultures*. Santa Barbara, CA: ABC-CLIO.
- Chen, X. H., and N.G. Aplin. 2010. "When Girls Become Women: Sport Socialization in Singapore." Retrieved from https://repository.nie.edu.sg/bitstream/10497/16135/1/International%20Conference%20of%20Physical%20Education%20and%20Sports%20Science-2010-115_a.pdf.
- Chua, Lily, and Aye Mya Win. 2013. "Prevalence of Breastfeeding in Singapore." *Statistics Singapore Newsletter* (September): 10–14. Retrieved from <http://www.singstat.gov.sg/docs/default-source/default-document-library/publications/newsletter/archive/ssnsep2013.pdf>.
- The Complete Mother's Index. 2015. Retrieved from http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/SOWM_MOTHERS_INDEX.PDFD.
- Department of Statistics. 2015a. "Population Trends." Retrieved from http://www.singstat.gov.sg/docs/default-source/default-document-library/publications/publications_and_papers/population_and_population_structure/population2015.pdf.
- Department of Statistics. 2015b. "Statistics on Marriages and Divorces." Retrieved from http://www.singstat.gov.sg/docs/default-source/default-document-library/publications/publications_and_papers/marriages_and_divorces/smd2015.pdf.
- Diversity Action Committee. 2015. Improvement in the Number of Women Directors on SGX-Listed Companies' Boards in 2014, According to Diversity Action Committee." April 16. Retrieved from <http://www.diversityaction.sg/wp-content/uploads/2015/04/20150416-DAC-News-Rel-Improvement-in-no-of-women-directors-on-SGX-listcos.pdf>.
- ECPAT International and Sallie Yea. 2010. *Commercial Sexual Exploitation and Trafficking of Children and Young People in Singapore*. Bangkok, Thailand: ECPAT International.

- Retrieved from <http://www.unwomen-nc.org.sg/uploads/FINAL%20Singapore%20Research%20Report%2021%20June%202011.pdf>.
- ICA (Immigration & Checkpoints Authority). 2016. "Report on Registration of Births and Deaths 2015." Retrieved from <https://www.ica.gov.sg/data/resources/docs/Media%20Releases/SDB/2015%20Annual%20RBD%20Report.pdf>.
- Ministry of Education. 2015. "Sexuality Education." Retrieved from <https://www.moe.gov.sg/education/programmes/social-and-emotional-learning/sexuality-education>.
- Ministry of Manpower. 2015. "Employing Young Persons and Children." Retrieved from <http://www.mom.gov.sg/employment-practices/young-persons-and-children>.
- Ministry of Social and Family Development, Singapore. 2015. "Singapore's Demographic: Sex Ratio—Males to Females." Retrieved from <https://app.msf.gov.sg/Research-Room/Research-Statistics/Sex-Ratio-Males-to-Females>.
- Minyi, Chua. 2011. "Women, Work, and Choice Making in Singapore." Department of Sociology, National University of Singapore. Retrieved from http://www.scholarbank.nus.edu.sg/bitstream/handle/10635/29933/Thesis_November_FINAL.doc%20%5BCompatibility%20Mode%5D.pdf?sequence=1.
- Report: Labour Force in Singapore. 2015. Retrieved from <http://stats.mom.gov.sg/Pages/Labour-Force-In-Singapore-2015.aspx>.
- Thein, M. M., and L. G. Goh. 1991. "The Value of the Girl Child in Singapore." *Journal of Singapore Pediatric Society* 33.3–4: 107–116.
- U Family, Health Promotion Board. 2015. "Employer's Guide to Breastfeeding at the Workplace." Retrieved from http://ufamily.org.sg/wps/wcm/connect/6a656078-fbe2-460f-8917-ebea23c24166/NTUC_PLG_Employer+Guide_Final.pdf?MOD=AJPERES.
- UNDP (UN Development Programme). 2014. "Human Development Reports, Gender Inequality Index." Retrieved from <http://hdr.undp.org/en/composite/GII>.
- United Nations. 2015. "Trends in Contraceptive Use Worldwide." Retrieved from <http://www.un.org/en/development/desa/population/publications/pdf/family/trendsContraceptiveUse2015Report.pdf>.
- Yearbook of Statistics Singapore. 2016. Retrieved from http://www.singstat.gov.sg/docs/default-source/default-document-library/publications/publications_and_papers/reference/yearbook_2016/yos2016.pdf.

South Korea

Overview of Country

South Korea, also known as the Republic of Korea, is a country on the Korean Peninsula that is separated from

North Korea (also known as the Democratic Republic of Korea) by a heavily militarized border, the Korean Demilitarized Zone (DMZ). South Korea also borders the Korea Strait, the East China Sea, the Yellow Sea, and the Sea of Japan, also known as the East Sea. South Korea has nine provinces, which include Cheju-do, Chollabukto, Cholla-namdo, Ch'ungch'ong-bukto, Ch'ungch'ong-namdo, Kangwon-do, Kyonggi-do, Kyongsang-bukto, and Kyongsang-namdo. In addition, South Korea has seven metropolitan cities: Inch'on, Kwangju, Pusan, Seoul, Taegu, Taejon, and Ulsan.

South Korea is 37,421 square miles of land and 1,081 square miles of water. The majority of the land is mountainous. The lowest geographic point in South Korea is the Sea of Japan, at zero feet. The highest geographic point in South Korea is Mount Halla-san, at 6,398 feet. The main sources of water for the country are four major reservoirs, which include the Paldang, Mulguem, Daechong, and Juam reservoirs (WEPA n.d.). The largest city and the capitol of South Korea is Seoul.

While Korean is the official language of South Korea, English is generally exclusively taught in junior high school and high school (Wong 2013). The country is largely composed of the Korean ethnic group. In 1948, South Korea officially declared independence from the U.S. military government (History.com Staff 2009).

The life expectancy of South Koreans is 82.4 years, with women's life expectancy at 85.8 years and men's at 79.3 years. South Korea's World Life Expectancy ranking is 12th. The adult literacy rate, starting at age 15 and above, is 99.2 percent (CIA 2017). The Gender Gap score for equality is 0.651, where 1.0 is complete equality and 0.0 is complete inequality (WEF 2015). In 2014, the UN Development Programme (UNDP) ranked South Korea 17th out of 187 nations. South Korea ranked 23rd on the Gender Inequality Index (UNDP 2014). A lack of data means South Korea does not have a reported Multidimensional Poverty Index (UNDP 2015). Women make up 42.8 percent of the total population (CIA 2017).

In terms of ethnicity, Korea has long been regarded as an ethnically homogenous country. However, the percentage of foreign nationals has rapidly increased with the impact of globalization. More than 97 percent of the residents speak Korean and have Korean ethnicity; 2.7 percent of the population consists of foreign nationals, and about half of them are migrants from China who have Korean ethnicity and Chinese citizenship. There are 141,654 marriage migrant women who comprise 11.2 percent of the

foreign residents living in South Korea. In addition, there are currently 28,500 U.S. military personnel stationed in South Korea as well as 43,000 English teachers from English-speaking countries. In this sense, women's lives and experiences in South Korea should be regarded in a broad sense, as South Korea is an increasingly multicultural society in terms of region, religion, ethnicity, age, and other factors.

South Korea's economy has grown over recent decades. South Korea has gone from having a gross domestic product (GDP) per capita of USD\$64.00 after the Korean War to GDP per capita of USD\$27,531.81 today. As a result, South Korea is a leader in the G20 economy. While Korean politics have prioritized increasing South Korea's economy, issues related to gender and human rights have been deprioritized. For instance, in 2013, South Korea's Global Gender Gap ranking dropped to 111th out of 136 countries (WEF 2013). In 2015, South Korea's Global Gender Gap ranking was 115th out of 145 countries. The 2015 Gender Gap Index reports South Korea's women in Parliament was ranked 101st out of 145 countries. In addition, women in South Korea's ministerial positions ranked 130th out of 145 countries (WEF 2015). However, in 2013, South Korea elected its first female president, Park Geun-hye (Ramirez 2016), a milestone that many South Korean feminists and progressive activists argue is not necessarily positive, as Park Geun-hye is the daughter of the previous dictator Park Jung Hee, and her government's policies are notably conservative.

Girls and Teens

A typical day for teens in South Korea is to end the school day at 4:00 p.m., followed by private lessons and study halls that can last until 11:00 p.m. or later; 77 percent of South Korean teens follow up school with private lessons for an average of 10 hours a week (Choi 2016). Overall, teens spend an average of 14 hours a day in efforts toward achieving their educational goals (Hu 2015a). Teens in South Korea reportedly sleep an average of 5.5 hours a night (Koo 2014).

Every November, teens prepare for a college entrance exam known as the *suneung*. This test is so important that the South Korean government attempts to keep airplanes grounded on this particular testing date so as not to disturb the students. Ultimately, the results of the *suneung* determine which colleges students may attend, which many believe ultimately determines their future job and career paths (Hu 2015a).

South Korean teens 11–15 years old, compared to 30 other nations, have reported the highest amount of stress. Furthermore, the Organization for Economic Co-Operation and Development (OECD) reported that half of the teens in South Korea have stated they face high levels of daily stress from school. Because of these societal pressures, many South Korean couples have decided to not have children (Hu 2015a).

For Korean students, the pressure to excel in every subject is high. As a result, suicide is unfortunately the leading cause of death among teens. For 11 years in a row, South Korea has been ranked first in the world for having the highest suicide rate among OECD countries. While the overall suicide rate has decreased since 1985 among OECD countries, since 2000, the suicide rate has been increasing in South Korea (*Korea Times* 2015). A study from Samsung Medical Center conducted in 2008–2012, which surveyed 129,000 South Korean teenagers, reported 60 percent of gay and lesbian teens had suicidal thoughts, and 75.5 percent of gay and lesbian teens had consumed alcohol. The study found that there was a correlation between gay and lesbian teens and the behavior health risk of suicide (Cooke 2016). Furthermore, South Korea faces a spike of suicide rates during exams that are administered for students to be admitted to colleges (Dempsey 2015).

To address suicide, in March 2016, the Korean government adopted and will begin implementing a five-year plan focused on mental health. The mental health plan's primary objective is to address the high suicide rate in South Korea (Umeda 2016). In addition, South Korea has developed an application to combat teen suicide. The application detects when teens use phrases or words that relate to suicide on social media. When the application does detect suicidal phrases or words, it sends an alert to their parents (Dempsey 2015).

One significant issue for teens in South Korea is bullying, or *wang-tta*, which includes the act of singling out one person in a group to bully and ostracize (Chee 2006). The Korea National Youth Policy Institute defined *wang-tta* as the group behavior that uses verbal and physical violence against one person in a group for more than two weeks. Almost 11 percent of primary school students, 5.6 percent of middle school students, and 3.3 percent of high school students report that they have experienced bullying more than once.

Experts believe that the competitive and oppressive atmosphere of classrooms causes the bullying culture. In other words, students who are not recognized by teachers

and parents within the competitive school system tend to express their anger by bullying other students. Some researchers believe that the collectivism and groupism of Korean culture is another major reason for the teens' bullying behavior. The bullying culture along with the standardizing and collective principle of the South Korean school system creates a violent environment, especially for minority students. Lesbian, gay, bisexual, transgender, and queer (LGBTQ) teens as well as ethnically marginalized students often suffer hardships in their school lives.

Girls' sexual desire is not socially approved in South Korea. Girls' sexuality is commonly understood through a protectionist perspective. At the same time, however, because of consumerism and a large sex industry, women's and girls' sexuality is often commodified, and girls in South Korea face a double bind for their sexual practices. As students, teen girls are expected to study hard and be sexually "innocent," but they are sexualized in the market and within their own subculture. Although sexual practice is common for many teens and girls, girls' sexual desire is not approved of nor recognized by their teachers and parents. In this context, teen girls who experience pregnancy or childbirth suffer conflicts with the social norms as well as great stigma (Kim 2010).

Meanwhile, although school is a significant space for most of teens' lives in South Korea, not all teens belong to the school system. There has been increasing number of teenagers who are not provided proper care and education from home and schools because of the collapse of middle-class families in a neoliberal economy. Scholars argue that those teens in "new poor" households lose motivation and dreams for future lives and tend to depend on short-term relationships on the street or the Internet. Girls in these situations often use short-term relationships to earn money and to foster their lives on the street. In other word, girls from the new poor and poor families begin to learn how to utilize their sexuality as a resource to survive (Min 2009).

Education

The Japanese occupation of South Korea from 1910 to 1945 devastated the literacy rates in Korea. Upon the Japanese leaving South Korea, the literacy rate in 1945 was 22 percent (Wong 2013), but illiteracy had decreased by the mid-1960s (COIEB 2015). By the 1970s, South Korea's literacy rate was 87.6 percent. Today, South Korea's literacy rate is 97.9 percent. South Korea's literacy rate for females

is 96.6 percent, and for males, it is 99.2 percent. Although literacy rates are high for the country, there is a 3 percent difference between the literacy rates of females and males (Wong 2013).

In 2009, the Program for International Student Assessment (PISA) measured 15-year-old South Korean students in reading, mathematics, and science literacy skills. The PISA ranked South Korea second in reading, fourth in mathematics, and sixth in science literacy skills (COIEB 2015). In South Korea, 93 percent of high school students graduate on time (Lynch 2016).

Education has been associated with the country's economic growth. As a result, in two generations, South Korea has increased its literacy rates and economic standings. For instance, South Korea has raised its percentage of high school graduates from 37 percent out of 36 countries to 97 percent, according to the OECD (Lynch 2016). With the correlation of education and overall rise in GDP, South Korea places education at the forefront of governmental policies (Chakrabarti 2013).

Achieving educational success is often linked to socioeconomic status. South Koreans perceive education as a means to achieve upward social mobility. The goal for students in Korea is to produce positive outcomes, be obedient, and excel in performance. Successfully achieving these goals means attending one of the three best universities in South Korea: Seoul National University, Korea University, or Yonsei University, together known as "SKY" universities (Calonge 2015). Students hope to study at one of the SKY universities or to attend a top university in the United States or elsewhere (Coonan 2014).

South Korea averages 17 years of school per individual. Females usually attend 12 years total of primary, middle, and secondary education followed by four years of postsecondary education. The total schooling on average for females is 16 years. Males usually attend 12 years total of primary, middle, and secondary education followed by 2 years of mandatory military service, which needs to be completed between the ages of 18 and 35 (Wong 2013). Many men who complete 2 years of postsecondary education also complete mandatory military service and then complete the remaining 2 years of postsecondary education (Enthoven 2013).

For girls and teens, South Korean culture perceives their role as burgeoning scholars. Girls and teens in Korea receive an excellent education that encourages them to achieve high levels of schooling. South Korea's education system uses textbooks that promote gender equality,

which furthers the success levels women achieve in adulthood. For instance, women achieve high levels of education and perform well on standardized tests (Shim 2015); however, Korea's educational materials perpetuate stereotypical roles of women as having a duty to also perform housework.

Until recently, universities banned women from getting married and having children while attending a university. This is because education has been perceived to take precedent over marriage until the completion of the degrees. If a student had a child while attending a university, she was forced to leave school. On February 9, 2016, South Korea's Education Ministry revised this law to no longer ban women from getting married and having children while they are university students. The revised law will now allow students to take time off to care for their child or children while also earning their degrees (Matthews 2016).

Health

Access to Health Care

With the increase of development and industrialization from the 1960s to the 1990s, South Korea began to work toward being able to set up a health care system. By 1989, all South Koreans had access to health care. Today, South Koreans have access to health care under the National Health Insurance (NHI) system (Yang 2008).

Maternal Health

In South Korea abortions are illegal except in instances of incest, rape, severe genetic disorders, or when the mother's health is jeopardized. In these limited instances, an abortion must occur by the 24th week of pregnancy. If a woman does not abide by this law, she and her physician may be detained, charged, arrested, prosecuted, convicted, and required to pay penalties (Rife 2016). Because of South Korea's abortion law, 80 percent of women between the ages of 18 and 44 use contraceptives (CIA 2017).

In 2016, South Korea's infant mortality rate was 3 per 1,000 live births (CIA 2017). The birth rate in 2016 was 8.4 live births for every 1,000 lives. The average age that women give birth to their first child is 31. The average fertility rate is 1.25 children born for every South Korean woman (CIA 2017). Overall, South Korea provides adequate maternal health care.

Diseases and Disorders

South Korea was the first country diagnosed with cases of Middle Eastern Respiratory Syndrome (MERS) and endured the largest outbreak of MERS (Kaplan 2015). MERS affects the lower respiratory system. Over a third of Koreans who were diagnosed with MERS have died. MERS is a type of coronavirus that is comparable to severe acute respiratory syndrome (SARS). MERS spreads through close human contact with saliva or respiratory secretions. In December 2015, South Korea was declared MERS-free (Normile 2015).

Employment

South Korea has one of the highest rates of unemployed women. While women work outside the home in their early twenties, many opt out of paid employment in their thirties. When Korean women reach their thirties, they stop working outside of the home because of cultural constraints placed on women. For instance, Korean culture praises women for achieving high levels of educational success because this means women will find a marital suitor who will match their educational success. This understanding sustains Korean women's primary roles as wives and mothers (Kwon 2014).

The OECD reported that, out of 30 countries, South Korea had the lowest number of female executives. Furthermore, OECD reported that among corporate executives in the 500 largest businesses in South Korea, only 2.3 percent had women executives. However, despite these numbers and cultural expectations, South Korea is working to empower women in the workplace. For instance, in 2012, Lee-Pu-jin became the first female president of Samsung Company (Chun 2013). While South Korea is working to improve the number of female executives, it also has low participation of women on corporate boards. Only 0.4 percent of corporate board members are women. Samsung Electronics has a total of 48 women board members, translating to women making up 4 percent of the total board members (Sung-jin 2016).

While some women work as executives or corporate board members, other women work within the sex industry. Since 1945, when the United States occupied Korea, the sex industry in South Korea has become pronounced with the boom of camptowns. In particular, after the 1953 Korea-U.S. Mutual Defense Treaty, 18 new camptowns were established. The livelihood of many Koreans depended on camptowns and the sex industry. For instance, by 1958,

there were an estimated 300,000 sex workers in South Korea. More than 150,000 of those sex workers were in camptowns. Since the mid-1990s, the number of women in sex work has dramatically decreased due to the increase in South Korea's economy and the expansion of jobs for women outside of sex work. Despite the lower numbers of women involved in sex work overall, sex work and prostitution continue to be prominent around U.S. military bases. Prostitution has undergone crackdowns by the South Korean government, and the United States has banned solicitation in the military. But sex work and sexual abuse are both still present in South Korea (Vine 2015).

The current overall unemployment rate of those seeking employment is roughly 3–4 percent. More specifically, the unemployment rate for women seeking employment is 3.2 percent, and the unemployment rate for men seeking employment is 3.9 percent. With a 3.9 percent unemployment rate, an underutilization indicator predicted unemployment at 12.5 percent. The unemployment rate for men is slightly higher than for women, which may be partly due to the two-year military service required for men. Furthermore, there is a possibility South Korea's unemployment rate does not account for students who graduate and take part-time jobs (Lee 2015).

While many women have been able to find employment in South Korea, gender inequality remains rooted in South Korea's workforce. According to the OECD, out of 35 countries, women earn 37 percent less on average than men in South Korea, which is the largest gap of averages between women and men among the countries analyzed (Ramirez 2016).

Family Life

Neo-Confucianism has been a crucial ideology organizing the hegemonic family structure of South Korea. According to the Neo-Confucian principle, because family is a core and micro unit of the larger society, each family member's adherence to strict gender roles and responsibilities has significance in terms of constructing a stable and harmonious society. Traditional rituals, ethics, and values for the South Korean family system have been constructed in a gendered way under the strong influence of Neo-Confucianism. In the Neo-Confucian patriarchal family structure, wives generally occupy a lower position than their husbands, and the oldest male in the household has the most powerful authority and leadership. Once a woman

is married, it is assumed that she leaves her biological family to enter the paternal kinship line of her husband.

According to the Neo-Confucian principle, female family members' roles and responsibilities are limited to the private sphere, while male family members are in charge of supporting the family by working in the public sphere. According to this system, female family members' power and honor can only be gained through their roles as mothers and mothers-in-law. There are numerous Neo-Confucian-inspired sayings that imply the gender inequality of the traditional Korean family system, including, "A woman should look on her husband as if he were Heaven itself, and never weary of thinking how she may yield to him"; "There are three unfilial acts: the greatest of these is the failure to produce sons"; "A husband can marry twice, but his wife must never remarry"; and "If a hen cries in the house, the house will be ruined" (Women in World History 2013).

Alongside the influence of Neo-Confucianism, Korean women's family lives also have been transformed by socioeconomic factors. Since the 1960s, the government-led compressive economic development and rapid industrialization have allowed South Korean women to attain civic rights and social status to some degree. However, feminist scholars believe that the industrialization and economic growth of postwar South Korean society did not actually improve women's lives within the family system. During the industrialization, women still had to carry out the traditional gender role as housewives, although many women also became wage laborers. Although most working married women have had to be in charge of both the care work in the private sphere and wage labor in the public sphere, it is often believed that the increase in women's employment implies an improvement of women's social status. Meanwhile, full-time housewives also experienced changes during the industrialization and urbanization period. Unlike the traditional rural community life, which allowed women the benefits of communal child care and cooking, modernization led to nuclear families in urban apartment complexes, resulting in increased isolation of middle-class housewives and more psychological dependence on their husbands (Chung 1995).

Meanwhile, since the 1997 International Monetary Fund Crisis, South Korean society and economy have rapidly neo-liberalized. Although the traditional heterosexual marriage ideology has persisted, the socioeconomic shift of Korean society has shaped new cultural perceptions of gender roles and gender relations within the hegemonic heterosexual family system and has also influenced the

diversification of household types and family experiences of women in South Korea.

During the economic crisis, a great number of male middle-class breadwinners lost their jobs, and their full-time housewives had to find employment to support their households. While before the financial crisis there was a strong belief in the dichotomy, “male breadwinner and female housekeeper,” the economic crisis shifted women’s and men’s views on women’s work and the importance of their economic contributions to their households. For lower- and working-class women, the financial crisis was even harder. More women workers than male workers lost their jobs because women were not assumed to be breadwinners of their households, despite the fact that working-class women have always sustained their households. Although a large number of married women earn income for their households in contemporary South Korean society, it is challenging to achieve family-work balance for both middle- and working-class women (Kim and Finch 2002).

One crucial gender role of women in the modern Korean heterosexual family is the education of children. Educating one’s children is regarded as a significant part of mothering. Many Korean mothers passionately manage the education of their children, and stay-at-home mothers often find part-time employment just to cover the costs associated with private education. Also, an increasing number of middle- and upper-middle-class households decide to become what are referred to as “*kirogi* families,” in which the mother lives with the children in an English-speaking country to manage her children’s education, while the father remains in South Korea to earn income and send money to them abroad (Choi 2006).

Meanwhile, in the contemporary neoliberal economy, marriage often does not serve as a gendered path toward economic dependence for many women because the breadwinner model no longer functions for most households in a neoliberal economy. The increase of non-traditional households, such as one-person households, single-mother-headed households, and the households of unmarried couples and lesbian, gay, bisexual, and transgender couples and families, implies that the traditional patriarchal family system has been challenged with the changing socioeconomic situation.

Due to the increase of employment flexibility, many Korean men in their twenties and thirties avoid marriage because they believe that they are not ready to be the breadwinner of a household. Meanwhile, an increasing number

of educated women tend to avoid marriage as well because they do not want to take on the double burden of domestic work and wage labor. In 2012, the average marriage age was 29.6 for Korean women and 32.2 for Korean men. In 2012, more than 50 percent of Korean men born between 1976 and 1980 were single, and about 30 percent of Korean women in the same age group were single (CIA 2017).

South Korea also has a very low birth rate. In 2009, South Korea’s birth rate was 1.23. High private education expenses, lack of social nursery facilities, and the late-marriage tendencies of both men and women are considered the main reasons for South Korea’s low birth rate (Son 2005, 327). Thus, women’s reproduction has been an object of governmental policy implementation, and there have been various social policies and campaigns to encourage childbirth. However, feminist scholars have been critical of such policies, arguing that the governmental projects objectify women’s bodies and reproduction as tools for national prosperity.

Politics

From 1945 to 1948, the U.S. Army Military Government in Korea (USAMGIK) ruled over South Korea. In 1948, South Korea officially declared independence from the U.S. military government. The first president of South Korea was Syngman Rhee. On June 25, 1950, the Korean War began between North Korea and South Korea. North Korea was backed by the Soviet Union, and South Korea was backed by the United States. The war occurred over the boundary line between the two states, which is known as the 38th parallel. The Korean War lasted until 1953 and resulted in 5 million people dead and more than 100,000 Americans wounded (History.com Staff 2009). Every major city in South Korea was destroyed during the war, and the resulting militarization and U.S. military bases continue to have consequences for local communities today.

Syngman Rhee was well-known as an anticommunist. In 1960, he was reelected to serve as president for a fourth term; however, the opposition Democratic Party claimed that the election was fraudulent and that votes had been tampered with. As a result, protests erupted against Rhee’s fourth-term reelection, which caused Rhee to resign in April 1960. Shortly after his resignation, Rhee and his family were relocated to Hawaii by the U.S. Central Intelligence Agency (CIA) (Breen 2010).

Following Rhee’s presidency, the next 9 presidents were men, until the 11th president, Park Geun-hye, was elected

in 2013. Park was the first female president of South Korea and the first female head of state in East Asia. She was also the daughter of former South Korean president Park Chung-hee. Park appeared on Forbes list of the world's 100 most powerful women.

Some have argued that Park was elected because of her family ties and not because of a push in South Korea for gender equality. For instance, even after Park was elected, South Korea continued to have a low representation of women in politics. Only 17 percent of women are a part of South Korea's National Assembly. Because of the low representation of women in Parliament, the Inter-Parliamentary Union (IPU) ranks South Korea 111th out of 193 countries. Such low representation of women in politics is indicative of the region of Asia where there are only three women who currently serve as leaders of their respective governments: South Korea's President Park, Nepal's President Bidhya Devi Bhandari, and Bangladesh's Prime Minister Sheikh Hasina (Cohn 2016).

At the end of 2016, a longtime friend of Park's, Choi Soon-sil, was repeatedly requested to attend a number of committee hearings investigating corruption by Park. Choi refused to attend the hearings, and, as a result, she was taken to a detention facility and held. Parliamentary members decided to go to the detention facility, with cameras present, to speak to Choi. Eventually, Choi agreed to speak to eight members of the committee investigating Park, but only in a private meeting area without cameras for three hours. Choi denied colluding with Park for personal financial gain (Agence France-Presse 2016b).

During the committee's continued investigation, millions of South Koreans protested in opposition to Park's presidency. The protests were in response to presidential political corruption. Because of the protests, on December 9, 2016, Park Geun-hye became the first female president to be impeached by South Korea's Parliament. The Parliament requires at least 200 votes to impeach a president, and Geun-hye received 234 parliamentary votes in favor of impeachment (Everard 2016).

To fulfill Park's presidential responsibilities, Prime Minister Hwang Kyo-ahn has assumed the role as South Korea's acting president. At the time of this publication, the Constitutional Court is deciding whether to accept Park's impeachment or to restore Park's responsibilities as president. If the court decides to accept Park's impeachment, the South Korean presidential election will be moved up from December 20, 2017, to occur two months or 60 days after the court's acceptance. The court must decide on

Women's Voices

Han Myung-sook

Han Myung-sook was the first woman to serve as prime minister in South Korea, a position she held from 2006 to 2007. Like many women in leadership, she faced opposition and political retaliation for her work. In 2010, a district court acquitted her of accepting illegal political funds, doubting the reliability of the state's key witness, but a high court reversed that verdict and sentenced her to two years in prison. Han stated, "I declare honorably and squarely that I'm innocent." She added that she believes she is the victim of "political suppression" (AFP-JIJI 2015). She is an advocate for women's rights and was the first minister of gender equality and family in South Korea. In the 1970s, she was imprisoned for two years for her prodemocratization work. From 2003 to 2004, she was the minister of environment and was elected in both 2000 and 2004 to serve as a lawmaker in the National Assembly.

—Melissa Jacobs

AFP-JIJI. 2015. "South Korea's First Female Premier, Han Myeong-sook, Jailed for Illegal Funding." *Japan Times*, August 20. Retrieved from <http://www.japantimes.co.jp/news/2015/08/20/asia-pacific/politics-diplomacy-asia-pacific/south-koreas-first-female-premier-han-myeong-sook-jailed-illegal-funding/#.V3WF4Wfrvct>.
Xinhua. 2006. "Nay Myung-sook Approved as South Korea's First Female PM." *People*, April 19. Retrieved from http://en.people.cn/200604/19/eng20060419_259513.html.

Park's impeachment motion by June 21, 2017 (Williams 2016). On May 10, 2017, Moon Jae-in won the majority of the public votes at 34% to be sworn in as president. President Moon Jae-in is serving a single five-year term with his presidential term ending in 2022 (Phippen 2017).

Because of Park's impeachment by the South Korean Parliament, a wartime sex slave dispute between South Korea and Japan has resurfaced. From 1910 to 1945, Japan occupied the Korean Peninsula, and during this time, Japanese military brothels forced anywhere from 50,000 to 200,000 Korean girls and women into sex slavery, or mass militarized and institutionalized rape by the Japanese military, under Japanese colonial society. In August 2015,

Japan's Prime Minister Shinzo Abe apologized for the historical exploitation of Korean girls and women known as "comfort women" by the Japanese military. Abe not only apologized but also worked out an agreement under the Park administration to compensate victims by creating a fund of 1 billion yen (USD\$8.6 million). Given that the agreement for compensation to victims was made under the Park administration, it may no longer be in good standing (Reynolds 2017).

The dispute with the Japanese government is not only for paid retribution, but also a statue of a Korean comfort woman. In 2011, local South Korean artists created and installed a statue of a Korean comfort woman across the street from the Japanese embassy in Seoul. The statue of a comfort woman in traditional Korean clothing, sitting in a chair, is situated to face the Japanese embassy. The comfort woman statue is a symbol of resistance to Japanese denialists who continue to reject that the Japanese military forced Korean girls and women into militarized sex slavery during Japanese occupation of South Korea. In December 2016, a similar statue was created and installed in Busan, South Korea's busy port city. The Busan statue is across the street from the Japanese consulate (Luu 2017).

The comfort woman statue has been politically controversial. It had not been solicited by the South Korean government. The Japanese government initially perceived the South Korean government to have commissioned the statue and requested the South Korean government to remove the statue. The South Korean government has not removed the statue for fear of public outcry. With Park's impeachment, the comfort woman statue has become even more controversial. For instance, in January 2017, Japan recalled two top diplomats from South Korea because of the most recent comfort woman statue in Busan (Kingston 2017).

While the Park administration made efforts to hold Japan responsible for historical trauma to South Korean girls and women, many of South Korea's women's groups fear that Park's presidency has actually made sexism worse in the country. A female member of South Korea's Parliament, Nam In-soon, has discussed the negative impact Park's impeachment has had on women in South Korea. Nam In-soon chairs the Parliament's Gender Equality and Family Committee and argues that Park's impeachment is being used by men as justification to argue that women are incapable of successfully serving as politicians in South Korea. Furthermore, if Park were successful as South Korea's president, her success would not have been

attributed to her being a woman. Rather, Park's success would have been attributed to having connections to her father, who served as a former president of South Korea. For South Korea's women's groups, Park's background made it so that she would inevitably fail as a trailblazer and potentially cause setbacks for South Korean women's representation in politics (Ramirez 2016).

Religious and Cultural Roles

Today, South Korea is a country that does not have a state religion and where a diversity of religions coexist peacefully. Religions in South Korea include Buddhism, Protestantism, Roman Catholicism, Confucianism, Jeungsanism, Cheondoism, Islam, and Shamanism. In 2005, 53 percent of the South Korean population reported having a religious affiliation. In 2005, of South Korea's religious population, 43 percent of people, or 10,726,000 individuals, identify with Buddhism; 34.5 percent of people, or 8,616,000 individuals, identify with Protestantism; 20.6 percent of people, or 5,146,000 individuals, identify as Roman Catholic; and 1.9 percent of people, or 483,000 individuals, identify as "other," which includes Confucianism, Won Buddhism, Jeungsanism, Cheondoism, and Islam (Department of Global Communication and Contents Division 2017). Today, roughly 46 percent of South Koreans report having no religious affiliation, 29 percent of South Koreans identify as Christians, and 23 percent of South Koreans identify as Buddhists (Connor 2014).

Issues

LGBTQI Rights

South Korea's cultural and legal standpoints on LGBTQI rights are complex. In 2011 and 2014, South Korea voted at the United Nations for Human Rights Council resolutions that called for an end to discrimination and violence based on sexual orientation and gender identity. Support for both resolutions was further echoed by South Korean political representative and the UN secretary-general Ban Ki-moon (Lewis and Gaffney 2015). However, South Korea is a traditional country that focuses on the collectivity of culture and people where heterosexual relationships remain the norm. Under Korean law, marriage is exclusively between a woman and a man. Such an understanding of the law functionally makes same-sex marriage illegal in South Korea. At the very least, same-sex marriage is not recognized. As a result, many LGBTQI South Koreans may pass

as heterosexual and may get married under South Korea's normative conception of marriage. Some LGBTQI South Koreans who pass as heterosexual may even start a nuclear family (Hyams 2015).

Despite South Korea's legal rejection of same-sex marriages, there are activist groups and individuals who have been challenging the status quo of exclusionary rights. In 2000, South Korean comedian and actor Hong Seok-cheon became an activist of LGBTQI rights after he openly came out as gay. Hong received criticism from the public and also his family for coming out, but his celebrity status has placed a spotlight on the issue of LGBTQI rights in South Korea. In that same year, 2000, South Korea held its first Korea Queer Culture Festival. The event celebrated the South Korean LGBTQI community with a film festival and a parade. The festival's intention was to not only celebrate the LGBTQI community but also to raise awareness for LGBTQI rights and acceptance. South Korea has continued to host the festival annually (*10 Magazine* 2017).

The Korea Queer Culture Festival has not occurred without disruptions. For instance, in 2014, the parade was stalled for a few hours by anti-LBTQI Christian protestors who lay down in the streets where the parade was to pass through. As protestors lay on the ground, they sang songs condemning LGBTQI rights. Protestors eventually left, and the parade was completed. Religious groups have also started to voice homophobic anti-LBTQI views as LGBTQI groups and activists have gained greater visibility. And the Seoul police department claimed that the 2014 Korea Queer Culture Festival was a disruptive nuisance event, which presented obstacles for the event's ability to be hosted in 2015 (Hu 2015b).

In 2015, a group called the Love Your Country, Love Your Children Movement, an anti-LBTQI Christian group, decided to camp outside of the Seoul police station to prevent organizers of the Korea Queer Culture Festival from entering the station to apply for a permit (Power 2015). Because of this and the previous year's homophobic protests, the Seoul police station refused to allow the Korea Queer Culture Festival to file for a permit for the event's annual parade. The parade and festival events had an expected attendance of 20,000 people (Hu 2015b). In response to the police station's refusal of a parade permit, 100 LGBTQI activists protested and camped out in front of the Seoul police station. After a week of camping out in front of the police station, the Korea Queer Culture Festival was finally able to submit an application for an event permit (Knight 2015).

The Seoul police station reviewed the application for the parade permit and rejected it because of potential counterprotests. In fact, an anti-LBTQI religious group's parade application had been submitted for the same date and time as the Korea Queer Culture Festival parade for that purpose. In response to the potential counterprotest, the police station rejected the parade's permit for fear of potential violence, but it officially cited rejection of the permit because the parade might inconvenience pedestrians. Activists appealed the police station's decision to a Korean court (Knight 2015). The court ruled that the Seoul police station had to provide the Korea Queer Culture Festival a permit for the parade (Feder and Lee 2015).

At the 2015 Korea Queer Culture Festival, tens of thousands of people marched in the parade and shut down attempts by anti-LBTQI Christian groups and protestors to halt the parade. Anti-LBTQI Christian groups initially predicted 30,000 people protesting against the parade. However, only 2,000 people protested against the 2015 Korea Queer Culture Festival (Feder and Lee 2015).

While LGBTQI groups and activists have gained greater visibility in recent years, a 2015 Pew Research Center survey found that 57 percent of South Koreans believe same-sex relationships are unacceptable. The same survey found that 18 percent of South Koreans believe same-sex relationships are acceptable (Hu 2015a). Furthermore, South Korean laws punish individuals for identifying as LGBTQI. For instance, the South Korean military mandates men to serve at least two years. Military members who identify openly as LGBTQI can face a maximum of two years of imprisonment (Kang 2015).

While there has been support for anti-LGBTQI laws, there has also been resistance to such laws. For instance, gay celebrity and film director Kim Jho Gwang-soo and his partner, Kim Seung-hwan, are a high-profile gay couple in South Korea. Kim is one of a few celebrities who is openly gay. In 2013, Kim and Kim Seung-hwan had an outdoor wedding ceremony in Seoul. In 2015, they decided to petition a South Korean court to allow the two men to legally be married. Kim and Kim Seung-hwan were denied their petition, which has resulted in their filing a lawsuit. They are the first same-sex couple to file a lawsuit over a petition for a marriage license. In the lawsuit, Kim and Kim Seung-hwan's lawyer, Ryu Min-hee, used an equal protection clause to justify the court striking down a family law that is discriminatory. Kim, Kim Seung-hwan, and their lawyer were hopeful that a Supreme Court decision in the United

States ruling same-sex marriage as constitutional would help them in winning their case (AFP-JIJI 2015).

In 2016, the court struck down Kim and Kim Seung-hwan's case. The couple's lawyer Ryu argued that the court should see civil law through a "gender-neutral" perspective to uphold equal rights for all in every instance. Chief Judge Lee Tae-jong of the Seoul Western District Court ruled that marriage cannot be between two individuals of the same sex, which upheld South Korea's legal assumption that marriage can only exist between a woman and a man. While LGBTQI identities are not illegal in South Korea, Korean culture maintains deeply conservative attitudes toward LGBTQI identities. Ultimately, while the decision was not what Kim and Kim Seung-hwan desired, they are hopeful that South Korea will one day uphold LGBTQI rights (Agence France-Presse 2016a).

Adoption within Korea and Transnational Adoption

In South Korea, adopting children within the country is considered taboo. This cultural norm stems from cultural understandings of adoption as decreasing familial status and lacking a connection to familial bloodlines. Familial bloodlines are rooted in the status of knowing one's history. The importance of bloodlines is particularly associated with Confucianism's emphasis on familial ties and collectivism. In addition, when Koreans apply for jobs, individuals can request information about family registry from those seeking employment. In the U.S. experience, recommendations from former employers is important, but in South Korea, the status of family bloodlines and knowing one's family registry is important. Given that adoption is taboo among Koreans, families that adopt may keep it a secret. One way to break the cultural taboo of adoption is for more South Korean families to adopt and for Koreans to resist providing employers with information about their family registries (Evans 2015).

At the same time, transnational adoption of children from South Korea to countries in the Global North remains a significant issue. Transracial adoption has a complex history in South Korea, directly related to the Korean War and subsequent militarized sex industry surrounding U.S. camptowns as well as social stigma associated with single motherhood. Many scholars have discussed the politics of transnational adoption from South Korea, in which approximately 200,000 South Korean children have been placed for adoption in the Global North since 1953, with the majority adopted by American families. The politics of

transnational adoption from South Korea, as many authors have shown, exacerbate power differences between countries, as children from disempowered, colonized, or occupied nations like South Korea are adopted into wealthier nations in North America and Western Europe. The result is often significant losses for the adopted children of their culture, language, and family.

KIRANJEET KAUR DHILLON AND BOHKYUNG CHUN

Further Resources

- AFP-JIJI. 2015. "Activist Couple Test Gay Rights Barriers in Conservative South Korea." *Japan Times*, July 28. Retrieved from <http://www.japantimes.co.jp/news/2015/07/28/asia-pacific/social-issues-asia-pacific/activist-couple-test-gay-rights-barriers-conservative-south-korea/#.WJkgQDKZMdw>.
- Agence France-Presse. 2016a. "South Korean Court Rejects Film Director's Same-Sex Marriage Case." *The Guardian*, May 25. Retrieved from <https://www.theguardian.com/society/2016/may/25/south-korea-rejects-film-director-kim-jho-gwang-so-same-sex-marriage-case>.
- Agence France-Presse. 2016b. "South Korean Politicians Question Woman at Heart of Impeachment Crisis." *The Guardian*, December 26. Retrieved from <https://www.theguardian.com/world/2016/dec/26/south-koreas-rasputin-refuses-to-leave-cell-to-face-mps-questions>.
- Breen, Michael. 2010. "Fall of Korea's First President Syngman Rhee in 1960." *Korea Times*, April 18. Retrieved from http://www.koreatimes.co.kr/www/news/nation/2011/01/113_64364.html.
- Calonge, David Santandreu. 2015. "South Korean Education Ranks High, But It's the Kids Who Pay." *The Conversation*, March 30. Retrieved from <http://theconversation.com/south-korean-education-ranks-high-but-its-the-kids-who-pay-34430>.
- Chakrabarti, Reeta. 2013. "South Korea's Schools: Long Days, High Results." BBC, December 2. Retrieved from <http://www.bbc.com/news/education-25187993>.
- Chee, Florence. 2006. "The Games We Play Online and Offline: Making *Wang-tta* in Korea." *Popular Communication* 4.3: 225–239.
- Choi, Yang-suk. 2006. "The Phenomenon of 'Geese-families': Marital Separation between Geese-Fathers and Geese-Mothers." *Journal of Family and Culture* 18.2: 37–65.
- Chun, Ye Eun Charlotte. 2013. "Why Korean Women Opt Out." *World Policy* (blog), December 23. Retrieved from <http://www.worldpolicy.org/blog/2013/12/23/why-korean-women-opt-out>.
- Chung, Connie. 1995. "Korean Society and Women: Focusing on the Family." *Yisei Magazine* (Spring) 8.2. Retrieved from http://www.hcs.harvard.edu/~yisei/issues/spring_95/yisei_95_30.html.
- CIA (Central Intelligence Agency). 2017. "Korea, South." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/ks.html>.
- Cohn, Laura. 2016. "Women Already Have It Bad in South Korean Politics: The President's Impeachment Would Make

- Things Worse." *Fortune*, December 8. Retrieved from <http://fortune.com/2016/12/08/south-korea-president-impeach-park-guenhye-women>.
- COIEB (Center on International Education Benchmarking). 2015. "South Korea." Retrieved from <http://www.ncee.org/programs-affiliates/center-on-international-education-benchmarking/top-performing-countries/south-korea-overview>.
- Cooke, Greyson. 2016. "Study in South Korea Reveals Depression and Suicidal Thoughts of LGBT Teens." *Fridae*, July 21. Retrieved from <http://www.fridae.asia/gay-news/2016/07/21/13452.study-in-south-korea-reveals-depression-and-suicidal-thoughts-of-lgbt-teens>.
- Coonan, Clifford. 2014. "Home from School at 1am in South Korea Where Education Rules." *Irish Times*, July 21. Retrieved from <http://www.irishtimes.com/business/home-from-school-at-1am-in-south-korea-where-education-rules-1.1869562>.
- Dempsey, James. 2015. "South Korea Develops App to Combat Teen Suicide." *NewsTalk.com*, March 23. Retrieved from <http://www.newstalk.com/South-Korea-develops-app-to-combat-teen-suicide>.
- Department of Global Communication and Contents Division. 2017. "Religion." Korea.net. Retrieved from <http://www.korea.net/AboutKorea/Korean-Life/Religion>.
- Enthoven, Julia. 2013. "Korean Students Balance Military Service, Academics." *Stanford Daily*, April 8. Retrieved from <http://www.stanforddaily.com/2013/04/08/korean-students-balance-military-service-academics>.
- Evans, Stephen. 2015. "Taking on South Korea's Adoption Taboo." BBC, January 6. Retrieved from <http://www.bbc.com/news/world-asia-30692127>.
- Everard, John. 2016. "How South Korea's Politics Could Get Even More Confusing." CNN, December 10. Retrieved from <http://www.cnn.com/2016/12/10/opinions/south-korea-opinion-everard>.
- Feder, J. Lester, and Jihye Lee. 2015. "This Is What Happened When Christian Groups Tried to Shut Down Korea Pride." BuzzFeed, June 28. Retrieved from https://www.buzzfeed.com/lesterfeder/this-is-what-happened-when-christian-groups-tried-to-shut-do?utm_term=.es0VOgBeWm#.veaAN110Bk.
- History.com Staff. 2009. "Korean War." Retrieved from <http://www.history.com/topics/korean-war>.
- Hu, Elise. 2015a. "The All-Work, No-Play Culture of South Korean Education" NPR, April 15. Retrieved from <http://www.npr.org/sections/parallels/2015/04/15/393939759/the-all-work-no-play-culture-of-south-korean-education>.
- Hu, Elise. 2015b. "A Showdown Looms at South Korea's Gay Pride Parade." NPR, June 26. Retrieved from <http://www.npr.org/sections/parallels/2015/06/26/417310709/a-showdown-looms-at-south-koreas-gay-pride-parade>.
- Hyams, James. 2015. "The Homosexual Double Life in Korea." *Korea Observer*. Retrieved from <http://www.koreaobserver.com/homosexual-life-in-korea-26291>.
- Kang, Haeryun. 2015. "East Asians Attitudes toward LGBT Rights Are Rapidly Shifting but Probably Not Fast Enough." UN Dispatch. Retrieved from <http://www.undispatch.com/east-asians-attitudes-toward-lgbt-rights-are-rapidly-shifting-but-probably-not-fast-enough>.
- Kaplan, Sarah. 2015. "What You Should Know about MERS, the Mystery Disease That Has South Korea on Edge." *Washington Post*, June 12. Retrieved from <https://www.washingtonpost.com/news/morning-mix/wp/2015/06/12/what-you-should-know-about-mers-the-mystery-disease-that-has-south-korea-on-edge>.
- Kim, Hae-young. 2010. "Teenage Single Mom's Experience of Childbirth and Caring." *Korean Women's Studies* 26.4:101–131.
- Kim, Seung-kyung, and John Finch. 2002. "Confucian Patriarchy Reexamined: Korean Families and the IMF Economic Crisis." *The Good Society* 11.3: 43–49.
- Kingston, Jeff. 2017. "Do the Memories of 'Comfort Women' Matter?" *Japan Times*, February 4. Retrieved from <http://www.japantimes.co.jp/opinion/2017/02/04/commentary/memories-comfort-women-matter/#.WJe4wTKZN-U>.
- Knight, Kyle. 2015. "Dispatches: No Parade, but Pride Perseveres in South Korea." Human Rights Watch (HRW), June 1. Retrieved from <https://www.hrw.org/news/2015/06/01/dispatches-no-parade-pride-perseveres-south-korea>.
- Koo, Se-Woong. 2014. "An Assault upon Our Children." *New York Times*, August 2. Retrieved from http://www.nytimes.com/2014/08/02/opinion/sunday/south-koreas-education-system-hurts-students.html?_r=0.
- Korea Times. 2015. "11 Years in a Row, South Korea Is No. 1 in Suicide Rate among OECD Countries." Retrieved from <http://www.koreatimesus.com/11-years-in-a-row-south-korea-is-no-1-in-suicide-rate-among-oecd-countries>.
- Kwon, Michelle. 2014. "South Korea's Woeful Workplace Inequality." *The Diplomat*, May 3. Retrieved from <http://thediplomat.com/2014/05/south-koreas-woeful-workplace-inequality>.
- Lee, Jiyeun. 2015. "There Are a Lot More Jobless South Koreans Than You Think." *Bloomberg News*, March 18. Retrieved from <https://www.bloomberg.com/news/articles/2015-03-18/hidden-unemployment-in-korea-casts-shadow>.
- Lewis, John, and Gaffney, Stuart. 2015. "Ban Ki-moon: Leading by Example." *Huffington Post*, September 29. Retrieved from http://www.huffingtonpost.com/john-lewis/ban-kimoon-leading-by-exa_b_8210950.html.
- Luu, Chieu. 2017. "Japan Recalls Diplomats from South Korea over 'Comfort Woman' Statue." CNN, January 6. Retrieved from <http://www.cnn.com/2017/01/06/asia/japan-diplomats-south-korea>.
- Lynch, David J. 2016. "USA Could Learn from South Korean schools." ABC News. Retrieved from <http://www.abcnews.go.com/Business/story?id=6293334&page=1>.
- Matthews, David. 2016. "South Korea Revises Law on Student Marriage." *Times Higher Education*. Retrieved from <https://www.timeshighereducation.com/news/south-korea-revises-law-student-marriage>.
- Min, Ga-young. 2009. "Research of Subjectivity Which Is Being Performed by Teenage Girls from Poverty Families Based on

- the Context of Neoliberal Milieu.” *Korean Women’s Studies* 25.2: 5–35.
- Normile, Dennis. 2015. “South Korea Finally MERS-Free.” *Science Magazine*, December 23. Retrieved from <http://www.sciencemag.org/news/2015/12/south-korea-finally-mers-free>.
- Phippen, J. Weston. 2017. “Moon Jae In Wins South Korea’s Presidential Election.” *The Atlantic*. Retrieved from <https://www.theatlantic.com/news/archive/2017/05/south-korea-presidential-election/525942/>.
- Ramirez, Elaine. 2016. “South Korea Finally Has Its First Female President, but Women’s Groups Fear She’s Only Made Sexism Worse.” *LA Times*, November 18. Retrieved from <http://www.latimes.com/world/la-fg-south-korea-women-20161118-story.html>.
- Reynolds, Isabel. 2017. “Wartime Sex Slave Dispute Resurfaces to Rattle Japan-Korea Ties.” *Bloomberg*, January 5. Retrieved from <https://www.bloomberg.com/politics/articles/2017-01-06/japan-suspends-forex-swap-talks-with-south-korea-over-statue>.
- Rife, Roseann. 2016. “South Korea: Stop Criminalization of Abortion.” Amnesty International. Retrieved from <https://www.amnesty.org/en/latest/news/2016/10/south-korea-stop-criminalization-of-abortion>.
- Shim, Elizabeth. 2015. “South Korean Female Students Outperform Boys in College Entrance Exams.” UPI. Retrieved from http://www.upi.com/Top_News/World-News/2015/08/18/South-Korean-female-students-outperform-boys-in-college-entrance-exams/9621439916247.
- Son, Seung Young. 2005. “Causes of Low Fertility Rate Korean Society and Suggestions for Family-Friendly Policies.” *Family and Culture* 17.2.: 285–316, 327–328.
- Sung-jin, Choi. 2016. “Korea Has Thickest Glass Ceiling among OECD Members.” Retrieved from http://www.koreatimes.co.kr/www/news/biz/2016/03/123_199764.html.
- 10 Magazine. 2017. “Why the LGBTQ Won’t Come out of the Closet in Korea.” January 25. Retrieved from <https://www.10mag.com/lgbtq-wont-come-closet-korea>.
- Umeda, Sayuri. 2016. “South Korea: Five-Year Mental Health Plan Aimed at Reducing Suicides Adopted.” *Global Legal Monitor*, March 9. Retrieved from <http://www.loc.gov/law/foreign-news/article/south-korea-five-year-mental-health-plan-aimed-at-reducing-suicides-adopted>.
- UNDP (UN Development Programme). 2014. “Table 1: Human Development Index and Its Components.” Retrieved from <http://hdr.undp.org/en/composite/HDI>.
- UNDP (UN Development Programme). 2015. “Korea (Republic of).” *Human Development Report 16*. Retrieved from http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/fr/KOR.pdf.
- Vine, David. 2015. “My Body Was Not Mine, but the US Military’s.” *Politico*, November 3. Retrieved from <http://www.politico.eu/article/my-body-was-not-mine-but-the-u-s-militarys>.
- WEF (World Economic Forum). 2013. *The Global Gender Gap Report 2013*. Cologny/Geneva, Switzerland: World Economic Forum. Retrieved from http://www3.weforum.org/docs/WEF_GenderGap_Report_2013.pdf.
- WEF (World Economic Forum). 2015. *The Global Gender Gap Report 2015*. Cologny/Geneva, Switzerland: World Economic Forum. Retrieved from http://www3.weforum.org/docs/GGG_R2015/cover.pdf.
- WEPA. n.d. “State of Water Environmental Issues—Republic of Korea.” Retrieved from <http://www.wepa-db.net/policies/state/southkorea/southkorea.htm>.
- Williams, Jennifer. 2016. “The Bizarre Political Scandal That the Impeachment of South Korea.” *Vox*. Retrieved from <http://www.vox.com/world/2016/11/30/13775920/south-korea-president-park-geun-hye-political-scandal>.
- Women in World History. 2013. “Women and Confucianism.” *Women in World History Curriculum Classroom Lesson Series*. Retrieved from <http://www.womeninworldhistory.com/lesson3.html>.
- Wong, Karen. 2013. “Diversity and Access to Education.” *Education in South Korea*. Retrieved from <http://sites.miiis.edu/southkoreaeducation/diversity-and-access>.
- Yang, Bong-min. 2008. “Health Care System and National Health Insurance of South Korea.” *International Society for Pharmacoeconomics and Outcomes Research*. Retrieved from <https://www.ispor.org/news/articles/oct08/hcssystemsskorea.asp>.

Sri Lanka

Overview of Country

Sri Lanka (known as Ceylon until 1972) is a South Asian island state located south of India in the Indian Ocean. Its total area is roughly 25,332 square miles (or 65,610 sq. km), with a terrain ranging from mostly low and flat, to rolling plains, to mountains in the south-central part of the nation.

The first Indo-Aryan settlers were clans that arrived in Sri Lanka in the late sixth or early fifth century BCE. The most powerful was the Sinhalese, from northern India. Buddhism was introduced circa 250 BCE and adopted by the rulers of Anurādhapura, one of the largest cities in South Asia.

As of July 2016, the population of Sri Lanka was about 22,235,000 (CIA 2017). As of 2012, its ethnic breakdown was approximately 74.9 percent Sinhalese, 11.2 percent Sri Lankan Tamil, 9.2 percent Sri Lankan Moors, and 4.2 percent Indian Tamil, with other ethnicities accounting for 0.5 percent. In Sri Lanka, 70.2 percent of the population practice Buddhism, the nation’s official religion. About 12.6 percent of Sri Lankans are Hindu, 9.7 percent are Muslim,

6.1 percent are Roman Catholic, and 1.3 percent practice other forms of Christianity.

In 2015, the UN Development Programme (UNDP) ranked Sri Lanka 73rd out of 187 nations based on the Gender Inequality Index (GII), a composite measure reflecting achievement inequality between men and women in the dimensions of empowerment, the labor market, and reproductive health (UNDP 2015). The UNDP and other international organizations have held up Sri Lanka as a regional leader in women's education and health. Nevertheless, the UNDP has identified several areas for improvement in women's economic and political participation, including a high female unemployment rate, low political participation, and gender-based violence (UNDP 2012).

Girls and Teens

A series of interviews of adolescents conducted in the municipality of Kandy (the second-largest city in Sri Lanka at the time) indicated that both male and female Sri Lankan students felt respect for elders was an important cultural tradition. They also believed it was important to be humble, trustworthy, loyal, and disciplined (Hitchcock et al. 2006, 21). However, girls were expected to exhibit more of these behaviors than their adolescent male counterparts. They further described a girl showing suitable behavior as listening to what parents and teachers say and observing rules and regulations, such as by not creating trouble and observing the traditions and customs of the country. Talking nicely with and setting a good example for others, loving their country, and performing community service were likewise identified as suitable behaviors for women and girls in Sri Lanka (21). However, at the time of this writing, there were indications that traditional, exclusive gender roles may be changing. For example, traditions about female puberty, such as ritual bathing, lavish parties, restrictive diets, and seclusion during menstruation, have lost some meaning (Wijeratne 2015).

Recreation

In the mid-2000s, Sri Lankan adolescents were experiencing a lot of academic pressure from parents (29), feeling they did not have enough variety in their lives to balance out academics with extracurricular activities. As of 2017, among the few after-school activities that are available to girls in Sri Lanka, Girl Guides (similar to the American Girl Scouts) seems to be the most popular.

Sex Education

At the time of this writing, sex education in Sri Lanka is undergoing a major curricular overhaul. In the 2010s, from experts and lay citizens alike, pressure was mounting to revise the country's extant sex-ed programming—which had not been updated in 16 years—such that it would provide students with comprehensive, rather than abstinence-centered, sex education. In its action plan for 2013–2017, the UN Populations Fund (UNFPA) promised to provide technical assistance for the inclusion of comprehensive sexuality education in technical and vocational schools, especially by providing teachers with training skills (UNFPA 2013). Consequently, in 2015, the Sri Lankan government reported an increased national capacity to design and implement community and school-based comprehensive sex education programs that promote gender equality and human rights (UNFPA 2017).

This change signified a departure from Sri Lanka's prior sex-ed pedagogy paradigm as well, because it would no longer be based on traditional gender roles, which placed the responsibility for safe sex squarely on the shoulders of Sri Lankan females. Instead, it would underscore the importance of contraception for both girls *and* boys and remove legislation and language that implied to be female and sexually active is a more condemnable offense than that committed by sexually active males.

However, neither the long-established sex education program nor its replacement included any acknowledgment of nonheterosexual, that is, cisgender male–cisgender female, sex or any mention of lesbian, gay, bisexual, transgender, queer, or intersex sexuality in its materials and programming. It was proposed that such content would be unnecessary because LGBTQI sex is not always primarily related to reproduction. Others contended that a complete omission would be dangerous because it would not adequately inform LGBTQI youth about the dangers of sexually transmitted diseases and how to prevent them.

Regardless, there have been a few signs that Sri Lanka, at least at the policy level, is becoming more progressive about sex education. Sri Lanka has been noted for the inclusion of HIV/AIDS in its agenda-setting governance and commended for its comprehensiveness and content. In the mid-2010s, the United Nations and Sri Lanka's education system teamed up to develop and integrate 30 terms related to reproductive health in sign language to assist in the more complete sexual education of students with disabilities (Wipulasena 2016).

Education

State-subsidized primary-to-university-level education has existed in Sri Lanka since the 1940s (ADB 2016, 32). Steps taken to increase educational access since then include extending secondary opportunities to rural areas and providing incentives such as free textbooks and subsidized transport. These steps along with compulsory education for children ages 5–14 since 1998 have resulted in almost universal primary education (32). However, the United Nations has expressed concern about the quality of Sri Lankan education at all three levels: primary, secondary, and tertiary (UNESCO 2013, 9). Also, there is a disparity in education resources among districts and between the urban, estate, and rural sectors and a shortage and uneven distribution of secondary schools with an advanced science program. Science teachers as well as teachers for the other core subjects of mathematics and English are also highly sought after.

One major initiative designed to improve educational outcomes in Sri Lanka is the Transforming the School Education System as the Foundation of a Knowledge Hub Project (TSEP), which promotes “students’ access to, and quality of primary and secondary education to provide a foundation for the knowledge-based economic and social development of the country” (World Bank 2016). And TSEP supports an initiative of the Sri Lankan government called the Program for School Improvement, which aims to strengthen school performance and improve student learning. Several other reforms were being supported, including establishing a system for conducting national assessments of learning outcomes, school-based management, and school-based teacher development (World Bank 2016).

When students reach the examinations for the Sri Lankan General Certificate of Education, either at the ordinary level (at the end of the 11th grade) or at the advanced level (at the end of the 13th grade), they tend to leave the education system. Examination pass rates are low, particularly at the A level, but less so for girls—58 percent of girls versus 48 percent of boys passed in 2013 (ADB 2016, 32). Those who leave school may enter the workforce directly or enter into technical and vocational education and training (TVET), albeit the effectiveness of the TVET educational system has been called into question. Youth unemployment rates are particularly high among young women; this is also true of those with higher education (32).

As delineated by the Sri Lanka Ministry of Education, in the GCE AL course, students are expected to decide to

pursue their education in one of four “streams”—science, commerce, the arts, or technology—and select three subjects in their chosen stream for further study. Typically, girls are encouraged to pursue degrees in the arts, indigenous medicine, or paramedical studies, although enrollment for female students in vocational training education has increased (Madurawala 2014).

Special Education

Since its inception in the early 20th century, Sri Lankan special education has been constantly developing. According to a report by the UNICEF regional office for South Asia, “The provision of education for children with special educational needs through an institutional system can be traced back to 1912, when the Church of England established the first residential special school for the deaf and blind” (UNICEF 2003, ii). Thereafter, private citizens and voluntary social service agencies “took an interest in establishing special schools” (ii). The Sri Lankan government assumed full responsibility for the education of children and began to nationalize private and religious schools in 1960. The country’s first government school for children with mental and physical handicaps was built four years later. And four years after that, in 1968, Sri Lanka adopted integrated education for children with special education needs; this resulted in the integration of such children into regular schools from the 1960s to the 1990s. This, in turn, “inspired the Sri Lankan educational authorities so much that they espoused the concept of inclusive education,” as made evident by the Educational Reforms of 1997, which “supported the philosophy and practice of inclusive education” and “included assessment and recording procedures to be implemented for every child on admission to the formal education system” (ii). Additional legislative support for special education came in the form of Article 4 of the Sri Lankan Constitution, which guarantees fundamental rights for people, and under the Act for the Protection of Rights of Persons with Disabilities enacted in 1996 (Muttiah, Drager, and O’Connor 2016).

However, Sri Lanka’s special education paradigm is not perfect—at least not yet. Inclusive education across the country has not been consistently available, with gender disparities occurring “not so much between sectors but between and within districts” (Jayaweera and Gunawardena 2007, 8). Some schools that can be accessed by children with disabilities “might not provide education in minority children’s languages, be able to provide good

quality teachers who can respond to children's specific needs, or support children with disabilities." And what's more, "It is also frequently the case that schools reproduce the discriminatory attitudes and practices of the wider society" (8). The effects have proven particularly pernicious for girls with special needs; in the early 2000s, it was thought that female children who had disabilities were "not being sent to schools, even though the incidence of a number of disabilities is higher in females" (29).

Health

Health care in Sri Lanka consists of two parallel services. Community health services mainly focus on maternal and child health and communicable diseases as well as adopting prevention and health promotion strategies based on Sri Lanka's system of health units, which have areas that coincide with local government administrative units. Also known as MOH units, they are managed by a medical doctor, supported by public health field staff, and number 341 areas as of 2015. Curative services, meanwhile, consist of divisional hospitals (496 as of 2015) that provide hospitalization and ambulatory services and 474 primary medical care units that exclusively provide ambulatory care and function with nonspecialist medical doctors and others.

The key health issues in Sri Lanka identified by UNDP are (1) addressing the special health needs of the elderly, disabled persons, and people in conflict-affected areas; (2) poor nutrition; and (3) the need to improve health services in deprived locations and reorganize the health system to respond to noncommunicable and other emerging diseases. In contrast, Sri Lanka's child and maternal health care—both prenatal and postnatal—have been singled out for their relative thoroughness and moderate-to-high effectiveness.

Access to Health Care

Health care in Sri Lanka is state-supported. The nation has a countrywide, comprehensive network of health centers, hospitals, and other medical institutions, with about 57,000 hospital beds and a large workforce engaged in curative and public health activities. Since user fees were abolished in 1977, general taxation has financed Sri Lankan health care, which graduate and postgraduate health personnel—trained at government expense—deliver. Since the early 2010s, the country has used its network of clinics and hospitals to set up "healthy lifestyle centers." Seven hundred

have opened since September 2014. Primary care health workers have been retrained to give nutrition and lifestyle counseling, which according to the World Health Organization (WHO) has resulted "in a more integrated, people-centered and economical approach to health care and promotion" (WHO 2017). Additionally, government personnel are permitted to work in the private sector in their after-duty hours, compensating for low salaries and improving retention of personnel in rural areas and access to health services at all hours, even though this out-of-duty service is not provided free.

Maternal Health

Many consider Sri Lanka to be something of a gem in terms of maternal health. Statistics suggest that reputation is deserved: 88 percent of pregnant women are visited at least once at home by a Public Health midwife, 95 percent attend clinics at least once during pregnancy, and 92 percent of postpartum mothers receive at least one home visit within the first 10 postpartum days.

The strength of Sri Lanka's present-day maternal health care system is the culmination of more than a century's worth of programmatic developments. Health service for mothers in Sri Lanka began with the 1897 establishment of the first Sri Lankan maternity hospital. A Public Health Department was set up in the Colombo Municipal Council in 1902; the establishment of a formal Maternal and Child Health Department followed in 1906. Twenty years later came the first Sri Lankan Health Unit, a defined geographical area under a medical officer of health with a team of field-level health workers to carry out activities that include community-level maternal and child care. The following year, the Medical Ordinance of 1927 made provisions for and established a legal requirement for the registration of midwives. (Fernando, Jayatileka, and Karunaratna 2003).

By all accounts, these various interventions were effective: In 1931, the maternal mortality rate (MMR) was 21.4; in the decades that followed, the MMR steadily declined (save for a malaria epidemic in 1935) until 1947, when it was about half of that in 1931. And from 1948 to 1977, the decline in MMR continued, sometimes markedly; this decline persisted up to the present day. In May 2016, the Center for Global Development reported that Sri Lanka had halved maternal deaths relative to the number of live births at least every 12 years since 1935, meaning a decline in the maternal mortality ratio from 500–600 maternal

deaths per 100,000 live births in 1950 to 60 per 100,000 today (CIA 2017).

Diseases and Disorders

In 2015, Sri Lanka was reported to be polio-free, with a low prevalence of HIV cases and malaria no longer considered a problem (ADB 2016). By contrast, UNICEF noted, “For a country that suffers no significant food shortages and provides extensive, free maternal and child health services, it is rather paradoxical that malnutrition affects nearly one-third of children and one-quarter of women” (UNICEF 2013).

Mental health is also a major area of concern in Sri Lanka, especially when it comes to suicide. In 2010, Sri Lanka had the eighth-highest suicide rate in the world according to WHO (2010). In 2014, the country ranked fourth among 172 countries in suicides (*Colombo Telegraph* 2014). The data is hard to prove, though. The suicide rate among women—especially young women—may jeopardize the family’s honor and social standing within a community. Therefore, families may hide details regarding the incident or persuade doctors and coroners not to document the suicide and instead report it as an accident (Knipe et al. 2015). In the past, a common method of suicide in Sri Lanka (along with China and several other South Asian countries) was ingestion of pesticides; however, there has been a reduction in the use of this method as well as in the incidence of suicide overall (de Silva et al. 2011).

Meanwhile, there is an increasing incidence of chronic kidney disease in Sri Lanka, particularly in the North Central Province, Uva Province, and North Western Province. Water quality has been identified as a likely contributing factor (ADB 2016). Children and women, in particular, bear the brunt of reduced water quality: women “are often on the frontline of water supply problems, since they are normally tasked to fetch water, carry it home in heavy loads, and take care of children suffering from waterborne diseases” (ADB 2016).

Employment

As of 2015, the labor force participation rate for women was 35.9 percent, compared to 74.7 percent for males; similarly, the unemployment rate for females (7.6%) was more than twice that of males (3%). The annual Sri Lanka Labor Force Survey reported the “percentage of economically active female population is high in agriculture

predominant districts” (DCS 2016, 9). In fact, “in Sri Lanka, the majority of women are engaged in rural agriculture, the so-called informal sector, where women laborers, especially those engaged in paddy cultivation, are paid less than men for performing the same tasks” (Kramarae and Spender 2004, 362).

One of the major sources of work for Sri Lankan women is, by definition, not physically based in Sri Lanka at all: many Sri Lankan women are migrant workers who have moved to countries in the Middle East. According to a 2007 report by Human Rights Watch (HRW), although more and more Sri Lankan men are becoming migrant workers, Sri Lankan women continue to dominate Sri Lanka’s migrant labor force (HRW 2007).

Although more women in Sri Lanka are academically qualified for higher-paying positions, men hold more leadership positions in the nation’s labor force. This has been attributed in part to gender stereotyping of education options. Sri Lankan men tend to enroll in educational tracks in subjects where more jobs are available, including architecture, communications technologies, and engineering. Sri Lankan women are typically encouraged to pursue degrees in the arts, indigenous medicine, or paramedical studies (UNFPA 2016).

Family Life

As previously mentioned, Sri Lanka has been lauded for the great strides that have been made there with respect to the health and education of women. Nevertheless, some feel that the feminine experience in Sri Lanka has changed very little from generation to generation.

Girls in Sri Lanka tend to be raised to be high achievers in school, but they also adhere to deeply entrenched gender roles in the home, including the expectation that they will act as caretakers to their younger siblings; when mothers are away serving as migrant workers, their daughters inherit their day-to-day responsibilities back home. As a result, many girls wake up early every morning, sometimes as early as four o’clock, to do their homework while their siblings are still asleep. In addition, even more so than in most other Asian countries, the population of Sri Lanka is aging. This has strained the resources of many young families caring for older relatives (DeGraff and Sidhisena 2015, 201).

Sri Lanka has made progress, but it is still somewhat conservative when it comes to family planning. Since the 1980s, the country has experienced an uptick

in contraceptive prevalence and increased emphasis on reversible modern contraceptive methods such as condoms (200), resulting from technological advances in effective reversible methods of contraception worldwide and from greater availability and knowledge of such methods (201). Thus, in Sri Lanka, “the increase in contraceptive prevalence and method choice have facilitated couples’ achievement of their fertility goals and contributed to the health of women and their children” (201). Abortion, meanwhile, is mostly illegal in Sri Lanka, except in cases where the woman’s life is in danger. Even so, the most recent statistics available at the time of this writing show that more than 650 illegal abortions take place in the country every day.

Not all families living in Sri Lanka have the same rights. Homosexuality has been illegal in Sri Lanka since 1863; in 1995, the language of a Penal Code amendment was made gender-neutral, thus indicating that both gay *and* lesbian sexual acts were criminalized (Aldrich 2014, 202). Same-sex marriage has also been prohibited according to Sri Lankan law; this inherently bars partners in same-sex couples from the rights afforded by marriage.

Politics

In Sri Lanka, there is a central tier of government, a local tier, and a provincial tier. Sri Lanka consists of nine provinces with 336 local authorities (the *pradeshiya sabha*), including 23 municipal councils, 41 urban councils, and 272 rural councils. Twenty-five district secretaries are centrally appointed to coordinate district-central government activities, services, and staff. Each district is divided into 331 divisions, with a centrally appointed secretariat and secretary. The provinces were mandated by the Thirteenth Amendment to the Sri Lankan Constitution in 1987; this also gave constitutional recognition to local authorities, who were put in charge of preschool, public health, and waste management, among other responsibilities. Areas of shared authority include roads, sanitation services, and water. The central government plays a role in many areas that are “wholly or partly the responsibility of other tiers due to weaknesses in institutional capacity or resources in the lower tiers” (Jayaweera and Pinto-Jayawardena 2016, 17–18). Each province has a president-appointed governor; the president also appoints the chief secretary of the provincial administration. At the local authority level, there is an elected provincial council and elections.

Women’s Voices

Nimalka Fernando

Nimalka Fernando is an activist and lawyer from Sri Lanka who fights against human rights abuses and calls for accountability for war crimes. Government officials, who used radio shows to discuss ways to permanently silence her, have openly threatened Fernando. She is the president of the International Movement against All Forms of Discrimination and Racism (IMADR). IMADR seeks to not only end discrimination but also to foster a sense of solidarity among discriminated groups. Fernando also cochairs the South Asians for Human Rights group. When asked what role racism plays in today’s society, Fernando responded, “Racism is the political ideology that moves wars and the grabbing of resources from our countries that exposes our communities to experiences of racism and exclusion” (Capdevila 2006).

—Melissa Jacobs

Capdevila, Gustavo. 2006. “Human Rights: No Multi-Ethnic Balance in Sri Lanka, Says Expert.” March 22. Retrieved from <http://www.ipsnews.net/2006/03/human-rights-no-multi-ethnic-balance-in-sri-lanka-says-expert>.

IMADR. 2014. “Groundviews Interview: Dr. Nimalka Fernando, IMADR President Talks about Her Human Rights Journey.” October 11. Retrieved from <http://imadr.org/groundviews-interview-dr-nimalka-fernando-imadr-president-talks-her-human-rights-journey>.

Joan B. Kroc Institute for Peace and Justice. 2014. “Nimalka Fernando: Biography.” Retrieved from <https://www.sandiego.edu/peacestudies/institutes/ipj/programs/women-peacemakers/about/nimalka-fernando.php>.

To a certain extent, Sri Lanka has been markedly progressive in the advancement of women’s rights, compared not only to its neighboring nations but also to countries around the world. It is the first nation in the modern world with a woman-headed government; in 1960, Sirimavo Bandaranaike (1916–2000) was elected prime minister of Ceylon, the first woman in the world to be chosen for that position—not even three decades after women were granted the right to vote in 1931. This trailed Great Britain by just three years. Chandrika Kumaratunga (1945–), Bandaranaike’s daughter, became Sri Lanka’s first woman

president in 1994 and served an 11-year term (UN Foundation 2012).

However, despite this early enfranchisement and leadership, the modern political landscape for Sri Lankan women in terms of both their political rights and representation in government still has room for improvement. Women have served in Parliament since 1947; yet, as of 2015, they made up only 5.8 percent—13 of 225—of elected members. In fact, women have never accounted for more than 6.5 percent of elected members (that percentage was achieved in the 1977 election). Locally, women account for 2 percent of members of municipal councils, 2.2 percent of urban councils, and 1.8 percent of the *pradeshiya sabha*.

This paucity of female political participation has been tied to several factors, including lack of interest and support from the male-dominated local and national political parties; the political party system; the fact that the so-called women's wing of most of these parties "exist to help mobilize the vote rather than to promote women's representation or to focus on issues of particular concern to women" (19); limited resources; time constraints due to household responsibilities; and reluctance to participate in what the Asian Development Bank (ADB) called an "acrimonious and volatile environment."

Religious and Cultural Roles

Buddhism has been the official religion of Sri Lanka since 1975. The other main religions practiced there are Hinduism, Islam, and Roman Catholicism (CIA 2017). In Sri Lanka, Hinduism and Buddhism have influenced social norms, leading to "the notion that the husband is considered the head of the family and the woman plays a secondary role all through her life" (Seneviratne and Currie 2001, 198). Thus, historically, Sri Lankan Buddhists, Christians, and Hindus alike have "followed certain religious practices which led them to see females as inferior or submissive to males" (198).

Like so, in Sri Lanka, "boys study to become monks to gain spiritual merit for their parents, while girls are culturally expected to work to provide for their family's material needs" (Nadeau and Rayamajhi 2013, 45). Women have not been wholly excluded from the Sri Lankan religious experience; nevertheless, "even though there is a long history of the initiation of nuns into the temple that stems back to the time of Buddha," in Sri Lanka, as well as fellow Theravada Buddhist countries Thailand and Burma, "their status is ambiguous" (45).

Some Buddhist nuns living in Sri Lanka have participated in the *Sarvodaya*, a kind of self-help movement that emerged in 1958. The movement "provides an indigenous alternative to the local government's top-down development program" and "has grown from a small group of pioneers working alongside the outcast poor to a self-help movement" whose program "emphasizes the full range of human well-being" and recognizes that "the needs of the whole person must be met—satisfying work, harmonious relationships, a safe and beautiful environment, a life of the mind and spirit, and food, clothing, and shelter" (46).

Issues

Women and the War

For more than a quarter-century, Sri Lanka was the site of a bitter civil war. In 1956, Sinhala was made the country's official language, inciting protests by the Tamils, some of whom were killed. In 1975, the Sinhalese changed Ceylon's name to Sri Lanka and made Buddhism the nation's primary religion, alienating some citizens of other faiths. Three years later, the rebel movement known as the Liberation Tigers of Tamil Eelam, LTTE, formed. Then, in 1983, the LTTE killed 13 soldiers in an ambush, which in turn led to anti-Tamil riots that had casualties. In 1990, Sri Lanka saw the withdrawal of Indian troops and the expulsion of Muslims from the country's northern cities by the LTTE. A suicide bomber assassinated India's prime minister, Rajiv Gandhi, the following year; after peace efforts failed, another Tiger suicide bomber killed Sri Lanka's president, Ranasinghe Premadasa, in 1993.

In 2002, Norway managed to mediate a cease-fire signed by Sri Lankan government and the Tamil Tigers after nearly a decade of conflict. One of the most significant nonpolitical events in Sri Lanka's history was a tsunami that took place in the Indian Ocean in December 2004, causing 30,000 deaths on the island. By June 2005, relations between the government and the rebels had started to deteriorate because of strife over sharing tsunami aid. In August of that year, Sri Lanka's foreign minister was killed, a likely assassination by the Tigers. In 2006, government and rebel officials met in Geneva, Switzerland, for peace talks. Negotiations failed, and peace went unrestored. In 2007, a government air raid resulted in the death of S. P. Thamilselvan, a political leader of the LTTE. In January 2008, the Sri Lankan government formally withdrew from the 2002 cease-fire, inciting the renewal of its fighting with the LTTE. At last, in 2009, the war ended. The estimated

fatalities stood somewhere between 70,000 and 80,000 people.

The war had a profound impact on Sri Lankan women, both during the conflict itself and in its aftermath. However,

For some women who joined the LTTE, especially those who joined early on, the LTTE represented a refreshing change from the strict cultural control of conservative Tamil society that valued shy submissiveness in young women. The LTTE cadres were encouraged to be direct—to look men in the eye and to speak with authority. . . . But the LTTE imposed strict codes of behavior both on its cadres and on other women in areas it controlled, who unlike the female cadres were expected to maintain traditional dress and demeanor. (Jayawardena and Pinto-Jayawardena 2016)

Furthermore, “since the armed conflict ended, former LTTE cadres, especially women, have faced difficulty gaining acceptance and reintegrating into their communities” (Jayawardena and Pinto-Jayawardena 2016). This, bear in mind, was what awaited women who for years endured a life in which “female chastity was highly valued, and the LTTE demanded celibacy of its members[,] . . . imposed a ban on sexual intimacy within its ranks and punished transgressors with death.”

However, the war did not affect only those women who engaged in direct combat. One editorial published in the Sri Lankan news outlet *Sri Lanka Brief* explained how women experienced challenges as a result of widowhood during the war as well as the destabilization of social structures caused by loss of property and livestock, which negatively affected matrilineal wealth inheritance (2015). Another opinion piece implied that domestic violence was another offshoot of the conflict.

Feminism in Sri Lanka

Sri Lanka has made great strides on the path to social justice for its citizenry. But like so many other countries, it has not yet eliminated the problem of gender disparity. Also, like many other countries, feminist activism is alive and well there.

The feminist movement in Sri Lanka may not look exactly like feminism as most have come to understand it. It has a unique trajectory and its own specific agenda. For example, in the past, Sri Lankan feminism emphasized the education of women, and the country's high female

literacy rate has been deemed a reflection of the success of that effort (Kramarae and Spender 2004, 834). Also, Sri Lankan feminism has historically been characterized by a strong elitist structure, producing the world's first woman prime minister as well as maintaining a class distinction and retaining ties to dominant religious and nationalist groups (834–835).

DREW R. DAKESSIAN

Further Resources

- ADB (Asian Development Bank). 2013. “War, Conflict, and Water in Eastern Sri Lanka.” Retrieved from <http://www.adb.org/results/war-conflict-and-water-eastern-sri-lanka>.
- ADB (Asian Development Bank). 2016. *Sri Lanka: Gender Equality Diagnostic of Selected Sectors*. Mandaluyong City, Philippines: Asian Development Bank. Retrieved from <https://www.adb.org/sites/default/files/institutional-document/189841/sri-gender-quality-diagnostic.pdf>.
- Aldrich, Robert. 2014. *Cultural Encounters and Homoeroticism in Sri Lanka: Sex and Serendipity*. New York: Routledge.
- CIA (Central Intelligence Agency). 2017. “Sri Lanka.” *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/ce.html>.
- Colombo Telegraph. 2014. “Fourth Highest Suicide Rate in the World Recorded in Sri Lanka.” September 4. Retrieved from <http://www.colombotelegraph.com/index.php/fourth-highest>.
- DCS (Department of Census and Statistics, Sri Lanka). 2016. Retrieved from <http://www.statistics.gov.lk>.
- DeGraff, Deborah S., and K. A. P. Siddhisena. 2015. “Unmet Need for Family Planning in Sri Lanka: Low Enough or Still an Issue?” *International Perspectives on Sexual and Reproductive Health* 41.4: 200–209. doi:10.1363/4120015.
- de Silva, Varuni A., S. M. Senanayake, P. Dias, and R. Hanwella. 2011. “From Pesticides to Medicinal Drugs: Time Series Analyses of Methods of Self-Harm in Sri Lanka.” *Bulletin of the World Health Organization* (October). doi:10.2471/BLT.11.091785.
- Fernando, D., A. Jayatileka, and V. Karunaratna. 2003. “Pregnancy-Reducing Maternal Deaths and Disability in Sri Lanka: National Strategies.” *British Medical Bulletin* 67: 85–98.
- Hitchcock, John H., Sreeroopa Sarkar, Bonnie K. Nastasi, Gary Burkholder, Kris Varjas, and Asoka Jayasena. 2006. “Validating Culture and Gender-Specific Constructs: A Mixed-Method Approach to Advance Assessment Procedures in Cross-Cultural Settings.” *Journal of Applied School Psychology* 22.2: 13–33. doi:10.1300/J370v22n02_02.
- HRW (Human Rights Watch). “Sri Lanka.” Retrieved from <http://www.hrw.org/asia/sri-lanka>.
- HRW (Human Rights Watch). 2007. “II. Background.” In *Exported and Exposed: Abuses against Sri Lankan Domestic Workers in Saudi Arabia, Kuwait, Lebanon, and the United Arab Emirates*. Vol. 19, No. 16(C). Retrieved from <http://www.hrw.org/reports/2007/srilanka1107/2.htm>.
- Jayasuriya, Rasika, and Brian Opeskin. 2015. “The Migration of Women Domestic Workers from Sri Lanka: Protecting the

- Rights of Children Left Behind.” *Cornell International Law Journal* 48: 579.
- Jayawardena, Kumari, and Kishali Pinto-Jayawardena. 2016. *The Search for Justice: The Sri Lanka Papers*. New Delhi: Zubaan.
- Jayaweera, Swarna, and Chandra Gunawardena, eds. 2007. *Social Inclusion: Gender and Equity in Education SWAPS in South Asia*. Kathmandu: UNICEF.
- Knipe, D. W., C. Metcalfe, and D. Gunnell. 2015. “WHO Suicide Statistics—A Cautionary Tale.” *Ceylon Medical Journal* 60.1: 35. doi:10.4038/cmj.v60i1.7464.
- Kramarae, Chris, and Dale Spender. 2004. *Routledge International Encyclopedia of Women: Global Women's Issues and Knowledge*. New York: Routledge.
- Little, Angela W., and Siri T. Hettige. 2014. *Globalisation, Employment and Education in Sri Lanka: Opportunity and Division*. New York: Routledge.
- Madurawala, Sunimalee. 2014. “Gender Equality and Empowering Young Women.” In *Youth and Development: Realizing the Millennium Development Goals for Sri Lankan Youth*, 68–87. Sri Lanka Ministry of Youth Affairs and Skills Development.
- Mittra, Sangh, and Bachchan Kumar. 2004. *Encyclopaedia of Women in South Asia: Sri Lanka*. Delhi, India: Kalpaz Pub.
- Muttiah, Nimisha, Kathryn Drager, and Lindsay O'Connor. 2016. “Special Education in Sri Lanka: A Snapshot of Three Provinces.” *Disability Studies Quarterly* 36.2.
- Nadeau, Kathleen M., and Sangita Rayamajhi. 2013. *Women's Roles in Asia*. Santa Barbara, CA: ABC-CLIO.
- Seneviratne, Thalatha, and Jan Currie. 2001. “Religion and Feminism: A Consideration of Cultural Constraints on Sri Lankan Women.” In *Feminism in the Study of Religion: A Reader*, edited by Darlene M. Juschka, 198–220. London: A & C Black.
- Sri Lanka Brief. 2015. “Sri Lanka's Wounds of War.” June 13. Retrieved from <http://srilankabrief.org/2015/06/sri-lankas-wounds-of-war>.
- Thilakarathna, Sureshika. 2016. “Experts Debate on the Issue of Legalizing Abortion in Sri Lanka.” *News.lk*, May 10. Retrieved from <http://news.lk/news/sri-lanka/item/13281>.
- UNDP (UN Development Programme). 2012. “About Sri Lanka.” Retrieved from <http://lk.undp.org/content/srilanka/en/home/countryinfo>.
- UNDP (UN Development Programme). 2016. *Human Development Report 2015*. Retrieved from http://www.lk.undp.org/content/srilanka/en/home/library/human_development/Human-Development-Report-2015.html.
- UNESCO. 2013. *UNESCO Country Programming Document for Sri Lanka: 2013–2017*. New Delhi: UNESCO. Retrieved from <http://unesdoc.unesco.org/images/0022/002242/224243e.pdf>.
- UN Foundation. 2012. “Chandrika Kumaratunga: President, Sri Lanka, 1994–2005.” Retrieved from <http://www.unfoundation.org/features/cwwl-bios/current-cwwl-members/Chandrika-Kumaratunga.html>.
- UNFPA (UN Population Fund). 2013. “UNFPA Sri Lanka Country Programme Action Plan.” Retrieved from <http://www.unfpa.org/transparency-portal/unfpa-sri-lanka>.
- UNFPA (UN Population Fund). 2016. “Women as Game Changers for Sri Lanka's Future Development.” Retrieved from <http://srilanka.unfpa.org/news/women-game-changers-sri-lanka%E2%80%99s-future-development-g2glk?page=0%2C1>.
- UNFPA (UN Population Fund). 2017. “UNFPA Sri Lanka” 2017. Retrieved from <http://www.unfpa.org/transparency-portal/unfpa-sri-lanka>.
- UNICEF. 2003. *Sri Lanka: Examples of Inclusive Education*. Kathmandu, Nepal: UNICEF. Retrieved from <https://www.unicef.org/rosa/InclusiveSlk.pdf>.
- UNICEF. 2016. “Our Focus Areas: Malnutrition.” Retrieved from https://www.unicef.org/srilanka/activities_1667.htm.
- WHO (World Health Organization). 2010. “Focus of WHO Sri Lanka on Mental Health.” Retrieved from http://www.whosrilanka.org/EN/Section31_89.htm.
- WHO (World Health Organization). 2017. “Sri Lanka.” Retrieved from <http://www.who.int/countries/lka/en>.
- Wijeratne, Kumala. 2015. “Use of Traditional Puberty Rituals Declines as Sri Lankan Mothers, Daughters Become Better-Educated.” *Global Press Journal*, January 30. Retrieved from http://globalpressjournal.com/asia/sri_lanka/use-of-traditional-puberty-rituals-declines.
- Wipulasena, Aanya. 2016. “New Sex Ed Signs Help Deaf in Sri Lanka from Classroom to Courtroom.” *Global Press Journal*, June 9. Retrieved from http://globalpressjournal.com/asia/sri_lanka/new-sex-ed-signs-help-deaf.
- World Bank. 2016. “Sri Lanka: Promoting Equitable Access to Education.” Retrieved from <http://www.worldbank.org/en/results/2016/03/16/sri-lanka-equitable-access-education>.

Sultanate of Brunei (Negara Brunei Darussalam)

Overview of Country

Brunei is a Southeast Asian country that has recently instated sharia, or Islamic law. It is on the northwest coast of Borneo, adjacent to Sarawak, one of the two eastern states of Malaysia. It is a little smaller than Delaware and has a tropical climate. Malay is the official language, although Chinese and English are widely used. Sixty-six percent of the population is Malay, and they are mostly Sunni Muslims. The Chinese, about 10 percent of the population, are Buddhists, the Europeans and Eurasians are Christians, and the indigenous peoples (Iban, Dayak, and Kelabit) comprise approximately 4 percent of the population and are animists (Brunei, 2015, 1024). The population is 429,646, with about 24 percent under the age of 15, 17

percent aged 15–24, 47 percent aged 25–54, and about 12 percent 55 years old and over (Brunei, 2015, 1025). Life expectancy is 78.4 for males and 80.3 for females (Brunei, 2015, 1025).

The government is a traditional Islamic monarchy. The same family has ruled Brunei for more than six centuries. Brunei benefits from extensive petroleum and natural gas fields, the source of one of the highest per capita gross domestic products (GDPs) in the world (CIA 2015), but recent low petroleum prices have jeopardized their economy, as petroleum accounts for more than 60 percent of GDP and more than 90 percent of exports (Maierbrugger 2015).

Historically, Brunei ceded large parts of its landmass to the United Kingdom and became a British Protectorate in 1888. After being invaded by the Japanese throughout World War II, it reverted to its previous relationship to the United Kingdom until 1959, when it became largely self-governing, with Great Britain being responsible only for defense and foreign affairs. In 1984, Brunei declared its independence. The government has a mixed legal system, inaugurated in May 2014, that is based on English common law and Islamic law. The first phase of a sharia-based penal code was instituted, applying to Muslims and non-Muslims, which exists parallel to the existing common law–based code (CIA 2015). For example, caning is mandatory for 12 criminal offenses. In one year, authorities caned 80 persons. Canings were carried out in the presence of a doctor, who had the authority to interrupt the punishment for medical reasons (U.S. Department of State 2014a).

Due to a lack of relevant data, the Gender Inequality Index (GII) has not been calculated for Brunei. However, the Gender Development Index (GDI) was assessed in 2014. It measures gender inequalities in achievement in three basic dimensions of human development: health (measured by female and male life expectancy at birth); education (measured by female and male expected years of schooling for children and mean years for adults aged 25 years and older); and command over economic resources (measured by female and male estimated gross national income (GNI) per capita). The GDI is calculated for 161 countries. The 2014 female Human Development Index (HDI) value for Brunei Darussalam is 0.840, in contrast with 0.860 for males, resulting in a GDI value of 0.977 (UNDP 2015, 5). The Committee on the Elimination of Discrimination against Women (CEDAW) concluded a recent meeting with the following concerns about women in Brunei: “Adoption of Syariah Penal Code (2013), imposing the

death penalty, stoning and corporal punishment for a significant number of offences; polygamy and FGM; absence of specific legislation on violence against women; criminalization of abortion and prostitution; divergent and very low legal minimum ages of marriage for girls; discriminatory laws on nationality, marriage, inheritance and family relations” (African Press Organization, 2014). The institution of Islamic law—and public understandings and interpretations of it—may have profound implications for women and the LGBT population living in Brunei, and that is a story that is still unfolding. Much of the extant research about Brunei was written prior to the promulgation of sharia; thus, the situation is in flux.

Girls and Teens

Many Muslim women in Brunei choose to wear the *tudong*, a traditional head covering. While they are encouraged to wear the *tudong* by religious authorities, there is no official policy that they are required to do so. However, female students in government-operated schools are required to wear the *tudong* (Bhagowati 2015, 250). While the legal age for marriage is 18, girls can be married as young as 14 with parents’ permission. (World Policy Center 2014).

Rape carries “a sanction of imprisonment of up to 30 years and caning with no fewer than 12 strokes for rape.” However, spousal rape is not against the law in Brunei, unless the wife is under the age of 14, the legal age of marriage (U.S. Department of State 2014). There is no specific domestic violence law, but arrests were made in domestic violence cases under the Women and Girls Protection Act 1972 (UN Women 2013).

A doctoral student in Australia, who researched young people’s use of mobile technology, stated, “With a population of 406,200, the Malay Islamic monarchy of Brunei has the highest numbers of Facebook users in Asia, not surprising with a current ratio of two mobiles to each citizen.” Concerns inevitably arise that the technology leads to problematic behavior among Brunei teenagers (University of Queensland, n.d.). Also, as in many parts of the world, acid attacks have been perpetrated against young women in Brunei. One attack in 2014 that was reported in the *Brunei News* was lethal (Kinabalu 2012).

Education

There is tension between the language of instruction (Malay or English) and secular and religious education.

Recent research reports that women do better in English and arithmetic and thus score better than men on college entrance exams. Young women are more likely to persevere when confronted with difficulties in their studies (Metussin 2015, 72), leading to better educational results.

Elementary and Secondary

Brunei requires children to attend school for a minimum of 12 years of education. This comprises 7 years of primary education (including 1 year in preschool) and 5 years in secondary. Bilingual teaching was instituted in 1984 to teach students both Malay and English. This is done to preserve culture and allow for globalization. In the sixth year, students take the Primary School Assessment (PSR) to determine the next steps—either vocational or secondary school (Ministry of Education). Tertiary education can be pursued at Brunei's university or Technical Institute (Institut Pendidikan Teknikal Brunei), or students may go abroad for college. Students who require individual plans are supported through adaptations of learning and teaching strategies, according to the Ministry of Education. Students study both secular and religious studies.

Tertiary

Students enjoy equal educational benefits, which include monthly allowances. The disadvantaged can apply for grants. Women make up more than 70 percent of tertiary graduates (UN ESCAP and UN Women 2015, 3). In Brunei Darussalam, 51 percent of students enrolled in science, technology, engineering, and mathematics (STEM) studies are female, and 49 percent are male. Brunei boasts one of the highest percentages of female graduates in STEM studies as well as PhD graduates compared to men, according to the World Economic Forum (WEF) (Shen 2014).

Health

The five leading causes of morbidity are heart disease (18%), stroke (11%), diabetes mellitus (11%), chronic obstructive pulmonary disease (5%), and lower respiratory infections, with road injuries coming on at 3 percent in 2012 (WHO 2015). The most common type of heart disease is ischemic heart disease (WHO Western Pacific Region 2011, 231).

Access to Health Care

All citizens and permanent residents of Brunei Darussalam have access to free health care. This includes all

aspects of prevention and first-line treatment of HIV. Seventeen adults and children with advanced HIV infection received antiretroviral therapy (ART) in 2010. Access to health care for migrants and guest workers is dependent on their work contracts and permits (UN Women 2013, 5). Brunei has four public hospitals, one private hospital, and a network of care centers, including 15 regional health centers, 15 maternal health clinics, 5 medical centers, and mobile health clinics to serve citizens in isolated areas. In 2008, Brunei had 2.71 hospital beds per 1,000 people. In 2010, it had 3.51 health posts per 100,000 people, 0.50 health centers per 100,000, 0.75 district or rural hospitals per 100,000, 0.50 provincial hospitals per 100,000, and 0.25 specialized hospitals per 100,000 (Boslaugh 2013, 68). Temporary residents were 7.9 times less likely to utilize public health care compared to citizens, and respondents who classified themselves as "other" were 5.8 times less likely to utilize public health care compared to citizens (Tant 2015 24). There were 76,157 documented foreign workers living in Brunei in 2013 (Tant 2015 2–3).

The government spends almost 9 percent of its total government expenditures and 2.6 percent of its GDP on health. There are 0.21 health facilities per 1,000 people and 2.79 hospital beds per 1,000 people. Of the 1.55 physicians per 1,000, 0.88 are male and 0.66 are female. There are 1.34 midwives per 1,000, and they are all female (WHO Western Pacific Region 2013, 2). A study done in 2015 reported that ethnicity plays a part; Chinese families were significantly less likely to take advantage of public health care services and significantly more likely to utilize private health care services. Indigenous groups also demonstrated significantly lower rates of private health care utilization compared to other ethnicities. The Temburong District had the lowest rates of all health care utilization and was associated with a 2.67 decreased likelihood of using public health care in the past six months. Those in need are more likely to use the services, with 93 percent of respondents in poor health using government hospitals 12 or more times in the past six months compared to 76 percent of respondents in excellent health using health care only once in the past six months. Income was also found to be positively associated with increased health care expenditures and private health care use (Tant 2015, 185).

Brunei has no medical schools. In 2008, Brunei had 1.42 physicians per 1,000 population, 0.11 pharmaceutical personnel per 1,000, 0.21 dentistry personnel per 1,000, and 4.88 nurses and midwives per 1,000. Many physicians and other health care personnel are foreign; in 2010, 388

foreign physicians were registered in Brunei (68.8% of the total), and 175 physicians were local. Among dentists, 42 were foreign (60% of the total) and 28 local. Among pharmacists, 7 were foreign (16.3% of the total) and 36 local (Boslaugh 2013, 67).

Maternal Health

Although the government is implementing a policy to provide health care for all through a system of maternal and child health clinics, including 26 located in rural areas, these services do not include family planning. Only information on birth spacing is provided (Women on Waves n.d.). Almost all births are attended by medical personnel (99.7%), and most women have four antenatal visits (WHO 2014, 26). The birth rate for 15- to 19-year-olds is 15 births per 1,000 women, and almost 27 percent of infants are exclusively breastfed for the first six months. (Taib 2014, 127). The infant mortality rate is 8.3 per 1,000 live births (WHO Western Pacific Region 2013, 1). Breastfeeding has increased; 4 in 10 mothers with infants (or 41%) were breastfeeding (*Brunei Times* 2015) as the result of increases in maternity leave and promotion campaigns.

Mental Health

There are 20.3 mental health workers per 100,000 population: 14.89 nurses, 3.31 psychiatrists, 0.95 psychologists, 0.71 occupational therapists, and 0.27 social workers. There are seven outpatient facilities and four mental health day treatment facilities. There are two psychiatric units in general hospitals and two residential care facilities. Treated cases of severe mental disorders prevalence is 53.4 per 100,000. There is no evidence of suicide prevention services (WHO 2014).

Disability

While the World Policy Center reports children with disabilities are able to be taught within the same classrooms as their peers (2014a), another source claims, “No governmental agencies exist to support children with disabilities, but one nongovernmental agency offers part-time day services to children with Autism Spectrum Disorder who are aged between four and twelve years of age” (Tait and Mundia 2012, 199). The schools do not provide special education services, so most children with disabilities stay at home (200). In 2014, there was a “Plan of Action” approved for people with disabilities, including advocacy, protection,

health, education, employment, accessibility, and transportation. The *Brunei Times* reported, “Children with disabilities shall have equal rights, shall not be separated from their parents against their will, except when the authorities determine that this is in the child’s best interests, and in no case shall be separated from their parents on the basis of a disability of either the child or the parents” (Thein 2011). An article studying teacher candidate perceptions of disability reported that while “as Muslims, the Malay families with a disabled child believe that the child was given to them by Allah to test the strength of their Islamic faith,” many future teachers have considerable misgivings about having students with disabilities in their classrooms (Haq and Mundia 2012, 371–372).

Female Circumcision

Female circumcision, or female genital mutilation or cutting (FGM/FGC), is most prevalent in Central Africa and is practiced to some extent in Brunei, Malaysia, and Indonesia, according to Amnesty International. The World Health Organization (WHO) and Amnesty International have condemned any form of female circumcision, claiming it has no health benefits, and have campaigned against extreme forms of circumcision in Africa. However, practices vary from country to country. In Bruneian custom, “female circumcision is performed on baby girls between 40 to 60 days, where a small amount of skin tissue is removed from the genitalia” (Kinabalu 2012).

Diseases and Disorders

Ischemic heart disease, stroke, diabetes, and chronic obstructive pulmonary diseases are the top causes of death in Brunei (WHO 2015). In 2008, WHO estimated that 13 percent of years of life lost in Brunei were due to communicable diseases, 71 percent to noncommunicable diseases, and 16 percent to injuries. In 2008, the age-standardized estimate of cancer deaths was 97 per 100,000 for men and 98 per 100,000 for women; for cardiovascular disease and diabetes, 293 per 100,000 for men and 275 per 100,000 for women; and for chronic respiratory disease, 69 per 100,000 for men and 44 per 100,000 for women. The infant mortality rate, defined as the number of deaths of infants younger than one year, was 11.15 per 1,000 live births as of 2012. In 2010, tuberculosis (TB) incidence was 68 per 100,000 population, TB prevalence 91 per 100,000, and deaths due to TB among HIV-negative people 2.7 per 100,000. As of

2009, an estimated 0.1 percent of adults aged 15–49 years were living with HIV/AIDS (Boslaugh 2013, 67).

Employment

Brunei ranks 36th of 142 for labor force equity. Fifty-six percent of women are actively involved in the workforce, compared to 76 percent of men. Only 44 percent of professional and technical workers are female, compared to 56 percent that are male. Women make up a large part of entrepreneurs. About 29 percent of women work as domestics, compared to 1.9 percent of men (UNDP 2015, 6). Of the 683 new businesses created in 2001, 52 belonged to or were run by women. Women are encouraged by the government to set up high-tech companies. They hold executive or professional positions in education, medicine, law, research, and information technology (World Trade Press 2010, 2)

Family Life

Families often choose the marriage partner. The tradition is that a newly married couple joins the bride's parents (Ember and Ember 2001, 315), and multigenerational families often live in one home. A recent article in the *Brunei Times* (Bandial May 2, 2015b) reported that imams, in their sermons marking National Family Day, stressed the importance of family: "A happy family is defined as one which is formed from a legitimate marriage, capable of meeting the spiritual and material needs of everyday living, professing total submission to Allah, and fostering balanced and compatible relationships among the family members and society." Sermons included admonitions to parents to raise their children well and warned about the dangers of the Internet, which appears to pose a threat to religious leaders: "The significance of the Internet in our lives today is inescapable. It is through the Internet that we are exposed to the world of fashion, ways of speaking, and manners of interaction, lifestyle, and many more" (Bandial May 2, 2015b).

Weddings are elaborate. A recent article described a five-day extravaganza involving "a series of elaborate ceremonies, including a dowry of 500 Brunei dollars and a cleansing ritual. For the Nikah, or solemnization ceremony, Kyle [the groom], wearing a sarong handed down from his father-in-law, recited his vows in front of both families—in one breath, in Malay, remembering all his wife's eleven names" (Holmes 2013). Divorce is rare. "Family law in

Brunei grants nearly all the power to men, and there is little a wife can do in opposition to her husband without applying for the court to intervene on her behalf, whereas the husband can largely act unilaterally" (Kte'pi 2013, 154–155).

Politics

A Special Committee on Family Institution and Women was created in 2008 to "formulate policies, legislation, and plans of actions . . . to ensure that the gender and family perspectives are considered in national policy and financed as well." The highest posts that women have gained include ambassador-at-large and the attorney general with ministerial rank, as well as positions as auditor general, solicitor-general, and others. Two of the four universities are led by women. They serve as prosecutors both in the Syariah [Sharia] courts and civil courts. Fifteen percent of permanent secretaries or CEOs of government ministries, 26 percent of deputy permanent secretaries, and 15 percent of heads of overseas missions are women (UN ESCAP and UN Women 2015, 6), but there are no women in ministerial positions (Goryunova 2017, 5).

Religious and Cultural Roles

Sharia will impact the women of Brunei significantly. Women are already expected to obey their husbands, but some believe sharia may create more constraints on the women of Brunei, especially as the royal family is often in the press for secular kinds of behaviors. One writer suggests, "This decision may have a number of unintended consequences, ranging from resistance by the country's increasingly educated and cosmopolitan youth to a decline in the attractiveness of the country as a destination for tourism and foreign investment" (Roberts 2014, 95).

Issues

Legal

The first phase of the Syariah (Sharia) Penal Code (SPC), enacted in 2014, pertains to offenses punishable by fines or imprisonment. It prohibits drinking alcohol, eating in public during the fasting hours of Ramadan, cross-dressing, and propagating religions other than Islam. Two additional phases of the SPC, which have not yet been enacted, will introduce severe punishments, such as death by stoning for persons convicted of fornication, adultery, or anal sex;

the amputation of hands for theft; and death for apostasy or contempt of the Prophet Mohammad (U.S. Department of State 2014). A recent article in *The Diplomat* reported that the “first phase of sharia law, which include fines and prison sentences for ‘crimes’ such as mandatory Friday prayers, has been rolled out. . . . [I]mplementing the second phase will introduce harsh punishments such as floggings and cutting off hands for property offenses. The third and final phase . . . will introduce executions, including stoning, for offenses like adultery, abortion, homosexuality/sodomy, and even blasphemy” (Ozanick 2015). A videotaped incident of a couple physically abusing a tied-up four-year-old resulted in imprisonment of the couple for up to 10 years with or without whipping not exceeding 10 lashes, a maximum fine not exceeding \$20,000, or both (Kamit 2016).

Some general legal issues in Brunei outlined in *Women, Business and the Law* include the following: the constitution does not contain a clause on nondiscrimination or equality, women cannot confer citizenship on a child in the same way as men, wives are required to obey their husbands, married wives do not have equal ownership rights to property, sons and daughter have unequal inheritance rights, child care is not subsidized by the state, and employers do not have to provide leave for the care of sick relatives (96). Laws have been passed to protect women from family violence, including the Unlawful Carnal Knowledge Act, Women and Girls Protection Act 1972, Islamic Family Act, Married Women Act, and the Children and Young Person Act. The Islamic Family Law has specific policies regarding family violence, including restraining orders, powers of arrest, compensation, and counseling (UN ESCAP and UN Women 2015, 8). In addition, there are hotlines, shelters, and phone counseling in Brunei. Another concern in the country is online crimes involving men and younger women, so a Child Online Protection Framework was recently approved (10).

Abortion

Some Muslims permit an abortion up to the 120th day after conception, and others prohibit it entirely. Gilla Shapiro provides an overview in her article on the subject, in which she points out that after 120 days, the fetus is considered a person. However, even after that time, abortion may be permitted to save the life of a pregnant woman. Shapiro emphasizes that doctors are now answerable to religious leaders rather than the patients themselves (Shapiro 2014,

486–487). In Brunei, if performed when the woman is “quick with child,” the person performing the abortion may be punished by up to 10 years’ imprisonment and a fine. A woman performing her own abortion is subject to these same penalties (Women on Waves n.d.).

Human Trafficking

Brunei is a destination country for men, women, and children subjected to forced labor and sex trafficking. People from Indonesia, Bangladesh, China, the Philippines, and Thailand come for domestic jobs or on visit passes or tourist visas and are sometimes subjected to conditions of involuntary servitude when they arrive. Some women and girls are used as sex workers. Some victims are subjected to debt bondage, nonpayment of wages, passport confiscation, physical abuse, and confinement. Although it is illegal for employers in Brunei to withhold wages of domestic workers for more than 10 days, some employers are known to withhold wages to recoup labor broker or recruitment fees (U.S. Department of State 2014, 211).

HIV/AIDS

Laws, regulations, and policies exist that present obstacles to effective HIV prevention, treatment, care, and support for female sex workers, female drug users, and female migrant workers. There are no protective laws or regulations that protect people living with HIV. No HIV test is required for short-term visits, but people wishing to work or study in Brunei Darussalam must undergo a health examination, including a mandatory HIV test in their country of origin and again within two weeks of entering the country. In addition to cancellation of their work permits, the government also aims to provide appropriate counseling to workers who test positive for HIV. Workers who do not speak English or Malay are provided with a translator from their embassy. Under the Infectious Disease Order 2003, physicians must report positive HIV tests to the Department of Health Services. The Infectious Disease Order criminalizes HIV transmission and exposure.

Domestic Workers

More than 22,000 domestic workers come to Brunei to work 12–17 hour days for a monthly salary of USD\$200–USD\$300 per month, much less than they were contracted. Contract substitution is common, as are unpaid wages or delayed payment. More serious, if more rare, are physical

assaults and rapes (Bandial 2014). In 2015, the Labour Ministry of the Philippines instituted new policies about verifiable minimum wages, causing an almost 25 percent reduction of the Brunei demand for Filipino domestic servants (Bandial 2015a).

KELLIAN CLINK

Further Resources

- African Press Organization. 2014. "Discrimination against Women's Concluding Observations: Venezuela, Poland, China, Ghana, Belgium, Brunei Darussalam, Guinea, Solomon Islands." Retrieved from <https://appablog.wordpress.com/2014/11/05/committee-on-the-elimination-of-discrimination-against-womens-concluding-observations-venezuela-poland-china-ghana-belgium-brunei-darussalam-guinea-solomon-islands/>.
- Bandial, Quratul-Ain. 2014. "Better Justice for Domestic Workers." *Brunei News*, July 28. Retrieved from <https://btarchive.org/news/national/2014/07/28/better-justice-domestic-workers>.
- Bandial, Quratul-Ain. 2015a. "Brunei's Demand for Filipino Maids Declines." *Brunei News*, September 17. Retrieved from <https://btarchive.org/news/national/2015/09/17/brunei-demand-filipino-domestics-declines>.
- Bandial, Quratul-Ain. 2015b. "Good Families Make Good Society." *Brunei Times*, May 2. Retrieved from <https://btarchive.org/news/national/2015/05/02/good-families-make-good-society>.
- Bhagwati, Surajit Kumar. 2015. *Women in Southeast Asia*. New Delhi: New Century Publications.
- Boslaugh, Sarah E. 2013. "Brunei." *Health Care Systems around the World: A Comparative Guide*. Thousand Oaks, CA: Sage Publications. doi:10.4135/9781452276212.n25.
- "Brunei." In *Europa World Year Book 2015*. Edited by Juliet Love. 56th ed. Vol 1. Abington, Oxon: 1021–1031. *Brunei Times*. 2012. "Female Circumcision Is Cultural Practice." June 16. Retrieved from <http://www.bt.com.bn/news-national/2012/06/16/female-circumcision-cultural-practice>.
- Chin, Darren. 2016. "Couple Charged Child Abuse." *Brunei Times*, January 27. Retrieved from <http://www.bt.com.bn/news-national/2016/01/27/child-abuse-couple-charged-court>.
- CIA (Central Intelligence Agency). 2015. "Brunei." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/bx.html>.
- Ember, Melvin, and Carol R. Ember, eds. 2001. "Brunei." In *Countries and Their Cultures*. Volume 1. New York: Macmillan, 311–318.
- Goryunova, Elizabeth, Robbyn T. Scribner, and Susan R. Madсен. "The Current Status of Women Leaders Worldwide." In *Handbook of Gender and Leadership*, edited by Susan Madсен. Northampton, MA: Edward Elgar Publishing.
- Haq, Faridah Serajul, and Lawrence Mundia. 2012. "Comparison of Brunei Preservice Student Teachers' Attitudes to Inclusive Education and Specific Disabilities: Implications for Teacher Education." *Journal of Educational Research* 105.5: 366–374. doi:10.1080/00220671.2011.627399.
- Holmes, Elizabeth. 2013. "Two Weddings, One Happy Couple." *Wall Street Journal*, January 16. Retrieved from <http://www.wsj.com/articles/SB10001424127887323468604578245782119353410>.
- IPU (Inter-Parliamentary Union) and UN Women. 2015. "Women in Politics: 2015." Retrieved from http://www.ipu.org/pdf/publications/wmnmap15_en.pdf.
- Jalil, Izzati. August 4, 2015. "More Brunei Mothers Breastfeeding." *Brunei Times*. Retrieved from <https://btarchive.org/news/national/2015/08/04/more-brunei-mothers-breastfeeding>.
- Kamit, Rabiatal. January 26, 2016. "Couple in Child Abuse Video Held, Face Charges." *BT Archive*. Retrieved from <https://btarchive.org/news/national/2016/01/26/couple-child-abuse-video-held-face-charges>.
- Kinabalu, Kota. 2012. "Teenage Girl Dies in Acid Attack." *Brunei Times*, June 16. Retrieved from <http://www.bt.com.bn/news-asia/2014/04/21/teenage-girl-dies-acid-attack>.
- Knoema. 2015. "Brunei Darussalam: Female Obesity Prevalence as a Share of Female Ages 18+." World Data Atlas. Retrieved from <http://knoema.com/atlas/Brunei-Darussalam/Adult-obesity-prevalence-female>.
- Kte'pi, Bill. 2013. "Brunei." In *Cultural Sociology of Divorce: An Encyclopedia*, edited by Robert E. Emery, 154. Thousand Oaks, CA: Sage Publications.
- Maierbrugger, Arno. 2015. "Brunei Feels the Heat of Prolonged Low Oil Prices." *Gulf Times*, December 16. Retrieved from <http://www.gulf-times.com/story/465541/Brunei-feels-the-heat-of-prolonged-low-oil-prices>.
- Metussin, Halimaturradiah. 2015. "Gender Imbalance in Brunei Tertiary Education Student Populations: Exploring English Language, Self-Efficacy and Coping Mechanisms as Possible Causes." *Review of European Studies* 7.12: 67–74.
- Ministry of Education (n.d.). *Education System*. Retrieved from <http://www.moe.gov.bn/Theme/Home.aspx>.
- Mumin, Khadzah H. Abdul. 2015. "The Development of Midwifery Education in Brunei Darussalam." *British Journal of Midwifery* 23.8: 580–587.
- Ozanick, Bill. 2015. "The Implications of Brunei's Sharia Law." *The Diplomat*, May 21. Retrieved from <http://thediplomat.com/2015/05/the-implications-of-bruneis-sharia-law>.
- Parry, Richard Lloyd. 2015. "Fear of Sharia Stalks Opulent Brunei: Homosexuals Face Being Stoned to Death after Sultan's Legal Changes." *Times of London*, June 6: 35.
- Roberts, C. 2014. "Brunei in 2013: Paradoxes in Image and Performance." *Southeast Asian Affairs*: 83–95.
- Shapiro, G. K. 2014. "Abortion Law in Muslim-Majority Countries: An Overview of the Islamic Discourse with Policy Implications." *Health Policy and Planning* 29.4: 483–494. doi:<http://dx.doi.org/10.1093/heapol/czt040>.
- Shen, Koo Jin. 2014. "Brunei: Drop 3 places in World Economic Forum Global Gender Ranking." Retrieved from <http://brunairesources.blogspot.com/2014/11/brunei-drop-3-places-in-world-economic.html>.
- Taib, Rohayati. 2014. "Breastfeeding Initiative in Brunei Darussalam." *Southeast Asian Journal of Tropical Medicine and Public Health* 45.1: 127.

- Tait, Kathleen J., and Lawrence Mundia. 2012. "The Impact of a Child with Autism on the Bruneian Family System." *International Journal of Special Education* 27.3: 199–212.
- Tant, E. 2015. "Universal Healthcare Access and Equity in Brunei Darussalam." *Annals of Global Health* 81.1: 185–186.
- Thein, Rachel. 2011. "Order to Protect People with Disabilities." *Brunei Times*, September 17. Retrieved from <https://btarchive.org/news/national/2014/12/03/brunei-needs-laws-protect-persons-disabilities>.
- UNAIDS (Joint UN Programme on HIV and AIDS). 2014. "Global AIDS Progress Reporting in Brunei Darussalam." Retrieved from http://www.unaids.org/sites/default/files/country/documents/BRN_narrative_report_2014.pdf.
- UNDP (UN Development Programme). 2015. *Human Development Report 2016: Brunei Darussalam*. Retrieved from http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/BRN.pdf.
- UN ESCAP (UN Economic and Social Commission for Asia and the Pacific) and UN Women. 2015. "Brunei Darussalam Country Report." In *Asian and Pacific Conference on Gender Equality and Women's Empowerment: Beijing+20 Review*. Retrieved from http://www2.unwomen.org/~media/headquarters/attachments/sections/csw/59/national_reviews/brunei_review_beijing20.pdf?v=1&d=20141214T015300.
- UNICEF. n.d. *At a Glance: Brunei Darussalam*. Retrieved from <http://www.unicef.org/infobycountry/bruneidarussalam.html#120>.
- UN Women. 2013. *Brunei Darussalam Country Brief: HIV Key Affected Women and Girls*. Retrieved from <http://www.aidsdatahub.org/brunei-darussalam-country-brief-hiv-and-key-affected-women-and-girls-asean-foundation-un-women-un-aids-unzip-the-lips-platform-et-al-2013>.
- U.S. Department of State. 2014a. *Country Reports on Human Rights Practices for 2014: Brunei*. Retrieved from <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm?year=2014&dclid=236426>.
- U.S. Department of State. 2014b. *Trafficking in Persons Report 2014*. Retrieved from <http://www.state.gov/documents/organization/226845.pdf>.
- University of Queensland (n.d.). *Mobile Phones and Their Implications for Teenagers in Brunei Darussalam: A Non-Western Context*. Retrieved from <http://www.uq.edu.au/ccsc/phd-focus-annie-abdullah>.
- WHO (World Health Organization). 2014. "Mental Health Atlas Country Profile: Brunei Darussalam." Retrieved from http://www.who.int/mental_health/evidence/atlas/profiles-2014/brn.pdf.
- WHO (World Health Organization). January 2015. *Brunei Darussalam: WHO Statistical Profile*. Retrieved from <http://www.who.int/gho/countries/brn.pdf?ua=1>.
- WHO (World Health Organization) Western Pacific Region. 2011. *Country Health Information Profiles: Brunei Darussalam*. Retrieved from http://www.wpro.who.int/countries/brn/3BRUpro2011_finaldraft.pdf.
- WHO (World Health Organization) Western Pacific Region. 2013. "Brunei Darussalam." Western Pacific Health Databank. Retrieved from http://www.wpro.who.int/countries/brn/3_brn_2012_final.pdf?ua=1.
- Women on Waves (n.d.). *Abortion Law Brunei*. Retrieved from http://apps.who.int/iris/bitstream/10665/112738/1/9789240692671_eng.pdfhttps://www.womenonwaves.org/en/page/4868/abortion-law-brunei.
- World Bank. 2016. *Women, Business and the Law: Getting to Equal*. Retrieved from <http://wbl.worldbank.org/~media/WBG/WBL/Documents/Reports/2016/Women-Business-and-the-Law-2016.pdf>.
- World Policy Center. 2014. "Brunei Darussalam." Retrieved from <https://www.worldpolicycenter.org/countries/brunei-darussalam/compare-countries>.
- World Trade Press. 2010. *Brunei Women in Culture, Business and Travel*. Petaluma, CA: World Trade Press. ProQuest ebrary.

T

Taiwan

Overview of Country

Taiwan is an island located in East Asia that is officially part of the Republic of China. It is bordered by the Taiwan Strait, Philippine Sea, East China Sea, and South China Sea. It lies to the north of the Philippines and off the southeastern coast of China. Taiwan is roughly 13,892 square miles (35,980 sq. km) with 973.3 miles of coastline, which is slightly smaller than the states of Maryland and Delaware combined. Most of population resides in the western third of the country, which is flat or gently rolling plains; the eastern two-thirds are mostly rugged mountains.

Taiwan was first inhabited by Austronesian people before Han immigrants dominated the island in the 17th century (Ming Dynasty). Taiwan became home to Han immigrants beginning in the late Ming Dynasty (17th century). In 1895, Taiwan was ceded to Japan by China's Qing Dynasty because of military defeat. In 1922, the Republic of China (ROC) was established on the mainland of China. After World War II, the ROC took governance of Taiwan. In 1949, the ROC government lost control of the mainland and fled to Taiwan. In the 1980s and early 1990s, Taiwan had a peaceful transfer of power from one party system to a multiparty system. In the 21st century, Taiwan has had rapid economic growth, and its culture is influenced by

traditional Chinese culture, Confucianism, Japanese culture, and Western values.

According to the *CIA World Factbook* (CIA 2016) and the *Republic of China Yearbook 2015* (Executive Yuan 2015), Taiwan has a high rank in the education, health care, human development, and economic freedom in Asia. By July 2015 (CIA 2016), the population of Taiwan was 23,415,126 and included three major ethnic groups: Taiwanese, including Hakka (84%); mainland Chinese (14%); and indigenous (2%). The largest age group is 25–54 years old (47.06%), and both male and female groups are close to 50 percent for the total population. The constitution of religions in Taiwan includes a mixture of Buddhist and Taoist (93%), Christian (14%), and other (2.5%). In 2015, the infant mortality rate was 4.84 deaths per 1,000 live births for males and 4.01 deaths per 1,000 live births for females. In addition, the life expectancy at birth was 76.85 years for males and 83.33 years for females. Women's fertility rate was 1.12 children born per person.

In 2014, the Gender Inequality Index (GII) of the Republic of China (Taiwan) was 0.052 (Executive Yuan 2016a). Traditionally, Taiwan's society was influenced by Confucian philosophies, and women were considered inferior to and directly controlled by men, such as their husbands, fathers, brothers, and even their sons (Farris, Lee, and Rubinstein 2004). Also, women were deprived of the rights of education and working, as they were expected to obey their husbands and stay within the private realm of the home.

Table 1 Age and Sex Structure of Total Population

Age Group	Number (Percentage)	Gender	
		Male (Percentage)	Female (Percentage)
0–14 years	3,164,658 (13.52%)	1,632,763 (6.97%)	1,531,895 (6.54%)
15–24 years	3,128,557 (13.36%)	1,606,940 (6.86%)	1,521,617 (6.50%)
25–54 years	11,018,458 (47.06%)	5,505,063 (23.51%)	5,513,395 (23.55%)
55–64 years	3,181,641 (13.59%)	1,556,205 (6.65%)	1,625,436 (6.94%)
65 years and over	2,921,812 (12.48%)	1,348,686 (5.76%)	1,573,126 (6.72%)
Total	23,415,126	11,649,657 (49.75%)	11,765,469 (50.25%)

Source: Central Intelligence Agency (CIA), *The World Factbook 2015*, <https://www.cia.gov/library/publications/the-world-factbook/geos/tw.html>

Table 2 Literacy of Age 15 Population by Gender

	Total	University and College	Junior College	Secondary and Technical/Vocational	Primary School	Self-Study	Illiterate
Total	1,499,835	355,595	95,975	1,025,036	22,559	20	650
Male	780,104	178,104	28,210	562,783	11,670	11	326
Female	718,731	177,491	67,765	462,253	10,889	9	324

Source: Ministry of Education Republic of China (Taiwan), *Gender Statistics*.2015. <http://english.moe.gov.tw/ct.asp?xItem=14508&CtNode=11431&mp=1>

Over the past century, gender equality has become a mainstream social value. In Taiwan, women's rights have been protected and promoted in education, in work-places, and in the political systems (Clark, Lu, and Clark 2014). However, as Taiwan's society becomes more diverse, women still face multiple barriers when they claim equal rights and opportunities, as it is difficult to change traditional mind-sets and beliefs overnight (Liao, Bluck, and Cheng 2015). Gender discrimination and inequality remain significant challenges for women in Taiwan.

Girls and Teens

Literacy

Literacy in Taiwan is defined as being able to read and write by the age of 15. According to a report by the Ministry of Education, illiteracy for the total population over age 15 has decreased from 6.78 percent in 1990 to 1.39 percent in 2015. However, 90 percent of illiteracy in 2015 was among women. The National Education Act requires that all children ages 6–15 must attend elementary or junior high schools. In 2014, more than 99 percent of students continued to study after graduating from junior high (Executive Yuan 2015). Girls and boys had similar enrollment numbers at the levels of university and college, primary school, and self-study. Girls ranked higher in literacy than boys at

the junior college level, while boys were higher than girls at secondary and technical and vocational school levels.

Sex Education

In modern-day Taiwan, it is common for teenagers to have open attitudes about sex. According to the 2013 study conducted by Health Promotion Administration (HPA) among 15- to 17-year-old students, 11.15 percent of female participants engaged in sexual activity, and 86.6 percent of these participants used birth control during their last sexual encounter. By comparison, in 2011, 8.8 percent of female participants engaged in sexual activity, and 77.5 percent of these participants used birth control during their last sexual encounter. The fertility rate of 15- to 19-year-old adolescents has decreased from 12.61 out of 1,000 in 2002 to 3.92 out of 1,000 in 2013. The percentage of sexually active teenage girls is increasing, while the fertility rates of teenaged girls is decreasing.

In Taiwan, sex education focuses on the physiological knowledge of the sexes and emphasizes control and prevention of pregnancy and sexually transmitted diseases (Wang et al. 2014). However, there is a gap between the real-life experiences of teenage girls, who have diverse needs or sex education, and the courses provided by schools. Some courses include health and physical education in junior high schools and health and nursing in

Table 3 Proportion of Female Students at All Levels of Education

	1950–1951	1961–1962	1980–1981	2000–2001	2015–2016
Total	N/A	44.60	48.05	49.02	48.43
Preschools	43.52	45.07	46.85	47.68	47.61
Primary schools	38.99	47.07	48.59	47.81	47.69
Junior high schools	28.66	36.53	47.43	48.25	47.78
Senior high schools	27.09	32.08	43.87	49.54	46.21
Vocational schools	15.51	31.80	50.27	49.52	
Junior colleges	10.89	23.39	41.82	53.42	73.33
Colleges and universities			39.42	47.17	48.60
Religious colleges	N/A	N/A	N/A	N/A	9.38
Supplementary schools, continuing education, and special schools	N/A	25.80	57.24	55.76	61.51

Note: Since the “Early Childhood Education and Care Act” was fulfilled in 2012, the kindergartens and the child-care centers were reformed to the “Pre-schools” from the SY 2012–2013.

Source: Ministry of Education Republic of China (Taiwan), *Gender Statistics*. 2015. <http://english.moe.gov.tw/ct.asp?xItem=14508&CtNode=11431&mp=1>

senior high schools. In these courses, there are very few discussions about power relations of gender, sexual development, exploration of the female adolescent body and sensuality, or diverse sexual orientations. Also, the female body is implicitly considered an instrument of production of future generations in courses and textbooks, so it negatively affects the identity development of female adolescents, which does not help teenage girls to positively develop diverse values for family roles.

Education

Female Participation

Since the early 1980s, Taiwan has had a nine-year compulsory and universal education system that includes the elementary and junior high school levels. In August 2014, the national fundamental education program was extended to 12 years. In recent years, the number of universities has also dramatically increased, which encourages people to attend higher education. Women’s education rights and opportunities have improved in recent years. The proportion of female students participating in education increased from 44.60 percent in 1961 to 48.43 in 2015. Particularly, the proportion of female students in junior high schools increased from 28.66 percent in 1950 to 47.78 percent in 2015. During past decades, the proportion of female students dramatically increased in higher education. In the school year 2015–2016, the proportion of female students was 73.33 percent in junior college and 48.60 percent in

colleges and universities. However, the investments of education for women are not just considered for their future careers but also their marriage prospects (Liao, Bluck, and Cheng 2015). Parents influenced by traditional values believe that a good education background could be an advantage for a woman who is eligible for marriage.

According to the *Gender Statistics of Teachers in Education* (Executive Yuan 2015), there is a high percentage of female teachers in early education, but a lower percentage in higher levels of education. For example, in the school year 2015–2016, 98.69 percent of preschool teachers were female, 70.75 percent of primary school teachers were female, and only 32 percent of university educators were female (Ministry of Education Republic of China 2016a). In the Ministry of Education, female employees make up a higher proportion in staff positions, but not in first executive positions (Ministry of Education Republic of China 2016b).

Education Policies and Laws

In the past decade, gender equity education policies have been established and developed rapidly in Taiwan. The topic of gender in education first appeared in volume 17/18 of the Council on Educational Reform’s (CER) *Education Reform Bulletin* in 1995. The CER was established by Executive Yuan in September 1994. At the end of 1996, the Concluding Report of the Executive Yuan’s CER included gender equity education and suggested establishing a “Gender Equity Education Committee to handle

Table 4 Staffs in Ministry of Education and Affiliated Agencies by Gender

	Grand Total	The First Executives	The Second Executives	Staffs			
		Male	Female	Male	Female	Male	Female
Ministry of Education	468	7	5	16	37	127	276
Administrations Affiliated	306	14	13	14	33	64	168
Agencies affiliated	848	43	53	8	5	308	431

Source: Ministry of Education Republic of China (Taiwan), *Gender Statistics*, 2015. <http://english.moe.gov.tw/ct.asp?xItem=14508&CtNode=11431&mp=1>

and supervise matters associated with gender equity and institutionalize the promotion of gender equity in education” (Hsieh and Lee 2014, 6). In January 1997, the Sexual Assault Crime Prevention Act was passed by Legislative Yuan. In March 1997, the Gender Equity Education Committee was established by the Ministry of Education.

In 1998, the course outline for a Nine-Year Integrated Curriculum in elementary and junior high schools was published by the Ministry of Education, and gender was identified as one of six major topics related to human social development. In 2001, the Nine-Year Integrated Curriculum was gradually implemented in Taiwan’s elementary and junior high schools. On June 4, 2004, the Gender Equity Education Act was passed by the Legislative Yuan and announced by the president to be implemented in June 23. The purpose of this act is “to promote substantive gender equality, eliminate gender discrimination, uphold human dignity, and improve and establish education resources and environment of gender equality” (Legislative Yuan 2004, Article 1). In 2005, the Enforcement Rules for the Gender Equity Education Act were enacted pursuant to Article 37 of the Gender Equity Education Act.

Health

Access to Health Care

According to the *Republic of China Yearbook* (Executive Yuan 2015), there are about 281,000 medical professionals, 498 hospitals, and 21,601 clinics operating in Taiwan. There are 21.13 physicians, 5.68 dentists, and 70 beds per 10,000 people. The National Health Insurance (NHI) was implemented in March 1995. It is the most important public health program and has the goal of providing equal access for everyone to quality health care. Women with weak economic status are still covered by NHI, so they are more likely to access the medical system because it is more

affordable. In January 2011, the National Health Insurance Act was amended to expand the premium base to reduce the financial burden on people. In January 2013, the second-generation NHI was implemented, which features a supplementary premium charge on people’s incomes of 2 percent.

Maternal Health

Since the mid-1980s, abortion was legalized for certain situations by the Genetic Health Law. However, the initial purpose of this law was to support the national population policy of reducing population rather than to improve women’s bodily autonomy. Married women can receive support and subsidies from the Health Care System for abortions with their husband’s consent if they have financial problems or psychological stress. However, the Genetic Health Law does not help women in situations of rape or allow abortions for unmarried women or due to contraception failure.

It is common to delay marriage and childbirth among Taiwan’s young people. According to the Health Promotion Administration Annual Report (Ministry of Health and Welfare 2014), the average age of women having a first child has increased from 25.2 years old in 1989 to 30.4 years old in 2013. In 2013, 94.3 percent of pregnant women used the 10 prenatal examinations by live births in Taiwan. Generally, medical studies suggest greater risk among women of advanced maternal age.

Diseases and Disorders

According to the *CIA World Factbook* (CIA 2016), in 2015, the life expectancy of women was 83.33 years, which is longer than men’s by 6 years, but that does not mean that women are healthier than men. In fact, in Taiwan, older women are more likely to experience physical and mental

diseases or disorders (Tsai, Chou, and Wang 2015). Breast cancer is the most common type of cancer and cause of death for Taiwanese women (Taiwan Cancer Registry 2011). Breast cancer rates increased nearly 50 percent, from 0.49 percent in 2005 to 0.71 percent in 2008, among Taiwanese women. In 2011, the rate of deaths caused by breast cancer increased by 1.853 percent among Taiwanese women.

Use of tobacco is a major cause of chronic diseases among Taiwanese women. In 2008, the new Tobacco Hazards Prevention Act was implemented to control tobacco hazards and promote prevention. According to a report by the Ministry of Health and Welfare, the smoking rate of female adults was 4.2 percent in 2015, a decrease of 0.6 percentage points from 2008. Also, 26- to 30-year-old females had the highest smoking rate among the total female population. Taiwan's HIV/AIDS epidemic began in December 1984. By 2016, there have been 1,905 cases of HIV-positive women.

Employment

Typical Jobs and Careers

Women in Taiwan are still underrepresented in the fields of science, technology, engineering, and math (STEM) and face barriers in the academic environment and workplace (Tam and Hung 2014). The structure of gender in the workforce is influenced by the gender differences in fields of tertiary education. According to a report from Taiwan's Ministry of Education, in the 2015–2016 school year, the female-dominated fields in universities included education (66.46%), humanities and arts (66.92%), and health and welfare (74.30%), while female students were not as well represented in the fields of science (33.27%) or engineering, manufacturing, and construction (15.15%).

Gender Discrimination in the Workplace

Gender discrimination is the most serious form of employment discrimination in Taiwan's workplaces (Chiao 2008). Women are discriminated against based on their gender, age, physical appearance, and marital status during employment. According to the Manpower Survey (Executive Yuan 2016b), in 2015, the gender gap of employment was lowest in the under-30 age group. However, in the age groups associated with marriage, giving birth, and caring for children, the female labor force dropped in the

workplace, and the gender gaps increased. For example, the gender gaps were 14.5 percentage points for the 30–34 age group and 18.9 percentage points for the 40–44 age group. In 2013, 26.8 percent of the women who left jobs did so due to marriage among the 15–64 age group who were employed before marriage. Also, 21 percent left jobs because of pregnancy. The rate of returning to the workplace for women after giving birth was only 53.3 percent in 2013. Leaving the labor market for family care was one of the reasons for the gender pay gap, because leaving a job generally results in a disadvantage in accumulating work experience. In 2014, in the nonagriculture sector, women on average earned NT\$243 (USD\$7.70) per hour, and male employees earned NT\$285 (USD\$9.04).

The Gender Equality in Employment Act was implemented in 2002. The purpose of this act is “to protect equality of right to work between the two sexes, implement thoroughly the constitutional mandate of eliminating sex discrimination, and promote the spirit of substantial equality between the two sexes” (Legislative Yuan 2002, Article 1). This law covers gender issues in the workplace and women's rights to protection from employment discrimination based on gender. To narrow the gender gap in the workplace, the act addresses issues of employment opportunities, sexual harassment, and working conditions and remuneration.

Family Life

Marriage and Fertility

In the modern society, many Taiwanese women are still influenced by traditional values (Chu, Kim, and Tsay 2014). Traditionally, a woman was expected to stay at home to take care of household chores and give birth as early as possible after her marriage, which negatively influenced her career development. However, more and more young women currently pursue successful careers, so they delay marriage and birth to achieve their career goals.

In 2014, the marriage rate for females aged 15 and over was 50.3 percent, and for males, it was 52 percent, decreases of 4 percent and 3.2 percent, respectively, from 2004. The unmarried rates for females increased from 30.9 percent in 2004 to 31.4 in 2014, and for males from 37.3 percent to 38 percent. Furthermore, the divorce rate increased 2.4 percent for both genders, and the widow rate was 10.2 percent. The average age of women having a first child has increased from 25.2 years old in 1989 to 30.4 years old in 2013. According to the 2013 Women's

Women's Voices

Yun-Fong Huang

I am deaf. That is what I am. My parents are both deaf. They had hearing parents and both hearing and deaf siblings. I was the firstborn in my family. My maternal hearing aunt believed my deaf parents were incapable of teaching a deaf child to succeed in a hearing world. She convinced my parents to let me live with her when I was three years old. Her home was two hours away. She forced me to speak words every day and punished me if I did not do so correctly. I hated trying to please her for approval. I started to resist doing what my aunt wanted.

My deaf paternal aunt came to visit and noticed I was unsmiling. She asked me if I could practice speaking on my own. My answer was yes! Thus, I came back home. I practiced speaking, writing, and reading with teachers and with my younger hearing sister. In addition, I practiced how to read hearing people's mouths because I never had a Taiwanese sign language interpreter in any classes. I often did not understand what a teacher was saying, and I had to figure out a solution by using library books.

Many hearing people assume I am from an educated hearing family because I can speak and write. In fact, my deaf parents did not get a good education. Some of my hearing family members thought a woman (especially a deaf woman) should not obtain higher education. My deaf family was familiar with what I needed based on their own experiences and frustrations, and they supported my ambitions. Finally, I got a bachelor's degree. My deaf family was proud of me.

I was excited to get a job, and I was interested in improving my job skills. However, my employer did not offer me any opportunity for advancement because I am deaf. Because of that, I am studying American Sign Language (ASL) and English in the United States. In the United States, there are teachers who know sign language, and the universities provide ASL sign language interpreters.

Marriage, Fertility and Employment Survey (Executive Yuan 2013), 51.8 percent of married females aged 15–49 with children under 3 years old cared for children by themselves or with their spouse. The percentage decreased 16 points from 2000. Of those females, 38.1 percent received help from their relatives to take care their children, which increased 14.2 percent from 2000. In addition, 9.1 percent hired babysitters, which increased 1.4 percent from 2000.

LGBT Rights

Although Taiwan has relatively progressive attitudes regarding the rights of lesbian, gay, bisexual, transgender (LGBT) people, LGBT communities still struggle to have their human rights acknowledged and protected (Chen and Wang 2010). In 2003, Executive Yuan proposed the legalization of same-sex marriages and adoptions for same-sex couples, but it was not voted on because of mass opposition. In 2012, a new bill for same-sex marriage was drafted, but it was not enacted. In the same year, approximately 65,000 people attended the LGBT pride parade in Taiwan.

Table 5 Report Cases of HIV/AIDS by Gender in Taiwan

Sex	HIV(+)*	%	AIDS	%	DIE	%
Female	1,905	6.0%	861	5.9%	400	7.7%
Male	29,899	94.0%	13,610	94.1%	4,809	92.3%
Total	31,804	100.0%	14,471	100.0%	5,209	100.0%

* include PLWHAs

Source: Center for Disease Control, Department of Health Republic of China (Taiwan), *Statistics of HIV/AIDS 2016*. <http://www.cdc.gov.tw/english/list.aspx?treeid=00ED75D6C887BB27&nowtreeid=2FA0168FF47E02BE>

Politics Participation

During the early years of transition to democracy in Taiwan (1980–1990), many female participants in politics were the wives or daughters of famous political prisoners or martyrs. However, by the 2000 presidential election, this situation had changed. In 2000, Lu Hsiu-lien, a prominent feminist activist, was elected as the first female vice president of Taiwan. In 2016, Tsai Ing-wen became the first female president of Taiwan. Currently, Taiwan has the

Women's Voices

'api

I am an indigenous woman from the Amis tribe in Taiwan. My native name is 'api, but people call me Ching Chih Tseng, which is my Chinese name. Taiwanese indigenous people have 14 tribes, but they represent only 2 percent of the total population of the country. The biggest traditional ceremony for my people is the Amis Harvest Festival (*Ilisin*), where we spend time worshipping and giving thanks to our ancestors and to the Amis tribal spirits for providing food and wealth throughout the year. The spiritual ritual is hosted by the tribal leader, but women and children are not allowed to join. After the holy ritual, everyone is invited to celebrate the harvest together. We wear traditional Amis costumes and bring traditional food and wine to share with the whole tribe. Everyone eats, prays, sings, and dances together around the bonfire until midnight every day for a week. *Ilisin* is similar to the Chinese New Year in Taiwan, but it holds special significance for the Amis tribe. Now, the Amis Harvest Festival (*Ilisin*) is well-known as one of the fabulous indigenous cultural events in Taiwan.

highest percentage of female representation in most of the public sectors in Asia (Huang 2015). In 2014, more than 50 percent of the members in Control Yuan were female as well as around 40 percent of Examination Yuan. The number of female political appointees doubled in 10 years. Women accounted for 30.2 percent of senior officials. Female supervisors reached 11.9 percent of all female public servants. By the end of September 2015, 43.6 percent of supervisors in the governments of municipalities, counties, and cities were women.

Feminist Movements

The initial feminist movements in Taiwan can be traced to the 1920s, the period of the Japanese occupation. The development of the contemporary feminist movement in Taiwan was influenced by feminism in the United States and elsewhere. There are four stages in the evolution of the contemporary feminist movement in Taiwan (Lee 2008).

In the first stage, in the 1970s, Lu Hsiu-Lien brought "new feminism" forward in Taiwan. Before the 1970s, feminist movements remained at the local level, and all of them were subject to state control. In the second stage, the *Awakening* magazine was established by Lee Yuan-Jhen in 1982. This magazine marked the beginning of an increasing trend toward the feminist movement. In the third stage, women's diversity was established in organizations after the implementation of martial law in 1987. This state action shaped the growth of civil society in Taiwan and helped create gender reform in the education and employment sectors in Taiwan's future.

Religious and Cultural Roles

Taiwan has a diverse structure of religions, and the majority of the population is religious (Zhai and Woodberry 2011). In Taiwan, 93 percent of religions are traditional Chinese religions, such as Buddhists and Taoists; 14 percent are Christian; and 2.5 percent are "other" (Executive Yuan 2015). Buddhism is the major religion in Taiwan. College-educated women have increased (Eichman 2011). These nuns have received more respect and contributed to various aspects of society, such as education, social welfare, the environment, and spiritual life.

Women's lifestyles are influenced by culture. Within the traditional culture, women are expected to be good wives and mothers, so they tend to sacrifice their own personal time. However, many educated women resist traditions, promoting women's rights and controlling their own lives. Mass media has helped shape women's views of themselves as well as society's views of them. The images of women in mass media have changed since the 1970s. Traditionally, images of women were stereotypical, representing them as not working except for household chores, and needing to maintain a beautiful appearance to attract men. However, new images in the mass media today represent Taiwanese women as independent and educated.

Issues

Balancing Work and Family

In recent decades, although women's status has changed in Taiwan, there are still a lot of barriers to career development, and one of the greatest barriers is family responsibilities (Liu and Wang 2011). An increasing number of educated women desire career success and

Table 6 Gender Differential Based on Workforce Survey (Persons in Thousands)

Sex	Civilian Population Aged 15 Years and Over	Labor	Employed	Unemployed	Not in the Labor Force					
		Force			Seasonally					
		Persons			Labor Force Participation Rate (%)	Persons	Persons	Unemployment Rate (%)	Unemployment Rate (%)	Persons
Total	19,949	11,695	58.63	11,247	449	3.84	3.96	8,253		
Male	9,750	6,529	66.96	6,260	269	4.12	4.19	3,222		
Female	10,198	5,167	50.66	4,987	180	3.48	3.66	5,032		

Source: Executive Yuan, Directorate-General of Budget, Accounting and Statistics Republic of China (Taiwan). 2016. Manpower Survey Results. <http://eng.dgbas.gov.tw/public/Attachment/6621154230ZX60WRZE.pdf>

try to balance work and family responsibilities. Otherwise, they must delay marriage and birth. Normally, their parents or their parents-in-law would help them to care for their children before the children begin kindergarten, but there are still many women who do not receive help from relatives.

Beauty Standards

In contemporary Chinese society, beauty standards for women have changed from a traditional look—"a wide face, thin and long eyes, high cheekbones, and a flat nose" (Zhang 2012, 439)—to "thin, big eyes with double-eyelids, tall straight nose resembling the 'Greek nose' in Western culture, watermelon seed-shaped face, small and undefined jawline, and fair skin tone" (450). However, these attractiveness standards have harmful effects on women's economic well-being, social well-being, and self-esteem. Women feel pressure to meet white, Western beauty standards, often by wearing makeup and undergoing surgical procedures.

It is common to see attractiveness bias in Taiwan's workplace. Appearance and attractiveness standards in the workplace impose greater burdens on women than men (Steinle 2006). A woman who is considered beautiful may receive better treatment and extra attention, while a woman who does not meet the socially constructed standards of beauty may receive poorer treatment in the workplace. Many college students spend money and time on cosmetic surgery because of the fierce competition for job opportunities. They believe that cosmetic surgery can help them improve their physical appearance, thus improving their chances of getting a job.

YUANLU NIU

Further Resources

- Chang, Doris T. 2009. *Women's Movements in Twentieth-Century Taiwan*. Champaign-Urbana: University of Illinois Press.
- Chen, Yu-Rong, and Ping Wang. 2010. "Obstacles to LGBT Human Rights Development in Taiwan." *Positions* 18: 399–407. doi:10.1215/10679847-2010-006.
- Chiao, Cing-Kae. 2008 "Employment Discrimination in Taiwan." *New Developments in Employment Discrimination Law, Bulletin of Comparative Labor Relations* 68: 141–180.
- Chu, C., Seik Kim, and Wen-Jen Tsay. 2014. "Co-Residence with Husband's Parents, Labor Supply, and Duration to First Birth." *Demography* 51: 185–204. doi:10.1007/s13524-013-0244-y.
- CIA (Central Intelligence Agency). 2016. "Taiwan." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/tw.html>.
- Clark, Evelyn A., Phyllis Mei-Lien Lu, and Cal Clark. 2014. "The Puzzle of Why the Status of Women Is Higher in Taiwan Than Chile." *Asian Affairs: An American Review* 41: 1–20. doi:10.1080/00927678.2014.882164.
- Eichman, Jennifer. 2011. "Prominent Nuns: Influential Taiwanese Voices." *Cross Currents* 61: 345–373. doi:10.1111/j.1939-3881.2011.00187.x.
- Executive Yuan, Department of Information Services. 2015. *Republic of China Yearbook 2015*. Retrieved from <http://yearbook.multimedia.ey.gov.tw/enebook/2015yearbook/index.html>.
- Executive Yuan, Directorate-General of Budget, Accounting and Statistics Republic of China (Taiwan). 2013. *Women's Marriage, Fertility, and Employment Survey*. Retrieved from <http://eng.stat.gov.tw/np.asp?ctNode=1653>.
- Executive Yuan, Directorate-General of Budget, Accounting and Statistics Republic of China (Taiwan). 2016a. *Gender at a Glance in R.O.C. (Taiwan)*. Retrieved from <http://eng.stat.gov.tw/public/data/dgbas03/bs2/gender/eb/2016/2016E.pdf>.
- Executive Yuan, Directorate-General of Budget, Accounting and Statistics Republic of China (Taiwan). 2016b. *Manpower Survey*. Retrieved from <http://eng.stat.gov.tw/ct.asp?xItem=4561&ctNode=6032&mp=5>.

- Farris, Catherine S., Anru Lee, and Murray A. Rubinstein. 2004. *Women in the New Taiwan: Gender Roles and Gender Consciousness in a Changing Society*. Armonk, NY: M. E. Sharpe.
- Hsieh, Hsiao-Chin. 2014. "Gender Equity Education Policies in Taiwan: Progress and Challenges." *Chinese Education & Society* 47: 3–4. doi:10.2753/CED1061-1932470400.
- Hsieh, Hsiao-Chin, and Shu-Ching Lee. 2014. "The Formation of Gender Education Policies in Taiwan, 1995–1999." *Chinese Education & Society* 47: 5–13. doi:10.2753/CED1061-1932470401.
- Huang, Yachien. 2015. "En-Gender(ed) Politics: Representing Congress Members in the Best-Selling Tabloid Newspaper in Taiwan." *Intersections: Gender & Sexuality in Asia & the Pacific* 38: 1–17.
- Liao, Hsiao-Wen, Susan Bluck, and Ching-Ling Cheng. 2015. "Young Women in Today's Taiwan: Relation of Identity Status and Redemptive Narration to Psychological Well-Being." *Sex Roles* 73: 258–272. doi:10.1007/s11199-015-0504-y.
- Lin, Wei-hung, and Hsiao-chin Hsieh. 2005. *Gender, Culture and Society: Women's Studies in Taiwan*. Edited by Hsiao-Chin Hsieh. Seoul, South Korea: Ewha Womans University Press.
- Liu, Nien-Chi, and Chih-Yuan Wang. 2011. "Searching for a Balance: Work-Family Practices, Work-Team Design, and Organizational Performance." *International Journal of Human Resource Management* 22: 2071. doi:10.1080/09585192.2011.580178.
- Lee, Shu-ching. 2008. "The Power of Contexts: Taiwanese Feminists' Making Space in Gender Equity Education." 5th Conference of European Association of Taiwan Studies. Prague, Czech Republic, April 18–20, 2008.
- Legislative Yuan. 2002. *Gender Equality in Employment Act*. Retrieved from <http://law.moj.gov.tw/ENG/LawClass/LawContent.aspx?PCODE=N0030014>.
- Legislative Yuan. 2004. *Gender Equity Education Act*. Retrieved from <http://law.moj.gov.tw/ENG/LawClass/LawAll.aspx?PCode=H0080067>.
- Ministry of Education Republic of China (Taiwan). 2015. "Gender Statistics: Literacy over Age 15-by Gender." Retrieved from <http://english.moe.gov.tw/ct.asp?xItem=14508&CtNode=11431&mp=1>.
- Ministry of Education Republic of China (Taiwan). 2016a. "Gender Proportion. All Levels-by Year". Retrieved from <http://english.moe.gov.tw/ct.asp?xItem=14508&CtNode=11431&mp=1>.
- Ministry of Education Republic of China (Taiwan). 2016b. "Gender Statistics of Staffs in Ministry of Education & Affiliated Agencies". Retrieved from <http://english.moe.gov.tw/ct.asp?xItem=14508&CtNode=11431&mp=1>.
- Ministry of Health and Welfare Republic of China (Taiwan). 2014. *Health Promotion Administration Annual Report*. Retrieved from http://www.hpa.gov.tw/English/file/ContentFile/201502140514171717/2014_Health_Promotion_Administration_Annual_Report.pdf.
- Steinle, Allison T. 2006. "Appearances and Grooming Standards as Sex Discrimination in the Workplace." *Catholic University Law Review* 56: 261–306.
- Taiwan Cancer Registry. 2011. *Top 10 Cancer in Taiwan*. Retrieved from <http://tcr.cph.ntu.edu.tw/main.php?Page=N2>.
- Tam, Tony, and Yun Leong Hung. 2014. "The Gender Gap in STEM Majors: Evidence on the Gender Belief Hypothesis from Taiwan." XVII ISA World Congress of Sociology, Yokohama, Japan, July 13–19, 2014.
- Tsai, H. M., Y. W. Chou, and H. H. Wang. 2015. "Health Issues in Taiwanese Women." *Austin Journal of Women's Health* 2.1: 1–7.
- Wang, Li-Ching, Yu-Hsien Tseng, Keng-Yu Cho, Cheng-Ting Wu, and Yi-Chia Lin. 2014. "The Shadow Report for the 'Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)' with Topics on Gender Diversity Education, Sex Education, and Female Participation in Exercise and Sports." *Chinese Education & Society* 47: 66–84. doi:10.2753/CED1061-1932470407.
- Zhai, Jiexia Elisa, and Robert D. Woodberry. 2011. "Religion and Educational Ideals in Contemporary Taiwan." *Journal for the Scientific Study of Religion* 50.2: 307–327. doi:10.1111/j.1468-5906.2011.01569.x.
- Zhang, Meng. 2012. "A Chinese Beauty Story: How College Women in China Negotiate Beauty, Body Image, and Mass Media." *Chinese Journal of Communication* 5: 437–454. doi:10.1080/17544750.2012.723387.

Tajikistan

Overview of Country

The modern Republic of Tajikistan is a presidential republic of four provinces and the smallest nation in Central Asia. It is a rugged, mountainous, landlocked nation. The capital is Dushanbe, a city of 822,000 and the country's only major urban area. Tajiks are the largest ethnic group (84.3%), followed by Uzbeks (13.8%); the remaining 2 percent consists of Kyrgyz, Russian, Turkmen, Tatar, and Arab peoples. Tajik is the country's official language, although Russian is widely used in government and business. The president and parliament are elected. The People's Democratic Party of Tajikistan is the dominant political party. Emomali Rahmon (1952–present) has been president since 1994 (CIA 2016).

In the 1860s, the Tajik people came under Russian rule. Tajikistan was not designated as a separate republic until 1929, and it did not become independent until 1991 (CIA 2016). A civil war ensued (1992–1997) between the Tajik government and an Islamist opposition that resulted in 50,000 deaths. Additionally, one-tenth of the population

fled the country. The United Nations brokered a peace agreement in 1997 (BBC 2015).

Tajikistan has one of the lowest per capita gross domestic products (GDPs) of the 15 former Soviet republics. Its economy is dominated by mineral extraction, metals processing, agriculture, and the reliance on income from citizens working abroad. Economic challenges include dependence on remittances, pervasive government corruption, devastated infrastructure, and extensive narcotics trafficking (CIA 2016).

In 2014, Tajikistan ranked 69th out of 155 nations by the Gender Inequality Index (GII) (UNDP 2015). The Global Gender Gap Index for Tajikistan is 0.675, ranking it 95th out of 145 countries (WEF 2016). Tajikistan has a strong patriarchal society; however, women do participate in government and the labor market and have the right to vote. After the civil war destabilized the country and economy, Tajikistan faced high unemployment rates and many social problems. A large number of Tajiks (mainly men) work abroad, and wives and families are often economically dependent on remittances sent home.

Girls and Teens

Tajikistan has a young, rapidly growing population. About one-third of the population is under 14 years old, and the population is growing at 1.7 percent (CIA 2016). Girls are not considered women until they give birth. Mothers train children in cultural traditions; daughters are taught to cook, clean, and sew. A “good” child displays respect for elders and obedience to parents. Etiquette is considered very important, and hospitality, humility, and respect are essential. A man may never enter a home in which only women are present, and a girl must never be left alone with a boy. At large social gatherings, men and women often remain separated.

Dress and Beauty

Modern Tajik clothing is influenced by Western styles. Tajik women often wear skirts, stockings, and heels. Skirts often contain many layers that are embellished with flowers or wavy patterns; shoes are typically round-toed, heeled, and decorated with beads or buckles. Tajiks still commonly wear their traditional dress, particularly in rural areas. Traditional dress includes colorful tunic-type dresses with wide matching trousers that are often decorated with brilliant color patterns and are accompanied by embroidered

shoes. Women often wear kerchiefs or skull-caps, and most girls still braid 40 pigtails into their hair, which is a tradition in Tajikistan. Massive embossed silver jewelry pieces are worn on special occasions.

A unibrow is considered a symbol of beauty and purity. Women who do not naturally grow a unibrow may use an herb, *usma*, to give the appearance of one. Widely sold in marketplaces, *usma* is dried and ground into a paste. This paste is smeared on the eyebrows and the space in between. The result is a bluish-green coloring of the eyebrows and space in-between. Not every Tajik woman sports a unibrow; it is mainly popular outside the capital (Elder 2010).

Early and Forced Marriage

The legal age for marriage in Tajikistan is 18 years old. Although forced marriages and child marriages are prohibited by law, both types are common, and very little is done to curb these customs. Child marriage can be punished by six months in prison, and forced marriage can be punished by five years in prison. In reality, most cases go unpunished or are punished with fines. Couples cannot register a marriage when one of the spouses is under age, so many ceremonies are unregistered and performed by religious leaders, leaving the bride with few legal rights. Child marriage in Tajikistan primarily affects girls. In 2010, 13.4 percent of girls aged 15–19 were married, widowed, or divorced, compared to 2.2 percent of boys in the same age group (UNFPA 2014).

Patriarchal attitudes and deeply rooted stereotypes of gender roles are prevalent in Tajikistan. All of these factors contribute to the continuation of child marriages and other forms of gender discrimination. Child marriage rates were low under Soviet rule, but they increased during the civil war. Many girls were forced to marry during the conflict because their parents believed marriage would protect their daughters from rape, thus safeguarding the family's reputation.

Today, poverty influences parents' decisions about their daughters' marriages. Marrying off a daughter releases the family of the economic burdens of providing for her. High rates of male labor migration exacerbate this situation. It is not socially acceptable for Tajik women to remain single, and with many men working abroad, parents feel pressured to accept the first proposal received lest their daughters remain unwed. Child marriages occur across all socioeconomic levels in Tajikistan. Islamic religious influence increased after the civil war, and imams (Muslim

religious leaders) are often willing to perform marriage ceremonies regardless of whether the couple has legally registered (UNFPA 2014).

Child and forced marriages often lead to other issues for Tajik girls. Early motherhood is common, and the onset of childbearing at an early age negatively affects the health of mothers and children. Early motherhood restricts educational and economic opportunities (UNFPA 2014). The birth rate among girls aged 15–19 years is 42.8 per 1,000 births (UNDP 2015). There is often a large age difference between a child bride and her husband, and many young brides face domestic violence. Domestic violence rates in Tajikistan are very high, with roughly half of Tajik women reporting being abused regularly (BBC 2009). There is also a strong link between child marriage and divorce. Divorce can be easily obtained by husbands, who can separate from wives as easily as sending a text message (BBC 2009). As child brides have often not completed their education and have little to no employment experience, they have limited options after divorce. Additionally, divorce is not considered acceptable, so divorced women often face harsh social stigmas (UNFPA 2014).

Education

Under the Soviet system, universal access to free basic education was considered a right. At the time of independence, Tajikistan had an almost universal literacy rate. School was compulsory for children ages 7–15, and there were many preschool options as well as technical and vocational schools for postcompulsory education (Falkingham 2000). Postindependence, there have been changes in education, although women have maintained a very high literacy rate (99.7% in 2015) and a relatively high percentage (95.1% in 2014) obtain at least a secondary education (UNDP 2016). Economic troubles have left few government resources to fund public education, and high unemployment and poverty leave families little money to spend on supplies, textbooks, uniforms, and school fees. These factors have led to reduced enrollment, attendance, and quality in Tajik schools (Falkingham 2000).

Primary and Secondary Education

School participation rates have dropped since independence. During the civil war, roughly \$100 million of damage was done to schools; one in every five schools was destroyed. Many schools have never been repaired, and infrastructure

has declined, making schools hard to access. Preprimary education is not compulsory, and the net enrollment ratio (NER) is low at 10 percent, meaning many students enter primary education underprepared (UNICEF 2009). Public education remains compulsory and consists of 11 years of primary and secondary education, although the government plans to implement a 12-year system in 2016 (Foreign Credits 2012). Primary school NER is high at 97 percent; however, roughly 18,000 children remain out of school, and 86 percent of those children are girls. The secondary school NER is the second lowest in the region at 80 percent (UNICEF 2009).

About 25 percent of Tajik girls fail to complete the full compulsory education (Country Facts 2016). Parents often remove girls from school when they reach the age of puberty to reduce contact between girls and boys, protecting their daughters' marriage prospects (UNFPA 2014). Financial considerations also impact the gender gap. The cost of education has risen, and this has influenced the drop in enrollment. During 2002–2012, public spending on education fluctuated between 3.5 percent and 4.1 percent of GDP, significantly below the average of 6 percent (World Bank 2016). High inflation and reduced government expenditures on education have resulted in the establishment of self-financed schools and the institution of numerous fees. Most schools charge for textbooks and meals and require uniforms. Given a choice, many parents opt to educate sons over daughters (Falkingham 2000).

Attendance has declined since independence. Many children cannot attend school regularly because they work to help support the family. The child labor rate is 20 percent for boys and 17 percent for girls—the highest child labor rates in Central Asia (UNICEF 2009). Other common reasons for absence from school (other than poor weather) include poor health and not having appropriate clothing. This impacts poor families more than wealthy families, increasing social stratification (Falkingham 2000). Many schools are not heated, and inclement weather can make it difficult for children to get to school.

School quality has suffered since independence. Teachers are poorly trained and paid below the average income level. Many schools have instituted fees to supplement teacher wages. Many teachers complete multiple shifts per day to accommodate all of the students because there are inadequate supplies and resources, including desks and chairs. Because of the lack of resources, repetition rates are low (0.5%), and dropout rates are high (4.5%–20%). Of the

students who drop out, 74 percent are directly related to economic difficulties (UNICEF 2009).

To address educational problems, the government developed and launched a National Strategy for Education Development for the years 2006–2015. As part of this strategy, (1) educational equality for boys and girls was declared a value; (2) early childhood care and education was declared a priority; (3) new curricula were developed; (4) educational quality was made a national priority; (5) policy-based budget planning in education was initiated; and (6) a National Center for Assessment was established to monitor national learning outcomes. However, despite these positive political efforts, resources remain scarce, and educational opportunities remain poor (UNICEF 2009).

Postcompulsory Schooling and Higher Education

Tajikistan has three types of postcompulsory schools. General secondary schools offer college preparatory education. Technical schools offer programs leading to the opportunity for continued medical, technical, and arts education. Vocational schools provide training programs for specialized occupations. Participation rates in postcompulsory schools have fallen since independence, and girls have dropped out at twice the rate of boys. Girls are more likely to study health care and education. Boys are more likely to study industry, agriculture, and business. Such choices have implications on employment and earning prospects (Falkingham 2000).

There are several institutions of higher education in Tajikistan; however, the NER in higher education is 17 percent, significantly below the subregional average. Higher education is not attractive because of the low demand in the labor market for people with extensive educational training or professional skills (UNICEF 2009).

Health

Under Soviet rule, the Tajik health care system was widely utilized, accessible, and free. A 2003 constitutional amendment eliminated the right to free health care. Since independence, health care services have deteriorated due to financial constraints and infrastructural damage. Initially, health expenditures dropped from 6.4 percent of GDP in 1994 to 1.5 percent of GDP in 1999 (Falkingham 2000); however, expenditures have risen again to 6.8 percent of GDP as the Tajik government has made improving and expanding health care a recent priority (CIA 2016).

Access to Health Care

In 1991, many doctors fled, leaving Tajikistan with the lowest ratio of doctors to population in the former Soviet Union. In 2013, there were approximately 1.92 physicians and 5.5 beds per 1,000 people (CIA 2016). Decreased government expenditures provide little funding for drugs, food, supplies, and maintenance after wages are paid. Families must often pay for drugs and supplies and may need to provide transport, as ambulance services have eroded. Informal charges for consultations are often imposed because health care workers are among the lowest paid in Tajikistan. Rising out-of-pocket costs have led to growing inequities in health care. Many turn to traditional or over-the-counter medicines (Falkingham 2000). These crises are especially pronounced in rural areas.

Maternal Health

Women's reproductive health has drastically deteriorated since independence. The rates of maternal mortality and STDs have risen, and utilization of prenatal care has fallen. Infant and maternal mortality rates remain among the highest of the former Soviet republics. Maternal mortality is 32 deaths out of 100,000 live births, and infant mortality is 33.9 deaths out of 1,000 live births. Tajik mothers' mean age at first birth is 22.8. The total fertility rate is 2.7 children per woman, and contraceptive prevalence rate is about 28 percent (CIA 2016). The relatively low fertility rate is related to the migration of male workers and the high poverty level; many cannot afford the cost of a large family. Complications of pregnancy and childbirth are a persistent problem. There is a traditional preference for having a home birth; cost and transportation are barriers to many women who want to deliver their babies in a clinic. International humanitarian organizations have established some rural reproductive health centers to provide free reproductive health care, family planning services, and sex education. Such centers are seeing success; in surrounding areas, contraceptive prevalence rates have increased, home births have decreased, and patient visits have increased (Rankovic 2015).

Diseases and Disorders

Postindependence, Tajik life expectancy decreased due to poor nutrition, polluted water, and increases of infectious diseases, such as cholera, malaria, tuberculosis (TB), typhoid, bacterial diarrhea, and hepatitis A. Leading causes

of death for women are cardiovascular disease, respiratory disorders, and infectious and parasitic diseases (CIA 2016). Tajikistan is the only country where incidents of polio are rising (Country Facts 2016).

The high volume of narcotrafficking has resulted in a rapid increase of narcotics addiction. With no substantial drug treatment programs in place, addiction has become a major health issue and is correlated with increasing numbers of HIV/AIDS cases. In 2005, an estimated 5,000 Tajiks were living with HIV/AIDS. This number ballooned to 16,400 by 2014. About 60 percent of HIV cases are drug-related in Tajikistan (CIA 2016).

Employment

During the 1930s, Soviets implemented equalitarian policies that were designed to transform the societal status of Tajik women. Changes were slow, but by the early 1980s, women made up 52 percent of the agricultural workforce, 38 percent of the industrial labor force, 16 percent of transportation workers, 14 percent of communications workers, and 28 percent of civil servants. In rural parts of the country, about half of women were not employed outside of the home because of traditional attitudes about women's roles, lack of vocational training, and lack of child care facilities (Library of Congress 1996).

Independence and the civil war sparked significant economic and labor destabilization. The majority of highly qualified, well-educated individuals who were employed in health, education, and industry fled. By 2009, approximately 800,000 Tajiks were working in Russia, primarily older men from rural areas (Ganguli 2009). Relatively few (6% of migrants) Tajik women migrated. Women who have remained in Tajikistan often struggle to care for families and are frequently abandoned by husbands who never return or start new families abroad. The current economic situation still forces younger generations of Tajik men to leave the country for work. Women constituted only 19 percent of the total economically active population in 2005, meaning that household income was mostly provided by men. As a result, many women have found themselves economically dependent on absent men (ILO 2009).

During 2002–2004, 30 percent of employed women were public-sector employees, 56 percent were agricultural workers, 52 percent were educators, and 64 percent were health care workers (the latter three are the lowest paid in Tajikistan). It is difficult to estimate the participation of

women in the informal economy; however, experts believe it is substantial. This results in a lack of secure employment, poor social protection, participation in hard forms of labor, low salaries, absence of pensions, and lack of development opportunities. Many women are forced into the informal economy due to poverty, reduced educational level, and high job market competition. Women often resort to subsistence farming, self-employment in retail, domestic service, or the sale of agricultural, homemade, or sewing products (ILO 2009).

Government Protections

The Constitution and several labor laws provide protections related to gender equality, pregnant women, and mothers of young children. Article 17 of the Constitution guarantees equality regardless of nationality, race, sex, language, religion, political convictions, education, social status, or marital status. It is Tajik law for employers to retrain workers who take leave for family responsibilities. The law prohibits the refusal to employ pregnant women or women with children or decreasing women's salaries because of pregnancy or child care responsibilities.

The Tajik Labour Code sets employment standards for women with families. This code restricts engaging women in work at night, overtime, work on days off, or traveling for work. It also requires transferring pregnant women to roles that entail lighter duties and mandates maternity leave. Women must be granted 70 calendar days of leave prior to and after giving birth. This can be extended in cases of difficult deliveries or the birth of multiples. Women can use this leave at their own discretion and are entitled to a maternity benefit of 100 percent of the average worker's wage for the entire leave.

After maternity leave, women may choose to take child care leave until the child reaches 1.5 years, with payment covered by state social insurance. Alternatively, women can choose child care leave with no payment until the child turns 3. The woman's job is preserved, and leave is included in determinations of seniority. Similar leave benefits are extended to individuals who adopt a child or exercise custody of a child. Tajik law prohibits termination of pregnant women or women with children who are 3 years old or younger and single mothers with disabled children who are 16 or younger. These rights are also extended to fathers raising children in the absence of a mother (ILO 2009).

Child Care Facilities

Following independence and the civil war, the number and quality of preschool educational institutions (PSEI) decreased; however, demand for preschool education is increasing. Lack of sufficient PSEIs affects mothers' abilities to work. From 1991 to 2005, the number of PSEIs decreased from 944 to 468; yet, the number of children attending such facilities increased by approximately 10,000. Only about 4.7 percent of Tajik children receive preschool education. Attendance of preschool is largely correlated with socioeconomic status; 29 percent of children in well-to-do households attend preschool, compared to only 1 percent of poor children. Only 50 percent of PSEIs are located in buildings specifically built for preschool, and the majority of these suffer from deferred maintenance. PSEIs struggle with shortages of furniture, toys, sports facilities, proper food, and educational supplies. The quality of teaching personnel is poor; only about 25 percent of teachers possess university degrees. The system of monitoring preschool quality is underdeveloped. Only about 10 percent of preschool monitors possess a degree in preschool education, and there is a shortage of other specialists, such as speech therapists, oculists, and teachers for children with disabilities (ILO 2009).

Family Life

Historically, Tajik women have married early (14–16 years old). These marriages were arranged by family members and involved a bride-price that was paid by the bridegroom or his family. Following marriage, women became part of the husband's household, often a large extended family. The *kelin* (incomer) bride had a lowly position within the family, but her position could rise with childbearing, particularly if she bore sons. While the Soviets tried to alter these practices, advocating the nuclear family, tradition trumped these efforts. The median age at which Tajik's married rose during Soviet rule, but marriage traditions continued as they had before. Tajik customs favored young marriage and considered it shameful to not invite an entire village to a wedding, which could last for days. Following independence, marriage rates rose, brides' ages at first marriage dropped, and wedding ceremonies became more elaborate and costly. These trends were influenced by tradition as well as security concerns.

The instability during the civil war spurred parents to seek early marriages for daughters to protect their virtue

and honor. After the war, first marriage rates decreased about 60 percent over the next 10 years. The civil war and migration of laborers created a lack of marriageable men. Additionally, it was not uncommon for a family to go bankrupt due to the cost of a marriage celebration. The Tajik government imposed a law in 2007 limiting the number of guests, event length, and amount of food allowed at weddings, and government monitors attend weddings to ensure compliance (Watson 2008). It is of note that data on marriages and birth rates are considered unreliable because both events frequently go unregistered in Tajikistan (Clifford 2009).

Responding to the many marriage issues facing Tajikistan, President Rahmon suggested declaring 2015 as the Year of the Family. Rahmon expressed concern about the rising divorce rate, the reluctance of younger people to start families, and the prevalence of genetic disorders related to consanguineous marriages. In reference to the latter, Rahmon suggested that people should limit marriages between close relatives or such marriages should be legally prohibited. Rahmon also proposed to introduce family life education in high schools (Avesta 2015).

Divorce

The divorce rate is growing (up 14% in 2012), as many women are going through divorce or abandonment from husbands working abroad. Many men start new families abroad, divorce their wives, or simply never return. Tajikistan is among the few Muslim nations where men can divorce their wives by stating the word *taloq* (divorce) three times; this can be done face to face, over the phone, or via text message (Al Jazeera 2013). The government has attempted to counter the divorce crisis by mandating the teaching of homemaking skills for girls in schools, stating that families are collapsing because brides cannot sew or cook. However, many doctors and teachers believe the problem has to do with failing education and a poor economy—citing that marriages are more likely to collapse when one spouse is poorly educated and when neither can earn a living wage (BBC 2014).

With divorce rates climbing, the issue of spousal rights is becoming increasingly salient. The State Religious Affairs Committee announced in 2011 that a divorce announcement delivered by text message is invalid, even if the marriage lacks official registration. This committee is trying to raise public awareness about the need for an official registration certificate. Under Tajik law, women

are entitled to 50 percent of a couple's property upon divorce. However, about 80 percent of women are denied property rights and child support, usually because their marriages were never registered. Most marriages are conducted as Islamic religious ceremonies, called *nikaah*, and are not registered and, therefore, not legally recognized. Most couples are unaware of the need to register their marriage. Additionally, the practice of polygamy is on the rise, exacerbating the growing divorce problem. While outlawed by the government, polygamy is permitted under Islamic law, and in some areas, it is widely practiced (up to 80% of marriages). Subsequent marriages are not registered because they are technically illegal (EurasiaNet.org 2011).

Politics

Women were granted the rights to vote and stand for election in 1924; however, the first woman was not seated in parliament until 1990. Women are underrepresented in government relative to their proportion of the population. During 1997–2014, Tajikistan's parliament had an average of 14.14 percent women, starting out at 2.8 percent in 1997 and hitting a peak of 19 percent in 2010 (The Global Economy 2016). Tajikistan was ranked by the Inter-Parliamentary Union (IPU) as 62nd out of 189 countries regarding the percentage of women in parliament (Rakhmanova 2007).

LGBT Rights

Lesbian, gay, bisexual, and transgender (LGBT) individuals face many legal and cultural challenges and are one of the most secretive parts of Tajik society. Same-sex activity has been legal, with the age of consent being 16, since 1998. However, the cultural situation for LGBT people is not favorable due to religion and traditional beliefs. There are no antidiscrimination laws protecting LGBT individuals, and harassment is commonplace. Same-sex marriage and adoption is illegal, and same-sex couples cannot access in vitro fertilization (IVF) or surrogates. Gays and lesbians are not allowed to serve openly in the military. There is no right to transition gender. There is only one gay rights group in Tajikistan, Equal Opportunities, and they report that beatings, rapes, and robberies of LGBT people are common. Victims rarely report such crimes for fear of publicity, blackmail, and police brutality (Leach 2012).

Religious and Cultural Roles

Since the seventh century, Islam has been an integral part of Tajik culture, and today 98 percent of Tajiks are Muslim. The Hanafi school of Sunni Islam became the official religion in 2009, making Tajikistan the only former Soviet state with an official religion. However, the government and president continue to espouse a secular policy. Religious practice increased after independence. The majority of Tajik Muslims are Sunni (95%), but a Shia minority exists (3%). Russian Orthodox is the most widely practiced Christian faith. Tajikistan also has small pockets of other Christian denominations and a small Jewish community (CIA 2016).

Generalized Fears of Radical Islam

The Tajik Constitution provides for freedom of religion; however, respect for religious freedom has eroded recently. In response to fears of Islamic extremism, the government began actively monitoring the activities of religious institutions to prevent religious politicization. No officially registered mosques were closed; however, hundreds of unregistered mosques, prayer rooms, and *madrassas* (Islamic religious schools) were closed. In the 2015 parliamentary elections (which some international observers declared flawed), the Islamic Renaissance Party of Tajikistan (IRPT) failed to win any seats, the first time in 15 years that IRPT has had no representation.

IRPT was a large part of the opposition during the civil war, and part of the peace agreement guaranteed them legal status and 30 percent of ministerial positions. This loss was in the wake of numerous IRPT scandals that have instigated calls for party closure by imams in state-run mosques. In 2007, the government banned girls from wearing hijabs in schools, and in 2015, President Rahmon was quoted as stating that “wearing the hijab and blindly copying a culture that is foreign to us is not the sign of having high moral and ethical standards for women” (Putz 2015). Currently, Tajikistan is unique worldwide because it is illegal for people under the age of 18 to publicly practice religion. Women are not allowed to enter mosques (U.S. Department of State 2015).

Issues

High poverty rates, high rates of domestic violence, arranged marriages, and early marriages are persistent issues facing Tajik women (UNFPA 2014). The high rate

of violence against women goes unchecked. It is rare that abused women can escape violence due to economic dependence on their spouse and poor police response.

Domestic Violence

Rates of domestic violence are extremely high due to traditional family values and reluctance by authorities to intervene in private family affairs. Nearly half of women have experienced physical, psychological, or sexual violence by husbands or in-laws. This violence is justified in the opinion of many: 62 percent of Tajik women think that wife beating is acceptable if a wife goes out without permission, 68 percent think it is acceptable if she talks back, and 48 percent think it is acceptable if she refuses sex (State Committee on Statistics of the Republic of Tajikistan 2007). Many Tajiks agreed that wife beating is justifiable for arguing, disobeying, leaving without permission, not preparing meals on time, or not caring for children properly (The Advocates for Human Rights 2008). Police rarely intervene, and when they do, they promote reconciliation. Women are frequently blamed for their abuse and may experience harassment for reporting it.

In 2013, Tajikistan enacted a law against domestic violence; however, medical and legal professionals are not properly trained to handle cases of domestic violence, and abusive husbands or relatives are rarely arrested or prosecuted. The cycle of domestic violence is exacerbated by the restriction of girls' access to education, traditional societal views on gender roles, extreme poverty, practices of early and forced marriage, migration, unregistered marriage, rising divorce rate, and resurgence of polygamy.

AMANDA L. ESPENSCHIED-REILLY

Further Resources

The Advocates for Human Rights. 2008. *Domestic Violence in Tajikistan*. Retrieved from http://www.stopvaw.org/uploads/tajikistan_3_6_07_layout_-_final_mc.pdf.

Al Jazeera. 2013. "Tajikistan's Missing Men." August 2. Retrieved from <http://www.aljazeera.com/programmes/101east/2013/07/201372393525174524.html>.

Avesta. 2015. "Tajikistan Declares 2015 as Year of Family." Retrieved from <http://www.avesta.tj/eng/goverment/4972-tajikistan-declares-2015-as-year-of-family.html>.

BBC. 2009. "Amnesty: Nearly Half of Tajik Women Regularly Abused." Retrieved from <http://news.bbc.co.uk/2/hi/asia-pacific/8375617.stm>.

BBC. 2014. "Tajiks Tackle Divorce Rate with Naan Bread." Retrieved from <http://www.bbc.com/news/blogs-news-from-elsewhere-28062732>.

BBC. 2015. "Tajikistan Profile—Overview." September 1. Retrieved from <http://www.bbc.com/news/world-asia-16201033>.

CIA (Central Intelligence Agency). 2016. "Tajikistan." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/resources/the-world-factbook/geos/ti.html>.

Clifford, D. 2009. "Marriage and Fertility Change in Post-Soviet Tajikistan." PhD thesis, University of Southampton, School of Social Sciences.

Country Facts. 2016. "Tajikistan." Retrieved from <http://country-facts.com/en/countries/asia/tajikistan.html>.

Elder, M. 2010. "Where the Unibrow Reigns." Retrieved from <http://www.globalpost.com/dispatch/tajikistan/101126/unibrow-central-asia-fashion#/dispatch/tajikistan/101126/unibrow-central-asia-fashion>.

EurasiaNet.org. 2011. "Tajikistan: Loophole Leaves Women in the Lurch When It Comes to Divorce." April 14. Retrieved from <http://www.eurasianet.org/node/63296>.

Falkingham, J. 2000. "Women and Gender Relations in Tajikistan." Programs Department and Social Development Division, Office of Environment and Social Development, Asian Development Bank. Retrieved from http://www.gender.cawater-info.net/publications/pdf/women_in_tajikistan.pdf.

Foreign Credits. 2012. "Education System in Tajikistan." Retrieved from <http://www.classbase.com/Countries/Tajikistan/Education-System>.

Ganguli, I. 2009. "Tajik Labor Migration to Russia: Is Tajikistan at a Crossroads?" IREX Scholarly Research Brief, September. Retrieved from file:///C:/Users/11539/Downloads/Ina_Gangulil.pdf.

The Global Economy. 2016. "Tajikistan Women in Parliament." Retrieved from http://www.theglobaleconomy.com/Tajikistan/Women_in_parliament.

ILO (International Labor Organization). 2009. "Work and Family: The Republic of Tajikistan." Retrieved from http://www.ilo.org/wcmsp5/groups/public/---europe/---ro-geneva/---sro-moscow/documents/publication/wcms_312658.pdf.

Leach, A. 2012. "Tajikistan Rife with Homophobia." Retrieved from <http://www.gaystarnews.com/article/tajikistan-rife-homophobia/#>.

Library of Congress. 1996. "Gender and Family Structure." Retrieved from <http://countrystudies.us/tajikistan/21.htm>.

Putz, C. 2015. "What Not to Wear in Tajikistan: The Hijab." Retrieved from <http://thediplomat.com/2015/04/what-not-to-wear-in-tajikistan-the-hijab>.

Rakhmanova, M. 2007. "Tajikistan Ranked 62nd in 2006 in Terms of Percentage of Women in Parliament." Asia Plus, March 5. Retrieved from <http://news.tj/en/news/tajikistan-ranked-62nd-2006-terms-percentage-women-parliament>.

Rankovic, M. 2015. "Bringing Family Planning and Maternal Health Services to Rural Tajikistan." UNFPA, March 24. Retrieved from <http://eeca.unfpa.org/news/bringing-family-planning-and-maternal-health-services-rural-tajikistan>.

State Committee on Statistics of the Republic of Tajikistan. 2007. *Tajikistan Multiple Indicator Cluster Survey 2005, Final Report*. Dushanbe, Tajikistan: State Committee on Statistics of the Republic of Tajikistan.

- UNDP (UN Development Programme). 2015. "Tajikistan." *Human Development Report 2016*. Retrieved from http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/TJK.pdf.
- UNFPA (UN Population Fund). 2014. "Child Marriage in Tajikistan (Summary)." Retrieved from <http://eeca.unfpa.org/publications/child-marriage-tajikistan-summary>.
- UNICEF. 2009. "Education in Tajikistan." Retrieved from <http://www.unicef.org/ceecis/Tajikistan.pdf>.
- U.S. Department of State. 2015. "International Religious Freedom Report for 2014." Retrieved from <http://www.state.gov/j/drl/rls/irf/religiousfreedom/index.htm#wrapper>.
- Watson, I. 2008. "Tajik Government Cracks Down on Wedding Size." National Public Radio (NPR), February 16. Retrieved from <http://www.npr.org/templates/story/story.php?storyId=19085173>.
- WEF (World Economic Forum). 2016. "Tajikistan." Retrieved from <http://reports.weforum.org/global-gender-gap-report-2015/economies/#economy=TJK>.
- World Bank. 2016. "Government Expenditure on Education as % of GDP (%)." Retrieved from <http://data.worldbank.org/indicator/SE.XPD.TOTL.GD.ZS/countries/TJ?display=graph>.

Thailand

Overview of Country

The Kingdom of Thailand is located in Southeast Asia, bordering the Andaman Sea and the Gulf of Thailand. The country is encircled by Myanmar (formerly Burma) to the northeast, Laos to the northwest, Cambodia to the southwest, and Malaysia at the southernmost point. As of 2014, Thailand has a population of 67.22 million (Thailand Population 2014). In the mid-14th century, a unified Thai kingdom was established that was known as Siam until 1939, when the name changed to Thailand. Thailand was renamed Siam from 1945 to 1949, after which it again reverted to Thailand (Cavendish 1999). Thailand is the only Southeast Asian country never to have been taken over and colonized by a European power, but some scholars argue that Thailand has been economically and culturally colonized ("internalized colonization") by the West. After a bloodless revolution in 1932, the country changed from an absolute monarchy to a constitutional monarchy (CIA 2014).

Ethnicity

The Thai people (also referred to as *Tai*) were once believed to have migrated from southern China, originally

establishing major state-like cities in the north of Thailand, that is, Chiang Saen, Chiang Rai, and Chiang Mai (Shodhganga n.d.). The Thais progressively migrated farther south seeking agriculturally richer lands in the central plains and increasing the Thai's claims to the land over most of the Indochina Peninsula. It is important to note, however, that contradictory archeological findings in the northeast city of Ban Chiang indicates a flourishing ancient Bronze Age that existed nearly 5,000 years ago and into the Iron Age and that Thai people originated from the area and never migrated (Baker 2019).

Notable periods in Thai history include the following: The Sukhothai Period (1238–1438) was considered the first Thai kingdom. It was founded in 1238 by governors and brothers Khun Bang Klang Thao (also known as Sri Indraditya and the first king of Sukhothai) and Khun Pha Muang (the second king of Sukhothai), who rebelled against the neighboring Khmer people and brought independence to the region, expanding its boundaries of influence. This prosperous period is known as the "golden age" of Thai culture, when the adage that there is "fish in the water and rice in the fields" reflected the abundance available to all the people. The land of Sukhothai reached to Vientiane in the north (present-day Laos) down to the Malay Peninsula in the south, and it enjoyed strong friendships with neighboring countries while absorbing elements of those cultures with which it mingled, including the advanced cultures of China. Additionally, during this period, the trade of Thai artistry was established with both Cambodia and India.

With the succession of the kingdom's second King Khun Pha Muang by the third son of King Sri Indraditya, King Ram Khamhaeng became the third king of Sukhothai. King Ram Khamhaeng supported a strong friendship with China and organized the country's first writing system that became the basis for the modern Thai alphabet. The monarchy of the Kingdom of Sukhothai, which lasted more than 200 years, represented itself as the protector and the guarantor of food, with fair justice, low taxes, and freedom to trade, and additionally cataloged the varieties and grandeur of its places (Baker 2009; Mishra 2010).

The Ayutthaya period (1351–1767) represented the capital of the Thai kingdom from 1350. Founded by King U-Thong, or Somdet Phra Ramathibodi I, the Kingdom of Ayutthaya was founded on an island within the country formed by the gathering of three rivers: the Chao Phraya, the Pasak, and Loburi. It emerged as the dominant center of the region, which the Chinese called Xian, but it was

later converted to Siam by the Portuguese (Baker 2013). Surrounded by water with rice paddies and terraces, this new capital offered a variety of geographical and economic advantages, and with the introduction of firearms, it anchored a succession of advances in conquering and expanding into other eastern and northern kingdoms and city-states, including Sukhothai. The Thai kings of the Ayutthaya period became powerful in the 14th and 15th centuries, and unlike the paternal governance of the Sukhothai rulers, the Ayutthaya kings were absolute monarchs possessing semireligious status. The society during the Ayutthaya period was strictly hierarchical and patriarchal, a class system ruled top-down from the king to the lowest social scale of commoners and slaves.

In the early 16th century, diplomatic relations with the Portuguese were established via traders and missionaries, which resulted in the establishment of an embassy within Ayutthaya. Spain was the next European nation to arrive in Ayutthaya at the end of the 16th century. In the 17th century, the Dutch, British, and French established trade relations in the kingdom (Baker 2013); yet, the brilliance of the court of King Narai (1657–1688) caused the French to launch a bid for dominance in Siam that provoked an antiforeign coup (1688) during which the formerly trusted Greek adventurer Constantine Phaulkon was executed. Thailand then closed its borders to foreigners for over a century.

Throughout the Ayutthaya period, control for the dominance of the city-states of Siam by the northern Burmese caused much fear, but by the end of the 16th century, the Siamese people had regained their power. However, the Burmese invaded Ayutthaya again in 1765, causing great destruction, including that of temples, manuscripts, and religious sculptures. This led to the self-promotion of General Phaya Taksin to king and the relocation of the Siamese to the city of Thonburi on the bank of the Chao Phraya River (opposite the city Bangkok) in 1769, ending an over 400-year period of rule.

The Thonburi period (1769–1782) represented the regaining of control of the Ayutthayan Empire as well as the extension of Siamese control over areas of Cambodia, Vientiane, and the northern part of the Malay Peninsula in the south. Within a few years of taking power, however, Taksin showed signs of instability, and he was overthrown and put to death. Taksin was succeeded by Chao Phraya (“Great Lord”) Chakri, his former military commander, who founded the Chakri Dynasty that continues to the present day.

During the Rattanakosin and Bangkok period (1782 to the present), Chao Phraya Chakri, the first king of the Chakri Dynasty, reigned from 1782 to 1809 and became known as Rama I. One of his original acts as the new king was to move the capital from Thonburi across the Chao Phraya River to the small village of Rattanakosin, also known as Bangkok. Rama I set out to restore and rebuild Siam from the massive devastation caused by the Burmese and began the process of consolidating his kingdom, which included the building of the Grand Palace and preservation of the cultural history.

Rama II (1809–1824) continued the restoration, and Rama III (1824–1851) reopened trade and diplomatic relations with Western nations and China. King Mongkut, Rama IV (1851–1868), is credited with astute political intelligence and scholarship, whereby he focused on modernizing his country in the shipbuilding industry, Western medicine, and the training of military troops in European methods. Rama IV’s skillful diplomacy succeeded in keeping more powerful expansionist nations from overthrowing his kingdom and avoided the colonization that overtook neighboring countries. His son, King Chulalongkorn (1869–1910), Rama V, continued his father’s tradition of reform and independence by abolishing slavery and improving the public welfare and administration systems.

King Chulalongkorn’s son, King Vajiravudh, Rama VI (1910–1925), was the first monarch to be educated abroad and was responsible for establishing educational reforms, including compulsory education. In 1924, King Vajiravudh proclaimed his Law of Succession, which ensures that the throne will be passed to the king’s true sons and grandsons. It is the code for patriarchal succession for the Chakri Dynasty to the present.

King Prajadhipok, Rama VII (1925–1935), inherited deep economic struggles compounded by the Great Depression. As a result of the country’s unrest and need for change, a 1932 coup headed by Western-educated Pibul Songgram and Pridi Phanomyang launched the development of the first constitution-based system of government, thus ending 700 years of absolute monarchy (Royal Thai Embassy 2016). King Prajadhipok abdicated in 1933 and was succeeded by his 10-year-old nephew, Prince Ananda Mahidol, Rama VIII (1935–1946), who at the time was enrolled in school in Switzerland. It was during this time of political change in 1939 that the country’s name was changed from Siam to Thailand.

The Kingdom of Thailand was led by two princes acting as regents until after World War II. King Ananda Mahidol

finished his education and returned to Thailand to physically take the throne in December of 1945. Six months later, he was discovered dead in his bed, with a gunshot wound to the head. The death remains a mystery, and Thais are not permitted to speculate. Any literature investigating the death is also banned (Royal Thai Embassy 2016).

Thailand's most recent reigning monarch was the well-loved and revered King Bhumibol Adulyadej, Rama IX (1946–2016), and the younger brother of the late king. Credited as the longest-reigning monarch in Thai history (70 years), his recent passing on October 13, 2016, devastated the people of Thailand. There is expected to be a year of mourning followed by the likely succession of the king's son, Crown Prince Maha Vajiralongkorn. King Bhumibol Adulyadej was born in Cambridge, Massachusetts, and he studied in Switzerland, where he met his future queen consort, Sirikit Kitiyakara. The Thai people adore Queen Sirikit, and her birthday, August 12, is a national holiday and celebrated as the country's official Mother's Day. She has been the president of the Thai Red Cross, and she promotes Thai culture (Mishra 2010.)

Girls and Teens

The family is the cornerstone of Thai society, and the family structure is traditionally based on maintaining family connections (Tapanya 2011). Family is considered a close-knit unit that follows a hierarchical pattern with parents at the top. Strongly connected to the dominant religion of Buddhism's tenet of *karma*, where parents are referenced as the "house gods" (who gave life to the child), children are expected to hold their parents in high esteem and obey them to maintain spiritual merit (*bun*). In rural areas, three or more generations will often live in one household, whereas one or two live together in urban areas (Charoenthaweesub and Hale 2011). The UN Development Programme (UNDP) ranked Thailand 89th out of 149 nations in the 2013 Gender Inequality Index (0.364).

Barring any familial tragedy or situational disassociation, that is, economic hardship, children traditionally seek parental approval and guidance and often live with their parents until marriage. Gender roles influence family dynamics; the father is expected to be a strong leader who makes the major decisions for the family, and the mother should be a good follower, support her husband, attend to the needs of the family before her own, and embrace the characteristics of gentleness, kindness, and humility. Girls are expected to do housework, such as laundry, kitchen

chores, and housecleaning, as well as tend to the younger children in the household (Esara 2004). A sense of obligation to parents is strong, particularly toward the mother, and the youngest daughter is often expected to perform the role of caregiver when her parents are elderly (Choo-wattanapakorn 1999).

Sex Education

The topic of sexuality is considered taboo in Thai culture, and parents see doctors, teachers, and sex education professionals as the appropriate sex education instructors for adolescents. Sex education policy in Thailand is unclear; however, any plans for future development of sex education programs remains unclarified by politics and politicians. Nonetheless, school curriculums and counseling services provide sex and HIV/AIDS education in all secondary schools coupled with direct access to health service systems. The school's sex education instructors are likely to lack the skills and training to provide comprehensive sex education and often utilize limited curriculum that focuses solely on the biology of sex and sexuality (ARROW 2014). Additionally, teachers are apprehensive about how parents will feel about the topic due to the cultural norm that it is not acceptable to discuss sexuality in public.

Health

As of the May 2014 World Health Organization (WHO) report, Thailand has seen a steady decrease in mortality rates. It has successfully established universal health care for all its citizens since 2002. Thailand boasts dynamic primary health care and health system development as well as a progressive health promotion agenda that is funded through alcohol and tobacco taxes. With poverty four to eight times greater in various regions of the country compared to Bangkok, the Thai government has initiated a nonconditional cash transfer for all Thais over 60 years old and for newborns to 6 years old in lower income brackets. The health care system of Thailand maintains a steady focus on strengthening disease prevention and health promotion while sustaining adequate and quality primary care. However, there are also inefficiencies in health care reform and a lack of services for small towns, villages, and migrants. An insurance scheme to aid migrants that does not discriminate based on their legal status has been newly launched, but it is too early to measure its relative success (WHO).

According to Thailand's International Conference on Population and Development report (Ministry of Public Health of Thailand 2010), Thailand has improved gender equality and empowerment of women in employment and politics, specifically improvements around women's decision making on their own health, gender-based violence, and child marriage. Additionally, certain populations still "require special attention and care such as youth, people in remote areas on highlands, in the Deep South, and marginalized populations such as migrants, ethnic minorities, sex workers, transgender populations, drug addicts, and prison inmates" (Ministry of Public Health of Thailand 2010; UNFPA 2005).

Access to Health Care

Access to health care is available and unrestricted in urban areas; yet, it remains sporadically available in small towns and villages because knowledgeable health care workers and doctors are scarce. In 1997, Thailand enacted a Reproductive Health Policy declaring that "all Thai citizens, at all ages, must have [a] good reproductive life" (Ministry of Public Health 1998). However, due to major discrepancies among vulnerable populations and in rural areas, strategies are needed to improve the distribution of information, counseling, and services for adolescents and youth (UNFPA 2005). Additionally, in an effort to reduce the burden of health costs on the poorest and most vulnerable, universal health care became free for Thai citizens in 2007, making health care more accessible to everyone. As of 2016, 99.5 percent of the population had health protection coverage, including reproductive health care. This improved access to coverage led to an improvement in two-year survival rates for cancer and heart attacks (World Bank 2012).

Prior to 2005, abortion was only legal if the pregnancy posed a risk to the mother's health or if rape had occurred. In 2005, the Thai government amended the law, making abortion more easily accessible, and thus safer, for some women. The law states that abortion is legal if the mother's mental health is negatively affected during the course of the pregnancy (ARROW 2014). The punishment for a woman who has an abortion without proving any negative mental affect is steep and costly; she is subject to up to three years' imprisonment in addition to a fine of up to 6,000 THB (USD\$200). Any person who performs an unauthorized abortion is also penalized by up to five years in prison and a possible fine of up to 10,000 THB (USD\$320). These laws create difficulty for women to attain safe abortions,

and many of them are forced to seek out practitioners who are unqualified or who perform in unsanitary conditions. Alternative contraceptives, including emergency morning-after pills, can be purchased at many local drugstores throughout the country, but access to these drugs is limited in rural areas and for migrant workers, who are unaware the pills are available or are restricted from leaving their workplaces (ARROW 2014).

In terms of contraception options, half of Thai women (44%–45%) prefer using birth control pills. Female sterilization (30%–33%) and injectable birth control (15%–18%) are the second and third most popular choices. Birth control is available from public facilities, such as health centers, district hospitals, and provincial hospitals, and drugstores, village health volunteers, and other small outlets make birth control available from the private sector (Kongsri 2011). Teen usage of condoms is low (20%–30% of sexually active youth), partly due to the perception that there is a low risk of contracting sexually transmitted infections (STIs) or becoming pregnant (Ministry of Public Health of Thailand 2010, 29; UNFPA 2005). Additionally, a growing number of teen pregnancies have resulted in the rise of emergency contraception use and unsafe abortions, suggesting that further sex education outreach is necessary.

Maternal Health

Since the initiation of Thailand's universal health care program, a safe motherhood intervention component has also promoted prenatal care for pregnant women and girls. Within these programs, health-system reforms were initiated around maternal, neonatal, and child health interventions (Acuin et al. 2011). Despite the health services in reproductive care, challenges remain: maternal mortality due to AIDS, low rates of exclusive breastfeeding, and the pervasiveness of low birth weights (Kongsri 2011).

There is an overall prevalence of low birth weight in Thailand and an increase of low birth weights in impoverished communities due, in part, to poor maternal health. Distribution in the prevalence of low birth weight across urban-rural areas and geographic regions fluctuated; yet, women who lack education and reside in poorer communities were more likely to have a low birth weight baby (Kongsri 2011). Infant mortality stood at 25 per 1,000 live births in the year 2000; however, these numbers may hide disparities among people living in poverty and migrant communities.

Traditional birth attendants or midwives have been integrated into the nurse-and-midwifery curriculum for professional nurses as advancements in medicine and nursing services, replacing the stand-alone midwife. Nurse-midwives are specialists who have broad knowledge and are skilled in making clinical decisions. The role of nurse-midwives is to maintain the nursing and midwifery model of skilled primary care for women across the life span. The nurse-midwife works with women to develop a plan of care that is socially and culturally sensitive to their desires, including decision making throughout the birthing process. Nurse-midwives are individually trained to perform effectively within all regions, paying close attention to the social and cultural differences that exist where maternal death rates are highest (Kritchaoen et al. 2011).

The Thai government endorses WHO's recommendation of exclusively breastfeeding babies until the age of six months and continuing to breastfeed until children are two years old with the addition of nutritious food supplements. Even with the support of the government, Thailand has not shown positive increases; in fact, there has been a decline in the practice of breastfeeding, with only 5.5 percent of infants being exclusively breastfed for the first six months (WHO 2012). Bangkok has seen the most dramatic drop in breastfeeding, with areas of the north, south, and central regions following close behind. There is, however, a higher rate of breastfeeding in poorer areas as well as disproportionately underweight children (Kongsri 2011).

Childbirth for girls under 20 years old remains high and is an important public health problem with an increased risk of adverse perinatal outcomes. Complications in teenage pregnancies include anemia, pregnancy-induced hypertension, prolonged labor, premature deliveries, cephalopelvic disproportion, intrauterine growth restriction, sexually transmitted diseases, increased incidence of instrumental and cesarean deliveries, increased maternal and perinatal mortality, and increased incidence of congenital malformations. Teen mothers who receive poor nutrition are at serious risk for damage to the reproductive tract, maternal mortality, pregnancy complications, perinatal and neonatal mortality, low birth weight, and death (Chirayus 2012).

Diseases and Disorders

According to WHO (2014), the life expectancy at birth in 2000 was 70 years for males and 75 for females. It is expected to rise by 2020 to 72.2 and 76.5 years, respectively.

The estimated risk of adult mortality between ages 15 and 60 is 24 percent for males and 12 percent for females. Despite improvement in rates of major communicable diseases, morbidity, mortality, and disability due to noncommunicable diseases continue to rise. The leading causes of death for Thai women of all ages are stroke, ischemic heart disease, diabetes mellitus, HIV/AIDS, nephritis and nephrosis, low respiratory infection, cervical cancer, hypertensive disease, liver cancer, COPD, road traffic accidents, and cirrhosis of the liver (Porapakham et al. 2010).

While Thailand's mortality and morbidity rates rank highest due to noncommunicable diseases, injuries caused by traffic accidents and communicable diseases, such as Artemisinin-resistant malaria and tuberculosis (TB), remain high areas of concern. Additionally, the rise of drug-resistant malaria, TB, and HIV are worrying developments. Thailand is 1 of 22 countries in the world with the highest TB affliction, and malaria is reemerging due to outbreaks in cross-border populations with limited prevention and drug resistance (WHO 2014).

According to the National AIDS Committee (2012), Thailand reports roughly 9,470 new HIV cases annually, and it estimates that around 440,000 people live with HIV/AIDS countrywide. According to UNICEF (2011), 89.41 percent of AIDS patients are 15–59 years old, and Talawat and Phiromchai further report that “most cases are a result of unprotected sex (84.17 percent), followed by drug use (4.34 percent), mother-to-child transmission (3.61 percent), and blood transfusion (0.02 percent)” (2008). In 2007, the Thai Constitution offered some general protection against the discrimination of people living with HIV/AIDS, but there is no current law that clearly bans any such discrimination. In an effort to control the spread of HIV/AIDS, Thailand has seen the most significant decrease in new infections when educating the public on sexual transmission behavioral risk factors, such as promoting condom usage, minimizing services from commercial sex workers, and STI education.

Education

The 1999 Education Act guaranteed that all children, including non-Thai children, living in Thailand have the right to a quality education without discrimination, from preschool to senior high school. Primary and secondary education is free of charge, and a minimum of nine years of schooling is mandatory. Education is divided into six years of elementary school and six years of secondary

school, which are additionally divided into three years of lower and three years of upper levels (UNICEF 2011). All students can choose vocational tracks in upper secondary schools and sometimes in lower secondary schools. Primary school age is 7–12 years old with ratios at 94.2 percent for boys and 94.1 percent for girls. These numbers represent minimal gender disparity and are not perceived as a huge challenge in Thailand; however, a lack of opportunities for girls and women to hold leadership positions in education presents serious discrimination issues. Additionally, in-class textbooks have not been updated regarding gender equity since 1993 and are in need of revision.

Thailand's education data reveals gender parity at the primary level and higher enrollment at the secondary and tertiary levels, but this data does not reflect the different socialization of boys and girls, which contributes to gender inequalities. Gender differences are pronounced at the university level, with low enrollment of women in the fields of engineering, architecture, mathematics, and computer science (UNICEF 2011). Gender equality and quality achievements for girls in basic education are promoted through gender-sensitivity programs. The United Nations is preparing to launch a global Girl's Education Initiative program dedicated to the development of gender-equality activities to address gender differences. Specific barriers to girls' education stems from discrimination against the most marginalized groups, such as the poor, ethnic minorities, nonregistered children, migrants, and girls affected by HIV/AIDS, living with disabilities, or living in remote or violent areas. Girls who are thus burdened are doubly discriminated against and less likely to attend any form of schooling (UNGEI 2014).

Employment

Overall, most women do not hold high positions of power, and a large concentration of women are employed in the service sector as domestic workers. Although Thai women have access to more job opportunities than they did in the past, thousands of women find themselves involved in the sex trade or are trafficked for sex. In 2008, women constituted 45.9 percent of the labor force, and their participation in economic development continues to rise. Additionally, there has been a decrease in the male-to-female wage gap in the formal economy, while women's roles in small to medium enterprises have increased since the economic crisis of 1997. In 2005, 64.7 percent of women were working as unpaid family helpers, and a large number of women

maintained employment in the informal economy, such as domestic, subcontracted, or home-based workers, and as such have no claims to social security or welfare benefits (UNICEF 2011).

Historically, women were expected to take care of the children and household and were not allowed to hold the same jobs as men. Thai women have only been accepted into the formal workplace within the last 30 years. Today, many Thai women are migrating to urban areas to seek jobs in Thailand's growing educated workforce to take advantage of increasing employment opportunities since the 1990s. Even with the narrowing gender gap, women are not being treated as equal to men and maintain employment in the lowest-level service positions as domestic and household workers and restaurant and snack bar "entertainers," also known as prostitutes (Romanow 2012). According to the World Bank (2012), 45.4 percent of women were employed in the nonagricultural sector in 2008.

Female professionals also play an increasing role in the workforce as Thai women seek more meaningful careers in the rapidly growing private sector, where, in 2007, 35.8 percent of workers were women. Without holding positions of power, women are credited for Thailand's growing economic success (Romanow 2012). Thailand's labor statistics classify employment status into five categories: private-sector employee, government employee, unpaid family worker, self-employed worker, and employer. Women are employed at a higher rate than men in the field of unpaid family workers, making their contribution to the farming, fishing, trading, and handicraft economies unclear. Overall, the majority of women have lower-paying jobs and less education than men (Mekrungruengkul 2011).

Family Life

In Thailand, an "ideal" marriage involves a man and woman who are mutually respectful and contribute equally according to their gendered work expectations. Thai men are expected to provide for the couple financially, whereas women manage the domestic chores. A traditional Thai expression equates a married couple to an elephant, the male representing the two front legs and women as the two back legs. This metaphor symbolizes Thai men in the front, responsible for the decision making, and women in back, representing a subordinate and cooperative role in the family.

According to the UN Statistics Division (2012), the legal minimum age for marriage without parental consent is 17

for both men and women, and the average age of marriage is 24 for women and 27 for men. The legal age of consent for sexual activity fluctuates between 15 and 18 years old, depending on interpretation of the Penal Code Amendment Act of 1997. The National Statistical Office of Thailand (2011) reports that the average household in Thailand had 4.1 people in 2000. As Thai women become more independent and advance in economic power, divorce rates also increase. During 1994, the divorce rate in Thailand was 0.97 per 1,000 couples; in 2003, it increased to 1.28 per 1,000 people.

In Thai society, women adhere to more stringent societal guidelines compared to Thai men, such as the expectation to remain a virgin until marriage. Thai men, however, receive no social criticism for openly engaging in sexual promiscuity. Another double standard exists regarding premarital sexual expression. It is considered taboo for Thai females to engage in public sexual expression until marriage. Thai couples living in urban areas can meet in a variety of places, such as schools, malls, markets, and coffee shops, while rural couples typically meet in Buddhist temples. Thai women often seek the attention of young monks who will become available bachelors after their service to the Buddhist monastery (Taywaditep et al. 2007).

In Thailand, it can be acceptable for a married male to frequent the sex market. A wife might even support her husband's choice to visit commercial sex workers to relieve her of her husband's sexual demands and to prevent her husband from pursuing an emotionally involved extramarital affair with a minor wife. This example demonstrates the helplessness many Thai wives experience as they seek to protect themselves financially and emotionally by preserving their marriage (Taywaditep et al. 2007).

Politics

Women's suffrage in Thailand has been traced back to the Ministry of Interior's Local Administrative Act of May 1897, which defined the villagers who were eligible to vote as residents "whose house or houseboat was located in that village" and specified that residents included both males and females. Thailand was the second country in the world to enact female suffrage and the first to simultaneously gain an unopposed gender-equal right to vote (Bowie 2010).

Despite Thailand's early integration of women's right to vote, only incremental gains have been made for women since the 19th century, and the political landscape remains

dominated by men. Historically, both nationally and locally, women have been absent from political roles and overlooked as participatory members in politics. It is evident, however, that Thai women's political exchange and power play as well as their unofficial planning and alliance building are undeniable contributions to leadership positions. Within early kingdoms, royal women were offered as sexual trophies to kings and neighboring nobles to form alliances and strengthen political connections (Romanow 2012).

In the 1997 constitution, women were granted equal status to men, and the 2007 constitution upheld equal rights and protection between men and women, opening doors for women to step into politics. Not until the constitution of 1997 were Thai women able to hold parliamentary seats, and at that time, women held only 6 percent of the seats. These numbers have slowly increased, and in 2010, women were voted into 13.3 percent of the Parliament seats, showing at least some progress. Additionally, the Thai government actively promotes women's political and public office advancement constitutionally and within the Women's Development Plan (2007–2011). Advancement for female political candidates in the 2007 general election increased to 14.7 percent from 10.8 percent in 2005, however, the overall number of female elected officials remained low at 11.7 percent. Additionally, female candidates increased from 10.5 percent in the 2000–2006 term to 16 percent in 2006 for the 2007–2013 term. At the local level, women have greater access to political positions due to the lack of restrictive requirements to run for office, and their active involvement in community affairs provides valuable support toward political causes (UNICEF 2011).

The Women's Development Plan (2007–2011) identifies societal attitudes toward gender as the underlying obstacle to Thai women's development. They have outlined the following strategies for advancement: promote attitude change toward gender equality, increase women's participation in political decision making, improve access to health care services, strengthen women's rights to human security, and foster women's economic participation. Still, in current Thai society, there are many important differences that exist between the two sexes, and the gender divide has not been amended (ARROW 2014).

LGBTQ+

In March of 2011, Thailand signed a Joint Statement at the UN Human Rights Council calling on states to end

violence, criminal sanctions, and related human rights violations based on sexual orientation and gender identity. The Human Rights Council stated, “We are not trying to create new or special rights. We are simply trying to address the challenges that prevent millions of people from enjoying the same human rights as their fellow human beings just because they happen to be lesbian, gay, bisexual or transgender.”

Thailand’s philosophy of tolerance extends into LGBTQ+ lifestyles; both male and female same-sex sexual activity is officially legal. However, same-sex couples and households headed by same-sex couples are not afforded the same legal protections as heterosexual couples. Same-sex marriages, civil unions, and domestic partnerships are currently not recognized under Thai law, and it is unclear whether same-sex couples or LGBTQ+ individuals would be permitted to adopt or have custody of children. Despite the lack of formal legal recognition, Thai same-sex couples are publicly tolerated, especially in urban areas such as Bangkok, Phuket, or Pattaya.

According to the International Gay and Lesbian Human Rights Commission, a same-sex-marriage bill titled the Civil Partnership Act was submitted to Thai Parliament in 2014, but no decision has yet been published. The act seeks to give couples some of the rights of heterosexual marriages, but it has been criticized due to the increased minimum marriage age from 17 to 20 and the fact that it lacks adoption rights. Basic human rights, such as access to birthright, child care, insurance, and medical care benefits are still being sought for all LGBTQ+ Thai people (IGLHRC 2011). The legal system in Thailand falls short in supporting human rights and protections for transgender people. Thai citizens cannot legally change the gender on their ID cards, creating potential barriers to employment due to fears of complications in the workplace. In an effort to protect transgender individuals, the Administrative Court of Thailand ruled in 2010 that any act of discrimination was a violation of Section 30 of the Thai Constitution (ARROW 2014).

Religious and Cultural Roles

According to documented religious chronicles, monks brought Theravada Buddhism to Thailand from Sri Lanka in the 13th century, and it is considered Thailand’s official religion today (Baker 2013). Elaborate temples stand to honor the Buddha, and they house dedicated monks (followers of Buddhism) who collect relics and images of

the Buddha as strengths and talismans of spiritual power. Thailand’s Constitution protects all religions, endeavoring to promote harmony among all religious followers and encouraging virtue and quality of life. Religious studies are required in the primary and secondary education levels. Today, 93.6 percent of the Thai population are Theravada Buddhists, 4.6 percent are Muslim, and Christianity, Hinduism, Sikhism, and Judaism each account for less than 1 percent (Winichakul 2015).

Magic, or the belief in supernatural powers via rituals, symbols, actions, gestures, and language, is highly intrinsic to daily Thai life. Also identified as animism, magic in Thai culture pays particularly close attention to all “spirits,” making sure to always please and never anger them. Spirit houses are situated in every home, business, and government establishment and include offerings of flowers, fruit, incense, and other gifts to ensure that the “ghosts” or spirits are always appeased. Numbers, especially the number 9, are highly fortuitous and are intentionally incorporated into the personal, social, and political lives of the Thai people. Throughout the country, amulets that have been blessed by monks are located in cars, trains, and buses because they are believed to provide magical protection against traffic accidents. It is important to note that religious spirituality in Thailand is not only complex but also highly important within society (Gallagher 2014).

Issues

Domestic Violence

Domestic violence and violence against women are major issues in Thailand and have typically been regarded as internal family affairs. As a result, survivors are often reluctant or unable to seek legal protection. In 2007, the Protection of Domestic Violence Victims Act was enacted, defining domestic violence as “any action intended to inflict harm on a family member’s physical, mental or health condition and any use of coercion or unethical domination to compel a family member to commit, omit or accept any unlawful act, except for that committed through negligence” (UNICEF 2011). This means that a victim, witness, or anyone with information about a domestic violence incident has the right to file a legal complaint. The police are also legally bound to investigate these cases without delay, and a public prosecutor has no more than 48 hours to file the case. The police are also authorized to file on the victim’s behalf should the victim be unable to do so (ARROW 2014).

Notable Women in Thai History

Queen Suriyothai (1548) was the queen of the Ayutthaya king Maha Chakraphat. The warring ruler of Burma, Tabinshwehti, attacked Ayutthaya, launching a battle between the kingdoms. While fighting on elephants, King Chakraphat was wounded. Queen Suriyothai rode her elephant into combat against Tabinshwehti to save the king, losing her life in the act. She is famously remembered as dying in defense of the Thai people, and her valor and bravery are celebrated and revered. In 2003, the film *The Legend of Suriyothai* was released in her memory.

Queens of the southern province of Pattani (1584–1688) were daughters of the Sultan Bahadur. Raja Hijau (green princess), Raja Biru (blue princess), and Raja Ungu (purple princess) became the successive queens of the region. During their reigns, they amassed great loyalty and respect from their kingdom, using wisdom in diplomatic relations to gain allies and keep aggressive forces from overthrowing the region for over 100 years.

Two sisters, Than Pu Ying Chan and Mook (1785), were heroines from the southern island of Phuket and organized to fight against threatening Burmese forces. Than Pu Ying Chan was the wife of the region's recently deceased governor when a Burmese invasion threatened. The sisters assembled the island's forces, and in an effort to swell the appearance of their ranks, they disguised the local women as male soldiers. After several weeks under siege, the Burmese fled, exhausted. In recognition for their ingenuity and courage, King Rama I bestowed them with the royal titles of Thao Thep Kasattri (Chan) and Thao Sri Sunthon (Mook.)

Ya Mo ("Grandmother Mo," 1826) was the wife of the deputy governor of the Nakhon Rachasima region. An invasion by Vientiane (Laos), which was pursuing independence, seized the vulnerable city while the governor was absent. In an effort to thwart plans to remove the captured citizens to Laos, Lady Mo got the invading troops drunk and smuggled cooking knives to the imprisoned men, who surprised the invading troops and caused them to flee the region. Lady Mo is highly revered for her bravery and clever strategy. King Rama III awarded her the royal title of Thao Suranari ("the brave lady") in honor of her courageousness.

Amdaen Muen (1865) was a Thai peasant feminist who fought for equal rights for women during a time when women were denied education and considered chattel to be bought and sold. Muen first fought her family for the right to literacy, and with the support of Buddhist monk Nai Rid, Muen learned to read and write. After falling in love and being rejected by Nai Rid, Muen's father arranged a marriage to a wealthy man who desired a second wife. Muen, still in love with Rid, refused to consummate the marriage, faked her drowning, and escaped back home to her village. Rid, upon discovering Muen was alive, renounced his vows, and the two sought to marry. Muen petitioned King Mongkut (Rama IV) for her freedom and ultimately won, whereby Rama IV changed the law in December 1865, allowing women the right to choose their partners in marriage. Muen's strength and resistance represents the early struggle and win for women's rights in Thailand.

Saovabha Phonsi ("Sribajarindra," 1861–1919) was the half-sister, wife, and queen of King Chulalongkorn (Rama V), and she was mother of King Vajiravudh (Rama VI) and King Prajadhipok (Rama VII). Her son, King Vajiravudh, later titled her "Queen Mother Sir Bajarindra." In 1897, Queen Saovabha became Thailand's first woman and queen to become regent of Siam when her husband went on a tour of Europe. She is considered an important woman in Thai history because she is one of only two women who were ever selected to receive the title of H.M. the Queen Regent (Somdet Phra Nang Chao Saovabha Phongsri Praborommarachiniat). She took on many issues concerning women, particularly education, and in 1904, she established one of the first schools for girls, the Rajini School (or Queen's School) in Bangkok.

Queen Rambai Barni (1904–1984) was the wife of the abdicated king Prajadhipok. She followed him to Great Britain, where she was involved in nonmilitary activism during World War II and became a leader in the Free Thai Movement, an underground resistance against Imperial Japan. She returned to Thailand after her husband's death and carried out royal duties in service to the kingdom.

Poonsuk Banomyong (1912–2007) was the widow of Thailand's Prime Minister Pridi Banomyong. Born from indigenous roots, she is honored for bringing peace and hope to the younger generation. Her work includes supporting her husband's leadership in Thailand's 1932 peaceful revolution. During World War II, she joined the Free

Thai Movement in resistance to the invasion by Japan, and she worked to bring peace. As Pridi became embroiled in political upheaval, Poonsuk was arrested and tortured from 1952 to 1953, accused of offenses against Thailand. Poonsuk did not give in, and she drew strength from the teachings of the Buddha. She served as president of the Pridi Banomyong Foundation, which sought to preserve independence, freedom, and democracy. She was honored in 2005 with the United Nations Outstanding Women in Buddhism award for her efforts to promote peace and world understanding. She was known for her humility and idealism.

Maha Chakri Sirindhorn (1955), the daughter of King Bhumibol and Queen Sirikit, graduated at the top of her class. She holds a doctoral degree, is fluent in many languages, and teaches history. She is a goodwill ambassador for UNESCO and is the recipient of many awards, including the Indira Gandhi Prize for Peace, Disarmament, and Development (2004.) The princess is highly invested in the country's development and is admired and beloved by the Thai people. She is often referred to as Phra Thep, or princess angel (Mishra 2010).

Pornpet Meunansri (1937–2004) was born into farmers' bloodline in Nakhon Sawan. She has lived and farmed on her family's land since her birth. In 1963, her father was arrested under false charges, and in 1968, government officials undertook public land mapping, which began Pornpet's 36-year resistance to the illegal expropriation of her family's land. During those years of protest, she once brought her buffalo dressed in a suit to the prime minister's office for a year, and she was arrested and placed in a mental hospital and, in a moment of desperation, attempted to burn herself alive. Pornpet had produced a wide range of "resisting pages," from petitions to posters, banners, leaflets, statements, memoirs, occasional notes, preparation notes for the court cases, and an autobiography. Ultimately, Pornpet won the right to her land but was left to deal with the damage created by years of trespassing, squatters, and vandalism. In 2004, Pornpet was on the way back home from her farm when an unknown person used a cement mile marker to hit her on the head, killing her. She believed in living a truthful life and making things right where they were corrupted. She understood the land represented a farmer's heart and soul, and she used her own life as her mission.

—Dawn Schiller

Marital rape is also considered a crime. Rape in Thai law pertains to victims of all sexes and includes all types of sexual penetration. The law provides for the victim's protection regardless of citizenship, and offers support for reconciliation between victims and offenders to maintain familial relationships. If reconciliation is unsuccessful, women can seek divorce because of abuse (UNICEF 2011). Still, law enforcement can fail to take violence against women seriously, and officials may lack sensitivity toward survivors; a victim's background, sexual history, or sexual relationship with the abuser is often used to undermine her in Thai court. A widespread culture of victim blaming causes reluctance to report abuse. Further, many women lack an understanding of their rights under Thai law (ARROW 2014).

Human Trafficking

Since the 1880s, and especially with the country's militarization during the Vietnam War, many women have worked as sex slaves (Romanow 2012). Thailand is known as a

country of origin from which women, children, and other vulnerable populations are trafficked abroad to countries such as Australia and Japan as well as being a location of transit for trafficked populations from its bordering countries. Additionally, trafficked people from Myanmar (Burma), Laos, and Cambodia are often transported to Thailand for sale into the sex or labor industries (ARROW 2014).

Due to Thailand's comparative wealth among the countries of the greater Mekong, the country is largely considered a destination for human trafficking. According to Gugić (2014), the causes of human trafficking are many and include, "statelessness, poverty, lack of education, awareness and employment, or dysfunctional families."

In 2010, continued efforts to combat trafficking by the Thai prime minister and labor and civil society organizations resulted in the second of Thailand's six-year National Policy Strategies (2011–2016), wherein the government will train thousands of police, prosecutors, immigration officials, social workers, and laborers on the identification of possible victims and available resources.

Even with increased efforts at eliminating trafficking, there continues to be a low number of identified victims among vulnerable populations and of convictions for both sex and labor trafficking. Problems that hinder antitrafficking efforts include police corruption, biases against migrant laborers, lack of stable monitoring systems, lack of understanding among officials, the court's lack of a human rights-based approach toward labor abuse, and the lack of incentives to identify victims. Victims of human trafficking experience a wide range of barriers when attempting to find protection against their trafficker, such as legal costs, language, immigration, bureaucratic complications, fear of retribution, extensive legal processes, and financial needs. The Thai government vows to continue to develop systems of protection and offers legal aid to victims of trafficking who seek financial compensation from their offenders; yet, due to a combination of barriers, very few victims take advantage of this route (Trafficking in Persons Report 2016).

Migrants

An estimated 2.4 million migrants, mainly from Myanmar (Burma), Laos, and Cambodia are living in Thailand and working in areas of agriculture, fishery, manufacturing, construction, and service sectors (Ministry of Public Health of Thailand 2010). Additionally, there are more than 1 million migrants (70%–80% from Myanmar) living and working sporadically in the country, many for more than three years. There are more female migrants from Laos (Ministry of Public Health of Thailand 2010). Migrants have a higher risk for disease and are more vulnerable to public health dangers because universal health care does not cover most of the population. Many of the migrants work with no formal contract, which leaves them vulnerable to unfair employment terms, such as unfair wages; no benefits; lack of access to social security; no organization, representation, or bargaining power; and exposure to unsafe working environments.

In both Thailand and in their home countries, migrant women are subject to a great amount of discrimination and abuse. Perpetrators of the abuse include authorities, employers, community members, and sometimes their own families. The various abuses can include labor exploitation, underpayment of wages, wage deductions, seizure of vital documents, and hazardous working conditions. Additionally, a percentage of migrant women experience more severe labor exploitation, such as no wages;

no time off; confinement; verbal, physical, and emotional abuse; and trafficking.

Migrant women fear reporting the abuse because they become even more vulnerable to multiple forms of retaliation, including further exploitation, backlash from the community, indifference from the police, job loss, and being targeted for sexual abuse (ARROW 2014). It is also known that migrant women who experience abuse by their employers can be so severely confined to their workplaces that there are no opportunities to escape and seek help. When they do find the opportunity to report the abuse, they often seek out local women's nongovernmental organizations (NGOs) for assistance (Annuska 2013).

It is extremely difficult for migrant women to access any information regarding human rights and social services, including physical, sexual, and reproductive health care. In an effort to provide assistance to workers, the Thai government continues to develop and implement legislation and programs designed to remove health and education barriers. In 2016, social security benefits for migrant workers and their families became available that are equal to benefits received by Thai nationals. Migrant workers who are registered and hired in informal employment are not eligible for social security benefits; however, they can receive universal health care for themselves individually, but not for their families. Overall, in considering the exorbitant struggle faced by migrant workers, it is important to continue to provide access to programs for fair and equitable health and education services for all workers, regardless of their immigration status (Pearson and Kusakabe 2012).

DAWN SCHILLER

Further Resources

- Acuin, Cecilia S., Geok Lin Khor, Tippawan Liabsuetrakul, Endang L. Achadi, Thein Thein Htay, Rebecca Firestone, and Zulfiqar A. Bhutta. 2011. "Maternal, Neonatal, and Child Health in Southeast Asia: Toward Greater Regional Collaboration." *The Lancet* 377.9764: 516–525.
- Annuska, D. 2013. Human Rights and (Im)Mobility: Migrants and the State in Thailand. *SOJOURN: Journal of Social Issues in Southeast Asia* 28(2): 216–240. doi:10.1355/sj28–2b.
- ARROW (Asian-Pacific Resource & Research Centre for Women). 2014. "County Profile on Universal Access to Sexual and Reproductive Rights: Thailand." Retrieved from <http://arrow.org.my/publication/country-profile-on-universal-access-to-sexual-and-reproductive-rights-thailand>.
- Baker, C., and Phongpaichit, P. 2009. *A History of Thailand*. Cambridge, UK: Cambridge University Press. doi:10.1017/CBO9781139194877.

- Bowie, Katherine. 2010. "Women's Suffrage in Thailand: A South-east Asian Historiographical Challenge." *Comparative Studies in Society and History* 52: 708–741.
- Cavendish, Richard. 1999. "Siam Officially Renamed Thailand." *History Today* 49.5. Retrieved from <http://www.historytoday.com/richard-cavendish/siam-officially-renamed-thailand>.
- Charoenthaweesub, Mathurada, and Claudia L. Hale. 2011. "Thai Family Communication Patterns: Parent-Adolescent Communication and the Well-Being of Thai Families." *International Journal of the Computer, the Internet, and Management* 19.SP1: 841–846.
- Chirayus, Somnuk, and Verapol Chandeyng. 2012. "Outcome of Adolescent Pregnancy in Different Periods: Vachira Phuket Hospital." *Journal of the Medical Association of Thailand* 95.11: 1384.
- Choowattanapakorn, T. 1999. "The Social Situation in Thailand: The Impact on Elderly People." *International Journal of Nursing Practice* 5.2 (June): 95–99.
- CIA (Central Intelligence Agency). 2014. "Thailand." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/th.html>.
- Esara, Pilapa. "Women Will Keep the Household': The Mediation of Work and Family by Female Labor Migrants in Bangkok." 2004. *Critical Asian Studies* 36.2: 199–216.
- Gallagher, Hugh. 2014. "The Magical World of Thailand." *Newsweek Global* 162.2 (January 10): 123.
- Gugić, Z. 2014. "Human Trafficking under the Veil of Sex Tourism in Thailand: Reactions of the EU." *Pravni Vjesnik* 2: 355–376.
- HumanTrafficking.org. 2011. "Thailand." January 1. Retrieved from <http://www.humantrafficking.org/countries/thailand>.
- IGLHRC (International Gay and Lesbian Human Rights Commission). 2011. "UN Human Rights Council: A Stunning Development against Violence." March 23. Retrieved from <http://iglhrc.org/content/un-human-rights-council-stunning-development-against-violence>.
- Kongsri, Suratchada, et al. 2011. "Equity of Access to and Utilization of Reproductive Health Services in Thailand: National Reproductive Health Survey Data, 2006 and 2009." *Reproductive Health Matters* 19.37 (May): 86–97.
- Kritcharoen, S., T. Ingkathawornwong, P. Singchungchai, S. Limchaiarunruang, T. Intanon, and U. Phanthong. 2011. "Perceptions of Nurse-Midwives and Clients on Nurse-Midwives' Roles." *Songklanagarind Medical Journal* 23.2: 269–276.
- Mekrungruengkul, Sutada. 2011. "Briefing Report: Women in Thailand." Gunda Werner Institute. Retrieved from [http://www.gwi-boell.de/en/2011/03/07/briefing-report-women-thailand#Download PDF-file](http://www.gwi-boell.de/en/2011/03/07/briefing-report-women-thailand#Download%20PDF-file).
- Ministry of Public Health, Family Planning and Population Division. 1998. "Thailand National Family Planning Programme 19." Retrieved from <https://www.reproductiverights.org/sites/default/files/documents/Thailand.pdf>.
- Ministry of Public Health of Thailand. 2010. "ICPD at 15, Progresses and Challenges in Implementing the Program of Action, Thailand." September. Retrieved from http://countryoffice.unfpa.org/thailand/drive/ICPD@15_full_report.pdf.
- Mishra, Patit Paban. 2010. *The History of Thailand*. Santa Barbara, CA: Greenwood.
- National Statistical Office of Thailand. 2011. "Executive Summary: The 2011 Survey on the Status of Society and Culture." January 1. Retrieved from http://web.nso.go.th/en/survey/data_survey/570703_Survey_on_Status_of_Society_11.pdf.
- Pearson, R., and K. Kusakabe. 2012. "Who Cares? Gender, Reproduction, and Care Chains of Burmese Migrant Workers in Thailand." *Feminist Economics* 18(2): 149–175. doi:10.1080/13545701.2012.691206.
- Porapakham, Yawarat, Chalapati Rao, Junya Pattaraarchachai, Warangkana Polprasert, Theo Vos, Timothy Adair, and Alan D. Lopez. 2010. "Research Estimated Causes of Death in Thailand, 2005: Implications for Health Policy." *Pop Health Metrics* 8: 1–11.
- Romanow, Liza. 2012. "The Woman of Thailand." *Global Majority* 3.1: 44–60. Retrieved from http://www.american.edu/cas/economics/ejournal/upload/Global_Majority_e_Journal_3_1_Romanow.pdf.
- Royal Thai Embassy. 2016. "History." Retrieved from <http://www.thaiembassy.at/index.php/about-thailand/thailands-history>.
- Shodhganga. n.d. "Chapter One: The Historical Background." Retrieved from http://shodhganga.inflibnet.ac.in/bitstream/10603/15099/6/06_chapter%201.pdf.
- Talawat, Sunee, and Rapeepan Phiromchai. 2008. "Special Report of Thai Civil Society: Special Report of Thai Civil Society: Monitoring the National Response to the Declaration of Commitments on UNGASS-AIDS 2001." Raks Thai Foundation, Thai National AIDS Foundation and Network, January 30. Retrieved from https://ungassforum.files.wordpress.com/2008/02/thai_ungass.pdf.
- Tapanya, Sombat. 2011. "Attributions and Attitudes of Mothers and Fathers in Thailand." *Parenting: Science & Practice* 11.2/3 (April): 190–198.
- Taywaditep, Kittiwut Jod, E. Coleman, and Pacharin Dumronggittigule. 2005. "The International Encyclopedia of Sexuality: Thailand."
- Thailand Population. 2014. *World Population Review*.
- Trafficking in Persons Report 2016—Thailand. Retrieved from <https://www.state.gov/j/tip/rls/tiprpt/countries/2016/258876.htm>.
- UNFPA (UNFPA Country Technical Services Team for East and South-East Asia). 2005. "Reproductive Health of Women in Thailand: Progress and Challenges Toward Attainment of International Development Goals." Retrieved from http://thailand.unfpa.org/documents/thai_rh.pdf.
- UNGEI (UN Girls Education Initiative). 2014. "Thailand: Background." Retrieved from <http://www.ungei.org/infobycountry/thailand.html>.
- UNICEF. 2011. "Situation Analysis of Children and Women in Thailand." January 1. Retrieved from https://www.unicef.org/thailand/1045_UNICEF_Final_row_res_230911.pdf.
- UN Statistics Division. 2012. "United Nations Demographic Yearbook." Economic and Social Affairs, January 1. Retrieved

- from <http://unstats.un.org/unsd/demographic/products/dyb/dybsets/2012.pdf>.
- Vuttanont, Uraivan, Trisha Greenhalgh, Mark Griffin, and Petra Boynton. 2006. "Smart Boys' and 'Sweet Girls': Sex Education Needs in Thai Teenagers: A Mixed-Method Study." *The Lancet* 368.9552: 2068–2080.
- WHO (World Health Organization). 2012. "Trends in Maternal Mortality: 1990 to 2010." Retrieved from <http://www.who.int/reproductivehealth/publications/monitoring/9789241503631/en>.
- WHO (World Health Organization). 2014. "Country Cooperation Strategy: Thailand." Retrieved from http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_tha_en.pdf.
- Winichakul, T. 2015. "Buddhist Apologetics and a Genealogy of Comparative Religion in Siam." *Numen: International Review for the History of Religions* 62.1: 76–99. doi:10.1163/15685276-12341356.
- World Bank. 2012. "Thailand: Sustaining Health Protection for All." August 20. Retrieved from <http://www.worldbank.org/en/news/feature/2012/08/20/thailand-sustaining-health-protection-for-all>.
- World Bank. 2016. "Thailand." Retrieved from <http://data.worldbank.org/country/thailand>.

Turkmenistan

Overview of Country

Turkmenistan is a country in Central Asia that is bordered by the Caspian Sea, Afghanistan, Iran, Kazakhstan, and Uzbekistan. Turkmenistan is divided into five provinces: Ahal, Balkan, Dashoguz, Lebap, and Mary (UNICEF 2015). The country is 188,456.46 square miles of land. The majority of that land is desert (80%). The main source of water for the country is from the Amu-Darya River. The largest city and the capital of Turkmenistan is Ashgabat. The official language is Turkmen, and the unofficial language is Russian. The country is composed of many different ethnic groups, including Turkmen, Uzbek, Russian, and many minority groups, such as Indian. The life expectancy of Turkmen is about 65 years. The Health Index is 0.071. The adult literacy rate, starting at age 15 and above, is 99.6 percent (UNDP 2013).

Turkmenistan gained independence from the Soviet Union in 1991. Upon receiving independence, Turkmenistan adopted a single-party system, which was also adopted by Turkmenistan's first president, Saparmurat Niyazov, who served from 1991 to 2006. Turkmenistan's governance

and decision-making power has been concentrated in the executive branch. In 2006, Niyazov died, which resulted in a change of leadership and regime change. In 2007, President Berdimuhammedov became the second and current leader of Turkmenistan (Bohr 2014).

In 2014, the UN Development Programme (UNDP) ranked Turkmenistan 103rd out of 187 nations. Turkmenistan faces difficulty in reporting on gender inequality and poverty; therefore, it does not rank on the Gender Inequality Index or the Multidimensional Poverty Index (UNDP 2014). In Turkmenistan, women make up about 50 percent of the population. Some contemporary issues relevant to women in Turkmenistan include equality, accessible and inclusive education, accessible health care, gainful employment, an end to violence against women, and human rights equivalent to those outlined in international treaties.

The constitution of Turkmenistan ensures that women and men are legally guaranteed equality. In terms of property ownership and inheritance rights, women and men are legally guaranteed to be equal. While the government legally guarantees equality for women, it recognizes efforts need to be made to ensure equality is enacted in everyday life. In late January 2015, Turkmenistan implemented the first National Action Plan on Gender Equality, which is supported by UN Population Fund for 2015–2020 (UNFPA 2015). The National Action Plan will help to steer awareness and action between issues of gender and inequality. For instance, the National Action Plan includes steps such as raising awareness among women of their rights, increased gender-based legislation within Turkmenistan, fulfillment of international gendered treaties, addressing gender-based violence, increasing equality for women in the workplace, and better access to women's health care (UNFPA 2015). In April 2015, Turkmenistan was elected to the Executive Board of the UN Entity for Gender Equality and the Empowerment of Women (ECOSOC). The ECOSOC unanimously voted to support Turkmenistan's candidacy for 2016–2018. Turkmenistan's position with the ECOSOC confirms the country's commitment to promoting gender equality (MFA 2015).

Girls and Teens

For girls and teens, Turkmen culture perceives their role as learning to be homemakers. Mothers teach their daughters how to cook, clean, sew, and make textiles. In particular, mothers teach their daughters these skill sets because they are deemed necessary upon marriage. Girls and teens

may get married as a child or when they are older. Child marriages do occur in Turkmenistan. Sometimes children are forced to marry before the legal age of consent or are forced to marry of someone else's volition (Humanium 2012).

Girls and teens who do not stay at home to learn to be homemakers are often used for child labor. The cotton industry in Turkmenistan creates hazardous conditions where girls and teens, especially from rural areas, may be forced to work, sometimes for no money. In addition, there is a growing number of girls and teens who work in the sex industry. Some turn to sex work as a choice, while others are forced into prostitution when their family members set up brothels at which the girls are expected to work (Humanium 2012).

Education

In 2007, change in presidential leadership sparked hope for educational reform. For instance, by 2008, Turkmenistan had implemented several educational reforms, such as prioritizing education on the national level, undergoing a comprehensive Education Sector Review, increasing the age of compulsory education from 9 to 10 years, and establishing three curriculum guidelines in mathematics, geography, and vocational education (UNICEF 2008).

In terms of school attendance, Turkmenistan's primary school system has a 97 percent rate of attendance. While the primary school system's attendance is high, much of Turkmenistan's attendance challenges exist within the secondary and primary schools. For Turkmenistan's secondary school system, attendance is at a rate of 85 percent (UNICEF 2008).

Given that young people make up more than one-fourth of Turkmenistan's population, Turkmenistan's government found it important to teach life skills education. A life skills school curriculum is based on Ahmet Babajanov's advocacy for implementation of life skills education in Turkmenistan (UNICEF 2008). In 2002, Babajanov's began teaching life skills education in Turkmenistan as a part of a Young Adolescent Development Programme supported by UNICEF. While Babajanov did not have formal training as a teacher, he was able to hold hundreds of life skills courses in Turkmenistan. Because of his efforts, in 2007, he was able to teach 700 teachers and 20,000 children in life skills (UNICEF 2008).

Currently, Turkmenistan has roughly 1,800 secondary schools and 24 higher education institutions: 19 civil

institutions and 5 military institutions. The higher education institutions are governed by the Cabinet of Ministers of Turkmenistan. The cabinet is responsible for developing and implementing policies for fostering education that comply with governmental and international laws. To be admitted into a university, students must take and pass three entrance exams, one of which is an interview on the history of Turkmenistan. Once admitted, students are provided with scholarships and residence. In addition, students admitted to state institutions have free access to textbooks and teaching materials (European Commission 2012).

Academic staff at higher education institutions in Turkmenistan are structured as follows: junior lecturers, lecturers, senior lecturers, heads of departments, assistant deans, deans, vice-rectors (also known as vice-chancellors), and rectors (also known as chancellors). Some institutions of higher education have begun to develop specialty areas. For instance, Turkmen National Institute of World Languages has developed a Hindi language program, Turkmen State University specializes in archaeology studies, Turkmen State Institute of Economics and Management has created a state and local governance program, and Turkmen State Energy Institute has developed an industrial electronics studies program (European Commission 2012).

To be accepted into postgraduate studies, students must take and pass two exams. One exam is of a foreign language, and the second exam is the specialty area of the student applying to conduct postgraduate work. Once admitted, and to successfully complete their postgraduate studies, students must take and pass four exams of a foreign language, select a specialty area, publish at least three articles in their area, and complete a dissertation or study to be defended in front of their professors. After undergoing this training, the Turkmen government hopes graduates will help to continue to transform the country's socioeconomic position (European Commission 2012).

The Ruhnama

In 2001, President Niyazov wrote a book titled *The Ruhnama*, which translates into *The Book of the Soul*. The book is a combination of revisionist history, spirituality, and autobiography. The book includes poems that were intended to guide the spirituality or religion of the nation. In 2004, President Niyazov wrote a second edition of *The Ruhnama* that focuses on philosophy and morality. *The Ruhnama* has held great influence in Turkmenistan

because the government required the book to be sold in all bookstores and to be displayed in all government buildings and mosques. President Niyazov requested that *The Ruhnama* be held at equal weight as the Koran. In addition, *The Ruhnama* was required to be taught in schools. Students had to not only be knowledgeable of the book but also be able to cite exact passages. Furthermore, students had to take exams based on *The Ruhnama* to move forward in their education. Not only were students required to do so for school exams but also to qualify for a driver's license and for being employed by the government. *The Ruhnama* has been entrenched within civil society. It has been translated into 41 languages, including Belarusian, Beluchi, Braille, Croat, Dutch, English, German, Hungarian, Italian, Malay, Russian, and Zulu (Chronicles of Turkmenistan 2014).

In 2013, President Berdimuhamedow abolished *The Ruhnama* (Bohr 2014). To replace and alter *The Ruhnama*, President Berdimuhamedow instituted a 12-year educational system that began in the academic calendar year of 2013–2014 (Bohr 2014). While President Berdimuhamedow phased out *The Ruhnama*, the Chronicles of Turkmenistan suggests that he is working on phasing in his own replacement of *The Ruhnama*. For instance, President Berdimuhamedow has been working on his own manifesto that may, in the future, fill the social standing of *The Ruhnama* (Chronicles of Turkmenistan 2014).

Health

After the fall of the former Soviet Union, agriculture and industrial practices have had a catastrophic effect on the region, resulting in dramatic reduction of the Aral Sea, desertification, and contamination of the environment by pesticides, heavy metals, and organics. In particular, women and men face illness because they conduct agricultural labor. Turkmenistan has had several drawbacks that have prevented the country from rectifying these problems, including local health professionals who do not speak fluent English and are unable to collaborate with other organizations, a lack of standard reference materials, and the lack of collaboration with researchers and scientific organizations (Reynolds 1996).

Access to Health Care

In Turkmenistan, vaccines and immunizations are free. In 2002, Turkmenistan received a certificate for eradicating the poliovirus in its territory (Ministry of Foreign Affairs

of Turkmenistan 2013). At the same time, in a random sampling of the population of people 50 years old or older, 6,011 people in the study were found to not be receiving adequate treatment for cataracts. In Turkmenistan, cataracts are a major cause of bilateral blindness (54%) followed by glaucoma (25%) (Amansakhatov et al. 2002).

Maternal Health

From 1990 to 2010, the average infant mortality rate was 67 per 1,000 live births (Ministry of Foreign Affairs of Turkmenistan 2013). As a result, Turkmenistan has built health centers exclusively for maternal and child health. In addition, in 2011, Turkmenistan, under the advisement of the United Nations, implemented national programs educating mothers about breastfeeding. In 2015, the infant mortality rate was 1 death per 1,000 live births (World Bank 2015). However, life expectancy and infant mortality are still worse in Turkmenistan than in developed countries. Acute respiratory infections and diarrhea are the most common causes of infant mortality (UNICEF 2015). Turkmenistan's immunization rates for most common childhood diseases are at 97 percent. In addition, salt iodization in Turkmenistan makes it the first country to address iodine nutrition in all of Central Asia. Iron and folic acid dietary supplementation has been provided to more than 700,000 women, children, and girls (UNICEF 2015).

HIV/AIDS

The Turkmen government has not published accurate data about the incidence of HIV/AIDS in Turkmenistan, making it difficult to both treat and understand the severity of the disease in the country. In addition, Turkmenistan denies any new HIV infections in recent years. The lack of data may be associated with the government's National Programme on HIV/AIDS/STI Prevention from 1999 to 2003. In 2001, the government enacted a plan to lower the incidence of HIV infection. A National AIDS Centre was established, with the main office in Ashgabat and branches in each of its five regions. In 2004, 27 diagnostic laboratories were created that would perform HIV serological testing. The country also initiated information campaigns, which were used to target the youth, sex workers, and prisoners (Rechel and McKee 2007).

According to UNAIDS, by 2004, only two cases of HIV/AIDS were reported by the Turkmenistan government, while data from the UNICEF Turkmen Statistical Office

indicated that five cases were reported. Furthermore, between 2000 and 2004, Turkmenistan did not report a single case. In 2005, Turkmenistan reported zero cases of HIV/AIDS, while the former Soviet countries Uzbekistan and Kazakhstan had 2,198 and 964 new incidents, respectively. To assist in the prevention of HIV/AIDS/STI in Turkmenistan, the National Programme was extended in 2005 and was supported by UN agencies, the British embassy, and UNAIDS (Rechel and McKee 2007).

In 2006, UNAIDS estimated that 1,000 HIV/AIDS cases existed in Turkmenistan in 2005, which equates to 0.2 percent of the population. An unofficial source in the Ministry of Health and Medical Industry argues that there were more than 300 confirmed cases of the HIV infection in Ashgabat, the capital of Turkmenistan (Rechel and McKee 2007). This indicates that the true value of the entire nation's incidents of HIV/AIDS may be much higher. In particular, the Turkmen Initiative for Human Rights reported 68 HIV-positive individuals had been identified in Turkmenbashi, in the Balkan Providence (Fitzpatrick 2010). In 2010, the National Programme on HIV/AIDS/STI Prevention ended (UNODC 2010).

Currently, the potential for an HIV/AIDS epidemic may be high in Turkmenistan due to intravenous drug abuse, prostitution, and high rates of sexually transmitted diseases. Anonymous testing for HIV is not available, and no supportive infrastructure is in place for patients who are HIV-positive. Furthermore, Turkmenistan is furthering the risk of HIV/AIDS increasing drastically by not reporting a single HIV/AIDS infection in the last 15 years. Lack of transparency of data, screening, and preventative services indicate that those who are HIV-positive or who have AIDS are marginalized in Turkmenistan and that Turkmenistan is risking the health and overall well-being of its citizens (Kazatchkine 2014).

Cutaneous Leishmaniasis

Cutaneous leishmaniasis (CL) is a skin infection disease that is endemic in more than 70 countries worldwide. *Leishmania major* is responsible for zoonotic Old World CL. Between 2000 and 2009, 1,562 cases of CL had been reported. This occurred mostly in the south and eastern regions of Turkmenistan. Three species of CL have been found in Turkmenistan, which are the *Leishmania major*, *Leishmania tropica*, and *Leishmania infantum* (WHO 2009).

CL has a multitude of different clinical representations that mainly depend on the virulence of the strain. When

contracting CL, *L. major* produces one to seven lesions. These lesions can be papules, nodules, ulcers, and erythematous plaques. This strain can also cause a disseminated CL with nodular lymphangitis and superinfections. Without treatment, the lesions last three to eight months. They are self-healing but leave a keloid scar. A multitude of lesions could be explained by multiple sand fly bites (WHO Europe 2015).

Pentavalent antimonials is the first-line treatment for Old World CL. Antimonials are toxic, inconvenient, and relatively expensive. On the other hand, fluconazole can be used as a treatment. This drug is an oral medication and is better tolerated. In a randomized control trial in Iran, the high dose of 400mg/day had a higher efficacy than the low dose (Larrecche et al. 2013).

Multidrug-Resistant Tuberculosis (MDR-TB)

Tuberculosis (TB) has increased in Turkmenistan, especially after the Soviet Union collapse, when Turkmenistan was affected by economic decline and insufficient health systems (Cox et al. 2004). Today, Turkmenistan is 1 of 15 Central Asian countries that is greatly affected by multidrug-resistant tuberculosis (MDR-TB). Forty-nine percent of the population is either newly diagnosed with TB or being retreated. This is a significant problem for Turkmenistan, especially because 80 percent of their TB treatment funding comes from international sources (Kazatchkine 2014).

In the directly observed treatment strategy (DOTS) in the city of Dashoguz, which is the northern region of Turkmenistan, the first-line treatment of TB usually consists of a cocktail of medications that includes isoniazid, rifampin, ethambutol, streptomycin, and pyrazinamide. Resistance to the medications is seen in about 30 percent of new cases of TB and 62 percent of retreatment cases. The second line of treatment of TB usually consists of prothionamide, capreomycin, or ofloxacin. Prothionamide showed a 1 percent resistance in new cases and a 4 percent resistance in retreatment cases (Cox et al. 2004).

Employment

In 2002, 52 percent of women in Turkmenistan were employed in the agriculture sector, and 42 percent were employed in the nonagriculture sector. In terms of access to economic opportunity, in 2013, 80 percent of all men had access to work. In contrast, only 50 percent of women,

in 2013, had access to labor participation (World Bank 2015). To encourage the presence of women in the workplace, Turkmenistan has created two tax incentives for working women. For working women with three or more children, the tax incentive is that women pay 30 percent less in income tax. For working women with five or more children, the tax incentive is that women pay no income tax (United Nations 2006). For small businesses that retain a majority of female employees, Turkmenistan provides an indirect increase in workers' income as an incentive for hiring women (United Nations 2006). Labor laws in Turkmenistan prevent employers from the following: refusing to hire women, paying women less or firing women who are pregnant, and paying less or firing women who miss work related to their children under the age of 14 years old (United Nations 2006).

With poverty remaining high in Turkmenistan, women have been forced into the sex industry, which has been increasing. The chairman of the Turkmen Initiative for Human Rights stated, "Never before have so many women and even under-age schoolgirls worked the streets or gathered in special places, offering sexual services" (IRIN 2005). While the government provides incentives for women in the workplace, many women become prostitutes due to the level of poverty among Turkmen citizens (United Nations 2006).

Family Life

In Turkmenistan, women are often relegated to the private sphere of the home. Sometimes women may go to each other's homes to socialize and assist with housework. Because women are expected to stay home, it is difficult for women to attain work or seek roles outside of the home. For women who do attain work outside the home, they are given up to 112 days of maternity leave, and 100 percent of their wages are paid while on leave. Once paid maternity leave has expired, women are given the option to take unpaid leave until their child turns three years old (World Bank 2015). In the instance men are raising a child or children without a mother, the benefits of maternity leave for women are extended to men (World Bank 2015).

There are no official statistics that reveal the level of domestic violence in Turkmenistan. Therefore, it may be difficult for Turkmenistan to develop an effective plan to address the issue (UNFPA 2015). Furthermore, the high poverty level in Turkmenistan often forces mothers and

daughters into prostitution. This level of poverty and prostitution affects family life in Turkmenistan because when fathers and brothers do not make enough money to provide for the family, wives and daughters must find ways to support their families (IRIN 2005).

Politics

Turkmenistan gained independence from the Soviet Union in 1991. Upon receiving independence, Turkmenistan adopted a single-party system, which was adopted by Turkmenistan's first president, Saparmurat Niyazov, who served from 1991 to 2006. Turkmenistan's governance and decision-making power has been concentrated in the executive branch. Under President Niyazov, the Parliament consisted of exclusively one party. In essence, the Parliament acted as a presidential supplement. For local democratic governance, governors, also known as *hakims*, are appointed by the president (Bohr 2014).

Turkmenistan is known for its production of cotton and oil and for having the world's fifth-largest reserves of natural gas. Between 2000 and 2006, Turkmenistan experienced significant economic growth, where the country's gross domestic product (GDP) grew by more than 500 percent. In 2005, Turkmenistan had the second highest GDP in Central Asia (UNICEF 2008). While Turkmenistan has had vast economic growth, much of the country remains in poverty, with less than 44 percent of Turkmenistan's population living on less than USD\$2 a day (IRIN 2005), and 40 percent of Turkmenistan's population is under the age of 15 (UNICEF 2008).

Because of power primarily existing in the executive branch, Turkmenistan has been prone to an authoritarian government and corruption. In the 2012 *Human Rights Report* on Turkmenistan, the U.S. State Department argues that while Turkmenistan situates itself as a secular democratic nation, the country truly functions under an authoritarian government where President Berdimuhammedov imposes his own rule of order. For instance, the U.S. State Department reports that under President Berdimuhammedov's leadership, there have been several human rights violations, such as torture, arbitrary arrest, and disregard for civil liberties, which include freedom of assembly and freedom of speech and press (U.S. State Department 2012). Furthermore, in 2013, President Berdimuhammedov appointed his relatives and family friends to top government positions in the Ahal Providence, exemplifying corruption (Bohr 2014).

The Union of Women of Turkmenistan has roughly 1 million members and is the most influential women's organization in the country. The union promotes the roles of women within politics, culture, and society. Women also hold influence within trade union organizations, where 45 percent of organizations are led by women. In 2006, women held influential roles within politics. For instance, women have held the position of deputy chair of the Parliament, deputy chair of the Cabinet of Ministers, deputy ministers, and have been on the Parliament Committee (United Nations 2006).

In December 2013, Turkmenistan held its first multi-party parliamentary elections of two registered parties. While this was the first time two registered parties existed in Turkmenistan, they were essentially symbolic and non-competitive because all the candidates had been vetted by the government, and their advocacies were progovernment. Because of mere symbolism in Turkmenistan's parliamentary elections, the country's rating for the electoral process is 7.0 (Bohr 2014).

In terms of civil society, all religious congregations, public associations, and political parties must be registered with the government. Any political entities that are not registered face a fine, short-term detention, and potential confiscation of property (Bohr 2014). Because of Turkmenistan's stance on limiting political freedom, the country's rating for civil society is 7.0. Furthermore, domestic and foreign nongovernmental organizations (NGOs) are extensively monitored by the government (Bohr 2014).

In terms of independent media, the government controls content. For instance, the primary role of independent media is to praise the country's president. Furthermore, the government limits Internet access and blocks Web content that is perceived as critical or dissenting against Turkmenistan. Because of Turkmenistan's control of media and the Internet, the country's rating for independent media is 7.0 (Bohr 2014).

Religious and Cultural Roles

Ninety percent of the population of Turkmenistan is Muslim; about 9 percent is Christian, primarily Orthodox; and about 1 percent is a mix of various religions that may be unregistered, some unknown. Part of the 1 percent are Jehovah's Witnesses, Jews, Roman Catholics, nondenominational groups, and Evangelical Christians. A majority of those who are Muslim are Sunni with some Shia

(Asia News 2012). Prior to Turkmenistan's independence, only four mosques existed. Now, there are more than 400 mosques in Turkmenistan, making Islam the predominant religion in Turkmenistan (U.S. State Department 2015).

In terms of government and religion, Turkmenistan stresses its government as a secular nation that supports freedom of religion. For instance, in 1992, Turkmenistan included in its constitution the Law on Freedom of Conscience and on Religious Organizations in the Turkmen Soviet Socialist Republic. While the government emphasizes religious freedom, Turkmen laws and policies mandate that all groups must register with the government to gain legal status. If religious groups are unregistered, they are engaging in illegal activity and are subject to fines and jail time. To be deemed registered, religious groups must have approval from the government. Often, religious groups have reported that they have been unable to register, or when they have been able to register, the government placed stipulations such as not being able to own land to construct spaces for religious gatherings or not being able to distribute or print religious material (U.S. State Department 2015).

Islam plays a fundamental role in Turkmenistan's politics. For example, President Niyazov ordered that basic Islamic principles must be taught in all schools. By emphasizing Islamic principles, the Turkmenistan government deemphasizes all other religions that are not Islam. In addition, while the government does not have an official religion, it has funded the construction of mosques and approved senior Islamic cleric appointments. In contrast, Russian Orthodox churches and other religious groups have not received governmental funding and have been denied approval for their religious leadership appointments (U.S. State Department 2015).

Minority religious communities, both registered and unregistered, face hardship when they attempt to acquire facilities that can be used for worship. When minority religious communities cannot acquire facilities, they cannot congregate together in an alternative space, such as a home, because Turkmen law prevents it. For instance, the U.S. State Department argues that the housing code states that homes cannot be used for any activities other than for living. In addition, in 2003, a religion law was created that banned private teaching of religion (U.S. State Department 2015). This created another obstacle for minority religious groups, which had to acquire facilities in to educate individuals about their faiths.

An implication of the 2003 religion law is that Islam became the *de facto* religion taught in schools. Parents

belonging to minority religious groups were given few options in ensuring schools educated their children in faiths other than Islam. Obstacles are also placed before these parents when the government prevents them from homeschooling their children because homeschooling is reserved for children with a disability or severe illness (U.S. State Department 2015). In essence, minority religious groups face many obstacles.

One minority religious group that often faces wrongful imprisonment is Jehovah's Witnesses. In 2012, nine Jehovah's Witnesses were falsely imprisoned in Turkmenistan. Six of the eight men, Merdan Amanov, Pavel Paymov, Suhrab Rahmanberdyev, Amirlan Tolkachev, Matkarim Aminov, and Dovran Matyakubov, were imprisoned for objecting to serve in the military, which their faith prohibits, and they were falsely arrested on two additional charges based on religion. Two other men were imprisoned for their religious views, Aibek Salayev and Bahram Shamuradov. They were placed in a harsh facility where they were abused and forced to live in poor conditions. The ninth man, Ruslan Narkuliev, was imprisoned for objecting to serve in the military a few weeks prior to receiving amnesty. After two years of being detained, on October 22, 2014, President Berdimuhamedov released eight of the nine men. Ruslan Narkuliev still remains in prison (JW.org 2014).

Issues

LGBT Rights

In Turkmenistan, male homosexuality is punishable by up to two years in prison under Article 135 of the Criminal Code of 1997. The code mentions male homosexuality, but it does not mention same-sex relations between women. The government perceives male homosexuality as a mental disorder. As a result, gay men can be placed into psychiatric institutions to receive "treatment." Fearing prosecution and potential bodily injury, the LGBT community in Turkmenistan is invisible and disconnected (International Refugee Rights Initiative 2015).

Attempts have been made to bring international attention and awareness to LGBT issues in Turkmenistan. For instance, on December 9, 2008, during a working group review of sexual orientation and gender identity, in an interactive dialogue with Turkmenistan, Sweden and Canada asked whether the government was going to change or repeal Article 135 of the Criminal Code of 1997. Sweden,

Canada, and the Czech Republic then recommended that Turkmenistan consider adopting a policy that promoted tolerance and nondiscrimination of gay, lesbian, bisexual, and transgender individuals (ARC International 2009).

KIRANJEET KAUR DHILLON

Further Resources

- Asia News. 2015. "First (actual) Demographic Data for Turkmenistan Released." Retrieved from [http://www.asianews.it/news-en/First-\(actual\)-demographic-data-for-Turkmenistan-released-33436.html](http://www.asianews.it/news-en/First-(actual)-demographic-data-for-Turkmenistan-released-33436.html).
- Amansakhmatov, S., Z. P. Volokhovskaya, A. N. Afanasyeva, and H. Limburg, H. 2002. "Cataract Blindness in Turkmenistan: Results of a National Survey." *British Journal of Ophthalmology* 86: 1207–1210.
- ARC International. 2009. "Turkmenistan." Retrieved from <http://arc-international.net/global-advocacy/universal-periodic-review/t/turkmenistan>.
- Bohr, Annette. 2014. "Turkmenistan." *Freedom House*. Retrieved from https://freedomhouse.org/sites/default/files/27.%20NT14_Turkmenistan_final.pdf.
- Chronicles of Turkmenistan. 2014. "Turkmenistan Is Finally Putting the 'Ruhnama' behind Them." Retrieved from <http://www.chrono-tm.org/en/2014/08/turkmenistan-is-finally-putting-the-ruhnama-behind-them>.
- Cox, Helen Suzanne, Juan Daniel Orozco, Roy Male, Sabine Ruesch-Gerdes, Dennis Falzon, Ian Small, D. Doshetov et al. 2004. "Multidrug-Resistant Tuberculosis in Central Asia." *Emerging Infectious Diseases* 10.5: 865–872.
- European Commission. 2012. "Higher Education in Turkmenistan." Retrieved from http://eacea.ec.europa.eu/tepus/participating_countries/overview/Turkmenistan.pdf.
- Fitzpatrick, Catherine A. 2010. "68 HIV Cases Reported in Turkmenistan." *EurasiaNet.org*, October 30. Retrieved from <http://www.eurasianet.org/node/62270>.
- Humanium. 2012. "Children of Turkmenistan: Realizing Children's Rights in Turkmenistan." Retrieved from <http://www.humanium.org/en/asia-pacific/turkmenistan>.
- International Refugee Rights Initiative. 2015. "Turkmenistan LBGTI Resources." Retrieved from <http://www.refugeelegalaidinformation.org/turkmenistan-lgbti-resources>.
- IRIN. 2005. "Turkmenistan: Prostitution on the Rise." Retrieved from <http://www.irinnews.org/report/28974/turkmenistan-prostitution-on-the-rise>.
- JW.org. 2014. "Turkmenistan Releases Jehovah's Witnesses Imprisoned for Their Faith." November 13. Retrieved from <https://www.jw.org/en/news/legal/by-region/turkmenistan/amnesty-jehovahs-witnesses-in-prison>.
- Kazatchkine, Michel D. 2014. "World AIDS Day: Zero Infections in Turkmenistan?" *Huffington Post*, December 1. Retrieved from http://www.huffingtonpost.com/michel-d-kazatchkine/world-aids-day-zero-infec_b_6248086.html.
- Larrecche, S., G. Launay, C. Weibel Galluzzo, A. Bousquet, G. Eperon, J. E. Pilo, C. Ravel et al. 2013. "Cluster of Zoonotic Cutaneous Leishmaniasis (*Leishmania Major*) in European

- Travelers Returning from Turkmenistan." *Journal of Travel Medicine* 20.6: 400–402.
- MFA. 2015. "Turkmenistan Elected to the Executive Board of the UN Entity for Gender Equality (UN-Women)." Retrieved from <http://www.mfa.gov.tm/en/news-en/2886-turkmenistan-elected-to-the-executive-board-of-the-un-entity-for-gender-equality-un-women>.
- Ministry of Foreign Affairs of Turkmenistan. 2013. "Healthcare." Retrieved from <http://www.mfa.gov.tm/en/turkmenistan/healthcare>.
- Rechel, Bernd, and Martin McKee. 2007. "The Effects of Dictatorship on Health: The Case of Turkmenistan." *BMC Medicine* 5.21.
- Reynolds, Stephen J. 1996. "Occupational and Environmental Health in Turkmenistan and Uzbekistan." *American Industrial Hygiene Association Journal* 57.12: 1996–1102.
- UNDP (UN Development Programme). 2013. "About Turkmenistan." Retrieved from <http://www.tm.undp.org/content/turkmenistan/en/home/countryinfo>.
- UNDP (UN Development Programme). 2014. *2014 Human Development Report*. Retrieved from <http://www.undp.org/content/undp/en/home/presscenter/events/2014/july/HDR2014.html>.
- UNFPA (UN Population Fund). 2015. "Taking Action to Promote Gender Equality in Turkmenistan." Retrieved from <http://eeca.unfpa.org/news/taking-action-promote-gender-equality-turkmenistan>.
- UNICEF. 2008. "Education in Turkmenistan." Retrieved from <http://www.unicef.org/ceecis/Turkmenistan.pdf>.
- UNICEF. 2015. "A World Fit for Children': Turkmenistan Report." Retrieved from http://www.unicef.org/arabic/worldfitforchildren/files/Turkmenistan_WFFC5_Report.pdf.
- United Nations. 2006. "Concluding Consideration of Turkmenistan's Report, Women's Anti-Discrimination Committee Highlights Difficulties in Assessing Progress." Retrieved from <http://www.un.org/press/en/2006/wom1558.doc.htm>.
- UNODC (UN Office on Drugs and Crime). 2010. "Turkmenistan." Retrieved from https://www.unodc.org/docs/treatment/CoPro/Web_Turkmenistan.pdf.
- U.S. State Department. 2012. *Turkmenistan 2012 Human Rights Report*. Retrieved from <http://www.state.gov/documents/organization/204627.pdf>.
- U.S. State Department. 2015. *Turkmenistan*. Retrieved from <http://www.state.gov/documents/organization/171762.pdf>.
- WHO (World Health Organization). 2009. "Turkmenistan." Retrieved from <http://www.who.int/leishmaniasis/resources/TURKMENISTAN.pdf>.
- WHO Europe (World Health Organization, Regional Office for Europe). 2015. "Leishmaniasis in the WHO European Region." Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0007/246166/Fact-sheet-Leishmaniasis-Eng.pdf.
- World Bank. 2015. "Turkmenistan: Gender at a Glance." Retrieved from <http://documents.worldbank.org/curated/en/2013/09/18410894/turkmenistan-gender-glance>.

U

Uzbekistan

Overview of Country

The Republic of Uzbekistan is a landlocked country located in Central Asia that borders Kazakhstan, Tajikistan, Kyrgyzstan, Afghanistan, and Turkmenistan. The country consists of approximately 172,700 square miles (447,400 sq. km), and it has a dry terrain that is partly composed of mountains and the Kyzylkum Desert. As of January 1, 2012, the population of Uzbekistan was 28,541,400 (UNICEF 2012).

In 2015, the UN Development Programme (UNDP) ranked Uzbekistan 114th out of 188 nations based on the Gender Inequality Index, although the value determined by these factors is incomplete due to a lack of adequate information on the percent of the population that has some secondary schooling. One factor that helped to determine Uzbekistan's placement at 114th on this list is the lack of women employed in the labor force; only 48.1 percent of women are employed. Another contributing factor is the dearth of women in Parliament; only 16.4 percent of Parliament seats are held by women (UNDP 2015).

The area that is now Uzbekistan became part of the Soviet Union in 1924, taking the name of the Uzbek Soviet Socialist Republic. When the Soviet Union collapsed and broke up in 1991, Uzbekistan declared independence, and the official name became the Republic of Uzbekistan. The

primary language spoken in Uzbekistan is Uzbek, and Russian and Tajik are spoken by smaller percentages of the population. The majority religion is nondenominational Muslim, Sunni being the majority denomination, and the majority ethnic identity is Uzbek. Minority ethnic identities include Russian, Tajik, Kazakh, Karakalpak, and Tatar (CIA 2016).

Although the government of Uzbekistan has laws in place to protect a wide variety of human rights, some groups argue that the country does not have an ideal human rights record, claiming that there is strict governmental control over individuals' religious and political opinions (HRW 2016). Other contemporary issues that are relevant to women in Uzbekistan include equal employment opportunities, women's and family health care, and equal access to religious education.

Girls and Teens

Family Roles

A 2009 report from the UN Committee on the Elimination of Discrimination against Women (CEDAW) explains that young women in Uzbekistan experience gender stereotypes within their patriarchal family units due to cultural habits and the traditional messages spread by mass media (CEDAW 2009, 3–4). These traditional values stress that women of all ages should be subordinate to their fathers or husbands and that women belong in the home with their

families instead of participating in public roles. Women are encouraged to be submissive while men take on the roles of provider and protector. The report states the concept of social protection can be used as justification for oppressing young women through various acts, such as early and arranged marriages, polygamy, and domestic violence.

Literacy

Girls and teens in Uzbekistan enjoy a high rate of literacy, and the reading abilities of young women are on par with the reading abilities of young men. As an entire country, Uzbekistan's literacy rate is very high at 99.4 percent (UNICEF 2012). This high literacy rate is especially evident in the country's population of young adults, with only 0.3 percent of people ages 16–19 being illiterate (CEDAW 2000, 4). Uzbekistan's young people have achieved this high rate of literacy by attending mandatory primary and secondary education.

Education

Primary Education

Uzbekistan's Constitution guarantees that every citizen has the right to education. The schooling of children and young adults is under the supervision of the government, which ensures women receive equal education and educational opportunities. Children can enter state schooling as early as age 3 or 4, and they complete their primary education around age 10 or 11. Half of the students in Uzbekistan's primary schools are girls. This state-supervised primary education aims to provide boys and girls with an equal initial education (CEDAW 2004, 18). The percentage of boys and girls enrolled in these schools is indeed close to equal. In data collected from 2008 to 2012, statistics show 96 percent of boys were enrolled in primary school, compared to 93.2 percent of girls (UNICEF 2012).

Secondary Education

Free access to secondary education is also guaranteed to all citizens of Uzbekistan under the country's Constitution. Children enter secondary schooling around age 11 or 12 and continue to receive secondary education until age 16 or 17. As is the case with primary schooling, Uzbekistan's government seeks to provide an equally advantageous education for both male and female students. The net attendance ratio for boys attending secondary school in

2008–2012 was 91.4 percent, while the same ratio for girls was 89.5 percent (UNICEF 2012). Although this shows that the percentage of boys and girls attending secondary school is not as high as those attending primary school, these statistics still indicate roughly equal percentages of male and female students pursuing secondary schooling.

By providing free compulsory primary and secondary education to all school-aged children, Uzbekistan has achieved a 99.4 percent literacy rate, from 97.7 percent in 1991, due in large part to these standardized educational advances (CEDAW 2004, 20).

Postsecondary Education

After students have completed their compulsory secondary education, they can choose to enter an academic grammar school to prepare them for university-level schooling, or they can choose to attend a vocational school to prepare them for a specific trade or occupation. Both choices of postsecondary education are three-year programs. After graduation, people who decided to attend an academic grammar school are then able to pursue higher education in the forms of baccalaureate, master's, and doctoral degrees. If individuals wish to continue their education after achieving a PhD, they may pursue further education at the postdoctoral level (CEDAW 2004, 19).

Job Training

Male and female students in postsecondary education often pursue training that corresponds to Uzbekistan's stereotypical gendered division of labor that divides professions into "masculine" and "feminine" occupations. Most women seek training and education for traditional female occupations, such as education and health, while men traditionally pursue occupations in industry, agriculture, construction, and education (CEDAW 2004, 21).

Health

Health Care Access and Overview

The life expectancy of men and women in Uzbekistan in 2012 was 68.1 years (UNICEF 2012). The government emphasizes the importance of both individual and family health and access to health care through education and budgetary appropriations. A 1998 presidential decree created the State Programme for Reform of the Health System that focuses on encouraging citizens to pursue a healthy lifestyle and utilize preventive medicine.

Specific measures in this program target young women and are taught to school-aged children throughout their education. These efforts aim to discourage young women from entering into early marriages and having children at a young age. Instead, the programs encourage young women to take preventative measures to avoid unwanted pregnancies and advocate for young teens and young adults to pursue healthy lifestyles (CEDAW 2004, 25–26).

Gender, Power, and the Sexual Dynamics of HIV/AIDS

According to data, 0.1 percent of the adult population of Uzbekistan, or about 30,000 people, had HIV in 2012 (UNICEF 2012). In 2002, Uzbekistan's government adopted the National Programme to Combat HIV/AIDS. As a result, schools strive to inform children on how to prevent HIV/AIDS and sexually transmitted infections (STIs) throughout both primary and secondary education. Older students also partake in events for World AIDS Day (CEDAW 2004, 26).

Although information about HIV/AIDS and STIs is often presented simultaneously to students, the country's efforts mostly focus on the risk that accompanies the use of infected needles instead of the sexual dynamics of these issues. This has resulted in the establishment of medical facilities and help centers for drug users in an effort to curb both drug abuse and the spread of infected needle usage (CEDAW 2004, 26). Despite these efforts, only 27.2 percent of female adolescents studied from 2008 to 2012 had comprehensive knowledge of HIV (UNICEF 2012).

Reproductive Health

Both the Family Code of the Republic of Uzbekistan of 1998 and Uzbekistan's Constitution guarantee the protection of women's reproductive rights (CEDAW 2004, 13). The government strives to provide women with easy access to adequate health care. Women and their families have access to midwifery, gynecological, and pediatric services, and educational centers have established research institutes for the study of women's health and reproductive issues and diseases (CEDAW 2004, 27).

Childbirth and Maternal Health Care

The government has focused on improving women's health care by emphasizing the importance of health to the entire family unit. This has resulted in a sharp

decrease in maternal mortality from 65.3 deaths per 100,000 live births in 1991 to 32.2 deaths per 100,000 live births in 2003 (CEDAW 2004, 23). UNICEF data from 2008 to 2012 shows that the vast majority of women received adequate delivery care during childbirth. The data show that 99.9 percent of these deliveries included a skilled attendant present at the birth, and 97.3 percent of deliveries took place within a health care institution (UNICEF 2012).

Employment

Typical Jobs and Careers

The government of Uzbekistan ensures an equal right to work for women and men. The Constitution itself further safeguards an individual's right to choose his or her own occupation freely and guarantees fair working conditions for all employees (CEDAW 2004, 22).

In addition to the aforementioned fields of education and health, women often apply for jobs in the areas of art, science, culture, and scientific service (CEDAW 2004, 22). In an attempt to increase the occupational opportunities for women, Uzbekistan's education officials have been actively trying to increase women's access to and involvement in growing industries such as telecommunications and information technology (IT). In Uzbekistan's capital city of Tashkent, the Tashkent University of Information Technology has created a new center for women who wish to pursue training in various IT fields. This center was established with the hope that increasing the number of women pursuing this type of technological training will help to bring these occupational fields closer to employing men and women in equal numbers (CEDAW 2004, 22).

The Business Women's Association of Uzbekistan also seeks to educate women through a wide variety of courses regarding women's entrepreneurship and home business opportunities. The women who participate in this type of training often achieve success in their careers. For example, in 2004, 1,986 women created their own home-based businesses, and 1,276 established their own private firms (CEDAW 2004, 22).

Discrimination and Income Disparity

State officials have been working to increase the number of women in traditionally "masculine" occupations, such as jobs in the athletic, agricultural, and transport industries.

In addition, the state has implemented programs to improve the economic viability of women's occupations in rural areas of Uzbekistan. In 2004, the State Statistics Committee released data that showed that women made up 43.9 percent of the 9,333,000 individuals working in Uzbekistan (CEDAW 2004, 28). Although this report shows that women make up nearly half of the workforce, a 2015 UN report shows that only 48.1 percent of women are employed (UNDP 2015).

Labor Regulations

There is a particular set of labor rules and regulations that apply to women in Uzbekistan. There are limits placed on the weight of objects that women are permitted to lift for their jobs, there is a list of jobs with disagreeable working conditions for which employers are not permitted to hire women, and there are regulations in place to protect pregnant women and mothers in the workplace (CEDAW 2004, 29).

Maternity Leave

The Labour Code allots 126 days of maternity leave to pregnant women, during which they earn 100 percent of their salary (SIGI 2016). Maternity leave is intended to help women balance their work lives and their roles as mothers. The government of Uzbekistan also implemented two programs in the mid-1990s to assist families with children and to families that needed financial assistance. These programs have resulted in instances where women's pregnancy and maternity leaves are extended by one or two months at the expense of their employers and have provided supplementary leave for more than 600,000 women (CEDAW 2004, 30).

Family Life Marriage

The Family Code of the Republic of Uzbekistan of 1998 states that girls must enter into marriage voluntarily or else the marriage is void. The code sets the marriage age at 18 years for men and 17 years for women. Although this code is in place, it is not universally followed throughout Uzbekistan. A study conducted by UNICEF from 2002 to 2012 found that 0.3 percent of girls were married by age 15, while an additional 7.2 percent of girls were married by age 18 (UNICEF 2012). This same study found that 1.8

percent of the female population had given birth by age 18 between the years 2008 and 2012 (UNICEF 2012).

Uzbekistan also has laws that prohibit polygamy (CEDAW 2004, 13). According to a 2003 special investigations report produced by the Ministry of Internal Affairs, there were 42 recorded cases of polygamy and 27 instances of forced marriage or forced prevention of marriage committed that year (CEDAW 2004, 34).

Divorce

Divorce is legal in Uzbekistan under the Family Code, but women cannot get a divorce if their neighborhood committees, called *makhallyas*, do not approve of it. These *makhallyas* serve their communities by helping to deal with family issues and mediate familial conflicts. Although these *makhallyas* do not usually restrict an individual's access to divorce, the Coalition of Uzbek Women's Rights nongovernmental organizations (NGOs) stated that these committees have encouraged spouses to rethink their decisions to pursue a divorce. The government has created an advisory position to advocate for women's issues for these *makhallyas*. In most instances, these committees approve an individual's request for a divorce and give them permission to take their case to the appropriate civic office or court (SIGI 2016).

The State Committee of the Republic of Uzbekistan on Statistics released a report in 2012 that stated there were 2,567 divorced men and 1,981 divorced women who had obtained higher education and 162 divorced men and 196 divorced women among adults who had not completed higher education (SIGI 2016). These figures seem to indicate that divorce is more common among the educated population.

Following a divorce, a childless woman is expected to return to her parents' house. A divorced woman may only live independently if she has children. Uzbekistan's Family Code states that men and woman have equal parental authority over their children during marriage and after a divorce, but children of divorced parents are routinely placed with the mother (SIGI 2016).

Property that a married couple acquired throughout their marriage is considered joint property, so divorced couples split it between themselves. Additionally, after a divorce, a spouse retains the property that he or she had acquired prior to the marriage. There have been reports of divorce courts refusing women's legal access to the joint property they had acquired with their husbands

during their marriage. The Coalition of Uzbek Women's Rights NGOs argue that this is indicative of the ability of a wealthy husband to bribe divorce courts into denying his wife her share of the property after the divorce (SIGI 2016).

Household Roles and Responsibilities

Women's household roles and responsibilities align with Uzbekistan's traditional view of the woman as a housekeeper and nurturer. Women are traditionally expected to raise their children and assist other family members, ensure that the family has adequate food and clothing, and keep the home in satisfactory condition. Although some women see these traditional roles as subordinate to the typical male breadwinner role, other women see power in their roles and responsibilities within the home. These women emphasize that they hold influence over their husbands as advisers, giving their husbands the guidance and the motivation that they need to successfully provide financial security for the family (Tursunova 2014, 105).

Gender Roles and Family Structure

Stereotypical gender roles in Uzbekistan affect women's positions in the family. Men are typically seen as the heads of the family, while women are often viewed as being dependent on men economically and socially. Because women often occupy lower-paying jobs, they are financially and materially dependent on their husbands. According to a poll conducted by the Centre for the Study of Public Opinion, this often results in women feeling that they occupy subordinate positions in both their own households and in society as a whole (CEDAW 2004, 32).

The government has put legislation in place to help counteract this unbalance in the family system. The government adopted the Family Code legislation in 1998 in an effort to increase mutual love, respect, and assistance between spouses and within family units (CEDAW 2004, 32).

Contraception

The government provides women with free access to contraceptive devices. This has resulted in a major increase in the use of contraception, from 13 percent of women using birth control methods in 1991 to 62.3 percent using birth control methods in 2003 (CEDAW 2004, 24).

Politics

LGBT Rights

Uzbekistan does not provide any rights or protections for the lesbian, gay, bisexual, and transgender (LGBT) community. Instead, LGBT citizens of Uzbekistan may be punished for their sexuality and gender identities. Voluntary sexual intercourse between two men is illegal in the country. According to Article 120 of the Criminal Code of the Republic of Uzbekistan that went into effect in 1994, men charged with same-sex intercourse may be punished with up to three years in prison (Legislation Online 1994).

Land Rights

Because Uzbekistan is a patrilineal society in which families draw strong connections to the husband's relatives, women are often limited in their ownership of property. Family homes and resources are often passed down through the male line and are usually given to sons, although daughters are permitted to inherit property, too. When a woman is married, she is likely to strengthen the relationship she has with her husband's family and often resides with her in-laws immediately following her marriage (Barrett 2007, 422). Although these traditions can have a strong influence over women's access to land, women legally have an equal opportunity to lease land. A 2002 Demographic and Health Survey, however, showed that only 1.6 percent of women reported that they leased their own land (SIGI 2016). Most women acquire their access to land through their membership in a family unit.

Women's access to land rights and the ownership of property is also limited due to occupational stereotypes that accompany the country's thriving agricultural industry. Men dominate the better-paid positions in the agricultural occupations, while women often resort to poorly paid farming positions, such as cotton picking. This results in men having control over the farms and the family units living on these farms, restricting women from access to land and property rights to the very communities and families that they continuously work to develop (Tursunova 2014, 57–58).

Judicial System

Women are given the same legal rights as men according to Uzbekistan's Constitution. Men and women have identical legal capacities and are expected to be guaranteed equal treatment in all stages of judicial procedures (CEDAW 2004, 31).

The number of women working within Uzbekistan's judicial system as judges and other officials has also increased in the past two decades. A woman was selected to serve as the chief justice of the Supreme Court in 2004 (CEDAW 2004, 10).

Structure of the Government

Uzbekistan is a republic that is made up of executive, legislative, and judicial branches. The president is elected by Uzbekistan's citizens through a majority vote. The legislative assembly, referred to as *Oliy Majlis*, consists of a 100-member senate; 84 members are elected by majority vote, and 16 are appointed by the president. The second body of the legislative branch—the legislative chamber—consists of 135 members who are elected by majority vote and 15 additional members elected by the Ecological Movement of Uzbekistan (CIA 2016).

One particular office in Oliy Majlis, the Office of the Commissioner for Human Rights, works to improve the condition of women in Uzbekistan by working toward gender equality (CEDAW 2004, 16).

Participation in Government

Since its creation in 1991, Article 117 of the Constitution of Uzbekistan has guaranteed women the right to vote for elected officials and the right to be elected to public office (CEDAW 2004, 9). The government of Uzbekistan has taken steps in recent decades to improve women's participation in the government. For example, in March of 1995, the president of Uzbekistan issued a decree that created the post of deputy prime minister for the social protection of the family, mothers, and children (CEDAW 2004, 16). This position was created to increase women's involvement in social issues.

These efforts to enhance women's participation in government have seen some success, but women's equal representation is still far from being achieved. In 2004, one deputy prime minister of Uzbekistan was a woman, and women made up only 9.5 percent (23 people) of the legislative body (10). Women are more active in local governments. The local 2003 elections saw 734 women elected to positions in their local *makhallyas*, and 19,800 women serve as advisers to *makhallya* chairmen (16). The state government is also working to encourage and promote women's work on an international level through international conferences and roundtable discussions concerning the status of women (16–17).

Women's Associations, NGOs, and Nonprofits

The Women's Committee of Uzbekistan holds a series of seminars regarding women's rights in marriage to help shed light on issues such as marrying relatives and reproductive health (2004, 13). This group actively promotes and develops NGOs dedicated to gender equality.

The *Mekhr* alliance is made up of more than 50 women's NGOs that fight for women's rights and take part in gender research (16). Along with governmental and international organizations, these NGOs “hold seminars, round tables, conferences and meetings on the subject of raising women's knowledge of the laws and increasing gender awareness in civil society on issues of violence against women” (33).

Some reports, however, indicate that Uzbekistan officials may treat NGOs harshly at times. For instance, Uzbek courts suspended the NGO Freedom House for six months in 2006 for reporting on the Andijan massacre and for providing free Internet access to Uzbekistan citizens following the event. In a 2005 massacre in the city of Andijan, government forces ambushed and killed over a hundred protestors who were opposing poverty and governmental repression (HRW 2016).

Religious and Cultural Roles

Women and Islam

The majority of Uzbekistan's population is Muslim, predominantly nondenominational or Sunni, and the government controls official religious mandates. Women cannot achieve the position of imam, the term identifying the male leaders of mosques, but women can pursue education and training to become religious leaders. Two educational centers, one in the capital city of Tashkent and one in the city of Bukhara, are reserved for female students. Women can also attend school at the Islamic Institute and the Islamic University in Tashkent (Barrett 2007, 420).

The 1998 law On Freedom of Conscience and Religious Organizations requires that all forms of religious education be government-controlled and that religious teachers use only government-produced religious materials (419). All religious schools must be registered with the government, including private religious home schools, or they are considered illegal.

The government of Uzbekistan constructed many mosques in the 1990s, but these mosques were often built without providing physical space for women who wished

to use the mosque for their own worship. In a response to this lack of physical space, some women decided to resist gendered spatial segregation and created their own spaces within these mosques, while other women decided to use their own homes as sacred spaces (Tursunova 2014, 25). Women who use their homes as places of worship are thus able to transform their domestic spaces by giving them this dual purpose. This usage of the home also reflects Uzbekistan's stereotypical social constructs and family roles for men and women. Men are permitted to worship at the public space of the mosque, but women are often restricted to worshipping and learning about Islam in their own homes (Barrett 2007, 418).

Otins

There is a growing movement of female religious preachers, referred to as *otins*, who preach to women and girls in Uzbekistan and provide teaching through Koranic classes. These female religious leaders contend that Islam promotes gender equality, and the Koran supports social justice (Tursunova 2014, 6). By spreading their interpretation of Islamic scriptures and advocating for other women to have a personal relationship with Allah, *otins* seek to empower other women. *Otins* use traditional ideals of Muslim selfhood to encourage women to support peace and reconciliation within their communities (28).

Religious women and men can both participate in healing rituals, but women alone traditionally conduct some rituals. These women associate themselves with particular female saints who were known to be capable mediators in situations of family conflict or pain and suffering (30). These women can provide help for a wide range of people, including mothers during childbirth, people experiencing troublesome unemployment, and families that are struggling with internal conflicts or issues (31).

Although *otins* have gained in popularity with some citizens of Uzbekistan, others do not approve of these religious leaders' teachings. Those who disapprove argue that *otins* present their own localized teachings of Islam instead of the conventional teachings promoted by the government. For example, a local Women's Committee in the village of Ok Yul in the region of Tashkent criticized the *otins* for both their teachings and their interpretations of scriptures (24–25). Although the interpretations that the *otins* follow may not be universally accepted throughout the country, their understandings help to put women on equal footing with men in the realm of religion.

Issues

Trafficking

In 2008, the U.S. Department of State listed Uzbekistan as a source country for victims of human traffickers (U.S. Department of State 2008). A report stated that women and girls are taken from Uzbekistan for use in the commercial sex trade, both within Uzbekistan and internationally.

The government of Uzbekistan adopted a comprehensive antitrafficking law in March of 2008. This law helps the government prosecute and jail traffickers while also providing assistance to victims. According to the U.S. Department of State report, however, a member of Uzbekistan's Parliament resigned over sex-trafficking allegations, and there are additional unconfirmed allegations against other members of the government (U.S. Department of State 2008).

Domestic Violence

Uzbekistan does not have specific legislation addressing the issue of domestic violence. The criminal code loosely covers all types of violence, but a 2005 report showed that domestic violence prosecutions were usually handed down in cases of death or extreme injury to the victim (SIGI 2016). In some families, husbands have traditionally used violence against their wives to signify the position of the dominant spouse, resulting in domestic violence being tied up in cultural and familial traditions. For this reason, domestic violence can be a taboo topic in Uzbekistan society and is sometimes instead referred to as *family conflict* instead of a societal issue (SIGI 2016).

Perhaps due to these traditional social constructs and a lack of explicit legal protections, domestic violence continues to be an issue in Uzbekistan. For example, a 2003 special investigations report written by the Ministry of Internal Affairs stated that there were 228 cases of premeditated murder committed in a domestic setting (CEDAW 2004, 34). According to one analysis that compared the number of criminal cases brought against perpetrators of violence against women, the number of cases increased by 43.6 percent between 2002 and 2003 (CEDAW 2004, 32).

Some people tend to justify domestic violence. According to a UNICEF study conducted from 2002 to 2012, 59.4 percent of men and 69.6 percent of women justified wife beating. In this same 2012 UNICEF study, 62.8 percent of male adolescents justified wife beating, compared to 63 percent of female adolescents. These statistics show a

slight increase for male adolescents and a slight decrease for female adolescents justifying violence, possibly indicating less tolerance for domestic violence among younger women (UNICEF 2012).

Sexual Assault and Rape

Rape became punishable by death according to Uzbekistan law in 1998 (CEDAW 2004, 12). However, there is no specific prohibition of spousal rape in Uzbekistan's criminal code due to the viewpoint that a man should have sexual access to his wife's body at all times following marriage. Female victims of rape may be discouraged from reporting their experiences due to shame or fear of retaliation or stigmatization (SIGI 2016).

In 2003, the Ministry of Internal Affairs produced a special investigations report stating that there were 576 cases of rape that year (CEDAW 2004, 34). Another report, issued in 2008, indicated a rise in the instances of reported rape, with 829 criminal rape trials in 2007 (SIGI 2016).

LACEY BONAR

Further Resources

Barrett, Jennifer. 2007. "Gender and Sources of Religious Information in Uzbekistan." *Cognition, Brain, Behavior* 11: 417–435.

CEDAW (UN Convention on the Elimination of All Forms of Discrimination against Women). 2000. "Report Provided by the Specialized Agencies of the United Nations on the Implementation of the Convention in Areas Falling within the Scope of Their Activities." Retrieved from http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fUZB%2f1&Lang=en.

CEDAW (UN Convention on the Elimination of All Forms of Discrimination against Women). 2004. "Consideration of Reports Submitted by States Parties under Article 18 of the Convention on the Elimination of All Forms of Discrimination against Women." Retrieved from http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fUZB%2f2-3&Lang=en.

CEDAW (UN Convention on the Elimination of All Forms of Discrimination against Women). 2009. "Women's Rights in Uzbekistan: Briefing Note to the UN Committee on the Elimination of Discrimination against Women (CEDAW)." Retrieved from <http://www2.ohchr.org/english/bodies/cedaw/docs/ngos/CUWRNUzbekistan45.pdf>.

CIA (Central Intelligence Agency). 2016. "Uzbekistan." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/uz.html>.

HRW (Human Rights Watch). 2016. "The Andijan Massacre." Retrieved from <https://www.hrw.org/legacy/campaigns/andijan>.

Legislation Line. 1994. "Criminal Code of the Republic of Uzbekistan." Retrieved from <http://www.legislationline.org/download/action/download/id/1712/file/a45cbf3cc66c17f04420786aa164.htm/preview>.

SIGI (Social Institutions & Gender Index). 2016. "Uzbekistan." Retrieved from <http://www.genderindex.org/country/Uzbekistan>.

Tursunova, Zulfiya. 2014. *Women's Lives and Livelihoods in Post-Soviet Uzbekistan: Ceremonies of Empowerment and Peacebuilding*. New York: Lexington Books.

UNDP (UN Development Programme). 2015. "Table 5: Gender Inequality Index." *Human Development Reports*. Retrieved from <http://www.hdr.undp.org/en/composite/GII>.

UNICEF. 2012. "Uzbekistan." Retrieved from http://www.unicef.org/infobycountry/uzbekistan_statistics.html.

U.S. Department of State. 2008. *Trafficking in Persons Report*. June 4. Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/2008/105389.htm>.

V

Vietnam

Overview of Country

Vietnam (formally the Socialist Republic of Vietnam) is located in Southeast Asia on the Indochina Peninsula. Vietnam is bordered by the South China Sea to the southeast, Cambodia to the southwest, Laos to the northwest, and China to the north. The country is shaped like the letter S and is approximately 128,565 square miles (332,698 sq. km) in area. Northern Vietnam consists of highlands, and southern Vietnam consists of mountains, forests, and lowlands. Northern Vietnam is hot during the summer season, yet cool during the winter season. Southern Vietnam is hot year-round (York 2012, 170). As of 2014, the population in Vietnam was 90,730,000 (World Bank 2016). Vietnam is an agriculturally centered country; approximately 70 percent of the population lives in rural areas. The World Health Organization (WHO) reports that urban Vietnam is growing at a faster rate in population than rural parts of the country (WHO 2015).

Vietnam is made up of many different ethnic groups. The Kinh ethnic group comprises 86 percent of the country's population and is the majority ethnic group. Another 53 ethnic groups inhabit Vietnam, including Tay (1.9%), Thai (1.8%), Muong (1.5%), Khmer (1.5%), Mong (1.2%), Nung (1.1%), Hoa (1%), Dao (0.9%), and Gia Rai (0.5%). According to the UN Population Fund (UNFPA), Vietnam

makes efforts to support ethnic diversity and to recognize all ethnic groups as equal (UNFPA 2011).

Vietnam became an independent country in 1954 after being a part of Imperial China for more than 1,000 years. By 1858, France had begun to conquer the country, and in 1887, Vietnam became a part of French Indochina. However, the country defeated France in 1954, during the First Indochina War, and declared its independence. Subsequently, the country was divided into the communist North and the anticommunist South. As conflict between the two sides of the country grew, so did the U.S. military and economic aid to the South side—otherwise known as the Vietnam War. The North Vietnamese forces claimed victory in 1975, and the North and South were unified under communist rule. However, because of conservative leadership, the country remained politically isolated and poor. Beginning in 1986, the Vietnamese government issued economic and structural reforms for the country to be more competitive with economies around the world. However, the Central Intelligence Agency (CIA) reports that Vietnam's communist leaders still limit political expression and the rights of citizens (CIA 2015). Today, WHO considers Vietnam as a lower middle-income country, which has decreased international funding coming into the country (WHO 2015). Even though the country is considered communist, there are many capitalist aspects present.

In 2015, the UN Development Programme (UNDP) ranked Vietnam 60th out of 187 nations based on the

Gender Inequality Index (0.308). Even though the economy changed as a result of reforms, gender roles and values have been slower to change. Vietnam has made strides in gender equality; yet, women in the country still face barriers to health care, a high risk of violence both inside and outside the home, and obstacles in achieving careers on the same level as men in the country. Nevertheless, Vietnam continues to work toward ensuring gender equality for its citizens.

Girls and Teens

Relative to Vietnam's total population, children up to age 14 make up 24.3 percent of the population. Girls make up less than half of children in this age group, as only 11.5 percent of the Vietnamese population consists of girls ages 14 and younger (Index Mundi 2015). No differences in rates of poverty between boys and girls exist in Vietnam. Approximately 43 percent of children in rural areas and 12 percent of children in urban areas are living in poverty (Roelen, Gassmann, and Neubourg 2010). Compared to previous decades, the use of technology is now becoming more popular among Vietnamese adolescent girls, with 94 percent using mass media platforms (UNICEF 2013). This technology allows girls to have access to information and knowledge that they may not have otherwise, which may positively impact their opportunities in life.

Labor

Many children in the country are at risk for forced labor. Children who live on the streets and children with disabilities are at a particularly high risk. Children who are victims of forced labor beg and street hawk; they sell items for adults who control and coerce them. Vietnamese children living on the streets or with disabilities are oftentimes forced to work in factories that make bricks or clothes for low pay. Additionally, it is common for these children to be forced to work in family homes in urban parts of the country. Vietnamese girls are particularly at risk for child sex tourism. Many men travel from the United States, Europe, Australia, and other areas of Asia to sexually exploit young Vietnamese girls (U.S. Department of State 2015).

Within the past two decades in Vietnam, there has been a decrease in child labor, as higher rates of boys and girls are enrolling in school. Yet, girls still perform more unpaid household work than boys of the same family. Girls are more likely to cook, clean, wash clothes, and buy the

family's food than boys. However, as children get older, the gender gap in household work declines, and boys and girls eventually perform a more equal distribution of work around the home (Vu 2014; UNICEF 2008).

Sex Education

A need exists for access to sex education and reproductive services for adolescent girls in Vietnam. Generally, many girls and women in the country lack knowledge regarding sex, contraception, and reproductive health. Sexuality is a sensitive topic in the country and has historically not been discussed among family members or within schools. Adolescent girls in urban areas can access reproductive information on the Internet, but adolescent girls in rural areas oftentimes do not have this access (WHO 2015). The National Strategic Outline for Reproductive Health of 2010 recommended school-based sexual and reproductive health education for all Vietnamese students. However, this education is limited. Only 51 percent of Vietnamese adolescent girls report having a comprehensive knowledge of HIV (UNICEF 2013).

Girls with Disabilities

Girls with physical and mental disabilities in Vietnam are viewed as a disgrace to their families as well as a burden to the country. These girls are more likely to take on lesser-paying manual and domestic jobs, such as child-rearing for their families, knitting, and generating handmade materials. Even though girls with disabilities often take on these jobs, they are still viewed as a group that does not contribute to the labor force. Many girls with disabilities are also looked down upon because they cannot fulfill their traditional roles within the family, such as having children (Nguyen and Mitchell 2014). Experts say that intervention is needed in Vietnam to ensure that girls with disabilities still have the same educational opportunities as all other children (Nguyen et al. 2015).

Child Marriage

Despite the country's work to advance the rights of females, 8 percent of girls between the ages of 10 and 19 are married in Vietnam (UNICEF 2013). Vietnam has a minimum age of marriage set at 18 for girls and 20 for boys; yet, many girls continue to be married before reaching this age. Child marriage is detrimental to many aspects of a child's life, including growth, health, and educational attainment.

The causes of child marriage vary, but poverty and gender inequality both contribute to the issue. Girls are often viewed as a financial burden to their families. As a result, marrying daughters off can be seen as an opportunity for families. In families where child marriage has occurred, women are typically viewed as not having as much status as men. In more traditional Vietnamese families, girls may not be permitted to work and contribute to society outside the home; therefore, child marriage is a way of guaranteeing her a future. Many Vietnamese families believe that the earlier their daughters can be married, the more beneficial it will be for the young women (Scolaro et al. 2015).

Education

During the 1990s, education was a national priority in the country. Over the last two decades, enrollment in all levels of education has increased, especially among girls. By 2009, the disparity between male and female literacy rates had decreased, with 95.8 percent of males and 91.4 percent of females reported as literate. However, there is still a literacy disparity between urban and rural females today (Duggan 2001; GSO 2010a). Overall, males complete an average of 7.9 years of schooling, compared to only 7 years, on average, for females (UNDP 2015).

Education in Vietnam includes early childhood education (preschool and kindergarten); basic education (primary, lower secondary, and upper secondary education); vocational training; and higher education (undergraduate and graduate) (Ministry of Education and Training 2015). Greater gender discrepancies in education exist for women in rural areas and women of ethnic minorities. Vietnamese girls who are members of ethnic minority groups have the lowest school attendance rates of any group in the country. These discrepancies may be due to a variety of reasons. Girls who do not understand or speak the language of instruction in schools may be discouraged from attending. For many girls, the distance they must travel to school is too far. Additionally, gender stereotypes that still exist in the education system may deter girls from attending school (UNICEF 2010).

Early Childhood Education

Early childhood education in Vietnam includes preschool and kindergarten for children between the ages of three months and six years. This education is not required. It is estimated that the country's early childhood education

serves 3 million children a year. The purpose of early childhood education in Vietnam is to prepare the children intellectually, emotionally, and physically for basic education (UNESCO-IBE 2011). The number of Vietnamese children under three years old that attend early childhood education is low, as many families seek child care from grandparents or other child care organizations in their neighborhoods. However, compared to other countries in Southeast Asia, early childhood education enrollment for children over three years old is high in Vietnam (Hamano 2010).

Basic Education

Primary education in the country follows early childhood education and is required for all children. This education lasts 5 years and is generally for students between the ages of 6 and 11. The typical primary education school day lasts a half day and is free for students. However, some parents opt to pay to send their children to school for a full day or to supplement the half day with additional learning opportunities. Vietnam is working to extend primary school for all Vietnamese children to a full day by 2020 (World Bank 2011).

Primary education aims to help students acquire knowledge in reading, speaking, writing, calculating, nature, society and human beings, physical exercise, and hygiene. Out of roughly 7 million Vietnamese children enrolled in primary education, 3.23 million are girls. Of the country's 349,500 primary education teachers, 275,600 are women (UNESCO-IBE 2011). Compared to other countries with a lower income level, children in Vietnam have high skills in literacy and numeracy (Rolleston and Krutikova 2014).

After successfully completing primary education, Vietnamese students may enroll in secondary education. Secondary education is divided into two phases. First, students complete lower secondary education, which is grades 6–9. About 6.15 million students are enrolled in lower secondary education, and approximately 2.66 million are girls. Of the 314,900 lower secondary education teachers during the 2009–2010 school year, 213,300 were women. Once students complete lower secondary education, a student must pass an entrance exam to be accepted into upper secondary education. Upper secondary education consists of grades 10–12. Approximately 3.07 million students are enrolled in upper secondary education, with 1.54 million of those students being girls. Of the 125,200 upper secondary education teachers during the 2009–2010 school year, 82,100 were women (UNESCO-IBE 2011).

Overall, of females ages 25 and older, 59.4 percent have at least some secondary education, compared to 71.2 percent of males ages 25 and older who have at least some secondary education (United Nations Human Development Report 2015). Even though there is still not an equal number of boys and girls receiving secondary education, it can be expected for this gender gap to decrease in the future, as, overall, education pursuit is making positive strides toward becoming more equal for boys and girls within Vietnam.

Vocational Training

Students who successfully complete upper secondary education have the opportunity to enroll in vocational training to receive the skills and preparation needed for certain jobs in the workforce. This training lasts anywhere from one to four years, depending on the area of training. Students with diplomas from either secondary school or vocational training may receive admission into higher education (UNESCO-IBE 2011). Gender disparities exist in the number of men and women who have access to vocational training. It is estimated that only 38 percent of urban females have received vocational training, whereas 51 percent of urban males have received training. Only 10.5 percent of males and 7.8 percent of females have received vocational training in rural areas. However, the country has been working to increase the number of women who have access to vocational training, including creating proportions of men and women to be represented in training and supporting women who have children so that they can receive training (ADB 2014).

Higher Education

Higher education in Vietnam includes associate's degrees, bachelor's degrees, master's degrees, and doctoral degrees. There are 224 institutions of higher education in the country, including both public and private. Approximately 53.8 percent of college students in Vietnam are women. International education is also highly valued in Vietnam. As a result, approximately 20,000 Vietnamese students are abroad earning a degree in higher education (Institute of International Education n.d.).

Health

Vietnam has worked toward attaining universal health care for its people within the last two decades. Up until

1989, the country's health care system was completely publicly funded. As a result, people in Vietnam could go to the doctor for free without paying much, if any, out of pocket. However, public-funded health care also meant that there were limited health services available to the people as a result of minimal funding. Therefore, the country decided to reform the health care system, which now means that people in Vietnam pay part of their health care coverage in addition to health insurance coverage costs. However, there are now more health services and resources available to the Vietnamese public (Thanh et al. 2014). This new health care system includes services such as prevention, remedial care, and rehabilitation to all people in Vietnam at an affordable cost. However, many lower-income people in Vietnam still do not have coverage for health care, as they simply cannot afford it (Tien et al. 2011).

Access to Health Care

Vietnamese citizens face many barriers when attempting to receive health care. Even though Vietnam is one of the most populated countries in the world, the country has a shortage of doctors. For every 10,000 people in the country, there are only 7 doctors (GSO 2010b). Because many of the equipment and supplies in the country's hospitals do not come with directions in Vietnamese, but instead come printed in English, hospital personnel who are not fluent in English may not fully understand how to appropriately use the equipment or supplies.

Furthermore, Vietnamese hospitals may not be considered as comfortable as hospitals in other parts of the world. Hospitals in Vietnam are crowded, with patients often sharing rooms and beds. Additionally, hospital rooms in the country do not typically have air-conditioning. The patient's family is in charge of acquiring any prescribed drugs and then administering these drugs to the patient. Thus, a patient's family is important to his or her recovery or treatment (York 2012, 171). Because a vast majority of the Vietnam population lives in rural remote areas, location barriers exist regarding access to health care. Because of these challenges to receiving health care, Vietnamese women are more likely to seek underqualified doctors and buy drugs from underqualified drug providers (Nguyen et al. 2008a, Tuan et al. 2005 quoted in Malqvist et al. 2013a).

Maternal Health

Vietnam has seen substantial improvement in reducing maternal mortality rates. Between 1990 and 2009, maternal

mortality rates have decreased by 70 percent, from 233 out of 100,000 women to 69 out of 100,000 women (WHO 2015). However, inequalities in maternal health care still exist, especially among the poor, ethnic minorities, and women in rural remote areas of the country (Malqvist et al. 2013b). Women living in poverty are 70 percent less likely to give birth in a health care center than women who are not living in poverty. Additionally, compared to women in ethnic minority groups, Vietnamese women who identify as Kinh (the ethnic majority group) are three times as likely to give birth at a health care center (Sepehri et al. 2008, 1015).

Family planning remains a challenge in Vietnam, especially among unmarried women. A high need exists for contraceptive use among young sexually active women in the country. Even though abortion is legal in Vietnam, many young women still resort to unsafe methods of abortion (WHO 2015). Vietnam has one of the highest abortion rates in the world. This rate may be a result of the country's inadequate contraceptive use or son preference (Ngo et al. 2014). As a result of the patriarchal values in the country and the value placed on males, many parents desire a newborn boy over a newborn girl. With advances in technology, many parents are able to determine the sex of the fetus before giving birth. As a result, many parents opt for sex-selective abortion if the fetus is a girl as a way to be sure that they will only give birth to a boy (Sabharwal and Huong 2006).

There is a need for intervention programs to promote breastfeeding in Vietnam. Breastfeeding within the first hour of birth, as recommended by professionals, is more common in urban Vietnam than rural Vietnam. However, rates of exclusive breastfeeding are higher in rural Vietnam. Yet, breastfeeding rates across the country are low overall. Many Vietnamese women still have misunderstandings regarding the importance of breastfeeding their newborns.

Diseases and Disorders

Vietnam has one of the highest rates of death from liver cancer in the world. This high rate is most often a result of the hepatitis B virus and the hepatitis C virus. It is estimated that 12 percent and 2 percent of the Vietnamese population have hepatitis B and hepatitis C, respectively (Gish et al. 2012). Compared to countries in the Global North, Vietnam has a lower rate of breast cancer (23 per 100,000 women). However, unlike Global North countries

where breast cancer rates have been decreasing, the rate of breast cancer in Vietnam has increased. Breast cancer has become the most diagnosed cancer among women in both developed and less-developed countries, such as Vietnam (Trieu, Mello-Thoms, and Brennan 2015; Ferlay et al. 2015).

Rates of HIV/AIDS in Vietnam continue to increase. An estimated 77,000 women ages 15 and older are living with HIV in the country (UNAIDS 2014). These rates are expected to rise, as men will continue to infect women, including their wives (UNICEF 2010). Because HIV-positive individuals in Vietnam are often assumed to be engaging in premarital sex or drug use, many Vietnamese women are hesitant to reveal that they are HIV-positive. Many HIV-positive women in the country fear the stigma that accompanies the diagnosis of HIV and the stigma of the risky activities associated with HIV-positive individuals, such as drug use or premarital sex (DeMarco and Cao 2015). Both Vietnamese men and women have a lack of knowledge on HIV, which contributes to their misjudging their chances of contracting the disease (UNICEF 2010). Other common diseases in Vietnam are bacterial diarrhea, hepatitis A, typhoid fever, malaria, and Japanese encephalitis (CIA 2015).

Vietnamese adolescents, in particular, experience a high prevalence of mental health problems, such as stress, substance abuse, emotional difficulties, and behavioral problems. Suicidal behaviors are significantly more common among female Vietnamese adolescents than male Vietnamese adolescents. Many mental health problems among adolescents are associated with the pressure to succeed in school from parents and teachers as well as the challenging school curriculum within the country. Even though there is a high prevalence of mental health problems among Vietnamese adolescents, mental health services for this age group are lacking. However, public awareness of mental health problems in the country, such as anxiety, stress, depression, and suicide, has increased from recent years (Nguyen 2013).

Opiate use in Vietnam has become a significant health concern. Having once been prevalent in only rural areas, opiates have spread to urban areas in the country. Recently, Vietnamese women have begun to partake in opiate use at increasing rates. Even though both males and females use opiates, the demand for opiates among young women is especially concerning, as many are of reproductive age. Vietnam has found it difficult to offer opiate interventions and services to women. Many Vietnamese women use

opiates with their boyfriends or husbands, which makes it difficult for these women to stay off the drugs if they are continually exposed to them through their partner. In addition, many female opiate users are sex workers, which makes it difficult for interventions to reach them (Nguyen and Scannapieco 2008; Oosterhoff and Nguyen 2006).

Finally, compared to other countries in Southeast Asia, Vietnam has high rates of premature deaths due to accidents, such as drowning and road injuries (Global Burden of Disease 2015).

Employment

Women make up 48.7 percent of Vietnam's labor force. Yet, a gender pay gap still exists, as women's earnings are only 70–80 percent of men's earnings. The retirement age for women in the country is 55 years old, whereas it is 60 years old for men (United Nations in Viet Nam 2015). The majority of working Vietnamese women work in agriculture (50%). The remaining women work in services (33%), including education, health, restaurants, and hotels, followed by industry (17%), which includes textiles and footwear (GSO 2008).

Vietnamese women face many challenges in the workforce. Women working in industries typically earn low wages, work long hours, and have minimal opportunity for promotion. Women have less opportunity to improve their incomes and job positions because of less education attained, fewer skills and training, and the presence of gender discrimination in the labor market (GSO 2008). Furthermore, many working women in the country are in need of transportation to and from work as well as child care that is close to their work (World Bank 2014). When women seek jobs in male-dominated industries, such as chemical, oil, gas, or information technology, they are often discriminated against (Sabharwal and Huong 2006). Rural women in particular face difficulty even finding work, as their remote location can limit job options. Despite these challenges, women who work outside the home for pay in Vietnam are able to financially contribute to their families, gain self-esteem, and increase their negotiating power, which can narrow the influence that men have over women (Pham 2016).

Additionally, women in rural Vietnam are now doing the majority of farming, as men who used to do farming are moving to non-agricultural-related jobs. Women in rural areas who farm work between 8 and 17 hours a day. The working environment for these women is less than

ideal. Most female farmers only have basic farming tools and work in conditions where they are exposed to toxic chemical use (Thinh 2009).

In 2012, Vietnam extended its maternity leave from four months to six months to ensure the health and well-being of both mothers and newborns. This maternity leave is paid by public funds. Experts suggest that Vietnam's maternity leave law should serve as an example to other countries around the world (UNICEF 2012).

Family Life

The country's revised Marriage and Family Law of 2014 stresses that male and female family members are equal and have equal rights (United Nations in Viet Nam 2015). However, Vietnamese family functioning is still guided by Confucian philosophy, which encourages families to practice patriarchy, where men have more status than women. Vietnamese women are expected to obey their husbands, and sons and daughters are expected to obey their parents. A higher value is also placed on sons within the family compared to daughters (Burr 2014). In most instances where a female is the head of the household in Vietnam, it is because she does not have a spouse (Dommaraju, Premchand, and JooEan 2014).

Following the political and economic reforms that occurred in the 1980s and 1990s, families in Vietnam started to transform. The number of children a Vietnam family chooses to have is decreasing. Today, households in Vietnam have an average of 4.5 people, with the average number of children in the household being 1.5 (Dommaraju, Premchand, and JooEan 2014, 563).

Similar to the rest of Southeast Asia, Vietnam stresses the importance of respect for older family members. When older family members are in need of care, it is usually younger family members who offer that care. In Vietnam, daughters do not have as much responsibility for caring for parents and older family members compared to sons and their wives (Friedman et al. 2002).

Marriage

Families in Vietnam play a large role in supporting and strengthening new marriages. Couples who did not seek input from their families before they married are more likely to divorce compared to couples that allowed their parents to decide on their marriage, or who at least sought their parents' approval for their marriage. Marriages

arranged by parents in the country are decreasing. Women, lower-income Vietnamese, and Vietnamese in rural areas are more likely to have their marriages arranged. However, the most common way of getting married in the country is when the couple makes the decision together with their parents (UNICEF 2008).

The age when Vietnamese adults first get married is rising. Rural women in the country tend to get married at younger ages than women living in cities who are skilled professionals. The majority (97%) of women who are married have only been married once. Of those Vietnamese people who have been married more than once, women are remarried less often than men. People who have received less education typically have more marriages (UNICEF 2008). In Vietnam, approximately 6 percent of married women live with their parents, and almost 10 percent of married women live with their parents-in-law. These arrangements are especially prevalent in rural areas, where traditional family values are more present and newlyweds do not initially move into their own home (Dommaraju, Premchand, and JooEan 2014, 569).

Marriage is highly valued within the country; yet, new contemporary types of families are becoming more popular. Compared to divorce rates in other parts of the world, Vietnam's divorce rates are low. However, divorce rates within the country have increased in recent years. Approximately 1.4 percent of people above the age of 15 are divorced, with more women being divorced than men. Vietnamese women initiate divorce almost twice as often as men, which may be attributed to an increase in women being cognizant of their rights. Vietnamese children of divorced parents live with their mother a majority of the time (64.3%). However, many divorced men with children tend to not make adequate child support payments to the mother, and as a result, both the women and children suffer. Additionally, many women in the country are refraining from marriage. The majority of unmarried women in Vietnam live in rural areas (UNICEF 2008).

Lesbian, Gay, Bisexual, and Transgender Rights

Until recently, little discussion has occurred about lesbian, gay, bisexual, and transgender (LGBT) rights in Vietnam. Vietnam has historically held the view that marriage should be between a man and a woman, as men and women are perceived to hold different gendered responsibilities within the family. Having a son or daughter in Vietnam

that identifies as LGBT has been viewed as shameful for the family (Horton 2014). LGBT people in the country face a great deal of discrimination and stigmatization. Much of this discrimination against LGBT individuals is the result of misconceptions that the public holds, such as LGBT individuals can be cured or being LGBT is merely a social trend (Phillips and Hanoi 2013).

In November 2015, a momentous step was made for transgender individuals in Vietnam. The government legalized sex-reassignment surgery for transgender individuals wishing to have the surgery in Vietnam, instead of having to travel abroad for the procedure. This legalization also allows transgender individuals who have had sex-reassignment surgery to change their gender on official documents (HRW 2015).

Child-Rearing

Mothers and older female relatives of girls are viewed as their role models, regardless of the girls' ages. Mothers do not serve as large of a role-modeling responsibility for boys in the family, compared to fathers. However, women in the home have more of a role in disciplining the children. Women also take on the role of getting the children ready for school and making sure the children are bathed and fed (Rydstrom 2001).

Gender Roles

More women in the country are beginning to work outside the home as a result of greater educational opportunities and attainment. However, women still have a responsibility to perform the work in the home and kitchen (Hays 2008). Women in Vietnam are typically the family members who wake up early to clean the home, cook for the family, and bathe the small children and elderly family members. Many rural Vietnamese women are also in charge of caring for the livestock and working in the fields. Because these duties are time consuming, many women have little time for leisure activities or relaxation (Nguyen and Tuyet 2007). In instances where the work is equally divided among the husband and wife, it is more common for these families to be higher income, more educated, and living in urban Vietnam (UNICEF 2008).

It is common for women to make decisions around the home regarding smaller affairs and smaller amounts of money, whereas men make the decisions on affairs that are viewed as more important and more costly, such as those regarding loans and property (UNICEF 2008).

Politics

Participation in Government

Vietnam has taken encouraging strides to increase the number of women in leadership roles. Compared to the rest of Asia, Vietnamese women hold a high rate of seats in Parliament. For the 2011–2016 Parliament term, women were elected to 24.4 percent of the seats (United Nations in Viet Nam 2015). Nevertheless, only 2 out of 9 departments of the Vietnamese government are run by women, and only 1 out of 22 ministers are women. Vietnamese women still face many barriers to roles in government, such as traditional views toward women's roles and unequal opportunities for development and training. Additionally, women's household responsibilities limit their ability to partake in government roles (ADB 2012).

Laws

Within the last decade, Vietnam has passed laws to protect women and their rights. For example, the Law on Gender Equality was passed in 2006, which aims to ensure gender equality in families, politics, and society in general. The country also approved the National Program on Gender Equality 2011–2015 in 2011 to further support the Law on Gender Equality (ADB 2012).

Feminist Organizations

The Viet Nam Women's Union is a grassroots organization created to build programs for the development of women in areas such as health, credit, and education. The Viet Nam Women's Union has 14 million members (UN Viet Nam 2017). Once women become members of the program, they can receive the organization's offered services. The organization also draws attention to issues impacting girls and women in the country to promote social and economic equality (ADB 2012).

In fact, the Viet Nam Women's Union collaborates with the Viet Nam Country Office to train women on how to respond to natural disasters. The goal of the collaboration is to train women with the skills and knowledge needed to prevent, prepare for, and to reduce the impacts of natural disasters and climate change. This project is a method of getting women involved in an issue of concern to Vietnam by increasing their representation and decision-making abilities (UN Women 2017).

Religious and Cultural Roles

Today, Vietnam is a country that recognizes freedom of religion and, thus, acknowledges many different religions. However, some people believe that the government still does not recognize the benefits that religion can play in Vietnamese people's lives, and, as a result, they fear practicing their religion freely. Many Vietnamese people also believe that their views are considered a threat to the government, as many religious people in the country support views or behaviors that go against the views of the government. Religious groups must register with the Vietnamese government to be legally recognized. And the government must grant permission for many local religious events to occur. As a result, many religious people in Vietnam still do not feel that the country recognizes freedom of religion (Reese and Glendon 2016).

In total, there are approximately 37 different religions recognized within the country, and 24 million people in the country are members of a religious group. About 11 million people in Vietnam practice Buddhism. The majority of Buddhists practice Mahayana Buddhism. The majority of Vietnamese practicing Mahayana Buddhism are Kinh, members of the majority ethnic group. Other Buddhists in the country practice Theravada Buddhism. The majority practicing Theravada Buddhism are of Khmer ethnic minority group. Catholicism is increasing within Vietnam; there are 6.2 million Catholics in the country. Vietnamese who practice Cao Dia, which combines features of many religions, make up 4.4 million people from the population. There are approximately 1.4 million Protestants in the country. Hoa Hoa religious members make up 1.3 million people of the population. Finally, a variety of religions with smaller followings, such as Hinduism, Islam, and Judaism, make up less than 0.1 percent of the population. Of the Vietnamese people who do not classify themselves as part of a particular religion, many still participate in religious events. Furthermore, the country has hosted international conferences for religious leaders (Home Office 2014; U.S. Department of State 2013).

Celebrations

Most people in Vietnam celebrate the Lunar New Year Festival (also referred to as *tet*). Lunar New Year occurs sometime between the end of January and the beginning of February and signifies the change in seasons. During *tet*, a four-day national holiday occurs, but the *tet* festival occurs over two to three weeks. *Tet* includes a variety of different

celebrations, including family rituals, meals, worship, and family reunions (McAllister 2012).

Issues

Sex Trafficking

Vietnam is considered a source country for victims of sex trafficking. Despite laws against human trafficking in the country, girls and women are still being trafficked in and out of Vietnam, mainly for sexual exploitation purposes. Many single men in China and Southeast Asia buy virgin Vietnamese girls to be their brides. Impoverished Vietnamese women are at greater risk of falling victim to deceptive career opportunities. Women will go with a trafficker, thinking they have a job opportunity, but they are instead introduced into the sex industry, both within Vietnam and out of the country (Tucker et al. 2010). Many Vietnamese women are trafficked out of the country to Cambodia, Laos, China, Thailand, and Malaysia. With advances in technology, it has become increasingly popular for men to use online dating sites to lure Vietnamese women abroad. Once the women travel abroad to meet the men, they are forced into sex trafficking (U.S. Department of State 2015).

In 2011, Vietnam passed the Law on Anti-Human Trafficking to address this pressing concern in the country (ADB 2012). Vietnam has increased the number of border officials in areas where trafficking is at greater risk. In addition, more officials have received training to combat trafficking. The country is also working to convict national and international traffickers. Despite efforts by the Vietnamese government to eliminate sex trafficking, it continues to occur. Vietnam passed an antitrafficking action plan for 2016–2020 to further work to eliminate the issue (U.S. Department of State 2015).

Domestic Violence

Even though the Vietnamese government has passed laws to reduce violence against women, such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1981 and the 2007 Law on the Prevention and Control of Domestic Violence, domestic violence against women is still a concern within the country. Patriarchal values remain present in Vietnamese society, and they worsen the occurrences of domestic violence (Tucker et al. 2010). Overall, half of Vietnamese women are at risk for being victims of

domestic violence in their lifetimes. Approximately 54 percent of women have experienced emotional abuse, and 34 percent have experienced physical or sexual abuse (Rasanathan and Bhushan 2011; UN Women 2012). Abused women in the country earn an estimated 35 percent less than women who are not abused (Rasanathan and Bhushan 2011).

A majority (87%) of women who have experienced domestic violence do not seek services for fear of discrimination and the lack of services available to victimized women (United Nations in Viet Nam 2014). Even the younger Vietnamese population still justifies domestic violence. Of adolescent girls in Vietnam, 35 percent justify wife beating (UNICEF 2013). Thus, domestic violence is a serious problem in Vietnam that negatively impacts the economy. In 2014, the government approved the National Action Plan on Domestic Violence through 2020 to address domestic violence prevention and response (United Nations in Viet Nam 2014).

Sexual Harassment in the Workplace

A majority of the country's victims of sexual harassment in the workplace are women working in low-paying jobs. Young women between the ages of 18 and 30 are at increased risk for sexual harassment at work. This sexual harassment includes physical touching, unwelcomed flirting, sexual comments, communication through technology, or other unwanted forms of verbal harassment, offers of sexual intercourse, sexual assault, and rape. Many victims of sexual harassment in Vietnam do not report it for fear of losing their jobs (United Nations Viet Nam 2014).

SARAH TAYLOR

Further Resources

- ADB (Asian Development Bank). 2012. "Country Partnership Strategy: Viet Nam, (2012–2015)." Retrieved from <http://www.adb.org/sites/default/files/linked-documents/cps-vie-2012-2015-ga.pdf>.
- ADB (Asian Development Bank). 2014. *Technical and Vocational Education and Training in the Socialist Republic of Viet Nam: An Assessment*. Mandaluyong City, Philippines: Asian Development Bank.
- Burr, Rachel. 2014. "The Complexity of Morality: Being a 'Good Child' in Vietnam?" *Journal of Moral Education* 43.2: 156–168.
- CIA (Central Intelligence Agency). 2015. "Vietnam." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/resources/the-world-factbook/geos/vm.html>.
- DeMarco, Rosanna F., and Cindy Cao. 2015. "HIV Prevention, Stigma and Care in Ho Chi Minh City and Da Lat Vietnam." *Journal of Cultural Diversity* 22.4: 127–133.

- Dommaraju, Premchand, and Tan JooEan. 2014. "Households in Contemporary Southeast Asia." *Journal of Comparative Family Studies* 45.4: 559–580.
- Duggan, Stephen. 2001. "Educational Reform in Viet Nam: A Process of Change or Continuity?" *Comparative Education* 37.2: 193–212.
- Ferlay, Jacques, Isabelle Soerjomataram, Rajesh Dikshit, Sultan Eser, Colin Mathers, Marise Rebelo, Donald Maxwell Parkin et al. 2015. "Cancer Incidence and Mortality Worldwide: Sources, Methods, and Major Patterns in GLOBOCAN 2012." *International Journal of Cancer* 136.5: E359–E386.
- Friedman, Jed, John Knodel, Bui The Cuong, and Truong Si Anh. 2002. *Gender and Intergenerational Exchange in Vietnam*. PSC Research Report. Ann Arbor, MI: PSC Publications. Retrieved from <http://www.psc.isr.umich.edu/pubs/pdf/rr02-529.pdf>.
- Gish, Robert G., Tam D. Bui, Chuc TK Nguyen, Duc T. Nguyen, Huy V. Tran, Diem MT Tran, and Huy N. Trinh. 2012. "Liver Disease in Viet Nam: Screening, Surveillance, Management and Education: A 5-Year Plan and Call to Action." *Journal of Gastroenterology and Hepatology* 27.2: 238–247.
- Global Burden of Disease. 2015. "GBD Profile: Vietnam." Retrieved from <http://www.healthdata.org/Vietnam>.
- GSO (General Statistics Office of Viet Nam). 2008. *Vietnam Household Living Standards Survey*. Ha Noi. Retrieved from http://www.gso.gov.vn/default_en.aspx?tabid=515&idmid=58&ItemID=9647.
- GSO (General Statistics Office of Viet Nam). 2010a. "Results of the Survey on Household Living Standards 2008." Retrieved from http://www.gso.gov.vn/default_en.aspx?tabid=515&idmid=58&ItemID=11080.
- GSO (General Statistics Office of Viet Nam). 2010b. *Statistical Handbook of Vietnam*. Hanoi: Statistical Publishing House.
- Hamano, Takashi. 2010. "[Vietnam] Trends in Early Childhood Education in Vietnam—The 'Socialization of Education' and the Management of Disparity." Retrieved from http://www.childresearch.net/projects/ecec/2010_04.html.
- Hays, J. 2008. "Men, Gender Roles, the Elderly, and Families in Vietnam." Retrieved from http://factsanddetails.com/south-east-asia/Vietnam/sub5_9c/entry-3389.html.
- Home Office. 2014. "Country Information and Guidance: Vietnam: Religious Minority Groups." Gov.UK. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/389940/CIG.Vietnam.Religious_Minority_Groups.v1.0.pdf.
- Horton, Paul. 2014. "I Thought I Was the Only One': The Misrecognition of LGBT Youth in Contemporary Vietnam." *Culture, Health & Sexuality* 16.8: 960–973.
- HRW (Human Rights Watch). 2015. "Vietnam: Positive Step for Transgender Rights: Vietnamese Parliament Adopts New Transgender Legislation." Retrieved from <https://www.hrw.org/news/2015/11/30/vietnam-positive-step-trans-gender-rights>.
- Huong Nguyen, Thu, Bo Eriksson, Khanh Toan Tran, Max Petzold, Göran Bondjers, Kim Chuc Nguyen Thi, Thanh Liem Nguyen, and Henry Ascher. 2012. "Breastfeeding Practices in Urban and Rural Vietnam." *BMC Public Health* 12.1: 964–971.
- Index Mundi. 2015. "Vietnam Demographics Profile 2014." Retrieved from http://www.indexmundi.com/vietnam/demographics_profile.html.
- Institute of International Education. n.d. "A Sketch of Tertiary Education in Vietnam." Retrieved from https://www.vet.gov/download/Tertiary_Education_in_Vietnam.pdf.
- Malqvist, Mats, Dinh Thi Phuong Hoa, Nguyen Thanh Liem, Anna Thorson, and Sarah Thomsen. 2013a. "Ethnic Minority Health in Vietnam: A Review Exposing Horizontal Inequity." *Global Health Action* 6. doi:10.3402/gha.v6i0.19803.
- Malqvist, Mats, Ornella Lincetto, Du Nguyen Huy, Craig Burgess, and Hoa Dinh Thi Phuong. 2013b. "Maternal Health Care Utilization in Viet Nam: Increasing Ethnic Inequity." *Bulletin of the World Health Organization* 91.4: 254–261.
- McAllister, Patrick. 2012. "Connecting Places, Constructing Têt: Home, City, and the Making of the Lunar New Year in Urban Vietnam." *Journal of Southeast Asian Studies* 43.1: 111–132.
- Ministry of Education and Training. 2015. *Education for All 2015 National Review: Viet Nam*. Retrieved from <http://unesdoc.unesco.org/images/0023/002327/232770e.pdf>.
- Ngo, Thoai D., Sarah Keogh, Thang H. Nguyen, Hoan T. Le, Kiet HT Pham, and Yen BT Nguyen. 2014. "Risk Factors for Repeat Abortion and Implications for Addressing Unintended Pregnancy in Vietnam." *International Journal of Gynecology & Obstetrics* 125.3: 241–246.
- Nguyen, Dat Tan, Christine Dedding, Pham Tam Thi, and Joske Bunders. 2013. "Perspectives of Pupils, Parents, and Teachers on Mental Health Problems among Vietnamese Secondary School Pupils." *BMC Public Health* 13.1: 1–19.
- Nguyen, Van T., and Maria Scannapieco. 2008b. "Drug Abuse in Vietnam: A Critical Review of the Literature and Implications for Future Research." *Addiction* 103.4: 535–543.
- Nguyen, Xuan-Thuy, and Claudia Mitchell. 2014. "Inclusion in Vietnam: An Intersectionality Perspective on Girls with Disabilities and Education." *Childhood* 21.3: 324–338.
- Nguyen, Xuan Thuy, Claudia Mitchell, Naydene de Lange, and Kelly Fritsch. 2015. "Engaging Girls with Disabilities in Vietnam: Making Their Voices Count." *Disability & Society* 30.5: 773–787.
- Nguyen Thi, Tuyet. 2007. "The Vietnam Women's Museum: The Promotion of Women's Rights to Gender Equality and Gender Issues." *Museum International* 59.4: 70–79.
- Nguyen Thi Bich, Thuan, Curt Lofgren, Lars Lindholm, Chuc Nguyen, and Thi Kim. 2008a. "Choice of Healthcare Provider Following Reform in Vietnam." *BMC Health Services Research* 8: 1–9.
- Oosterhoff, Pauline, and Nguyen Thi Hien. 2006. "Reintegrating Residents of Rehabilitation Camps in Northern Vietnam." Retrieved from <http://www.bibalex.org/Search4Dev/files/292433/122957.pdf>.
- Pham, Phuong T. 2016. "The Shaping of Women's Salaried Employment during Economic Reform in Vietnam." PhD diss., Pennsylvania State University.

- Phillips, Jak. 2013. "LGBT Rights Blossom in Repressive Vietnam, but No Sign of Further Freedoms." *Time*, July 31. Retrieved from <http://world.time.com/2013/07/31/lgbt-rights-blossom-in-repressive-vietnam-but-no-sign-of-further-freedoms>.
- Rasanathan, Jennifer J. K., and Anjana Bhushan. 2011. Gender-Based Violence in Viet Nam: Strengthening the Response by Measuring and Acting on the Social Determinants of Health. Retrieved from http://www.who.int/sdhconference/resources/draft_background_paper4c_viet_nam.pdf.
- Reese, Thomas, and Mary Ann Glendon. 2016. "Report from Vietnam." *America* 214.7: 32–34.
- Roelen, Keetie, Franziska Gassmann, and Chris de Neubourg. 2010. "Child Poverty in Vietnam: Providing Insights Using a Country-Specific and Multidimensional Model." *Social Indicators Research* 98.1: 129–145.
- Rolleston, Caine, and Sofya Krutikova. 2014. "Equalising Opportunity? School Quality and Home Disadvantage in Vietnam." *Oxford Review of Education* 40.1: 112–131.
- Rydstrom, Helle. 2001. "'Like a White Piece of Paper': Embodiment and the Moral Upbringing of Vietnamese Children." *Ethnos* 66.3: 394–413.
- Sabharwal, Gita, and Than Thi Thien Huong. 2006. "Missing Girls in Vietnam: Is High Tech Sexism an Emerging Reality?" Retrieved from <http://www.eldis.org/go/home&id=16919&type=Document#.VuXeJsf19UQ>.
- Scolaro, Elisa, Aleksandra Blagojevic, Brigitte Filion, Venkataraman Chandra-Mouli, Lale Say, Joar Svanemyr, and Marleen Temmerman. 2015. "Child Marriage Legislation in the Asia-Pacific Region." *Review of Faith & International Affairs* 13.3: 23–31.
- Septhri, Ardeshir, Sisira Sarma, Wayne Simpson, and Saeed Moshiri. 2008. "How Important Are Individual, Household and Commune Characteristics in Explaining Utilization of Maternal Health Services in Vietnam?" *Social Science & Medicine* 67.6: 1009–1017.
- Thanh, Nguyen X., Bach X. Tran, Arianna Waye, Christa Harstall, and Lars Lindholm. 2014. "Socialization of Health Care." *Vietnam: What Is It and What Are Its Pros and Cons? Value in Health Regional Issues* 3: 24–26.
- Thin, Hoang Ba. 2009. "Rural Employment and Life: Challenges to Gender Roles in Vietnam's Agriculture at Present." Presentation, FAO-IFAD-ILO Workshop, March 31–April 2, 2009, Rome.
- Tien, Tran Van, Hoang Thi, Phuong, Inke Mathauer and Nguyen Thi Kim Phuong. 2011. "A Health Financing Review of Viet Nam with a Focus on Social Health Insurance." Retrieved from http://www.who.int/health_financing/documents/oasis_f_11-vietnam.pdf.
- Trieu, Phuong Dung Yun, Claudia Mello-Thoms, and Patrick C. Brennan. 2015. "Female Breast Cancer in Vietnam: A Comparison across Asian Specific Regions." *Cancer Biology & Medicine* 12.3: 238.
- Tuan, T., V. T. Dung, I. Neu, and M. J. Dibley. 2005. "Comparative Quality of Private and Public Health Services in Rural Vietnam." *Health Policy and Planning* 20.5: 1–9.
- Tucker, Charles, Kari Kammel, Heather Lehman, and Elisabeth Ward. 2010. "An Analysis of Human Trafficking for Sexual Exploitation in Vietnam and a Comprehensive Approach to Combating the Problem." *U.C. Davis Journal of International Law and Policy* 16: 437.
- UNAIDS (United Nations AIDS). 2014. "Viet Nam" Retrieved from <http://www.unaids.org/en/regionscountries/countries/vietnam#>.
- UNDP (UN Development Programme). 2015. "Vietnam" Retrieved from <http://hdr.undp.org/en/countries/profiles/VNM>.
- UNESCO-IBE. 2011. *World Data on Education*. 7th ed. Retrieved from http://www.ibe.unesco.org/sites/default/files/Viet_Nam.pdf.
- UNFPA (UN Population Fund). 2011. "Ethnic Groups in Vietnam: An Analysis of Key Indicators from the 2009 Viet Nam Population and Housing Census." Retrieved from https://vietnam.unfpa.org/webdav/site/vietnam/shared/Publications%202011/Ethnic_Group_ENG.pdf.
- UNICEF. 2008. "Result of Nation-Wide Survey on the Family in Viet Nam 2006." Retrieved from http://www.unicef.org/eapro/bao_cao_tom_tat_tienanh.pdf.
- UNICEF. 2010. "An Analysis of the Situation of Children in Viet Nam 2010." Retrieved from http://www.unicef.org/sitan/files/SitAn-Viet_Nam_2010_Eng.pdf.
- UNICEF. 2012. "UNICEF Congratulates Viet Nam on Maternity Leave Extension to Six Months" Retrieved from http://www.unicef.org/vietnam/media_18856.html.
- UNICEF. 2013. "At a Glance: Vietnam." Retrieved from http://www.unicef.org/infobycountry/vietnam_statistics.html.
- UN Viet Nam. 2017. "National Structures for Gender Equality." Retrieved from <http://www.un.org.vn/en/component/content/article/1083-national-structures-for-gender.html>.
- UN Women. 2017. "In Viet Nam, Women Are Leading Disaster Prevention and Response." Retrieved from <http://www.unwomen.org/en/news/stories/2017/5/feature-in-viet-nam-women-are-leading-disaster-prevention-and-response>.
- United Nations in Viet Nam. 2014. "From Domestic Violence to Gender-Based Violence: Connecting the Dots in Viet Nam." Retrieved from http://vietnam.unfpa.org/sites/default/files/pub-pdf/UN%20Discussion%20Paper_ENG.pdf.
- U.S. Department of State. 2013. *International Religious Freedom Report for 2013*. Retrieved from <http://www.state.gov/documents/organization/222393.pdf>.
- U.S. Department of State. 2015. *Trafficking in Persons Report 2015*. Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/2015>.
- Vu, Tien Manh. 2014. "Are Daughters Always the Losers in the Chore War? Evidence Using Household Data from Vietnam." *Journal of Development Studies* 50.4: 520–529.
- WHO (World Health Organization). 2015. "Success Factors for Women's and Children's Health." Retrieved from http://www.who.int/pmnch/knowledge/publications/vietnam_country_report.pdf.
- World Bank. 2011. *Viet Nam High Quality Education for All by 2020*. Retrieved from <http://www-wds.worldbank.org>.

- org/external/default/WDSPContentServer/WDSP/IB/2012/04/18/000333038_20120418014333/Rendered/PDF/680920v20WP0P10oduc0tap20Engl012012.pdf.
- World Bank. 2014. Gender at Work: A companion to the World Development Report on Jobs. Retrieved from <http://documents.worldbank.org/curated/en/884131468332686103/pdf/892730WP0Box3800report0Feb-02002014.pdf>
- World Bank. 2016. "World DataBank: World Development Indicators: Vietnam." Retrieved from <http://databank.worldbank.org/data/reports.aspx?source=2&country=VNM&series=&period=>.
- York, Mary. 2012. "Challenges Encountered When Building Laboratory Capacity in Limited-Resource Hospitals in Vietnam." *Clinical Microbiology Newsletter* 34.21: 169–175.

Index

Note: Numbers in **bold** indicate volume number.

- Abbott, Tony, **3**:2
- Abboud, Ibrahim, **1**:322
- Abdullah, Abritty, **3**:21
- Abdullah bin Abd al-Aziz Al Saud (king, Saudi Arabia), **1**:164, 169, 170
- Abe, Shinzo, **3**:284
- Aboriginal Australians, **3**:1, 2
 - deaths in custody of, **3**:5
 - health of, **3**:4
 - housing for, **3**:7
 - religious beliefs of, **3**:10
 - removal of children of, **3**:11–12
- Abortion
 - in Albania, **4**:3–4
 - in Algeria, **1**:12
 - in Argentina, **2**:5, 6
 - in Belarus, **4**:28
 - in Belgium, **4**:34, 35
 - in Brazil, **2**:55
 - in Brunei, **3**:301
 - in Bulgaria, **4**:53–54
 - in Central African Republic, **1**:45
 - in Chile, **2**:93
 - in China, sex-selective, **3**:63
 - in Croatia, **4**:68–69
 - in Czech Republic, **4**:74
 - in Democratic Republic of Congo, **1**:54
 - in Denmark, **4**:82
 - in Ecuador, **2**:142, 148, 149
 - in El Salvador, **2**:155
 - in Eritrea, **1**:75
 - in Estonia, **4**:94–95
 - in France, **4**:108–109
 - in French Caribbean, **2**:167
 - in Georgia, **4**:124
 - in Ghana, **1**:95
 - in Greenland, **2**:185
 - in Guam, **3**:74
 - in Guatemala, **2**:196
 - in Iceland, **4**:157
 - in Iran, **1**:105
 - in Ireland, **4**:170–171
 - in Israel, **1**:123
 - in Ivory Coast, **1**:129
 - in Jamaica, **2**:242
 - in Kosovo, **4**:186
 - in Lebanon, **1**:176
 - in Lithuania, **4**:207
 - in Macedonia, **4**:265
 - in Malawi, **1**:213
 - in Mexico, **2**:251
 - in Myanmar, **3**:198
 - in Namibia, **1**:236
 - in Netherlands Antilles, **2**:269
 - in New Zealand, **3**:217
 - in Nicaragua, **2**:278, 280
 - in Nigeria, **1**:245
 - in Norway, **4**:235
 - in Pakistan, **3**:242–243
 - in Peru, **2**:321
 - in Poland, **4**:247–248
 - in Republic of the Congo, **1**:262
 - in Romania, **4**:277
 - in Russia, **4**:292
 - in Slovakia, **4**:311–312
 - in South Africa, **1**:305
 - in South Korea, **3**:280
 - in Spain, **4**:322
 - in Suriname, **2**:348–349
 - in Taiwan, **3**:307
 - in Thailand, **3**:323
 - in Trinidad and Tobago, **2**:340
 - in Tunisia, **1**:345
 - in Turkey, **4**:359
 - in Ukraine, **4**:369–370
 - in United States, **2**:364
 - in Uruguay, **2**:376
 - in Venezuela, **2**:389
 - in Yemen, **1**:271–272
 - in Zimbabwe, **1**:368
- Abu Dhabi, **1**:354, 356
 - See also* United Arab Emirates
- Abyei region (Sudan), **1**:315
- Académie Française, **4**:113
- Acid attacks, in Cambodia, **3**:47–48
- Adichie, Chimamanda Ngozi, **1**:249
- El-Adl, Doaa, **1**:72
- Adolescent fertility, **1**:302
- Adoption
 - in Canada, **2**:72
 - of Korean children, **3**:286
 - in Kosovo, **4**:191
 - in Norway, **4**:238
 - in Sweden, **4**:338
- Adult education
 - in Denmark, **4**:84
 - in Latvia, **4**:200
 - in Norway, **4**:236
 - in Serbia, **4**:300
 - in Sweden, **4**:334
 - in Tunisia, **1**:349
 - in Venezuela, **2**:387

- Afghanistan, 1:1–10
 Constitution of, 4:414–415
 United States war with, 2:370
- Afghanistan Multiple Indicator Cluster Survey (AMICS), 1:2
- African Americans, 1:190
- African Charter on Human and Peoples' Rights (Banjul Charter), 1:205, 266, 4:396–397
- African Union (Organization of African Unity), 1:80
- Afro-Belizeans, 2:27
- Afro-Brazilians, 2:51, 61
- Afro-Colombians, 2:97, 105–106
- Afro-Cubans, 2:120, 124, 126, 127
- Afro-Mexicans, 2:257–258
- Afro-Nicaraguans, 2:279
- Afro-Peruvians, 2:326
- Afro-Uruguayans, 2:381–382
- Afro-Venezuelans, 2:394
- Afworki, Isaías, 1:74
- Age discrimination, 4:222–223
- Aguigui Reyes, Rosa, 3:72
- Aguiñaga Vallejo, Marcela, 2:147
- Ahmadinejad, Mahmoud, 1:108, 111
- Ahmed, Abdelraouf Elsidig, 1:327
- AIDS. *See* HIV/AIDS
- Aisha (princess, Jordan), 1:141
- Akayesu, Jean-Paul, 1:277
- Akhdam Clinic (Yemen), 1:271
- Al Khalifa, Sabeeka bint Ibrahim (princess, Bahrain), 1:23
- Al Khalifa, Shaikh Isa bin Salman, 1:19
- Al Nahyan, Sheikh Khalifa bin Zayed, 1:354
- Al Nahyan, Sheikh Zayed bin Sultan, 1:354
- Al Qaeda, 1:118–119
- Al-Ali, Nadej Sadig, 1:115, 118
- Al-Asad, Bashar, 1:331
- Al-Asad, Hafiz, 1:331
- Al-Asbahi, Amat al-Aleem, 1:273
- Al-Awadhi, Lulwa, 1:24, 115
- Albania, 4:1–7
 conflicts between Macedonia and, 4:268–269
 Kosovo and, 4:193
- Albanians, 4:184, 193, 268–269
- Albayrak, Tuğçe, 4:133
- Alcohol consumption
 in Argentina, 2:6–7
 in Bolivia, 2:46
 in Denmark, 4:83
 in France, 4:109
 in Russia, 4:283
 in Ukraine, 4:372
- Alemu, Reeyot, 1:89–90
- Alfonsin, Raul, 2:2
- Algeria, 1:11–18
- Ali Bhutto, Zulfikar, 3:238, 244
- Ali, Salma, 3:20
- All-India Muslim League, 3:237, 243–244
- All India Women's Conference (AIWC), 3:86
- Allyne, Sheanna, 2:342
- Alston, Philip, 2:191
- Alvarado Carrión, Rosana, 2:147
- Álvarez, Griselda, 2:254
- Álvarez, Olga, 2:104
- Alvarez, Oscar, 2:236
- Alyokhina, Maria, 4:293
- Alzheimer's disease, 2:363
- Amafo, Alice, 2:351
- Amaya, Carmen, 4:329
- Amdaen Muen (queen, Thailand), 3:328
- American Colonization Society (ACS), 1:190
- American Samoa. *See* Samoa
- Americo-Liberian settlers, 1:190–191
- Amin, Qasim, 1:69
- Ananda Mahidol (king, Thailand), 3:321–322
- Anglican Church (Church of England), 4:384–385
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:24
- Anguilla, 2:284, 288, 293
See also Organization of Eastern Caribbean States
- Anthony, Susan B., 2:368
- Antigua and Barbuda, 2:284, 285, 289–290, 294
See also Organization of Eastern Caribbean States
- Apartheid
 in Namibia, 1:234, 235
 in South Africa, 1:301
 women challenging, 1:313
- 'api (Ching Chih Tseng), 3:310
- Aquino, Corazon C., 3:253
- Arab Spring, 1:343
 in Bahrain, 1:25
 graffiti in, 1:71–72
- Arab women, in Israel, 1:123
- Arawak (people)
 in Cuba, 2:119
 in French Caribbean, 2:164
 in Guatemala, 2:191
 in Guyana, 2:207
 in Jamaica, 2:239
 in Netherlands Antilles, 2:262, 263
 in Puerto Rico, 2:329
 in Trinidad and Tobago, 2:337
- Argentina, 2:1–11
- Arias Sánchez, Oscar, 2:114
- Armed conflicts. *See* Civil warfare
- Armed forces
 in Belarus, 4:30
 in Denmark, 4:87
 in Indonesia, 3:96
 in Israel, 1:121
 in Jordan, 1:141
 in Libya, 1:205
 in Myanmar, 3:201–202
 in Norway, 4:240
 in Singapore, 1:275
 in South Sudan, 1:320
 in Sweden, 4:338–339
 in United Kingdom, 4:380–381
See also Military service
- Armenia, 4:8–13
- Armenian Apostolic Holy Church, 4:12
- Arnat Peqatigiit (AP; Greenland), 2:187
- Arranged marriages
 in Bahrain, 1:22
 in Democratic Republic of Congo, 1:57
 in India, 3:83
 in Iraq, 1:117
 in Kyrgyzstan, 3:129
 in Mongolia, 3:187
 in Palestine, 1:257
 in Tajikistan, 3:317
 in United Arab Emirates, 1:359
- Arron, Henk, 2:350
- Arteta, Ainhoa, 4:329
- Arts and literature
 in Afghanistan, 1:9
 in Austria, 4:19
 in Czech Republic, 4:76
 in Finland, 4:105
 graffiti as, 1:71–72
 in Iran, 1:106
 in Kosovo, 4:193
 in New Zealand, 3:221–222
 political cartoons as, 1:72–73
 in Puerto Rico, 2:334
 in Spain, 4:328–329
 in Suriname, 2:352
- Aruba (Netherlands Antilles), 2:262, 264–268
- Asantewaa, Nana Yaa, 1:98
- Asegaf, Farha Ciciek, 3:100
- Asociación Hombres y Mujeres Nuevos de Panamá (AHMNP; New Men and Women Association of Panama), 2:306–307
- Assisted reproductive technology (ART), 4:177
- Association for the Development and Enhancement of Women (Egypt), 1:70
- Association of Egyptian Female Cartoon Artists, 1:72
- Association of Nicaraguan Women Confronting the National Problem (AMPRONAC), 2:279
- Association of Tunisian Women for Research and Development (AFTURD), 1:344
- Astrology, 3:201
- Atahualpa (Inca leader), 2:318
- Ataturk, Mustafa Kemal, 4:353
- Attire
 in Algeria, 1:17
 in Argentina, 2:11
 in Brunei, 3:297
 in Canada, 2:76
 in Iran, 1:112
 in Iraq, 1:118–119
 Islamic, in Afghanistan, 1:9
 in Jordan, 1:139
 in Malawi, 1:214–215
 in Sudan, 1:329
 in Tajikistan, 3:313
 in United Arab Emirates, 1:360
- Aung San Suu Kyi, 3:195, 199, 200

- Australia, 3:1–13
 fat activism in, 3:222
 Austria, 4:15–23
 Austrian General Women's Association, 4:19
 Austronesians (Lapita; people), 3:163
 Awel, Aida, 1:86
 Axgil, Axel (Axel Lundahl Madsen), 4:87
 Aymara (people), 2:47, 49
 Aztecs (people), 2:248
- Baath Party (Iraq), 1:114–115, 117, 118
 Babur (emperor, Mughal Empire), 3:76
 Bachelet, Michelle, 2:86, 92
 Badri, Babiker, 1:324
 Badri, Gasim, 1:324
 Bahamas, Barbados, and the Turks and Caicos Islands, 2:14–25
 Bahrain, 1:19–26
 Bajer, Fredrik, 4:86
 Bajer, Matilde, 4:86
 Baker, Katie, 1:87
 Bakovic, Anto, 4:68
 Al-Bakr, Ahmed Hassan, 1:114–115
 Baldetti, Roxana, 2:191
 Bamars (people), 3:194
 Bamba, Cecilia Cruz, 3:72
 Bamford-Addo, Joyce, 1:99
 Banda, Hastings Kamuzu, 1:211, 217, 218
 Banda, Joyce, 1:211, 217
 Bandaranaike, Sirimavo, 3:293
 Bangladesh, 3:16–25, 237–238
 Bang, Nina, 4:86
 Ban Ki-moon, 2:160, 3:284
 Banteyerga, Hailom, 1:83
 Baptist Church, 2:104
 Baptiste, René, 2:296
 Barbados, 2:14–27
 Barbuda, 2:284, 289–290, 294
 Barrios de Chamorro, Violeta, 2:272
 Baseball, 2:121
 Al-Bashir, Omar, 1:325, 329
 Basiri, Sadiqa, 1:9
 Basque autonomous community, 4:321
 Bastidas, Adina, 2:392
 Basutoland, 1:181
 Al-Bata'a, Sohair, 1:66–67
 Batista y Zaldívar, Fulgencio, 2:119
 Batlle y Ordóñez, José, 2:373
 Baza Calvo, Eddie, 3:69
 Beauty and body image
 in Argentina, 2:10–11
 in Austria, 4:17
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:17–18
 in Belgium, 4:38
 in Belize, 2:31
 in Canada, 2:66
 in Colombia, 2:106
 in Dominican Republic, 2:135–136
 in France, 4:110
 in Germany, 4:133
 in Ghana, 1:100–101
 in India, 3:89–90
 in Iran, 1:113
 in Jamaica, 2:244–245
 in Malta, 4:223
 in Panama, 2:307–308
 in Paraguay, 2:316
 in Polynesia, 3:259–260
 in Slovakia, 4:313
 in Taiwan, 3:311
 in Tajikistan, 3:313
 in Trinidad and Tobago, 2:342
 in United Arab Emirates, 1:362
 in Venezuela, 2:386
 Bedouins (people), 1:135
 Beijing Declaration (Fourth World Conference on Women), 4:405–408, 420–424
 Belarus, 4:25–31
 Belgium, 4:32–39
 Democratic Republic of Congo under, 1:51
 gains independence from Netherlands, 4:226
 Belize, 2:27–32
 Ben Ali, Zine El Abidine, 1:343
 Ben Sheikh, Tewhida, 1:345
 Berbers, 1:11
 Berdimuhamedow, G. M., 3:332, 334, 336, 338
 Bergmann-Pohl, Sabine, 4:131
 Bermuda, 2:33–42
 Bermudez, Juan de, 2:34
 Bernabeu, Almudena, 4:327
 Bernal, Victoria, 1:76
 Beta Israel (Ethiopian Jews), 1:80, 126–127
 Beyer, Georgina, 3:221
 Bhandari, Bidhya Devi, 3:211, 283
 Bhumibol Adulyadej (Rama IX; king, Thailand), 3:322
 Bhutan, 3:26–35
 Bhutto, Benazir, 3:238–239
 Biodiversity, 2:108
 Birth control. *See* Contraception; Reproductive rights
 Birthing assistants, 2:253
 Birth rates, crude, 3:156
 Blacks
 Afro-Belizeans, 2:27
 Afro-Colombians, 2:97, 105–106
 Afro-Cubans, 2:120, 124, 126, 127
 Afro-Mexicans, 2:257–258
 Afro-Nicaraguans, 2:279
 Afro-Peruvians, 2:326
 Afro-Uruguayans, 2:381–382
 Afro-Venezuelans, 2:394
 in Canada, vote for, 2:73
 in Haiti, 2:131
 Liberia founded by, 1:190
 Blackwellm Henry, 2:368
 Bléty (organization; Ivory Coast), 1:132
 Bloggers, feminist, 3:222
 Body image. *See* Beauty and body image
 Bohemia, 4:71
 Boii (people), 4:71
 Bolivar, Simon, 2:44, 97, 385
 Bolivia, 2:44–49
 Bollain, Iciar, 4:326, 327
 Bonaire (Netherlands Antilles), 2:262–263, 265, 267, 269
 Bonaparte, Charles Louis-Napoléon, 2:173
 Bose, Sarmila, 3:238
 Bosnia and Herzegovina, 4:40–49
 Botswana, 1:27–32
 Bouazizi, Mohamed, 1:343
 Bourguiba, Habib, 1:342, 343, 345, 346, 348, 351
 Bouteflika, Abdel-Aziz, 1:14, 16
 Bouterse, Desire (Desi), 2:346, 350–351
 Boye, Mame Madior, 1:286
 Brazil, 2:50–62
 Uruguay gains independence from, 2:373
 Brazilian Worker's Party, 2:56
 Breast cancer
 in Armenia, 4:11
 in Australia, 3:4
 in Austria, 4:17
 Denmark in, 4:82
 in Hungary, 4:146
 in Italy, 4:177
 in Kosovo, 4:187
 among Māori, 3:216
 in Mongolia, 3:189
 in Norway, 4:235
 in Poland, 4:247
 in Russia, 4:285
 in Saudi Arabia, 1:167
 in Ukraine, 4:371–372
 in United States, 2:362
 in Venezuela, 2:390
 in Vietnam, 3:352
 Breastfeeding
 in Costa Rica, 2:110
 in Italy, 4:176–177
 in Kenya, 1:154
 in Malaysia, 3:145
 in Philippines, 3:250
 in Singapore, 3:272
 in South Africa, 1:304
 in Sweden, 4:335
 in Tunisia, 1:347
 Breda, Toussiant (Toussaint L'Ouverture), 2:216
 Brexit (United Kingdom leaving European Union), 4:377, 382
 Bride kidnapping, 3:129–130
 Bride-price
 in Bahrain, 1:22
 in Democratic Republic of Congo, 1:57
 in Kenya, 1:156–157
 in Lesotho, 1:84
 in Liberia, 1:195
 in Melanesia, 3:164
 in Namibia, 1:238
 in Somalia, 1:299
 virginity testing and, 1:370
 in Zimbabwe, 1:371

- British East Africa, **1:148**
 British Guiana, **2:207**
 British Honduras, **2:27**
 See also Belize
 British Virgin Islands (BVI), **2:284, 288, 293, 295**
 See also Organization of Eastern Caribbean States
Broadsheet (magazine), **3:222**
 Brown, Sonia, **2:24**
 Brunei (Sultanate of Brunei; Negara Brunei Darussalam), **3:296–302**
 Brunias, Agostino, **2:245**
 Buddhism
 in Bhutan, **3:33**
 in Cambodia, **3:37, 40, 44–45**
 in China, **3:63**
 in India, **3:88**
 in Laos, **3:140**
 in Mongolia, **3:184, 190–191**
 in Myanmar, **3:194, 200–201**
 in Sri Lanka, **3:288, 294**
 in Thailand, **3:327**
 in Tibet, **3:52–53**
 in Vietnam, **3:355**
 Bugis (people), **3:102**
 Bulgaria, **4:50–59**
 Bullying
 in Canada, **2:65–66**
 in Italy, **4:175–176**
 in Lithuania, **4:207**
 in New Zealand, **3:224**
 in South Korea, **3:278–279**
 Burkina Faso, **1:32–38**
 Burma (Myanmar), **3:194–202**
 BuSSy (theatrical company; Egypt), **1:72**
 Bustamante, Sir Alexander, **2:239**
 Buyse, Nadia, **1:25**

 Cabnal, Lorena, **2:202**
 Cabral, Pedro Álvares, **2:50**
 Cadet-Petit, Sandra, **2:169**
 Caesarean deliveries (C-sections), **4:358**
 Caicos Island, **2:14**
 Calderón, Doña Sila María, **2:333**
 Calles, Maria Alicia, **2:229**
 Calovic, Vanja, **4:303**
 Cambodia, **3:37–49**
 Constitution of, **4:417–418**
 Cameron, David, **4:377, 382**
 Campbell, Avril Phaedra Douglas “Kim” (A. Kim), **2:73**
 Campus Pride Index, **2:360**
 Canada, **2:64–77**
 Cancer
 in Denmark, **4:82**
 HPV vaccine for, **4:137**
 in Hungary, **4:146**
 in Iceland, **4:157**
 in Italy, **4:177**
 in Latvia, **4:201**
 liver cancer, **3:352**
 in Peru, **2:322**
 in Poland, **4:247**
 skin cancer, **3:4**
 in Ukraine, **4:371–372**
 See also Breast cancer; Cervical cancer
 Capetillo, Luisa, **2:330**
 Capriles Radonski, Henrique, **2:392**
 Caribbean islands
 Bahamas, Barbados, and Turks and Caicos Islands, **2:14–27**
 Cayman Islands, **2:79–85**
 Cuba, **2:119–128**
 Dominican Republic, **2:130–138**
 French Caribbean, **2:164–170**
 Haiti, **2:216–225**
 Jamaica, **2:239–245**
 Netherlands Antilles, **2:262–270**
 Organization of Eastern Caribbean States, **2:284–297**
 Puerto Rico, **2:328–335**
 Trinidad and Tobago, **2:337–343**
 Carl XVI Gustav (king, Sweden), **4:330**
 Carnival, in French Caribbean, **2:169**
 Carrillo Puerto, Elvía, **2:255**
 Cartwright Inquiry (New Zealand), **3:217**
 Casals, Muriel, **4:327–328**
 Castes, **3:78, 85**
 Dalits (untouchables), **3:80–81, 85**
 Castro Ruz, Fidel, **2:119**
 Castro Ruz, Raul, **2:119, 127**
 Catalan (language), **4:321, 324**
 Catholicism and Catholics. *See* Roman Catholic Church
 Cayman Islands, **2:79–85**
 Ceaușescu, Nicolae, **4:271, 277**
 Celebrations
 in French Caribbean, **2:169**
 in North Korea, **3:234**
 in Norway, **4:241**
 in Vietnam, **3:355–356**
 Center for Research, Studies, Documentation and Information on Women (CREDIF), **1:344**
 Center of Arab Women for Training and Research (CAWTAR), **1:344**
 Central African Republic (CAR), **1:40–49**
 Centro de Investigación y Promoción para América Central de Derechos Humanos (CIPAC; Costa Rica), **2:109**
 Centro Femenil Colombiano (Colombian Women’s Center), **2:106**
 CEPIA (organization; Brazil), **2:59**
 Cervical cancer, **1:184, 2:89, 156**
 HPV vaccine for, **4:137**
 in Hungary, **4:146**
 in Italy, **4:177**
 in Poland, **4:247**
 Césaire, Aimé, **2:168**
 Ceylon (Sri Lanka), **3:288–295**
 Chacón, Carmen, **4:325**
 Chamorro (people), **3:67–74**
 Chaplin, Vsevolod, **4:295**
 Charles IV (king, Czechoslovakia), **4:71**
 Charles (prince of Wales), **4:377**
 Charles, Dame Eugenia, **2:296**
 Charrúas (people), **2:373**
 Chávez, Hugo, **2:385–386, 388–390, 392, 393**
 Chávez Ixcaquic, Lolita, **2:195, 202**
 Chaza (sport), **2:101**
 Chenhui Ho, **3:54**
 Chenm Margaret, **3:57**
 Chernobyl Nuclear Power Plant disaster (Ukraine), **4:26**
 Chess, **4:119**
 Chewa (people), **1:215, 216**
 Chibambo, Rose, **1:217**
 Chiburdanidze, Maia, **4:119**
 Child abuse
 in Albania, **4:2**
 in Armenia, **4:9**
 in El Salvador, **2:153**
 in Greenland, **2:181–182**
 in Guiana, **2:208**
 in Netherlands, **4:232**
 in Romania, **4:272–273**
 in Serbia, **4:302**
 in Uruguay, **2:380**
 in Venezuela, **2:387**
 Childbirth. *See* Maternal health
 Child care
 in Brazil, **2:58**
 in Canada, **2:70**
 in Croatia, **4:65**
 in Ireland, **4:172**
 in Japan, **3:108**
 in Pakistan, **3:241**
 in Republic of the Congo, **1:264**
 in Serbia, **4:301–302**
 in Sweden, **4:338**
 in Tajikistan, **3:317**
 in Ukraine, **4:368**
 Child custody
 in Canada, **2:71**
 in Switzerland, **4:348**
 in Syria, **1:339**
 in United Arab Emirates, **1:359**
 See also Divorce
 Child labor
 in Burkina Faso, **1:36–37**
 in Central African Republic, **1:44**
 in Haiti, **2:217–218**
 in Honduras, **2:233**
 in Ivory Coast, **1:129–130, 133**
 in Kenya, **1:156**
 in Liberia, **1:195**
 in Malawi, **1:212–213**
 in Myanmar, **3:196**
 in Nepal, **3:206**
 in Vietnam, **3:349**
 Child marriage
 in Afghanistan, **1:3**
 in Albania, **4:2**

- in Bahrain, 1:22
- in Bangladesh, 3:17–18
- in Burkina Faso, 1:33
- in El Salvador, 2:157
- in Ethiopia, 1:81
- in Ghana, 1:95
- in Guatemala, 2:200
- in Guiana, 2:208
- in Honduras, 2:233
- in Kazakhstan, 3:117, 122–123
- in Kenya, 1:156
- in Laos, 3:134
- in Lebanon, 1:177
- in Libya, 1:203
- in Macedonia, 4:263–264
- in Malawi, 1:216
- in Mali, 1:223
- in Melanesia, 3:163–164
- in Morocco, 1:229
- in Nepal, 3:206
- in Nigeria, 1:247
- in Palestine, 1:257
- among Roma, 4:148
- in Senegal, 1:285
- in Serbia, 4:302
- in Sierra Leone, 1:291
- in Singapore, 3:271
- in South Sudan, 1:317
- in Sudan, 1:325
- in Syria, 1:335
- in Tajikistan, 3:313–314, 317
- in Turkey, 4:355–356
- in Ukraine, 4:369
- United Nations General Assembly resolution on, 4:431–432
- in Vietnam, 3:349–350
- Children
 - of Aboriginal Australians, 3:11–12
 - in China, 3:64
 - in Croatia, 4:64
 - day care for, in Pakistan, 3:241
 - in Denmark, 4:85
 - in Egypt, 1:63
 - in France, 4:111
 - HIV among, 1:368
 - international adoption of, 3:286
 - migrants, left behind, 4:273
 - in New Zealand, 3:216
 - in North Korea, 3:233
 - sexual exploitation of, in Belize, 2:31
 - as soldiers, in Myanmar, 3:201–202
 - street children, 4:272
 - well-being of, 4:206–207
 - See also* Girls and teens
- Chile, 2:86–95
- China, 3:51–65
 - Mongolian independence from, 3:184
 - Myanmar girls and women sold to, 3:196
 - People's Republic of China, 3:51–65
 - Taiwan (Republic of China), 3:304–311
 - Vietnam under, 3:348
- Chinchilla Miranda, Laura, 2:114
- Ching Chih Tseng ('api), 3:310
- Chlamydia, 2:68
- Choc, Angelica, 2:202
- Choi Soon-sil, 3:283
- Cholera, 2:220
- Christianity
 - in Canada, 2:75
 - in Central African Republic, 1:47
 - in Eritrea, 1:78
 - in Ethiopia, 1:80, 90
 - in Ghana, 1:99
 - in Hungary, 4:145
 - in Latvia, 4:203
 - in Malawi, 1:218
 - in Melanesia, 3:170–171
 - in Micronesia, 3:180–181
 - in Nigeria, 1:249
 - in Norway, 4:234
 - in Polynesia, 3:265
 - in Sudan, 1:329
- Christian Women's Solidarity Association (Lebanon), 1:178
- Church of England. *See* Anglican Church
- Church of Norway, 4:234, 238, 240
- Church of Sweden, 4:339
- Cinema. *See* Film
- Citizenship
 - in Bahrain, 1:23
 - in French Guiana, 2:177
 - in Israel, 1:121
 - in Jordan, 1:141–142
 - in Lebanon, 1:179
 - in Norway, 4:239–240
 - in Palestine, 1:258
 - of Puerto Ricans, 2:329
 - in Sweden, 4:341–342
- Civil warfare
 - in Argentina, 2:9
 - in Bosnia and Herzegovina, 4:41
 - in Central African Republic, 1:47–48
 - in Colombia, 2:98, 104–105
 - in Democratic Republic of Congo, 1:52–53
 - in El Salvador, 2:152
 - in Guatemala, 2:191, 192, 202, 204–205
 - in Ireland, 4:168
 - in Kenya, 1:160
 - in Liberia, 1:196–197
 - in Libya, 1:208
 - in Myanmar, 3:195, 201–202
 - in Nepal, 3:205, 210–211
 - in Palestine, 1:259
 - in Peru, 2:318, 325
 - in Philippines, 3:254
 - in Republic of the Congo, 1:260–261, 265
 - in Rwanda, 1:276, 277
 - in Sierra Leone, 1:293
 - in Somalia, 1:295, 300
 - in South Sudan, 1:315–316, 319, 320
 - Spanish Civil War, 4:321–322
 - in Sri Lanka, 3:294–295
- in Sudan, 1:322
- in Syria, 1:332–333, 337, 338
- between Turkey and Kurdish militants, 4:354
- in Yemen, 1:269–271, 274, 275
- Clark, Christy, 2:73
- Clarke, Kim, 2:294
- Clark, Helen, 3:223
- Climate change, 1:162, 2:382
 - in Micronesia, 3:181–182
 - in Pakistan, 3:244
 - in Polynesia, 3:265
- Clinton, Hillary Rodham, 2:364, 369, 3:73
- Clothing. *See* Attire
- Coalition of African Lesbians (CAL), 1:238
- Coalition of Egyptian Feminist Organizations, 1:70
- Coixet, Isabel, 4:327
- Colau, Ada, 4:328
- Collective of Congolese Women for Peace and Justice (CCWFP), 1:58
- Colombia, 2:96–106
- Colonialism
 - in Cambodia, 3:37
 - in Central African Republic, 1:41, 44
 - in Chile, 2:86–87
 - in Colombia, 2:97–99
 - contraceptive use and, 1:367
 - in Cuba, 2:126
 - in Democratic Republic of Congo, 1:51–52
 - in Dominican Republic, 2:130–132
 - in Eritrea, 1:74
 - in French Caribbean, 2:164, 168
 - in French Guiana, 2:173
 - in Ghana, 1:92, 93, 97
 - in Greenland, 2:180
 - in Guam, 3:67, 72
 - in Guatemala, 2:200, 201
 - in Guiana, 2:207
 - in Indonesia, 3:92
 - in Kenya, 1:148–149
 - in Laos, 3:133
 - in Malta, 4:215
 - in Melanesia, 3:163
 - in Namibia, 1:234–235
 - in Nigeria, 1:243
 - in Peru, 2:318
 - by Portugal, 4:254
 - in Puerto Rico, 2:328–330
 - in Rwanda, 1:275–276
 - in Sierra Leone, 1:288
 - in Somalia, 1:295
 - in South Sudan, 1:315
 - in Suriname, 2:345
 - in Trinidad and Tobago, 2:337
 - in United States, 2:355
 - in Venezuela, 2:385
 - in Zimbabwe, 1:371–372
- Columbus, Christopher
 - in Cayman Islands, 2:79
 - in French Caribbean, 2:164
 - in Hispaniola, 2:130, 131, 216

- Columbus, Christopher (*Continued*)
 in Jamaica, 2:239
 in Netherlands Antilles, 2:263
- Common-law marriage
 in Jamaica, 2:242–243
 in Macedonia, 4:263–264
- Commonwealth of the Northern Mariana Islands (CNMI), 3:174
- Community forestry, 3:212
- Community groups, in New Zealand, 3:223
- Compaore, Blaise, 1:38
- Confederation of Ethiopian Trade Unions (CETU), 1:85
- Confucianism, 3:232
- Congo-Brazzaville (Republic of the Congo), 1:260
- Congo, Democratic Republic of (DRC), 1:51–61
- Congo, Republic of the, 1:260–268
- Congo Wars (1998–2002), 1:53
- Conscientious objection (CO) to providing health services
 in Bulgaria, 4:53
 in Italy, 4:181
 in Uruguay, 2:376
- Conscription (military service), in Israel, 1:121
- Contraception
 in Austria, 4:22–23
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:24
 in Bangladesh, 3:22–23
 in Belarus, 4:28–29
 in Denmark, 4:82
 in Ecuador, 2:144–145
 in El Salvador, 2:155–156
 in France, 4:108
 in Georgia, 4:120
 in Germany, 4:131
 in Iceland, 4:157
 in Jordan, 1:139–140
 in Malawi, 1:213
 in Malaysia, 3:149–150
 in Netherlands Antilles, 2:266
 in Pakistan, 3:242
 in Palestine, 1:257
 in Poland, 4:248
 in Portugal, 4:256
 in Russia, 4:291–292
 in Senegal, 1:284
 in Sierra Leone, 1:290
 in South Africa, 1:308–309
 in South Sudan, 1:316
 in Sudan, 1:325
 in Sweden, 4:335
 in Ukraine, 4:369–370
 in United Kingdom, 4:382
 in Uzbekistan, 3:344
 in Zimbabwe, 1:367
See also Maternal health; Reproductive rights
- Contra War (Nicaragua), 2:272
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 4:391–395
- Convention on the Rights of Children, 1:63
- Cook Islands, 3:261
- Cook, James, 3:214
- Cooper, Margaret, 3:8
- Cordero, Celestina, 2:330
- Coriolon, Anne Marie, 2:223
- Correa, Rafael, 2:141–143, 148, 149
- Corrigan-Maguire, Mairead, 4:168
- Cosmetic surgery, 1:113
- Cossé, Eva, 4:136
- Costa Rica, 2:107–116
- Côte d'Ivoire. *See* Ivory Coast
- Creoles, 2:164
- Crime
 in Bermuda, 2:41–42
 in Cambodia, 3:46–47
 against Canadian indigenous women and girls, 2:65
 in El Salvador, 2:160
 in Guatemala, 2:191
 hate crimes, 4:339
 in Honduras, 2:230
 in Jamaica, 2:244
 in South Africa, 1:308
 against transgender people, 2:358
 by women, in Denmark, 4:88
- Crimea, 4:363
- Criollos (people), 2:97
- Croatia, 4:61–69
- Croatian War (1991–1995), 4:61
- Crude birth rates, 3:156
- Crude death rates, 3:156
- Cruz Velázquez, Lucila Bettina, 2:251
- Cuba, 2:119–128
- Culture. *See* Religion and culture
- Curaçao (Netherlands Antilles), 2:262–270
- Custom marriages, in Melanesia, 3:163–164
- Cutaneous leishmaniasis (CL), 3:335
- Cyberbullying
 in Italy, 4:175–176
 in New Zealand, 3:224
- Czechoslovakia, 4:271
- Slovakia in, 4:305–313
- Czech Republic, 4:71–79
- Dalai Lama, 3:52–53
 statement on “Bhikshuni Ordination in the Tibetan Tradition” by, 4:416–417
- Dalits (untouchables), 3:80–81, 85
- Damas, Léon-Gontran, 2:168
- Dancehall music, 2:243
- Danilova, Anastasia, 4:291
- Daryeel Women Organization (DAWO; Somalia), 1:297
- Das, Nandita, 3:90
- Davis, Jack, 3:5
- Davis, Megan, 3:9
- Day care. *See* Child care
- Day of the Sun (North Korea), 3:234
- Deafness, 2:18, 3:309
- Death rates, crude, 3:156
- de Burgos, Julia, 2:334
- Declaration on the Elimination of Violence against Women, 4:401–404
- Deforestation, 2:326
- de Gaulle, Charles, 4:106
- Democratic People's Republic of Korea (North Korea), 3:226–235
- Democratic Republic of Congo (DRC), 1:51–61
 Republic of the Congo distinguished from, 1:260
 Rwandan refugees in, 1:277
- Democratic Women's Association Vienna, 4:19
- Dengue fever
 in Costa Rica, 2:110
 in Dominican Republic, 2:133–134
 in El Salvador, 2:156
 in French Guiana, 2:174–175
 in Honduras, 2:231
 in Laos, 3:138
- Denmark, 4:81–88
 Greenland and, 2:180
 Iceland becomes independent of, 4:155
- Depression (emotional)
 in France, 4:109
 in Iceland, 4:157
 in Poland, 4:246–247
- Derg (Ethiopia), 1:88–89
- De Riemaecker-Legot, Marguerite, 4:37
- Devi, Sampat Pal, 3:86
- Diabetes, 2:145
 in Polynesia, 3:261
- Diatla, Aline Sitoé, 1:285
- Al-Dighaily, Salwa, 1:206
- Digital divide, 2:375
- Dirty War (Argentina), 2:2, 9
- Disabilities
 in Australia, 3:8
 in Brunei, 3:299
 in China, 3:63
 deafness, 2:18
 in Ivory Coast, 1:132
 in Maldives, 3:158
 in Netherlands, 4:228
 in Russia, 4:285
 in Singapore, 3:270–271
 in South Africa, 1:305
 in Sweden, 4:341
 in Vietnam, 3:349
- Displaced women
 in Georgia, 4:120
 in Somalia, 1:300
- Divorce
 in Algeria, 1:15–16
 in Argentina, 2:7
 in Bahrain, 1:22–23
 in Belarus, 4:28
 in Botswana, 1:30–31
 in Canada, 2:71
 in China, 3:60

- in Croatia, 4:65
- in Denmark, 4:85
- in Egypt, 1:63
- among Ethiopian Jews, 1:126–127
- in Finland, 4:103–104
- in France, 4:110–111
- in Iceland, 4:159
- in India, 3:84
- in Indonesia, 3:97
- in Iran, 1:108–109
- in Iraq, 1:117
- in Israel, 1:124
- in Italy, 4:181
- in Jamaica, 2:242
- in Kenya, 1:157
- in Liberia, 1:195
- in Libya, 1:203–204
- in Maldives, 3:159
- in Mexico, 2:253
- in Morocco, 1:229
- in Netherlands, 4:231
- in Nicaragua, 2:279
- in North Korea, 3:233
- in Norway, 4:238
- in Puerto Rico, 2:331–332
- in Republic of the Congo, 1:264
- in Russia, 4:291
- in Singapore, 3:273–274
- in South Africa, 1:306–307
- in Sudan, 1:327
- in Sweden, 4:338
- in Switzerland, 4:348
- in Syria, 1:338–339
- in Tajikistan, 3:317–318
- in Tunisia, 1:350
- in United Arab Emirates, 1:359
- in United Kingdom, 4:381
- in United States, 2:366–367
- in Uzbekistan, 3:343–344
- Djotodia, Michel, 1:46, 47
- Doctors without Borders, 1:272
- Doe, Samuel, 1:196
- Dohnal, Johanna, 4:15
- Doi, Takako, 3:110–111
- Domestic labor
 - in Brazil, 2:57
 - in Brunei, 3:301–302
 - in Cuba, 2:123
 - in Dominican Republic, 2:135
 - in Ecuador, 2:146
 - in Honduras, 2:232–233
 - in India, 3:89
 - in Jordan, 1:144–145
 - in Mexico, 2:252–253
 - in Singapore, 3:275–276
 - South African legislation on, 1:311
 - in United Arab Emirates, 1:362
- Domestic slavery, 1:229
- Domestic violence
 - in Algeria, 1:17–18
 - in Armenia, 4:12
 - in Austria, 4:20–22
 - in Bahamas, Barbados, and Turks and Caicos Islands, 2:25
 - in Bahrain, 1:26
 - in Belarus, 4:31
 - in Belgium, 4:38
 - in Belize, 2:30
 - in Bosnia and Herzegovina, 4:47
 - in Botswana, 1:31–32
 - in Brazil, 2:59, 61–62
 - in Canada, 2:73–74
 - in Cayman Islands, 2:85
 - in Central African Republic, 1:44–45
 - in Chile, 2:93–94
 - in China, 3:64
 - in Colombia, 2:98
 - in Croatia, 4:69
 - in Cuba, 2:124
 - Declaration on the Elimination of Violence against Women on, 4:401–404
 - in Democratic Republic of Congo, 1:60
 - in Estonia, 4:97
 - in France, 4:114–115
 - in French Caribbean, 2:169
 - in Georgia, 4:124
 - in Guatemala, 2:196–197
 - in Guiana, 2:211–212
 - in Honduras, 2:234–235
 - in Hungary, 4:152
 - in Iran, 1:112
 - in Iraq, 1:117
 - in Ivory Coast, 1:131
 - in Jordan, 1:143
 - in Kosovo, 4:191–192
 - in Kyrgyzstan, 3:127–128
 - in Liberia, 1:198
 - in Lithuania, 4:211–212
 - in Maldives, 3:161
 - in Mali, 1:225
 - in Malta, 4:221–222
 - in Mexico, 2:256–257
 - in Micronesia, 3:179
 - in Namibia, 1:241
 - in Nepal, 3:212
 - in Netherlands Antilles, 2:270
 - in New Zealand, 3:224–225
 - in Nigeria, 1:247–248
 - in Palestine, 1:259
 - in Panama, 2:306
 - in Paraguay, 2:313
 - in Peru, 2:325
 - in Philippines, 3:254–255
 - in Poland, 4:251–252
 - in Puerto Rico, 2:334–335
 - in Republic of the Congo, 1:267
 - in Saudi Arabia, 1:171
 - in Serbia, 4:304
 - in South Sudan, 1:319
 - in Spain, 4:325
 - in Switzerland, 4:350
 - in Tajikistan, 3:319
 - in Thailand, 3:327–329
 - in Turkmenistan, 3:336
 - in United Arab Emirates, 1:361
 - in United Kingdom, 4:386
 - in United States, 2:370–371
 - in Uzbekistan, 3:346–347
 - in Vietnam, 3:356
 - in Zimbabwe, 1:375
 - See also* Violence against women
 - Dominica and Grenada, 2:284, 285–286, 290–291, 294
 - See also* Organization of Eastern Caribbean States
 - Dominican Republic, 2:130–138
 - Donkor, Akua, 1:98
 - Douglass, Frederick, 2:368
 - Downing, Teresa, 1:15
 - Driving, right to, 1:171–172
 - Drug abuse
 - in Belize, 2:32
 - in Bermuda, 2:41
 - in Czech Republic, 4:73
 - in Estonia, 4:94
 - in Iran, 1:106
 - in North Korea, 3:231
 - in Tajikistan, 3:316
 - in Vietnam, 3:352–353
 - Dubai, 1:354, 356
 - See also* United Arab Emirates
 - Dubai Women Establishment (DWE), 1:360
 - Duhalde, Eduardo, 2:2
 - Dutch Caribbean (Netherlands Antilles), 2:262–270
 - Dutch Guiana (Suriname), 2:345
 - Duvalier, Francois “Papa Doc,” 2:223
 - Duvalier, Jean-Claude “Baby Doc,” 2:223
 - Early childhood education
 - in Micronesia, 3:176
 - in Mongolia, 3:185
 - in New Zealand, 3:215
 - in North Korea, 3:229
 - in Vietnam, 3:350
 - Early marriage. *See* Child marriage
 - Eastern Orthodox Christianity
 - in Bulgaria, 4:57
 - See also* Orthodox Christianity
 - East Pakistan, 3:16
 - See also* Bangladesh
 - Eating disorders, 4:371
 - Ebadi, Shirin, 1:109
 - Ebola virus
 - in Democratic Republic of Congo (DRC), 1:54
 - in Liberia, 1:192, 198–199
 - in Sierra Leone, 1:290
 - Ebtekar, Massoumeh, 1:112
 - Economic violence, 4:252
 - Ecuador, 2:141–150
 - Constitution of, 4:418–419
 - Edelbay, Saniya, 3:122

Education

- in Afghanistan, **1:2–4**
- in Albania, **4:3**
- in Algeria, **1:13**
- in Argentina, **2:4**
- in Armenia, **4:9–10**
- in Australia, **3:3–4**
- in Austria, **4:16**
- in Bahamas, Barbados, and Turks and Caicos Islands, **2:18–19**
- in Bahrain, **1:20**
- in Bangladesh, **3:18**
- in Belarus, **4:26–27**
- in Belize, **2:29**
- in Bermuda, **2:35–36**
- in Bhutan, **3:27–29**
- in Bolivia, **2:45**
- in Bosnia and Herzegovina, **4:42**
- in Botswana, **1:28–29**
- in Brazil, **2:52–54**
- in Brunei, **3:298–299**
- in Bulgaria, **4:51–52**
- in Burkina Faso, **1:33–35**
- in Cambodia, **3:40–41**
- in Canada, **2:67**
- in Cayman Islands, **2:81**
- in Central African Republic, **1:42**
- in Chile, **2:88**
- in Colombia, **2:99**
- in Costa Rica, **2:109–110**
- in Cuba, **2:120–121**
- in Czech Republic, **4:72–73**
- for deaf girls, **2:18**
- in Democratic Republic of Congo, **1:55**
- in Denmark, **4:83–84**
- in Dominican Republic, **2:132–133**
- in Ecuador, **2:143–144**
- in Egypt, **1:63–65**
- in El Salvador, **2:154**
- in Eritrea, **1:74–75**
- in Estonia, **4:93**
- in Ethiopia, **1:84–85**
- in Finland, **4:101–102**
- in France, **4:107**
- in French Caribbean, **2:165–166**
- in French Guiana, **2:174**
- in Georgia, **4:121–122**
- in Germany, **4:128–129**
- in Ghana, **1:94**
- in Greece, **4:137–138**
- in Greenland, **2:182–184**
- in Guatemala, **2:193–194**
- in Guiana, **2:208–209**
- in Haiti, **2:218–219**
- in Honduras, **2:229–230**
- in Iceland, **4:157–158**
- in India, **3:78–80**
- in Indonesia, **3:93–94**
- in Iran, **1:103–105**
- in Iraq, **1:115–116**
- in Ireland, **4:164**
- in Israel, **1:122**
- in Italy, **4:177–178**
- in Ivory Coast, **1:128**
- in Jamaica, **2:240–241**
- in Japan, **3:105–106**
- in Jordan, **1:136–137**
- in Kazakhstan, **3:118**
- in Kenya, **1:149–151**
- in Kosovo, **4:187–188**
- in Kyrgyzstan, **3:125**
- in Laos, **3:135–137**
- in Latvia, **4:199–200**
- in Lebanon, **1:175**
- in Lesotho, **1:182–183**
- in Liberia, **1:191–192**
- in Libya, **1:200–201**
- in Lithuania, **4:207–208**
- in Macedonia, **4:264–265**
- in Malawi, **1:214**
- in Maldives, **3:157–158**
- in Mali, **1:220–221**
- in Melanesia, **3:164–166**
- in Mexico, **2:249, 250**
- in Micronesia, **3:176**
- in Mongolia, **3:185**
- in Morocco, **1:226–227**
- in Myanmar, **3:196–197**
- in Namibia, **1:235**
- in Nepal, **3:207–208**
- in Netherlands, **4:228–229**
- in Netherlands Antilles, **2:264**
- in New Zealand, **3:215**
- in Nicaragua, **2:274–275**
- in Nigeria, **1:244**
- in North Korea, **3:228–230**
- in Norway, **4:235–236**
- in Organization of Eastern Caribbean States, **2:289–294**
- in Pakistan, **3:240**
- in Palestine, **1:254**
- in Panama, **2:301–302**
- in Paraguay, **2:310–311**
- in Peru, **2:319–320**
- in Philippines, **3:248–249**
- in Poland, **4:245–246**
- in Polynesia, **3:260–261**
- in Portugal, **4:255–256**
- in Puerto Rico, **2:330–331**
- in Republic of the Congo, **1:261**
- in Romania, **4:273–274**
- in Russia, **4:285–286**
- in Rwanda, **1:277–278**
- in Saudi Arabia, **1:165–166**
- in Senegal, **1:283**
- in Serbia, **4:300**
- in Sierra Leone, **1:288–289**
- in Singapore, **3:271**
- in Slovakia, **4:306–307**
- in Slovenia, **4:315–316**
- in Somalia, **1:296–297**
- in South Africa, **1:302–303**
- in South Korea, **3:279–280**
- in South Sudan, **1:316**
- in Spain, **4:322–323**
- in Sri Lanka, **3:290–291**
- student loan debt for, **3:224**
- in Sudan, **1:323–325**
- in Suriname, **2:347–348**
- in Sweden, **4:332–334**
- in Switzerland, **4:344–347**
- in Syria, **1:331–332**
- in Taiwan, **3:306–307**
- in Tajikistan, **3:314–315**
- in Thailand, **3:324–325**
- in Trinidad and Tobago, **2:338–339**
- in Tunisia, **1:348–349**
- in Turkey, **4:355–358**
- in Turkmenistan, **3:333**
- in Ukraine, **4:365–366**
- in United Arab Emirates, **1:356–357**
- in United Kingdom, **4:378**
- in United States, **2:359–361**
- in Uruguay, **2:375**
- in Uzbekistan, **3:341**
- in Venezuela, **2:387–388**
- in Vietnam, **3:350–351**
- in Yemen, **1:270–271**
- in Zimbabwe, **1:364–366**
- Egerszegi, Krisztina, **4:148**
- Egypt, **1:62–73**
- Egyptian Center for Women's Rights, **1:70**
- Egyptian Women's Union, **1:63, 69**
- Einstein, Albert, **4:346**
- Ejercito de liberación nacional (ELN; Colombia), **2:98**
- Ekaette, Eme, **1:248**
- Elder care
 - in Denmark, **4:83**
 - in France, **4:110**
- Elizabeth II (queen, England), **4:377, 384**
- Bahamas, Barbados, and Turks and Caicos Islands under, **2:23**
- Belize under, **2:30**
- Canada under, **2:64**
- Cayman Islands under, **2:80**
- Elleni (queen, Ethiopia), **1:90**
- El Salvador, **2:152–161**
- Soccer War between Honduras and, **2:228**
- Emberas (people), **2:300**
- Eminova, Enisa, **4:263**
- Employment
 - in Afghanistan, **1:6**
 - in Albania, **4:4–5**
 - in Algeria, **1:13–14**
 - in Argentina, **2:7**
 - in Armenia, **4:11**
 - in Australia, **3:6**
 - in Austria, **4:17–18**
 - in Bahamas, Barbados, and Turks and Caicos Islands, **2:21–22**
 - in Bahrain, **1:21–22**
 - in Bangladesh, **3:19–20**

- in Belarus, 4:27–28
- in Belgium, 4:34–35
- in Belize, 2:29–30
- in Bermuda, 2:37–38
- in Bhutan, 3:30–31
- in Bolivia, 2:46–47
- in Bosnia and Herzegovina, 4:43–44
- in Botswana, 1:29
- in Brazil, 2:55–57
- in Brunei, 3:300
- in Bulgaria, 4:54
- in Burkina Faso, 1:36–37
- in Cambodia, 3:43–44
- in Canada, 2:69–70
- in Cayman Islands, 2:82
- in Central African Republic, 1:43–44
- in Chile, 2:89–91
- in China, 3:59–60
- in Colombia, 2:102–103
- in Costa Rica, 2:111–113
- in Croatia, 4:63–64
- in Cuba, 2:122–123
- in Czech Republic, 4:73–74
- in Democratic Republic of Congo, 1:55–56
- in Denmark, 4:84
- of domestic labor, 1:144–145
- in Dominican Republic, 2:134–135
- in Ecuador, 2:145–146
- in Egypt, 1:67
- in El Salvador, 2:156–157
- in Eritrea, 1:76
- in Estonia, 4:95–96
- in Ethiopia, 1:85–86
- in Finland, 4:103
- in France, 4:110
- in French Caribbean, 2:166–167
- in French Guiana, 2:175–176
- in Georgia, 4:122
- in Germany, 4:129–130
- in Ghana, 1:96
- in Greece, 4:139–140
- in Greenland, 2:186
- in Guam, 3:69–70
- in Guatemala, 2:197–199
- in Guiana, 2:210–211
- in Haiti, 2:221
- in Honduras, 2:231–233
- in Hungary, 4:148–149
- in Iceland, 4:158–159
- in India, 3:82–83
- in Indonesia, 3:95–96
- in Iran, 1:107
- in Iraq, 1:117
- in Ireland, 4:165–166
- in Israel, 1:123–124
- in Italy, 4:178–179
- in Ivory Coast, 1:128–129
- in Jamaica, 2:242
- in Japan, 3:107–108
- in Jordan, 1:137–138
- in Kazakhstan, 3:119–120
- in Kenya, 1:155–156
- in Kosovo, 4:188–191
- in Kyrgyzstan, 3:126
- in Laos, 3:138–139
- in Latvia, 4:201
- in Lebanon, 1:177
- in Lesotho, 1:184–185
- in Liberia, 1:194–195
- in Libya, 1:202
- in Lithuania, 4:208–209
- in Macedonia, 4:266–267
- in Malawi, 1:214–215
- in Malaysia, 3:146–148
- in Maldives, 3:158–159
- in Mali, 1:222–223
- in Malta, 4:217–219
- in Melanesia, 3:168
- in Mexico, 2:252–253
- in Micronesia, 3:177–178
- in Mongolia, 3:185–187
- in Morocco, 1:228–229
- in Myanmar, 3:198–199
- in Namibia, 1:237
- in Nepal, 3:209
- in Netherlands, 4:231–232
- in Netherlands Antilles, 2:264–266
- in New Zealand, 3:217–219
- in Nicaragua, 2:276–277
- in Nigeria, 1:246–247
- in North Korea, 3:231–232
- in Norway, 4:236–237
- in Organization of Eastern Caribbean States, 2:294–295
- in Pakistan, 3:241
- in Palestine, 1:256
- in Panama, 2:303–304
- in Paraguay, 2:312–313
- in Peru, 2:322–323
- in Philippines, 3:251–252
- in Poland, 4:248–249
- in Polynesia, 3:261–262
- in Portugal, 4:256–257
- in Puerto Rico, 2:331
- in Republic of the Congo, 1:262–264
- in Romania, 4:275
- in Russia, 4:289–290
- in Rwanda, 1:279
- in Saudi Arabia, 1:167–168
- in Senegal, 1:283
- in Serbia, 4:301
- in Sierra Leone, 1:290–291
- in Singapore, 3:273
- in Slovakia, 4:309–310
- in Slovenia, 4:318
- in Somalia, 1:298
- in South Africa, 1:305–306
- in South Korea, 3:280–281
- in South Sudan, 1:316–317
- in Spain, 4:322–323
- in Sri Lanka, 3:292
- in Suriname, 2:349
- in Sweden, 4:335–337
- in Switzerland, 4:349–350
- in Syria, 1:333–335
- in Taiwan, 3:308
- in Tajikistan, 3:316
- in Thailand, 3:325
- in Trinidad and Tobago, 2:338, 340
- in Tunisia, 1:349–350
- in Turkey, 4:360–361
- in Turkmenistan, 3:335–336
- in Ukraine, 4:366–368
- in United Arab Emirates, 1:357–358
- in United Kingdom, 4:379–381
- in United States, 2:363–364
- in Uruguay, 2:377
- in Uzbekistan, 3:342–343
- in Venezuela, 2:390–391
- in Vietnam, 3:353
- in Yemen, 1:272
- in Zimbabwe, 1:370
- Encina, Ana Maria, 2:48
- Energy
 - in Pakistan, 3:244
 - in Uruguay, 2:382
- England, 4:376, 382
 - See also* United Kingdom
- Enhancement of Literacy in Afghanistan (ELA)
 - program, 1:3
- Ensler, Eve, 1:72
- Entrepreneurship
 - in Albania, 4:4
 - in Japan, 3:107
 - in Kosovo, 4:190
- Environmentalism
 - in Bhutan, 3:33
 - in Costa Rica, 2:108
 - deforestation and, 2:326
 - extinctions of animals in, 1:106
 - fracking (hydraulic fracturing) and, 3:11
 - in Kenya, 1:158, 162
 - in Marshall Islands, 3:181
 - in Pakistan, 3:244
- Eritrea, 1:74–79
- Eritrean Popular Liberation Front (EPLF), 1:74, 77, 78
- Ernst, Richard, 4:346
- Escala, Anuncia, 4:324
- Escudero, Edelmire, 2:255
- Espinoza Cruz, Marisol, 2:324
- Estonia, 4:91–98
- Ethiopia, 1:80–90
 - Eritrean independence from, 1:74
 - Jewish immigrants from, 1:126–127
- Ethiopian People Revolutionary Democratic Front (EPRDF), 1:89–90
- Ethiopian Student Movement, 1:88
- Ethiopian Women's Welfare Association (EWWA), 1:88
- Ethiopia Women's Association (REWA), 1:88
- European Union (EU)

European Union (EU) (*Continued*)

- Bulgaria in, **4**:50, 58
- Croatia in, **4**:61, 65, 66
- Denmark in, **4**:81
- Estonia in, **4**:91
- Finland in, **4**:100
- French Caribbean islands in, **2**:164
- French Guiana in, **2**:172, 177
- Germany in, **4**:126
- Greece in, **4**:135, 139
- Hungary in, **4**:145
- Ireland in, **4**:166
- Lithuania in, **4**:210
- Netherlands in, **4**:227
- Portugal in, **4**:255
- Slovenia in, **4**:315
- Spain in, **4**:321
- “Strategy for Equality between Women and Men” of, **4**:424–427
- United Kingdom leaving (Brexit), **4**:377, 382
- Evangelical Lutheran Church in Denmark, **4**:87
- Evangelical Lutheran Church of Finland, **4**:104
- Evangelical Lutheran Church of Iceland (ELCI), **4**:161
- Evans, J. D., **1**:324
- Evil eye beliefs, **2**:159
- Expatriates
 - in Cayman Islands, **2**:82–83
 - Cuban, **2**:127
- Extinctions of animals, **1**:106
- Extracurricular Activities. *See* Recreation
- Faʻaʻafafine*, **3**:265–266
- Facebook
 - in Brunei, **3**:297
 - in Myanmar, **3**:202
- Fadhma N’Soumer, **1**:12
- Family leave. *See* Maternity leave
- Family life
 - in Albania, **4**:5
 - in Algeria, **1**:14–16
 - in Argentina, **2**:7
 - in Armenia, **4**:11
 - in Australia, **3**:7
 - in Austria, **4**:18–19
 - in Bahamas, Barbados, and Turks and Caicos Islands, **2**:22–23
 - in Bahrain, **1**:22–24
 - in Bangladesh, **3**:21–22
 - in Belarus, **4**:28–29
 - in Belgium, **4**:35
 - in Belize, **2**:730
 - in Bermuda, **2**:38–40
 - in Bhutan, **3**:31
 - in Bolivia, **2**:47
 - in Bosnia and Herzegovina, **4**:44–45
 - in Botswana, **1**:30–31
 - in Brazil, **2**:58
 - in Brunei, **3**:300
 - in Bulgaria, **4**:54–56
 - in Burkina Faso, **1**:33, 37
 - in Cambodia, **3**:44
 - in Canada, **2**:70–72
 - in Cayman Islands, **2**:83
 - in Central African Republic, **1**:41–42, 44–46
 - in Chile, **2**:91
 - in China, **3**:60–61
 - in Colombia, **2**:103
 - in Costa Rica, **2**:113–114
 - in Croatia, **4**:64–65
 - in Cuba, **2**:124
 - in Czech Republic, **4**:74
 - in Democratic Republic of Congo, **1**:54, 56–57
 - in Denmark, **4**:84–85
 - in Dominican Republic, **2**:135–136
 - in Ecuador, **2**:146–147
 - in Egypt, **1**:67–69
 - in El Salvador, **2**:157–158
 - in Eritrea, **1**:75, 77
 - in Estonia, **4**:96–97
 - in Ethiopia, **1**:86–88
 - in Finland, **4**:103–104
 - in France, **4**:110–111
 - in French Caribbean, **2**:167
 - in French Guiana, **2**:176
 - in Georgia, **4**:122–123
 - in Germany, **4**:130–131
 - in Ghana, **1**:94–97
 - in Greece, **4**:140
 - in Greenland, **2**:186–187
 - in Guam, **3**:70–71
 - in Guatemala, **2**:199–200
 - in Guiana, **2**:211–212
 - in Haiti, **2**:221–222
 - in Honduras, **2**:233
 - in Hungary, **4**:149–150
 - in Iceland, **4**:159
 - in India, **3**:77, 83–84
 - in Indonesia, **3**:96–97
 - in Iran, **1**:107–109
 - in Iraq, **1**:117
 - in Ireland, **4**:166–167
 - in Israel, **1**:124
 - in Italy, **4**:179–180
 - in Ivory Coast, **1**:129
 - in Jamaica, **2**:242–243
 - in Japan, **3**:108–110
 - in Jordan, **1**:138–140
 - in Kazakhstan, **3**:120–121
 - in Kenya, **1**:156–158
 - in Kosovo, **4**:185, 191–192
 - in Kyrgyzstan, **3**:127
 - in Laos, **3**:139
 - in Latvia, **4**:198–199, 201–202
 - in Lebanon, **1**:177–178
 - in Lesotho, **1**:185
 - in Liberia, **1**:195–196
 - in Libya, **1**:200, 203–204
 - in Lithuania, **4**:209
 - in Macedonia, **4**:267
 - in Malawi, **1**:215–217
 - in Malaysia, **3**:148–150
 - in Maldives, **3**:159–160
 - in Mali, **1**:223–224
 - in Malta, **4**:219–221
 - in Melanesia, **3**:168–169
 - in Mexico, **2**:253–254
 - in Micronesia, **3**:178–180
 - in Mongolia, **3**:187–188
 - in Morocco, **1**:229
 - in Myanmar, **3**:199
 - in Namibia, **1**:237–239
 - in Nepal, **3**:209–210
 - in Netherlands, **4**:229
 - in Netherlands Antilles, **2**:267
 - in New Zealand, **3**:218–219
 - in Nicaragua, **2**:277–278
 - in Nigeria, **1**:247–248
 - in North Korea, **3**:232–233
 - in Norway, **4**:237–238
 - in Organization of Eastern Caribbean States, **2**:295–296
 - in Pakistan, **3**:242–243
 - in Palestine, **1**:254, 256–257
 - in Panama, **2**:304–305
 - in Paraguay, **2**:313–314
 - in Peru, **2**:323
 - in Philippines, **3**:247–248, 252
 - in Poland, **4**:249–250
 - in Polynesia, **3**:262–263
 - in Portugal, **4**:257–258
 - in Puerto Rico, **2**:331–332
 - in Republic of the Congo, **1**:264–265
 - in Romania, **4**:276
 - in Russia, **4**:290–293
 - in Rwanda, **1**:276, 279
 - in Saudi Arabia, **1**:168–169
 - in Senegal, **1**:284–285
 - in Serbia, **4**:301–302
 - in Sierra Leone, **1**:291
 - in Singapore, **3**:273–275
 - in Slovakia, **4**:310–312
 - in Slovenia, **4**:318–319
 - in Somalia, **1**:298–299
 - in South Africa, **1**:306–309
 - in South Korea, **3**:281–282
 - in South Sudan, **1**:317–318
 - in Spain, **4**:323–324
 - in Sri Lanka, **3**:292–293
 - in Sudan, **1**:327–328
 - in Suriname, **2**:349–350
 - in Sweden, **4**:337–338
 - in Switzerland, **4**:347
 - in Syria, **1**:332, 335–336
 - in Taiwan, **3**:308–309
 - in Tajikistan, **3**:317–318
 - in Thailand, **3**:325–326
 - in Trinidad and Tobago, **2**:340–341
 - in Tunisia, **1**:350
 - in Turkey, **4**:355–356, 359–360
 - in Ukraine, **4**:368–370
 - in United Arab Emirates, **1**:358–359
 - in United Kingdom, **4**:381–382

- in United States, 2:364–367
- in Uruguay, 2:377–378
- in Uzbekistan, 3:340–341, 343–344
- in Venezuela, 2:391–392
- in Vietnam, 3:353–354
- in Yemen, 1:273
- Family planning. *See* Reproductive rights
- Farias, Jacqueline, 2:392
- Faroe Islands, 4:86
- Fat activism, 3:222
- Fathy, Inas, 1:207
- Fatiman, Cecile, 2:222–223
- Fawcett, Millicent, 4:383
- Fazlalizadeh, Tatyana, 2:369
- Federated States of Micronesia (FSM). *See* Micronesia
- Fédération des Associations des Femmes du Sénégal (FAFS), 1:285
- Federation of Cuban Women (FMC), 2:120, 121, 123
- Federation of South African Women (FEDSAW), 1:313
- Federation of the West Indies, 2:80
- Female circumcision (female genital cutting; female genital mutilation), 1:36
 - in Brunei, 3:299
 - in Central African Republic, 1:48
 - in Egypt, 1:63, 66–67
 - in Eritrea, 1:78–79
 - in Ghana, 1:100
 - in Iran, 1:105–106
 - in Ivory Coast, 1:128
 - in Kenya, 1:161–162
 - in Liberia, 1:193–194
 - in Libya, 1:201
 - in Malaysia, 3:146
 - in Mali, 1:221–222
 - in Nigeria, 1:245
 - in Republic of the Congo, 1:261
 - in Russia, 4:283
 - in Senegal, 1:284, 285
 - in Sierra Leone, 1:288
 - in Somalia, 1:300
 - in Sudan, 1:326–327
 - in Sweden, 4:335
 - in Zimbabwe, 1:369
- Female-headed households
 - in Bahamas, Barbados, and Turks and Caicos Islands, 2:22
 - in Bermuda, 2:39
 - in Costa Rica, 2:114
 - in Egypt, 1:68
 - in Iraq, 1:119
- Female Solidarity for Integrated Peace and Development (SOFEPADI), 1:60
- Female Youth Employment Initiative (FYEI; Afghanistan), 1:6
- Femicide
 - in Argentina, 2:4
 - in Chile, 2:94
 - in Dominican Republic, 2:138
 - in Ecuador, 2:148
 - in El Salvador, 2:160
 - in Guatemala, 2:191, 203–204
 - in Honduras, 2:235
 - in Mexico, 2:256–257
 - in Uruguay, 2:378
- Feminine League for Social Action (Haiti), 2:223
- Feminism
 - in Armenia, 4:13
 - in Australia, 3:7–9
 - in Bahrain, 1:24
 - in Bangladesh, 3:23
 - in Belarus, 4:29
 - in Brazil, 2:56–57
 - in Canada, 2:73
 - in Central African Republic, 1:48–49
 - in China, 3:64
 - in Croatia, 4:68
 - in Czech Republic, 4:74–75
 - in Denmark, 4:86
 - in Egypt, 1:63, 69–70
 - in France, 4:112
 - in Haiti, 2:222–223
 - in Honduras, 2:235–236
 - in Iceland, 4:155, 156
 - in India, 3:86
 - in Indonesia, 3:99–100
 - in Iran, 1:111
 - in Japan, 3:111, 112
 - in Kyrgyzstan, 3:128
 - in Lebanon, 1:178–179
 - in Libya, 1:206–207
 - in Malaysia, 3:150–151
 - in Namibia, 1:240–241
 - in Nepal, 3:211
 - in New Zealand, 3:221, 222
 - in Norway, 4:238–239
 - in Philippines, 3:253
 - in Poland, 4:251
 - in Polynesia, 3:263
 - among Roma, 4:263
 - in Russia, 4:295–296
 - in South Sudan, 1:321
 - in Spain, 4:325
 - in Sri Lanka, 3:295
 - in Sweden, 4:339
 - in Switzerland, 4:348–349
 - in Taiwan, 3:310
 - in Tunisia, 1:352
 - in Ukraine, 4:373
 - in Venezuela, 2:389, 390
 - in Vietnam, 3:355
 - in Zimbabwe, 1:374
- Feminist Initiative (political party; Sweden), 4:339
- Feminist Revolutionary Party (Mexico), 2:255
- Fernandes, Maria da Penha, 2:61
- Fernández de Kirchner, Cristina, 2:8–9
- Fernando, Nimalka, 3:293
- Ferraro, Geraldine, 2:369
- Ferré, Rosario, 2:334
- Ferrier, Johan, 2:350
- Ferry, Jules, 4:107
- Fertility
 - in Australia, 3:5–6
 - in Austria, 4:18
 - in Bahrain, 1:21, 22
 - in Bangladesh, 3:16
 - in Botswana, 1:30
 - in Cambodia, 3:41
 - in Cayman Islands, 2:81
 - in Central African Republic, 1:43, 45
 - in Democratic Republic of Congo, 1:54
 - in Eritrea, 1:74, 75
 - in Ethiopia, 1:87–88
 - in Finland, 4:102
 - in Georgia, 4:122–123
 - in Iran, 1:108
 - in Ireland, 4:163
 - in Italy, 4:174, 179–180
 - in Japan, 3:109–110
 - in Jordan, 1:139
 - in Lebanon, 1:176
 - in Lithuania, 4:206
 - in Macedonia, 4:265
 - in Malaysia, 3:149
 - in Maldives, 3:156
 - in Netherlands Antilles, 2:266
 - in New Zealand, 3:218–219
 - in Nicaragua, 2:275
 - in Norway, 4:235
 - in Palestine, 1:257
 - in Peru, 2:319, 321
 - in Poland, 4:246
 - in Polynesia, 3:259, 261
 - in Singapore, 3:274–275
 - in South Africa, 1:302, 307
 - in Taiwan, 3:308–309
 - in Turkey, 4:359
 - in United States, 2:366
 - in Yemen, 1:273
 - in Zimbabwe, 1:372
- Al-Fihri, Fatima, 1:227
- Fiji, 3:162
 - See also* Melanesia
- Film
 - in Belgium, 4:37
 - in India, 3:90
 - in Iran, 1:110
 - in Mexico, 2:258
 - in Norway, 4:237
 - in Spain, 4:326–327
- Finland, 4:100–105
- Firmina dos Reis, Maria, 2:56
- First Nations, 2:65
 - See also* Indigenous peoples
- Flores Amaya, Mecacla, 4:329
- Flores Facussé, Carlos, 2:228
- Floresta, Nisia, 2:56
- Foad, Vivian, 1:66
- Forçadas i Vila, Teresa, 4:328

- Forcadell, Carme, **4**:327–328
- Forced labor
- in Guyana, **2**:213
 - in Lebanon, **1**:180
 - in Romania, **4**:272–273
 - in Vietnam, **3**:349
- Forced marriage
- in India, **3**:83
 - in Kazakhstan, **3**:122–123
 - in Mali, **1**:223
 - in Melanesia, **3**:163–164
 - in Myanmar, **3**:196
 - among Roma, **4**:148
 - in South Sudan, **1**:317
 - in Tajikistan, **3**:313–314, 317
 - in Turkey, **4**:355–356
 - United Nations General Assembly resolution on, **4**:431–432
- Foreign-born woman. *See* Immigration and immigrants
- Forestry, **3**:212
- Foro Nacional de la Mujer (National Women's Forum; Guatemala), **2**:200–201
- Foster, Arlene, **4**:382
- Foster, Graça, **2**:57
- Fox, Vicente, **2**:258
- Fracking (hydraulic fracturing), **3**:11
- France, **4**:106–116
- Algeria under, **1**:11
 - Cambodia under, **3**:37
 - French Caribbean under, **2**:164–165
 - French Guiana under, **2**:172, 173
 - Haitian independence from, **2**:216, 222–223
 - Ivory Coast under, **1**:127
 - Laos under, **3**:133
 - migration from French Caribbean to, **2**:169–170
 - Morocco under, **1**:230
 - Vietnam under, **3**:348
- Francis (pope), **2**:9, 315
- Franco, Francisco, **4**:322
- Frank, Liz, **1**:238
- French (language)
- Académie Française to preserve, **4**:113
 - gender in, **4**:116
- French Caribbean, **2**:164–170
- French Equatorial Africa, **1**:41
- French Guiana, **2**:172–177
- French Indochina, **3**:37, 133, 348
- French Revolution, **4**:106
- French Sudan (Mali), **1**:282
- Fuerzas armadas revolucionarias de Colombia (FARC; Colombia), **2**:98
- Fu, Grace, **3**:275
- Fujimori, Alberto, **2**:318
- Funes, Mauricio, **2**:158
- Furra (queen, Ethiopia), **1**:90
- GABRIELA (organization; Philippines), **3**:252–253
- Galindo, Hermilia, **2**:255
- Gang violence
- in El Salvador, **2**:160
 - in Honduras, **2**:230
- al-Gaoud, Latifa, **1**:24
- Gaprindashvili, Nona, **4**:119
- Garcia, Amalia, **2**:254
- García Pérez, Alan, **2**:318
- Garvey, Marcus, **2**:243
- Gaskin, Winifred, **2**:212
- Gates, Sir Thomas, **2**:34
- Gay, Judith, **1**:188
- Gayoom, Maumoon Abdul, **3**:160
- Gaza Strip (Palestine), **1**:253
- See also* Palestine
- Gbowee, Leymah, **1**:191, 197
- Geerlings-Simons, Jennifer, **2**:351
- Gender
- in abortion choices, **4**:4, 124
 - in language, **4**:116
- Gender-based violence (GBV). *See* Violence against women
- Gender Equality Project II (GEP-II), on Afghanistan, **1**:2
- Gender identity
- in Belgium, **4**:36
 - in Malta, **4**:220–221
- Gender orientation, in Malta, **4**:220–221
- Gender segregation
- in Israel, **1**:125–126
 - in Saudi Arabia, **1**:164–165, 168, 170
- Gender-selective abortion, **4**:4
- General Union of Women's Associations (Libya), **1**:206–207
- General Women's Union (UAE), **1**:360
- Genocide
- in Armenia, **4**:8
 - in Cambodia, **3**:37, 42, 48–49
 - in Rwanda, **1**:277
- Geoghan-Quinn, Maire, **4**:167
- Georgia, **4**:118–124
- Geréb, Ágnes, **4**:146
- Germany, **4**:126–133
- Basic Law for, **4**:390
- Ghana, **1**:92–101
- Constitution of, **4**:408
- Ghandour, Fatima, **1**:207
- Gharti, Sanju, **3**:207
- Gharur, Fawzia, **1**:201
- Girl brides. *See* Child marriage
- Girls and teens
- in Afghanistan, **1**:2–3
 - in Albania, **4**:2–3
 - in Argentina, **2**:3–4
 - in Armenia, **4**:8–9
 - in Australia, **3**:2–4
 - in Austria, **4**:15–16
 - in Bahamas, Barbados, and Turks and Caicos Islands, **2**:16–18
 - in Bahrain, **1**:20
 - in Bangladesh, **3**:17–18
 - in Belarus, **4**:25–26
 - in Belgium, **4**:34
 - in Belize, **2**:28–29
 - in Bermuda, **2**:35
 - in Bhutan, **3**:27–29
 - in Bolivia, **2**:45
 - in Bosnia and Herzegovina, **4**:41–42
 - in Botswana, **1**:28–29
 - in Brazil, **2**:52–53
 - in Brunei, **3**:297–298
 - in Bulgaria, **4**:51–52
 - in Burkina Faso, **1**:33–35
 - in Cambodia, **3**:38–41
 - in Canada, **2**:65–67
 - in Cayman Islands, **2**:80–81
 - in Central African Republic, **1**:41–42
 - in Chile, **2**:87–88
 - in China, **3**:53–56
 - in Colombia, **2**:99–101
 - in Costa Rica, **2**:109–110
 - in Croatia, **4**:62–63
 - in Cuba, **2**:120–121
 - in Czech Republic, **4**:72–73
 - in Democratic Republic of Congo, **1**:53–54
 - in Denmark, **4**:81–82
 - in Dominican Republic, **2**:132–133
 - in Ecuador, **2**:142–144
 - in Egypt, **1**:63
 - in El Salvador, **2**:153–154
 - in Eritrea, **1**:74–75
 - in Estonia, **4**:92–93
 - in Ethiopia, **1**:81–82
 - in Finland, **4**:101–102
 - in France, **4**:107–108
 - in French Caribbean, **2**:165–166
 - in French Guiana, **2**:174
 - in Georgia, **4**:119
 - in Germany, **4**:128–129
 - in Greece, **4**:137–138
 - in Greenland, **2**:181–184
 - in Guam, **3**:67–68
 - in Guatemala, **2**:192–194
 - in Guiana, **2**:208–209
 - in Haiti, **2**:217–218
 - in Honduras, **2**:228–229
 - in Hungary, **4**:147–148
 - in Iceland, **4**:156
 - in India, **3**:77–80
 - in Indonesia, **3**:93–94
 - in Iran, **1**:102–105
 - in Ireland, **4**:164–165
 - in Israel, **1**:121
 - in Italy, **4**:175–176
 - in Ivory Coast, **1**:127–128
 - in Jamaica, **2**:240–241
 - in Japan, **3**:104–106
 - in Jordan, **1**:136–137
 - in Kazakhstan, **3**:117–118
 - in Kosovo, **4**:185
 - in Kyrgyzstan, **3**:125
 - in Laos, **3**:134–137
 - in Latvia, **4**:198–200

- in Lebanon, **1**:174–175
- in Liberia, **1**:192
- in Libya, **1**:200
- in Lithuania, **4**:206–207
- in Macedonia, **4**:262–265
- in Malawi, **1**:211–213
- in Malaysia, **3**:143–144
- in Maldives, **3**:155–156
- in Malta, **4**:216
- in Melanesia, **3**:163–166
- in Mexico, **2**:249–250
- in Micronesia, **3**:175–176
- in Mongolia, **3**:184–185
- in Morocco, **1**:226–227
- in Myanmar, **3**:195–197
- in Nepal, **3**:206–208
- in Netherlands, **4**:227–228
- in Netherlands Antilles, **2**:264
- in New Zealand, **3**:214–215
- in Nicaragua, **2**:273–274
- in North Korea, **3**:227–230
- in Norway, **4**:234–235
- in Organization of Eastern Caribbean States, **2**:285–289
- in Pakistan, **3**:239–240
- in Palestine, **1**:253–254
- in Panama, **2**:301
- in Paraguay, **2**:310–311
- in Peru, **2**:319–320
- in Philippines, **3**:247–249
- in Poland, **4**:245–246
- in Polynesia, **3**:259–260
- in Portugal, **4**:255–256
- in Puerto Rico, **2**:330–331
- in Republic of the Congo, **1**:261
- in Romania, **4**:272–274
- in Russia, **4**:281–282
- in Rwanda, **1**:276
- in Saudi Arabia, **1**:164–165
- in Senegal, **1**:282–283
- in Serbia, **4**:299–300
- in Sierra Leone, **1**:288
- in Singapore, **3**:270–271
- in Slovakia, **4**:306–307
- in Slovenia, **4**:315–316
- in Somalia, **1**:295–296
- in South Africa, **1**:302, 313
- in South Korea, **3**:278–280
- in Sri Lanka, **3**:289–291
- in Sudan, **1**:323–325
- in Suriname, **2**:347–348
- in Sweden, **4**:331–334
- in Switzerland, **4**:344–345
- in Taiwan, **3**:305–307
- in Tajikistan, **3**:313–315
- in Thailand, **3**:322
- in Trinidad and Tobago, **2**:338–339
- in Tunisia, **1**:344–345
- in Turkey, **4**:355–358
- in Turkmenistan, **3**:332–333
- in United Arab Emirates, **1**:355
- in United Kingdom, **4**:377–378
- in United States, **2**:358–361
- in Uruguay, **2**:374–375
- in Uzbekistan, **3**:340–341
- in Venezuela, **2**:386–388
- in Vietnam, **3**:349–351
- virginity testing for, **1**:369–370
- in Yemen, **1**:269–271
- Girls' Empowerment Network (Malawi), **1**:217
- Girl Up (organization), **2**:365
- Giroud, Françoise, **4**:112
- Gold Coast. *See* Ghana
- Goodluck, Jonathan Ebele, **1**:243
- Gordimer, Nadine, **1**:303
- Gordon-Banks, Dame Pamela, **2**:34
- Gordon-Pamplin, Patricia, **2**:39–40
- Graffiti, **1**:71–72
- Gran Colombia, La, **2**:97, 141, 385
- Grandes, Almudena, **4**:328
- Grant, Sir John Peter, **2**:239
- Great Britain. *See* United Kingdom
- Greece, **4**:134–141
- Greek Orthodox Church, **4**:140
- Green Belt Movement (Kenya), **1**:158, 162
- Greenland, **2**:179–189, **4**:86
- Greenlandic Inuit (people), **2**:179, 187–188
- Greenlight for Girls (organization; Democratic Republic of Congo), **1**:53–54
- Grenada, **2**:284, 286, 291, 294
- Grenadines, **2**:284, 287–288, 295
- Grey, Sandra, **3**:216
- Gripenberg, Aleksandra, **4**:104
- Gross National Happiness (GNH), in Bhutan, **3**:34
- Guadeloupe, **2**:164, 165
- See also* French Caribbean
- Guam, **3**:67–74, 174
- Guantánamo Bay (Cuba), **2**:127
- Guaraní (people), **2**:310
- Guatemala, **2**:190–205
- Guatemalan Women's Group, **2**:199
- Guerrilla wars. *See* Civil warfare
- Guyana, **2**:207–214
- conflicts between Venezuela and, **2**:385
- Gyanendra (king, Nepal), **3**:205
- Gypsies (people). *See* Roma
- Habbani, Amal, **1**:329
- Haddad, Tahar, **1**:351
- Hadi, Abdrabbuh Mansour, **1**:269
- Hafath, Nada, **1**:24
- Hagman, Lucina, **4**:104
- Haile Selassie I (king, Ethiopia), **2**:243
- Haiti, **2**:216–225
- Dominican Republic and, **2**:130–132
- Halimi, Gisèle, **4**:109
- Hamad bin Isa Al Khalifa (king, Bahrain), **1**:19–20
- Hamed, Amira Osman, **1**:329
- Han (people), **3**:51, 304
- Han Myung-sook, **3**:283
- Hanouné, Louisa, **1**:12, 16
- Hara, Kimi, **3**:106
- Harald V (king, Norway), **4**:238
- Harassment
 - in Austria, **4**:22
 - in Belarus, **4**:31
 - in Belize, **2**:30
 - in Bolivia, **2**:48
 - in Costa Rica, **2**:115
 - in Czech Republic, **4**:78
 - in Dominican Republic, **2**:138
 - in Ecuador, **2**:150
 - in Egypt, **1**:71, 72
 - in Iraq, **1**:118–119
 - in Japan, **3**:113
 - in Jordan, **1**:143
 - in Latvia, **4**:203
 - in Lithuania, **4**:211
 - in Nepal, **3**:212
 - in New Zealand, **3**:218
 - in Palestine, **1**:259
 - in Republic of the Congo, **1**:264
 - South African legislation on, **1**:311
 - in Switzerland, **4**:350
 - in Trinidad and Tobago, **2**:343
 - in Ukraine, **4**:367–368
 - in United States, **2**:369
 - in Vietnam, **3**:356
- Haredi (people), **1**:121, 125
- Hariri, Rafik, **1**:179
- Haroldsson, Olav, **4**:234
- Hashemi, Faezeh, **1**:109
- Hasina, Sheikh, **3**:17, 283
- Hassani, Shamsia, **1**:9
- Hate crimes
 - in Norway, **4**:242
 - in Sweden, **4**:339
- Hathi, Sejal, **2**:361
- Health and health care
 - in Afghanistan, **1**:4–6
 - in Albania, **4**:3–4
 - in Algeria, **1**:12–13
 - in Argentina, **2**:5–7
 - in Armenia, **4**:10–11
 - in Australia, **3**:4–6
 - in Austria, **4**:16–17
 - in Bahamas, Barbados, and Turks and Caicos Islands, **2**:19–21, 24–25
 - in Bahrain, **1**:20–21
 - in Bangladesh, **3**:18–19
 - in Belarus, **4**:26
 - in Belgium, **4**:34
 - in Belize, **2**:29
 - in Bermuda, **2**:36–37
 - in Bhutan, **3**:29–30
 - in Bolivia, **2**:45–46
 - in Bosnia and Herzegovina, **4**:42–43
 - in Botswana, **1**:29–30
 - in Brazil, **2**:54–55
 - in Brunei, **3**:299–300
 - in Bulgaria, **4**:52–54

Health and health care (*Continued*)

- in Burkina Faso, 1:35–36
 - in Cambodia, 3:41–43
 - in Canada, 2:67–69
 - in Cayman Islands, 2:81–82
 - in Central African Republic, 1:42–43
 - in Chile, 2:88–89
 - in China, 3:57–59
 - in Colombia, 2:101–102
 - in Costa Rica, 2:110–111
 - in Croatia, 4:63
 - in Cuba, 2:120–122
 - in Czech Republic, 4:74
 - in Democratic Republic of Congo, 1:54
 - in Denmark, 4:82–83
 - in Dominican Republic, 2:133–134
 - in Ecuador, 2:144–145
 - in Egypt, 1:65–67
 - in El Salvador, 2:155–156
 - in Eritrea, 1:75–76
 - in Estonia, 4:93–95
 - in Ethiopia, 1:82–84
 - in Finland, 4:102–103
 - in France, 4:108–110
 - in French Caribbean, 2:166
 - in French Guiana, 2:174–175
 - in Georgia, 4:119–120
 - in Ghana, 1:95–96
 - in Greece, 4:138–139
 - in Greenland, 2:184–185
 - in Guam, 3:68–69
 - in Guatemala, 2:194–197
 - in Guiana, 2:209–210
 - in Haiti, 2:219–221
 - in Honduras, 2:230–231
 - in Hungary, 4:145–147
 - in Iceland, 4:156–157
 - in India, 3:80–82
 - in Indonesia, 3:94–95
 - in Iran, 1:105–107
 - in Iraq, 1:116–117
 - in Israel, 1:122–123
 - in Italy, 4:176–177
 - in Ivory Coast, 1:128–129
 - in Jamaica, 2:241–242
 - in Japan, 3:106–107
 - in Jordan, 1:140
 - in Kazakhstan, 3:118–119
 - in Kenya, 1:151–154
 - in Kosovo, 4:185–187
 - in Kyrgyzstan, 3:126
 - in Laos, 3:137–138
 - in Latvia, 4:200–201
 - in Lebanon, 1:175–177
 - in Lesotho, 1:183–184
 - in Liberia, 1:192–194, 198–199
 - in Libya, 1:201–202
 - in Lithuania, 4:207
 - in Macedonia, 4:265–266
 - in Malawi, 1:213–214
 - in Malaysia, 3:145–146
 - in Maldives, 3:156–157
 - in Mali, 1:221–222
 - in Malta, 4:216–217
 - in Melanesia, 3:166–168
 - in Mexico, 2:249–252
 - in Micronesia, 3:176–177
 - in Mongolia, 3:188–189
 - in Morocco, 1:227–228
 - in Myanmar, 3:198
 - in Namibia, 1:235–236
 - in Nepal, 3:207–209
 - in Netherlands, 4:228
 - in Netherlands Antilles, 2:266–267
 - in New Zealand, 3:215–217
 - in Nicaragua, 2:275–276
 - in Nigeria, 1:244–246
 - in North Korea, 3:230–231
 - in Norway, 4:235
 - in Organization of Eastern Caribbean States, 2:294
 - in Pakistan, 3:240–241
 - in Palestine, 1:254–256
 - in Panama, 2:302–303
 - in Paraguay, 2:311
 - in Peru, 2:320–322
 - in Philippines, 3:249–251
 - in Poland, 4:246–248
 - in Polynesia, 3:261
 - in Portugal, 4:256
 - in Puerto Rico, 2:331
 - in Republic of the Congo, 1:262
 - in Romania, 4:274–275
 - in Russia, 4:282–285
 - in Rwanda, 1:278–279
 - in Saudi Arabia, 1:165–167
 - in Senegal, 1:283–284
 - in Serbia, 4:300–301
 - in Sierra Leone, 1:289–290
 - in Singapore, 3:272–273
 - in Slovakia, 4:307–309
 - in Slovenia, 4:316–317
 - in Somalia, 1:297–298
 - in South Africa, 1:303–305
 - in South Korea, 3:280
 - in South Sudan, 1:316
 - in Spain, 4:322
 - in Sri Lanka, 3:291–292
 - in Sudan, 1:325–327
 - in Suriname, 2:348–349
 - in Sweden, 4:334–335
 - in Switzerland, 4:344
 - in Syria, 1:332–333
 - in Taiwan, 3:307–308
 - in Tajikistan, 3:315–316
 - in Thailand, 3:322–324
 - in Trinidad and Tobago, 2:339–340
 - in Tunisia, 1:345–348
 - in Turkey, 4:358–359
 - in Turkmenistan, 3:334–335
 - in Ukraine, 4:370–372
 - in United Arab Emirates, 1:355–356
 - in United Kingdom, 4:378–379
 - in United States, 2:361–363
 - in Uruguay, 2:375–377
 - in Uzbekistan, 3:341–342
 - in Venezuela, 2:388–390
 - in Vietnam, 3:351–353
 - in Yemen, 1:271–272
 - in Zimbabwe, 1:366–370
- Heart disease
- in Bolivia, 2:46
 - in Bulgaria, 4:53
 - in Cuba, 2:122
 - in Norway, 4:235
 - in Singapore, 3:272
 - in Uruguay, 2:377
- Hepatitis, 1:66, 3:352
- Herzegovina. *See* Bosnia and Herzegovina
- Hesse-Bayne, Lebrechtta Nana Oye, 2:285
- Heterosexuality, 3:179–180
- Hewlett, Sylvia Ann, 3:108
- Hidalgo, Matilde, 2:147
- Higher education
- in Albania, 4:3
 - in Argentina, 2:4
 - in Bahrain, 1:20
 - in Belarus, 4:27
 - in Botswana, 1:29
 - in Brazil, 2:54
 - in Brunei, 3:299
 - in Canada, 2:67
 - in Chile, 2:88
 - in China, 3:56
 - in Colombia, 2:99
 - in Croatia, 4:62
 - in Denmark, 4:83
 - in Egypt, 1:70
 - in El Salvador, 2:154
 - in Ethiopia, 1:85
 - in Georgia, 4:121–122
 - in Greece, 4:138
 - in Greenland, 2:183–184
 - in Guam, 3:68
 - in Haiti, 2:219
 - in Iceland, 4:158
 - in Iran, 1:104–105
 - in Israel, 1:122
 - in Italy, 4:178
 - in Jordan, 1:136–137
 - in Kenya, 1:150
 - in Kosovo, 4:188
 - in Laos, 3:136
 - in Libya, 1:201
 - in Macedonia, 4:264–265
 - in Malta, 4:216
 - in Mongolia, 3:185
 - in Morocco, 1:227
 - in Myanmar, 3:197
 - in New Zealand, 3:215
 - in Nigeria, 1:244
 - in North Korea, 3:229–230
 - in Norway, 4:236

- in Palestine, **1**:254
- in Paraguay, **2**:311
- in Peru, **2**:320
- in Philippines, **3**:248–249
- in Poland, **4**:245–246
- in Portugal, **4**:255–256
- in Puerto Rico, **2**:330–331
- in Republic of the Congo, **1**:261
- in Russia, **4**:288
- in Slovakia, **4**:307
- in Slovenia, **4**:316
- in South Africa, **1**:302–303
- in Spain, **4**:322–323
- in Sudan, **1**:324
- in Suriname, **2**:347–348
- in Sweden, **4**:333–334
- in Tajikistan, **3**:315
- in Turkey, **4**:357–358
- in Turkmenistan, **3**:333
- in United Arab Emirates, **1**:357
- in United States, **2**:360
- in Uruguay, **2**:375
- in Uzbekistan, **3**:341
- in Venezuela, **2**:388
- in Vietnam, **3**:351
- in Yemen, **1**:271
- in Zimbabwe, **1**:365
- Hijab. *See* Attire
- Hinduism
 - in Bhutan, **3**:34
 - in French Caribbean, **2**:168
 - in Guyana, **2**:212–213
 - in India, **3**:77, 88
 - marriage and divorce in, **3**:84
 - in Nepal, **3**:211
- Hiratsuka, Raicho, **3**:111
- Hirofumi, Nakasone, **3**:73
- Hispaniola
 - Dominican Republic on, **2**:130–138
 - Haiti on, **2**:216–225
- Hitler, Adolf, **4**:72, 126, 305
- HIV/AIDS
 - in Argentina, **2**:4, 6
 - in Australia, **3**:4
 - in Bahamas, Barbados, and Turks and Caicos Islands, **2**:17, 21
 - in Belize, **2**:29
 - in Bermuda, **2**:36
 - in Bosnia and Herzegovina, **4**:48–49
 - in Botswana, **1**:29, 30
 - in Brunei, **3**:301
 - in Burkina Faso, **1**:36
 - in Cambodia, **3**:42
 - in Canada, **2**:68–69
 - in Cayman Islands, **2**:82
 - in Central African Republic, **1**:43, 48
 - in Chile, **2**:89
 - in China, **3**:58
 - in Colombia, **2**:102
 - in Cuba, **2**:122
 - in Democratic Republic of Congo, **1**:54
 - in Denmark, **4**:82
 - in Dominican Republic, **2**:134
 - in Egypt, **1**:66
 - in El Salvador, **2**:156
 - in Estonia, **4**:94
 - in Ethiopia, **1**:84
 - in French Guiana, **2**:175
 - in Ghana, **1**:96
 - in Grenada, **2**:286
 - in Guatemala, **2**:196
 - in Guiana, **2**:210, 213–214
 - in Haiti, **2**:220
 - in Honduras, **2**:231
 - in Iceland, **4**:156–157
 - in India, **3**:82
 - in Indonesia, **3**:95
 - in Iran, **1**:106
 - in Ivory Coast, **1**:129
 - in Jamaica, **2**:242
 - in Kazakhstan, **3**:118
 - in Kenya, **1**:151, 152–153
 - in Kosovo, **4**:187
 - in Laos, **3**:138
 - in Latvia, **4**:201
 - in Lebanon, **1**:176–177
 - in Lesotho, **1**:184
 - in Liberia, **1**:194
 - in Libya, **1**:201–202
 - in Malawi, **1**:213–214
 - in Melanesia, **3**:167
 - in Mexico, **2**:250–251
 - in Mongolia, **3**:189
 - in Morocco, **1**:227
 - in Myanmar, **3**:198
 - in Namibia, **1**:236
 - in Nepal, **3**:209
 - in Netherlands Antilles, **2**:266–267
 - in Nicaragua, **2**:276
 - in Nigeria, **1**:246
 - in North Korea, **3**:231
 - in Organization of Eastern Caribbean States, **2**:288–289
 - in Palestine, **1**:255
 - in Panama, **2**:302–303
 - in Paraguay, **2**:311
 - in Peru, **2**:322
 - in Poland, **4**:247
 - in Puerto Rico, **2**:331, 335
 - in Republic of the Congo, **1**:262
 - in Russia, **4**:284–285
 - in Rwanda, **1**:278, 279
 - in Slovakia, **4**:309
 - in Slovenia, **4**:317
 - in South Africa, **1**:305
 - in Suriname, **2**:349
 - in Thailand, **3**:324
 - in Trinidad and Tobago, **2**:340
 - in Tunisia, **1**:347
 - in Turkmenistan, **3**:334–335
 - in Ukraine, **4**:371
 - in United States, **2**:362–363
 - in Uzbekistan, **3**:342
 - in Venezuela, **2**:390
 - in Vietnam, **3**:352
 - in Zimbabwe, **1**:368–369
 - Homosexuality
 - in Afghanistan, **1**:10
 - in Algeria, **1**:17
 - in Bahrain, **1**:23
 - in Canada, **2**:74
 - in Cayman Islands, **2**:83
 - in Democratic Republic of Congo, **1**:57
 - Islam on, **1**:171, **3**:102
 - in Malawi, **1**:216
 - in Senegal, **1**:285
 - in Syria, **1**:336
 - See also* LGBTQ+ issues
 - Honduras, **2**:227–237
 - Honor killings, **1**:119, 337–338
 - Household structure. *See* Family life
 - Housemaids, **1**:144–145
 - Housework. *See* Family life
 - Housing, in Australia, **3**:7
 - Al-Houthi, Hussein Badr al-Din, **1**:269
 - Houthis (people), **1**:269
 - Howard, John, **3**:10
 - HPV vaccine, **4**:137, 285
 - Human development
 - in Bahamas, Barbados, and Turks and Caicos Islands, **2**:16
 - in Kenya, **1**:149
 - in United Arab Emirates, **1**:355
 - in Yemen, **1**:269
 - Human rights
 - in Belgium, **4**:36
 - in Cuba, **2**:124–125
 - in El Salvador, **2**:161
 - in Eritrea, **1**:78
 - in Georgia, **4**:118
 - in Guatemala, **2**:205
 - in Honduras, **2**:236–237
 - “Joint Statement on Ending Acts of Violence and Related Human Rights Violations Based on Sexual Orientation and Gender Identity,” **4**:427–428
 - in Libya, **1**:207–208
 - in Myanmar, **3**:195
 - in Republic of the Congo, **1**:266
 - in Russia, **4**:296–297
 - in Serbia, **4**:304–305
 - in Turkmenistan, **3**:336
 - Human trafficking
 - actions against, **1**:15
 - in Argentina, **2**:10
 - in Armenia, **4**:9
 - in Australia, **3**:12
 - in Bahamas, Barbados, and Turks and Caicos Islands, **2**:25
 - in Bahrain, **1**:26
 - in Belarus, **4**:31
 - in Belgium, **4**:39
 - in Bosnia and Herzegovina, **4**:47–48

Human trafficking (*Continued*)

- in Botswana, 1:32
- in Brunei, 3:301
- in Bulgaria, 4:58
- in Cambodia, 3:46–47
- in Canada, 2:76–77
- in Cayman Islands, 2:85
- in Costa Rica, 2:111
- in Croatia, 4:68
- in Czech Republic, 4:78–79
- in Democratic Republic of Congo, 1:61
- in Denmark, 4:88
- in Eritrea, 1:79
- in Estonia, 4:98
- in Ethiopia, 1:81–82
- in French Guiana, 2:177
- in Georgia, 4:124
- in Guyana, 2:213
- in Haiti, 2:217
- in Honduras, 2:235
- in Hungary, 4:152–153
- in India, 3:89
- in Iran, 1:112–113
- in Ivory Coast, 1:133
- in Jamaica, 2:243–244
- in Laos, 3:135
- in Latvia, 4:204
- in Lebanon, 1:180
- in Lesotho, 1:188–189
- in Libya, 1:208
- in Lithuania, 4:212
- in Malawi, 1:212–213
- in Malaysia, 3:152
- in Maldives, 3:161
- in Malta, 4:222
- in Mexico, 2:258–259
- in Micronesia, 3:182
- in Morocco, 1:231
- in Myanmar, 3:196
- in Namibia, 1:242
- in Netherlands, 4:232
- in Netherlands Antilles, 2:269–270
- in Nigeria, 1:250–251
- in North Korea, 3:235
- in Pakistan, 3:244–245
- in Panama, 2:307
- in Paraguay, 2:315–316
- in Philippines, 3:255
- in Portugal, 4:260
- in Republic of the Congo, 1:267
- in Romania, 4:272–273
- in Saudi Arabia, 1:172
- in Senegal, 1:286
- in Serbia, 4:304
- in Singapore, 3:276
- South African legislation on, 1:311
- in South Sudan, 1:320–321
- in Suriname, 2:352
- in Sweden, 4:340
- in Syria, 1:339
- in Thailand, 3:329–330
- in Trinidad and Tobago, 2:342–343
- in United Arab Emirates, 1:355, 361–362
- in United Kingdom, 4:386
- in United States, 2:371
- in Uruguay, 2:380–381
- in Uzbekistan, 3:346
- in Venezuela, 2:387
- in Vietnam, 3:356
- Hungary, 4:144–153
- Hus, Jan, 4:71
- Hussain, Lubna, 1:329
- Hussein, Saddam, 1:115
- Hussites, 4:71–72
- Hutu (people), 1:52, 275–277, 280
- Hwang Kyo-ahn, 3:283
- Hybrid feminism, 4:151
- Hylton, Sybil Joyce, 2:84
- Ibrahim, Meriam, 1:329
- Iceland, 4:155–162
- Ich, Adolpho, 2:202
- Ichikawa, Fusae, 3:111
- Idrizi, Valdete, 4:194–195
- Igwesi, B. N., 1:247
- Imazighen (Berbers), 1:11
- Immigration and immigrants
 - to Argentina, 2:2
 - in Australia, 3:7
 - in Belize, 2:27–28
 - in Brazil, 2:52, 60–61
 - in Canada, 2:66–67
 - Cuban, 2:127
 - in Denmark, 4:87–88
 - from El Salvador to United States, 2:160
 - Ethiopian Jews, 1:126–127
 - expatriates, in Cayman Islands, 2:82–83
 - in France, 4:106, 114
 - in French Guiana, 2:175
 - in Germany, 4:127
 - Haitian, in Dominican Republic, 2:130, 132, 135
 - in Israel, 1:121
 - in Italy, 4:174–175
 - in Kenya, 1:148–149
 - in New Zealand, 3:219, 220
 - in Norway, 4:239–240
 - in Paraguay, 2:310
 - in Spain, 4:323, 326
 - from Suriname to Netherlands, 2:345, 352
 - in Sweden, 4:331, 334, 335, 340–341
 - in Uruguay, 2:381
 - See also* Refugees
- Inca Empire, 2:44, 317–318
- India, 3:76–90
 - conflicts between Pakistan and, 3:238
 - Constitution of, 4:390–391
 - partition of, 3:244
- Indigenous peoples
 - in Argentina, 2:2, 8, 10
 - in Australia, 3:1, 4, 9, 11–12 (*See also* Aboriginal Australians)
 - in Belize, 2:27
 - in Bolivia, 2:44
 - in Brazil, 2:50–52
 - in Canada, 2:65, 72
 - in Chile, 2:86, 94–95
 - in Colombia, 2:97
 - in Costa Rica, 2:116
 - in Cuba, 2:120, 126
 - in Dominican Republic, 2:131
 - in Ecuador, 2:143
 - in El Salvador, 2:160
 - in French Caribbean, 2:164
 - in Greenland, 2:179
 - in Guatemala, 2:191–192, 203–205
 - in Guiana, 2:209
 - in Guyana, 2:213
 - in Honduras, 2:227, 228, 237
 - in Jamaica, 2:239
 - in Mexico, 2:251–252
 - in New Zealand, 3:214, 222
 - in Nicaragua, 2:272
 - in Norway, 4:239
 - in Panama, 2:299, 300, 306
 - in Paraguay, 2:310
 - in Peru, 2:319, 321, 325–326
 - in Puerto Rico, 2:329–330
 - Roma (*See* Roma)
 - Sámi, 4:239, 241, 341
 - in Suriname, 2:345
 - in United States, 2:355
 - in Uruguay, 2:373
 - in Venezuela, 2:385, 394
- Indonesia, 3:92–102
- Inequality
 - in Bahrain, 1:26
 - in Bulgaria, 4:50–51
 - in Cambodia, 3:39–40
 - in Canada, 2:69–70
 - in Costa Rica, 2:112–113
 - in Croatia, 4:64
 - in Denmark, 4:84
 - in El Salvador, 2:160–161
 - in Estonia, 4:92
 - in Greenland, 2:188
 - in Guiana, 2:211
 - in Israel, 1:126
 - in Japan, 3:113
 - in Kenya, 1:155–156
 - in Lebanon, 1:177
 - in Libya, 1:202
 - in Malawi, 1:211
 - in Malaysia, 3:151–152
 - in Mali, 1:220
 - in Netherlands Antilles, 2:266
 - in Palestine, 1:256
 - in Poland, 4:249
 - in Portugal, 4:260
 - in Russia, 4:289
 - in Singapore, 3:273
 - in Slovakia, 4:313
 - in Slovenia, 4:317
 - in Somalia, 1:295

- in Syria, **1:338**
- in Ukraine, **4:366–367**
- in United Kingdom, **4:380**
- in Venezuela, **2:394**
- Inés de la Cruz, Sor Juana, **2:256**
- Infanticide, in China, **3:63**
- Infant mortality
 - in Albania, **4:4**
 - in Argentina, **2:4**
 - in Botswana, **1:30**
 - in Bulgaria, **4:51**
 - in Burkina Faso, **1:35**
 - in Cambodia, **3:41**
 - in Cuba, **2:120, 122**
 - in Egypt, **1:63**
 - in El Salvador, **2:155**
 - in Eritrea, **1:74**
 - in Ethiopia, **1:82**
 - in French Caribbean, **2:166**
 - in French Guiana, **2:176**
 - in Greenland, **2:184–185**
 - in Haiti, **2:219**
 - in Honduras, **2:231**
 - in Indonesia, **3:94–95**
 - in Ireland, **4:163**
 - in Israel, **1:122–123**
 - in Ivory Coast, **1:128–129**
 - in Jordan, **1:140**
 - in Kosovo, **4:186**
 - in Lebanon, **1:176**
 - in Liberia, **1:192–193**
 - in Malaysia, **3:146**
 - in Melanesia, **3:167**
 - in Micronesia, **3:175**
 - in Mongolia, **3:188**
 - in Morocco, **1:227**
 - in Nepal, **3:208**
 - in Palestine, **1:256**
 - in Philippines, **3:250–251**
 - in Polynesia, **3:261**
 - in Republic of the Congo, **1:262**
 - in Romania, **4:272**
 - in Russia, **4:284**
 - in Rwanda, **1:278**
 - in Sierra Leone, **1:289**
 - in Slovakia, **4:307**
 - in South Korea, **3:280**
 - in Switzerland, **4:345**
 - in Thailand, **3:323**
 - in Trinidad and Tobago, **2:339**
 - in United Arab Emirates, **1:355, 356**
 - in United Kingdom, **4:377–378**
 - in Venezuela, **2:386**
 - in Yemen, **1:272**
- Inheritance
 - in Algeria, **1:16**
 - in Bahrain, **1:23**
 - in Belarus, **4:29**
 - in Belgium, **4:36**
 - in Colombia, **2:98**
 - in Egypt, **1:68–69**
 - in Georgia, **4:123**
 - in Iceland, **4:161**
 - in India, **3:84–85**
 - in Iraq, **1:118**
 - in Ivory Coast, **1:130**
 - in Kenya, **1:157**
 - in Libya, **1:204**
 - in Mali, **1:224**
 - in Namibia, **1:238**
 - in Palestine, **1:257**
 - in Sierra Leone, **1:293**
 - in Syria, **1:339**
 - in Zimbabwe, **1:371**
- International Committee of the Red Cross, “Rule 93. Rape and Other Forms of Sexual Violence” of, **4:398–401**
- International Council of Women (ICW), **4:349**
- International Criminal Tribunal for Rwanda, **1:277**
- International Criminal Tribunal for the former Yugoslavia (ICTY), **4:304**
- International Federation for Human Rights (FIDH), **1:352**
- International Holocaust Remembrance Alliance (IHRA), **4:98**
- International Movement against All Forms of Discrimination and Racism (IMADR), **3:293**
- International Planned Parenthood Foundation (IPPF), **1:343**
- International Transgender Day of Remembrance, **2:358**
- International Women’s Day (IWD)
 - in Algeria, **1:16**
 - in Belize, **2:32**
 - in Cayman Islands, **2:84**
 - in Ivory Coast, **1:32**
 - Obama’s statement on, **4:419–420**
 - statement on, **4:409**
 - in United Arab Emirates, **1:361**
- International Women’s Suffrage Alliance (IWSA), **2:379**
- Internet, in Cuba, **2:124–125**
- Intimate partner violence (IPV). *See* Domestic violence
- In vitro fertilization, **4:17**
- Iran, **1:102–113**
- Iraq, **1:114–120**
- Iraq War, **1:115**
 - refugees of, **1:119–120**
 - women serving in, **2:370**
- Ireland, **4:163–172**
 - Constitution of, **4:389–390**
- Isakunova, Taalaygul, **3:127**
- Islam
 - in Afghanistan, **1:8–9**
 - in Algeria, **1:11, 14**
 - in Australia, **3:13**
 - in Bahrain, **1:19**
 - in Bangladesh, **3:16**
 - in Brunei, **3:296, 300**
 - in Canada, **2:76**
 - in Central African Republic, **1:47**
 - divorce under, **1:22–23**
 - in Ethiopia, **1:80**
 - gender roles in, **1:138–139**
 - in Ghana, **1:99**
 - homosexuality under, **1:10, 171, 3:102**
 - in India, **3:77, 88**
 - in Indonesia, **3:99–100**
 - inheritance in, **1:68**
 - in Iran, **1:112**
 - in Jordan, **1:142**
 - in Kazakhstan, **3:121–122**
 - in Malawi, **1:218**
 - in Maldives, **3:160**
 - marriage and divorce in, **3:84**
 - motherhood in, **1:68**
 - in Myanmar, **3:200–201**
 - in Nigeria, **1:250**
 - polygamy in, **3:149**
 - in Saudi Arabia, **1:164, 170–171**
 - in Sweden, **4:339**
 - in Syria, **1:337**
 - in Tajikistan, **3:318**
 - in Turkmenistan, **3:337–338**
 - in United Arab Emirates, **1:360**
 - in Uzbekistan, **3:345–346**
 - in Yemen, **1:274**
- Islamic State (IS), in Iraq, **1:115**
- Ismayilova, Khadija, **4:9**
- Israel, **1:120–127**
 - conflicts between Palestine and, **1:253**
 - Palestinians in, **1:258**
 - Women of the Wall mission statement of, **4:398**
- Italy, **4:174–182**
 - Ethiopia under, **1:80**
- Itoh, Masako, **3:104**
- Ivan IV (Ivan the Terrible; czar, Russia), **4:280**
- Ivory Coast (Côte d’Ivoire), **1:127–133**
- Iwao, Sumiko, **3:110**
- Jackelén, Antje, **4:339**
- Jagan, Cheddi, **2:212**
- Jagan, Janet, **2:212**
- Jahjaga, Atifete, **4:194**
- Jamahiriyah Women’s Federation, **1:206**
- Jamaica, **2:239–245**
 - Cayman Islands under, **2:79**
- Japan, **3:104–114**
 - dispute between South Korea and, **3:283–284**
 - immigration to Brazil from, **2:52**
 - Malaysia under, **3:142**
- Jarbussynova, Madina, **3:117**
- Jarvis, Heather, **2:74**
- Jbab Srei* (law; Cambodia), **3:38–39**
- Jeffrey, Hays, **3:113–114**
- Jehovah’s Witnesses, **3:338**
- Jews and Judaism
 - in Argentina, **2:9**
 - in Ethiopia, **1:80**
 - in Israel, **1:121–127**

- Jews and Judaism (*Continued*)
 in Kosovo, 4:193
 in Libya, 1:207
 in Romania, 4:271
 in Suriname, 2:351
 Jigme Dorji Wangchuck (king, Bhutan), 3:31
 Jigme Singye Wangchuk (king, Bhutan), 3:34
 Job training
 in Afghanistan, 1:6
 in Brazil, 2:53–54
 in El Salvador, 2:154
 in Melanesia, 3:166
 in Myanmar, 3:197
 in Palestine, 1:254
 in Polynesia, 3:260–262
 in Slovakia, 4:307
 in Tunisia, 1:348–349
 in United Arab Emirates, 1:357
 in United States, 2:360–361
 in Uzbekistan, 3:341
 in Vietnam, 3:351
 Johansen, Elisabeth, 2:187
 Johnson Sirleaf, Ellen, 1:191, 197
 Jong-a-Liem, Betty Goede, 2:351
 Jordan, 1:135–145
 Jouanno, Chantal, 2:169
 Judaism. *See* Jews and Judaism
 Judicial system
 in Bahrain, 1:24
 in Libya, 1:206
 in Morocco, 1:230
 in Netherlands Antilles, 2:268
 in Palestine, 1:258
 in Singapore, 3:275
 in South Africa, 1:310
 in United Arab Emirates, 1:360
 in Uzbekistan, 3:344–345
 Jugurtha (king of Berbers), 1:11
 Justinian (emperor, Byzantine Empire), 1:11
- Kabila, Joseph, 1:58
 Kabila, Laurent, 1:58
 Kabore, Roch Marc Christian, 1:38
 Kahina (legendary Berber queen), 1:12
 Kakenya's Center for Excellence (school, Kenya), 1:160
 Kalla, Jusuf, 3:101–102
 Karama (organization; Libya), 1:207
 Karen (people), 3:194
 Karen Women's Organisation (Myanmar), 3:200
 Karman, Tawakkol, 1:191, 197, 270, 273
 Kassim, Halima-Sa'adia, 2:297
Kawaii culture, 3:104
 Kaylor, ReGina E., 1:2
 Kazakhstan, 3:116–123
 Kazerooni, Jihan, 1:25
 Keju-Johnson, Darlene, 3:175, 181
 Kendall, Kathryn, 1:188
 Kenneth, Asatu Bah, 1:196
 Kenya, 1:148–162
 Khalkh (people), 3:184
- Khan, Yahya, 3:238
 Khassanova, Galiya, 3:116–117
 Khatami, Mohammad, 1:111
 al-Khawaja, Maryam Abdulhadi, 1:21–22
 al-Khawaja, Zainab, 1:25
 Khaxas, Elizabeth, 1:238
 Khemisti, Fatima, 1:14–15
 Khmer Rouge (Cambodia), 3:37, 45
 tribunal for leaders of, 3:48–49
 Khomeini, Ruhollah (ayatollah), 1:102, 108, 110
 Khudabashain, Emma, 4:13
 Kibbutz movement (Israel), 1:126
 Kidnappings
 in Iraq, 1:118
 in Kyrgyzstan, 3:129–130
 Kilpatrick, Helen, 2:80
 Kimbangu, Simon, 1:59
 Kim family, 3:232
 Kim Il-sung, 3:234
 Kim Jho Gwang-soo, 3:285–286
 Kim Seung-hwan, 3:285–286
 Kindergarten
 in Belarus, 4:26
 in China, 3:55
 in North Korea, 3:229
 in Norway, 4:236, 239
 in Russia, 4:286–287
 in Slovenia, 4:316
 Kingdom of Saudi Arabia, 1:163–172
 Kiribati, Republic of, 3:174, 181
 Klevets, Anna, 4:286
 Klippert, Everett, 2:74
 Knights of Malta (Knights of the Order of St John), 4:214–215
 Kobrynska, Natalia, 4:373
 Kopacz, Ewa, 4:250
 Korea
 North Korea, 3:226–235
 South Korea, 3:277–286
 Korean War, 3:282
 Kosor, Jadranka, 4:66
 Kosovo, 4:184–195
 Kosovo Liberation Army, 4:268–269
 Kovály, Heda Margolius, 4:76
 Krásnohorská, Eliška, 4:76
 Kristose, Ehete, 1:90
 Kuczynski, Pedro Pablo, 2:318
 Kumaratunga, Chandrika, 3:293–294
 Kumari (deity), 3:207
 Kunas (people), 2:300, 304
 Kurdish women, 4:354
 Kurdistan, 1:119
 Iraqi refugees in, 1:120
 Kvapilova, Erika, 4:124
 Kyrgyzstan, 3:124–131
- Labor unions
 in Belarus, 4:28
 in Brazil, 2:56
 in New Zealand, 3:221
 Labrys (organization; Kyrgyzstan), 3:131
- Ladies in White (organization; Cuba), 2:124
 Lake Malawi (Lake Nyasa; Lago Niassa), 1:210
 Lake, Obiagele, 2:243
 Lamizana, Sangoule, 1:37
 Lancaster House Agreement (1979), 1:372, 373
 Land and property rights
 in Brazil, 2:58
 in Dominican Republic, 2:137
 of Indigenous peoples, in Argentina, 2:10
 in Indonesia, 3:98–99
 in Libya, 1:205
 in Nicaragua, 2:277
 in Sierra Leone, 1:293
 in South Sudan, 1:321
 in Uzbekistan, 3:344
 in Zimbabwe, 1:373–374
 Lange, Marie-France, 1:220
 Language
 gender in, 4:116
 in Spain, 4:321, 324
 Lanza, Gladys, 2:235, 236
 Laos, 3:133–140
 Lapitas (people), 3:258
 L'association des travesty de Côte d'Ivoire, 1:131–132
Latinx, 2:158
 Latvia, 4:198–204
 Laula Renberg, Elsa, 4:239
La Violencia (Guatemala), 2:204–205
 LGBTQ+ issues, 4:6–7
 in Afghanistan, 1:10
 in Algeria, 1:17
 in Argentina, 2:7–8
 in Armenia, 4:12–13
 in Australia, 3:7
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:23
 in Bahrain, 1:23
 in Bangladesh, 3:24
 in Belarus, 4:25, 29–30
 in Belgium, 4:36
 in Belize, 2:32
 in Bermuda, 2:41
 in Bosnia and Herzegovina, 4:47
 in Botswana, 1:31
 in Brazil, 2:60
 in Bulgaria, 4:55
 in Burkina Faso, 1:37
 Campus Pride Index for, 2:360
 in Canada, 2:72, 74–75
 in Cayman Islands, 2:83
 in Central African Republic, 1:46
 in Chile, 2:94
 in China, 3:61
 in Colombia, 2:105
 in Costa Rica, 2:109
 in Cuba, 2:126
 in Czech Republic, 4:76–77
 in Democratic Republic of Congo, 1:57
 in Denmark, 4:87

- in Dominican Republic, 2:137
- in Ecuador, 2:147
- in El Salvador, 2:157–158
- in Estonia, 4:96–97
- in Ethiopia, 1:87
- in Finland, 4:104
- in France, 4:111
- in French Caribbean, 2:167
- in Georgia, 4:123
- in Greece, 4:140–141
- in Greenland, 2:186
- in Guam, 3:71
- in Guatemala, 2:203
- in Guiana, 2:212
- in Haiti, 2:225
- in Honduras, 2:233, 236–237
- in Hungary, 4:148
- in Iceland, 4:160–161
- in India, 3:77, 81, 86–87
- in Indonesia, 3:101–102
- in Iran, 1:110
- in Israel, 1:124
- in Italy, 4:182
- in Ivory Coast, 1:130–131
- in Japan, 3:109
- “Joint Statement on Ending Acts of Violence and Related Human Rights Violations Based on Sexual Orientation and Gender Identity,” 4:427–428
- in Jordan, 1:140
- in Kazakhstan, 3:120–121
- in Kenya, 1:156, 157, 160–161
- in Kosovo, 4:192
- in Kyrgyzstan, 3:130–131
- in Laos, 3:140
- in Latvia, 4:202
- in Lebanon, 1:178, 180
- in Lesotho, 1:187–188
- in Liberia, 1:195–196
- in Libya, 1:204–205
- in Lithuania, 4:210
- in Macedonia, 4:267–268
- in Malawi, 1:216
- in Malaysia, 3:151
- in Malta, 4:220–221
- in Melanesia, 3:169–170
- in Mexico, 2:259
- in Micronesia, 3:179–180
- in Mongolia, 3:192–193
- in Myanmar, 3:195
- in Namibia, 1:238–239
- in Netherlands, 4:230–231
- in Netherlands Antilles, 2:267
- in New Zealand, 3:220–221
- in Nicaragua, 2:278
- in Nigeria, 1:249
- in North Korea, 3:233
- in Norway, 4:238
- in Pakistan, 3:242
- in Palestine, 1:258
- in Panama, 2:304–307
- in Paraguay, 2:313–314
- in Peru, 2:323–324
- in Poland, 4:250
- in Polynesia, 3:263
- in Portugal, 4:260
- in Puerto Rico, 2:332, 335
- in Romania, 4:276
- in Russia, 4:291–293
- in Rwanda, 1:279–280
- in Saudi Arabia, 1:171
- in Senegal, 1:285
- in Serbia, 4:303
- in Singapore, 3:275
- in Slovenia, 4:319
- in Somalia, 1:299
- in South Africa, 1:308
- South African legislation on, 1:311
- in South Korea, 3:284–286
- in Spain, 4:325–326
- in Sri Lanka, 3:289
- in Suriname, 2:350
- in Sweden, 4:337–338
- in Switzerland, 4:348
- in Syria, 1:336
- in Taiwan, 3:309
- in Tajikistan, 3:318
- in Thailand, 3:326–327
- transgender people in United States, 2:357, 358
- in Trinidad and Tobago, 2:341
- in Turkey, 4:360
- in Turkmenistan, 3:338
- in Ukraine, 4:374
- in United Kingdom, 4:385–386
- in United States, 2:356, 364, 366
- in United States military, 2:370
- in Uruguay, 2:377–378
- in Uzbekistan, 3:344
- in Venezuela, 2:391–392
- in Vietnam, 3:354
- in Yemen, 1:269, 273
- in Zimbabwe, 1:372
- Lebanese Council of Women, 1:178, 179
- Lebanese Council to Resist Violence against Women, 1:179
- Lebanese Women Union, 1:178
- Lebanon, 1:174–180
- Lee Hsien Loong, 3:273
- Lee Tae-jong, 3:286
- Leid, Simone, 2:343
- Leisure
 - in Denmark, 4:85
 - in Sweden, 4:332
 - See also* Recreation; Sports
- Lenin Vladimir, 4:280
- Leopold (king, Belgium), 1:44
- Leopold II (king, Belgium), 1:51, 4:32
- Lesbianism, 4:141
 - in Ukraine, 4:374
 - See also* LGBTQ+ issues
- Lesbos (Greece), 4:141
- Lesotho, 1:181–189
- Let Girls Lead (LGL; Liberia), 1:198
- Lhotshampa (people), 3:34–35
- Liberation Tigers of Tamil Eelam (LTTE), 3:294–295
- Liberia, 1:190–199
- Libya, 1:199–208, 346
- Libyan Women’s Platform for Peace, 1:207
- Libyan Women’s Union, 1:206
- Lindo, Elvira, 4:329
- Lindstrom, David P., 1:87
- Lissouba, Pascal, 1:265
- Literacy
 - in Afghanistan, 1:2–3
 - in Albania, 4:3
 - in Algeria, 1:13
 - in Bahamas, Barbados, and Turks and Caicos Islands, 2:18
 - in Belarus, 4:27
 - in Bhutan, 3:28
 - in Botswana, 1:28
 - in Brazil, 2:52–53
 - in Bulgaria, 4:51–52
 - in Burkina Faso, 1:33
 - in Central African Republic, 1:42
 - in Colombia, 2:99
 - in Cuba, 2:120, 123
 - in Democratic Republic of Congo, 1:53, 55
 - in Denmark, 4:83
 - in Dominican Republic, 2:132
 - in Ecuador, 2:143
 - in Egypt, 1:63
 - in El Salvador, 2:153
 - in Eritrea, 1:75
 - in Estonia, 4:93
 - in Ethiopia, 1:85
 - in Georgia, 4:119
 - in Greece, 4:137
 - in Greenland, 2:182
 - in Guiana, 2:209
 - in Haiti, 2:218
 - in Honduras, 2:230
 - in Iceland, 4:157
 - in India, 3:79
 - in Indonesia, 3:93–94
 - in Iran, 1:103
 - in Iraq, 1:115
 - in Israel, 1:122
 - in Ivory Coast, 1:128
 - in Jamaica, 2:241
 - in Jordan, 1:137
 - in Lebanon, 1:175
 - in Liberia, 1:191
 - in Libya, 1:200
 - in Malawi, 1:211
 - in Malaysia, 3:143
 - in Mali, 1:220–221
 - in Mexico, 2:249
 - in Mongolia, 3:183
 - in Morocco, 1:226, 227
 - in Nicaragua, 2:275

- Literacy (*Continued*)
 in Nigeria, 1:244
 in Norway, 4:234–235
 in Pakistan, 3:240
 in Palestine, 1:254
 in Panama, 2:301–302
 in Peru, 2:319
 in Puerto Rico, 2:330
 in Republic of the Congo, 1:261
 in Russia, 4:285–288
 in Singapore, 3:271
 in Slovakia, 4:306
 in South Africa, 1:302, 303
 in South Korea, 3:279
 in South Sudan, 1:316
 in Syria, 1:331
 in Taiwan, 3:305
 in Tajikistan, 3:314
 in Tunisia, 1:348, 349
 in Turkey, 4:355–357
 in Turkmenistan, 3:332
 in Ukraine, 4:365
 in United Arab Emirates, 1:355
 in Uzbekistan, 3:341
 in Venezuela, 2:386
- Literature. *See* Arts and literature
- Lithuania, 4:205–212
- Li Tingting, 3:64
- Liver cancer, 3:352
- Livingstone, David, 1:210
- Livingston, Philip Beekman, 2:104
- Lobo Sosa, Porfirio “Pepe,” 2:228
- Logan, J. R., 3:92
- López Pumarejo, Alfonso, 2:98
- Lorde, 3:214
- Lord’s Resistance Army, 1:46
- L’Ouverture, Toussiant (Toussaint Breda), 2:216
- Lúgaro, Alexandra, 2:333
- Lugo, Fernando, 2:314
- Lu Hsiu-lien, 3:309
- Luisi, Paulina, 2:379
- Lumumba, Patrice, 1:52
- Lunar New Year Festival
 in North Korea, 3:234
 in Vietnam, 3:355
- Lusenge, Julianne, 1:60
- Lutheran Church
 in Estonia, 4:97
 in Iceland, 4:161
- Lymphatic filariasis (LF), 3:167
- Maathai, Wangari, 1:158, 162
- Macdonald, John A., 2:65
- Macedonia, Republic of, 4:262–269
- Machismo
 in Argentina, 2:3, 7
 in Bolivia, 2:47
 in Costa Rica, 2:115
 in Dominican Republic, 2:135–136
 in Ecuador, 2:149
 in El Salvador, 2:157
- in Guatemala, 2:199
 in Mexico, 2:253–254, 256–257
 in Nicaragua, 2:277
 in Panama, 2:304
- Macphail, Agnes, 2:73
- Maduro, Nicolás, 2:388, 392, 393
- Maduro, Ricardo (Joest), 2:228
- Magdalen Homes (Ireland), 4:170
- Magellan, Ferdinand, 3:67, 247
- Magomedova, Sapiyat, 4:282
- Maha Chakri Sirindhorn (queen, Thailand), 3:329
- Malaria
 in Burkina Faso, 1:36
 in Central African Republic, 1:43
 in French Guiana, 2:174
 in Honduras, 2:231
 in Lebanon, 1:177
 in Myanmar, 3:198
 in Nigeria, 1:246
- Malawi, 1:210–218
 Gender Equality Bill of, 4:428–429
- Malaysia, 3:142–152
- Maldives, 3:155–161
- Maleku (people), 2:116
- Mali, 1:219–225
 as French Sudan, 1:282
- Mali Federation, 1:282
- Malik, Nesrine, 1:325
- Malnutrition
 in Burkina Faso, 1:38
 in Democratic Republic of Congo, 1:54
 in Guatemala, 2:191, 196
 in Philippines, 3:249–250
 in Sri Lanka, 3:292
- Malta, 4:214–223
- Manigat, Mirlande, 2:224
- Mankouskaya, Natalia, 4:30
- Manley, Norman W., 2:239, 296
- Mansour, Adly, 1:62
- Maoist People’s War (Nepal), 3:210–211
- Māori (people), 3:214, 216, 222, 259
- Māori Women’s Welfare League (Te Ropu Wahine Māori Toko i te Ora), 3:216
- Mapuche (people), 2:94
- Maquiladoras*
 in Honduras, 2:232
 in Mexico, 2:252
- Maquila Solidarity Network (Guatemala), 2:192
- Marcelin, Magalie, 2:223
- Marcoes-Natsir, Lies, 3:100
- Margrethe II (queen, Denmark), 4:85
- Margvelashvili, George, 4:124
- Maria DA Penha Law (Brazil), 2:59, 61–62
- Marie Stopes International (Yemen), 1:271–272
- Marijuana, 2:380
- Markievicz, Constance, 4:167
- Marlowe, Jen, 1:25
- Maroc (Morocco), 1:226
- Maroons (people), 2:172, 173
- political system of, 2:176–177
 in Suriname, 2:350–351
- Marriage. *See* Family life
- Marshall Islands, 3:174
 environmental issues in, 3:181
- Martelly, Michel, 2:224
- Martínez de Perón, Isabel, 2:8
- Martinique, 2:164, 165, 167
See also French Caribbean
- Marx, Karl, 2:125
- Mary (saint), 1:90
- Mary Therese (empress, Austria), 4:16
- Marzouki, Nadia, 1:12, 14
- Masaryk, Tomáš Garrigue, 4:72
- Massinissa (Berber chieftain), 1:11
- Ma’tam* (religious center, Bahrain), 1:25
- Maternal health
 in Afghanistan, 1:5
 in Argentina, 2:5
 in Armenia, 4:10–11
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:20–21
 in Bahrain, 1:21
 in Belize, 2:29
 in Bermuda, 2:36
 in Bhutan, 3:30
 birthing assistants for, 2:253
 in Bolivia, 2:46
 in Botswana, 1:29–30
 in Brazil, 2:55
 in Brunei, 3:299
 in Bulgaria, 4:53
 in Burkina Faso, 1:35–36
 in Cambodia, 3:41
 in Canada, 2:68
 in Cayman Islands, 2:81
 in Central African Republic, 1:43
 in Chile, 2:89
 in Colombia, 2:101–102
 in Costa Rica, 2:110
 in Cuba, 2:122
 in Democratic Republic of Congo, 1:54
 in Denmark, 4:82
 in Dominican Republic, 2:133
 in Ecuador, 2:144–145
 in Egypt, 1:65–66
 in El Salvador, 2:155
 in Eritrea, 1:75
 in Estonia, 4:94
 in Ethiopia, 1:82, 83
 in France, 4:108
 in French Caribbean, 2:166
 in French Guiana, 2:174
 in Georgia, 4:120–121
 in Ghana, 1:95
 in Greece, 4:139
 in Greenland, 2:184–185
 in Guam, 3:69
 in Guatemala, 2:194–196
 in Guiana, 2:209–210
 in Haiti, 2:219–220

- in Honduras, 2:230–231
- in Hungary, 4:146–147
- in India, 3:81–82
- in Indonesia, 3:94–95
- in Iran, 1:105
- in Iraq, 1:116
- in Israel, 1:122–123
- in Italy, 4:176–177
- in Ivory Coast, 1:128
- in Jamaica, 2:241
- in Jordan, 1:140
- in Kenya, 1:153–154
- in Laos, 3:138
- in Latvia, 4:200
- in Lebanon, 1:176
- in Lesotho, 1:183
- in Liberia, 1:192–193
- in Libya, 1:201
- in Macedonia, 4:265–266
- in Malawi, 1:213
- in Malaysia, 3:145
- in Mali, 1:221
- in Malta, 4:216
- in Melanesia, 3:166–167
- in Mexico, 2:250
- in Micronesia, 3:177
- in Mongolia, 3:188–189
- in Morocco, 1:227–228
- in Myanmar, 3:198
- in Namibia, 1:236
- in Nepal, 3:208
- in Netherlands Antilles, 2:266
- in New Zealand, 3:217
- in Nicaragua, 2:275–276
- in Nigeria, 1:244–245
- in North Korea, 3:230–231
- in Norway, 4:235
- in Pakistan, 3:240–241
- in Palestine, 1:255–256
- in Panama, 2:302
- in Paraguay, 2:311
- in Peru, 2:321
- in Philippines, 3:250
- in Poland, 4:246
- in Polynesia, 3:261
- in Puerto Rico, 2:331
- in Republic of the Congo, 1:262
- in Rwanda, 1:278
- in Saudi Arabia, 1:166–167
- in Senegal, 1:284
- in Serbia, 4:300
- in Sierra Leone, 1:289–290
- in Singapore, 3:272
- in Slovakia, 4:308–309
- in Slovenia, 4:317
- in Somalia, 1:297–298
- in South Africa, 1:304–305
- in South Korea, 3:280
- in South Sudan, 1:316
- in Sri Lanka, 3:291–292
- in Sudan, 1:325–326
- in Suriname, 2:348–349
- in Sweden, 4:334–335
- in Switzerland, 4:347
- in Syria, 1:333
- in Tajikistan, 3:315
- in Thailand, 3:323–324
- in Trinidad and Tobago, 2:339
- in Tunisia, 1:347
- in Turkey, 4:358–359
- in Turkmenistan, 3:334
- in United Arab Emirates, 1:356
- in United Kingdom, 4:378–379
- in United States, 2:362
- in Uruguay, 2:376
- in Uzbekistan, 3:342
- in Venezuela, 2:389
- in Vietnam, 3:351–352
- in Yemen, 1:272
- Maternity leave
 - in Australia, 3:6
 - in Bangladesh, 3:20
 - in Belarus, 4:28
 - in Colombia, 2:103
 - in Costa Rica, 2:113
 - in Denmark, 4:84
 - in Dominican Republic, 2:135
 - in Ecuador, 2:146
 - in Georgia, 4:122
 - in Ghana, 1:96
 - in Honduras, 4:231
 - in Iceland, 4:159
 - in Iran, 1:107
 - in Jamaica, 2:242
 - in Jordan, 1:138
 - in Kyrgyzstan, 3:126
 - in Lebanon, 1:177
 - in Lithuania, 4:209
 - in Mongolia, 3:187
 - in Morocco, 1:228–229
 - in Nepal, 3:208
 - in New Zealand, 3:218–219
 - in Pakistan, 3:241
 - in Palestine, 1:256
 - in Paraguay, 2:312
 - in Philippines, 3:251
 - in Republic of the Congo, 1:264
 - in Serbia, 4:301
 - in Singapore, 3:273
 - in Slovenia, 4:318
 - in South Africa, 1:306
 - in Sweden, 4:337
 - in Tajikistan, 3:316
 - in Ukraine, 4:368
 - in United Kingdom, 4:380
 - in Uzbekistan, 3:343
 - in Venezuela, 2:393
- Mau Mau movement (Kenya), 1:149
- Maxima (queen, Netherlands), 2:267
- Mayans (people)
 - in Guatemala, 2:191, 201
 - in Honduras, 2:227
- Mayardit, Salva Kiir, 1:318
- May, Theresa, 4:377, 382
- Mbiti, John, 1:99
- McAleese, Mary, 4:167–168
- McGuinness, Martin, 4:382
- McLaughlin, Alden, 2:80
- McLaughlin, Sybil, 2:83
- Mead, Margaret, 3:258
- Media
 - in Afghanistan, 1:9
 - in Bahrain, 1:25–26
 - in Bulgaria, 4:56
 - in Colombia, 2:100
 - in India, 3:88
 - in Latvia, 4:203
 - in Lebanon, 1:180
 - in Malta, 4:223
 - in Philippines, 3:248
 - in Spain, 4:326–327
 - in United Arab Emirates, 1:360
 - in United Kingdom, 4:385
 - Women Journalists without Chains, 1:270, 273
- Medvedev, Dmitry, 4:281
- Meir, Golda, 1:125
- Meissner-Blau, Freda, 4:19
- Melanesia, 3:162–172
- Menchú Tum, Rigoberta, 2:201
- Men for Gender Equality, 1:216
- Mennonites, 2:31
- Mensch, Barbara, 1:65
- Mental health
 - in Brunei, 3:299
 - in Cambodia, 3:42–43
 - in Canada, 2:69
 - in China, 3:59
 - in Colombia, 2:102
 - in Denmark, 4:82–83
 - in Ethiopia, 1:84
 - in France, 4:109–110
 - in Iceland, 4:157
 - in Iran, 1:106–107
 - in Ivory Coast, 1:128
 - in Japan, 3:106–107
 - in Micronesia, 3:177
 - in North Korea, 3:231
 - in Palestine, 1:255
 - in Philippines, 3:250, 254
 - in Sri Lanka, 3:292
 - in Syria, 1:332
 - in Vietnam, 3:352
- Mentewab (empress, Ethiopia), 1:90
- Meri Te Tai Mangakāhia, 3:220
- Merkel, Angela, 4:127–128, 131
- Merlet, Myriam, 2:223
- Mernissi, Fatima, 1:69
- Mestizos, 2:44
- Mexico, 2:248–259
 - Political Constitution of, 4:429–430
- Michelitti, Roberto, 2:233
- Micronesia, 3:174–182

- Middle East, 1:2
 Mideksa, Birtukan, 1:89
 Midwifery, 4:146–147
 Migrant Women Workers Project (Australia), 3:10
 Migrant workers
 in Burkina Faso, 1:37
 in Ethiopia, 1:86
 in French Guiana, 2:175
 in Italy, 4:179
 in United Arab Emirates, 1:362
 Migrations
 children left behind in, 4:273
 from French Caribbean, 2:169–170
 from Guatemala, 2:199, 203–204
 human trafficking and, 3:12
 to New Zealand, 3:218–219
 into and out of Pakistan, 3:244–245
 of Puerto Ricans, 2:329
 from Suriname to Netherlands, 2:352
 to Thailand, 3:330
 through Greece, 4:136
 from Tunisia, 1:351–352
 Military service
 in Dominican Republic, 2:137
 in Israel, 1:121
 in Jordan, 1:141
 in Ukraine, 4:373
 in United States, women in, 2:370
 See also Armed forces
 Millennium Challenge Corporation, 1:217
 Millennium Development Goals (MDG), 2:367
 in Bhutan, 3:27
 in Canada, 2:66
 in Ecuador, 2:144
 in Ghana, 1:92
 in Guyana, 2:209
 in Honduras, 2:229
 Karman and, 1:246
 in Kazakhstan, 3:117
 in Maldives, 3:155, 156
 in Mali, 1:220, 222
 in Morocco, 1:228
 in Namibia, 1:240
 in Nigeria, 1:246
 in Saudi Arabia, 1:166
 in Yemen, 1:272
 Mizulina, Yelena, 4:293, 294
 Mobutu Sese Soko, 1:52
 Modesty, in Afghanistan, 1:8–9
 Moeldoko (general), 3:96
 Mohammad Ali Jinnah, 3:237
 Mohammed, Patricia, 2:245
 Mohammed VI (king, Morocco), 1:226
 Moliner, Empar, 4:329
 Mon (people), 3:194
 Monge, Luis Alberto, 2:114
 Mongol Empire, 4:280
 Mongolia, 3:183–193
 Montero, Amaya, 4:329
 Montero, Rosa, 4:329
 Montseny, Federica, 4:321
 Montserrat, 2:284, 286, 291–292, 294–296
 Mon Women's Organization (MWO; Myanmar), 3:200
 Mook (queen, Thailand), 3:328
 Morales, Inés, 2:258
 Moran, Sandra, 2:203
 Morente, Estrella, 4:329
 Mori Arinori, 3:106
 Morocco, 1:226–232
 Morsi, Mohammed, 1:62
 Moserová, Jaroslava, 4:75
 Moshoeshoe I (king, Lesotho), 1:181
 Moshoeshoe II (king, Lesotho), 1:181
 Mother Teresa (saint), 4:193
Le Mouvement de libération des femmes (MLF; France), 4:112
 Movimiento armado Quintín Lame (MAQL; Colombia), 2:98
 Movimiento de Mujeres por la Paz Visitación Padilla (Visitation Padilla Women's Movement for Peace; Honduras), 2:235
 Movimiento Homosexual de Lima (MHOL; Peru), 2:324
 Mubarak, Hosni, 1:62, 343
 Mubarak, Sheikh Fatima bint, 1:356, 358, 360
 Mughal Empire, 3:76
 Muhammad Ali (viceroy, Egypt), 1:62
 Muhammad Ibn Saud (king, Saudi Arabia), 1:164
 Muhammadiyah (organization; Indonesia), 3:99–100
 Muisca (people), 2:101
 Mujeres y Cultura Subterránea, A. C. (MCS; Women and Underground Culture; Mexico), 2:258
 Mujuru, Joyce, 1:374
 Mukti Nepal (organization), 3:211
 Müller, Herta, 4:271
 Muluzi, Bakili, 1:217
 Mundo Afro (African World; organization; Uruguay), 2:381
 Murniece, Inara, 4:202
 Murphy, Emily, 2:71
 Musa, Nabawiya, 1:69–70
 Music
 in Cambodia, 3:46
 in Czech Republic, 4:76
 in Kosovo, 4:193
 reggae, 2:243
 in Spain, 4:329
 in Trinidad and Tobago, 2:342
 Muslims. *See* Islam
 Mu Sochua, 3:45
 Mussolini, Benito, 1:80
 Mutharika, Bingu wa, 1:217
 Myanmar (Burma), 3:194–202
 migration to Thailand from, 3:330
 Rohingya in, 3:2
 Myles, Bradley, 1:15
 Naeemaei, Naeemeh, 1:106
 Namibia, 1:234–242
 Namibian Farm Workers Union (WFWU), 1:237
 Namibia Women's Voice (NWV), 1:240
 Napoleon Bonaparte (emperor, France), 1:62, 4:112
 Napoleon III (Charles Louis-Napoléon Bonaparte; emperor, France), 2:173
 Nardal, Jane, 2:168
 Nardal, Paulette, 2:168
 Nasif, Malak Hifni, 1:69
 Nasser, Gamal Abdel, 1:62
 National Church of Iceland, 4:161
 National Coalition to Advocate the Rights of Women (CONAP; Haiti), 2:223
 National Coalition to Eliminate All Forms of Discrimination against Women (Lebanon), 1:179
 National Council of Women (New Zealand), 3:221
 National Council of Women of Canada, 2:73
 National Indigenous Women's Resource Center (NIWRC), 1:15
 National Liberation Front (FLN; Algeria), 1:12
 National minorities
 in Sweden, 4:335
 See also Immigration and immigrants
 National Society for Women's Suffrage (United Kingdom), 4:383
 National Union of Eritrean Women (NUEW), 1:77, 79
 National Union of Tunisian Women (UNFT), 1:344
 National Union of Women's Suffrage Societies (United Kingdom), 4:383
 Native Americans, 2:355
 National Indigenous Women's Resource Center, 1:15
 See also Indigenous peoples
 Native Women's Association of Canada, 2:73
 Natural resources
 in Democratic Republic of Congo, 1:56
 in Sudan, 1:328
 in Suriname, 2:346
 Nauru, Republic of, 3:174
 Nazra for Feminist Studies (organization), 1:70
 Negara Brunei Darussalam (Sultanate of Brunei), 3:296–302
 Negritude (cultural movement), 2:168
 Neo-Confucianism, 3:281
 Nepal, 3:205–213
 migration to Bhutan from, 3:34–35
 Neshat, Saeid N., 1:115
 Netherlands, 4:226–233
 immigration from Suriname to, 2:352
 Indonesia under, 3:92
 Suriname under, 2:345
 Netherlands Antilles/Dutch Caribbean, 2:262–270

- Netherlands Guiana (Suriname), 2:345
 Network against Human Trafficking (NAHT), 1:15
 Nevis, 2:284, 295
 New Caledonia, 3:169
See also Melanesia
 New Guinea, 3:162
 New Zealand, 3:214–225
 dependent areas of, 3:263
 Polynesian feminists and, 3:263
 New Zealand District of Zonta, 3:223–224
 New Zealand Prostitutes Collective (NZPC), 3:218
 Ngobe-Bugles (people), 2:300, 304
 Nicaragua, 2:271–280
 Nigeria, 1:243–251
 Nigerian-Biafra War (1967–1970), 1:243
 Nigerian Charismatic Movement, 1:249
Nikiranoro, 3:179
 Nimcová, Božena, 4:72, 76
 Niyazov, Saparmura, 3:332, 336, 337
 Ruhnama by, 3:333–334
 Nkrumah, Kwame, 1:92, 98
 Nkrumah, Samia, 1:99
 Nobel Peace Prize
 Arias Sánchez, Oscar, 2:114
 Aung San Suu Ky, 3:200
 Corrigan-Maguire and Williams-Perkins, 4:168
 Ebadi, Shirin, 1:109
 Gbowee, Leymah, 1:191
 Johnson Sirleaf, Ellen, 1:197
 Karman, Tawakkol, 1:270, 273
 Maathai, Wangari, 1:158
 Menchú Tum, Rigoberta, 2:201
 Tunisian National Dialogue Quartet, 1:343
 Nobel Prize in Literature
 Gordimer, Nadine, 1:303
 Müller, Herta, 4:271
 Noor (queen, Jordan), 1:141
 Norse mythology, 4:241
 Northern Ireland, 4:168, 376, 382
See also United Kingdom
 Northfleet, Ellen Gracie, 2:57
 North Korea (Democratic People's Republic of Korea), 3:226–235
 in Korean War, 3:282
 Norway, 4:234–242
 Sweden and, 4:330
 Ntaiya, Kakenya, 1:160
 Nuclear weapons testing, 3:175, 181
 Nutrition (diet)
 in Japan, 3:106
 Mediterranean diet, 4:138
 in North Korea, 3:227
 Nyakeriga, Linet Kemunto, 1:160
 Nyau dance (Malawi), 1:215–217
 Nzomo, Maria, 1:160
 Obama, Barack
 equal-pay legislation signed by, 2:364
 International Women's Day statement by, 4:419–420
 on U.S.-Cuba relations, 2:119–120, 127
 on Venezuela sanctions, 2:389
 Obasanjo, Olusagun, 1:243
 Al Obeidy, Iman, 1:208
 Obesity and overweight
 in Cuba, 2:122
 fat activism and, 3:222
 in French Caribbean, 2:166
 in Mexico, 2:250, 251
 in Polynesia, 3:259–260
 in Saudi Arabia, 1:165, 167
 in Turkey, 4:358
 in United Arab Emirates, 1:356
 Obstetric fistula, 1:36
 Ocloo, Esther, 1:100
 O'Connor-Connolly, Julianna, 2:80, 83
 O'Connor, Sandra Day, 2:369
 Oil
 in Bahrain, 1:19
 in Nigeria, 1:250
 in Norway, 4:234
 in Russia, 4:281
 in Saudi Arabia, 1:164
 in South Sudan, 1:317, 323
 in Sudan, 1:328
 in Trinidad and Tobago, 2:340
 in United Arab Emirates, 1:354
 Ojeda, Alonso de, 2:97, 262
 Older women
 in China, 3:63
 in Japan, 3:112–113
 Olympic Games
 Belgium in, 4:38
 Colombia in, 2:101
 Hungary in, 4:148
 in Russia, 4:293
 Omamo, Raychelle, 1:160
 Organization of Active Women in Ivory Coast (OFACI), 1:131
 Organization of Eastern Caribbean States (OECS), 2:284–297
 Ortega, Daniel, 2:272
 Ortega, Rocio, 2:365
 Orthodox Christianity
 Eastern Orthodox Christianity, 4:57
 in Georgia, 4:124
 Greek Orthodox Church, 4:140
 in Macedonia, 4:268
 Romanian Orthodox Church, 4:270, 278
 Russian Orthodox Church, 4:295
 Serbian Orthodox Church, 4:268
 Ortiz Bosch, Milagros, 2:136
 Osman, Sarah, 1:327
 Otenbayeva, Roza, 3:128
Otins, 3:346
 Ottoman Empire, 4:353, 356
 Armenian genocide by, 4:8
 Ouattara, Alassane, 1:131
 Ouedraogo, Jean-Baptiste, 1:37
 OutRight Namibia (organization), 1:239
 Ovambo (people), 1:237
 Ovelar, Blanca, 2:314
 Pacific Island countries (PICs), 3:162
 climate change and, 3:181–182
 Polynesia as, 3:258–266
 Pakistan, Islamic Republic of, 3:76, 237–245
 Palau, Republic of, 3:174
 Palcy, Euzhan, 2:170
 Palestine, 1:253–259
 Israeli occupation of, 1:122
 Palestinian refugees
 citizenship of, 1:258
 in Israel, 1:122
 in Jordan, 1:135
 in Lebanon, 1:174, 180
 Palin, Sarah, 2:369
 Panama, 2:299–308
 Panama Declaration (2013), 2:302
 Panetta, Leon, 2:370
 Pankhurst, Emmeline, 4:383
 Pan-Mayan Movement, 2:192, 203
 Papua New Guinea, 3:162
 Papuans (people), 3:162–163
 Paraguay, 2:309–316
 Paraguayan Women's Coordinating Committee, 2:314
 Paredes Rangel, Beatriz, 2:254
 Parental leave. *See* Maternity leave
 Parkanová, Vlasta, 4:75
 Park Geun-hye, 3:282–283
 Pastrana Arango, Andrés, 2:98
 Patriarchy, 1:296
 Peake, Carolína, 4:75
 Penteado, Olívia Guedes, 2:59
 Pentecostalism
 in Brazil, 2:61
 in Guatemala, 2:202
 in Nigeria, 1:249
 People's Democratic Republic of Yemen, 1:269
 People's Republic of China, 3:51–65
 Pereira de Queiroz, Carlota, 2:59
 Pérez Cruz, Silvia, 4:329
 Pérez Molina, Otto, 2:196
 Perón, Eva "Evita," 2:8
 Persad-Bissessar, Kamla, 2:341–342
 Persia, 1:102
See also Iran
 Peru, 2:317–326
 Peter the Great (czar, Russia), 4:280
 Petros, Wallata, 1:90
 Philippines, 3:246–256
 Constitution of, 4:397–398
 mail-order brides from, 3:12
 Piggott, Donnya, 2:23
 Pinochet, Augusto, 2:86
 Pisani, Elizabeth, 3:94
 Pizarro, Francisco, 2:318
 Plastic surgery, 2:11, 106

- Plunket (Royal New Zealand Plunket Society), 3:223
- Poetry, Somali, 1:296
- Poland, 4:244–252
- Lithuania in union with, 4:205
- Polaris Project (organization), 1:15
- Police, in Sweden, 4:338–339
- Polio, in Pakistan, 3:240
- Political cartoons, 1:72–73
- Political dance, in Malawi, 1:218
- Political rights
- in Australia, 3:7–10
- in Bahrain, 1:23–24
- in Bangladesh, 3:24
- in Bolivia, 2:48
- in Brazil, 2:59–60
- in Canada, 2:73
- in Cayman Islands, 2:83–84
- in Colombia, 2:103–104
- in Cuba, 2:124
- in Dominican Republic, 2:136–137
- in Ecuador, 2:147–149
- in Egypt, 1:70–71
- in Ghana, 1:97–98
- in Guatemala, 2:200–201
- in Honduras, 2:234
- in Hungary, 4:150
- in India, 3:85–87
- in Iran, 1:111
- in Israel, 1:125
- in Italy, 4:180–181
- in Kenya, 1:159–160
- in Lebanon, 1:178
- in Libya, 1:206
- in Malawi, 1:217–218
- in Malta, 4:221
- in Mexico, 2:255
- in Netherlands, 4:230
- in Nigeria, 1:248–249
- in Pakistan, 3:243
- in Philippines, 3:252–253
- in Portugal, 4:258
- in Republic of the Congo, 1:266
- in Senegal, 1:285
- in Slovakia, 4:312
- in South Africa, 1:309
- in South Sudan, 1:318
- in Switzerland, 4:348
- in Syria, 1:336
- in Tajikistan, 3:316
- in Ukraine, 4:372–373
- in United Arab Emirates, 1:359–360
- in United States, 2:368
- Politics
- in Afghanistan, 1:6–7
- in Albania, 4:5–6
- in Algeria, 1:16–17
- in Argentina, 2:8–9
- in Armenia, 4:11
- in Australia, 3:7–10
- in Austria, 4:19–20
- in Bahamas, Barbados, and Turks and Caicos Islands, 2:23–24
- in Bahrain, 1:23–24
- in Bangladesh, 3:23–24
- in Belarus, 4:29–30
- in Belgium, 4:36–37
- in Belize, 2:30–31
- in Bermuda, 2:40–41
- in Bhutan, 3:31–33
- in Bolivia, 2:47–48
- in Bosnia and Herzegovina, 4:45
- in Botswana, 1:31
- in Brazil, 2:58–60
- in Brunei, 3:300
- in Bulgaria, 4:56–57
- in Burkina Faso, 1:37–38
- in Cambodia, 3:44
- in Canada, 2:72–73
- in Cayman Islands, 2:83
- in Central African Republic, 1:46–47
- in Chile, 2:91–92
- in China, 3:61–62
- in Colombia, 2:103–104
- in Costa Rica, 2:114–115
- in Croatia, 4:65–67
- in Cuba, 2:124–125
- in Czech Republic, 4:72, 74–75
- in Democratic Republic of Congo, 1:57–59
- in Denmark, 4:85–87
- in Dominican Republic, 2:136–137
- in Ecuador, 2:147–148
- in Egypt, 1:69–73
- in El Salvador, 2:158–159
- in Eritrea, 1:77–78
- in Estonia, 4:97
- in Ethiopia, 1:88–90
- in Finland, 4:104
- in France, 4:112–113
- in French Caribbean, 2:167–168
- in French Guiana, 2:176–177
- in Georgia, 4:123
- in Germany, 4:131–132
- in Ghana, 1:97–99
- in Greenland, 2:187
- in Guam, 3:71–72
- in Guatemala, 2:200–201
- in Guiana, 2:212
- in Haiti, 2:222–224
- in Honduras, 2:233–234
- in Hungary, 4:150–152
- in Iceland, 4:160
- in India, 3:85–87
- in Indonesia, 3:97–99
- in Iran, 1:109–111
- in Iraq, 1:117–118
- in Ireland, 4:167–169
- in Israel, 1:124–125
- in Italy, 4:180–181
- in Ivory Coast, 1:130–131
- in Jamaica, 2:243
- in Japan, 3:110–111
- in Jordan, 1:140–142
- in Kazakhstan, 3:121
- in Kenya, 1:158–161
- in Kosovo, 4:193
- in Kyrgyzstan, 3:128
- in Laos, 3:139–140
- in Latvia, 4:202–203
- in Lebanon, 1:178–179
- in Lesotho, 1:185–187
- in Liberia, 1:196–197
- in Libya, 1:205–207
- in Lithuania, 4:209–210
- in Macedonia, 4:267–268
- in Malawi, 1:217–218
- in Malaysia, 3:150–151
- in Maldives, 3:160
- in Mali, 1:224
- in Melanesia, 3:169–170
- in Mexico, 2:254–256
- in Micronesia, 3:180
- in Mongolia, 3:189–190
- in Morocco, 1:229–230
- in Myanmar, 3:199–200
- in Namibia, 1:239–240
- in Nepal, 3:210–211
- in Netherlands, 4:227, 229–231
- in Netherlands Antilles, 2:267–268
- in New Zealand, 3:220–221
- in Nicaragua, 2:278
- in Nigeria, 1:248–249
- in North Korea, 3:233–234
- in Norway, 4:238–240
- in Organization of Eastern Caribbean States, 2:296
- in Pakistan, 3:243
- in Palestine, 1:258
- in Panama, 2:305–306
- in Paraguay, 2:314–315
- in Peru, 2:324
- in Philippines, 3:252–253
- in Poland, 4:250–251
- in Polynesia, 3:263
- in Portugal, 4:258–259
- in Puerto Rico, 2:332–333
- in Republic of the Congo, 1:265–266
- in Romania, 4:276–278
- in Russia, 4:293–295
- in Rwanda, 1:280
- in Saudi Arabia, 1:169–170
- in Senegal, 1:285–286
- in Serbia, 4:302–303
- in Sierra Leone, 1:291–292
- in Singapore, 3:275
- in Slovakia, 4:312–313
- in Slovenia, 4:319
- in Somalia, 1:299–300
- in South Africa, 1:309–312
- in South Korea, 3:282–284
- in South Sudan, 1:318
- in Spain, 4:324–325
- in Sri Lanka, 3:293–294

- in Sudan, 1:328
- in Suriname, 2:350–351
- in Sweden, 4:338–339
- in Switzerland, 4:347–349
- in Syria, 1:336
- in Taiwan, 3:309–310
- in Tajikistan, 3:318
- in Thailand, 3:326
- in Trinidad and Tobago, 2:341–342
- in Tunisia, 1:350–351
- in Turkmenistan, 3:336–337
- in Ukraine, 4:372–373
- in United Arab Emirates, 1:359–360
- in United Kingdom, 4:382–384
- in United States, 2:367–369
- in Uruguay, 2:378–379
- in Venezuela, 2:392–393
- in Vietnam, 3:355
- in Yemen, 1:273
- in Zimbabwe, 1:372–375
- Pollan, Laura, 2:124
- Poluha, Eva, 1:86
- Polygyny (polygamy)
 - in Algeria, 1:14
 - in Burkina Faso, 1:37
 - in Central African Republic, 1:45
 - in Ethiopia, 1:86
 - in Ghana, 1:99–100
 - in Haiti, 2:222
 - in Indonesia, 3:100
 - in Iraq, 1:117
 - in Ivory Coast, 1:130
 - in Kenya, 1:157
 - in Kyrgyzstan, 3:127
 - in Libya, 1:203, 204, 206
 - in Malawi, 1:216
 - in Malaysia, 3:149
 - in Maldives, 3:159
 - in Mali, 1:223–224
 - in Nigeria, 1:247
 - in Pakistan, 3:242
 - in Republic of the Congo, 1:264
 - in Rwanda, 1:276, 279
 - in Senegal, 1:284–285
 - in Sierra Leone, 1:291–293
 - in Singapore, 3:273
 - in Somalia, 1:299
 - in South Sudan, 1:318
 - in Sudan, 1:327
 - in Tunisia, 1:345
- Polynesia, 3:258–266
- Poonsuk Banomyong (queen, Thailand), 3:328–329
- Popo, David, 2:294
- Popovic, Vladimir Beba, 4:303
- Pornography
 - in Czech Republic, 4:79
 - in Japan, 3:114
- Pornpet Meunsri (queen, Thailand), 3:329
- Portugal, 4:254–260
 - Brazil under, 2:50
- Poverty
 - in Armenia, 4:8
 - in Bermuda, 2:38
 - in Bhutan, 3:27, 34
 - in Brazil, 2:51
 - in Burkina Faso, 1:38
 - in Cambodia, 3:38
 - in Cayman Islands, 2:83
 - in Central African Republic, 1:41
 - in Dominican Republic, 2:131
 - in El Salvador, 2:160–161
 - in French Guiana, 2:175
 - in Guatemala, 2:190–191
 - in Guiana, 2:214
 - in Haiti, 2:221
 - in Honduras, 2:231–232
 - in Iraq, 1:119
 - in Israel, 1:124
 - in Kenya, 1:149
 - in Lesotho, 1:182
 - in Malawi, 1:211
 - in Malta, 4:222
 - in Melanesia, 3:168
 - in Mongolia, 3:191–192
 - in Myanmar, 3:195
 - in Nepal, 3:205–206
 - in Nicaragua, 2:273
 - in Panama, 2:299, 307
 - in Puerto Rico, 2:335
 - in Romania, 4:278
 - in Sierra Leone, 1:288
 - in Suriname, 2:347
 - in Tajikistan, 3:313
 - in Uruguay, 2:374
 - in Venezuela, 2:394
 - in Yemen, 1:274
- Prakash, Judith, 3:275
- Pratt, Nicola Christine, 1:115
- Prince, Mary, 2:34, 42
- Prisons and Prisoners
 - in Netherlands Antilles, 2:268
 - in North Korea, 3:234–235
 - in South Africa, 1:312–313
- Prithvi Narayan Shah (ruler, Nepal), 3:205
- PROFAMILIA (Dominican Republic), 2:133, 137
- Pronatalism, 4:277–278
- Property rights
 - in Georgia, 4:123
 - in Iceland, 4:161
 - See also Inheritance
- Prostitution
 - in Bahrain, 1:26
 - in Canada, 2:77
 - in Cuba, 2:126
 - in Czech Republic, 4:79
 - in Dominican Republic, 2:135
 - in Ethiopia, 1:81–82
 - in France, 4:115–116
 - in French Guiana, 2:177
 - in Hungary, 4:152–153
 - in India, 3:89
 - in Iran, 1:112–113
 - in Ivory Coast, 1:132
 - in Libya, 1:208
 - in Lithuania, 4:211–212
 - in Malaysia, 3:152
 - in Netherlands, 4:231–232
 - in Netherlands Antilles, 2:269
 - in New Zealand, 3:218
 - in Republic of the Congo, 1:267
 - in Singapore, 3:276
 - in Sweden, 4:340
 - in United Arab Emirates, 1:361–362
 - in United States, 2:371
- Protestantism
 - in Guatemala, 2:202
 - in Hungary, 4:145
 - in Nicaragua, 2:279
- Puberty, 3:272
- Puerto Rico, 2:328–335
- Pussy Riot (Russian music group), 4:293, 295
- Putin, Vladimir, 4:12, 281, 293
- Qaamaneq (organization; Greenland), 2:186
- Qaddafi, Muammar, 1:200, 204, 205, 207
- Quality of life, in Greenland, 2:188–189
- Quawasa, Rula, 1:143
- Quechua (people), 2:44, 49, 317
- Quimbois, 2:168–169
- Quinceañera celebrations
 - in El Salvador, 2:159
 - in Panama, 2:301
 - in Paraguay, 2:315
 - in Venezuela, 2:393–394
- Quiroz, Susana, 2:258
- Quispe, Juana, 2:47–48
- Quito (Ecuador), 2:150
- Racism
 - in Colombia, 2:106
 - in Mexico, 2:257–258
 - in Nicaragua, 2:279–280
- Radical Islam, 3:318
- Raffles, Sir Stamford, 3:269
- Rafsanjani, Akbar Hashemi, 1:111
- Rahmon, Emomali, 3:312, 317, 318
- Raizal (people), 2:97
- Raja Biru (queen, Thailand), 3:328
- Rajab, Saadia, 1:329
- Raja Hijau (queen, Thailand), 3:328
- Raja Ungu (queen, Thailand), 3:328
- Ram Baran Yadav, 3:205
- Rambi Barni (queen, Thailand), 3:328
- Rape. See Sexual assault and rape
- Rastafarians, 2:243, 296
- Rawlings, Jerry John, 1:92, 98
- Rawlings, Nana Konadu Agyeman, 1:98
- Recreation
 - in Argentina, 2:4
 - in Belgium, 4:38
 - in Belize, 2:28–29

Recreation (*Continued*)

- in Bosnia and Herzegovina, 4:42
- in China, 3:54
- in Colombia, 2:100–101
- in Cuba, 2:121
- in Czech Republic, 4:73
- in Democratic Republic of Congo, 1:53–54
- in Denmark, 4:81
- in France, 4:107–108
- in Georgia, 4:119
- in Guam, 3:74
- in Hungary, 4:148
- in India, 3:78
- in Iran, 1:103, 109
- in Ivory Coast, 1:129–130
- in Latvia, 4:199
- in Lebanon, 1:175
- in Libya, 1:200
- in Maldives, 3:157
- in Mexico, 2:250
- in Netherlands, 4:227–228
- in New Zealand, 3:214–215
- in Nicaragua, 2:273–274
- in Palestine, 1:253–254
- in Panama, 2:301
- in Philippines, 3:247–248
- in Saudi Arabia, 1:165
- in Sri Lanka, 3:289
- in Syria, 1:332
- in Trinidad and Tobago, 2:338
- in United Arab Emirates, 1:355
- Red Cross, International Committee of the, “Rule 93. Rape and Other Forms of Sexual Violence” of, 4:398–401
- Reding, Viviane, 4:221
- Red Nacional de Mujeres (National Women’s Network; Colombia), 2:106
- Reform Movement (Saudi Arabia), 1:170
- Refugees
 - in Australia, 3:2
 - in Bhutan, 3:34–35
 - in Bulgaria, 4:59
 - from Central African Republic, 1:48
 - from Democratic Republic of Congo, 1:52
 - in French Guiana, 2:175
 - of Iraq War, 1:119–120
 - in Jordan, 1:135
 - in Lebanon, 1:174–175, 177, 180
 - in Libya, 1:208
 - in New Zealand, 3:220
 - Syrian, 1:120, 143–144, 330, 337, 338
 - in Uruguay, 2:381
- Reggae, 2:243
- Religion and culture
 - in Afghanistan, 1:8–9
 - in Albania, 4:6
 - in Algeria, 1:17
 - in Argentina, 2:2, 9
 - in Armenia, 4:12
 - in Australia, 3:10–11
 - in Austria, 4:20
 - in Bahamas, Barbados, and Turks and Caicos Islands, 2:24
 - in Bahrain, 1:25
 - in Bangladesh, 3:25
 - in Belarus, 4:30–31
 - in Belgium, 4:37–38
 - in Belize, 2:31
 - in Bermuda, 2:41
 - in Bhutan, 3:33
 - in Bolivia, 2:48
 - in Bosnia and Herzegovina, 4:45–46
 - in Botswana, 1:31
 - in Brazil, 2:60–61
 - in Brunei, 3:300
 - in Bulgaria, 4:57
 - in Burkina Faso, 1:38
 - in Cambodia, 3:44–46
 - in Canada, 2:75–76
 - in Cayman Islands, 2:80, 84
 - in Central African Republic, 1:47
 - in Chile, 2:92–93
 - in China, 3:51, 62–63
 - in Colombia, 2:104
 - in Costa Rica, 2:115
 - in Croatia, 4:67–68
 - in Cuba, 2:120, 125
 - in Czech Republic, 4:72, 76
 - in Democratic Republic of Congo, 1:59
 - in Denmark, 4:87
 - in Dominican Republic, 2:137–138
 - in Ecuador, 2:148–149
 - in El Salvador, 2:159
 - in Eritrea, 1:78
 - in Estonia, 4:97–98
 - in Ethiopia, 1:90
 - in Finland, 4:104–105
 - in France, 4:113–114
 - in French Caribbean, 2:168–169
 - in French Guiana, 2:177
 - in Georgia, 4:123–124
 - in Germany, 4:132–133
 - in Ghana, 1:99–100
 - in Greece, 4:140
 - in Greenland, 2:187–188
 - in Guam, 3:72
 - in Guatemala, 2:201–203
 - in Guyana, 2:212–213
 - in Haiti, 2:224–225
 - in Hungary, 4:152
 - in Iceland, 4:161
 - in India, 3:77, 87–88
 - in Indonesia, 3:97, 99–100
 - in Iran, 1:111–112
 - in Iraq, 1:118
 - in Ireland, 4:169–171
 - in Israel, 1:125
 - in Italy, 4:181–182
 - in Ivory Coast, 1:131
 - in Jamaica, 2:243
 - in Japan, 3:111–112
 - in Jordan, 1:142
 - in Kazakhstan, 3:121–122
 - in Kenya, 1:161
 - in Kosovo, 4:193
 - in Kyrgyzstan, 3:128–129
 - in Laos, 3:140
 - in Latvia, 4:203
 - in Lebanon, 1:179
 - in Lesotho, 1:187
 - in Liberia, 1:197–198
 - in Libya, 1:207
 - in Lithuania, 4:210–211
 - in Macedonia, 4:268
 - in Malawi, 1:215, 218
 - in Malaysia, 3:151
 - in Maldives, 3:160
 - in Mali, 1:224
 - in Malta, 4:214
 - in Melanesia, 3:170–171
 - in Mexico, 2:256
 - in Micronesia, 3:180–181
 - in Mongolia, 3:184, 190–191
 - in Morocco, 1:230–231
 - in Myanmar, 3:200–201
 - in Namibia, 1:241
 - in Nepal, 3:211–212
 - in Netherlands Antilles, 2:268–269
 - in New Zealand, 3:221–224
 - in Nicaragua, 2:278–279
 - in Nigeria, 1:249–250
 - in North Korea, 3:234
 - in Norway, 4:240–241
 - in Organization of Eastern Caribbean States, 2:296–297
 - in Pakistan, 3:243–244
 - in Palestine, 1:258
 - in Panama, 2:306
 - in Paraguay, 2:315
 - in Peru, 2:324–325
 - in Philippines, 3:254
 - in Poland, 4:251
 - in Polynesia, 3:264–265
 - in Portugal, 4:259
 - in Puerto Rico, 2:333–334
 - in Republic of the Congo, 1:266
 - in Romania, 4:278
 - in Russia, 4:281
 - in Rwanda, 1:280
 - in Saudi Arabia, 1:170–171
 - in Senegal, 1:285–286
 - in Sierra Leone, 1:292–293
 - in Singapore, 3:275
 - in Slovakia, 4:313
 - in Slovenia, 4:319
 - in Somalia, 1:300
 - in South Korea, 3:284
 - in South Sudan, 1:318
 - in Sri Lanka, 3:294
 - in Suriname, 2:346, 351–352
 - in Sweden, 4:339
 - in Syria, 1:330–331, 336–337
 - in Taiwan, 3:310

- in Tajikistan, 3:318
- in Thailand, 3:327
- in Trinidad and Tobago, 2:342
- in Tunisia, 1:351
- in Turkmenistan, 3:337–338
- in Ukraine, 4:364, 373
- in United Arab Emirates, 1:360–361
- in United Kingdom, 4:384–385
- in United States, 2:369–370
- in Uruguay, 2:379–380
- in Uzbekistan, 3:345–346
- in Venezuela, 2:393–394
- in Vietnam, 3:355
- in Yemen, 1:273–274
- in Zimbabwe, 1:370–372
- Reproductive rights
 - in Afghanistan, 1:5
 - in Albania, 4:3–4
 - in Algeria, 1:12
 - in Argentina, 2:5–6
 - assisted reproductive technology and, 4:177
 - in Bahrain, 1:21
 - in Bangladesh, 3:22–23
 - in Belarus, 4:28–29
 - in Belgium, 4:35
 - in Bhutan, 3:30
 - in Botswana, 1:29
 - in Bulgaria, 4:53–54
 - in Cambodia, 3:41–42
 - in Central African Republic, 1:45
 - in China, 3:58
 - in Colombia, 2:100, 103
 - in Costa Rica, 2:110–111
 - in Croatia, 4:65, 68–69
 - in Denmark, 4:82
 - in Dominican Republic, 2:133
 - in Ecuador, 2:145
 - in El Salvador, 2:155–156
 - in Eritrea, 1:75
 - in Estonia, 4:94–95
 - in Finland, 4:102–103
 - in France, 4:108–109
 - in French Guiana, 2:176
 - in Georgia, 4:120
 - in Ghana, 1:95
 - in Greenland, 2:185
 - in Guiana, 2:210
 - in Iceland, 4:157
 - in vitro fertilization and, 4:17
 - in Iran, 1:105, 108
 - in Iraq, 1:116
 - in Ireland, 4:171–172
 - in Israel, 1:123
 - in Ivory Coast, 1:129
 - in Jamaica, 2:241–242
 - in Jordan, 1:139–140
 - in Kenya, 1:152, 153
 - in Libya, 1:201
 - in Malawi, 1:213
 - in Malaysia, 3:149–150
 - in Melanesia, 3:167
 - in Mexico, 2:250
 - in Mongolia, 3:189
 - in Morocco, 1:227–228
 - in Namibia, 1:236
 - in Nepal, 3:208
 - in Netherlands, 4:228
 - in New Zealand, 3:217
 - in Nigeria, 1:245
 - in Pakistan, 3:242
 - in Peru, 2:321
 - in Philippines, 3:252
 - in Puerto Rico, 2:332, 334
 - in Romania, 4:277
 - in Russia, 4:284
 - in Senegal, 1:284
 - in Serbia, 4:299–300
 - in Slovakia, 4:307–308, 311–312
 - in South Africa, 1:305, 308–309
 - in Suriname, 2:347, 348
 - in Switzerland, 4:344
 - in Thailand, 3:323
 - in Trinidad and Tobago, 2:340–341
 - in Tunisia, 1:343–345, 347
 - in Turkey, 4:359
 - in Ukraine, 4:369
 - in Uzbekistan, 3:342
 - in Venezuela, 2:389–390
 - in Zimbabwe, 1:367
- Republic of China (Taiwan), 3:304–311
- Republic of the Congo, 1:260–268
- Republic of Korea (South Korea), 3:277–286
- Republic of Macedonia, 4:262–269
- Republic of Trinidad and Tobago, 2:337–343
- Republic of Yemen, 1:268–275
- Revolutionary Association of the Women of Afghanistan (RAWA), 1:3–4
- Rhee, Syngman, 3:282
- Right to be Free from Sexual Violence, 4:404–405
- Rincón de Gautier, Doña Felisa, 2:333
- Rivadeneira Burbano, Gabriela, 2:147
- Rivers, Tara, 2:83
- Rizal, Jose, 3:250
- Robelo, Lucía, 2:274
- Robinson, Mary, 1:59, 4:167–168
- Robles, Rosario, 2:254
- Rockefeller, John D., III, 1:343
- Rock 'n' Roll Camp for Girls (organization), 1:25
- Rodoreda, Mercé, 4:328
- Rodríguez de Tió, Lola, 2:330
- Rodríguez Saá, Adolfo, 2:2
- Rodríguez Zapatero, José Luis, 4:325
- Rogova, Igballe (Igo), 4:195
- Rohingya (people), 3:2
- Rohingyas (people), 3:195
- Roig I Fransitorra, Montserrat, 4:329
- Rokeya, Begum, 3:23
- Roma (people)
 - in Albania, 4:2
 - in Bosnia and Herzegovina, 4:46–47
 - in Bulgaria, 4:52, 54
 - in Hungary, 4:148
 - in Macedonia, 4:263, 265
 - in Romania, 4:270, 272–273
 - in Slovenia, 4:316, 317
 - in Sweden, 4:335, 341
- Roman Catholic Church
 - in Argentina, 2:2, 5–6, 9
 - in Austria, 4:15, 20
 - in Brazil, 2:61
 - in Canada, 2:75
 - in Chile, 2:92–93
 - in Colombia, 2:104
 - in Costa Rica, 2:115
 - in Croatia, 4:67
 - in Cuba, 2:125
 - in Democratic Republic of Congo, 1:59
 - in Dominican Republic, 2:137
 - in El Salvador, 2:159
 - in France, 4:113
 - in French Caribbean, 2:168
 - in Hungary, 4:145
 - in Ireland, 4:170–172
 - in Italy, 4:179–182
 - in Lithuania, 4:210
 - in Malta, 4:215
 - in Mexico, 2:256
 - in Nicaragua, 2:278
 - in Panama, 2:306
 - in Paraguay, 2:315
 - in Peru, 2:324–325
 - in Philippines, 3:254
 - in Poland, 4:251
 - in Portugal, 4:255, 259
 - in Puerto Rico, 2:333
 - in Rwanda, 1:280
 - in Spain, 4:321
 - in Venezuela, 2:393
 - Virgin of Guadalupe in, 2:256
- Romania, 4:270–278
- Romanian Orthodox Church, 4:270, 278
- Romanov Dynasty (Russia), 4:280
- Roudy, Yvette, 4:109, 112
- Rouhani, Hassan, 1:103, 109, 110
- Rousseau, Stephanie, 2:47
- Rousseff, Dilma, 2:57–59
- Royal New Zealand Plunket Society, 3:223
- The Ruhnama* (Niyazov), 3:333–334
- Rural women
 - in Brazil, 2:57–58
 - in China, 3:55–56, 62
 - in Iceland, 4:157–158
- Russia (Russian Federation), 4:280–297
 - Belarus under, 4:25
 - conflicts between Georgia and, 4:118
 - Crimea invaded by, 4:363
 - Finland and, 4:100
 - Latvia under, 4:198
 - Tajikistan under, 3:312
 - See also Soviet Union
- Russian Orthodox Church (ROC), 4:295

- Russian Revolution (1917), 4:280
 Rwanda, 1:52, 275–280
 Constitution of, 4:412–413
 Rwandan Patriotic Front (RPF), 1:277
 Ryu Min-hee, 3:285–286
- Saadawi, Nawal El, 1:63, 64, 66
 Saba (Netherlands Antilles), 2:262, 263, 265, 267–269
 Al Sadat, Anwar, 1:62
 Sadat, Nemat, 1:10
 Saeidi, Zahra, 1:109
 Sahel countries, 1:32
 Sahgal, Gita, 3:85
 Sah, Shyam Kumari, 3:211
 Saint Barthélemy, 2:164, 165
 See also French Caribbean
 Saint Kitts and Nevis, 2:284, 287, 292, 295
 See also Organization of Eastern Caribbean States
 Saint Lucia, 2:284, 287, 292, 295
 See also Organization of Eastern Caribbean States
 Saint Martin, 2:164, 165, 263
 See also French Caribbean
 Saint Vincent and the Grenadines, 2:284, 287–288, 292–293, 295
 See also Organization of Eastern Caribbean States
 Sall, Macky, 1:282
 Salman bin Abd al-Aziz Al Saud (king, Saudi Arabia), 1:164
 Samba-Panza, Catherine, 1:46
 Same-sex relationships. *See* LGBTQ+ issues
 Sámi (people), 4:239
 in Norway, 4:241
 in Sweden, 4:341
 Samoa, 3:263
 faʻafafine of, 3:265–266
 Mead on, 3:258
 villages in, 3:259
 Samuel, Athaliah, 2:342
 San (Basarwa; people), 1:28
 Sande (people), 1:197–198
 Sandinista National Liberation Front (FSLN; Frente Sandinista de Liberación Nacional; Nicaragua), 2:272
 Sankara, Thomas, 1:37–38
 Sannuʾ, Yaʿqub, 1:72
 Santería, 2:125, 137–138, 333
 Santiago, Esmeralda, 2:334
 Santo Domingo (Dominican Republic), 2:130, 216
 Santos, Juan Manuel, 2:98
 Saovabha Phonsi (queen, Thailand), 3:328
 Sápara (people), 2:143
 Sassou-Nguesso, Denis, 1:265
 Saudi Arabia, Kingdom of, 1:163–172
 Savchenko, Nadia, 4:373
 Savchenko, Polina, 4:292
 Schizophrenia, 3:231
 Scotland, 4:376, 382
 See also United Kingdom
 Sealy-Burke, Jacqueline, 2:287
 Sédar Senghor, Léopold, 2:168
 Séléka, 1:46, 47
 Sendero Luminoso (Shining Path; Peru), 2:318, 325, 326
 Senegal, 1:282–287
 Senghor, Leopold Sedar, 1:282
 Serbia, 4:299–305
 Serbian Orthodox Church (SOC), 4:268
 Servicio Nacional de la Mujer, El (SERNAM; Chile), 2:87, 91–92, 94
 Setsuko Nakajima, 3:105
 Sex education
 in Canada, 2:66
 in Chile, 2:88
 in Colombia, 2:100
 in Croatia, 4:62–63
 in Cuba, 2:120–121
 in Ecuador, 2:142
 in Finland, 4:102
 in Georgia, 4:119
 in Guam, 3:68
 in Hungary, 4:147–148
 in Iceland, 4:156
 in India, 3:78
 in Iran, 1:103
 in Lebanon, 1:175
 in Macedonia, 4:262–263
 in Nepal, 3:207
 in Netherlands, 4:227
 in New Zealand, 3:215
 in Norway, 4:235
 in Pakistan, 3:242
 in Poland, 4:245
 in Singapore, 3:270
 in Slovakia, 4:306–307
 in Sri Lanka, 3:289
 in Sweden, 4:332
 in Switzerland, 4:344
 in Taiwan, 3:305–306
 in Thailand, 3:322
 in Ukraine, 4:369
 in United States, 2:365–366
 in Uruguay, 2:374–375
 in Vietnam, 3:349
 in Zimbabwe, 1:365–366
 Sex industry, in Japan, 3:113–114
 Sex trafficking. *See* Human trafficking
 Sexual assault and rape
 in Bahrain, 1:26
 in Belarus, 4:31
 in Belgium, 4:38–39
 in Bermuda, 2:42
 in Cambodia, 3:48
 in Central African Republic, 1:42, 47–48
 in China, 3:63–64
 in Croatia, 4:69
 in Democratic Republic of Congo (DRC), 1:59–60
 in Denmark, 4:88
 in El Salvador, 2:160
 in France, 4:115
 in Haiti, 2:217
 in Honduras, 2:234
 in India, 3:88–89
 in Ivory Coast, 1:133
 in Jamaica, 2:244
 in Latvia, 4:203
 in Libya, 1:207–208
 in Myanmar, 3:195–196
 in Namibia, 1:241–242
 in Netherlands Antilles, 2:270
 in New Zealand, 3:225
 in Nicaragua, 2:273
 in Pakistan, 3:238
 in Palestine, 1:259
 in Panama, 2:306
 in Philippines, 3:255
 in Poland, 4:252
 in Republic of the Congo, 1:267
 “Right to be Free from Sexual Violence” of United Nations on, 4:404–405
 “Rule 93. Rape and Other Forms of Sexual Violence” of International Red Cross on, 4:398–401
 in Serbia, 4:302, 304
 in South Africa, 1:302
 in Sweden, 4:340
 in Trinidad and Tobago, 2:338
 in United Arab Emirates, 1:361
 in United States, 2:370–371
 in Uzbekistan, 3:347
 as war crimes, 1:277
 as war strategy, 2:105
 Sexual harassment. *See* Harassment
 Sexuality
 in Algeria, 1:17
 in Austria, 4:22–23
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:17
 in Bahrain, 1:23
 in Central African Republic, 1:46
 in Colombia, 2:100
 in Croatia, 4:63
 in Cuba, 2:122
 in Democratic Republic of Congo, 1:57
 in Ethiopia, 1:86–87
 in Guam, 3:70–71
 in India, 3:83–84
 in Ireland, 4:170
 in Jamaica, 2:240
 in Japan, 3:110
 in Jordan, 1:138–139
 in Kenya, 1:152
 in Lebanon, 1:178
 in Lesotho, 1:187–188
 in Libya, 1:204–205
 in Malawi, 1:216–217
 in Morocco, 1:230–231
 in Namibia, 1:238–239

- in Palestine, 1:257
- in Panama, 2:304–305
- in Philippines, 3:248
- of Polynesians, 3:258
- in Puerto Rico, 2:332
- in Republic of the Congo, 1:265
- in Romania, 4:277
- in South Africa, 1:308
- in Syria, 1:335–336
- in United Kingdom, 4:381–382
- in United States, 2:365–366
- in Uruguay, 2:374–375
- in Zimbabwe, 1:367–368
- Sexually transmitted infections (STIs)
 - in Afghanistan, 1:5
 - in Canada, 2:68
 - in China, 3:58
 - in Colombia, 2:102
 - in Denmark, 4:82
 - in France, 4:109
 - in Greenland, 2:185
 - in Iceland, 4:156–157
 - in North Korea, 3:228
 - in Philippines, 3:250
- Sexual objectification, in Czech Republic, 4:79
- Sex workers
 - in Austria, 4:22
 - in Cuba, 2:126
 - in Denmark, 4:88
 - in France, 4:115–116
 - in Ivory Coast, 1:132
 - in New Zealand, 3:218
 - See also* Prostitution
- Shabeykh, Sondas, 1:72
- Shafik, Doria, 1:63, 70
- Shajarat al-Durr (sultan, Egypt), 1:69
- Shakti (organization; New Zealand), 3:220
- Sha'rawi, Huda, 1:63, 69
- Shari'ah-Hawadith (organization; Sudan), 1:325
- Sharia law
 - in Afghanistan, 1:7
 - in Algeria, 1:12, 14, 16
 - in Bahrain, 1:20, 23, 24
 - in Brunei, 3:296, 297, 300–301
 - in Egypt, 1:63, 68
 - in Indonesia, 3:93, 101, 102
 - in Iran, 1:112
 - in Lebanon, 1:178
 - in Libya, 1:203–206
 - in Mali, 1:224
 - in Nigeria, 1:248–250
 - in Pakistan, 3:238, 242
 - in Philippines, 3:254
 - in Saudi Arabia, 1:164, 169
 - in Somalia, 1:300
 - in Sudan, 1:328
 - in United Arab Emirates, 1:360, 361
- Sharples, Sir Richard, 2:34
- Sheba (legendary queen), 1:90
- Shepherd, Verene A., 2:289
- Sheppard, Kate, 3:220
- Shinto, 3:111–112
- Shipley, Jenny, 3:220
- Siam, 3:320
- Sierra Leone, 1:287–294
- Sigurðardóttir, Jóhanna, 4:160
- Sihanouk (king, Cambodia), 3:37
- Sikhs, 2:76
 - Faith Statement of, 4:413–414
- Silva de Santolalla, Irene, 2:324
- Silva, Marina, 2:57
- Simpson, Lucy Rain, 1:15
- Simpson Miller, Portia, 2:240
- Singapore, 3:142, 269–276
- Singapore Council of Women, 3:275
- Sint Eustatius (Saint Eustatius; Statia; Netherlands Antilles), 2:262, 263, 265, 267, 269
- Sint Maarten (Netherlands Antilles), 2:262, 263, 265–268, 270
- Al-Sisi, Abdel-Fattah, 1:62
- Sister Namibia (organization), 1:238
- Skenderbeu, Gjergj Kastrioti, 4:193
- Skin cancer, 3:4
- Skvortsova, Veronika, 4:293
- Slavery and slaves
 - in Bermuda, 2:34
 - in Brazil, 2:51
 - in Curaçao, 2:263
 - in Democratic Republic of Congo, 1:51
 - in French Caribbean, 2:164, 167–168
 - in French Guiana, 2:173
 - in Haiti, 2:216
 - of indigenous peoples by Spain, 2:329–330
 - in Jamaica, 2:239, 244–245
 - in Libya, 1:202
 - in Mexico, 2:257
 - in Morocco, 1:229
 - Roma as, 4:270
 - in Sierra Leone, 1:288
 - in Suriname, 2:345
 - in Trinidad and Tobago, 2:337
 - United Kingdom's Modern Slavery Act (2015) on, 4:433–434
 - in United States, 2:355
 - in Uruguay, 2:381
- Slovakia, 4:305–313
 - Roma in, 4:263
- Slovenia, 4:314–319
- Slut-Walks, 2:74
- Smith, Gerrit, 2:368
- Smith, Dame Jennifer, 2:34
- Smoking. *See* Tobacco use
- Soccer (fútbol)
 - in Argentina, 2:4
 - in Colombia, 2:100–101
 - in Democratic Republic of Congo, 1:53
 - in Iran, 1:109
 - in Ivory Coast, 1:130
- Soccer War (1969), 2:228
- Social Democratic Party (Brazil), 2:56
- Social exclusion and marginalization, 2:115, 4:278
- Social media
 - in Indonesia, 3:93
 - in Tunisia, 1:351
- Solbery, Erna, 4:238
- Soliman, Azza, 1:67
- Solomon Islands, 3:162
 - See also* Melanesia
- Somalia, 1:294–300
- Somaliland, 1:295, 299
- Sophany Bay, 3:49
- Soto, Lilian, 2:314
- South Africa, 1:301–313
 - Constitution of (1996), 4:408–409
 - Lesotho surrounded by, 1:182, 184–185
 - virginity testing in, 1:370
- Southern Baptists
 - "Baptist Faith and Message" of, 4:411–412
 - Resolution on Ordination and the Role of Women in Ministry of, 4:396
- South Korea (Republic of Korea), 3:277–286
- South Sudan, 1:314–322
 - conflicts between Sudan and, 1:322–323
- South West Africa People's Organization (SWAPO), 1:234–235, 240
- Soviet Union, 4:280
 - Cuba and, 2:119, 123, 127
 - Czechoslovakia and, 4:306
 - Estonia in, 4:91
 - Hungary under, 4:144
 - independent women's organizations banned in, 4:373
 - Kazakhstan under, 3:116–118
 - Kyrgyzstan under, 3:125
 - Laos and, 3:133
 - Latvia in, 4:198
 - Lithuania occupied by, 4:205, 206, 208
 - Mongolian and, 3:184
 - North Korea and, 3:227
 - Romania and, 4:271
 - Tajikistan under, 3:313–316
 - Turkmenistan under, 3:332, 336
 - Ukraine in, 4:363, 364
 - Uzbekistan under, 3:340
 - See also* Russia
- Spaak-Janson, Marie-Anne, 4:37
- Spain, 4:321–329
 - Argentina under, 2:1–2
 - Colombia under, 2:97
 - Costa Rica under, 2:108
 - Cuba under, 2:119, 125
 - Dominican Republic under, 2:130, 131
 - El Salvador under, 2:152
 - enslavement of indigenous peoples by, 2:329
 - Honduras under, 2:227–228
 - Netherlands gains independence from, 4:226
 - Nicaragua under, 2:272

- Spain (*Continued*)
 Peru under, 2:318
 Philippines under, 3:247
 Venezuela under, 2:385
 Spanish Civil War (1936–1939), 4:321–322
 Special education
 in Myanmar, 3:197
 in Romania, 4:274
 in Sri Lanka, 3:290–291
 in United Arab Emirates, 1:357
 Spence, Doreen, 2:66
 Sports
 in Argentina, 2:4
 in Belarus, 4:26
 in Belgium, 4:38
 in Belize, 2:28–29
 in Bosnia and Herzegovina, 4:42
 in Cayman Islands, 2:80
 in China, 3:54
 in Colombia, 2:100–101
 in Czech Republic, 4:73
 in Denmark, 4:85
 in Georgia, 4:119
 in Guam, 3:74
 in Iran, 1:109
 in Ivory Coast, 1:129–130
 in Japan, 3:105
 in Kosovo, 4:185
 in Latvia, 4:199
 in Libya, 1:200
 in Maldives, 3:157
 in Netherlands, 4:227–228
 in New Zealand, 3:215
 in Panama, 2:301
 in Senegal, 1:286
 in Singapore, 3:271
 in Sweden, 4:332
 in Syria, 1:332
 in United Arab Emirates, 1:355
 Sri Lanka (Ceylon), 3:288–295
 Stanton, Elizabeth Cady, 2:368
 Stewart, Dianne M., 2:296–297
 Stone, Lucy, 2:368
 Storm, Sudy, 1:289, 291
 Street children, 4:272
 Structural Adjustment Programs (SAPs)
 in Nigeria, 1:246–247
 in Tunisia, 1:349
 Sturgeon, Nicola, 4:382
 Suárez Bértora, Michelle, 2:378
 Substance abuse. *See* Drug abuse
 Sudan, 1:322–329
 South Sudan and, 1:314–322
 Sudanese Women Empowerment for Peace (SuWEP), 1:321
 Sudanese Women's Union (SWU), 1:321
 Sudanese Women's Voice for Peace (SWVP), 1:321–322
 Sudan People's Liberation Movement (SPLM), 1:315, 318
 Suffrage (voting)
 in Australia, 3:7–9
 in Austria, 4:19
 in Brazil, 2:59
 in Canada, 2:73
 in Colombia, 2:97
 in Denmark, 4:86
 in Finland, 4:104
 in France, 4:112
 in Haiti, 2:223
 in Hungary, 4:150
 in Iceland, 4:160
 in Iran, 1:111
 in Italy, 4:180
 in Jordan, 1:140–141
 in Kenya, 1:160
 in Mexico, 2:255
 in New Zealand, 3:220
 in Norway, 4:238
 in Palestine, 1:258
 in Paraguay, 2:314
 in Peru, 2:324
 in Puerto Rico, 2:333
 in Romania, 4:276
 in Slovakia, 4:312
 in Sweden, 4:330
 in Syria, 1:336
 in Thailand, 3:326
 in Ukraine, 4:372
 in United Kingdom, 4:383
 in United States, 2:368
 in Venezuela, 2:392
 in Yemen, 1:273
 Suicides
 in China, 3:59
 in Denmark, 4:82
 in El Salvador, 2:154
 in Greenland, 2:185
 in Japan, 3:105
 in South Korea, 3:278
 in Sri Lanka, 3:292
 in United States, 2:363
 Sukarnoputri, Megawati, 3:98
 Sultanate of Brunei (Negara Brunei Darussalam), 3:296–302
 Sunyoung Kim, 3:228
 Suriname, 2:345–352
 conflicts between Guyana and, 2:213
 Suriyothai (queen, Thailand), 3:328
 Sweden, 4:330–342
 Norway in union with, 4:234
 Switzerland, 4:344–350
 Syed Ahmad bin Muttaqi Khan, 3:237
 Sylva, Aferdita, 4:195
 Syncretism
 in Cuba, 2:125
 in El Salvador, 2:159
 in Venezuela, 2:393
 Syria, 1:330–339
 Syrian refugees, 1:330, 337, 338
 in Bulgaria, 4:59
 in Iraq, 1:120
 in Jordan, 1:143–144
 in Lebanon, 1:174, 180
 in Turkey, 4:354–356
 in Uruguay, 2:381
 Taboos, 3:263
 Tahiri, Edita, 4:194
 Taínos (people), 2:131, 239, 329
 Taitu (empress, Ethiopia), 1:90
 Taiwan (Republic of China), 3:304–311
 in United Nations, 3:52
 Tajikistan, 3:312–319
 Tajiks (people), 3:312
 Taliban, 1:1
 women's education under, 1:3–4
 women's employment under, 1:6
 Tamils (people), 3:294
 Tasman, Abel, 3:214
 Taubira, Christiane, 4:111
 Taylor, Charles, 1:196
 Te Atatu Chris Carter, 3:221
 Technical education, in Peru, 2:320
 Technology
 assisted reproductive technology, 4:177
 in Myanmar, 3:202
 Teen pregnancy
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:24–25
 in Belgium, 4:34
 in Bermuda, 2:35
 in Burkina Faso, 1:33
 in Canada, 2:66
 in Chile, 2:87–88
 in Colombia, 2:100
 in Denmark, 4:81–82
 in Dominican Republic, 2:132
 in Ecuador, 2:142, 149
 in El Salvador, 2:153–154
 in Finland, 4:102
 in Ghana, 1:94
 in Haiti, 2:217
 in Iceland, 4:156
 in Laos, 3:134–135
 in Mexico, 2:249–250
 in Nicaragua, 2:273
 in Paraguay, 2:310
 in Polynesia, 3:259
 in Romania, 4:273
 in Serbia, 4:299
 in Singapore, 3:270
 in Trinidad and Tobago, 2:338
 in Ukraine, 4:370
 in United States, 2:365
 in Zimbabwe, 1:366–368
 Teens. *See* Girls and teens
 Tejo (sport), 2:101
 Television
 in Spain, 4:326–327
 See also Media
 Te Ropu Wahine Māori Toko i te Ora (Māori Women's Welfare League), 3:216

- Terrorism, in Saudi Arabia, **1:164**
Tet, **3:355–356**
 Thailand, **3:320–330**
 Than Pu Ying Chan (queen, Thailand), **3:328**
 Thatcher, Margaret, **4:382**
 Theatre, BuSSy (Egypt), **1:72**
 Thein, Pansy Tun, **3:198**
 Thiam, Amy Mbacké, **1:286**
 31st December Women's Movement (Ghana), **1:98**
 Thiteux, Monique, **2:11**
 Tibet, **3:52–53**
 Tigray Peoples Liberation Front (TPLF; Ethiopia), **1:88–89**
 Tobacco use
 in Argentina, **2:6–7**
 in Canada, **2:69**
 in Denmark, **4:83**
 in Ecuador, **2:145**
 in Egypt, **1:64**
 in France, **4:109**
 in Georgia, **4:120**
 in Laos, **3:137**
 in Malaysia, **3:146**
 in Micronesia, **3:177**
 in Russia, **4:283**
 in Singapore, **3:272**
 in Sweden, **4:335**
 in Taiwan, **3:308**
 in Tunisia, **1:347–348**
 in Uruguay, **2:377**
 Tobago, **2:337–343**
 Toledo Manrique, Alejandro, **2:318**
 Tolokonnikova, Nadezhda, **4:293**
 Tormah, Mama, **1:192**
 Torres Peimbert, Marcela, **2:255–256**
 Tostan (organization; Senegal), **1:284**
 Toum, Fardos Al, **1:329**
 Toure, Aya Virginie, **1:132–133**
 Tourism
 in Bahamas, Barbados, and Turks and Caicos Islands, **2:15, 16**
 in Bermuda, **2:37**
 in Bhutan, **3:26–27, 33–34**
 in Cayman Islands, **2:80**
 in Costa Rica, **2:111**
 in French Caribbean, **2:166**
 in Jordan, **1:136, 137**
 in Maldives, **3:155**
 in Morocco, **1:226, 230–231**
 in New Zealand, **3:214**
 in Organization of Eastern Caribbean States, **2:294–295**
 in Slovakia, **4:313**
 Trafficking. *See* Human trafficking
 Transgender people
 in Belgium, **4:36**
 in Bosnia and Herzegovina, **4:47**
 Fa'afafine, **3:265–266**
 in Greece, **4:141**
 in Honduras, **2:231, 233, 236**
 in India, **3:81, 87**
 in Indonesia, **3:101–102**
 in Iran, **1:110**
 in Ivory Coast, **1:131**
 in Mexico, **2:259**
 in New Zealand, **3:221**
 in Norway, **4:241–242**
 in Russia, **4:297**
 in Suriname, **2:350**
 in United States, **2:357–360**
 in Uruguay, **2:377–378**
 See also LGBTQ+ issues
 Travel, North Korean restrictions on, **3:234**
 Trinidad and Tobago, Republic of, **2:337–343**
 Tripathi, Laxmi Narayan, **3:87**
 Trotsky, Leo, **4:280**
 Trudeau, Justin, **2:65**
 Truman, Harry, **3:73**
 Trump, Donald, **2:120, 369**
 Tsai Ing-wen, **3:309**
 Tsipras, Alexis, **4:135–136, 141**
 Tuberculosis
 in Bahamas, Barbados, and Turks and Caicos Islands, **2:21**
 in Egypt, **1:84**
 in Georgia, **4:121**
 in Greenland, **2:185**
 in India, **3:82**
 in Indonesia, **3:95**
 in Kosovo, **4:186–187**
 in Lebanon, **1:177**
 in North Korea, **3:231**
 in Philippines, **3:249**
 in Somalia, **1:298**
 in Turkmenistan, **3:335**
 in Zimbabwe, **1:369**
 Tunisia, **1:342–352**
 Tunisian Association of Democratic Women, **1:344**
 Tunisian League of Human Rights, **1:344**
 Tunisian National Dialogue Quartet, **1:343, 346**
 Turkey, **4:353–361**
 Turkmenistan, **3:332–338**
 Turks and Caicos Islands, **2:14–27**
 Tutsi (people), **1:52, 275–277, 280**
 Two-Spirit (Cuba), **2:126**
 Typhoons, **3:255–256**
 Ubangi-Shari, **1:41**
 See also Central African Republic
 Ukraine, **4:363–374**
 Chernobyl Nuclear Power Plant disaster in, **4:26**
 Unemployment. *See* Employment
 Unión de Mujeres Campesinas Hondureñas (UMCAH; Honduras), **2:229**
 Union of Soviet Socialist Republics (USSR). *See* Soviet Union
 Union of Women of Turkmenistan, **3:337**
 United Arab Emirates (UAE), **1:354–362**
 United Church of Christ, “Equal Marriage Rights for All” statement of, **4:415–416**
 United Kingdom (of Great Britain and Northern Ireland), **4:376–386**
 Bahamas, Barbados, and Turks and Caicos Islands colonized by, **2:14**
 Bermuda under, **2:34, 40**
 Brunei under, **3:297**
 Burma under, **3:194, 195**
 Canada and, **2:64**
 Cayman Islands under, **2:79–80**
 India under, **3:76**
 Jamaica under, **2:239**
 Kenya under, **1:148–149**
 Lesotho under, **1:181**
 Malaysia under, **3:142**
 Malta under, **4:215**
 Modern Slavery Act by (2015), **4:433–434**
 New Zealand under, **3:214, 222**
 Nicaragua under, **2:272**
 Pakistan under, **3:237**
 Polish migration to, **4:246**
 Sierra Leone under, **1:288**
 Singapore under, **3:269**
 Trinidad and Tobago under, **2:337**
 Turks and Caicos Islands as territory of, **2:23**
 United States becomes independent from, **2:355**
 United Nations
 Beijing Declaration of, **4:405–408**
 on Botswana human rights, **1:28**
 China in, **3:52**
 Convention on the Elimination of All Forms of Discrimination against Women, **4:391–395**
 Declaration on the Elimination of Violence against Women of, **4:401–404**
 on Democratic Republic of Congo, **1:57, 58, 60, 61**
 General Assembly resolution on “Child, Early, and Forced Marriage,” **4:431–432**
 Haitian cholera epidemic tied to, **2:220**
 International Criminal Tribunal for Rwanda of, **1:277**
 International Women's Day statement by, **4:409**
 Millennium Development Goals of, **2:367**
 Resolution 1325 on Women, Peace, and Security of, **4:410–411**
 “Right to be Free from Sexual Violence” of, **4:404–405**
 Somalia peacekeeping by, **1:295**
 “Transforming Our World: The 2030 Agenda for Sustainable Development,” **4:432–433**
 United Nations Human Rights Council, “Joint Statement on Ending Acts of Violence and Related Human Rights Violations ...” of, **4:427–428**
 United Provinces of Central America, **2:248**
 United States of America, **2:355–371**
 American Samoa under, **3:263**
 in Colombian armed conflict, **2:105**
 Constitution of, **4:389**
 Cuba and, **2:119–120, 127**

United States of America (*Continued*)

Dominican Republic and, 2:130
 Guam under, 3:67–74
 in Korean War, 3:282
 Laos and, 3:133
 Liberia and, 1:191
 Mexican territory obtained by, 2:249
 Nicaragua occupied by, 2:272
 nuclear weapons testing by, 3:175, 181
 Philippines under, 3:247
 Puerto Rico under, 2:328–335
 Somali intervention by, 1:295
 South Korea and, 3:227
 in Vietnam War, 3:348
 in wars with Iraq, 1:115
 Zaire interference by, 1:52
 United States–Central America Free Trade Agreement (CAFTA), 2:156–157
 Universal Declaration of Human Rights, 1:220
 Upper Volta. *See* Burkina Faso
 Uranga, Amaya, 4:329
 Uribe Velez, Alvaro, 2:98
 Uruguay, 2:373–382
 Ushigua, Gloria, 2:143
 Utomo, Ariane, 3:96
 Uzbekistan, 3:340–347
 Vaccinations
 in Bahrain, 1:21
 in Georgia, 4:121
 HPV vaccine, 4:137
 in Kenya, 1:154
 in Lesotho, 1:183
 in North Korea, 3:231
 in Suriname, 2:348
 in Uruguay, 2:377
 Vanuatu, 3:162, 163
 See also Melanesia
 Varda, Agnes, 4:37
 Vargas, Getúlio, 2:50
 Varoufakis, Yanis, 4:135
 Vázquez, Tabare, 2:377–379
 Veil, Simone, 4:109, 112
 Venezuela, 2:385–395
 conflicts between Guyana and, 2:213
 Verešová, Andrea, 4:313
 Vespucci, Amerigo, 2:262–263
 Victoria (crown princess; Sweden), 4:330
 Vietnam, 3:348–356
 Viet Nam Women's Union, 3:355
 Viķe-Freiberga, Vaira, 4:203
 Violence against women (VAW)
 in Albania, 4:6
 in Australia, 3:11–13
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:25
 in Belgium, 4:38
 in Belize, 2:31–32
 in Bolivia, 2:47–48
 in Brazil, 2:60
 in Bulgaria, 4:57–58

in Canada, 2:73–74
 in Chile, 2:93–94
 in China, 3:63–65
 in Costa Rica, 2:111
 in Czech Republic, 4:77–78
 Declaration on the Elimination of Violence against Women on, 4:401–404
 in Denmark, 4:88
 in Dominican Republic, 2:138
 in Ecuador, 2:149
 in Egypt, 1:71
 in El Salvador, 2:158–160
 in Eritrea, 1:78
 in Finland, 4:105
 in Greenland, 2:188
 in Guam, 3:74
 in Guatemala, 2:191
 in Guiana, 2:211–212
 in Honduras, 2:228, 234
 in Iceland, 4:161–162
 in Iraq, 1:118
 in Ivory Coast, 1:133
 in Jamaica, 2:244
 in Japan, 3:114
 in Jordan, 1:142–143
 in Kenya, 1:161
 in Latvia, 4:203–204
 in Lebanon, 1:180
 in Lesotho, 1:187
 in Libya, 1:207–208
 in Lithuania, 4:211–212
 in Malaysia, 3:152
 in Maldives, 3:161
 in Mali, 1:224–225
 in Malta, 4:221–222
 in Melanesia, 3:168–169
 in Mongolia, 3:192
 in Myanmar, 3:201
 in Nepal, 3:212–213
 in Netherlands, 4:232–233
 in Nicaragua, 2:280
 in Nigeria, 1:250
 in North Korea, 3:235
 in Norway, 4:242
 in Organization of Eastern Caribbean States, 2:297
 in Palestine, 1:259
 in Paraguay, 2:311, 316
 in Peru, 2:325
 in Poland, 4:251–252
 in Portugal, 4:259–260
 in Puerto Rico, 2:334–335
 “Right to be Free from Sexual Violence” of United Nations on, 4:404–405
 in Romania, 4:278
 in Russia, 4:296
 in Senegal, 1:286–287
 in Serbia, 4:303–304
 in Sierra Leone, 1:293
 in Somalia, 1:300
 in South Africa, 1:312

in South Sudan, 1:319
 in Sudan, 1:328–329
 in Suriname, 2:352
 in Sweden, 4:340
 in Syria, 1:337–338
 in Tunisia, 1:352
 in Turkey, 4:361
 in Ukraine, 4:373–374
 in United Kingdom, 4:386
 in Uruguay, 2:378
 in Venezuela, 2:394
 in Zimbabwe, 1:369, 375
 See also Domestic violence; Sexual assault and rape
 Virginit testing, in Zimbabwe, 1:369–370
 Virgin of Caacupé (Paraguay), 2:315
 Virgin of Guadalupe (Mexico), 2:256
 Virilocality, 1:370–371
 Vitamin D deficiency, 1:167
 Vocational Education. *See* Job training
 Vodou, in Haiti, 2:224–225
 Vogel, Susan, 3:108–109
 Voice of Libyan Women, 1:207
 Wahhabi (Saudi Arabia), 1:170
 Waitangi Tribunal, 3:222
 Wales, 4:376, 382
 See also United Kingdom
 Walker, William, 2:272
 Walwyn, Myron, 2:288
 Wang Man, 3:64
 Wangu wa Makeri, 1:160
 War crimes
 in Bosnia and Herzegovina, 4:48
 International Criminal Tribunal for the former Yugoslavia on, 4:304
 rape as, 1:277
 in Sudan, 1:329
 See also Civil warfare
 Water
 in Indonesia, 3:95
 in Malawi, 1:210, 212
 in Maldives, 3:161
 in Yemen, 1:274–275
 We Are Women Activists (WAWA; Somalia), 1:297
 Weill-Hallé, Marie-Andrée Lagroua, 4:108
 Wei Tingting, 3:64
 Wellington Young Feminists' Collective, 3:221
 Wenzel, Myrthes de Luca, 2:54
 Werbrouck, Ulla, 4:38
 West Bank (Palestine), 1:253
 See also Palestine
 Western Wall (Jerusalem), 1:126
 West Pakistan, 3:16
 See also Pakistan
 Whitaker, Brian, 1:10, 171
 Widodo, Joko, 3:98
 Widowhood
 in India, 3:84

- in Nigeria, **1**: 248
- in Poland, **4**:244
- Wilcox, Crag, **3**:106
- Williams, Eric, **2**:296
- Williams-Perkins, Betty, **4**:168
- Winfrey, Oprah, **2**:370
- Winti (religion), **2**:351–352
- Witchcraft and sorcery
 - in Central African Republic, **1**:47
 - in Melanesia, **3**:171–172
- Woman Scream (organization; Libya), **1**:207
- Women and Memory Forum (organization; Egypt), **1**:70
- Women in Black (organization; Israel), **1**:122
- Women Journalists without Chains (WFWC), **1**:270, 273
- Women of Liberia Mass Action for Peace (WLMAP), **1**:191, 196–197
- Women of Peace (Ireland), **4**:168
- Women of the Wall (organization; Israel), **1**:126
 - mission statement of, **4**:398
- Women's Action Group (WAG; Zimbabwe), **1**:374
- Women's Affairs Technical Committee (WATC; Palestine), **1**:258
- Women's Association of Afghanistan, **1**:3, 4
- Women's Committee of Uzbekistan, **3**:345
- Women's Environment and Development Organization (WEDO), **1**:239
- Women's Forum (Sierra Leone), **1**:292
- Women's Health Care Center (Yemen), **1**:271
- Women's International League for Peace and Freedom (WILPF), **4**:348–349
- Women's League of Burma (WLB), **3**:200
- Women's March on Washington (2017), **2**:369
- Women's movement. *See* Feminism
- Women's Organizations Network of Myanmar (WON), **3**:200
- Women's Professional Playwrights Association (WOPPA New Zealand), **3**:221
- Women's Social and Political Union (WSPU; United Kingdom), **4**:383
- Women's studies
 - in Latvia, **4**:200
 - in Puerto Rico, **2**:330–331
- Wood, Mary Evelyn, **2**:84
- World Association of Girl Guides and Girl Scouts (WAGGGS), **1**:53
- World Council of Churches, "Status of Women" statement of, **4**:430
- Wu Rongrong, **3**:64
- Xharra, Arbana, **4**:194
- Yacob, Halimah, **3**:275
- Yameogo, Maurice, **1**:37
- Ya Mo (queen, Thailand), **3**:328
- Yamsa, Fatimatu, **1**:47
- Yao, Michel, **1**:42
- Yarovaya, Yelena, **4**:294
- Yemen Arab Republic, **1**:269
- Yemen, People's Democratic Republic of, **1**:269
- Yemen, Republic of, **1**:268–275
- Yip Pin Xiu, **3**:271
- Yorm Bopha, **3**:38
- Youlou, Fulbert, **1**:265
- Young Women's Christian Association (YWCA), **1**:198
- Yugoslavia, former republic of
 - Bosnia and Herzegovina in, **4**:40–41
 - Croatia in, **4**:61, 66
 - Kosovo in, **4**:184–195
 - Macedonia in, **4**:262–269
 - Serbia in, **4**:299–305
 - Slovenia in, **4**:314–319
- Yun-Fong Huang, **3**:309
- Zaire, **1**:51, 52
 - See also* Democratic Republic of Congo
- Zaitsev, Aleksander, **4**:28
- Zapata, Eduardo Añorve, **2**:258
- Zarif, Mohammad Javad, **1**:103
- Zelaya, Manuel, **2**:228, 233
- Zerbo, Saye, **1**:37
- Zheng Churan, **3**:64
- Zia-ul-Haq, **3**:238
- Zika virus
 - in Argentina, **2**:6
 - in El Salvador, **2**:156
 - in Honduras, **2**:231
 - in Laos, **3**:138
- Zimbabwe, **1**:364–375
- Zimbabwe African Nationalist Union-Patriotic Front (ZANU-PF), **1**:372
- Zonta (New Zealand District of Zonta), **3**:223–224

WOMEN'S LIVES AROUND THE WORLD

WOMEN'S LIVES AROUND THE WORLD

A Global Encyclopedia

VOLUME 4
EUROPE

Susan M. Shaw, General Editor
Nancy Staton Barbour, Patti Duncan,
Kryn Freehling-Burton, and Jane Nichols,
Editors



An Imprint of ABC-CLIO, LLC
Santa Barbara, California • Denver, Colorado

Copyright © 2018 by ABC-CLIO, LLC

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, except for the inclusion of brief quotations in a review, without prior permission in writing from the publisher.

Library of Congress Cataloging-in-Publication Data

Names: Shaw, Susan M. (Susan Maxine), 1960- editor.

Title: Women's lives around the world : a global encyclopedia / Susan M.

Shaw, General Editor.

Description: Santa Barbara, California : ABC-CLIO, [2018] | Includes bibliographical references and index.

Identifiers: LCCN 2017015976 (print) | LCCN 2017031062 (ebook) |

ISBN 9781610697125 (ebook) | ISBN 9781610697118 (set) | ISBN 9781440847646 (volume 1) |

ISBN 9781440847653 (volume 2) | ISBN 9781440847660 (volume 3) | ISBN 9781440847677 (volume 4)

Subjects: LCSH: Women—Social conditions—Encyclopedias.

Classification: LCC HQ1115 (ebook) | LCC HQ1115 .W6437 2018 (print) | DDC 305.4—dc23

LC record available at <https://lccn.loc.gov/2017015976>

ISBN: 978-1-61069-711-8 (set)

978-1-4408-4764-6 (vol. 1)

978-1-4408-4765-3 (vol. 2)

978-1-4408-4766-0 (vol. 3)

978-1-4408-4767-7 (vol. 4)

EISBN: 978-1-61069-712-5

22 21 20 19 18 1 2 3 4 5

This book is also available as an eBook.

ABC-CLIO

An Imprint of ABC-CLIO, LLC

ABC-CLIO, LLC

130 Cremona Drive, P.O. Box 1911

Santa Barbara, California 93116-1911

www.abc-clio.com

This book is printed on acid-free paper (∞)

Manufactured in the United States of America

Contents

Preface, xi

Introduction, xiii

Volume 1: Africa and the Middle East

Color inserts follow page 170.

Afghanistan, 1

Algeria, 11

Bahrain, 19

Botswana, 27

Burkina Faso, 32

Central African Republic, 40

Democratic Republic of Congo, 51

Egypt, 62

Eritrea, 74

Ethiopia, 80

Ghana, 92

Iran, 102

Iraq, 114

Israel, 120

vi Contents

Ivory Coast, 127

Jordan, 135

Kenya, 148

Kingdom of Saudi Arabia, 163

Lebanon, 174

Lesotho, 181

Liberia, 190

Libya, 199

Malawi, 210

Mali, 219

Morocco, 226

Namibia, 234

Nigeria, 243

Palestine, 253

Republic of the Congo, 260

Republic of Yemen, 268

Rwanda, 275

Senegal, 282

Sierra Leone, 287

Somalia, 294

South Africa, 301

South Sudan, 314

Sudan, 322

Syria, 330

Tunisia, 342

United Arab Emirates, 354

Zimbabwe, 364

Index, 377

Volume 2: The Americas

Color inserts follow page 182.

Argentina, 1

Bahamas, Barbados, and the Turks and Caicos Islands, 14
Belize, 27
Bermuda, 33
Bolivia, 44
Brazil, 50
Canada, 64
Cayman Islands, 79
Chile, 86
Colombia, 96
Costa Rica, 107
Cuba, 119
Dominican Republic, 130
Ecuador, 141
El Salvador, 152
French Caribbean, 164
French Guiana, 172
Greenland, 179
Guatemala, 190
Guyana, 207
Haiti, 216
Honduras, 227
Jamaica, 239
Mexico, 248
Netherlands Antilles/Dutch Caribbean, 262
Nicaragua, 271
Organization of Eastern Caribbean States (OECS), 284
Panama, 299
Paraguay, 309
Peru, 317
Puerto Rico, 328
The Republic of Trinidad and Tobago, 337
Suriname, 345

viii Contents

United States of America, 355

Uruguay, 373

Venezuela, 385

Index, 397

Volume 3: Asia and the Pacific

Color inserts follow page 182.

Australia, 1

Bangladesh, 16

Bhutan, 26

Cambodia, 37

China, 51

Guam, 67

India, 76

Indonesia, 92

Japan, 104

Kazakhstan, 116

Kyrgyzstan, 124

Laos, 133

Malaysia, 142

Maldives, 155

Melanesia, 162

Micronesia, 174

Mongolia, 183

Myanmar, 194

Nepal, 205

New Zealand, 214

North Korea, 226

Pakistan, 237

Philippines, 246

Polynesia, 258

Singapore, 269

South Korea, 277
Sri Lanka, 288
Sultanate of Brunei (Negara Brunei Darussalam), 296
Taiwan, 304
Tajikistan, 312
Thailand, 320
Turkmenistan, 332
Uzbekistan, 340
Vietnam, 348
Index, 361

Volume 4: Europe

Color inserts follow page 230.

Albania, 1
Armenia, 8
Austria, 15
Belarus, 25
Belgium, 32
Bosnia and Herzegovina, 40
Bulgaria, 50
Croatia, 61
Czech Republic, 71
Denmark, 81
Estonia, 91
Finland, 100
France, 106
Georgia, 118
Germany, 126
Greece, 134
Hungary, 144
Iceland, 155
Ireland, 163

x Contents

Italy, 174

Kosovo, 184

Latvia, 198

Lithuania, 205

Malta, 214

Netherlands, 226

Norway, 234

Poland, 244

Portugal, 254

Republic of Macedonia, 262

Romania, 270

Russia, 280

Serbia, 299

Slovakia, 305

Slovenia, 314

Spain, 321

Sweden, 330

Switzerland, 344

Turkey, 353

Ukraine, 363

United Kingdom, 376

Primary Documents, 389

About the Editors and Contributors, 435

Index, 457

A

Albania

Overview of Country

Albania is located in the southeastern part of Europe, and it shares a northwest border with Montenegro, a northeast border with Kosovo, an eastern border with Macedonia, and a southern and southeastern border with Greece. It borders the Ionian Sea on the southwest and the Adriatic Sea on the west. Albania is divided into 12 administrative prefectures and 61 municipalities, according to the territorial reform introduced in 2015.

Albania became an independent state on November 28, 1912. The period after the independence was followed by political instability and a difficult social and economic situation (Keefe et al. 1971). On November 29, 1944, the country was liberated from the Nazi-Fascist occupation that began April 7, 1939. The Antifascist National Liberation War was led by the Communist Party (founded on November 8, 1941) that came to power after the liberation. The new regime, calling itself a “dictatorship of the proletariat,” was a one-party system. International migration was banned, and the state controlled the internal migration of the population. The mass media were state-controlled, and religion was banned from 1969 until 1991 (Keefe et al. 1971). Countrywide campaigns against illiteracy and the improvement of the educational system made possible an illiteracy rate of less than 8 percent by 1989 (INSTAT

2002), compared to more than 80 percent at the end of World War II (Gjonca, Aasve, and Mencarini 2008).

Despite efforts in the reconstruction of the country and the introduction of social and health care systems, the difficult economic situation deepened after the communist government broke off all relations with the communist bloc. Albania was the poorest country in Europe following the communist regime, with a gross national product (GNP) per capita of about USD\$380 (Gjonca, Aasve, and Mencarini 2008; World Bank 1996). Albania implemented what is called the women emancipation model (Moghadam 1995)—policies that support women in the labor force—and introduced laws that promote women’s equality, but there was little impact on the changing of gender roles.

In 1991, Albania established the multiparty system, marking the official end of the communist period. The goals of the early postcommunist period were the opening of the country to external influences, a new multiparty political system, and a new market economy, characterized by a shock therapy model (the sudden lifting of price and currency controls). After the fall of communism, women withdrew from politics and the labor market. Women’s participation in Parliament dropped from 30 percent to 4 percent in 1991 (Ekonomi et al. 2009).

The Albanian Republic is a parliamentary democracy established under a constitution renewed in 1998. Elections are held every four years to a unicameral 140-seat chamber, the People’s Assembly. Albania joined NATO on

2 Albania

April 1, 2009, becoming the 27th member of the alliance. “Executive power rests with the Council of Ministers (cabinet). The president appoints the prime minister; ministers are nominated by the president by the prime minister’s recommendation and voted by the Assembly” (Kocaqi, Kelly, and Lovett 2015).

The current resident population of Albania, according to the Census of 2011, is 2,800,138 (1,403,059 men and 1,397,079 women). Internal and international migrations have characterized post-1991 Albania. Nearly 1.5 million Albanians, that is, more than half of the resident population, had emigrated between 1990 and 2010 (Vullnetari 2012). The Census of 2011 showed a decrease of the population in Albania by 7.7 percent in about 10 years. According to the National Institute of Statistics (INSTAT), this was a result of fertility decline as well as continuous emigration (INSTAT 2012).

The Human Development Index (HDI) of Albania in 2014 was 0.716, ranking Albania 95th out of 185 countries and among the high development countries (UNDP 2014). The Gender Inequality Index (GII) is 0.245, showing persistent gender inequalities.

The equal rights of women and men are protected under the 1998 Albanian Constitution: Article 18 guarantees women’s equality and nondiscrimination before the law. The country ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1993 and its Optional Protocol in 2003. In 2008, the Parliament approved the Gender Equality Law. The legislation framework on gender equality is complemented with the law On Measures against Violence in Family Relations, adopted in 2007; the law On Protection against Discrimination, adopted in 2010; the Labor Code and Family Code; and the amendments made in the Penal Code regarding violence against women.

Girls and Teens

Despite the signs of the aging population, Albania still has one of the youngest populations in Europe; the number of children under the age of 20 is 847,312, of which 437,501 are male and 409,811 are female. Unfortunately, studies and research about girls and teens are still lacking compared to those on women.

Child Abuse and Neglect

In 2010, Albania approved a new law, On Children’s Rights, which required public agencies across the social service

sector at all levels to report on child abuse and neglect (CAN). The child protection continues to be developed, and the country has neither a CAN system of monitoring nor approved indicators (Hazizaj et al. 2013). The existing studies and survey show that child abuse and neglect is an existing issue in Albania, touching both girls and boys. Among children 11–16 years old, girls are more affected by psychological violence and neglect compared to boys, while no gender differences may be noticed regarding physical violence. According to the National Child Helpline, there are more girls than boys who ask for support from Alo (the Albanian National Child Helpline). They report cases of domestic violence and different treatment than their brothers. Girls also report being overburdened with housework and care for their brothers, thus confirming the predominance of traditional gender roles, ascribing to girls and women the exclusivity of housework and care (Albanian National Child Helpline 2013). Among the cases of physical violence, only 18 percent are reported to legal services. This also happens in the cases that constitute a criminal offense, such as the sexual violence where only 21 percent of the cases are reported to the legal authorities (Hazizaj et al. 2013).

Regarding some main behavioral patterns of teens in Albania (11–15 years old), it may be seen that boys report higher levels of e-communication compared with girls. Smoking prevalence is higher among boys than girls (2.6% versus 0.8%). Only 5.7 percent of the 15-year-old children have used cannabis at least once. The use of cannabis is higher among boys—10.5 percent versus 1.4 percent for girls. When it comes to sexual behavior, 19.5 percent of the children aged 15 years have had sexual intercourse, 95 percent of whom are boys (IPH, UNFPA, and UNICEF 2014).

More than one-third of male adolescents and almost one-quarter of female adolescents justify wife beating (UNICEF 2013). This figure is significant in understanding the issue of violence against women that still has high rates in Albania.

Early Marriage

The minimum legal age for marriage is 18 years old. Almost 10 percent of women between the ages of 20 and 24 married before they were 18. The UNFPA reported that, in 2011, approximately 31 percent of female Roma children between the ages of 13 and 17 were married (U.S. Department of State 2014). Some Albanian girls are subjected to sex trafficking or forced labor following arranged marriages.

Education

The educational system in Albania includes preschool education, which is not compulsory, for ages 3–5; primary school, which is compulsory, for ages 6–10 (grades 1–5); lower secondary, which is compulsory (grades 6–9); upper secondary school, which is not compulsory education (grades 10–12); and tertiary or university level (UN Women, UNFPA and INSTAT 2014). Studies show that there are no significant differences between boys and girls in the primary education level. Differences may be seen in the secondary level, where the number of boys prevails, and in the university level, where the number of girls is greater than that of boys.

The enrollment rates are lower in rural areas and among the poor. Problems remain regarding the access to education of minority groups: the dropout rate of children with disabilities is approximately 10 times higher compared to the general dropout rate, and the school participation rate of Roma girls is significantly lower than that of Roma boys (Wittberger et al. 2012).

Preuniversity Education

Preuniversity public education is free. Recently, there has been an increase in the number of private institutions in all levels of education, which may offer better education but with expensive fees.

An indicator of the situation of girls and boys at the preuniversity level is the Gender Parity Index (GPI). The GPI is 1.0 in the primary level, 0.98 in the lower secondary, and 0.95 in the upper secondary level, showing the prevalence of boys compared to girls. A greater gender gap is noticed in the secondary vocational education, where female students comprise about 31 percent of the students (INSTAT 2015).

University Level

Public and private institutions provide university education. The entrance to the public institutions is based on the Matura State Exam (at the end of the secondary education).

Significant differences may be seen in the university level, where the GPI is 1.23, which shows a prevalence of young women. One of the explanations given for this increasing gap is that young men engage more in paid work or emigration (Ekonomi et al. 2004). In the academic year 2011–2012, female students constitute 55.4 percent of the total students (UN Women 2013).

Literacy Rate

Literacy is high in Albania—almost 100 percent of the total population. There is no significant difference between the youth literacy rates of men and women, at 99 percent. Gender differences exist only among the elderly (UN Women, UNFPA, and INSTAT 2014). This is related to the difficulties women had accessing education before the communist regime.

Health

Access to Health Care

Legally, access to health is equal between women and men. However, reports show that the economic inequality between men and women may influence the access of women in health care. The public health care system in Albania is free (or with reduced fees) for those paying social insurance contributions and other categories (pregnant women, patients with tumor diseases, etc.). In the larger cities, there are private hospitals and clinics. People are often obliged to make informal payments to get the needed care, even in public institutions. This affects more women than men, as women have lower employment, less coverage by the social insurance scheme, and more dependence on income from men.

Reproductive Rights and Abortion

Abortion was banned in Albania before the 1990s. During socialism, abortions were performed in secret and in inappropriate conditions. In 1995, abortion was legalized. A law passed that clearly stipulated that the termination of pregnancy shall not be considered as a method of family planning and that up to the 12th week of pregnancy women shall have the freedom and opportunity to decide to terminate the pregnancy. However, abortion remains a method of family planning for many women. Despite almost 99 percent of married women having heard of at least one modern method of contraception (INSTAT, IPH, and ICF Macro 2010), only 33 percent of them have ever used a modern contraceptive method.

According to Albanian Ministry of Health statistics, in 2009, the abortion rate was 270 per 1,000 live births, and in 2012, it was 224 per 1,000 live births. Nevertheless, data about abortion should be taken cautiously because many abortions are performed clandestinely and not reported.

Gender-Selective Abortion

Although there are no accurate data, gender-selective abortion is present in the post-1991 Albania (UNFPA and World Vision 2012). This may be explained by a traditional preference for sons. A recent survey shows that young males wish to have two sons. The same is also seen among the young people from the north areas of Albania, where there is a preference for male children (Cela, Kamberi, and Pici 2015). The law prohibits gender-selective abortion, but reports show that abortions may be performed clandestinely.

Maternal and Infant Mortality Rate

Maternal and infant mortality rate in Albania have been constantly decreasing during socialism and postsocialism. In 2010, the maternal mortality rate was 27 deaths per 100,000 live births (UNICEF 2015). Of all pregnant women, 97 percent receive antenatal care at least once during their pregnancy, with slightly lower rates among women aged 35–49, women in the mountain areas, and women in the lowest wealth quintile (Wittberger et al. 2012). The infant mortality rate in 2012 was 15 per 1,000 births, with no significant differences between female and male infants, and the under-5 mortality rate is 17 per 1,000 live births (UNICEF 2015).

Employment

The Labor Code of the Republic of Albania is based on the main constitutional provisions and ratified international documents. Men and women can choose their professions freely (Plaku et al. 2012).

Labor Force Participation, Employment, and Unemployment

Almost half of Albanian women are out of the labor market, compared to one-quarter of men. The economic inactivity of women is mainly related to the engagement in domestic tasks. National statistics show that, in 2014, only 0.3 percent of men are inactive because of “fulfilling domestic tasks,” compared to 21.6 percent of women (INSTAT 2015).

The male employment rate is 58 percent, and female employment rate is 43.3 percent. Among the “self-employed” and “employees,” it is men that dominate. Meanwhile, females are 1.3 times more likely than males to be “contributing family workers” (i.e., unpaid and classified

by the International Labour Organization (ILO) as “informal employment”). In 2014, the unemployment rate for 15- to 64-year-olds was 17.9 percent. The unemployment rate for this age group is higher for men.

Women are more concentrated in sectors such as health and education and less in service, retail, and trade. In the sectors of construction, transportation, and telecommunications, their participation is very low. Furthermore, there is also a visible vertical occupational segregation because data shows that in the levels of lawmakers and senior and executive positions, women make only 14.6 percent of the total employees (Council of Ministers 2014).

Unpaid Care

Women are almost exclusively in charge of the unpaid care work. According to the “Time Use Survey” (INSTAT 2011), the share of the work of women and men within the house continues to be unequal in a very significant way. The total amount of time women spend on work—paid and unpaid—is higher than that of men by two hours a day, seven hours versus five hours, respectively. Men are also more advantaged in comparison to women regarding free time and personal care. Women with small children have less free time and the largest amount of time dedicated to unpaid work compared to men as well as compared to other women with older children or no children. The less time spent in unpaid work and more time spent in free time is noticed with women who have no partner and no children, while women in employment have the longest working day (i.e., total work), the shortest free time, and the shortest time for personal activities.

Entrepreneurship

Regarding women owners and administrators of businesses, the percentage in 2014 has increased to 28.5 percent (INSTAT 2015). However, this positive increase is to be considered with caution because a majority of these businesses are small (one to four employees), and it is often the husband who runs the business.

Gender Pay Gap

According to INSTAT (2015), in 2014, the gender pay gap was 10 percent. However, gender pay gap varies, depending on the type of enterprise ownership. Women are concentrated in low-level positions, in public and private

enterprises, which results in lower-paid positions. The vertical occupational segregation combined with the horizontal (women concentrated in agriculture, health, and education sectors) further affects the gap of payment between men and women.

Family Life

Marriage

The marriage rate is still very stable, and marriage remains the exclusive form of family formation. Cohabitation is recognized in the new Family Code but remains a marginal practice. Marriage rates have remained stable since 1990 (INSTAT 2015). However, there has been a significant increase in the rate of divorce for the same period. Marriage patterns vary according to the region as well as the educational level of women, with women in the urban areas and higher education marrying later than the others.

The increase of average age for marrying for men is a little older than for women, from age 27.3 in 1990 to 29.5 in 2014, while the average marrying age for women changed from 23 in 1990 to 24 in 2014.

The Albanian Family Code does not recognize same-sex marriage. The issue has been discussed, but it has been reduced to a political debate rather than a substantial public debate.

Family size in Albania has been constantly decreasing; the average was 3.9 members in 2011 (INSTAT 2012). The main reasons for this decrease may be the decrease of the fertility rate as well as the internal and international migration processes.

Fertility

The fertility rate in Albania has decreased significantly, from 3.2 in 1989 to 1.78 in 2014 (INSTAT 2002; INSTAT 2015). Fertility decline is important in all age groups and both rural and urban. In urban areas, the proportion of childless women is higher compared to rural areas; however, the proportion is high, even in rural areas, and it has been increasing. In 2011, the number of childless women aged 25–29 was more than triple that of 1989. The growing number of women who attend college may also have an effect on the fertility rate, as women with higher education tend to have fewer children and postpone the birth of their first child (Danaj et al. 2005).

Politics

Legislation

The number of women participating in politics was at its highest during socialism. In the immediate legislature after the fall of socialism, the number of women in Parliament and government sharply declined. It was only after the introduction of the gender quotas in the Electoral Code of 2008 that the number of women in Parliament started to increase in a significant manner. The Electoral Code stipulates that both genders must be represented in the list of candidates for military police by at least 30 percent. “Both genders had to be represented in the first three names appearing in these multiname lists. Whereas for local elections, one in any three consecutive names on the list must belong to the least represented gender” (UN Women 2013).

Other amendments in April 2015 reflected the new territorial administrative division and addressed a long-standing recommendation to promote female candidates by increasing the gender quota on candidate lists to 50 percent (OSCE/ODIHR EOM 2015; Council of Ministers 2014).

Women in Politics

The percentage of women in Parliament increased to 21 percent in 2014 (INSTAT 2015). Independent of the introduction of the gender quotas, women have often been placed at the end of the candidate lists. The law was not respected in both general elections following the new Electoral Code. In the general election of 2013, the Central Electoral Commission penalized the general parties. Another incident during the general elections of 2013 was the withdrawal of female candidates. The law stipulates that in the case of withdrawing any elected military police, the vacancy should be filled by the less-represented gender, in this case women. What happened was that women withdrew from the candidate lists to let men fill the vacancies and become members of Parliament.

In the government created after the general elections of 2013, the number of women ministers increased significantly, and in 2014, there were 7 women ministers out of 19 (UN Women 2013). When it comes to local elections, the situation recently improved due to the new amendments (abovementioned) brought to the Electoral Code. After the local government elections of 2015, there is an increase in the number of women members of municipal councils and the number of women mayors, and there are

8 female mayors out of 61, according to the Central Electoral Commission (CEC) data.

Religious and Cultural Roles

Albania is by law a secular country, and according to the constitution, there is no official religion. All religions are equal. Albania is considered a country with religious harmony. During socialism, religion was completely banned, and many mixed marriages happened between people of various religions. According to the last census (2011), Sunni Muslims constitute nearly 57 percent of the population, Roman Catholics 10 percent, Orthodox Christians nearly 7 percent, and Bektashi 2 percent. Atheists make up about 2 percent. However, these figures should be considered cautiously because nearly one-fifth of the population declined to answer the question about religion.

There are no reports of societal abuses or discrimination based on religious affiliation, belief, or practice. However, the veil is often used as a parallel to patriarchy or to a subordination of women, even by politicians. There have been few public cases of discrimination of Muslim women because of their veil, which prevents them from enrolling at universities. Nevertheless, the public debate over these cases has been scarce and superficial.

Issues

Violence against Women

Albania ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1993 and its Optional Protocol in 2003. The first Law on Domestic Violence was approved in December 2006 as a proposal sent to the assembly as an initiative of the civil society, supported by 20,000 signatures of community members; that is one of the most important actions of the Albanian civil society. Moreover, the government of Albania signed the Convention of the Council of Europe for Preventing and Fighting Violence against Women and Domestic Violence (Istanbul Convention) in 2011 and ratified it in 2013 (Kocaqi, Kelly, and Lovett 2015).

Various studies show that the figures of domestic violence are significant. According to the last national study on domestic violence, 60 percent of women have experienced domestic violence (INSTAT 2015). Women aged 18–24 were slightly more likely to experience domestic violence, while women with a university or postuniversity

education were the least likely to experience domestic violence of any type. Women who do not work outside of the home are significantly more likely to experience domestic violence compared to women who work outside of the home; that may indicate a link between women's economic dependence and exposure to violence. Women on maternity leave (3 out of 4) are the group most likely to experience domestic violence. Women in rural areas are also generally more likely to experience domestic violence of all types. Husband and partners do not exclusively inflict domestic violence against women; other family members (parents/stepparents, siblings, in-laws, or other relatives) also commit acts of violence against girls and women (INSTAT 2015; Kocaqi, Kelly, and Lovett 2015). According to the survey of 2013 (Harr 2013), only 8.4 percent of women having experienced domestic violence have asked for any help, and a very small percentage of them have asked for help from the appropriate institutions; the majority have relied on their families.

LGBT Rights

The first important piece of legislation toward the protection of LGBT rights is the law On Protection against Discrimination, which was approved in 2010. It prohibits discrimination in the political, economic, and social spheres on the grounds of race, ethnicity, disability, religion, sex, gender, gender identity, or sexual orientation. The other important step is the approval of the resolution On Protection of Rights and Freedoms of Persons Belonging to the LGBT Community in Albania in May 2015. This resolution recommends a reform of the legislation to reflect protection of LGBT rights, recommends the respective ministries regarding the training of teachers on LGBT rights, and encourages the ombudsman to monitor LGBT rights violation (Dittrich 2015).

During recent years, the debate over LGBT rights has been more visible within the Albanian society, mainly due to the work of several civil society organizations supported by foreign embassies and organizations. There was an attempt to introduce same-sex marriage in the Family Code in 2008. However, the debate turned out to be more of a political trick than a healthy social debate. The European Social Survey conducted in Albania in 2012 found that Albania was among the most homophobic countries in Europe. This is also confirmed by the 2015 study of young people in Albania, which shows the same result as in the first study conducted in 2011, that the main and

strongest prejudice among Albanian young people is homophobia. According to the same study, young men are more homophobic than females. Furthermore, homophobic declarations in the media have been done by well-known politicians (men and women) and artists (men and women). These declarations have been denounced and answered by LGBT rights activists inside and out of Albania.

ERMIRA DANAJ

Further Resources

- Albania National Child Helpline. 2013. *Dhuna tek fëmijët vajza [Violence against Girls], Thematic Report*. Tirana, Albania. Retrieved from <http://www.alo116.al/sites/default/files/uploaded/Dhuna%20tek%20femijet%20vajza.pdf>.
- Cela, Alba, Geron Kamberi, and Elena Pici. 2015. *Albanian Youth 2015*. Tirana, Albania: Friedrich-Ebert-Stiftung.
- Council of Ministers. 2014. "Fourth Periodic Report of States Parties, Albania." CEDAW/C/ALB/4.
- Dahinden, Janine. 2013. "Albanian-Speaking Migration, Mid-19th Century to Present." In *Encyclopedia of Global Human Migration*, edited by Immanuel Ness and Peter Bellwood, 1–4. Boston: Wiley Blackwell.
- Danaj, Ermira. 2014. "From Women's Emancipation Model to Fetishism of the Law: Gender Equality in Communist and Post-Communist Albania." *ICS Estudos e Relatorios*: 48–58.
- Danaj, Ermira, Milva Ekonomi, Patrick Festy, Marinela Lika, Aida Guxho, and Edvin Zhllima. 2005. *Becoming an Adult: Challenges and Potentials of Youth in Albania*. Tirana, Albania: INSTAT.
- Dittrich, Boris. 2015. "Dispatches: Albania Signals a Positive Step on LGBT Rights." Human Rights Watch (HRW), May 8. Retrieved from <https://www.hrw.org/news/2015/05/08/dispatches-albania-signals-positive-step-lgbt-rights>.
- Ekonomi, Milva, Ermira Danaj, Elda Dakli, Eglantina Gjermeni, Monia Budowski, and Markus Schweizer. 2004. *Gender Perspectives in Albania*. Tirana, Albania: INSTAT.
- Ekonomi, Milva, Ermira Danaj, Diana Djaloshi, and Mirela Sula. 2009. *A e solli kuota gruan në Vendimmarrje? [Did the Quota Bring Women to Decision-Making?]*. Tirana, Albania: Rrjeti i Grave "Barazi në Vendimmarrje."
- Galanxhi, Emira, Majlinda Nesturi, Teuta Grazhdani, and Gjergji Filipi. 2014. *Return Migration and Reintegration in Albania*. Tirana, Albania: INSTAT & IOM.
- Gjonca, Arjan, Arnstein Aasve, and Laura Mencarini. 2008. "Albania: Trends and Patterns, Proximate Determinants and Policies of Fertility Change." *Demographic Research* 19: 261–292.
- Harr, Robin. 2013. *Dhuna në familje në Shqipëri [Domestic Violence in Albania]*. Tirana, Albania: INSTAT.
- Hazizaj, Altin, Belioza Coku, Enila Cenko, and Edlira Haxhiymëri. 2013. *Case-Based Surveillance Study on Violence against Children in Albania*. Tirana: CRCA Albania.
- INSTAT (Institute of Statistics). 2002. *Albania Population and Housing Census 2001*. Tirana, Albania: INSTAT.
- INSTAT (Institute of Statistics). 2011. *Albanian Time Use Survey 2010–2011*. Tirana, Albania: INSTAT.
- INSTAT (Institute of Statistics). 2012. *Population and Housing Census 2011*. Tirana, Albania: INSTAT.
- INSTAT (Institute of Statistics). 2015. *Women and Men in Albania*. Tirana, Albania: INSTAT.
- INSTAT (Institute of Statistics), IPH (Institute of Public Health), and ICF Macro. 2010. *Albania Demographic and Health Survey 2008–2009*. Tirana, Albania: Institute of Statistics, Institute of Public Health and ICF Macro.
- IPH (Institute of Public Health), UNFPA (UN Population Fund), and UNICEF. 2014. *Health Behavior in School-Aged Children Survey*. Tirana, Albania: IPH, UNFPA, and UNICEF. Retrieved from http://ishp.gov.al/multimedia/botime/HBSC_EN.pdf.
- Keefe, Eugene K., Sarah Jane Elpern, William Giloeane, James M. Moore Jr., Stephen Peters, and Eston T. White. 1971. *Area Handbook for Albania*. Washington, D.C.: The American University.
- Kocaqi, Monika, Liz Kelly, and Joanna Lovett. 2015. *Albania Final Report: Mapping Violence against Women and Girls Support Services*. Tirana, Albania: Council of Europe and UN Women.
- Moghadam, Valentine M. 1995. "Gender and Revolutionary Transformation: Iran 1979 and East Central Europe 1989." *Gender and Society* 9.3 (June): 328–358.
- OSCE/ODIHR EOM. 2015. "International Election Observation Mission." *Statement of Preliminary Findings and Conclusions: Republic of Albania: Local Elections*, June 21. Tirana, Albania: OSCE ODIHR. Retrieved from <http://www.osce.org/odihr/elections/albania/165726?download=true>.
- Plaku, Ani, Daniela Kalaja, Ermira Danaj, and Monika Kocaqi. 2012. *Monitoring of the Employment Sectoral Strategy from Gender Perspective*. Tirana, Albania: Refleksione Association.
- UNDP (UN Development Programme). 2014. *Human Development Indicators Albania*. Retrieved from <http://hdr.undp.org/en/countries/profiles/ALB>.
- UNFPA (UN Population Fund) and World Vision. 2012. *Sex Imbalances at Birth in Albania*. Tirana, Albania: UNFPA and World Vision.
- UNICEF. 2013. *Albania Statistics*. Retrieved from http://www.unicef.org/infobycountry/albania_statistics.html#82.
- UN Women. 2013. *National Report on the Implementation of the Beijing +20 Platform for Action*. Tirana, Albania: UN Women.
- UN Women, UNFPA (UN Population Fund), and INSTAT. 2014. *Gender Perspectives in Albania: Gender Analysis of the 2011 Population and Housing Census Results*. Tirana, Albania: UN Women.
- U.S. Department of State. 2013. *Albania 2013 International Religious Freedom Report*. Retrieved from <http://www.state.gov/documents/organization/222395.pdf>.
- U.S. Department of State. 2014. *Albania 2014 Human Rights Report*. Retrieved from <http://www.state.gov/documents/organization/236704.pdf>.
- U.S. Department of State. 2015. "2015 Trafficking in Persons Report: Country Narratives." Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/2015/index.htm>.
- Vullnetari, Julie. 2012. *Albania on the Move: Links between Internal and International Migration*. Amsterdam: Amsterdam University Press.

- Wittberger, Dolly, Ani Plaku, Valbona Jaupllari, and Juna Miluka. 2012. *The National Report on the Status of Women and Gender Equality*. Tirana, Albania: MoLSAEO and UN Women.
- World Bank. 1996. *World Development Report 1996*. Oxford and New York: Oxford University Press.
- World Bank. 2007. *Albania: Urban Growth, Migration and Poverty Reduction*. Report No. 40071-AL. Washington, D.C.: World Bank.

Armenia

Overview of Country

Throughout its long history, Armenia has been a contested territory. It has been ruled by Alexander the Great, the Romans, the Sassanid Persians, Byzantine, the Ottomans, and finally the Russians, among others. Mentioned first in a Hittite document in the 14th century BCE, Armenia was the first Christian nation in 301 CE. The Armenians have often been the targets of anti-Christian violence. In the 13th century, northeastern Armenia was ruled by the Seljuk, Mongol, and Turkmen, while southern Armenia was Cilician with something like a treaty between itself and the Mongols (Osipian 2014, 82). Massacres of Armenians have tragically been a common thread throughout their long history.

In more recent history, according to *Statesman's Yearbook*, as many perhaps as 300,000 died between 1894 and 1896 in the Great Massacre enacted by Abdul Hamid II (2016). Still in the news and very actively disputed is the contentious Ottoman genocide of 1915, when between 600,000 and 1.5 million were killed (118). The *Statesman's Yearbook* also outlines the political history of Armenia in the 20th century. In 1922, Armenia became part of the USSR, followed by a declaration of independence in 1991, followed by contested elections in 1995 and 1996, and the assassination of the premier, Vazgen Sargsyan, whose brother was president in 2016 (118).

The Republic of Armenia is landlocked, and it borders Turkey, Iran, Azerbaijan, and Georgia in the western South Caucasus. The country is roughly 11,484 square miles (29,743 sq. km). There is a fertile river valley, the Arax, a large part of which is "virtually uninhabitable" (Walker 1991, 7). As of January 1, 2012, the population of Armenia was about 2,969,100 (UNICEF 2012). In 2016, Armenia and Azerbaijan were at war, as both countries claimed the territory of Nagorno-Karabakh.

The poverty rate is high, at 35 percent, and the unemployment rate is high as well at almost 17 percent. Armenia relies on remittances from the diaspora, another constant in its long history, perhaps as much as 23 percent of all households rely on money from friends and relatives working abroad (Grigorian and Melkonyan 2011, 141). From the fourth century CE, Armenians have been on the move, and their language has multiple words for *diaspora* (*tz'rvyalk*, *tz'ronk*, *gaghout*, and *spyurk* or *spr*). Over the centuries, there have been significant populations of Armenians in Byzantine Crimea, medieval Poland, and British India (Tololyan 2005, 37–39). Approximations of the Armenian diaspora populations today include those who live in Russia (2.25 million), in the United States (1.5 million), and in France (about 450,000). The refugee crisis in Syria in 2016 has meant a return from a large Syrian diaspora to an Armenia where work and housing are in short supply (Crowder 2014).

In 2014, the UN Development Programme (UNDP) ranked Armenia 85th out of 187 nations based on the Gender Inequality Index (GII; 0.318). Some of the predominant concerns for women include factors coming out of migration, child sexual abuse, a broken health care system that results in most Armenians using self-care instead of medical care, high incidence of breast cancer and tuberculosis (TB), widespread domestic violence, and low rates of women in leadership positions as well as pervasive human rights violations experienced by lesbian, gay, bisexual, and transgender (LGBT) individuals.

Girls and Teens

The theme of diaspora marks the lives of the teenagers in Armenia. "Apathy prevailing among high school students, high unemployment rates among youth, and lack of prospects for self-realization and self-sustainability force many boys and girls of our age to look for opportunities outside Armenia," said one teen participant in a forum sponsored by UNICEF (2011). Among young women, 98 percent finish secondary school, and 57 percent go to college (World Bank 2013a). Armenian girls and young women are competitive and confident in math, language, and athletic endeavors (Khachatryan et al. 2015, 319). While young women are able to choose their partners, arranged marriages still exist (World Trade Press 2010). Health and sex education are largely nonexistent (UNICEF n.d.). One study showed that between 20 percent and 40 percent of women in Armenia lack sexual autonomy, meaning they

are not allowed to refrain from sex or insist on condoms (Klugman, Hanmer, and Twigg 2014, 14).

Teen Sex Trafficking

Armenia fights sex trafficking through public awareness campaigns and mandatory training for peace officers, labor inspectors, and social workers and awareness training for various nongovernmental organizations (NGOs), educators, media, and students. They provide hotlines, including targeting migration-related calls for trafficking; this number was advertised on their daily television program. Armenian women and children are vulnerable to forced begging domestically. Some children work in agriculture, construction, and service provision within the country, where they are also vulnerable to labor trafficking (U.S. Department of State 2014).

Child Abuse

Young women are sexually abused, sometimes by a parent, and the adult often goes unpunished. A 150 percent increase

in the number of criminal investigations involving sexual violence against minors—including young children—in the early 2000s means that there is more awareness, but in Armenia, more than half the cases of sexual assault in the country involve minors who are often afraid to report violence because they do not trust that the adults will be punished (Kharatyan 2015). The UN independent human rights expert on the sale of children, child prostitution, and child pornography has made recommendations to the government to safeguard the children. Those recommendations are aimed at working on the prevention of violence against children as well as irregularities in adoption processes, which can amount to the sale of children.

Education

Most women complete primary school and go on to secondary education (99%), although the completion rate varies by income, with more than 90 percent of high-income women completing, but only 80 percent and 31 percent completing from middle and lower income groups,

Women's Voices

Khadija Ismayilova

Khadija Ismayilova is an award-winning Azerbaijani investigative journalist who worked as the host of the Azerbaijani service Radio Free Europe, calling attention to the corrupt government through the Organized Crime and Corruption Reporting Project (OCCRP 2015). Her followers created the Khadija Project in her honor—a program that fights for the release of journalists imprisoned for reporting about corruption (OCCRP 2015). Ismayilova's investigative reporting on corruption, including the reports on the presidential family, led to her being recognized with the Courage of Journalism Award by the International Women's Media Foundation, among many others.

Ismayilova was jailed in 2014 on charges many believe were meant to silence her. She stated from prison, "I might be in prison, but the work will continue. I won't break under a 15- or even a 25-year sentence. I am going to have an opportunity to expose [abuses in] the penitentiary services. I am one of those people who knows how to turn a problem into an opportunity" (Recknagel 2015). She was released on May 25, 2016.

—Karen J. Shaw

ICIJ (International Consortium of Investigative Journalists). 2016. "Journalist Profile: Khadija Ismayilova." Retrieved from <https://www.icij.org/journalists/khadija-ismayilova>.

IPHR (International Partnership for Human Rights). 2015. *Justice Behind Bars: The Persecution of Civil Society in Azerbaijan*. December. Retrieved from <http://iphronline.org/wp-content/uploads/2015/12/Azerbaijan-Justice-Behind-Bars-December-2015.pdf>.

OCCRP (Organized Crime and Corruption Reporting Project). 2016. "The Khadija Project." Retrieved from <https://www.occrp.org/en/corruptistan/azerbaijan/khadijaismayilova>.

Recknagel, Charles. 2015. "Azerbaijan Journalist Khadija Ismayilova Vows to Continue Fight from Prison." *The Guardian*, September 1. Retrieved from <http://www.theguardian.com/world/2015/sep/01/azerbaijan-khadija-ismayilova-verdict>.

respectively (UNICEF 2010, 3). Forty-six percent of college-age people are enrolled in tertiary education. Colleges and universities show a majority of women in a number of fields in the humanities and sciences. However, men with doctorates outnumber women in all academic disciplines, and women are more likely to be lecturers or assistant professors. As authority and responsibility increase, the number of women decreases, including on governing boards and scientific councils as well as in governmental positions in general (Khachatryan 2015).

Health

According to the World Health Organization (WHO), women's life expectancy is 75 years. Twenty-nine mothers out of 100,000 can expect to die in childbirth. A study done in 2012 reported that in terms of self-rated health, about 40 percent of both women and men considered their health excellent, very good, or good, while about 62 percent of women and 60 percent of men considered their health fair or poor. About one-third of all Armenians reported severe health problems (33.4% for women and 29.2% for men) (Demirchyan, Petrosyan, and Thompson 2012). The leading causes of death are heart disease, stroke, lung cancers, chronic obstructive pulmonary disease, and diabetes (WHO 2015a). Data from WHO in 2007 indicate that 55 percent use contraceptives, 100 percent of births are attended by health care workers, and 93 percent have four or more antenatal visits (WHO 2015b, 2).

Water, on the other hand, is problematic: "Out of twenty-two wastewater treatment plants in the country, only four are currently operating and are providing only primary, mechanical treatment; 560 rural settlements are not covered by water operators; and the situation with drinking water and sanitation in schools needs particular attention" (Targeted News Service 2013). Indoor air is polluted with nicotine, as even in hospitals, the nonsmoking policies are flouted. Armenia has one of the highest male smoking rates in the European region (55.1% male and 3.7% female), and many health issues for women result from secondhand smoke (Movsisyan et al. 2014, 943). Fallout from an earthquake in 1988 still reverberates in the health of Armenians. Between 500,000 and 700,000 became homeless, and deaths were estimated at more than 25,000. A study showed that, decades later, survivors still had higher rates of depression and that the long-term impact of earthquake-related material loss was still relevant to quality of life (Khachadourian et al. 2015, 7).

Access to Health Care

Armenians do not use the health care system because it is not affordable.

In fact, 42.8 percent of sick people who were eligible for state guaranteed free-of-charge health care services didn't, because state funding was far less than the real cost of treatments. Moreover, many patients who were eligible for free outpatient drugs were forced to purchase medications in the market versus state funded pharmacies due to lack of supply. Lastly, self-care was found to be 36.2 percent and of these people, 95.3 percent did not visit a doctor due to financial constraints. (Tonoyan and Muradyan 2012, 4)

These authors reported that the Armenians surveyed "prefer the ostrich method," because of the distress of knowing about a condition and being unable to afford the treatment (Tonoyan and Muradyan 2012, 8).

For every 100,000 Armenians in 2011, there were 285 physicians, 72 specialists, 55 surgeons, 25 obstetricians/gynecologists, 26 pediatricians, 51 general practitioners, 42 dentists, 4 pharmacists, and 492 nurses (WHO 2013).

Maternal Health

The maternal death rate is 30 deaths per 100,000 live births (CIA 2015). Most women have more than four antenatal visits and have an attendant at birth.

Major factors perceived as obstacles for adequate nutrition of children and pregnant women included financial difficulties experienced by the population, lack of knowledge and lack of motivation among healthcare providers to provide adequate nutrition counseling and growth monitoring, lack of uniform guidelines concerning nutritional requirements, feeding, and prevention/treatment of micronutrient deficiencies during pregnancy and early childhood, lack of adequate support for initiating breastfeeding in maternity hospitals and overcoming breastfeeding problems thereafter, commercial pressure from pharmaceutical companies influencing providers' decisions and actions, negative social pressure experienced by mothers from older generation, and lack of Armenian-language public education materials in primary health care settings on correct nutrition of pregnant women and children. (Demirchyan et al. 2015, viii)

Rates of small-for-gestational age and preterm births, closely related to maternal nutritional status, were highest in Armenia, compared to other post-Soviet and Baltic countries (9).

Diseases and Disorders

“Breast cancer, the most common invasive cancer among women, has high incidence and mortality rates among women in the Republic of Armenia. According to the World Health Organization, the age-standardized death rate due to breast cancer in Armenia is 38.6 per 100,000, making it the fourth highest nation globally for breast cancer death” (Wright, Simonsen, and Cheng 2014, 230). Only three-quarters of the women surveyed understood that lumps might be an early sign of breast cancer. TB is another health risk. It is a serious public health problem in Armenia, with the estimated prevalence in 2013 being 66 cases per 100,000 population, and with 10 percent being resistant to drug treatment. The situation is complicated by other financial needs leading to treatment interruptions.

Employment

Although women, on average, have a higher level of education than men, their labor force participation rate is lower. This is partly a consequence their responsibilities for children and home: about 55 percent of women 15–75 years old are part of the economically active population, compared with 71 percent of men. Of the women who are not employed or formally defined as unemployed, about 42 percent are housewives, and 22 percent are retirees (ADB 2015, 25). Many women have informal work (which accounts for more than half of Armenia’s economy), and, consequently, they have no access to support systems, such as maternal leave. Women also represent a larger share of the registered unemployed and tend to spend more time searching for work. Many women work in the public sector and make the lowest wages, although wage disparities are closing in wholesale and retail. Women are not, as with education, in managerial roles, of which 77 percent are filled by men. Women earn only 64 percent of men’s income, giving Armenia one of the most significant gender pay gaps in Eastern Europe and Central Asia (ADB 2015, xiv). There has been an increase in women with bank accounts—doubling from 15 percent in 2011 to 34 percent in 2012 (ADB 2015, 25).

Family Life

The *Gender Barometer Survey*, taken in the fall of 2014, shows a traditional culture. Men believe that nature made them stronger and more intelligent and that women should be subordinate (37% men and 26% women) (17). Their beliefs have “deep religious foundations” (17). The survey reported that members of large families feel happier. Married people are happier than those who are divorced, people with more money and education feel happier, and respondents who feel there is sex equity are happier (14). More than half of those studied felt it was very important for Armenian men to have an active social life with many friends, but only 27 percent thought the same for women. Women are expected to be virgins when they marry and to prioritize family and raising children (19).

Politics

The World Bank’s *Gender at a Glance* reports that Armenia’s Constitution guarantees equality for men and women before the law, including property and inheritance. There are no legal prohibitions about women’s work. A woman can take 140 calendar days of maternity leave with her full wages paid. Parents can take an additional 1,025 days of unpaid parental leave. Pregnant and new mothers are protected from workplace discrimination. Both sexes can retire and receive full benefits at 63. There is no legislation that specifically addresses domestic violence (World Bank n.d.). The Asian Development Bank’s (ADB) report *Armenia: Country Gender Assessment* indicates that women represent only 10 percent of parliamentarians and about the same level of high-ranking government staff. Women are also underrepresented in regional and municipal administrative bodies, but their numbers have increased locally, although that may be due to the out-migration of males (xiii). There are only 22 female mayors in Armenia, all in small communities, and “women generally occupy administrative, not decision-making, posts” (17).

One UN development project is aimed at encouraging more women to get involved. It began with the understanding that narrow gender identities, a fear of failure and reputation loss, lack of skills, prohibitive costs, perceptions of the role of community councils, and the lack of a support network were some of the many issues preventing women from becoming leaders in Armenia. It focuses on supporting ordinary women with already ongoing initiatives by training, mentoring, crowdfunding, and conducting activism lessons, as well as teaching tips on political communications (Harutyunyan 2014).

Religious and Cultural Roles

The 2005 Constitution includes the following: “The Republic of Armenia recognizes the exclusive historical mission of the Armenian Apostolic Holy Church as a national church, in the spiritual life, development of the national culture and preservation of the national identity of the people of Armenia as well as a statement about the freedom of those of other adherents to worship as they will” (Wholley 2009, 262). Armenia’s tragic history of genocide means that more than “90 percent of Armenian clergy were eliminated, and the church has never fully recovered” (Avakian 2009). Attitudes cross genders, although they may play a part in the traditional mind-set, in that the church is valued. Being a good Christian is equally important for both men and women (Center for Gender and Leadership Studies 2015, 17). Eighty-seven percent of the population belongs to the Armenian Apostolic Church, and the minority is Armenian Catholic. Two-thirds of the 9 million Armenian Apostolic Church live outside of Armenia (“Armenia” 2016, 121), which has been a potent force in helping Armenians retain their culture and ethnic identity (Wholley 2009, 263–264).

The Armenian Church service has “a highly developed sense of formality, with the emphasis being on the reverent celebration of that act and not solely on the charisma of individual ministers or preachers” (268). The church has strengthened the ethnic and religious identity of the people, which was “constantly under threat, largely from Islam, but also from the Greek and Roman traditions. From such a point of view, the offerings being made to fellow Armenians by some of these ‘newcomers,’ whether Christian or not, must seem paltry indeed, but obviously not so to those who are so attracted” (268). Women are not allowed to be ordained, though there are strong opinions about the need to harvest women’s talents for the church.

Issues

Domestic Violence

Domestic violence is widespread and normative in Armenia. It is addressed by women’s organizations, as they provide services for victims as well as advocate for an improved state response. According to a nationwide survey, 61 percent of women have been exposed to some form of controlling behavior by an intimate partner, and 10 percent have experienced physical violence. The same survey also found that 7 percent of women report giving up a job at their partner’s insistence, and 9 percent report that their partners have

taken their savings against their will” (ADB 2014, 1). A UN Human Rights Study (UNHRS) by Sanan Shirinian points to cultural norms—both men and women think of it as a private matter and that women are to blame when their behavior “causes” the violence; abusive mothers-in-law; a culture of corruption resulting in police and judges who take money to turn the other way; and even doctors think of it as a family matter. “Violence takes the form of brute physical force, beatings, sexual torture (including being forced to engage in sexual activity against one’s will), authoritarian control (imprisoning the victim in the home, controlling contacts with others including family members, controlling all finances including access to food and clothing) and psychological abuse” (Shirinian 2010). A domestic violence report (The Advocates for Human Rights) from 2015 pointed to many recent studies showing that about 60 percent of its respondents had experienced domestic violence. Another study found that domestic violence accounted “for the greatest share of physical and psychological” violence suffered by women in Armenia: 9 percent admitted to experiencing physical violence, 25 percent to psychological intimidation, 60 percent to controlling behavior, and 3 percent to sexual violence, all at the hands of their domestic partners (United Nations Population Fund 2010, 10).

LGBT Persons

A report that was issued by Public Information and Need of Knowledge (PINK Armenia 2012) and others in 2012 details the discrimination against LGBT persons, despite the fact that Armenia agreed to be party a to the International Covenant on Civil and Political Rights on June 23, 1993. The government never mentions its treatment of the LGBT community. The same traditional attitudes that make family violence so pervasive make the situation for LGBT people impossible. Homophobia is rife, and the situation is made worse in that all men must serve in the military for two years. Gay men in the military are subjected to threatening and degrading homophobic treatment. Hate speech is common. Armenian society is very traditional and deeply religious. Almost all Armenians belong to the Armenian Apostolic Church, which condemns homosexuality as immoral and forbids gays from taking communion. When there is a homogeneity of people, faith, and beliefs, standing up as gay is difficult (PINK Armenia 2012, 28).

In December 2014, activists raised the rainbow flag during a state visit by President Vladimir Putin of Russia, whose virulent homophobia was in the news in the run-up to the Sochi Olympics.

The rainbow flag infuriated a faction of the crowd, who attacked the activists. Still, the group kept their flag flying. Sexual minorities in Armenia have watched their community go from taboo to a national debate played out on social networks and in public discussions in recent years. . . . “Society is misinformed, intimidated, and that begets violence and aggression towards the LGBT (lesbian, gay, bisexual & transgender) community,” said Mamikon Hovsepyan, head of PINK Armenia, . . . which found in a recent study that over 70 percent of respondents identified themselves as homophobic. (Hakobyan 2014, 28)

The PINK study details many comments made by Armenian officials, including Emma Khudabashain, a former member of the Armenian Parliament, who once encouraged people to “throw stones” at homosexuals (PINK Armenia 2012, 9).

Feminist Organizations and Grassroots Movements

From 2007 to 2010, the number of registered women’s organizations increased from 76 to 250, representing 6.5 percent of all registered NGOs. Further study is needed, however, to determine more clearly whether all of these organizations are active and whether they engage in advocacy around women’s rights or, rather, are providing services where government services are inadequate or nonexistent. Seventy-six NGOs tend to identify themselves as working on “women’s issues,” rather than on gender equality more broadly. A very small number of organizations work specifically with men on topics related to gender stereotypes, masculinity, or gender identity (ADB 2015, 21). One study by the International Foundation for Electoral Systems (IFES) found nine Armenian societies working on women’s issues. The organizers ranked themselves most strongly on providing services, counseling, and training, but not as highly for advocacy or data collection. Organizations feel that the government should prioritize adopting domestic and sexual violence law, adopt a quota system for women representatives in government, financially support shelters, and make laws against demeaning depictions of women on television (IFES 2013, 7).

KELLIAN CLINK

Further Resources

- ADB (Asian Development Bank). 2014. “Gender Analysis (Summary).” *Country Partnerships Study: Armenia 2014–2018*. Retrieved from <http://www.adb.org/sites/default/files/linked-documents/cps-arm-2014-2018-ga.pdf>.
- ADB (Asian Development Bank). 2015. *Armenia: Country Gender Assessment*. July. Retrieved from <http://www.adb.org/sites/default/files/institutional-document/162152/arm-country-gender-assessment.pdf>.
- The Advocates for Human Rights. 2015. *Violence against Women in Armenia*. Retrieved from <http://www.stopvaw.org/armenia>.
- Aharonian, L. 2010. “Nationalism and Sex.” *Armenian Weekly*, March 7. Retrieved from <http://www.armenianweekly.com/2010/03/07/aharonian-nationalism-and-sex>.
- Amnesty International. 2008a. *No Pride in Silence: Domestic and Sexual Violence against Women in Armenia*. London, UK: Amnesty International Publications. Retrieved from <http://www.amnesty.org/en/news-and-updates/report/no-pride-silence-domestic-sexual-violence-against-women-armenia-20081113>.
- Amnesty International. 2008b. “Violence in the Family in Armenia: Case of Greta Baghdasaryan.” Retrieved from <http://www.amnesty.org/en/library/info/EUR54/007/2008/en>.
- “Armenia.” 2015. *The Europa World Year Book*. 56th ed., 651–668. London: Routledge.
- “Armenia.” 2016. *The Statesman’s Yearbook*, 152nd ed., 118–121. Basingstoke: Palgrave Macmillan.
- Avakian, Florence. 2009. Clergymen Lost During the Genocide Remembered at Prelacy Forum. May 18. *Armenian Weekly*. Retrieved from <http://armenianweekly.com/2009/05/18/clergy-men-lost-during-the-genocide-remembered-at-prelacy-forum/>.
- Boslaugh, Sarah. 2011. “Armenia.” In *Encyclopedia of Women in Today’s World*, edited by Mary Zeiss Stange, 86–87. Carol K. Oyster, and Jane Sloan. Thousand Oaks, CA: Sage Reference.
- Center for Gender and Leadership Studies. 2015. *Gender Barometer Survey*. Retrieved from <http://www.ysu.am/files/Gender%20Barometer.Armenia.English.pdf>.
- CIA World Factbook. 2016. *Armenia*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/am.html>.
- Crowder, Nicole. 2014. “Rebuilding a Life in Armenia after Fleeing Syrian Conflict.” *Washington Post—Blogs*, September 25. Retrieved from <https://www.washingtonpost.com/news/in-sight/wp/2014/09/25/returning-home-syrian-armenians-look-to-rebuild>.
- Davtyan, Karapet, et al. 2015. “Social Support Programme for Tuberculosis Patients in Armenia: Perceptions of Patients and Doctors.” *Public Health Panorama* 1: 252–268.
- Demirchyan, Anahit, Dzovina Melkom-Melkomian, Kristina Mnatsakanyan, and Varduhi Petrosyan. 2015. *Formative Research on Infant and Young Child Health and Nutrition in Armenia*. Yerevan, Armenia: American University of Armenia School of Public Health, Center for Health Services Research and Development. Retrieved from http://chsr.aua.am/files/2015/09/Child-nutrition-report-for-UNICEF_final.pdf.
- Demirchyan, Anahit, Varduhi Petrosyan, and Michael E. Thompson. 2012. “Gender Differences in Predictors of Self-Rated Health in Armenia: A Population-Based Study of an Economy in Transition.” *International Journal for Equity in Health* 11(1): 67.
- Grigorian, David A., and Tigran A. Melkonyan. 2011. “Destined to Receive: The Impact of Remittances on Household

- Decisions in Armenia." *Review of Development Economics* 15(1): 139–153.
- Hakobyan, J. 2014. "Yerevan LGBT Community Makes Strides." *AGBU* 24.28 (4). Retrieved from <http://ezproxy.mnsu.edu/login?url=http://search.proquest.com/docview/1528147391?accountid=12259>.
- Harutyunyan, Natalya. 2014. *No Ceiling: Three Approaches to Women's Leadership in Armenia*. November 26. Retrieved from <http://europeandcis.undp.org/blog/2014/11/26/no-ceiling-three-approaches-to-womens-leadership-in-armenia>.
- IFES (International Foundation for Electoral Systems). 2013. "Armenia's Survey of Women's Organizations." Retrieved from http://www.ifes.org/sites/default/files/global_gender_survey_armenia_jm_bd_ra2_2.pdf.
- Khachadourian, Vahe, Haroutune K. Armenian, Anahit Demirchyan, and Armen Goenjian. 2015. "Loss and Psycho-social Factors as Determinants of Quality of Life in a Cohort of Earthquake Survivors." *Health and Quality of Life Outcomes* 13(1): 7.
- Khachatryan, Karen, Anna Dreber, Emma von Essen, and Eva Ranehill. 2015. "Gender and Preferences at a Young Age: Evidence from Armenia." *Journal of Economic Behavior & Organization* 118: 318–332.
- Khachatryan, Narine. 2015. "Gender Inequality in the Higher Education Institutions in Armenia: Causes and Consequences." *Access, Equality & Inclusion, Armenia, Caucasus, Education Issues, Education Level, Higher*, June 25. Retrieved from <http://chalkboard.tol.org/gender-inequality-in-the-higher-education-institutions-in-armenia-causes-and-consequences>.
- Kharatyan, Marine. 2015. "Child Abuse Needs Change in Public Attitudes in Armenia: Police Investigations Can Be Flawed and Public Attitudes Are Often Unsympathetic. Institute for War and Peace Reporting." March 2. Retrieved from <https://iwpr.net/global-voices/child-abuse-needs-change-public-attitudes>.
- Klugman, Jeni, Lucia Hanmer, and Sarah Twigg. 2014. *Voice and Agency: Empowering Women and Girls for Shared Prosperity*. Washington, D.C.: World Bank Publications.
- Movsisyan, Narine K., Varduhi Petrosyan, Arusyak Harutyunyan, Diana Petrosyan, and Frances Stillman. 2014. "Clearing the Air: Improving Smoke-Free Policy Compliance at the National Oncology Hospital in Armenia." *BMC Cancer* 14(1): 943–950.
- Ospian, Alexandr. 2014. "Armenian Involvement in the Latin-Mongol Crusade: Uses of the Magi and Prester John in Constable Smbat's Letter and Hayton of Corycus's *Flos historiarum terre orientis*, 1248–1307." *Medieval Encounters* 20 (1): 66–100.
- PINK Armenia (Public Information and Need of Knowledge). 2012. "Human Rights Violations of Lesbian, Gay, Bisexual, and Transgender (LGBT) People in Armenia: A Shadow Report." Retrieved from http://ccprcentre.org/doc/2015/01/INT_CCPR_NGO_ARM_105_7997_E.pdf.
- Shirinian, Sanan. 2010. "Domestic Violence against Women in Armenia." United Human Rights Council, May 26. Retrieved from <http://www.unitedhumanrights.org/2010/05/domestic-violence-against-women-in-armenia>.
- Targeted News Service. 2013. "Priority Areas for Water and Health Targets Set in Armenia." December 13. Retrieved from <http://ezproxy.mnsu.edu/login?url=http://search.proquest.com/docview/1467829559?accountid=12259>.
- Tololyan, Khachig. 2005. "Armenian Diaspora." In *Encyclopedia of Diasporas: Immigrant and Refugee Cultures around the World*, edited by Melvin Ember, Carol R. Ember, and Ian A. Skoggard, 35–46. New York: Springer.
- Tonoyan, Tamara, and Lusine Muradyan. 2012. "Health Inequalities in Armenia: Analysis of Survey Results." *International Journal for Equity in Health* 11(1): 32–44.
- UNICEF. 2010. Education in Armenia. Retrieved from https://www.unicef.org/ceecis/Armenia_2010.pdf.
- UNICEF. 2011. "UNICEF Launches Its Flagship Publication Together with Adolescents." Retrieved from http://www.unicef.org/armenia/media_16738.html.
- UNICEF. 2012. "Armenia: Statistics." Retrieved from http://www.unicef.org/infobycountry/armenia_statistics.html.
- UNICEF. n.d. "Adolescence." Retrieved from http://www.unicef.org/armenia/children_559.html http://www.unicef.org/armenia/children_559.html.
- United National Population Fund. 2010. Nationwide Survey on Domestic Violence Against Women in Armenia. Retrieved from http://www.armstat.am/file/article/dv_executive_summary_engl.pdf.
- U.S. Department of State. 2014. "Trafficking in Persons Report: Armenia." Office to Monitor and Combat Trafficking in Persons. Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/countries/2014/226670.htm>.
- Vartabedian, T. 2009. "Facing Poverty in Armenia." *Armenian Weekly*, June 25. Retrieved from <http://www.armenianweekly.com/2009/06/25/facing-poverty-in-armenia>.
- Walker, Christopher. 1991. *Armenia and Karabagh*. London: Minority Rights Group.
- WHO (World Health Organization). 2013. "Armenia: Health Service Review." Regional Office for Europe. Retrieved from <http://www.euro.who.int/en/about-us/partners/observatory/publications/health-system-reviews-hits/full-list-of-country-hits/armenia-hit-2013>.
- WHO (World Health Organization). 2015a. "Global Health Observatory Country Views: Armenia." Retrieved from <http://apps.who.int/gho/data/node.country.country-ARM>.
- WHO (World Health Organization). 2015b. "Armenia, WHO Statistical Profile." Retrieved from <http://www.who.int/gho/countries/arm.pdf?ua=1>.
- Wholley, John. 2009. "The Armenian Apostolic Church in Armenia: The Question of Renewal." *Studies in World Christianity* 15(3): 259–275.
- World Bank. n.d. *Women, Business and the Law*. Retrieved from <http://wbl.worldbank.org/data/exploretopics/protecting-women-from-violence>.
- World Bank. 2013a. "Armenia—Education." *Gender Data Portal*. January 31. Retrieved from <http://datatopics.worldbank.org/gender/country/Armenia>.
- World Bank. 2013b. "Europe and Central Asia: Gender at a Glance." Retrieved from http://www-wds.worldbank.org/external/default/WDSPContentServer/WDSP/IB/2013/10/17/000356161_20131017131227/Rendered/PDF/817940BRI0ECA00Box0379846B00PUBLIC0.pdf.

World Trade Press. 2010. "Women in Culture." In *Armenia Society and Culture Complete Report*, 22. Petaluma, CA: World Trade Press.

Wright, H. Z., K. Simonsen, and Y. Cheng. 2014. "High Breast Cancer-Related Mortality in Armenia: Examining the Breast Cancer Knowledge Gap." *Annals of Global Health* 80(3): 230.

Austria

Overview of Country

The Republic of Austria is a landlocked federal state in Central Europe. In its current form, Austria has existed since 1955. Until 1918, the territory was part of the Austrian-Hungarian Empire, a hereditary monarchy. The 1920 Federal Constitution then instated the First Republic and provided the basis for the Second Republic after World War II, in 1945. In the form of a corporate democracy, the constitution enshrines the interests of certain groups, such as the Catholic Church. Due to ambiguity about this state form of "corporate democracy," Austria is also often referred to as a *de facto* semipresidential or a proportional-representative parliamentary democracy. Elected by direct popular vote every five years, the federal president is the official head of state and appoints, by approval, the federal chancellor who heads the federal government.

In 2013, the nine federal states had a combined population of 8.5 million. The official language is German. Eighty-eight percent of the population speaks one of the so-called Bavarian-Austrian dialects as a first language. Other partially recognized languages are Croat, Hungarian, and Slovenian. Bosnian, Serbian, and Turkish are the largest minority languages (CIA 2017).

In 2009, 40 percent of people living but not born in Austria were from other European Union (EU) or European Economic Area (EEA) states, and 47 percent were from other European states, notably Bosnia, Croatia, Serbia, and Turkey. Thus, only 13 percent were from continents other than Europe (CIA 2017).

In 2014, the Roman Catholic Church in Austria had 5.31 million members (62% of the Austrian population). In 2009, about 3.7 percent of Austrians were Protestant, and 6.2 percent were Muslim. Around 12 percent were not members of any religious community. While there are only around 8,000 Jews, there are about 10,000 Buddhists and a growing number of Jehovah's Witnesses (around 20,000).

In 2016, Austria's nominal gross domestic product (GDP) was \$48,957 per capita (IMF 2017), and its Human Development Index (HDI) was 0.891 (UNDP 2016b). The Gini coefficient was 0.274 in 2015 (OECD 2017b). The overall unemployment rate was 5.1 percent in September 2014 (the EU average is 10.1%) (UNDP 2016a).

Girls and Teens

In the Second Republic, much of the organization of public life has taken place in a context of struggle for political influence between the Austrian Social-Democratic Party (SPO) and the conservative Austrian People's Party (ÖVP). This means that, for most services, there exists a dual structure: two home care providers, two motorist assistance services, and so on. Although voting behavior broke up this duality in the early 2000s, there remains a continuing influence on people's, and women's, concrete possibilities to organize their lives. This happens in a context of highly differential political-legal frameworks of each of Austria's nine federal states. In addition to regional and socioeconomic aspects, these significantly structure how women manage their lives based on their access to public services.

On the federal level, there are, however, many statutes in place. Austria signed the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1980 and ratified it in 1982. Many women-specific issues, however, are in the hands of quasi-nongovernmental organizations, societies, or associations. Many of them fulfill a "public service" and have a certain degree of freedom to set their agendas while being funded (mostly) publicly. This is a balancing act due to all the actors and interests involved.

As a culturally Roman Catholic country, the establishment of the Ministry for Women in 1990–1991 headed by social democrat Johanna Dohnal was a milestone for the public discussion of women's issues in Austria. While the ministry contributed to formalize and institutionalize women-specific—and increasingly gender-sensitive—policy making, the early 2000s have also shown the continued struggle and instability of legal achievements. For example, the termination of a pregnancy within the first three months was decriminalized in 1975, but only as a "temporary solution." It can, therefore, be revoked at any time by a majority in Parliament.

This is the outcome of compromise-based policy making between social-democratic welfare statism and more religiously conservative groups. This process of negotiation between different interests often manifests in compromises characterized by veiled contradictions. For example, the

call for a legal recognition of same-sex couples in a socially accepted form comparable to a civil marriage has, after a court case in 2003, resulted in the formal introduction of “registered partnership” in 2010. Its incomprehensible name indicates that it does not intend to quite afford registered couples the same day-to-day rights as it does civilly married heterosexual couples (there are 72 legal differences).

So, while many actors promote an “equal rights” approach and the equality of men and women is enshrined in the constitution, realizing this in both mundane contexts and structural patterns (e.g., considerable gender pay gap) is often more complicated. This goes both ways, as the image of women as the “weaker sex” also continues institutional positive discrimination, such as no obligation to perform military service or (until 2033) an earlier retirement age. In other words, there are efforts to challenge sex-specific gender norms, but their outcomes might not always be unequivocal.

Education

Empress Mary Therese introduced a six-year general compulsory elementary school in 1774. However, the education of girls was not prioritized until the late 19th century. From 1901, some women were allowed to attend certain courses at university. This was not extensive, and there was continued struggle due to the political climate of the first half of the 20th century. Coeducation was introduced in 1975. Except in primary school, physical education remains sex-segregated.

At present, a minimum of nine years of schooling is obligatory. In age groups over 25, more women than men completed only this minimum. Ninety-nine percent of boys and 98.4 percent of girls were enrolled in primary school from 2008 to 2012. Kindergarten is not obligatory in Austria. The existence, distribution, and quality of accessible (public) child care facilities, such as day care centers, vary significantly depending on location (NationMaster 2017).

The education system has historically been exclusionary. Austria has a “dual” educational system that sends children at age 10 to either the more academic eight-year *Gymnasium* (grammar school) or the more practical four-year *Hauptschule* (high school). As social segregation via and in education has historically worked well within the public system, relatively few students attend private schools in Austria (fewer than 1 in 10), in comparison to other EU or OECD countries. Two-thirds of private schools are run or funded by Roman Catholic institutions. Social democrats’ long-standing efforts for educational reform

have recently borne fruit in the form of a reinstatement of (trial) comprehensive schools in 2008–2009 and the introduction of centralized high school diploma examinations in 2015–2016. The reintroduction of full-day comprehensive schools is an important step, as the design of the entire educational system had previously been built on the premise of children having their mothers welcome them home after a half-day of school (NationMaster 2017).

In the current dual system, there are more girls in grammar schools and more boys in high schools. Women make up 60 percent of secondary school graduates and are a slight majority at the tertiary level. This starts to inverse from the doctoral level onward: 42 percent of PhD graduates and only 16 percent of professors are women. Women are underrepresented in technical schools at all levels. For example, only 21.5 percent of students enrolled in technical courses at tertiary schools and 11.2 percent in the educational field of engineering are women. However, women are heavily overrepresented in the educational and occupational fields of health (86.3%) and service (tourism) work and the social, legal, and economic sciences (NationMaster 2017).

Health

Women’s life expectancy is on average 83 years (5.4 years more than men’s). There are gendered approaches to health and illness as well as gendered patterns of use of health services (UNICEF 2017).

Overall, back pain is the most commonly reported health issue (2006–2007). Women are more affected than men, and even more so regarding osteoporosis, migraines, and depression. Men suffer more from incontinence and commit suicide more often (296 reported cases in women to 997 in men). Women in Austria also suffer from cardiovascular diseases and cancers, such as lung cancer (WHO 2017).

While health is a fundamental aspect and indicator of quality of life for everyone, men and women sometimes need specific services that medicine cannot provide. The Viennese Program for Women’s Health, for example, has promoted the health of women and girls since 1998. The organization has observed that women are treated with medication without hesitation from a young age, particularly concerning the reproductive aspects of their bodies. For example, the contraceptive pill is prescribed to teenagers merely for better skin, and hormone-replacement therapy is readily prescribed during menopause.

This is not to say that reproductive health is not important, but that contraception predominantly lies in the hands,

and happens on the bodies, of women via medical hormones. Condoms make up only 15 percent of contraceptive methods, while hormone-based contraceptives are 60 percent.

In vitro fertilization is legal in Austria. Since 2000, a public fund has subsidized 70 percent of costs of assisted reproduction. However, such assistance is only available to (married) heterosexual couples and is, as a surgical intervention, not always problem free. Invasive surgical interventions in the region of the uterus are indeed still widespread. In 2006, 42,000 curettages of the uterus and 10,800 entire removals of the uterus were performed on women's bodies. More recently, the trend of plastic surgery on the female genitalia, notably a reduction in size of the outer labia, has become a major issue for concern. These operations are performed for aesthetic or rejuvenating reasons, while globally, millions of women are subject to excision as part of female genital mutilation (FGM) Type II.

Breast cancer is the most widespread form of cancer in women. In 2011, 5,349 women were diagnosed with breast cancer, and 1,481 died from it. According to UNICEF, 13,000–25,000 people were HIV-positive in Austria in 2012. The majority of HIV infections were caused from heterosexual contact. Between 1983 and 2005, 2,420 people had AIDS, of which 21.2 percent were women (WHO 2017).

The influence of beauty standards and pressures for women to conform to a particular set of norms is palpable. Already 23 percent of 11- to 15-year-old girls display signs of insufficient or problematic eating patterns (one or no meal on some days of the week). Although women make up 90–97 percent of those suffering from some form of eating disorder, the decisive point is the number of women and girls exhibiting subclinical patterns. This concerns those persons who, based on a negative body image, perform some kind of restrictive exercise and diet regime. Such fears of and measures against being perceived as overweight stand in contrast with an actual and measurable rising rate of people who are overweight. In Austria, however, it is men who are more likely to be overweight (57% of men compared to 19.7% of women). About 6.7 percent of women and 8.2 percent of men have a body mass index over 30, which is considered overweight but not obese (WHO 2017).

Employment

Labor Force Participation and the Gender Pay Gap

Female labor force participation has been steadily rising since 1995, and the EU Lisbon goal of 60 percent has been met since 2001. The rise in women's formal workforce

participation has gone hand in hand with a considerable rise in female part-time work (43.2% in 2010), so-called horizontal segregation, and the establishment of women-dominated jobs. One effect of this development is that Austria has the second-largest gender pay gap after Estonia (Eurostat 2013). In 2015, the gender pay gap was on average 38.4 percent before and 31.2 percent after taxes (Statistics Austria 2017). Lower income becomes a crucial social and individual problem for the financial security of single, female-headed, or migrant households. The pay gap translates into lower pensions, which is often aggravated by years out of the formal job market or part-time work due to pregnancies and other caring responsibilities. This means that the above-mentioned households often live around the poverty line (60% of median income) for long periods and that the women heading them are very likely to face solitary elderly poverty. One measure to address these problems was the introduction of income transparency regulations. Since 2011, companies with more than 1,000 employees and, since 2014, firms with more than 150 employees need to generate a biannual report with sex-specific employment and income details (Eurostat 2013).

In public-sector jobs, the 1993 equal treatment law specifies that explicit efforts to reach a 40 percent threshold should be made in male-dominated areas. When hiring, women with equal qualifications to men ought to be given preference. The success and practice of this regulation is not yet clear.

Household Roles and Responsibilities

Another effect of women's increasing formal labor force participation concerns new questions and debate about the distribution of caring responsibilities. A Statistics Austria study on time use showed that in 2008–2009, 92 percent of women and 74 percent of men did some sort of unpaid housework. While the percentage of men went from around 25 percent in the 1980s to 74 percent in 2008–2009, the amount of time women spent doing housework remained constant—while at the same time their formal employment hours have risen on average. The study found that women on average do 4 hours of housework, while men on average do 2.5 hours of general care work per day (Statistics Austria 2009).

The increase in women's formal employment has had effects in terms of an increased strain for women to reconcile or juggle both expectations and demands at work and at home. Job and family reconciliation has become a

topic of discussion because the double burden often turns into a triple or multiple burden (caring for the home and family members, formal employment, and maintaining social appointments). Due to the high number of people this affects, ensuring life balance has become a major policy issue and a topic for human resource management at businesses. Women's increased participation in formal employment and multiple burdens have also fostered both the ability and need to "buy in" private care services (child and/or elder care, cleaning, gardening, etc.) often performed by vulnerable or migrant women. Certainly, not all families can afford this. This has, however, triggered what some call "care drain" in the care workers' home countries as well as a (transnational) care chain (UNDP 2016a).

Family Life

Teenagers start to go out from a young age and are often in contact with alcohol from age 13. Particularly between the ages of 16 and 19, alcohol consumption on the weekends is considerable. Similarly, numbers regarding daily smoking among adolescents vary between the rather high figures of 20–33 percent. While there is little sex-disaggregated research on this, it is assumed that the behavior of teenage boys and girls does not significantly diverge (OECD 2017a).

The social behavior of teenagers has been a hotly debated topic in Austrian media and policy circles. There has been a tightening of the youth protection laws and their enforcement regarding the sale of wine, beer, and tobacco to adolescents under the age of 16 at shops and bars as well as stricter identity controls for spirits and entry to over-18 bars and clubs. It is, however, not clear whether this has curbed teenagers' weekend alcohol consumption or just shifted it to different, more informal, spaces.

Girls and young women negotiate their family roles in the backdrop of gender-specific socialization. Regarding the treatment of boys and girls, children experience their first years in the context of pink and blue clothes and gender-specific toys. To a certain extent, girls are still expected to set the table and clean the dishes, and boys are expected to know how to change a lightbulb.

The image of the family in terms of the heterosexual nuclear family has continued to be the ideal, even though legal changes are being made. Discussions about what makes a family are ongoing. After the 2010 same-sex-specific registered partnership law, in 2013 the law was changed to allow second-parent adoption; that is, one partner in a homosexual couple may adopt the other partner's

(biological) child. This, however, was only granted after a European Court of Human Rights ruled that previous legislation was discriminatory against nonheterosexuals. The second-parent adoption law also does not allow a homosexual couple to adopt together a child who is not biologically related to either of the partners (OECD 2017a).

In heterosexual couples, the average ages for first marriage are 29 for women and 32 for men. At present, there are around 20,000 divorces per year. The overall divorce rate is nearly 50 percent (OECD 2017a).

For about 10 years, the fertility rate stabilized at 1.4 children per woman. On average, women have their first child at the age of 28.1 (in 1988, it was 24.6). Forty percent of children are born to nonmarried parents (more than 50% for the first child). Even though family law was reformed in 2013, the mother remains legally and solely responsible for a child born outside of wedlock.

In 2014, there were 1.125 million families with children in Austria. Since October 2009, married parents can share parental leave. They are eligible for state child support of up to 14 months (at 80% of their respective current salaries) when the male partner takes at least two months of paternity leave.

Financial support for families is extensive. Some support systems depend on family income levels, the number of children, and age levels. Family support, child care, and "week money" (the social support mothers receive eight weeks before and after delivery) are tax-free. Family money spent on child care until age 10 can be deducted from income tax. For older children, there is income-based public support money for university attendance.

Mechanisms such as the sole earner deduction, which reduces income taxes by USD\$583 per year for one earner in married couples with children living in Austria, show that Austrian laws are family- and child-friendly. They could, however, also be incentives for a (traditional male) breadwinner and (female) housewife distribution of labor.

Women experience and negotiate their sexualities in relation to a range of group-specific gendered expectations, norms, and experiences. In the study "Sexuality and Gender," women interestingly reported to be both more "liberal" in terms of openness toward homosexuality, for example, "traditional" in relation to their understanding of relationships, and self-identified more as feminist than men. Even if this might give a complicated sexual self-image, women report a desire for sexual contact throughout the courses of their lives; this desire only starts to diminish around age 75. Ten percent of women and

12 percent of men report to having had homosexual experiences of varying frequency.

Overall, however, there is indeed insufficient knowledge about women's sexuality that does not focus on their reproductive capacities. Perhaps this comes as no surprise, as female sexuality was described as a passive response to men's desires in the late 20th century. However, about 50 years after feminists invited women to explore and take charge of their bodies and to partake in consciousness-raising groups, sexuality remains somewhat ascribed—today, increasingly via notions of sexuality trending in visual and social media.

Politics

Austrian women gained the right to vote in 1918; men already had before World War I, in 1907. While women were reported to vote more for center-left parties and men for center-right parties up to the 1990s, there have been changes in gendered voting behavior. Probably due to a more general shift to the right, women have voted more right of center since 2008.

After the 2008 general elections, women made up 27 percent of members of the National Assembly. The average of the federal states' parliaments was 24 percent women. In federal chancellor Faymann's second term, 4 out of 14 members of the federal government were women (in September 2014). Also except for Steiermark's Waltraud Klasnic (in office 1996–2005) and Salzburg's Gabi Burgstaller (2004–2013), there were no women governors in Austria's nine federal states. Lower Austria's conservative federal president has been in the governor's seat since 1992. After 25 years of incumbency, his conservative party protégée, former federal Interior Minister Johanna Mikl-Leitner, is since 2017 the first woman governor of Lower Austria, the largest federal state. In other words, until 2017, no woman has held either the post of federal chancellor or federal president.

In the Second Republic, Freda Meissner-Blau was the first woman to run for president in 1986. She received 5.5 percent of the vote in the first round. In 2004, Benita Ferrero-Waldner (conservative party) ran and lost the election by five points. In 2016, Irmgard Griss ran as an independent candidate for president; she obtained nearly 19 percent of the vote. Only 4 percent of Austrian mayors were women in 2008. This represents a more general paucity of female leaders and indicates a strong connotation of leadership with masculinity. Indeed, few women are nominated

as the top candidate in regional, federal, or EU elections, and most influential posts at large public institutions are held by men. In 2008, 6 percent of joint-stock companies had women (or *a woman*) on their managing board.

Recognizing the problematic issues of these numbers, there have been efforts to mainstream gender on the federal level from 2000. More concrete strategies concerning the distribution of public funds were formulated in 2013 in the form of gender budgeting guidelines.

Women's Movements and Feminist Struggles

As in many countries, women have at various points and in various forms fought for self-determination over their lives and bodies, political rights, economic independence, and against constrictive religiously inspired cultural-moral norms. Karoline von Perin founded the Democratic Women's Association Vienna in 1848 in response to the bloody repression of a women workers' demonstration against the lowering of their salaries. In 1893, Auguste Fickert, Marie Lang, and Rosa Mayreder founded the Austrian General Women's Association, which demanded formal political and civil equity and equality of educational and economic opportunities.

In Austria, women have also often expressed their emancipatory ideas in and through the arts, from the Austrian Association of Women in the Fine Arts, which was founded in 1910 to ameliorate conditions and promote women artists' work, to contemporary feminist artists and activists, such as VALIE EXPORT, who attained world fame for her critique of women's position in society.

Another more recent example of a critique of sustained unequal conditions is the demand to change androcentric uses of the German language, from fostering a "gender-just" language by, for example, not solely using the male form of a noun or adjective as the neutral version, to including Austria's daughters as equally "great" children in the national anthem. For before the lyrics were changed, the anthem solely went, "O Austria, you are full of great sons." Demands like these have been the subject of major public and political debate, as many commentators do not agree with making women actively visible in a language (of three grammatical genders) that has a male and female version for every noun (such as lion and lioness in English).

Issues of Integration and Participation

In January 2009, 17 percent of women living in Austria did not have an Austrian passport. Seven out of eight of these

women were from other EU or EEA states, including Switzerland. Based on EU statutes, EU citizens have extensive rights as residents of Austria, including the right to vote in council elections. Residency, access to the labor market, and full participation in different aspects of Austrian society is much more complicated for non-EU and overseas citizens. Naturalization can be started after 10 years in Austria (including 5 years of residency) and results in the loss of the other nationality. Migration profiles as well as an individual's possibility of integration and participation not only vary depending on country of origin but are also gendered. Many individuals and groups remain categorized as "foreigners," even though they might possess citizenship, while others are not, even if they might be temporary migrants. This differentiation might be experienced as unjustified by affected individuals or groups. For example, the average salary of women with a non-Austrian passport is two-thirds of women with citizenship. Their danger of impoverishment is more than twice as high as Austrian women's.

Mainstreaming an inclusive approach toward the participation of people outside and in-between the gender binary, such as transgender people, is also a slow process. Even after Austrian singer Conchita Wurst won the Eurovision song contest in 2014 as a bearded woman, gender identity and gender performance remain uncomfortable subjects. Many trans people face discrimination and social isolation. However, formal recognition of the wishes of trans people has been underway. The 1988 name change law allows the change of a first name "if it does not correspond to the applicant's sex." The status ("in the person"), which is determined in the birth certificate, can also be changed.

Religious and Cultural Roles

The Catholic Church does not provide sex-disaggregated numbers of its members. There is, however, a gendered performance of spirituality. Women participate in, on average, more informal religious acts than men; yet, they are excluded from assuming formal posts and formal participation in the Roman Catholic Church. They cannot become part of the clergy, for example, but they are allowed to do small services such as clean the churches or spiritually accompany children for first communion. There is a palpable tension between the way women, as a group, have historically been excluded and continue to be marginalized in the church, and their strong informal

involvement. Indeed, their active and mundane involvements in the upkeep of the Catholic Church matter due to the prevalence and influence of the church in both the Austrian corporatist state and in society. For example, church taxes are automatically deducted from one's salary as part of a broader "social tax." The church's nonchalance about women's involvement has, in the 2013 words of Pope Francis, often resulted in "a role of servitude." This very much echoes the institution's ambivalence about, and formal rejection of, many women's issues, including sexual health and choices (family planning and use of contraceptives, pre- and extra-marital sex, sexuality in general, expressions of nonheterosexual desires in particular, and divorce).

Insufficient communication, semisuccessful integration policies, and a rise in populist right-wing politics have resulted in a number of reservations and prejudices against non-Christian religions, their members, and alleged practices and values.

Issues

Domestic Violence

In 2011, Austria signed the Istanbul Convention on Preventing and Combating Violence against Women. It was ratified in 2013. Between 2014 and 2016, a National Action Plan for the Protection of Women against Violence was set up to take concrete steps.

Even though the convention has been in place since August 2014, combating all forms of violence against women, specifically in intimate (heterosexual relationship) settings, remains a major social and policy concern. The National Action Plan, for example, reports that the cost of domestic violence amounts to about USD\$69 million (78 million euros) annually in Austria alone. However, there are no official representative numbers about the actual extent of violence against women. The official 2010 Women's Report only notes that one can expect similar figures to Germany—where one in four women (ages 16–85) who ever lived with her partner is reported to have experienced some concrete form of violence (U.S. Department of State 2010).

In Austria, active criminalization of sexual violence against women in the so-called private sphere began in the 1990s. The 1997 protection from violence law gave police the right to remove a threatening or violent person from the shared premises. The antistalking law (2006) sought to take violence out of the private or domestic sphere and

put it on the agenda. Also in 2004, there was a change in terminology in the penal code, including a substitution of “criminal acts against morality” with “criminal acts against sexual integrity and self-determination,” or “prostitution” instead of “commercial sodomy.” Such seemingly small changes can have a significant impact on women’s lived experiences, as the new terminology moved away from a certain understanding of morality that had a negative focus on the woman and the sexual. For example, the substitution of “desecration” with “sexual abuse” in the legal text implies less blame on the victim, while the less shaming term offers more possibility for agentic self-determination.

In practice, however, domestic violence is not straightforward. A major stumbling block in the legal-institutional regulation and fight against domestic, sexual, and gender-based violence is the practice of its enforcement. Although laws and formal efforts to increase protection and support might be in place (e.g., 2008 and 2009 laws), it mainly depends on “the police’s consequent application of the law” (U.S. Department of State 2010), which remains questionable when considering the treatment of women both by law enforcement and the judiciary remains ambivalent. Criminal acts against integrity and self-determination need to be of provable “sexual nature,” which the law specifies as the intensive touch of a primary or secondary sexual organ. Therefore, a forced kiss or slap on the backside does not count. Secondly, the issue of ambivalent treatment became highly visible when, in 2014, a young girl sued her alleged rapist and was instead herself convicted for slander and publicly defamed by the judge.

Moreover, there is also a city-countryside gulf mostly because violent relationships are not (or refused to be) recognized as such by local law enforcement. This is complicated, “particularly in the countryside, women are not seen as victims but as accomplices” (Statistics Austria 2010, 519). Therefore, the Women’s Report asserts, “If men’s violence against women in the private sphere is to be prevented, a profound change in the power relations that create this violence is needed” (Statistics Austria 2010, 505).

The private sphere of the home and the most intimate relations are also the locus and focus of violence perpetrated against the sick and elderly (Hörl 2007). Although demographic change is taking place, the elderly are a neglected social group in two notable ways: financially and socially. Elder financial security is at stake because of a crumbling pension system and elderly poverty. In 2007, women received less than half of their male counterparts’ pensions, a median of only USD\$9,500 (11,000

euros) annually. As the wives of male breadwinners, widower pensions typically average USD\$8,900 (10,164 euros) annually before tax. This brings up lots of questions about how care for a growing number of single elderly people and an increasingly aging population.

Although the perpetration and the discussion of violence against women are mostly made invisible as non-topics, violence against disabled women is an even bigger taboo. Already marginalized, individual disabled women’s experiences with violence—in most cases sexual—are often simply not dealt with and as such do not really exist. In Zemp’s research, it was found that more than 60 percent of the research participants were sterilized, 62 percent had experienced sexual harassment, and 64 percent had experienced sexual violence (Zemp 2002). In most cases, there are no tangible consequences for the perpetrator(s). In a case of continuous sexual abuse of an underage mentally disabled girl by close family as well as other people known to her, state agents only showed signs of involvement when the considerable abuse resulted in a pregnancy.

Violence against women in the private sphere is particularly traumatic for women due to the proximity to the perpetrator and locus of violence. Often children or other dependents are indirectly involved or affected. Moreover, the effects of abuse are not of purely physical nature, and much violence takes a plurality of forms—notably, emotional and mental violence, such as prolonged threats or involvement in dependency. Women often find it difficult to leave such relationships of dependency, even though they might suffer significant psychological damage and deterioration in health and quality of life.

There is little formal information about what is sometimes called “tradition violence” (U.S. Department of State 2010, 531). This includes the perpetration of violence against women in the form of female genital mutilation (FGM), so-called honor killings, and forced marriage.

Based on campaigns against such forms of violence, there have been efforts to raise consciousness and formulate appropriate laws. Since 2006, forced marriage has been criminalized as severe coercion. It is estimated that around 8,000 victims of FGM live in Austria. Legally, FGM is a criminal assault, even if performed abroad. Since 2006, the limitation expires when the woman comes of age. This is, however, very difficult to enforce. There are stereotypes about the origin and justification of crimes in the name of “honor” that are quick to blame culture and religion. The Austrian Islamic Association, for example, stresses that forced marriage, honor killings, and FGM are not

condoned Muslim practices and do not have a foundation in the Koran.

Rape is criminalized under the Austrian Penal Code with a penalty from 6 months to 10 years. This is increased to 5 to 15 years if the forcible intercourse or the forcible sexual act, comparable to intercourse, was reached by particularly severe means or had particularly severe consequences. Marital rape was first criminalized in 1989; since 2004, it has been a criminal offense, which the wife does not need to explicitly claim.

However, rape survivors often struggle with the reality of these legal statutes. While the inhibition to press charges is high, women are often not taken seriously by the police. In 2013, there were 920 reports of marital rape, but only 104 convictions. Such numbers reinforce an already strong fear of not being taken seriously and the consequent tendency not to press charges. The result is a relative high impunity for committing rape. There are now campaigns to amend the legal text so that the explicit physical force, deprivation of liberty, and threat no longer constitute both the actual rape and function as the provable prerequisites for a conviction. The “A No Must Be Enough” campaign argues that the person’s will and expression should be enough to determine what counts as a forcible act.

Violence: The “Public” Sphere

Sexual harassment and assault are forms of violence against women that primarily happen in the “public” sphere. The 1979 equal treatment law made first legal provisions. The 2002 EU directive on the implementation of the principle of equal treatment for men and women in regard to access to employment, vocational training and promotion, and working conditions (2002/73/EC) states, “Sexual harassment: where any form of unwanted verbal, non-verbal or physical conduct of a sexual nature occurs, with the purpose or effect of violating the dignity of a person, in particular when creating an intimidating, hostile, degrading, humiliating or offensive environment.” According to applicable Austrian law, cases of sexual harassment can be reported in a period of three years (if the harassment happened after August 1, 2013). However, the law conceptualizes sexual harassment only in the context of the workplace. Public spaces (including when accessing services) are excluded. This is far removed from women’s experiences and understandings of sexual harassment, as the 2012 case of a woman cyclist having her bottom grabbed while waiting at a red light illustrated. Her

charges of sexual harassment were dismissed based on the lack of “intensive touching of a primary or secondary sexual organ” in a public space.

The sale of sexual services (prostitution) by adults is not illegal in Austria. However, the act of profiting from the sale of sexual services of *others* is illegal (the law against “procurement of women,” Section 216 of the Penal Code). Decriminalization of the act and the person offering those services started in the 1970s. The goal was to reduce the risk of exploitation due to unregulated, unsafe conditions. Criminalizing the voluntary selling of sexual services would neither have the effect of the disappearance of prostitution nor guarantee somewhat acceptable working conditions for sex workers. The 1975 penal code reform, however, strictly regulated prostitution. In 1983, sex workers became subject to paying taxes and, in 1998, received access to general social insurance. Measures regarding health care and prevention of infections or violence are also important. Legally, sex workers are self-employed. It is estimated that 90–95 percent of registered sex workers are migrants. At the end of 2007, 5,150 sex workers and 710 brothels were registered in Austria. A majority of registered sex workers live in cities. It is estimated that while 1,506 sex workers were registered in Vienna in 2007, around 3,000 were not registered.

The goal of creating safe working conditions for sex workers is challenging. Due to local residents’ complaints and initiatives, the 2011 Viennese prostitution law significantly curbed street prostitution. The effect was a relocation to less visible, closed places, such as saunas or studios, as well as marginalized places at the outskirts of town, including motorway stops.

There is little information about the illegal market of prostitution. Escort services are popular, as is visiting brothels just over the border in neighboring countries. Such transnational movements are not easily regulated. It also complicates distinct treatment of prostitution and the trafficking in women and girls, as the task force on human trafficking alludes to in its two National Action Plans against Human Trafficking (2007–2008 and 2009).

Sexuality

Sexual identity, sexual orientation, contraception, and family planning remain topics of embarrassment, especially for adults and parents. Eighty percent of people over 14 are reported to have “good” or “very good” knowledge about contraception. Yet, the exact relationship of sexually

transmitted infections, undesired pregnancies, and condoms are not so clear to them (sexuality and gender study). As such, most parents hope or are happy that their children receive some kind of sexual education at school. However, a lack of precise knowledge about all aspects of sexuality is prevalent among young adults.

Seventy-seven percent of girls and 88 percent of boys have experiences with kissing before the age of 14. The numbers for first sexual intercourse are the highest for both young women and men after 18 (74% and 76%, respectively). Some argue that this means most young women and men have the space and ability to influence the setting of their sexual experiences. Both young men and women report being involved in some kind of relationship from a relatively young age: 42 percent of girls and 38 percent of boys by age 13 and 64 percent of girls and 52 percent of boys by age 14. More young women (62%) than men (40%) say that they would not sleep with someone without being in love.

Condoms are most commonly used for the first intercourse (although 12% used no or no safe means of contraception). Over time, a majority of women use the female contraceptive pill (38%).

Establishing a “healthy” individual identity and sexuality is not easy for young women. The Viennese Program for Women’s Health, for instance, states that young women in puberty are confronted with a constant sexualization of their transforming bodies while already struggling with a certain confusion and speechlessness regarding their own sexual desires and expressions. This is underlined by contradictory information and mixed messages about the technicalities of healthy sexuality.

Completed teenage pregnancies are low and decreasing. However, reported numbers for both girls under 15 and adolescent women (under 19) vary, and there are no official numbers of terminations in Austria in any age group.

Outlook

Formal achievements in women-specific, gender-sensitive social policy making remain accompanied by discontinuities and struggles to keep achievements in place. This nonlinear trajectory is most clear when looking at the challenge of ensuring permanent institutionalization. First institutionalized as the State Secretariat for Women’s Issues from 1979 to 1990, the office became an independent Ministry for Women in 1990–1991. It lost its institutional independence in 2000 when it was subsumed into the Ministry

of Social Affairs. From 2003 to 2007, a Ministry for Health and Women was created. Then the women’s portfolio was attached to the Federal Chancellery as “Secretariat to the Federal Chancellor’s Bureau.” The name *ministry* returned, but not as a de facto ministry and in combination with the purview of public service. However, since 2014, there is again a two-portfolio ministry: the Federal Ministry for Education and Women.

KATHARINA B. PELZELMAYER

Further Resources

- CIA (Central Intelligence Agency). 2017. “Austria.” *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/au.html>.
- Country Studies. 2016. “Government and Politics: Austria.” Retrieved from <http://countrystudies.us/austria/100.htm>.
- Eurostat. 2013. “Sex-Specific Income Differentials without Adjustments.” Retrieved from <http://epp.eurostat.ec.europa.eu/tgm/table.do?tab=table&plugin=0&language=de&pcode=tsdsc340>.
- Eurostat. 2014. “Unemployment Statistics.” Retrieved from http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Unemployment_statistics.
- Federal Ministry for Education and Women (FMEW). 2014. Retrieved from <https://www.bmb.gv.at/enfr/index.html>.
- FMWPS (Federal Ministry for Women and Public Services.) 2013. “Income Report: Practical Guide.” Vienna, Austria: FMWPS.
- Hörl, Josef. 2007. “The Social Construction of Violence in Old Age.” *The Journal of Adult Protection*, 9.1: 33–38.
- IMF (International Monetary Fund). 2017. “Gross Domestic Product Based on Purchasing-Power-Parity (PPP) per Capita GDP.” Retrieved from <http://www.imf.org/external/pubs/ft/weo/2017/01/weodata/weorept.aspx?sy=2016&ey=2017&scsm=1&ssd=1&sort=country&ds=.&br=1&pr1.x=49&pr1.y=17&c=122&s=PPPPC&grp=0&a=>
- NationMaster. 2017. “Austria: Education Stats.” Retrieved from <http://www.nationmaster.com/country-info/profiles/Austria/Education>.
- OECD (Organisation for Economic Co-Operation and Development). 2017a. “Austria.” Retrieved from <http://www.oecd.org/austria>.
- OECD. 2017b. “OECD Income Distribution Database (IDD): Gini, poverty, income, Methods and Concepts.” Retrieved from <http://www.oecd.org/social/income-distribution-database.htm>.
- Statistics Austria. 2009. “Time Use 2008/09: Overview of Sex-Specific Differences.” Wien: Statistik Austria.
- Statistics Austria. 2010. “Frauenbericht 2010 (Women’s Report 2010).” Retrieved from https://www.bmgf.gv.at/cms/home/attachments/4/7/6/CH1553/CMS1465833348718/fb_2010.pdf.
- Statistics Austria. 2017. “Income.” Retrieved from http://www.statistik.at/web_de/statistiken/menschen_und_gesellschaft/soziales/gender-statistik/einkommen/index.html.

- UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). 2012. "NGO Shadow Report." Retrieved from <http://www.wide-netzwerk.at/images/publikationen/2012/cedaw-shadow-report-austria-2012.pdf>.
- UNDP (UN Development Program). 2016a. "Austria." Retrieved from <http://www.undp.org/content/undp/en/home/ourwork/funding/top-contributors/core-donors/Austria.html>.
- UNDP. 2016b. "Human Development Report 2016: Human Development for Everyone." New York: The United Nations.
- UNICEF. 2017. "At a Glance: Austria." Retrieved from https://www.unicef.org/infobycountry/austria_statistics.html.
- U.S. Department of State (USDS). 2010. "Austria." Retrieved from <https://www.state.gov/j/drl/rls/hrrpt/2010/eur/154412.htm>.
- WHO (World Health Organization). 2017. "Austria: WHO Statistical Profile." Retrieved from <http://www.who.int/gho/countries/aut.pdf?ua=1>.
- World Bank. 2017. "Austria." Retrieved from <http://data.worldbank.org/country/Austria>.
- Zemp, A. 2002. "Sexual Violence against People with Handicaps in Institutions." *Prax Kinderspsychology Kinderpsychiatrie* 51.8 (October): 610–625.

B

Belarus

Overview of Country

Belarus, a relatively small country of 80,200 square miles, is surrounded by numerous countries. Poland and Lithuania are to the west, Latvia is to the northwest, Russia is to the northeast and east, and Ukraine is to the south. The topography is that of rolling lowland hills and forests. Until the end of the 19th century, the Russian Empire ruled over Belarus. At this time, Belarus was referred to as either the Belarusian Soviet Socialist Republic or White Russia. Finally, as communism was ended, the country changed its name to the Republic of Belarus in 1991. Three years later, in 1994, Belarus adopted a new constitution that established a president and a parliament. Throughout its history, Belarus was and still is predominantly an industrialized agricultural country. The agricultural industry and the people of Belarus were negatively impacted by the Chernobyl Nuclear Power Plant accident. Today, the main industries still include agriculture, but they have expanded to include timber, metallurgy, electric power, peat, chemicals, and petrochemicals. More than half of the population (77.3%) lives in cities (Republic of Belarus 2015).

The population of Belarus as of January 2015 was approximately 9.5 million people, of which 83.7 percent were Belarusians, 8.3 percent Russians, 3.1 percent Polish,

1.7 percent Ukrainians, and 0.1 percent Jewish. Of the total population, females make up 53 percent, and males make up 47 percent (Republic of Belarus 2015). Life expectancy at birth is 62 years for men and 74 years for women (Lozny 2015).

Girls and Teens

Throughout its history, Belarus has been a predominantly patriarchal society, but in the 2010s, the country has been working to make gender equality a top priority. The idea of gender equality has been a major struggle and faces many obstacles because of cultural stereotypes that have permeated the society for such a long time. The lesbian, gay, bisexual, and transgender (LGBT) community has also wanted to be acknowledged and treated fairly, but they have encountered a lot of resistance so far. Today, women are attempting to gain more political power and to have more equal opportunities in the employment sector, but they are still confronted by numerous obstacles and barriers in their quest for equality. In 2014, the UN Development Programme ranked Belarus 53rd out of 187 countries based on the Gender Inequality Index (GII) (UNDP 2014).

Throughout the history of Belarus, many children lived in orphanages. Because many families were so poor, they did not think they could afford children and thought the

children would have a chance for a better life. Slowly, this has changed, and orphanages are not as filled as they once were. Despite the overbearing patriarchal beliefs and customs, there are numerous improvements for the equality of young girls.

In their family lives, Belarusian girls still help their mothers, and boys follow their fathers. Recently, though, men have taken on more of the responsibility of raising the children. Years ago, raising children was specifically a mother's job. For recreation, both males and females enjoy sports, after-school clubs, social activities, and spending time with friends and family. Music and television are popular ways to spend time with friends. For homes that have the Internet or use of Internet cafes, online activities are also quite popular. Outdoor activities abound, such as swimming, skiing, and cycling. Belarus has professional women teams in football (soccer), basketball, volleyball, handball, and goal ball. There are also recreational teams throughout the country.

Belarusian teens usually start dating at the age of 15. At first, dating involves teens socializing in large groups rather than two people spending time alone. Years ago, marriages were arranged by a teen's family, but this aspect of Belarusian society has ended. Parents may still try to influence their children, but they are free to marry whomever they want. Just as in other countries, online dating and matchmaking services are quite popular. Due to the increase in human trafficking, the Belarus government has placed some legal restrictions on Internet online agencies (World Trade Press 2010).

Health

The number one cause of death for both men and women in Belarus is coronary heart disease. In addition, the country is still seeing many incidents of cancer that can be traced back to the Chernobyl Nuclear Power Plant disaster in 1986. Most medical and dental procedures are free to citizens of Belarus.

In the 1990s, Belarus established perinatal and neonatal care units and helped to fund training for medical personnel. These units were sponsored by private industry and the Ministry of Health, who both helped to equip the centers with the proper medical equipment. The number of live births in 2013 was 103,000 (WHO 2015). In 2013, the National Statistical Committee of the Republic of Belarus reported that 83.9 percent of children were born to parents who were married (SIGI 2015).

Education

Primary Education

Education is a priority for the children of Belarus. The literacy rate is almost 100 percent. Children from grades 1 to 11 wear uniforms and attend school six days a week. Approximately 70 percent of children attend nursery school or kindergarten, even though preschool is not mandatory (Levesque 2000). Even in kindergarten and nursery schools, the children are influenced by some of the patriarchal stereotypes. For example, young girls are usually given dolls and stuffed animals to play with, and young boys are given cars, trucks, and play tools. If a teacher sees a child having interest in the opposite gender's toys, the teacher steps in and tries to persuade the child to play with the "appropriate" toys.

In 2011, Belarus passed a law guaranteeing equal access for education to all its citizens. Children are expected to start their formal education process at six years of age. Even though there is supposed to be no difference in the education of males and females, there is still an underlying bias that perpetuates the patriarchal stereotypes. For instance, most teachers are female, whereas most administrators are typically male. The gender role stereotypes can also be seen in the textbook materials. For example, in elementary schools, there are many texts illustrated with pictures of women cooking, cleaning, and other housework. The men are portrayed in pictures of sports; action activities, such as tree cutting; and working outside (Ananyeu et al. 2013).

Secondary Education

At the secondary level of education, there are still a few classes that segregate genders. These classes are physical education, industrial arts, and military training. For female students, the industrial arts class is called "service labor." The priority of the class is to train the girls to be good at housekeeping skills. Some of the specific skills they are taught are taking care of the house, home decorating, sewing, and furniture repair. The industrial arts class for boys stresses preparing them for future careers with a main emphasis on working in industry, information technology, and science.

The military and medical training classes are also split up based on gender. Male students are taught how to become a military hero. The textbook describes 161 heroic deeds performed by men but only mentions 5 heroic deeds by women (Shchurko 2014). The female students in this class are taught first aid, how to identify various injuries, and how to treat some medical conditions. The distinction

between the lessons girls are provided compared to those lessons provided to boys shows how women are still thought of as working in service roles.

In the physical education course, both males and females play sports, but the girls get more information about sex education—because girls are considered to have more responsibility in a sexual situation (Shchurko 2014). In primary and secondary education, almost all students are provided the same basic education curriculum, except for the three segregated classes. Students typically stay in school until the age of 15. Employment laws in Belarus ban the employment of children under the age of 14. With parental authority, children between the ages of 14 and 16 are allowed to hold jobs (SIGI 2015).

Higher Education

At the age of 15, most students will have completed their basic education and can register for college classes or classes at a professional technical institution. If they take college courses, the dual enrollment will count toward their high school completion and give them a start on college credits. If they pursue courses at a professional technical institute, they will earn a professional certificate and be able to enter the workforce or enroll in college. Completion of a high school or professional certificate allows students to apply to continue their education at the university level.

After high school, many students attend colleges or other professional technical institutions. In Belarus, the ratio of females to males in higher education is 54.6 percent females and 37.1 percent males (UNESCO 2015).

Belarus has one of the highest ratios of college students to population in Europe. Its higher education system is considered very prestigious because of its quality and affordability. Students have a choice of four different types of higher education, both private and public, to choose from: institute, classical university, higher college, or profile university or academy. Students have a wide selection of majors to choose from and can select day, evening, or online courses. Most of the majors take five years to complete if the student is going full-time. Colleges do offer grants and scholarships for students.

The Ministry of Education governs all higher education institutions. Many still believe that there are stereotypes in higher education, so in the late 1990s, the Envila Women's Institute of Belarus emerged. This was a college for women, and it specialized in empowering women and giving them more opportunities in specialized fields.

Literacy

Most young people have an almost 100 percent literacy rate, largely because Belarus has free education until the age of 18 and mandatory education until the age of 15.

Employment

Even though Belarus has come a long way with women's equality in the workplace, it still has areas that need further improvement. More females graduate from colleges and universities than males, but there are cultural stereotypes that still have an influence on females in the employment arena. Many females still hold to the tradition that a woman's main role is to be a mother and take care of children. The women in their early twenties spend more time trying to find a husband and start their family than on pursuing the career they were training for. Belarus tradition still places some pressure on women to be married in their twenties and have children before the age of 30. Therefore, many Belarus females measure their success in terms of whether or not they are married. Even though Belarus has added more laws to allow for more equality in the workplace, the underlying patriarchal customs are so deeply embedded in family tradition, it is difficult to achieve true equality.

Unemployment is a serious problem for females, especially for females who are divorced and have children. In 2008, 28,900 women were unemployed (65.6%), compared to 34.4 percent of men (UNFPA 2015).

Gender stereotypes still define the behaviors of both genders. Females are employed in the lower-paid and less-prestigious jobs, and jobs for most men are more prestigious and higher paying, even when the job does not require high-tech skills or a lot of education. Jobs for women are typically in trade and catering, cultural (artists, musicians, writers, actors, etc.), finance, credit and insurance, education, and health care institutions. The presence of women in these industries ranges from 73.9 percent to 85.7 percent (UNFPA 2015).

In 2014, the employment rate for women was 84.6 percent and higher than that of men (78.4%). According to data from the National Statistics Committee, women make only 74.5 percent of what men earn (Piatrukovich 2014). Some of this is still because of the patriarchal customs and stereotypes that influence women's choice of jobs. An example of this is the education system. Most teachers are female, and the teaching profession overall is a low-paying career field. The educational system still reflects the stereotype that women are the caretakers of children.

Labor Regulations

Belarus recognizes that women should have equality in the workplace, but they still have regulations on certain jobs that women are not allowed to hold. The chief technical inspector for the Belarus Federation of Trade Unions, Aleksander Zaitsev, explained, “There are certain jobs that a woman just shouldn’t do, because she has her children and family to worry about. There are plenty of less demanding occupations out there for women. They should, of course, be properly paid” (Piatrukovich 2014).

In 1932, Belarus passed a law that listed specific jobs that women were not allowed to have. The government tried to justify this law by explaining that it was passed to protect women’s health. In 2000, the list was revised and downsized to 252 occupations that women could not hold. Some jobs on the list included firefighters, train drivers, and truck drivers. The most recent revision of the list was amended by the Belarusian Ministry of Labour and Social Welfare in June 2014. The number of jobs women cannot legally hold decreased from 252 jobs to 181 (Piatrukovich 2014).

Maternity Leave

According to the Labor Code 184, Women may have maternity leave for 70 days for prenatal leave and 56 days for postnatal leave. If a woman lives or works in an area where there is a high level of radioactive contamination, she may take 90 days prenatal leave and 70 days postnatal leave. Code 185 states that a woman may request part-time work until her child is three years old. Code 263 prohibits women who are on postnatal leave and women with children under the age of three from working night hours and overtime (ILO 2011). Although unspoken, there is much discrimination against women in the employment sector. Businesses view women as employees who will be taking a maternity leave or asking to take time off to take care of sick children; therefore, many businesses will not hire them or will offer them less money.

Family Life

In the past, many Belarusians lived an agricultural life, but today more than half the population lives in urban areas. Family households consist of parents, children, and possibly grandparents. The family structure is still considered between a man and a woman. The LGBT community is present, but it is not acknowledged in society, even with continued efforts toward equality.

Marriage and Divorce

Despite some improvements in gender equality, many individual families still hold the traditional stereotypes of men being the powerful ones and the money makers and women being responsible for home duties and child-rearing. There are some changes slowly happening where men are starting to play a more active role with children. Early in the history of Belarus, marriages were arranged by the families. Some of the qualities that were considered optimal for a woman were that she needed to be a good field worker and housekeeper. Beauty and money were not considered the most important qualities. Females were expected to get married according to their rank in the family structure. Then once Belarus was no longer influenced by communism, young people could choose their partners, but they had to request permission from the families involved.

Today, young people are free to choose their partners without the families getting involved. Divorce is also by mutual consent. Belarus has the fourth-highest divorce rate in the world (Preiherman 2012). The distribution of marital property must be agreed by both people. Sometimes this can cause problems, because if the husband refuses to leave or refuses to sell the house and divide it equally, the woman may be financially forced to stay or to leave and live in poverty.

Reproduction and Contraception

Women in Belarus are able to get abortions at state-owned hospitals free of charge for up to 12 weeks of pregnancy. In certain situations, they may also get an abortion after 12 weeks. From weeks 13–26, women may still get an abortion, but it has to meet certain criteria: if there is a serious threat to the mother, the baby has congenital defects, the mother is a juvenile or divorced, or if the husband is imprisoned during the pregnancy. Women under the age of 18 may also get an abortion, but they must have written consent from one of their parents.

“According to the 2013 Statistical Book of the National Statistical Committee of the Republic of Belarus, in 2012 there were 1,781 abortions . . . compared to 2,227 in 2011, among women aged 15–49 years old” (SIGI 2015). Emergency contraception is available to women without a prescription. The country has a declining population, so the government would like to see more women having children; but it is understood that many single women may feel as though they cannot afford a child and will have an abortion.

Most children learn about sexual reproduction from their friends, and their first experience is usually without a form of contraception. Sex education is typically not covered in the school, except for a brief mention to girls about their responsibility for sexual relations. All forms of contraception can be obtained through drugstores; no prescriptions are necessary.

Household Roles and Responsibilities

In Belarus households, there are still some remnants of the stereotyped customs. For example, it is still considered a woman's job to set the table; for some, it would be considered degrading to a man to do this. In 2010, President Lukashenka described the role of women in the family by stating, "God has bestowed upon women the gift of motherhood. Career or no career, women must be in charge of raising their children. I want our women to have no less than 3 children each" (Piatrukovich 2014). Gender roles are still relatively traditional: men are considered the more dominant and powerful members of the family, while women are still weaker and responsible for caring for the children, household, and husband.

Birth Rates

The birth rate for Belarus is declining. Many families are having only one child instead of the three that the president suggested. The families are concerned for their children's future, the ability to financially take care of a large family, and an increase in housing problems.

Inheritance

With inheritance, there seems to be more equality for men and women. Whatever each individual brought into the marriage remained theirs, even if divorced. Only marital investments were considered "marriage property." When a spouse died, the property that was theirs went to their heirs or was returned to their family. For example, any money that a woman made from sewing or selling produce from her garden was strictly hers. A wife was not responsible for any of her husband's debts. On the other hand, the husband was responsible for the debts of his wife. Years ago, the sons inherited the property of the parents and were responsible for helping the daughters to marry. If there were only daughters to inherit the property, the eldest daughter's husband took over and was obligated to take care of the younger sisters until they married.

Politics

Participation and Roles in Government

The UN Committee on Elimination of Gender Discrimination against Women (CEDAW) suggested that women are poorly represented in leadership positions in the Belarus government, judiciary positions, and diplomatic service positions. There is only 1 woman minister in Belarus. There are no chairpersons of regional executive committees (7 are men). There are 42 male deputies and 1 female deputy. At the district and city levels, there are only 2 women and 130 men holding chairperson status on executive committees. There is improvement in Parliament, where women now make up 45 percent of the seats, but this number is a little misleading because the Parliament cannot make decisions without the permission of the president's administration, which is composed of all males. Among the 15 political parties that are registered, only 1 is headed by a woman (Ananyeu et al. 2013).

Feminist Movements

It is very difficult to get many movements or organizations started because of the government control over them. For example, one organization was the Hope Party which was established in 1994 to increase the influence of women in politics. It was disbanded by the government in 2003. Some researchers believe that both males and females do not want to have a feminist movement in Belarus. Many believe that this is because feminism has been misrepresented in the country and misunderstood. Even though it is a struggle to get movements started, several organizations have sustained themselves throughout the years. Some of the organizations are the Belarusian Union of Women, which provides aid for poor families; Nadzeya, founded in 1994, which attempts to get more women into the political sphere; the Belarusian Organization of Working Women, which works with women in industrial enterprises who live in the countryside and are poorly educated; Ragneda, founded in 1996, which tries to defend the rights of working women; the Belarusian Association of Young Christian Women, which maintains its goal of working on the principles of Christian morality and mutual aid; and the Women's Discussion Club and Lady Leader Club, which both try to raise awareness of women's leadership potential (UN Publications 2004).

LGBT Rights

When people in Belarus think of gender equality, they think of men and women; they do not consider any other

Women's Voices

Natallia Mankouskaya

Natallia Mankouskaya, a past competitor in the Belarusian Dance Sport Federation, is the deputy chair of the LGBT Rights project GayBelarus. As a vocal and visible advocate for gay rights in Belarus, she has organized pride marches and protests and has written disputes against inhumane treatment of LGBT community members. The Belarusian government has repeatedly targeted Mankouskaya, detaining her for hours of interrogation and banning her access to public forums and free speech. In September 2013, she was removed without cause from a train as she crossed the border from Ukraine to Belarus, and she was subjected to three hours of interrogation and a body search (Civil Rights Defenders 2013). In response to the death of a man who was beaten and killed for being gay, Mankouskaya said, "Police often ignore crimes against the LGBT community. Attackers receive impunity, and our government does nothing, [sometimes] blam[ing] the victims for 'demonstrating their orientation.' It is unacceptable that the state is not fulfilling its obligation to protect all people from violence, regardless of their sexual orientation and gender identity" (Plummer 2015).

—Karen J. Shaw

Civil Rights Defenders. 2013. "Belarusian LGBT-Activist Searched at Border." September 18. Retrieved from <https://www.civilrightsdefenders.org/news/statements/belarusian-lgbt-activist-searched-at-border>.

Plummer, Christopher. 2015. "Tragic Death of Belarusian Gay Man Underscores Need for U.S. Pressure to Advance Human Rights." *Human Rights First*, October 30. Retrieved from <http://www.humanrightsfirst.org/blog/tragic-death-belarusian-gay-man-underscores-need-us-pressure-advance-human-rights>.

RHRPA. 2016. "Belarusian Helsinki Committee," statement by Natallia Mankouskaya about her detention at Bialiatki's trial. Retrieved from <http://belhelcom.org/en/node/14473>.

forms of gender identification. For instance, transgender individuals are rarely considered when discussing gender equality. When groups try to propose broadening the definition, they are usually met with hostility. Even though at the end of the Soviet Union, in 1991, Belarus formally decriminalized homosexuality, anti-gay sentiments are still felt throughout the country. The president of Belarus, Alexander Lukashenko, once said, "It's better to be a dictator than a gay" (Karmanau 2013). With comments like that, it is difficult for the LGBTQ community to feel safe.

There are instances of violence against the community. The leader of a gay rights organization, GayBelarus, was denied the right to leave Belarus and visit the United States. His passport was taken from him for no apparent reason. The organization tried to legally register the group in January 2013. More than 70 GayBelarus members signed the documents that were necessary to help formally acknowledge the organization. They submitted the documents to the Justice Ministry, but three days later, one of their meeting clubs was threatened by police. The members were treated as criminals and asked numerous personal questions without valid reasoning for the questioning. Members had to hold underground educational

seminars and meetings in small towns out of fear of retaliation (Karmanau 2013). Occasionally, the group tries to organize a gay rights demonstration, but it is usually broken up by the police.

Armed Forces

Men are required to take part in the military, but women may volunteer to join if they wish. There are fewer women in the armed forces than men, but when enlisted, they face the same physical and other testing as their male counterparts. In the mid-1990s, there were approximately 3,000 servicewomen, many of whom worked at headquarters as secretaries (Samojeden 1996).

Religion and Cultural Roles

The principal religion of Belarus is Orthodox (more than 1,000 churches), but there are numerous other religious groups represented in the country, such as Roman Catholics (400 churches), Protestants (500 churches), Jews (40 temples), and Muslims (27 mosques) (Republic of Belarus 2015).

Media still perpetuates the cultural stereotypes of women. Most women in the media are depicted as mothers, wives, and housewives. In addition to the stereotypes, the media also presents women as sexual objects for men's pleasure. Many of the advertisements in both print and online magazines contain photographs of women either nude or seminude trying to sell men's products. In many of the advertisements for women's products, there is a subtle suggestion that women are to please a man first.

Issues

Domestic Violence

Domestic violence is quite prevalent in Belarus, even though many instances go unreported. It is a crime that many women are ashamed of, or they try to fix the situation, maybe eventually divorcing their husbands. The Centre for Social and Political Studies of the Belarusian State University reported that 80 percent of the Belarusian women aged 18–60 who were surveyed were exposed to psychological abuse, and 25 percent were exposed to physical abuse in their families (SIGI 2015). The laws on domestic violence have recently been changed. Under Belarus's Criminal Code, domestic violence was not considered a crime, but in April 2014, a new law was ratified that now defines domestic violence and has put in place restraining orders for the victims' protection. It also suggests establishing more programs on identifying and preventing domestic violence, but until these go into effect and money is found to fund these programs, women will still be suffering.

Currently, there are several helplines established for women to call in and learn more about their options and the programs that are available. The General Directorate of Law Enforcement and Prevention in Belarus reported that approximately 2,000 crimes are committed within the home every year. The committee also reported that one in four women will experience physical violence, and four out of five women will experience some form of psychological violence (SIGI 2015). In June 2014, 106 women and 104 children were helped by the shelters (WAVE 2015).

Trafficking

Belarus is known to be a source, destination, and transit country for human trafficking, especially prostitution and forced labor. Most of the victims are women who are forced into prostitution in other countries. According to the Ministry of Interior, most victims are single, unemployed

females below the age of 30. Human traffickers typically use informal social networks to approach potential victims. Belarus has enacted laws (Article 181) banning trafficking. Punishments range from 2 to 15 years. The government reported 219 human trafficking investigations in 2009, including at least 10 labor trafficking investigations (U.S. Department of State 2010).

Sexual Assault and Rape

In Belarus, rape is considered a criminal offense under the country's Criminal Code, but most people do not classify spousal rape under this category. For those convicted of rape, the sentence is usually imprisonment for 3–15 years, depending on the age of the victim. Just as with domestic violence, it is believed that many rape victims do not report the crime because they are ashamed and believe they will be treated as though they were responsible. The Ministry of Internal Affairs reported 68 cases of rape between January and September of 2012 (U.S. Department of State 2010).

Sexual Harassment

In Belarus, there are no specific laws regarding sexual harassment in the workplace. One of the laws in the criminal code, Article 170, does cover coercion to perform a sexual act through threat, blackmail, or exploitation of economic dependency. The penalty for this crime is up to three years' imprisonment (SIGI 2015). Few people are charged with this offense because the burden of proof falls on the victim.

CANDY A. HENRY

Further Resources

- Ananyeu, Dzmitry, Ahniya Asanovich, Anastasiya Darafeyeva, Valentina Polevikova, Yolha Slavinskaya, and Hanna Yashoraka. 2013. "Participation of Women in Public and Political Life." Country Report. Retrieved from http://www.coe.int/t/DEMOCRACY/ELECTORAL-ASSISTANCE/publications/Women-Belarus_en.pdf.
- Byk, Alena. n.d. "Reproductive Services in Belarus: Country." Retrieved from <http://www.astra.org.pl/pdf/publications/BELARUS.pdf>.
- "Counteracting Domestic Violence in Belarus." 2012. Ministry of Labour and Social Protection, Republic of Belarus. Retrieved from <http://www.mintrud.gov.by/en/counteracting-domestic-violence-in-belarus->.
- European Commission. 2012. "Higher Education in Belarus." Education, Audiovisual, and Culture Executive Agency of the European Commission. Retrieved from <http://eacea.ec.europa.eu>.
- ILO (International Labour Organization). 2011. "Database of Conditions of Work and Employment Laws: Belarus."

- Retrieved from http://www.ilo.org/dyn/travail/travmain.sectionReport1?p_lang=en&p_countries=BY&p_sc_id=2000&p_year=2011&p_structure=3.
- Karmanau, Yuras. 2013. "Gays in Belarus Face Reprisals for Activism." *Huffington Post*, February 15. Retrieved from http://www.huffingtonpost.com/2013/02/15/gays-in-belarus-face-repr_0_n_2697873.html.
- Levesque, David. 2000. "South Kitsap: A Belarussian Spin on Teen Life." *Kipsat Sun*, January 13. Retrieved from http://web.kitsapsun.com/archive/2000/01-13/0122_south_kitsap__a_belarussian_spin_.html.
- Lozny, Ludomir. 2015. "Culture of Belarus." Countries and Their Cultures. Retrieved from <http://www.everyculture.com/A-Bo/belarus.html>.
- Piatrukovich, Volha. 2014. "In Belarus Women Need Not Apply." Russia and Beyond. Retrieved from <http://www.open-democracy.net/od-Russia/volha-piatrukovich/in-belarus-women-need-not-apply/html>.
- Priherman, Yauheni. 2012. "Belarus: The Land of Broken Marriages." *Belarus Digest*, December. Retrieved from <http://belarusdigest.com/story/belarus-land-broken-marriages-12341>.
- Republic of Belarus official website. 2015. Retrieved from <http://www.belarus.by>.
- Samojeden, Michael E. 1996. "Belarus: The Armed Forces." Country Data. Retrieved from <http://www.country-data.com/cgi-bin/query/r-1305.html>.
- Shchurko, Tatsiana. 2014. "Segregated Education in Contemporary Belarus." Academia. Retrieved from <http://www.academia.edu>.
- SIGI (Social Institutions & Gender Index). 2015. "Belarus." Retrieved from http://www.genderindex.org/country/belarus#_ftn37.
- UNDP (UN Development Programme). 2014. *2014 Human Development Report*. Retrieved from <http://www.undp.org/content/undp/en/home/presscenter/events/2014/july/HDR2014.html>.
- UNESCO, Institute for Statistics. 2015. "Country Profile: Belarus." Retrieved from <http://www.uis.unesco.org/DataCentre/Pages/country-profile.aspx?regioncode=40530&code=BLR>.
- UNFPA (UN Population Fund). 2015. "Gender Equality in Belarus." Retrieved from <http://un.by/en/unfpa/gender-equality/state-policy/gender-equality-in-bel>.
- UN Publications. 2004. "Belarusian Women as Seen through an Era." Retrieved from <http://un.byprint/en/publications/thema/belwomen/19-02-04.html>.
- U.S. Department of State. 2010. "2009 Country Reports on Human Rights: Belarus." Retrieved from <http://www.state.gov/g/drl/rls/hrrpt/2009/eur/136021.htm>.
- WHO (World Health Organization). 2015. "Belarus WHO Statistical Profile." Retrieved from <http://www.who.int/gho/countries/blr.pdf>.
- WAVE (Women against Violence Europe). 2011. "Country Report: Belarus." Retrieved from <http://www.wave-network.org>.

World Trade Press. 2010. "Belarus Society and Culture: Complete Report." Retrieved from <http://umanitoba.library.link/portal/Belarus-Society-and-Culture-Complete-Report/76JlzzXRnA>.

Belgium

Overview of Country

Belgium is located on the western end of the North European Plain and borders France, Luxembourg, Germany, and the Netherlands. The country is roughly 11,780 square miles (30,510 sq. km), with a hilly topography that gradually rises toward the nation's southern regions. As of January 1, 2010, the population of Belgium was 10.8 million (UNICEF 2010).

The nation-state of Belgium was formed at the Conference of Vienna in 1815, when the regions formerly known as the Southern Netherlands and the Northern Netherlands were combined into a single state. King William I initially ruled this new territory. The new region's large Catholic population, however, objected to this unification because their new king was a devout Protestant with an active interest in advancing his own religion by involving himself in clerical affairs (Essen 1920, 15). In response, Catholics revolted in Brussels, the capital of Belgium, and in 1830, their revolutionary actions led to political independence from the Northern Netherlands. Following this revolution, European powers agreed to recognize the new Belgian state along with its newly anointed king, Leopold I of Saxe-Coburg (1865–1909).

It was during Leopold's reign that Belgium slowly emerged as a world leader in industrial production and began to expand its empire through colonial expeditions to Africa. By 1908, the African nation of Congo was formally under the control of the Belgian king, Leopold II (Vanthemsche 2012, 56).

Belgium was occupied by Germany during World War I and World War II, but since the mid-20th century, the nation has experienced a noticeable economic boom that has transformed it into one of the most developed, urbanized, and densely populated countries in the world. Indeed, today, roughly 97 percent of its 10 million residents live in or near cities. Brussels counts 1 million residents, and Antwerp, another major city, lists half a million residents.

Much of the rest of the population lives in or near other cities, such as Flanders (55%) and Wallonia (35%).

Belgium's population is now extremely diverse and includes sizable numbers of Jews (in areas like Antwerp), Poles, Italians, North Africans, and Turks. This ethnic diversity is largely the result of immigration waves that occurred between the 1930s and 1960s and after the fall of communism (Stanard 2012). In fact, roughly 15 percent of the nation's population is noncitizens, and 28 percent of these expatriates live in Brussels. Belgium is, in other words, at the heart of Europe. The diverse composition of the country makes it an appropriate choice to house branches of NATO and European Union (EU) institutions.

Belgium's three official languages are Dutch, French, and German. However, Dutch and French are the languages most often used in the national administration. French was adopted as an official language in 1830, and it currently remains the most common language used in Wallonia and Brussels. In contrast, Dutch (which is more commonly referred to as Flemish) remains the popular language spoken in Flanders. The modern coexistence of these three languages is representative of the nation's generally harmonious blending of multiple cultures. In fact, despite having officially designated languages, the Belgian Constitution contains provisions that provide for "freedom of language" (Sarolea 1915).

Belgium's modern federal state consists of these three different language communities that maintain individual control of their culture, education, economic development, and infrastructure. This complex structure has resulted in six governments and six parliaments and serves to emphasize the nation's interest in promoting the cultural autonomy of each language community while also giving each power over its own economic development. The entire legislative system is built upon the ideal of discussion and compromise between these different interest groups. The term "Belgian compromise"—a phrase often used by politicians from neighboring countries—has become synonymous with resolving complex issues through discussion and concession (Brans 2006).

It follows that such a diverse sociopolitical environment tends to avoid nationalistic imagery and symbols that fail to account for the complex origins of the country. For instance, the Belgian national anthem, the "Brabanconne" (1830), is rarely taught in schools and is not widely known by contemporary citizens. Observers claim this is largely due to the song's perceived critique of the Dutch monarchy (Herman, Vos, and Wilson 1992).

Since 1960, Belgium's economy has heavily relied on foreign trade and commercial activities with its European neighbors. Close to 76 percent of the nation's exports and more than 71 percent of its imports occur with EU partners (Deschouwer 2012). Belgium is widely regarded as the world's "diamond capital." Since 1996, the turnover from the diamond industry was around \$23 billion, which contributed roughly \$3 billion to \$4 billion to the Belgian economy (World Bank 2014). The nation also generates revenue through industries devoted to processing such raw minerals as limestone and dolomite. Belgium is also high among the world producers of iron, steel, and crude copper.

Today, Belgium is one of the wealthiest nations in the world. Statistics from the World Bank show that Belgium has grown faster than virtually every other "rich country," with the notable exception of those found in East Asia. This is, no doubt, due to the country's productivity, which ranks among the highest in the world. Despite its small size, Belgium produces nearly 20 percent more products (goods per worker) than Japan, the United States, and Germany (UNICEF 2010).

Perhaps due to the nation's contact with so many diverse states and peoples, Belgium also enjoys a global reputation as a tolerant state. For instance, Belgium legalized euthanasia—the right to end one's life through medical assistance—in 2002 and was one of the earliest nations to legalize gay marriage in 2003. Belgium's interest in neutrality and peace led the nation to become the first to formally ban the use of cluster bombs, and, in 2006, the state also outlawed the practice of forced marriage.

Overview of Women's Lives

Belgium is an ethnically and culturally diverse, progressive nation with a generally high standard of living. However, in the area of women's rights, Belgium still lags behind other Western countries in a few key areas. On one hand, the *Global Gender Gap Report 2012*, which was compiled by the World Economic Forum (WEF), praises the high literacy rates and low unemployment of Belgian women and points out that the "glass ceiling," or gender-related factors that might prevent women from advancing in careers, seems to be less prevalent in Belgium than in other European nations. Some contemporary pundits have even argued that Belgian feminist activism dates back to the 19th-century formation of the nation and cite it as one of the enduring legacies of Belgium's strong democratic and egalitarian culture (Woodward 2008).

Nevertheless, women are still underrepresented in the Belgian government and in senior management business positions. Belgium also continues to rank very high in studies that track the rate of sexual violence toward women and in those that examine the prevalence of human trafficking (Hilden 1993). These are the principal areas that Belgian lawmakers are currently working to rectify through the passage of new laws that will weaken the barriers to gender equality and sensitize citizens to sexual violence toward women.

Girls and Teens

Belgium is one of the few European nations with compulsory education up to 18 years old, and women have long been a welcomed part of Belgium's institutions of higher education. The first women's college was created in 1864, almost exactly 33 years after the nation's founding; Brussels University, the largest university in Belgium, began admitting female students in 1880. By 1884, medical schools and law schools were open to female applicants. Such statistics underline the surprisingly progressive nature of Belgium culture, even during this very early period.

Since 1956, the state government, which makes the cost of education virtually free, has financially supported all public and private schools. This commitment has produced startling results. A 2003 study found that roughly 99 percent of Belgian women are capable of reading and writing (OECD 2012).

Belgian women tend to be even better educated than their male counterparts of the same age. In 2009, 49 percent of women aged 25–34 had obtained a university-level degree compared to 36 percent of men. These figures represent a dramatic cultural shift from older Belgian generations. For instance, only 21 percent of women between the ages of 55 and 64 have completed a university education (OECD 2012).

There is, however, a large gender difference in mathematics and science performance between men and women. This same study explained the lack of a strong visible presence of women in fields such as computer science at the university level. Women account for only 7 percent of the degrees awarded in computer science, which is the lowest among all EU countries (OECD 2012).

Health

Public attitudes toward sex and sexual expression have become more liberal in Belgium since 2000. At the end

of 1999, reproductive health became one of the five focal areas of the Belgian Development Cooperation (Parker et al. 2009, 230–234). Initially, the goal of this program was to educate children about issues related to reproductive health, to provide for the establishment of new maternity-focused hospitals, and to contribute to the worldwide fight against HIV/AIDS. In 2000, the budget for this program was \$17.5 million a year. By 2005, this funding had risen to \$60 million (232).

Belgium subcontracts youth sexual education to local civil society organizations. In French-language regions, the curriculum for sexuality education is governed by family planning centers administered by the Francophone IPPF Member Association (FLCPF). The complex organizational structure that governs and administers sex education means that the quality of providers and curricula varies from region to region (235).

Teen Pregnancy and Abortion

The legal age of consent for sexual activity is 16 for both heterosexual and homosexual relationships. Underage sex, however, is generally only prosecuted in instances in which one of the parties is under 14 years old.

Belgium has a low rate of teenage pregnancy. Recent studies show that only 14.1 out of every 1,000 births are the result of teenage pregnancies (Kremer 2006).

The low rate of teenage pregnancy is likely related to the readily available contraceptive options for women of reproductive age. The government often subsidizes the cost of condoms and has worked to significantly lower the cost of contraceptive pills. Some forms of emergency birth control, such as the morning-after pill, are offered free and without a prescription. Teenagers, as part of their sex education, are made aware of the numerous contraceptive services available to them locally.

Employment

Between 1990 and 2010, the female labor force increased dramatically, from 46 percent to 62 percent (U.S. Department of State 2011). Despite this increase, the average number of Belgian women in the workplace is still less than other European nations (which have around 65% female participation) and significantly less than male participation in Belgium, which consistently remains at around 73 percent (Meulders et al. 2011). The rising number of women in the workplace can be credited to stronger

governmental efforts to craft policies that promote gender equality between men and women in hiring practices and wages.

In 2002, the National Plan for Employment identified women as one of three disadvantaged groups that should be the focus of new employment laws and programs (the others were seniors and unskilled workers). This plan proposed new programs designed to promote and train women in underrepresented fields, such as information and communication technologies. The report also noted that it was important “to make what had been perceived as male spheres of employment open to women” (Hecq and Meulders 1993).

Belgian legislative efforts have dramatically reduced the gender wage gap that exists more prominently in other European cultures. Since 2010, the gender wage gap has remained around 8.9 percent, which is significantly lower than the 15.8 percent average of other EU nations (Hecq and Meulders 1993).

Despite positive changes in wage equality, Belgian women remain underrepresented in labor unions and other labor-related decision-making bodies. While 62 percent of women participate in the national workforce, less than 27 percent of these women participate in work councils or labor unions (Meier 2008). Even in the largest labor unions, such as the Confederation of Christian Trade Unions, women are much less involved than men. Some unions have also attempted to segregate women from their male counterparts through the creation of women’s sections, which threaten to make women’s issues separate from the general concerns of the larger union (Meier 2008).

Women in Belgium remain significantly underrepresented in senior management positions. Less than 10 percent of the boards of listed companies are women, and only 34 percent of senior managers are women. In addition, a majority of women’s employment opportunities are part-time service jobs. These service-industry jobs account for 30 percent of women’s employment, while less than 3 percent of men hold part-time positions (Meulders et al. 2011).

Family Life

Unlike in other Western nations, Belgian women are not expected to change their last names when they get married (Hazelle 2002). The male is still generally viewed as the provider, but the significant presence of women in the workplace points to a culture that increasingly encourages greater degrees of female autonomy.

Marriage

Belgian laws set 18 years as the minimum age to enter into marriage. Those under 18 who wish to marry would need the approval of a youth court, which is hard to attain except in extreme situations, such as teen pregnancy. As of 2010, 4.5 million of Belgium’s inhabitants were married, 710,927 listed their status as widowed, and 899,425 people were divorced (UNICEF 2014). Others—close to 180,000—lived together under some form of legal agreement. This group also includes siblings who entered into an agreement. Between 2003 and 2010, 17,000 of Belgium’s married couples were in same-sex marriages (Macedo 2014, 232). In 2010, the average age of a woman getting married for the first time was 29 years old (compared with an average age of 31 for men), which continued a consistent rise in age that first began in 1989 (when the median age was 24).

Reproduction

The birth rate in Belgium is roughly 118,000 children each year. Since 2008, Belgian women have given birth to 1.85 children on average. These figures are generally consistent with those of neighboring Western European countries, but they are also significantly lower than past Belgian generations. As contemporary Belgian women achieve higher levels of education (and develop more earning potential), they are also deciding to postpone marriage until later in life (until well into their thirties) or to remain single. Some commentators wonder about the long-term impact of Belgium’s lower fertility rates—that is, deciding to have children later in life and opting to have fewer children—on the country’s population. They claim that if current patterns continue, the Belgian population will be reduced by half in the next 18 to 20 years (Yew 2012).

Abortion

Strictly observed abortion laws and guidelines exist for women wishing to terminate their pregnancies. Since 1990, Belgium’s abortion laws have only allowed for abortions in the first 12 weeks of pregnancy (Parker et al. 2009, 232). Abortions sought after 12 weeks are only allowed to proceed if two doctors agree that there is a health risk to the mother or child. Only 1 percent of abortions performed were for women under 18 years old (233). Since December 2001, the cost of abortions has been reimbursed if performed in an abortion clinic that has signed an agreement with the National Institute for Social Security (233).

Support for Mothers and Caretakers

All Belgian women are entitled to some form of earnings-related maternity leave. Belgian women with jobs in the public sector are provided with 15 weeks of maternity leave. A woman can begin taking her leave up to 6 weeks before her projected due date. Self-employed women are provided with 8 weeks of subsidized maternity leave by the state. In addition, up to two weeks of paid postnatal leave can be taken as “free days,” which has the effect of extending the allotted 15 weeks even longer. In the case of multiple births, the length of the leave is extended by 4 weeks. Maternity leave is also extended if the birth results in health complications for the mother or baby. In the case of the former, the baby’s father is allowed 60 percent of his earnings in addition to the extended maternity leave payments to the mother (Kremer 2006).

Belgium has one of the best and most comprehensive systems of care for children younger than six years of age. Beginning in the 1980s, the Belgian government federalized subsidies for child care through two principal offices: the Bureau of Birth and Childhood (for French-speaking communities) and Child and Family for Flemish-speaking communities (267). In addition to formal governmentally subsidized child care facilities and services, the Belgian government also provides considerable tax deductions for families who opt out of these programs. In December 1988, for instance, the government allowed families to deduct 80 percent of their care expenses from their taxable incomes (267).

Inheritance and Property Rights

Belgian women are afforded full property rights and legal protections. In the absence of a will, for instance, a married woman inherits her husband’s entire state. If both parents are deceased, the couple’s surviving children inherit equally (regardless of gender) from their parents.

LGBT Rights

Belgium is widely known as an LGBT-friendly nation that is at the forefront of European efforts to extend rights and government protections to gays and lesbians. As early as 1998, Belgium implemented laws that recognized same-sex unions and partnerships, and by January 2003, these rights were extended to include recognized state-sanctioned same-sex marriages. Belgium is 1 of 16 countries that now extend the freedom to marry to same-sex couples. In 2006,

Human Rights and Gender Identity in Belgium

In 2008–2009, the Institute for the Equality of Women and Men (IEWM) commissioned a study on discrimination against transvestite, transgender, and transsexual people in Belgium. The study concluded that further steps must be taken to protect transgender people from discrimination, including strengthening laws involving privacy issues, birth certificate and identity records, and protecting their rights in systems of education, labor, health, and adoption and parenting. It also noted that these rights should be extended to all gender-variant individuals, including those who have not yet undergone reassignment or affirmation surgery and those who do not plan to do so. A report titled “Being Transgender in Belgium: Mapping the Social and Legal Situation of Transgender People” (2010) outlines the institute’s recommendations for developing government policy to support transgender people.

Belgium went even further and recognized the right of married same-sex couples to adopt children.

Politics

Belgium has a system of proportional representation that contains multimember constituencies that vary in size depending on the level at which elections take place. For the federal Upper House and the European Parliament, the country is divided into two constituencies comprising each of the major linguistic communities. For all other elections, the constituencies are more numerous and based on geographical entities. Belgium has a multiparty system, and the major parties include Liberals, Greens, Socialists, and Christian-Democrats. There are also smaller regional parties, such as Volksunie and Vlaams Blok, in cities, such as Flanders. The political process is an active part of Belgian life—so much so that voting is a legal requirement of all citizens.

Women did not comprise a large and active presence in Belgium’s politics until the late 20th century. Prior to the 1986 establishment of the Ministry of Employment and Equal Opportunity there were not a significant number of women in important positions within Belgium’s

government (Tremblay 2008). Women's suffrage, especially between the years 1830 and 1948, was largely viewed as an issue of secondary importance by the political establishment (Hilden 1993).

Despite legal restrictions that limited women's participation in government, there were a few women, such as Marie-Anne Spaak-Janson (1873–1960) and Marguerite De Riemaeker-Legot (1913–1977), who managed to rise to political office. Spaak-Janson was the first woman to serve in Parliament in 1921, and De Riemaeker-Legot was the first woman to hold a major government office, as head of the Ministry of Family and Housing from 1965 to 1969.

In 1989, Belgium amended its constitution to limit the obstacles that might prevent women from fully participating in national political life (Tremblay 2008). Other laws soon followed, and the Smet-Tobback law, which was passed on May 24, 1994, went so far as to stipulate that no more than two-thirds of the candidates on a political ballot could be members of the same sex. The law stipulated that if one-third of the candidates on a ballot were not from an underrepresented sex, then those places on the ballot were to be left open. The Smet-Tobback law first applied to European federal and regional elections during the summer of 1999.

The idea that legislation is an effective way to address the small number of women legislators has attracted debate and controversy since first proposed (Praud 2012). Some supporters of the law criticize it for not going far enough and instead propose that the quota should be raised. Detractors, on the other hand, point to what they perceive as the law's ineffectiveness: they argue that despite existing laws (and what they argue is "preferential treatment") women still fail to be elected to government positions in significant numbers.

Today, women occupy only 17 percent of the positions in the Belgian government (Praud 2012). Their numbers are slightly higher in Parliament. Women occupy almost 29 percent of the upper house and fill 24 percent of the lower house seats.

Religious and Cultural Roles

Catholicism is the dominant religion practiced in Belgium, though there are also communities of Protestants, Jews, and Muslims. Catholics account for roughly 75 percent of the population. Protestants and Jews collectively account for less than 1 percent, and around 3.5 percent of the population identifies as Muslim. These figures underline the

fact that more than 20 percent of the nation's population does not strongly identify with an organized religious group. Despite the large number of nonreligious citizens, the Belgian government has made it a practice to protect religious freedom and to financially support ministers in all recognized faiths by paying their salaries and pensions. Recognized religious groups received 100 million euros (around USD\$109 million) from the government in 2009. According to Belgium's Ministry of Justice, the government paid the salaries of 2,750 priests, 333 lay consultants, 122

Women in Belgian Cinema

The fractured nature of Belgium's linguistic communities makes the establishment of a coherent national, unified Belgian cinema difficult to define. Nevertheless, it is within this environment that several prominent women film directors have emerged. Agnes Varda (1928–), who is credited as one of the few female members of the 1960s male-dominated French New Wave avant-garde movement, was born in Brussels, Belgium, and still remains a national citizen. Her film *Cleo from 5 to 7* (1962) examines the way consumerism and the need for approval disproportionately informed the mid-20th-century female sense of self.

The film's story follows a female pop singer over the course of two hours while she awaits the results of what is described as an important medical test. With two hours to spare, Cleo, the film's central character, meanders through city streets, dancehalls, and department stores. The film's powerful feminist message removes the central character from the confines of societal expectations and ideals of beauty and focuses on her growing awareness of the way she is visually objectified and consumed by others to show her inner evolution toward achieving real human intimacy and contact for the first time. The result is touching and compelling cinema.

Other Belgian films by women directors include *Femmes-Machines* (1995), by Marie-Anne Thunissen; *Greek Tragedy* (1985), by Nicole Van Goethem; *Nuit et Jour* (1991), by Chantal Akerman; *Pauline and Paulette* (2001), by Lieven de Brauwier; *The Quarry* (1998), by Marion Hansel; and *Antonia's Line* (1995), by Marleen Gorris.

Protestant pastors, 15 Anglican ministers, 49 Orthodox priests, 34 Jewish rabbis, and 39 Muslim imams (2014).

The Belgian government's public image of historical tolerance for religious diversity was challenged in 2011 when the legislature passed new laws that outlawed garments that hide one's identity. These laws were widely viewed as targeting the nation's Muslim women, many of whom, as part of their religious practice, wear full veils that shroud their faces. The law was challenged in court for roughly three years after it went into effect. However, in 2014, the Constitutional Court of Belgium ruled that despite the merits of the many concerns raised in legal challenges—namely, that the law infringed on the religious liberty of Belgian women—the court nevertheless concluded that the state's primary interest in public security ultimately trumped these challenges. Similar legislative responses from France and other European nations are representative of larger tensions between secular societies and Islamic religious groups in the wake of terrorist attacks on the World Trade Center in the United States (September 11, 2001) and the London public transport bombings (July 7, 2005). On May 24, 2014, an ISIS-affiliated French national opened fire on the Jewish Museum of Belgium. On March 22, 2016, ISIS-affiliated terrorists attacked the Brussels airport in Zaventem and killed 32 civilians. Between August and October of 2016 there were also several incidents of terror-related violence directed toward Belgian police officers.

Issues

Beauty Standards

Belgian beauty ideals are very consistent with Western conceptions that privilege light skin and fair-colored hair. A number of recent studies have analyzed Belgian beauty standards by examining the types of models used most often in domestic magazine advertisements (De Cort 2010, 261–285). Despite the cultural diversity that exists in Belgium, there is surprisingly little diversity in popular culture beauty ideals. The vast majority of Belgian advertisements feature female Caucasian models with fair-colored hair and skin and light eyes. In one study, researchers found no examples of Asian types in popular culture advertisements and only one that prominently featured African women (265).

Sports and Recreation

Football (or soccer), archery, and judo are among the most popular club sports for women in Belgium. Belgium has won six Olympic gold medals in archery since 1920, and in

the late 20th century, it produced a number of prominent female judo practitioners. Ulla Werbrouck, a gold medal Olympian in judo at the 1996 Olympics, is representative of the prominence and popularity that female athletes in the sport of judo enjoy. Following her 1996 Olympic victory, Werbrouck's widespread popularity contributed to her successful election to the Belgian Chamber of Representatives in 2007 and to the Flemish Parliament in 2009.

Violence and Domestic Abuse

Domestic abuse and violence toward women remain serious topics of concern in Belgium. A 1998 study commissioned by the Ministry of Employment and Labor discovered that 16.8 percent of women reported experiencing repeated acts of abuse and violence throughout their lives (Meier 2008, 485). According to a more recent 2010 survey on domestic violence, 13 percent of Belgian women report having experienced some form of repeated domestic abuse (487). In 2010, there were 57,122 cases of domestic abuse reported to the police in Belgium, and of that number, 45,148 were the result of violence inflicted by a domestic partner (487–489). Belgium is still struggling to address this national social issue, and despite some more recent advances in laws, there are still only 26 shelters for women who are victims of domestic abuse and no national women's helpline (489).

Marital rape, or forced nonconsensual sex between married persons, has only been a crime since 1989. Domestic abuse, or domestic violence, is still not an official criminal offense in Belgium; instead, it is treated by authorities as a form of harassment. In fact, until 1997, sections of Belgian domestic abuse law allowed for justifiable acts of physical abuse that stemmed from revelations of adultery. Such legal language no longer exists, and by 2001, new laws and guidelines were issued that gave courts additional tools to protect women victims of domestic abuse. In 2001, Belgium introduced its National Action Plan against Violence. By 2003, judges had gained the authority to impose restraining orders on spouses, and in March 2006, the minister of justice had signed new Marital and Family Violence guidelines, which mandate that every complaint of domestic abuse must be recorded, investigated, and prosecuted. Despite these recent advances in legal protections, domestic abuse is still a serious issue for women in Belgium.

Rape and Sexual Assault

Violence toward women escalated in Belgium between 2009 and 2011, as the number of reported rapes increased

from 3,360 to 4,038, which represented a rise of more than 20 percent. According to the *International Business Times*, in 2011, more than 11 rapes took place every day in Belgium, which placed the country among the five nations with the highest rates of rape. Despite numerous attempts by women's groups to use these figures to generate more public awareness, there is little indication that the problem has improved.

Human Trafficking

Belgium is a major transit point and destination for the trafficking of young women for sexually exploitive purposes. On April 13, 1995, Belgium's Parliamentary Committee on Human Trafficking passed new provisions that outlawed human trafficking and child pornography (Fitzmaurice 1996). These new laws allowed for the imposition of prison sentences of up to 20 years for those who sexually exploit children and engage in forced labor. Authorities report that, since 1994, the vast majority of human trafficking cases involve the sexual exploitation of women from sub-Saharan Africa, Eastern Europe, and Asia. A majority of these victims of sexual abuse are women under the age of 18. In 2006, the UN Office on Drugs and Crime classified Belgium as a country with a "high incidence" of human trafficking abuses.

It is difficult to measure the extent of human trafficking because there is no uniform system for collecting and collating data on victims of trafficking. However, recent UN reports show that, in 2003, there were 400 individuals convicted of human trafficking-related charges (U.S. Department of State 2011). This number decreased to 362 in 2004 and dropped even further to 281 in 2005. While these figures seem to indicate the effectiveness of new laws, detractors claim that human trafficking is, instead, simply "becoming more invisible" (2011). In 2011, the government successfully prosecuted 170 offenders of sex trafficking offenses and secured prison sentences ranging from less than 1 year to more than 30 years.

Two of the most prominent human trafficking cases occurred less than a year apart in 2001. The first took place in a Labor Court in Liege in September of 2011. Four members of a Romanian family were publicly prosecuted for enslaving young girls into domestic service. In a second case, a diplomat from Sierra Leone was prosecuted for enslaving and torturing three women who were compelled to work at his office (Brans 2006). In the latter case, diplomatic immunity protected the guilty party from Belgian prosecution, but the Belgian government used this case to

create new provisions in child trafficking laws that allow for custody of the children in such cases to be given to the state. These new guidelines also allow victims of abuse to file civil lawsuits against perpetrators to recover damages.

A 2012 government campaign titled Stop Child Prostitution has continued to raise awareness and to provide information to victims of prostitution and human trafficking seeking law enforcement assistance.

BRIAN SANTANA

Further Resources

- Alter, George. 1988. *Family and the Female Life Course: The Women of Verviers, Belgium, 1849–1880*. Madison: University of Wisconsin Press.
- Amazone, <http://www.amazone.be>. The Web site of Belgium's federally funded women's center, in French, containing up-to-date information on contemporary issues and government policies that impact women.
- Belgian Archive Center on Women's History, <http://www.avg-carhif.be/cms/index.php>. This Web site contains a significant number of archival materials related to women's issues and the history of women's rights in Belgium: magazines, books, and pictures are among the sources offered here.
- Belgian Federal Government, <http://www.belgium.be/en>. This is the official Web site of the Belgium government, English language, providing links to health, environmental, educational, and family resources.
- Belgian Gay and Lesbian Archive and Documentation Center, <http://www.fondssuzandaniel.be>. This Web site provides resources and information related to the historical struggle for gay rights in Belgium.
- Belgian Monarchy, <http://www.monarchie.be/en>. This is the official Web site of the Belgian monarchy; it contains links to a wealth of historical information that details the rise and evolution of the Belgian monarchy, from Leopold I to present day.
- Belgium's Women's Studies Network, <http://www.sophia.be>. This Web site is home to the latest Belgian research in women's studies and a variety of other educational materials.
- Brans, M. 2006. *Special Issue on the Politics of Belgium*. London: Routledge.
- De Cort, Anne. 2010. "The Ideal of Female Beauty in Two Different Cultures: Socio-Cultural Analysis of Belgian and Malaysian Print Advertisements." *Novitas Royal* 3: 117–128.
- Deschouwer, Kris. 2012. *The Politics of Belgium*. 2nd ed. Basingstoke: Palgrave Macmillan.
- Essen, Le. 1920. *A Short History of Belgium*. 2nd rev. and enl. ed. Chicago, IL: University of Chicago Press.
- Fitzmaurice, John. 1996. *The Politics of Belgium: A Unique Federalism*. Boulder, CO: Westview Press.
- Flemish Literature Fund, <http://www.vfl.be/>, contains translations of literary works by female and male Dutch language authors from Flanders.
- Griffis, William Elliot. 1912. *Belgium: The Land of Art: Its History, Legends, Industry and Modern Expansion*. Boston: Houghton Mifflin.

- Hazelle, Rosalyn. 2002. "Consideration of Reports of States Parties." CEDAW, June 3–21. Retrieved from <http://www.un.org/womenwatch/daw/cedaw/cedaw27/ConcComments/Ukraine.PDF>.
- Hecq, Christian, and Daniele Meulders. 1993. *Wage Determination and Sex Segregation in Employment in Belgium Final Report*. University of Manchester, Institute of Science and Technology, UK.
- Herman, Theos, Louis Vos, and Lode Wilson. 1992. *The Flemish Movement: A Documentary History, 1780–1990*. London: Athlone Press.
- Hilden, Patricia. 1993. *Women, Work, and Politics: Belgium 1830–1914*. Oxford, England: Clarendon Press.
- Jonckheere, Karel, and Roger Bodart. 1958. *Belgian Literature*. Antwerp: Ontwikkeiling.
- Kellogg, Charlotte. 1917. *Women of Belgium: Turning Tragedy to Triumph*. New York: Funk & Wagnalls Company.
- Kremer, Monique. 2006. "The Politics of Ideals of Care: Danish and Flemish Child Care Policy Compared." *Social Politics* 13.2: 261–285.
- Kremer, Monique. 2007. *How Welfare States Care: Culture, Gender and Parenting in Europe*. Amsterdam: Amsterdam University Press.
- Labio, Catherine. 2002. *Belgian Memories*. New Haven, CT: Yale University Press.
- Linden, Herman vander, and Sybil Jane. 1920. *Belgium, the Making of a Nation*. Oxford: Clarendon Press.
- Macedo, Eunice. 2013. "In the Quest for Equality of Condition: Women's Situation in Belgium, Lithuania, the Netherlands, and Portugal." *Journal of International Women's Studies* 14: 230–242.
- Mallinson, Vernon. 1966. *Modern Belgian Literature, 1830–1960*. New York: Barnes & Noble.
- Meier, P. 2008. "Concepts of Citizenship Underlying EU Gender Equality Policies." *Citizenship Studies* 12.5: 481–493.
- Meulders, Danièle, Sile O'Dorchai, Robert Plasman, Leila Maron, and Natalie Simeu. 2011. *The Gender Pay Gap in the Member States of the European Union: Quantitative and Qualitative Indicators: Belgian Presidency Report 2010*. Brussels: Institute for the Equality of Women and Men.
- Milnes, G. 1968. *Some Modern Belgian Writers: A Critical Study*. Freeport, NY: Books for Libraries Press.
- OECD (Organisation for Economic Co-Operation and Development). 2012. "Closing the Gender Gap in Belgium." Retrieved from www.oecd.org/gender/closingthegap.htm.
- Osselaer, Tine van. 2014. *The Pious Sex: Catholic Constructions of Masculinity and Femininity in Belgium, c. 1800–1940*. Leuven: Leuven University Press.
- Parker, Rachel, Kaye Wellings, and Jeffrey Lazarus. 2009. "Sexuality Education in Europe: An Overview of Current Policies." *Sex Education* 9: 227–242.
- Pearson, Raymond. 1994. *The Longman Companion to European Nationalism, 1789–1920*. London: Longman Press.
- Praud, Jocelyne. 2012. "Gender Parity and Quotas in European Politics: Symposium." *West European Politics* 35.2 (March): 286–300.
- Sarolea, Charles. 1915. *How Belgium Saved Europe*. Philadelphia: J. B. Lippincott, 1915.
- Stanard, Matthew G. 2012. *Selling the Congo: A History of European Pro-Empire Propaganda and the Making of Belgian Imperialism*. Lincoln: University of Nebraska Press.
- Timmermans, Arco I. 2003. *High Politics in the Low Countries: An Empirical Study of Coalition Agreements in Belgium and the Netherlands*. Aldershot, England: Ashgate.
- Tremblay, Manon. 2008. *Women and Legislative Representation: Electoral Systems, Political Parties, and Sex Quotas*. Basingstoke: Palgrave Macmillan.
- UNICEF. 2014. "At a Glance: Belgium." Retrieved from www.unicef.org/infobycountry/belgium_statistics.html.
- U.S. Department of State. 2011. "2011 Report on International Religious Freedom." Bureau of Democracy, Human Rights and Labor. Retrieved from <http://www.state.gov/documents/organization/193001.pdf>.
- Vanthemische, Guy. 2012. *Belgium and the Congo, 1885–1980*. Cambridge: Cambridge University Press.
- Whitehouse, John. 2012. *Belgium in War: A Record of Personal Experiences*. New York: Nabu Press.
- Woodward, Richard. 2008. "A Lost World Made by Women." *New York Times*, July 13. Retrieved from http://www.nytimes.com/2008/07/13/travel/13journeys.html?_r=0.
- World Bank. 2014. "Belgium Profile." Retrieved from <http://data.worldbank.org/country/Belgium>.
- Yew, Lee Kuan. 2012. "Warning Bell for Developed Countries: Declining Birth Rates." *Forbes* online, April 25. Retrieved from <http://www.forbes.com/global/2012/0507/current-events-population-declining-birth-rates-lee-kuan-yew.html>.

Bosnia and Herzegovina

Overview of Country

Bosnia and Herzegovina is positioned in Southeastern Europe, near the Adriatic Sea, in the midpoint of the Balkan Peninsula; it is bordered by the Croatia to the north, west, and south; Serbia to the east; and Montenegro to the southeast. It has a diverse ethnic population estimated at 3.8 million people. The capital of the country is Sarajevo.

Throughout its history, Bosnia and Herzegovina has been influenced by numerous empires and rulers, such as the Roman and Byzantine Empires, the Middle Age Kingdom of Bosnia, the Ottoman Empire, and the Austro-Hungarian occupation at the end of the 19th century. After World War I, Bosnia and Herzegovina became a part of the Kingdom of Serbs, Croats and Slovenes, which was later renamed the Kingdom of Yugoslavia. After World War II,

this country developed into the one of the six republics of the Socialist Federative Republic of Yugoslavia. In light of the referendum of March 1, 1992, Bosnia and Herzegovina declared independence on March 3, 1992, and became a member of the United Nations on May 22. Unfortunately, as a result of the war in Bosnia and Herzegovina (1992–1995) that followed, half of Bosnia and Herzegovina's pre-war population of 4.2 million was displaced internally and externally. Additionally, more than 100,000 people went missing or were killed, and most of its infrastructure and economy was destroyed. The Dayton Peace Agreement, which was signed on December 14, 1995, ended the war (although it also created a complex and expensive governance system in the process).

Bosnia and Herzegovina consists of two entities: the Federation of Bosnia and Herzegovina and Republika Srpska and Brcko District. According to estimates from the Agency for Statistics of Bosnia and Herzegovina, cited by the United States Department of State, "Muslims represent 45 percent of the population; Serb Orthodox Christians, 36 percent; Roman Catholics, 15 percent; Protestants, 1 percent; and other groups including Jews, 3 percent. Bosniaks are generally associated with Islam, Bosnian Croats with the Roman Catholic Church and Bosnian Serbs with the Serb Orthodox Church" (International Religious Freedom Report for 2011).

Gender equality issues, including the legislation regarding gender equality, are a complex and evolving part of the culture. In the case of Bosnia and Herzegovina, gender issues are very different in terms of the EU's framework of gender equality compared to the views of gender equality in the Balkans. The end of the war in Bosnia and Herzegovina marked the beginning of a double transition that is still going on: a transition from war to peace in all aspects of society and an economic, social, and political transition. According to the UN Development Programme's (UNDP) *Human Development Report*, Bosnia and Herzegovina is ranked 86th out of 187 countries based on the Gender Inequality Index (GII; 0.201).

Girls and Teens

Women in Bosnia and Herzegovina still face discrimination. They do not have the same freedom as men do to exercise their rights. However, in recent years, the protection of women's rights in Bosnia and Herzegovina (BiH) has significantly improved. There is a Law on Gender Equality (2003) and a Gender Action Plan (2013–2017)

at the BiH level, and in 2013, the BiH Election Law added a 40 percent gender quota. Additionally, there have been recent additions of entity-level legislation and public policies for preventing and combating domestic violence. Bosnia and Herzegovina has signed and ratified all major international documents regarding women's human rights, including the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) in 2013. Despite these positive measures, positive changes have not immediately set in; women are still deprived of many of their rights, both in their personal and professional lives, and the relationship between the government and nongovernmental organizations (NGOs) is still far from ideal in terms of protecting women's rights. As of yet, many of the advancements for women in BiH society still exist on paper more than in reality (Fransoli 2014).

The most common forms of abuse in the country include discriminatory employment practices, harassment at the workplace (such as nonphysical harassment geared toward humiliating individuals), limited access to maternity rights, and unequal treatment of women who live in rural areas or are otherwise more vulnerable. Women also remain underrepresented in government institutions at all levels, and gender-based violence—including human trafficking and domestic violence—are also significant issues in Bosnia and Herzegovina. Ongoing gender stereotypes and prejudices also have widespread consequences in ensuring gender equality. Roma women, women with disabilities, refugees and internally displaced women, women in the sex industry, and lesbian, bisexual, and transsexual women all face significant challenges in Bosnia and Herzegovina.

The Agency for Statistics of Bosnia and Herzegovina supervises the social profile of the population and matters such as birth and mortality rates; youth and general employment; education; poverty and expenditure; and industry, among others. Bosnia and Herzegovina is currently a state with low birth rates and a large late-middle-aged population, as shown by the following facts. Boys 17 years old and younger are more numerous than girls of the same age, even though Bosnian-Herzegovinian society is 51 percent women and 49 percent men. Girls aged 5 years and younger are 5.4 percent of the population, and girls aged 6–17 are 14.6 percent. The abovementioned numbers represent percentages referring to the total population of Bosnia and Herzegovina. Data from the *Household Budget Survey in BiH, 2011*, shows that women older than 65 do

not surpass the number of girls and teens, and the largest age group is 35–64, which is 41.3 percent.

Bosnian-Herzegovinian youth are highly concerned with gender politics, unlike their elder fellow countrymen and countrywomen, due to the influence of the Bosnian War of 1992–1995.

Education

Only primary education is an obligation in Bosnia and Herzegovina by law; preschool and secondary education are not (Education Reform Initiative of South Eastern Europe 2016). The data from UNICEF and the UNDP investigations on secondary school attendance show different figures. According to UNICEF, secondary school enrollment is only 79 percent, which is low compared to 98.4 percent of primary education enrollments (UNICEF Bosnia and Herzegovina 2015). The UNDP states that secondary school attendance has improved substantially, from 68.3 percent in 2000 to 91.8 percent in 2011, as has the enrollment rate for higher education, from 23 percent in 2000 to 38 percent in 2011 (UNDP in Bosnia and Herzegovina 2015a).

In all three education levels, boys outnumber girls. For example, in the 2012–2013 school year, there were 9,859 boys and 8,958 girls in preschool institutions, 156,296 boys and 148,585 girls in primary schools, and 84,420 boys and 82,242 girls in secondary schools. The numbers of girls and boys in preschool and secondary school education have shown a tendency to grow since 2008. However, the number of all students in primary schools is going down every year. This aspect of social life, like all others in Bosnia and Herzegovina, is determined by poverty issues. This is especially noticeable in rural areas, and it influences educational quality, too. Interestingly, female students are more numerous than male in higher education. In the 2012–2013 school year, 55.12 percent of enrolled students were female, and in 2012, 60.4 percent of graduated students were women (UNDP in Bosnia and Herzegovina 2015b).

This information shows a slight underrepresentation of girls in school due to economic problems, which are inevitably linked to political issues from the late 1990s.

Recreation

The same can be said of the number of girls active in sports in BiH. Generally, women and men in Bosnia and Herzegovina are attracted to sports for different reasons.

Men often like the competitive aspects provided by sports, and women have more interest in remaining in good shape and being healthy. Women are particularly attracted to sports in which bodily expression is highest (dancing and aerobic), while men are often attracted to martial arts, team sports in big terrains (football), or other sports that require great endurance. Although there are many Bosnian-Herzegovinian teenage girls who show significant results in many different sports (such as judo, tennis, rhythmic gymnastics, badminton, football, karate), that number is usually far lower than the number of teenage boys. It is often believed that men are stronger and are consequently more capable in achieving the best results.

It is important to say that the government of BiH displays little economic support for such matters regardless of gender groups. There is also the image of certain sports being “male,” such as judo, football, and karate; this perception is often created by society. Women and girls in these sports, though very successful, are at the same time in danger of becoming labeled as “tomboys” and having their sex or gender identity questioned because they do not fit the categories in which society has placed them (Radin 2011). Unfortunately, the actual number of girls and teenagers involved in sports is uncertain, but perhaps it is safe to say that it is larger than the number of middle-aged women who engage in sports.

Everyday life for teenagers in Bosnia and Herzegovina is not different than that of teenagers in the West. Today’s teenagers are more educated than previous generations, and they tend to question and test almost everything. Moreover, today’s teenagers in Bosnia and Herzegovina use all types of technological products both at school and at home. They are one of the main target audiences for all kinds of social media, and they are spending most of their leisure activities on social networks.

Health

The definition of *gender equality* in terms of health means that there are equal opportunities for both genders to enjoy their right to pursue a healthy life, which includes equal access to quality healthcare services. Women’s rights are defined by international treaties and documents that concern human rights. Gender equality in the field of health is defined under Article 13 of the Law on Gender Equality of BiH. The Gender Action Plan of BiH, under Chapter 10 (Health, Prevention and Protection), stipulates goals and actions for the improvement of gender equality in terms of

health. The section “45 Reproductive Rights” has traditionally been the focus of gender equality policies.

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) committee made recommendations to BiH in an effort to improve the access that females have to receive quality sexual and reproductive education information. These recommendations were made in the hope of reducing the number of abortions and sexually transmitted diseases (STDs) and increasing the use of contraception in the country. Very little is currently done to provide young people with adequate information, possibly due in large part to the country’s traditional and religious influences. UN agencies often assist by providing support to certain segments of health and healthcare services. One example is the UN Population Fund (UNFPA), which offered support counseling to improve sexual and reproductive health of both young women and young men. However, the efforts were too limited to enact significant improvements, and no notable effect has been seen on a wide community level. Counseling has reportedly been met with some resistance due to Bosnians’ traditional values and did not attract large numbers of young people.

Recent research (Milinović 2013, 24) has shown that women in their early twenties do not show much difference in attitudes toward conception than women between the ages of 45 and 49, which suggests that modernization in the private sphere has been unsuccessful in destigmatizing safer sex practices. Aside from sexual and reproductive health, smoking is another health concern for citizens in BiH. In general, smoking has been a bigger problem for men than women; 21.6 percent of women between the ages of 15 and 19 have sometimes smoked, compared to 28.7 percent of men. For older adults, between the ages of 45 and 49, 58.6 percent of women and 76.6 percent of men reported currently or previously smoking.

Another challenge for women in Bosnia and Herzegovina is that access to healthcare and health insurance is defined by entity laws. All areas of the country, according to a GEA review, have provisions that guarantee equal treatment of women and men. However, the differences between entities can create differences and gaps in health treatments. As indicated in the CEDAW Report for BiH,

due to the exceptionally complex institutional framework, poverty, lack of funding and insufficient coordination among different levels within the systems of social welfare and healthcare the scope of social rights, in spite of their being safeguarded by both the legal

framework and international documents and conventions, which have the same legal force as the constitutional provisions, does raise the issue of actual access to and the practical use of all legally defined rights for men and women in BiH. (CEDAW Report 2011)

Specific groups of the population considered to be more vulnerable or with higher need for healthcare (such as pregnant women, mothers, infants, children, teenagers, the elderly, the homeless, the unemployed, and drug addicts) receive some degree of special protection measures, which are generally related to social welfare transfers.

In terms of employment in health professions, women are the majority of health professionals, although females are underrepresented at the management level. In a private sphere, they are also restricted to working as care providers. Both men and women are vulnerable to issues in exercising their rights in terms of healthcare options because many lack strong knowledge about healthcare regulations. As it is in many other countries, healthcare in BiH is a very complex field and requires numerous regulations, all of which are best understood by someone with a fairly advanced knowledge of the subject. The CEDAW report illustrates that no services exist to protect beneficiary and patient rights in this regard (Arsenijević and Flessenkamper 2013).

A vast majority of healthcare services are currently located in cities, so the number and quality of institutions, staff, and equipment vary greatly between rural and urban healthcare services. This presents rural citizens with more challenges in accessing quality healthcare. Data regarding health issues is not represented accurately according to gender, except in terms of causes of death. Within the context of Bosnia and Herzegovina health data, specifically, more data collected on a regular basis would be required to gain an in-depth and more accurate view of men’s and women’s health.

Employment

Bosnia and Herzegovina has a high unemployment rate, which is again the result of unresolved political and economic issues dating to after the Bosnian War and is especially evident in the last decade. Thus, there is a lot of employment on the black market as well as high unemployment of youth (45%–50%). Reports on this data can vary; the UNDP claims that number is 60 percent. From 2010 on, the numbers vary slightly, particularly comparing

official with what are thought to be actual rates. The latter is lower because many technically unemployed persons work in the gray economy, which is an area of the economy that is not accounted for in official statistics (Index Mundi 2015). According to the UNDP in BiH, the total unemployment rate defined by the International Labour Organization (ILO) is 29 percent, while the official or registered unemployment rate is 46.1 percent.

In BiH, women are outnumbered by men in the employment section. In 2013, the number of unemployed women was 199,786, which is 2.72 percent higher than the year before (Sarajevo: Federal Employment Institute 2014). The same sources report that women make up the majority of workers in the public health sector; more than 90 percent of pharmacists are women, and more than 80 percent of nurse technicians are women. The number of women (21,546) and men (6,653) in this employment area indicate this field is a common career choice for women. Similarly, employees in the social welfare institutions and institutions for children and adolescents without parental care are mostly women, surpassing men by almost three times in these fields. The same can be said for the teaching profession: women outnumber men as teachers in preschool and primary and secondary schools, but there is a larger number of male lecturers in higher education (Sarajevo: Federal Employment Institute 2014).

Women are mostly employed in services and major and minor trades, while men usually work in light industry and manufacturing, construction, traffic, financial management, and public administration (Bašić and Miković 2012). Thus, labor market analyses show that there are typical male and female professions and indicate the presence of a slight gender gap in wage levels in the private sector, where males earn slightly higher wages than women. In the official statistics of the BiH labor market, the “gender gap” is not really mentioned nor calculated, though its practical existence was confirmed by the first research on wage gaps for men and women in BiH. Differences in wage levels for men and women are highest in the nonindustrial sector and smallest in administration.

Maternity leave in BiH ranks low in the state budget and is not supported by employers, especially in the private sector. That is also one of the reasons why there is negative population growth and employment. Privatization, the dying out of industrial centers, the stagnation of the economy, the large available workforce in the labor market, constant rising prices, and other factors bring poverty to a large number of citizens of BiH. Many of those have lower

education and employment levels, which reflects particularly negatively on women (Bašić and Miković 2012).

Women in High Positions

When it comes to engagement in the political life of state and public administration, it is important to note that the number of women is very low compared to men. In the sex structure of the Parliament of BiH, women are only 19.3 percent to men's 80.7 percent. An almost equally large gender gap is visible in the House of Representatives of BiH (women 21.4%, men 78.6%) and the House of People of BiH (women 13.3%, men 86.7%).

Based on the facts given by the Ministry of Foreign Affairs of BiH, there was a slow increase in the number of women appointed as ambassadors or other representatives in the diplomatic and consular offices of BiH from 2008 to 2012. In 2008, the ratio between women and men was 8:41, and in 2012, it was 12:42.

Family Life

Bosnia and Herzegovina has a primarily patriarchal family structure today, which is also a postconflict consequence. The typical way of life of a traditional Bosnian-Herzegovinian family includes youths living with parents until they get married. This is a centuries-old custom, supported also by the fact that the majority of the population is impoverished. This type is known as the nuclear family (parents with children), but there is also the extended family type, which is not as numerous as before and more common in rural areas. Shown by the *Household Budget Survey in BiH, 2011*, 35.7 percent of population in this country is poor (18% of men and 17.7% of women). As a result, young people today do not dare to enter marriage easily; thus, the negative rate of population growth highly affects family as the social nucleus. On the other hand, exceptions to such ways of life do exist, and there are a significant number of young people (a large number of young women among them) living by and providing for themselves (Spahić-Šiljak 2012). Partnerships without legal obligations are acknowledged by the laws of Bosnia and Herzegovina, equal to marriage, and considered as a free way of living between a man and a woman (Huremović, Gavrić, and Savić 2011).

Traditionally, society in this country has been matrimonial. Some research has shown that this practice has recently changed, but matrimony is still regarded as the ideal outcome in one's personal life. The freedom of choice

of a future partner was valued even in the last hundred years or more, but it was sometimes determined by other family members (Younis 2006). This way of life is very rare today; men and women tend to enter into marriage by their own free will. According to some statistics that encompass approximately the last 11 years, Bosnian-Herzegovinian women and men marry later in life. The groom is usually around 29 years old and the bride 26 years old when forming their first marriage (Sarajevo: Federal Employment Institute, 2014). The country has seen rising divorce rates and an increase of single-parent and single-household families (Family Counseling Center Sarajevo 2015). According to a *Household Budget Survey in BiH, 2011*, Bosnia and Herzegovina's single-parent population consists of around 85 percent of single mothers and 15 percent of single fathers (Sarajevo: Federal Employment Institute, 2014).

In regard to official statistical data on marriage, divorce, cohabitation, and the problems of children whose parents enter into new matrimonial relations after a divorce, some experts in family pedagogy take on the conclusive viewpoint that the happiness of the freedom of choice brought some new challenges and pressures for BiH society (Alić 2012). The patriarchal frame of the family also determines the difficult position of LGBT persons in Bosnian-Herzegovinian society and state. Thus, any family that is different from the typical, traditional union between a man and a woman (marriage or domestic partnership) that is supported by family laws in BiH is considered undesirable. LGBT rights are not encouraged by the state or society. Marriage and the adoption of children are not possible for couples of the same sex (Milinović 2013).

Structurally, the most frequent nuclear family sizes in BiH are composed of four (52%), five (20.4%), three (19.9%), six (6.3%), or more members (1.4%) (Spahić-Šiljak 2012).

Politics

The percentage of women in politics, in legislative and executive authorities at all levels, remains disappointing. In 2011, only 19 percent of women were represented in the Parliament of Bosnia and Herzegovina, 21.4 percent in the House of Representatives, and 13.3 percent in the House of Peoples of Bosnia and Herzegovina (Milinović 2013). In the 2008 elections, the electorate was composed of 49 percent women and 51 percent men; 64.8 percent of men and 35.2 percent of women accounted for political candidates. In terms of elected officials, 85 percent were men, and only

15 percent were women. Very few mayors were women, only 2.86 percent. In 2011, only 9 (15.5%) out of 58 ambassadors and general consuls in the diplomatic and consular offices of BiH were women. However, court personnel positions are often held by females. Women accounted for 43.1 percent in the Court of BiH, and 67.5 percent in the municipal courts. In 2009, only 6.3 percent of police officers were women. The proportion of men to women employed in public administration in Bosnia and Herzegovina shows just about the same ratio between civil servants in the Federation of Bosnia and Herzegovina and Republika Srpska. The number of men in important roles is rising, such as managers, assistant ministers, chief inspectors, and so on (Arsenijević and Flessenkamper 2013).

To confront these gender imbalances, there has been an increase of preelection activities to raise awareness of women's participation in all political branches. The Election Law of Bosnia and Herzegovina requires a 30 percent quota of female representatives in elected political bodies. The gender mainstreaming mechanisms have begun to actively support and provide different kinds of training for political parties.

Religious and Cultural Roles

In Bosnia and Herzegovina, there are 12,900 civil society organizations (CSOs), but the number of active women's nongovernmental organizations (NGOs) is in fact unknown. Many human rights organizations in Bosnia and Herzegovina also cover women's issues (European Commission 2014). Women in Bosnia and Herzegovina are far more involved in civil society than in formal politics, a phenomenon that is thought to be due to a disproportionate distribution of power. It is important to underline the positive trends in women's participation in civil society and the women's movement in the contemporary Bosnia and Herzegovina's context.

Women activists in Bosnia and Herzegovina display a high level of critical awareness in assessing their own actions and goals, which often indicates their political and social maturity as well as the importance of commitment in struggling for common good but also for their rights. Women's groups often mobilize entire populations, working across ethnic and racial borders. Through different types of activities, women in civil society in Bosnia and Herzegovina create an atmosphere for perceptible, conventional, and unconventional forms of social, cultural, and political participation. They often use the approach of

negotiating gender in the context of a postwar and post-trauma society. According to CEDAW report, most activities of women in CSOs were related to domestic violence, health, prevention and care, education, safety, gender-sensitive budgeting, and other similar fields.

Bosnia and Herzegovina is a meeting place of cultures, civilizations, and peoples whose existence is derived from and largely shaped by their religions. For this reason, Bosnia and Herzegovina is a “meeting point” of religions. Relations between religions in Bosnia and Herzegovina are reflected in almost all aspects of social and cultural life. Religion and cultural heritage are important factors in the formation of an identity, system of values, and lifestyles. The position of women within cultural and religious context in Bosnia and Herzegovina is often very complex. Today’s women struggle with the opportunities and challenges of a fast-changing technological society, while also seeking to protect their rights.

Even though much has changed in recent years, and although women in Bosnia and Herzegovina have begun to reject the deeply rooted concept that women “belong at home” and that men are the only “real breadwinners,” women are still far from being considered equal to men. Discrimination in the workplace is seen as a part of everyday life and of every society, including Bosnia and Herzegovina, which is why it is more difficult to identify and sanction it. The unfavorable position of women in the labor market is closely associated with the unfavorable status of women in family life and the still-traditional understanding of the role of women in the family. Most of the housework and responsibilities of family and children are solely the responsibility of women, regardless of whether they are employed, what they have to do at work, or how much they earn. Discrimination against women in the labor market persists, and women are more disadvantaged than men when it comes to employment, position in the workplace, and career choices. Women’s poor economic situation is directly related to limitations in access to education.

Although there has never been a Bosnian-Herzegovinian (and the entire Balkan region) equivalent to the Western women’s emancipation movement, many women have taken a more active stance by the private necessities of economic survival and parenting. Largely unnoticed by men who tend to hold to old stereotypes of the Balkans, women in Bosnia and Herzegovina today are accomplishing significant feats. During modern-day economic crises, women are often the ones leaving their homes to earn money in the West for their families, typically in low-paying menial jobs.

The wife provides the money, and the husband tends the children—traditional roles have been switched.

Sexism is still an everyday experience for women in Bosnia and Herzegovina in their workplaces, in public, in commercials, and in politics. Media in the Balkan countries often reduce women’s importance to their bodies and looks. Famous female pop singers in the region aspire to be sex symbols and are the figureheads of widespread trends: suggestive dresses, dolled-up appearances, and folk music with accordions.

Roma Women

Although the socioeconomic situation is difficult for most citizens of BiH, the Roma population lives on the margins of society. It is beyond question that over 65 percent of Roma people have no roof over their heads, 70 percent have no access to health care or social protection, over 90 percent are unemployed, and Roma children drop out of mandatory elementary schools due to poverty (Milinović2013). Considering the addition of prejudice and discrimination against Roma to these challenges, it is hard to belong to the Roma community. Roma women are discriminated against based on their affiliation with the Roma ethnic minority, based on sex and their social background or status (Radin 2011). Generally, members of the Roma community in Bosnia and Herzegovina still constitute one of the most marginalized groups in society, which makes Roma women susceptible to discrimination on two levels—as women and as members of the Roma population.

Roma women and girls have a very difficult position in BiH society. The 2012 *Progress Report of the European Commission* showed that very little progress has been made to improve the discrimination and domestic violence that Roma women and their children endure. There are many indicators that show a profound social exclusion for the Roma people in BiH society, many of which start at birth. For example, many Roma children do not receive birth certificates, increasing their risk of trafficking. The *Multiple Indicator Cluster Survey* (MICS), a survey that collects data on areas that are considered to be key indicators of the well-being of women and children, determined that 20 percent of Roma children did not receive birth certificates (MICS 2011–2012). The Roma MICS showed that, for almost all indicators, the situation of Roma was significantly worse than it was for the general population (2012). Many Roma in Bosnia and Herzegovina are considered to live in deep poverty, which is generally due to

the discrimination they face trying to secure jobs and ethical working conditions.

Many Roma also have low educational levels, which are linked with high rates of unemployment and poverty. Women have high rates of illiteracy, and Roma girls have low rates of attendance in primary and secondary school. A UNDP study (MICS 2011–2012) discovered that nearly 80 percent of Roma women had not completed primary school, and only 4.5 percent of Roma women had completed secondary education, compared to the higher (but still low) 9.2 percent of Roma men. According to the survey, only 47 percent of Roma girls were enrolled in primary education. Additionally, roughly 90 percent of Roma women have no access to healthcare, social protection, or employment. The Alternative CEDAW Report for 2010 quoted a nationwide survey showing that almost 82 percent of Roma women were unemployed, 9 percent were working in the informal sector, and 7 percent resorted to begging to meet their needs for survival. Few Roma (2%–3%) were employed in the private sector (MDGs 2013). The Roma Education Action Plan and other initiatives of Bosnia and Herzegovina to promote education do not specifically address the considerable needs of Roma women and youth.

Lesbian, Bisexual, Transgender, and Transsexual Women

At the end of the war in Bosnia and Herzegovina, numerous efforts to increase gender sensitivity began. Lesbian, gay, bisexual, transgender, transsexual, intersexual, and queer (LGBTTIQ) activists started to gather officially during a rise in peacemaking work, the opening of academic programs, and lobbying for legislative amendments. The LGBTTIQ movement in Bosnia and Herzegovina recorded its beginnings in 2001, when the establishment of a BiH lesbian-gay association was initiated.

Lesbians in BiH have been doubly vulnerable in society—as women and as sexual minorities—and are still not adequately empowered to be able to separately organize themselves and provide support to one another. Regardless of the fact that similar organizations exist in neighboring countries and that lesbians from these countries have frequent and good cooperation with organizations in Bosnia and Herzegovina, there have been no significant initiatives for the lesbian movement in Bosnia and Herzegovina to date. There has been an evident lack of interest within the women's movement for such initiatives (Čaušević 2014).

Although transgender and transsexual women face numerous additional problems in Bosnia and Herzegovina

society, such as violence, lack of understanding, rejection, and discrimination, there are no adequate legal solutions in Bosnia and Herzegovina for the implementation of basic human rights for this social group, nor any significant initiatives. As a result, trans women are marginalized in society. The lack of opportunities for discussion, and particularly for action, creates what many consider to be an unsafe environment and lack of understanding regarding members of sexual minorities (Čaušević 2014).

Violence and Gender

Domestic Violence

Recent studies indicate that women and children in BiH are the victims of domestic violence at a rate of five times more often than men. The statistics on domestic violence in the country are thought to have significant gaps due to some victims' failure to report cases of the violence, a lack of uniform statistical records, and the culturally held view that domestic violence is a problem that should be dealt with privately within families. To improve issues of domestic violence in the country, UN Women, UNFPA, and UNICEF have pooled funds allocation from the FIGAP program (Financial mechanism for the Implementation of the Gender Action Plan in BiH) with the BiH Gender Equality Agency and undertaken the first Prevalence Survey on Gender-Based Violence in BiH. Approximately half of the women surveyed (47.2% in BiH and 47.3% in RS) reported experiencing at least one form of violence since the age of 15.

Recent research indicates that many women in the country lack an understanding about different forms of violence, including those forms that they have experienced personally. BiH has nine shelters, also known as safe houses, for women who are victims of domestic violence. International organizations and UN agencies provide support to these shelters, such as the introduction of laws in Republika Srpska to fund shelters from the RS budget (70%), and from the budgets of local communities (30%). More advancements are expected from amendments being proposed to the Law on Protection against Domestic Violence in the Federation of BiH (UNDP in Bosnia and Herzegovina 2015b).

Trafficking

Human trafficking is a specific form of violence, one that was exposed in Bosnia and Herzegovina during the

1992–1995 war. This country is used as a source for trafficking as well as a trafficking transit country due to its specific geographical position. According to the *Annual Report on Trafficking in Human Beings 2010*, 19 victims of trafficking were reported in 2007, a number that rose to 60 victims in 2010. Of those victims, 52 were citizens of BiH, 4 were from the Ukraine, and another 4 were from Serbia. According to the United Nations in Bosnia and Herzegovina's report, "in 2009 BiH adopted an amendment to the Criminal Code determining a minimum sentence of three years of imprisonment for trafficking in human beings." However, in the years since, the number of convictions has stayed low, suggesting an insufficiency of the law. In 2012, the most common forms of human trafficking were found to be sexual abuse and forced begging; 3 cases of forced sales into marriage and 3 cases of forced prostitution were also cited. That same year, 92 percent of the 39 victims of trafficking reported were women, only 10 percent of whom were adult victims. In 13 cases, victims were provided access to shelters (Milinović 2013).

War Crime Victims

Reports by female victims of wartime rape and other sexual violence have pointed to negligence on the part of the state's lack of outreach and efforts to provide for their needs in the aftermath of the 1992–1995 war. BiH, as a state, has failed to provide services in general; NGOs and women's organizations have been responsible for providing support to victims and encouraging them to testify against the perpetrators. Female victims of war crimes that were sexual in nature have also reportedly been socially outcast, excluded, and marginalized. In many cases, women did not speak out for a decade or longer (if at all); members from the organizations who help these women continue to interview victims who have stayed silent for up to 20 years. Due to the trauma and ensuing stigma they have faced, those who survived sexual violence during the war struggle with poverty and unemployment, and many problems have been passed down to the younger generation as a result.

There are very few reported cases of wartime rape and sexual violence; approximately 30 cases have been resolved to date. Estimates vary; some believe that somewhere between 20,000 and 50,000 people were victims of wartime sexual violence in BiH. A continuing problem for some female victims is that the perpetrators who harmed them live in the same communities and are part of their daily life; many are afraid for their safety. Many have stayed

silent because they do not want their husbands and children to know about the events that transpired or they fear of being socially outcast. As of 2011, 75 war crime cases that included instances of sexual violence against women received final verdicts by the Court of Bosnia and Herzegovina. Of those verdicts, 29 (38.6%) were rendered for war crimes, including acts of sexual violence against women (UN Human Rights Council 2013; Milinović 2013).

HIV/AIDS

Bosnia and Herzegovina has a low prevalence of HIV; it is estimated at less than 0.1 percent of the population. According to BiH reports to the European Centre for Disease Prevention and Control (ECDC), 221 cases of HIV infection and 120 cases of AIDS were registered as of 2012, and the infection ratio in BiH was 5 to 1 (male/female). Data has also shown that the most common form of transmission of HIV in the country is through heterosexual sex (52%) and that 81 percent of reported HIV infections have been men. Only one case of mother-to-child transmission (MTCT) has been registered, reported in 2006. The antiretroviral therapy (ART) began in 2007 through the public health care system; 74 people were receiving ART in recent years. There is a shortage of ART options in the country, support for which is being provided by an organization called Global Fund to Fight AIDS, Tuberculosis and Malaria, implemented by the UNDP.

Despite an overall low prevalence of HIV/AIDS in the country, a great deal of effort has been put into the prevention and detection of HIV/AIDS in the country. Free voluntary and confidential testing and pre- and postcounseling was established in 2005 in BiH, carried out by a group called the Voluntary Confidential Counselling and Testing Centres (VCCTC), which has successfully increased the number of people in the country who have been tested. There are 22 of these centers across the country, and they have targeted their efforts at the population groups thought to be most at risk. Ten health centers regularly provide sterile needles and syringes to cut down on drug users' transmissions, and they also distribute condoms, give out HIV/AIDS information, and make referrals to VCCTC.

Similar to many other countries going through significant transitions, BiH faces the serious challenge of increased numbers of sex workers, sexually transmitted diseases, and the prevalence of drug use. This increases the number of vulnerable population groups in BiH who need access to health insurance and diagnostic and treatment

options for HIV/AIDS (UNDP in Bosnia and Herzegovina 2017).

AMELA HADŽAJLIĆ AND SARINA BAKIĆ

Further Resources

- Agency for Statistics of Bosnia and Herzegovina. 2012. "Labour Force Survey 2012." Retrieved from http://www.bhas.ba/ankete/lfs_bh.pdf.
- Alić, Amel. 2012. *Struktura i dinamika obiteljske kulture* [Structure and Dynamics of Family Culture]. Sarajevo: Dobra knjiga -Centar za napredne studije.
- Arsenijević, Damir, and Tobias Flessenkamper. 2013. *What Is the Gender of Security?* Sarajevo: Sarajevo Open Centre.
- Bašić, Sanela, and Milanka Miković. 2012. *Rodne (ne)jednakosti na tržištu rada u BiH. Ženska strana priče* [Gender (In)Equalities in Labor Market in BiH: Female Side of the Story]. Sarajevo: Udruženje Žene Ženama-Friedrich-Ebert-Stiftung (FES).
- Čaušević, Jasmina, ed. 2014. *Women and Public Life in Bosnia and Herzegovina in the 20th Century*. Sarajevo: Sarajevo Open Center.
- Education Reform Initiative of South Eastern Europe. 2016. *Nacrt Zakona o osnovnom i srednjem obrazovanju u Bosni i Hercegovini, članovi 15, 16 i 17* [Framework Law on Primary and Secondary Education in Bosnia and Herzegovina, Articles 15, 16 and 17]. Retrieved from http://www.erisee.org/downloads/library_bih/Frameworkpercent20Lawpercent20onpercent20Primarypercent20andpercent20Secondarypercent20Educ_engl.pdf.
- European Commission. 2014. *Gender Country Profile for Bosnia and Herzegovina (LOT 1 COM) Gender Country Profile Final Report June 14*. London, UK: HTSPE Limited.
- Family Counseling Center Sarajevo. 2015. Retrieved from <http://porodico.ba/bs>.
- Fourth and Fifth periodic CEDAW Report for Bosnia and Herzegovina, Sarajevo: Agency for Statistics of Bosnia and Herzegovina, 2011. Retrieved from http://arsbih.gov.ba/wp-content/uploads/2014/02/110531_CEDAW_BiH_FINAL.pdf.
- Fransioli, Esther Garcia. 2014. *Annual Report on the State of Women's Rights in Bosnia and Herzegovina in 2013*. Sarajevo: Sarajevo Open Center.
- Grujić, Marija. 2006. "Inclusiveness of the "Turbo Folk" Music Scene in Post-Socialist Serbia: Transgression of Cultural Boundaries or a New Model of Cultural Exclusions?" Presented at Inclusion/Exclusion: 7th International Postgraduate Conference on Central and Eastern Europe, UCL-SSEES, February 16–18.
- Huremović, Lejla, Saša Gavrić, and Marija Savić, eds. 2011. *Čitanka lezbejskih i gej ljudskih prava* [Textbook of Lesbian and Gay Human Rights]. Sarajevo: Sarajevski otvoreni centar and Heinrich Böll Stiftung BiH.
- Index Mundi. 2015. "Bosnia and Herzegovina Unemployment Rate." Retrieved from www.indexmundi.com/bosnia_and_herzegovina/unemployment_rate.html.
- International Religious Freedom Report for 2011, United States Department of State, Bureau of Democracy, Human Rights and Labor. Retrieved from <https://www.state.gov/documents/organization/193003.pdf>.
- KRSG Olimpik. 2015. "Primary Club." Retrieved from <http://www.krsg-olimpik.ba/index.php/osnovno-o-klubu>.
- Milinoić, Zdenko. 2013. *Žene i muškarci u Bosni i Hercegovini, TB 03 Tematski bilten Agencije za statistiku Bosne i Hercegovine* [Women and Men in Bosnia and Herzegovina, TB 03 Thematic Bulletin of the Agency for Statistics of Bosnia and Herzegovina]. Sarajevo: Printing House Avery.
- Millennium Development Goals in Bosnia and Herzegovina 2013 Report [MDGs 2013]. Retrieved from http://donormapping.ba/pdf/MDG_BiH_2013_Progress_Report.pdf.
- Multiple Indicator Cluster Survey (MICS) 2011–2012 on Roma in BiH. Retrieved from [https://www.unicef.org/bih/02_Executive_Summary\(1\).pdf](https://www.unicef.org/bih/02_Executive_Summary(1).pdf).
- Peace Direct. 2015. "Transitional Justice Strategy for Bosnia and Herzegovina: An Overview." Retrieved from <http://www.insightonconflict.org/2013/05/transitional-justice-strategy-bosnia-herzegovina>.
- Radin, Helena Stimac, ed. 2011. *Ravnopravnost spolova u športu* [The Equality of Sexes in Sports]. Zagreb: Biblioteka ONA.
- Sarajevo: Federal Employment Institute. 2014. *Izveštaj o radu Federalnog zavoda za zapošljavanje za 2013. godinu* [Report on Work of the Federal Employment Institute for the Year 2013].
- Soccer/Football Association Bosnia and Herzegovina. 2015. Retrieved from <https://www.nfsbih.ba/en/competitions/football-women/cup-bih/>.
- Spahić-Siljak, Zilka, ed. 2012. *Contesting Female Feminist and Muslim Identities: Post-Socialist Contexts of Bosnia & Herzegovina and Kosovo*. Sarajevo: Center for Interdisciplinary Postgraduate Studies, University of Sarajevo.
- UNDP Evaluation Resource Center. 2017. "Youth Employability and Retention Program." Retrieved from <https://erc.undp.org/evaluation/evaluations/detail/6285>.
- UNDP in Bosnia and Herzegovina. 2015a. "About Bosnia and Herzegovina." Retrieved from http://www.ba.undp.org/content/bosnia_and_herzegovina/en/home/countryinfo.
- UNDP in Bosnia and Herzegovina. 2015b. "Promote Gender Equality and Empower Women: Institutional, Legislative and Policy Framework for Integrating Gender Equality." Retrieved from http://www.ba.undp.org/content/bosnia_and_herzegovina/en/home/post-2015/mdgoverview/overview/mdg3.
- UNDP in Bosnia and Herzegovina. 2017. "Combat HIV/AIDS, Malaria and Other Diseases." Retrieved from http://www.ba.undp.org/content/bosnia_and_herzegovina/en/home/post-2015/mdgoverview/overview/mdg6.html.
- UN Human Rights Council. 2013. *Report of the Special Rapporteur on Violence against Women, Its Causes and Consequences, Addendum: Mission to Bosnia and Herzegovina*. A/HRC/23/49/Add.3. Retrieved from <http://www.refworld.org/docid/51b86ce44.html>.
- UNICEF Bosnia and Herzegovina. 2015. "Millennium Development Goals: Pushing Back the Barriers in BiH." Retrieved from http://www.unicef.org/bih/children_17679.html.

Younis, Hana. 2006. *Svakodnevni život u Sarajevu u doba Topal Osman-paše (1861–1869) magistarski rad [Everyday Life in Sarajevo in the Time of Topal Osman-Pasha (1861–1869)]*. Master's thesis, Department of History, Faculty of Philosophy, University of Sarajevo, Sarajevo.

Bulgaria

Overview of Country

The Republic of Bulgaria is a parliamentary democracy located on the Balkan Peninsula in southeastern Europe. The geographic location of Bulgaria offers access to Western Europe, the Near East, and Middle East, as well as the Mediterranean. The country is named after the Bulgar tribes who migrated to the lower Balkan area in the seventh century CE. After World War II, Bulgaria was influenced by the social and economic beliefs of the Union of Soviet Socialist Republics (USSR), and, in 1946, the Bulgarian Communist Party became the dominant political force in the country. After the collapse of communism in 1990, Bulgaria embarked on a difficult process of transitioning to a multiparty democracy with a market economy, while contending with political instability, strikes, corruption, and various economic issues, such as inflation and unemployment (CIA 2016).

Bulgaria is bordered by five countries—Greece, Macedonia, Romania, Serbia, and Turkey—as well as the Black Sea. The Central Intelligence Agency (CIA) estimates Bulgaria to be slightly larger than Tennessee, with a total area of 110, 879 square kilometers. When the sum of all land and water areas are measured, Bulgaria is ranked as the 105th largest country (out of 257) in the world, and falls between Liberia (104) and Cuba (106) (CIA 2016).

Bulgaria is divided into 28 providences, and the capital city is Sofia, which is located in the western section of the country. The majority of the population self-identifies their ethnicity as Bulgarian, at 76.9 percent, with 8 percent also identifying as Turkish, 4.4 percent as Roma, 0.7 percent as other (including Russian, Armenian, and Vlach), and 10 percent as unknown (CIA 2016). Minority groups in Bulgaria include, but are not limited to, Turks, Roma, Russians, Armenians, Vlachs, Macedonians, Greeks, Ukrainians, Jews, Romanians, Tatars, and Gagauz. Additionally, 76.8 percent of the population reported their primary language to be Bulgarian, which is the official language of

the country (CIA 2016). Bulgaria has a total population of 7,168,000 people, with roughly 1,222,000 of those individuals residing in Sofia. Moreover, in 2014, nearly 75 percent of the population resided in urban areas. A growing trend in Bulgaria is the migration from rural areas into urban settings. From 2010 through 2015, the annual population growth rate was –0.8 percent (UN Department of Economic and Social Affairs 2016). When Bulgaria's average annual growth rate was compared to other countries, Bulgaria's was ranked at 225th out of the 233 countries surveyed (CIA 2016). This ranking indicates that, relative to other countries, the Bulgarian population is decreasing at a faster rate than many of the other countries examined.

Bulgaria has a temperate climate. Specifically, the country experiences cold damp winters and hot dry summers. Moreover, 46.9 percent of the land is utilized for agricultural purposes, and 36.7 percent is designated as forest (CIA 2016). Bulgaria has a predominantly mountainous terrain, with lowlands in the north and southeast. The country contains a variety of natural landmarks, including caves, waterfalls, and alpine forest. In addition, it is the second-greatest biologically diverse country in the European region, with 12,360 plant species and 3,700 mammal and vertebrate species (Official Tourism Portal of Bulgaria 2016). There are three national parks located in the country: Central Balkans National Park, Rila National Park, and Pirin National Park. Arable land, bauxite, coal, copper, lead, timber, and zinc are the most abundant types of natural resources available. Given the terrain and typical climate in Bulgaria, earthquakes and landslides are the most frequent types of natural disasters. There have been several types of environmental issues, including air pollution from industrial emissions, deforestation, rivers polluted from raw sewage, and forest damage from air pollution and acid rain (CIA 2016).

In terms of international memberships and involvements, Bulgaria has been a member of the United Nations since December 14, 1995, and the European Union since January 1, 2007. The country participates in numerous international organizations, including the North Atlantic Treaty Organization (NATO), the Euro-Atlantic Partnership Council, the Organization for Security and Cooperation in Europe, the International Monetary Fund (IMF), the World Bank, and the World Trade Organization (WTO) (U.S. Department of State 2015).

Gender Inequality

Gender inequality is a global concern and presents a significant obstacle for healthy development. Notwithstanding

the fact that there have been global gains in gender equality since the 1990s, there are still advancements to be achieved (UNHDR 2015). In response to this international gender-related issue, the UN *Human Development Report* developed a multidimensional Gender Inequality Index (GII) to assess gender inequalities in three critical aspects of human development. Specifically, the index examines reproductive health, empowerment, and economic status. The primary purpose of the GII is to highlight the human development costs of gender inequality and to facilitate global, regional, and national policy discussions. In considering gender equality in Bulgaria, the country received an overall GII of 0.212 and was ranked 44th among the 155 countries surveyed in 2014. GII values range between 0 and 1, with higher values signifying heightened levels of gender inequality. By comparison, the United States had a GII of 0.28.

In reviewing the three indexes of the GII, the *Human Development Report* indicated that, in assessing reproductive health, the maternal mortality rate in Bulgaria was 5 deaths per 100,000 live births (UNHDR 2015). Furthermore, the adolescent birth rate was 35.9 per 1,000 women between the ages of 15 and 19. Moreover, the empowerment measurement examined the proportion of parliamentary seats filled by women as well as the overall proportion of adult females and males over the age of 25 with at least some secondary education. In total, 20.4 percent of parliamentary seats were occupied by females, and 93 percent of women over the age of 25 had at least some secondary education when compared to 95.7 percent of men. In terms of economic status, 47.9 percent of Bulgarian females 15 years of age and older participated in the labor force, while 59 percent of males of a comparable age were employed in the labor force. The *Human Development Report* assesses current levels of gender equality, but it should be noted that the GII does not examine history and duration of gender-related disparities (UNHDR 2015).

Girls and Teens

While the average age of Bulgaria's citizens is 42.1 years, approximately 14 percent of Bulgarians (male 538,266 and female 505,927) were 14 years of age or under, and nearly 10 percent of the population (male 373,340 and female 341,507) fell within the age range of 15–24 years (CIA 2016). Moreover, there were 8.66 infant deaths per 1,000 live births in 2015. When Bulgaria's infant mortality rate was compared to that of other countries, Bulgaria was ranked 150th out the 224 countries examined. This

rating indicates that Bulgaria had a lower infant mortality rate than nearly 67 percent of the countries surveyed (CIA 2016). Furthermore, the estimated life expectancy at birth was 74 years of age in 2012 (WHO 2015). From 2002 through 2012, 1.6 percent of adolescents were married or in union (UNICEF 2014).

The Child Protection Index (CPI) was established to facilitate the development of more effective child protection policy for national governments and international stakeholders (ChildPact 2016). In particular, this index evaluates countries' child protection reforms in correspondence with the UN Convention on the Rights of Children's (UNCRC) system-based method. Bulgaria had a total CPI score of 0.385, which places Bulgaria in fourth position out of the five pilot countries measured (Serbia, Romania, Moldova, and Georgia). While Bulgaria ranked highly in 2 of the 15 quantitative indicators of child protection status (gross domestic adoption rate and expenditure on social benefits), the country was positioned last on 6 quantitative indicators, for example, "a low rate of children between the ages of 0–2 placed in residential care," "low percentages of children with disabilities who have been placed in foster care or adopted through domestic adoption," "low percentages of children 7–17 adopted through domestic adoption," and "a lack of qualified social workers and judges specialized to work on addressing children's issues" (ChildPact 2016). Furthermore, Bulgaria also placed fourth on the "percentage of children placed in foster care out of the total member of children separated from their families at the end of the year" (ChildPact 2016). This ranking suggests that the Bulgarian foster care system is not effectively institutionalized.

However, despite these significant challenges, UNICEF executive director Anthony Lake recently praised the government's continued progress in improving the lives of children (UNICEF 2014). Bulgaria has put forth some effort to align their child protection laws and policies with EU mandates. The Bulgarian government, for instance, created the Child Care System Reform, which has resulted in an 80 percent decrease in children being raised in residential facilities from 2001 to 2014 (UNICEF 2014). In particular, there were 2,700 children in residential facilities in 2014 as compared to 12,600 children in 2001.

Education

At the turn of the 19th century, Bulgaria had approximately a 14 percent literacy rate for women (Todorova 1994, 132). However, by 1937, the literacy rate for women had sharply

increased to 57 percent. In a similar vein, over 20 percent of students in higher education in 1937 were women. Current surveys indicate that 98.4 percent of the population 15 years old and older can read and write. In particular, 98.1 percent of females in 2015 were literate as compared to 98.4 percent of males (CIA 2016).

Moreover, in 2006, the Bulgarian government enacted policy to reduce or eliminate the segregation of Roma children in the schools (Minority Rights Group International 2016). While the use of minority languages is allowed in the Bulgarian educational system, insufficient government funding has restricted its utilization in the classroom. Additionally, at both the primary and secondary educational level, Turkish, Armenian, Hebrew, Greek, and Romanian languages are offered as elective classes. As a point of information, there is no mention of the Macedonian culture in Bulgarian schools. Further, by law, all public broadcasting must be accessible in languages other than Bulgarian, but, in actuality, Turkish is the sole language used, and, generally, only on an infrequent basis (Minority Rights Group International 2016).

In 2011, Bulgaria utilized 3.8 percent of the gross domestic product (GDP) on educational expenditures (CIA 2016). When the country's educational expenditures were compared to other countries, Bulgaria was ranked 108th out of the 173 countries surveyed. This ranking falls between Saint Lucia (107) and Gambia (109) (CIA 2016) and suggests that roughly 62 percent of the surveyed countries used a higher percentage of the GDP on educational expenditures. Moreover, secondary and tertiary education attendance and achievement have grown in the past 10 years. In 2002, the school life expectancy (primary to tertiary education) was 15 years of attendance for females and 14 years of attendance for males (CIA 2016), which suggests education is equally accessible for both genders from primary through tertiary education. Furthermore, 77.1 percent of Bulgarian women had attained secondary education in 2012. Bulgarian women also had notably higher tertiary educational attainment rates (25.2%) than men (16.1%) (European Commission 2013, 4).

When examining men's and women's selections in fields of study, a contradictory trend has been observed. As a case in point, 73.1 percent of the students in teaching, training, and education science were women, and 67.9 percent of students in humanities and arts were women (European Commission 2013, 9). However, Bulgarian women also have a significant presence in certain stereotypically male-dominated fields. For instance, 45.7

percent of studies in science, math, and computing and 33.1 percent of studies in engineering, manufacturing, and construction were completed by women (European Commission 2013, 9).

Health

In 2013, the World Health Organization (WHO) calculated the under-5 mortality rate in Bulgaria to be 12 deaths for every 1,000 live births. In addition, the probability of dying before 15 years of age in Bulgaria was 5 percent for females and 6 percent for males in 2012 (WHO 2015). Additionally, a 2011 National Survey of Nutritional Status of Schoolchildren in Bulgaria indicated that 30.1 percent of girls aged 10–13 years were overweight, and 10.8 percent were classified as obese. As a means of comparison, 38.3 percent of boys in the same age bracket were overweight, and 17.1 percent were obese (WHO 2016).

In 2013, 7.6 percent of the GDP was utilized by the Bulgarian government for health-related purposes (WHO 2016). The WHO indicated the probability of dying (from all causes) before the age of 70 for females was 33 percent in 2012 (WHO 2015). By contrast, the WHO determined that the probability of dying before 70 years of age was 56 percent for males. For both genders, the likelihood of dying between the ages of 30 and 70 because of non-communicable diseases (cancers, cardiovascular disease, chronic respiratory diseases, and diabetes) was 24 percent. When examining nutrition, physical activity, and obesity in Bulgaria, the WHO reported that 24.3 percent of women were obese as compared to 23.1 percent of men in 2008 (WHO 2013). However, men had a higher prevalence rate of being overweight (63.1%) as compared to women (53.2%).

Access to Health Care

In 2012, there were nearly 4 physicians for every 1,000 Bulgarians, and there were 6.4 hospital beds available for every 1,000 Bulgarians in 2011 (CIA 2016). Moreover, nearly 100 percent of the population received immunization coverage for BCG, DPT1, DPT3, polio3, MCV, Hepb3, and hib3 (UNICEF 2014). The Bulgarian government also financed 100 percent of routine EPI vaccines in 2012. In 2005, the specific needs of oppressed minority groups, particularly Roma and Turks, were identified. A health initiative during that time provided strategies to help improve the health care of marginalized groups.

Maternal Health

In 2015, there were 11 maternal deaths per 100,000 live births (CIA 2016). When Bulgaria's maternal mortality rate was compared globally, Bulgaria was ranked 105th out of the 184 countries surveyed, falling between Denmark (151) and Macedonia (153) (CIA 2016). This rating shows that Bulgaria's maternal mortality rate was lower than 57 percent of the countries examined. In 2008, 99.6 percent of births were attended by a skilled health practitioner. According to WHO, the probability rate of Bulgarian women between the ages of 15 and 49 dying from maternal causes was 0 percent in 2012 (WHO 2015).

Diseases and Disorders

In 2000, the leading cause of death in Bulgaria was ischemic heart disease, which caused 27.8 percent of the deaths during that year (WHO 2015). The top five leading causes of death were ischemic heart disease, stroke (23.8%), hypertensive heart disease (4.8%), chronic obstructive pulmonary disease (4.1%), and trachea, bronchus, and lung cancers (3.4%). Moreover, the prevalence rate of HIV infections in Bulgaria was 3.8 per 100,000 Bulgarians in 2012 (WHO 2015). While Bulgaria has a relatively low HIV prevalence rate in the general population, the Bulgarian government adopted the National Programme for Prevention and Control of HIV and Sexually Transmitted Infections in 2008 (UNAIDS 2014, 3–4). This program's aim is to reduce the likelihood of a national outbreak of HIV/AIDS as well as to develop strategies in improving HIV prevention, testing, treatment, and care. From 2011 through 2013, Bulgaria spent USD\$22,210,825 on HIV/AIDS-related programs and services (UNAIDS 2014, 5). Considering undiagnosed conditions, the WHO estimated that 500 individuals in Bulgaria died as a result of AIDS-related issues in 2011 (WHO 2011). Bulgarian males have a significantly higher rate of contracting HIV/AIDS as compared to females. Specifically, 81 percent of cases diagnosed in 2011 were male (WHO 2011).

In addition, mental health expenditures by the Bulgarian government accounted for 1.4 percent of the entire health budget (WHO 2011). In 2011, there were approximately 137.62 admissions to mental health hospitals per 100,000 population. As of 2011, there were 12 mental health hospitals in Bulgaria. Additionally, there were 5.04 mental health outpatient facilities, 3.43 community residential facilities, and 32.61 beds in mental health treatment facilities for every 100,000 residents. In regard to

health professionals employed in the mental health sector, there are 6.75 psychiatrists, 35.93 medical doctors (not specialized in psychiatry), 431.01 nurses, 0.91 psychologists, and 0.36 social workers per every 100,000 individuals (WHO 2011). In 2011, Bulgaria spent USD\$11,758 on psychotherapeutic medications for 100,000 Bulgarians. Of the money spent on psychiatric medications, USD\$4,260 were used for medications to treat psychotic disorders, USD\$3,480 were utilized for drugs to treat bipolar disorders, USD\$2,128 were used to medically treat mood disorders, and USD\$7 were used for medications to manage general anxiety (per 100,000 individuals) (WHO 2011).

Reproductive Rights and Abortion

Globally, legislation regarding the right to induced abortion has had a notable influence on the reproductive health of women. Conscientious objection (CO) occurs in health care settings when health professionals decline to provide certain services as a function of the professional's religious or moral beliefs (Heino et al. 2013, 231). COs are predominantly enacted when induced abortion services are considered. As a point of information, among the EU member states that have legalized abortion, 21 countries permit medical professionals the legal right to refuse services through invoking COs. Heino et al. (2013) argue that COs have resulted in profound consequences for women's overall reproductive health and rights. Notwithstanding the prevalence of COs throughout the European Union, Bulgarian public health policy does not grant the right to claim CO. Specifically, Bulgaria does not permit health professionals the legal right to refuse the provision of abortion services on the basis of religious or moral beliefs (Heino et al. 2013, 231).

In Bulgaria, abortion, in some capacity, has been legal since 1956. The Ministry of Public Health indicated in 1956 that women had the right to terminate a pregnancy upon request if the pregnancy was of less than twelve weeks' duration. Historically, between the years 1968 and 1990, the Bulgarian government, while legalizing abortion, also placed significant restrictions on the circumstances in which a woman could receive an abortion. By way of example, in 1968, the government denied access to abortion service for childless women, unless a serious medical condition was present (United Nations 2016). Moreover, in 1973, these restrictions were expanded to include women who had one child. Since 1986, Bulgaria has made a concerted effort to liberalize the country's abortion procedures

and laws. In particular, since 1990, Bulgarian abortion laws have acknowledged a women's legal right, throughout the first trimester of pregnancy, to procure an abortion on request without restriction as to the reason or need for the pregnancy termination. As of 1991, abortions were free of charge if provided for women with serious medical conditions and for women under the age of 16 or over the age of 35. Moreover, the contraceptive prevalence rate was 69 percent in 2007 (UN Data 2016). The fertility rate among Bulgarian females in 2012 was 1.5 births per women (World Bank 2015).

Employment

In 2013, the labor force was estimated to consist of 2.535 million individuals (CIA 2016). The labor force is equally diversified by both genders, and, in 2013, the labor force participation rate (ages 15 and over) was 47.9 percent among females and 59 percent among males (UN Data 2016). When the labor force was examined by occupation, 6.7 percent of the labor force worked in agriculture, 30.2 percent in industry, and 63.1 percent in services (CIA 2016). In 2013, there was a 56.3 percent employment rate for Bulgarian women, which is 5 percent lower than the employment rates of their male counterparts. In addition, there is a notable gender pay gap between Bulgarian men and women. While the gender income differential in Bulgaria was reduced by 2.7 percent from 2010 through 2011, there was still a 13 percent gender pay gap in 2013. When examining paid versus unpaid work from 2009 to 2010, females spent roughly 137 minutes per day in paid activities as well as 298 minutes per day in unpaid activities (UNHDR 2015, 7). By comparison, males spent approximately 190 minutes per day in paid activities and 164 minutes per day completing unpaid work.

With respect to unemployment, there was a 10.2 percent total unemployment rate in 2015 (CIA 2016). The unemployment rate increased nearly twofold, from 5.6 percent in 2008 to 10.3 percent in 2011 (Eurofound 2015). In 2012, approximately 21 percent of the country lived below the poverty line, and, in 2013, the female unemployment rate was 10.9 percent. Moreover, when the country's overall unemployment rate was compared internationally, Bulgaria was ranked 115th out of 207 countries, which indicates Bulgaria has a higher rate of unemployment than 55 percent of the surveyed countries (CIA 2016). In 2015, 7.4 percent of the labor force struggled with a long-term unemployment rate, which is higher than the EU mean rate

of 5.1 percent. Additionally, 28.4 percent of youths 15–24 years of age were unemployed in 2013 (CIA 2016), which is a sharp increase from the rate of 11.9 percent in 2008.

When compared to other countries in the European Union, Bulgaria also has the highest poverty rates among elderly women (65 years and older) at 37.2 percent. As a point of comparison, there is a 24.9 percent poverty rate among elderly men. However, unemployment rates for both males and females in Bulgaria have declined significantly since 2002. Furthermore, with regard to marginalized groups, Roma individuals often encounter oppressive treatment in Bulgaria, and their unemployment rate is approximately 65 percent. In 2011, 41 percent of Roma females reported feeling discriminated against because of their ethnicity, and 10 percent of Roma females indicated feeling marginalized due to their gender (World Bank 2015).

Women in the Economy

There are notable differences in vocational choices between Bulgarian females and males. In 2010, the highest percentage of women (21.8%) and men (19.7%) were employed in manufacturing-related careers. Similarly, wholesale retail occupations were the second-highest occupied field for both genders. However, notwithstanding the fact that manufacturing and retail tend to be fields occupied by both genders, there are also clear gender differences in occupational selections. Women are more likely to select a career in industries that are service based. Conversely, men tend to choose jobs in construction, transportation, and public administration fields.

With respect to workplace culture, sexual harassment in the workplace is not an uncommon experience for many Bulgarian women (Todorova, Mechkarska, and Taneva 2013). Employers, judicial authorities, and observers often do not view the problem as significant and, at times, interpret the harassment as a harmless practice. As a point of information, the Vitosha Research and the Bulgarian Gender Studies Foundation indicate that sexual harassment in the workplace has increased because of heightened employment insecurity (Todorova, Mechkarska, and Taneva 2013). Consequently, women in Bulgaria might, at times, encounter hostile work conditions.

Family Life

The political and economic changes exhibited in Central and Eastern Europe during the late 1980s and early 1990s

resulted in subsequent transformations in attitudes toward marriage, cohabitation, and childbearing (Thorton and Philipov 2009, 125). Similar to many other countries, such as Romania, Estonia, and Russia, survey records show that, in Bulgaria, there was a rise in nonmarital cohabitation as well as a decrease in the percentage of cohabitations that resulted in marriage. In 2011, the mother's average age at the time of her first birth increased to 26.3 years (CIA 2016). One theory for this trend is that there was a marked decrease in the influence of religious institutions on laws and enforcement procedures in Central and Eastern Europe, albeit with the notable exception of a few countries, such as Poland. It has been argued that under these conditions there was a corresponding decrease in the typical social standards regarding fertility intentions in countries such as Bulgaria (146). By way of example, in 1990, a survey indicated that 15 percent of Bulgarian respondents believed marriage was an outdated institution. Conversely, in 1999, 30 percent of Bulgarian respondents thought marriage was an outdated institution (Thorton and Philipov 2009, 143).

Scholars have also argued that the fall of the Berlin Wall in 1989 led to greater dissemination of information from the West regarding marriage, cohabitation, and childbearing (Thorton and Philipov 2009, 149). Essentially, the Iron Curtain prevented the flow of information between Western and Eastern Europe. As a result, individuals in Central and Eastern Europe had limited access to and understanding of significant Western economic and familial attitudinal transformations. In the years following the fall of the Berlin Wall, women in Bulgaria developed a greater awareness of the familial trends in the West.

Marriage and LGBT Rights

There is a paucity of domestic-based research on lesbian, gay, bisexual, and transgender (LGBT) rights in Bulgaria, and the majority of the data about LGBT issues is provided by international sources. Since 2014, Bulgaria has banned discrimination because of sexual orientation in employment, social security, health care, and educational settings. The Bulgarian Constitution protects the freedom of expression and assembly. As a result, there have been myriad public events initiated by LGBT organizations as well as LGBT pride marches in 2008 and 2009. However, violence and attacks perpetrated against LGBT persons is still a widespread and pervasive issue throughout the country. In fact, while Bulgaria bans discrimination against LGB

individuals, the national Criminal Code fails to explicitly criminalize homophobic-based crimes. In addition, the Bulgarian legal system does not recognize same-sex marriages or same-sex partnerships. Consequently, Bulgaria does not provide legal acknowledgement for the relation between children and same-sex co-parents, which has resulted in a number of significant challenges for LGBT families.

The Act against Discrimination is an equality law that prohibits discrimination based on any of the conditions noted under international or domestic legislation. In particular, the act incorporates a legal definition of sexual orientation that includes heterosexual, bisexual, and homosexual orientations. Conversely, transsexuality is viewed as a medical condition in Bulgaria. Specifically, transsexuality is often treated as a libido dysfunction. By virtue of the fact that the Bulgarian legislation does not distinguish "sex" from "gender," transsexual and transgender individuals do not receive protection from bias due to gender, gender identity, or gender expression.

In terms of the health-care system, LGBT patients encounter discrimination and stigma when attempting to utilize health care. For example, there is a legal ban on blood donations from homosexuals as well as from men who have had sex with another man. Furthermore, only different-sex couples with documented fertilization issues are legally permitted to utilize assisted reproductive technology. Moreover, while gender reassignment surgery is permitted, the costs associated with surgical intervention and transitioning are not provided by the Bulgarian government.

Familial Economy

Both parents are afforded the opportunity to take a maternal or paternal leave from their work to stay at home to take care of newborn children. In total, parents have the option to take a leave for up to 410 calendar days (World Bank 2015). Moreover, either parent has the option of utilizing parental leave until the child is two years old. During this time, the parent receives the average minimum wage. In 2013, the average length of maternal leave was 32 weeks. Due to the comprehensive parental leave guidelines in Bulgaria, part-time arrangements are often unnecessary to meet both job and family requirements when children are young. In addition, the rate of formal child care usage in Bulgaria is approximately 15 percent lower than the EU average. In 2013, only 7 percent of Bulgarian children under age 3 received formal child care of 30 hours or more

a week. Approximately 54 percent of Bulgarian children between the ages of 3 and school age were enrolled in child care.

Politics

In 1991, 28 of the 200 elected Bulgarian Parliament members were women. In the 2005 election, though, 21 percent of the elected Parliament members were women. It should be noted that the number of female members of Parliament elected in 2005 were, in actuality, relatively high as compared to other European nations at those times (Ibroscheva and Raicheva-Stover 2009, 112). However, Ibroscheva and Raicheva-Stover (2009) expressed that the percentage of women elected was troubling by virtue of the fact that there was a marked increase in the percentage of women running for office without an equivalent increase in the number of women elected. As a case in point, the number of women running on the election ballot from 2001 to 2005 more than doubled. In fact, there were 713 female parliamentary candidates in 2005, an increase of 65 percent. By 2013–2014, female representation in the political arena in Bulgaria was commensurate with other EU countries, with approximately 23 percent of elected parliamentarians being women. Based on these figures, the number of women elected to Parliament has increased in the two decades.

Female Politicians in the Media

With respect to women in politics, some scholars have argued that the language and tone toward women exhibited in the Bulgarian media are inextricably connected to the same gender biases that have been displayed in the global media. Studies have highlighted a global trend of utilizing value-based terms such as “conciliatory,” “compassionate,” and “sensitive” when describing female politicians, while male politicians are often depicted using terms such as “ambitious” and “confrontational.” Bulgaria is similarly influenced by the global “misogynist ideology of the newsroom” (Ibroscheva and Raicheva-Stover 2009, 113 and 115). Research studies regarding media coverage of female politicians suggest that the popular press promotes pervasive social stereotypes, and in terms of female politicians, the popular press often concentrates on appearances rather than substantive issues.

In terms of Bulgarian media, the portrayal of female politicians in the press has shifted in alignment with

the social, political, and cultural transformations that occurred after the fall of the Berlin Wall. Ibroscheva and Raicheva-Stover (2009) conducted a textual analysis of *Trud*, the highest-circulation daily paper in Bulgaria, to examine the way in which female politicians were depicted in the 2005 parliamentary elections. While the articles briefly highlighted the educational and professional qualifications of various female candidates, these details were typically discussed within the framework of values and attitudes toward femininity (Ibroscheva and Raicheva-Stover 2009, 123). In illustration of this point, when examining the photographs of female politicians in *Trud*, the study found that the women received less photographic coverage when compared to their male counterparts. Furthermore, only 4 of the 110 photographs of female politicians made the front page of *Trud*. In general, female politicians who more closely matched traditional beauty standards were pictured in stereotypic women’s activities, such as riding bicycles with four year olds, dancing, making pottery, or playing the violin.

Findings from the study ultimately suggest that the press coverage of female politicians was filtered through the framework of sexual innuendo, gender stereotypes, and the postcommunist masculinization of democracy. In a similar vein, the findings support the notion that politics are typically viewed as a male-oriented field where female politicians are rare. Ibroscheva and Raicheva-Stover argue that these types of media depictions might promote a socio-cultural climate of tolerance toward sexism, particularly in the political arena.

In addition, Todorova stated that the political language exhibited in Bulgaria has historically been male gender-specific, particularly during periods of political discourse (Todorova 1994). By way of example, she noted that political headlines that are promulgated in the media often include assertions such as “What we need is professional political men” or “The country is in need of honest men” (Todorova 1994, 138). Furthermore, within the male-dominated political arena, it has been argued that women’s issues are, at times, dismissed or downplayed. This trend, for instance, has been apparent in addressing women’s issues in the workplace.

Legislation

The Bulgarian Ministry of Labour and Social Policy initiated a campaign to raise the number of women on company boards in 2011. The ministry also urged companies

to incorporate the European Commission's pledge for self-regulatory measures for gender equality in corporate decision making. When compared to other participating countries, Bulgaria contributed the highest number of signatory companies for the pledge. However, notwithstanding Bulgaria's attempts to address the lack of female representation on the boards, Bulgaria has struggled in meeting international commitments for gender equality and women's rights, and the Bulgarian government has opposed EU legislation on the issue. The Bulgarian government withdrew funding for the National Action Plan on Gender Equality in 2012. During that same year, the government lowered the standing of the National Mechanism for Women's Rights and Gender Equality between Women and Men from a consultative to a declarative group.

Ibroscheva and Raicheva-Stover (2009) argue that democratization did not, in many ways, result in a social system of equalities or any notable qualitative improvements with respect to gender equity. In particular, prior to the fall of the Berlin Wall, women's equality was arguably marked with full employment, social benefits, and quota representations in the Communist Party. By contrast, the rise of democracy led to postcommunist trends of marginalization. Sociocultural pressures also emerged for women, including decreased access to the labor market, loss of family social benefits, and the revival of traditional norms (Ibroscheva and Raicheva-Stover 2009, 112). According to Ibroscheva and Raicheva-Stover, changing social values also led to an increase in oversexualized depictions of women in the media as well as a heightened vulnerability to such gender crimes as human trafficking and forced prostitution. Ibroscheva and Raicheva note that some of these trends are, to some invariable extent, exacerbated by the postcommunist pattern of women's decreased involvement in political discourse.

While Bulgaria continues to have areas of gender inequality, the country has enacted important legislation regarding minority rights since the end of communist domination in the 1990s. In illustration of this point, the Bulgarian government developed and implemented a consultative group on minority issues, the National Council on Ethnic and Demographic Questions. It should be noted that while many minority groups were represented in this consultative body, Macedonians were notably absent. In addition, antidiscrimination legislation was adopted in 2003, which permits civil society organizations to file lawsuits that are in the public interest. In a similar vein, prior to joining the European Union in 2006, the Bulgarian

government had made a concerted effort to improve Roma rights (Minority Rights Group International 2016). In 2003, the government agreed to participate in the Decade of Roma Inclusion, a program designed to address various areas of racial and gender discrimination, including employment, health care, and housing. This program was sponsored by the World Bank, the Open Society Institute, and the Hungarian government and was ultimately enacted in 2005.

Religious and Cultural Roles

While Eastern Orthodox Christianity is referred to as the traditional religion of the country, religious freedom was affirmed in the 1991 Bulgarian Constitution (Minority Rights Group International 2016). Furthermore, current information indicates that, among Bulgarians, 59.4 percent are Eastern Orthodox; 7.8 are Muslim; 1.7 percent are Catholic, Protestant, or Jewish; and 31.1 percent are not affiliated with a specific religion (CIA 2016). In 1958, a new Statutes of the Bulgarian Party was established, which mandated that party members fight "resolutely against religious prejudices." There is evidence that many Bulgarians, particularly Communist Party members, were afraid of the potential negative consequences of stating one's religion and spirituality on their social status. At that time, a range of atheistic propaganda was circulating in which religion was portrayed as a symbol of backwardness and lack of education. Sociological surveys in the 1970s and 1980s demonstrated that between 36 percent and 51 percent of religious individuals felt guilty about their religiousness and, consequently, tried to conceal their beliefs.

Issues

Violence against Women

In 2012, the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) expressed concern regarding the high prevalence rate of domestic violence as well as the acceptance of sociocultural attitudes permitting such violence in Bulgaria. A study initiated by the Gender Project found that physical or sexual intimate partner violence is exhibited across a diverse range of educational and environmental conditions (Todorova, Mechkarska, and Taneva 2013). Similar to the study conducted by the Gender Project, Todorova, Mechkarska, and Taneva (2013) found that violence against women is not relegated to a specific socioeconomic group. The most

common form of violence reported, roughly 75 percent of the sample, was physical violence, which included coercion, suppression, and imposing control on the actions of another (Todorova, Mechkarska, and Taneva 2013, 254). In addition, the reported stressors for violence against women in the family were wide ranging and included, but were not limited to, economic problems, unemployment, poor living conditions, and the abuser's overall personality. The findings from this study ultimately challenged the widespread societal belief that only certain social-demographic groups are vulnerable to sexual violence. Todorova, Mechkarska, and Taneva argued that the pervasive cultural belief that a limited number of women experience domestic violence may cause Bulgarians to underestimate the prevalence of violence against women, and, consequently, inadequately respond to this serious social issue.

Human Trafficking

In the European Union, Bulgaria is frequently cited as one of the predominant source countries of human trafficking. In particular, Bulgaria is often considered a source, transit, and destination country for forced labor and sex trafficking (U.S. Department of State 2015). The sexual victimization of Bulgarian women and children primarily transpires in resort areas and border towns (La Strada International 2016). Typically, labor exploitation arises in the agricultural, construction, and restaurant sectors, as well as by forcing children to beg (U.S. Department of State 2015). A significant portion of the reported victims in Bulgaria are ethnic Roma men, women, and children. This population is particularly vulnerable because of cultural socioeconomic marginalization (La Strada International 2016). There is also an increasingly alarming trend of pregnant women trafficked to sell their babies in other countries, particularly in Greece. In addition, Bulgarian men, women, and children have historically been forced into unwanted labor in Belgium, Cyprus, the Czech Republic, Germany, Greece, Israel, Italy, Lithuania, the Netherlands, Norway, Spain, Sweden, and Zambia (U.S. Department of State 2015). Moreover, Bulgarian women and children are victims of sex trafficking not only within the country but also in Europe, the Middle East, Russia, and the United States. Between 2005 and 2007, approximately 600 Bulgarian victims were reported in 17 countries.

In 2009, Bulgaria implemented more specific legislation on human trafficking and, as a direct result, more convictions for this crime have occurred. According to the

Supreme Cassation Prosecutor Office in Bulgaria, in 2005, the country convicted three individuals on human trafficking charges. By contrast, 85 individuals were convicted of human trafficking in 2007. The government of Bulgaria also enacted an annual National Action Plan for Suppressing Human Trafficking and Prostitution in 2013 (La Strada International 2016). Notwithstanding these notable improvements, human trafficking and forced prostitution continue to be significant cultural issues in Bulgaria. According to La Strada International, many convicted offenders of human trafficking were not imprisoned by the Bulgarian court system. Similarly, there are relatively low rates of convictions made against suspected traffickers, particularly government officials who are believed to have committed traffic-related crimes. Corruption in the government fosters a climate that ultimately permits the continuation of trafficking crimes.

The U.S. Department of State's Trafficking Victims Protection Act (TVPA) offers strategies and tools to reduce trafficking crimes domestically as well as in the international community. In 2015, Bulgaria was downgraded from Tier 2 to Tier 2 Watch List by the U.S. Department of State. Bulgaria was placed on the Tier 2 Watch List countries because the Bulgarian government was not fully complying with minimum guidelines established to prevent trafficking that were established by the TVPA. In particular, although the Bulgarian government was making notable efforts to become compliant with the standards, it was determined that Bulgaria continues to have a significant number of victims impacted by serious forms of human trafficking. In addition, the U.S. Department of State determined that the Bulgarian government failed to demonstrate increased measures to combat human trafficking.

According to the TVPA report, there was a notable decrease in 2014 in the prosecution and conviction of traffickers as well as a significant decline in the overall resources being allocated to victim protection. In particular, the funding for nongovernmental organization (NGO) shelters for women victims, for instance, was significantly reduced and ultimately resulted in the shelters being closed in September 2014. Prior to the shelters' closure, these organizations provided medical and psychiatric services as well as help in reentering the Bulgarian community for victims of trafficking. TVPA reported that Bulgaria's ability to offer shelter and services for victims was not commensurate with the percentage of victims who had been identified.

Refugees

The Syrian refugee crisis has become a transnational issue and has resulted in rising numbers of individuals pursuing asylum in Bulgaria (CIA 2016). Greece, Italy, and Bulgaria have received criticism regarding their responsiveness to the Syrian refugee crisis (Refugee Studies Centre 2014, 41). However, these countries have argued that they shoulder an unreasonable share of the crisis because of their location as primary entrance routes into Europe. From Syria, the entrance routes into Europe by land are through Turkey and then to Greece and Bulgaria (Refugee Studies Centre 2014, 35). As a point of information, Bulgaria, Sweden, Germany, the Netherlands, and Switzerland comprise approximately 70 percent of Syrian asylum applications in the European Union. In fact, the rate of asylum seekers has grown significantly in Bulgaria. By way of example, the country received 6,980 asylum applications from Syrians in 2013, a significant increase given that Bulgaria received 1,230 applications in 2012 (Refugee Studies Centre 2014, 37). Syrian refugees are typically given subsidiary or humanitarian protection instead of refugee status.

When compared to countries with more developed refugee and immigration procedures, such as the United Kingdom and Sweden, Bulgaria is still in the early stages of creating asylum and international protection legislation (Refugee Studies Centre 2014, 34). It has been reported that the conditions of reception facilities in Bulgaria, Cyprus, and Greece are relatively poor. Specifically, there have been reports of overcrowded conditions and a lack of education for children as well as inadequate food, shelter, and medical care in these facilities. While the overall conditions of the reception facilities have been improving since 2013, Bulgaria does not have an effective system for guardianship for unaccompanied minors, for children's access to formal education, and services for psycho-social support for children. The country's heightened levels of economic instability might influence Bulgaria's ability to respond to the Syrian refugee crisis (Refugee Studies Centre 2014, 34).

BETH L. PERLMAN

Further Resources

ChildPact. 2016. "Child Protection Index." Retrieved from <http://www.childpact.org/child-protection-index>.
CIA (Central Intelligence Agency). 2016. "Bulgaria." *CIA World Factbook*. Retrieved from <http://www.cia.gov/library/publications/the-world-factbook>.
Eurofound. 2015. "Bulgaria: Working Life Country Profile." Retrieved from <http://www.eurofound.europa.eu/observatories>

[/eurwork/comparative-information/national-contributions/bulgaria/bulgaria-working-life-country-profile](#).
European Commission. 2013. "The Current Situation of Gender Equality in Bulgaria—Country Profile." Retrieved from http://ec.europa.eu/justice/gender-equality/files/epo_campaign/131128_country-profile_bulgaria.pdf.
Heino, Anne, Mika Gissler, Dan Apter, and Christian Fiala. 2013. "Conscientious Objection and Induced Abortion in Europe." *European Journal of Contraception and Reproductive Health Care* 18: 231–233. doi:10.3109/13625187.2013.819848.
Ibroscheva, Elza, and Maria Raicheva-Stover. 2009. "Engendering Transition: Portrayals of Female Politicians in the Bulgarian Press." *Howard Journal of Communications* 20: 111–128. doi:10.1080/10646170902869429.
La Strada International. 2016. "Bulgaria." European Network against Trafficking in Human Beings. Retrieved from <http://lastradainternational.org/lis-offices/Bulgaria>.
Minority Rights Group International. 2016. "Bulgaria." World Directory of Minorities and Indigenous Peoples. Retrieved from <http://minorityrights.org/country/bulgaria>.
Official Tourism Portal of Bulgaria. 2016. Retrieved from <http://www.bulgariatravel.org/en/Article/Details/4074/Geographic%20Location>.
Refugee Studies Centre. 2014. "Protection for Refugees from Syria." Retrieved from <http://www.rsc.ox.ac.uk>.
Thorton, Arland, and Dimiter Philipov. 2009. "Sweeping Changes in Marriage, Cohabitation and Childbearing in Central and Eastern Europe: New Insights from the Developmental Idealism Framework." *European Journal of Population* 25: 123–156.
Todorova, Maria. 1994. "Historical Tradition and Transformation in Bulgaria: Women's Issues or Feminist Issues?" *Journal of Women's History* 5: 129–143.
Todorova, T., N. Mechkarska, and T. Taneva. 2013. "Violence over Women in Bulgaria." *Trakia Journal of Sciences* 3: 253–257.
UNAIDS (Joint United Nations Programme on HIV/AIDS). 2014. "Country Progress Report on Monitoring the 2013 Political Declaration on HIV/AIDS, the Dublin Declaration and the Universal Access in the Health Sector Response." Retrieved from http://www.unaids.org/sites/default/files/country/documents/BGR_narrative_report_2014.pdf.
UN Data. 2016. "Bulgaria." Retrieved from <http://data.un.org/CountryProfile.aspx?crName=BULGARIA>.
UN Department of Economic and Social Affairs. 2016. *World Statistics Pocketbook: 2016 Edition*. New York: United Nations Publication. Retrieved from <http://unstats.un.org/unsd/publications/pocketbook/files/world-stats-pocketbook-2016.pdf>.
UNHCR (UN Human Development Report.) 2015. "Bulgaria 2013." Retrieved from <http://hdr.undp.org/en/countries/profiles/BGR>.
UNICEF. 2014. "UNICEF Annual Report 2014: Bulgaria." Retrieved from http://www.unicef.org/about/annualreport/files/Bulgaria_Annual_Report_2014.pdf.
United Nations. 2016. "Bulgaria: The Status of Lesbian, Gay, Bisexual, and Transgender Rights." Retrieved from http://lib.ohchr.org/HRBodies/UPR/Documents/Session9/BG/LGBT_LesbianGayBisexualTranssexualAssociation.pdf.

- U.S. Department of State. 2015. "2015 Trafficking in Persons Report: Country Narratives: Bulgaria." Retrieved from <https://www.state.gov/documents/organization/243558.pdf>.
- WHO (World Health Organization). 2011. "Mental Health Atlas 2011: Bulgaria." Retrieved from http://www.who.int/mental_health/evidence/atlas/profiles/bgr_mh_profile.pdf.
- WHO (World Health Organization). 2013. "Nutrition, Physical Activity, and Obesity: Bulgaria." Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0020/243290/Bulgaria-WHO-Country-Profile.pdf.
- WHO (World Health Organization). 2015. "Bulgaria: WHO statistical profile." Retrieved from <http://www.who.int/countries/bgr/en>.
- WHO (World Health Organization). 2016. "Data and Statistics." Retrieved from <http://www.euro.who.int/en/countries/bulgaria/data-and-statistics>.
- World Bank. 2015. "Gender at a Glance: Bulgaria." Retrieved from <http://documents.worldbank.org/curated/en/2015/10/25194618/bulgaria-gender-glance>.

C

Croatia

Overview of Country

The Republic of Croatia (Republika Hrvatska) is located in southeastern Europe on the Adriatic Sea and shares borders with Bosnia and Herzegovina, Montenegro, Hungary, Slovenia, and Serbia. The mid-2014 population was 4.2 million (PRB 2014). Croatia's population has been in decline since the 1990s.

Croatia is a constitutional parliamentary democracy, with a five-year presidential election cycle and a unicameral legislature, which operates on a four-year election cycle. Croatia has been a member of NATO since 2009 and a member of the European Union since July 2013. The legal voting age is 18, and women were enfranchised in 1945.

At the beginning of the 20th century, the Croatian territory was a part of the Austro-Hungarian Empire. At the end of World War I, the Croatian territory, the Slovenian and Bosnian territories, and the Serbian Kingdom were united as the Kingdom of Yugoslavia. During World War II, Croatia functioned as a Nazi-allied puppet state. It is estimated that in the Croatian concentration camps, which were controlled by the nationalist Ustasha Party, 600,000 Serbs, 30,500 Jews, and 20,000 Roma were murdered (Hirsch 1999, 634). Croatia rejoined socialist Yugoslavia at the war's end.

In 1991, Croatia declared independence from the Socialist Federal Republic of Yugoslavia, which existed from 1946

to 1992 and was composed of six multiethnic socialist republics (Serbia, Croatia, Macedonia, Montenegro, Bosnia and Herzegovina, and Slovenia). The political events surrounding the independence movement in Croatia led to the Balkan Wars of the 1990s and the dissolution of Yugoslavia. During the Croatian War (1991–1995), sexual violence was rampant, around 200,000 people were displaced, and 10,000–15,000 people were killed (Mojzes 2011, 162). This violence was due to ethnonationalist sentiment and fear, largely between ethnic Serbs and ethnic Croats.

Ethnically, the population is 90 percent Croat, and the culturally and numerically dominant religion is Roman Catholic. Serbs are the next largest ethnic group at nearly 4.4 percent of the total population, and the remainder of the population includes Bosniak, Hungarian, Italian, Czech, Slovene, Muslim, and Roma peoples (CBS 2014a, 7). The percentage of ethnic Serbs decreased substantially, from 12 percent of the total population to the current 5 percent, during the 1991–1995 war in Croatia, when many Serbs died or were displaced (Hirsch 1999, 636).

Ethnonationalist conflicts have strongly shaped the Balkan region, and the rights of ethnic or “national” groups are now legally protected in antidiscrimination legislation. The official language is Croat, which uses a Latin alphabet and is highly similar in spoken form to Serbo-Croatian, which uses Cyrillic in written form. There is no state religion, but the Roman Catholic Church has wide influence on public policy, both formally and informally.

The current average age of women within the total population is 43, with a life expectancy at birth of just under 80. The literacy rate for women in 2011 was 98.7 percent (82.8% in 1961) and lags behind men's 2011 literacy rate by 0.9 percent (CBS 2014a, 7). The infant mortality ratio has been in steady decline since 1950; in 2013, it was 3.6 deaths per 1,000 live births (PRB 2014). The maternal mortality ratio is on the decline; in 2013, it was 13 deaths per 100,000 live births (World Bank 2014).

The World Economic Forum's (WEF) *Global Gender Gap Report* measures gaps in women's access to opportunities annually as compared to men's in four areas (education, politics, economics, and health) in all countries for which standard data is available. In the 2014 report, Croatia's overall rank is 55th out of the 142 countries measured, having fallen in the rankings since 2011. Within the 4 areas in which data is collected, Croatia is ranked 65th for both economic participation and opportunity and educational attainment, 37th for health and survival, and 56th for political empowerment (WEF 2014, 158).

Girls and Teens

Educational Attainment

Public education is overseen by the Ministry of Science, Education, and Sports. Preschool is attended by 43 percent of children (6 months to 6 years), which is well below the European norm of 90 percent (Herrity 2013, 512). Elementary education is compulsory and free for students aged 7–15, and in 2013, girls were 48.8 percent of the total number of graduates (CBS 2014a, 29).

Secondary education begins at age 14 or 15, and although it is not compulsory, there is growing recognition of the necessity of secondary education for employment and a movement toward establishing mandatory attendance. Secondary education is largely government subsidized. Students choose between three broad areas of study: an academic track for university preparation (gymnasium); vocational, technical, or professional tracks for employment preparation; and arts-related programs. In 2012, women were just over half of all graduates of secondary education (CBS 2014a, 29).

Women attend and graduate from university in greater numbers than men, making up 56.5 percent of the enrollment in 2012 and 59.5 percent of the graduates (CBS 2014b, 28). University attendance and graduation rates for women have increased steadily over time in comparison with men, and in 2011, 16.7 percent of women in the total

population held university degrees, compared to 16 percent of men (CBS 2014b, 24). However, educational attainment does not work to women's advantage in employment rewards as shown by the counterfactual wage gap of just over 20 percent (see "Employment" section).

Curriculum: Sex Education and Textbooks

Religious education was institutionalized in 1997 via the Agreement on Cooperation in the Field of Education and Culture, which stated that cultural religious traditions and religious-based ethics should have a presence in public education (Kuhar 2014, 3). The pro-life, antigay, and patriarchal heteronormative beliefs about sexuality of the Catholic Church continue to influence the sex education curriculum and textbooks.

In the sex education curriculum, the topics of masturbation, homosexuality, and contraception have been treated in overtly biased ways and framed as deviant, unnatural, and sinful (Kuhar 2014, 5). In 2008, sex education was removed from public schools when a government study showed it was having no effect on students, but it was reintroduced in 2012 with the inclusion of the sex/gender equality and responsible sexual behavior module, which includes a scientific perspective and information on gender, sexual diversity, and discrimination against sexual minorities (Kuhar 2014, 6). Presently, the health education curriculum debate continues. Conservative politicians and representatives of the Catholic Church have expressed concerns that the curriculum, which begins in third grade, is nonheteronormative, and they are concerned that modules focusing on gender, sexual inequalities, and abuse will undermine traditional beliefs held by the religious and promote sexually promiscuous behavior of teens (Kartus 2013, 8).

The content of school textbooks has been the subject of research and legislation. In the 1990s through the first decade of the 21st century, textbook content strongly reflected the ethnonationalist and pronatalist discourse, which characterized women's importance solely in terms of reproductive capacity. Gender stereotypes were the norm, and images of men were overrepresented (Bijelić 2007, 283). The Primary and Secondary Education Act (updated in 2012) includes an emphasis on avoiding discrimination and reducing inequality and prejudice. The Textbook Standard of 2007 explicitly requires gender-sensitive language, the removal of stereotypes, the balancing of male and female images, and the inclusion of interdisciplinary topics in elementary and secondary educational contexts

addressing the protection and promotion of gender equality (Štimac Radin 2011, 28).

Health and Sexuality

Globalization and postindustrial modernization have been shown to be linked to a rise in the idealization of a thin body for women, and girls and young women appear to have internalized this ideal, with body dissatisfaction and disordered eating among young women being common (Pokrajac-Bulian and Ambrosi-Randić 2007, e86; Zaboriskis et al. 2007, 233).

There appears to be a gap in adolescents utilizing sexual health services. Half of sexually active adolescent girls have not been seen by gynecologists, and very few secondary school students consult school-based sexual health counseling centers (UNICEF Office Croatia 2011, 20). Girls and boys experience childhood sexual abuse at close to the same rates, though girls experience noncontact sexual abuse (being forced to look at sexualized media content or being spoken to in a sexual way, for example) at higher rates than boys, and this effect increases with age (Ajduković, Sušac, and Rajter 2013, 474).

A recent study found that sexually active urban girls aged 15–19 are at high risk for sexually transmitted infections (STIs) (Hirsl-Hećej et al. 2006). The average age of sexual debut (about 17) has remained steady for women and men since the 1980s and is comparable to other European countries, while rates of regular condom use are low (Landripet, Štulhofer, and Baćak 2011, 462, 465). High levels of reported religiosity have been shown to be weakly connected with decreasing sexual risk-taking for girls, though not for boys, and upon this evidence, the authors of these studies suggest that an abstinence-based sex education curriculum, as favored by the Catholic Church, is not effective for reducing sexual risk-taking.

Employment

In 2012, the total number of employed people was 1.44 million, 45.5 percent of whom were women. The 2012 total unemployment rate was 15.8 percent, with women experiencing a slightly lower unemployment rate of 15.5 percent compared to men at 16.1 percent (CBS 2014b, 33).

Employment Protections

During the socialist period, state-mandated policies that benefited women's employment included the right to

work, equal treatment and equal pay, protected maternity leave, and state-run child care centers for young children (Dobrotić, Matković, and Zrinščak 2013, 220).

The network of child care centers was not strong, and women with preschool-aged children tended to rely on older female family for help with child care responsibilities (Špehar 2007, 161). This pattern continues and somewhat accounts for a low enrollment in nursery school and preschool compared to other European nations, which in turn affects the number of women with very young children participating in paid employment outside the home.

The Maternity and Parental Benefits Act covers maternity and parental leave; it stipulates that compulsory maternity leave begins 28 days before the expected due date and continues 70 days after birth. Beyond this period, noncompulsory maternity leave continues until the child is six months old, and additional and more flexible parental leave (for either parent) is available for set periods until children are eight years old. Compensation during parental leave amounts to 100 percent of wages (EU, European Platform for Investing in Children 2014). In 2010, only 1.86 percent of men utilized parental leave (Štimac Radin 2011, 24). Women continue to be the primary caregivers of children, regardless of their participation in paid employment outside of the home.

Employment discrimination based on family or pregnancy status is illegal, so employers may no longer ask questions about or act on known information related to family or pregnancy status, specify gender or family status in advertisements for employment, or discriminate in any way against employees based on pregnancy or family status (Massetot, Caracciolo Di Torella, and Burri 2012, 55). However, discrimination based on these attributes is widespread, and there is a low level of awareness among women about their rights, which contributes to likely underreporting of employer discrimination (Ombudsperson for Gender Equality 2013, 19).

Sexual harassment was experienced by at least 18 percent of employed women in 2006, and it is likely underreported due to fear of retaliation and lack of awareness (Ombudsperson for Gender Equality 2013, 18; Cvitanic 2011, 70). Case law is not published at the municipal and county levels, so there is little researchable documentation to assess the number and type of discrimination complaints (Ombudsperson for Gender Equality 2013, 21).

Gender Role Attitudes

According to the 2008 European Values Study (2008), 82 percent of Croatian respondents disagreed with the

statement, “When jobs are scarce, men should have more rights to a job than women.” Croatia participated in the 1996 World Values Survey in which this same question was posed, at which time 47 percent of male respondents and 38 percent of female respondents agreed with the statement, showing a slight shift to more egalitarian attitudes over the last decade regarding women’s participation in the paid labor force (Bijelić 2007, 279). The 2003 East European Social Survey Project showed that respondents’ beliefs and attitudes about women’s roles in the paid employment sector are overall more woman-friendly than beliefs and attitudes about the division of household labor between men and women (Brajdić-Vuković, Birkelund, and Štufhofer 2007, 33). This results in a “second shift” for women who work in paid employment and handle most of the household labor.

Wage Gap, Employment Sectors, and Education

Women’s salaries were 90.2 percent of men’s in 2012, independent of economic sector and employment characteristics, creating an unadjusted wage gap of about 10 percent (CBS 2014b, 37). In recent years, Croatia has had one of the lowest unadjusted wage gaps in Europe (Nestić 2010, 85). Based on Labor Force Survey data from 1998 and 2008, the counterfactual wage gap, which takes into account employment characteristics such as educational attainment and employment context or field and then compares men’s and women’s salaries when their employment characteristics are similar, exceeds 20 percent. In other words, Croatian women tend to receive 20 percent lower salaries than men, even when they possess similar or stronger employment characteristics (Nestić 2010, 83).

More women than men work in the areas of health and social services, arts and entertainment, education, finance and insurance, and hospitality and service (CBS 2014b, 36). Since 1990, women are more likely than men to be medical doctors, and in 2012, 61 percent of all medical doctors were women (CBS 2014b, 19). Overall, women are more likely than men to be employed in the public sector (education, public administration, and health), making up 68 percent of public-sector workers in 2010, and they are more likely to work part-time (Dobrotić, Matković, and Zrinščak 2013, 228, 230).

Women are more likely than men to complete graduate school, and in 2012, they made up 58.2 percent of those who earned master’s degrees and 54.6 percent of those who earned PhDs (CBS 2014b, 31–32). For higher

education as a whole, women outnumber men in all fields of study except for computing, engineering, architecture, personal services, transport services, environmental protection, and security services (CBS 2014b, 29–30).

Family Life

Attitudes about Children and Family Composition

The 2014 estimated birth rate is 9.49 births per 1,000 people, placing Croatia in the 201st position out of 224 countries for which there is data (CIA 2014). Data from the 1995–1999 World Values Survey indicates that 49.2 percent of Croatian respondents believed that women need children to be fulfilled, while more recently, the 2008 European Values Study (EVS) data indicates that 46.9 percent of respondents felt that women need children to be fulfilled, showing only a slight decline (WVS n.d.; EVS 2008).

The 2008 EVS also shows that most respondents (80.9%) believed that marriage is not an “outdated institution,” which shows only a slight decrease from 87.3 percent on the 1999 EVS. Likewise, most people reported that family is “very important” in their lives (78.4% in 1999, 77% in 2008), and sociodemographic characteristics were not a statistically significant factor in how this question was answered (EVS 2008; Nikodem 2012, 187). On the 2008 EVS, 23 percent of respondents believed that it is a duty to society to have children. This question was not included on the 1999 EVS, so no comparisons over time are possible (EVS 2008).

Attitudes about nontraditional family compositions and formal marriage were also measured in the 2008 EVS. Of respondents, 54.6 percent indicated that it is “alright for two people to live together without getting married”; nearly 80 percent maintain that “a child needs a home with both a father and a mother to grow up happily”; and only 6.7 percent feel that “homosexual couples should be able to adopt children” (Nikodem 2012, 187).

In 2012, 15 percent of live births were “extramarital” (CBS 2013, 129.) The 2008 EVS indicates that 66.2 percent approve of a situation in which a woman chooses to have children outside of a relationship with a man, and this response was affected by sociodemographic characteristics. Middle-aged women from the western regions were more likely to approve than older women with less education, lower incomes, and from rural areas (Nikodem 2012, 187). While reported religiosity overall is quite high, traditional beliefs about some aspects of marriage, family structure, and children may be on the decline (Nikodem 2012, 192).

Reproductive Labor and Child Care

The number of women identifying as “housewives” has been on the decline, from around 18 percent of women aged 25–49 in 1996 to 11 percent in 2011 (Dobrotić, Matković, and Zrinščak 2013, 227). However, traditional gender roles and norms related to reproductive work (housework, childcare, and kinwork) are firmly in place. While urban women participate in the paid labor force outside the home in nearly equal numbers with men overall, men do not participate in equal rates with women in reproductive work, and these patterns are shaped by attitudes about appropriate gender roles.

In rural locations, traditional gender norms and attitudes strongly affect the division of labor, and households tend to be extended and virilocal. It is not common for men to take part in so-called women’s work, which is devalued, and women are not typically economically independent. It is also widely accepted that being a good mother is not compatible with paid labor (Šikić-Mićanović 2011, 94–95).

Women are expected to bring household goods into marriages, and inherited items, rather than new store-bought items, can be markers of status. For example, the *stolnjak*—a handwoven tablecloth used on formal occasions that has ideally been passed down from older female relatives—is carefully protected for future generations (Sredl 2008, 426).

Marriage and Divorce

The average age at first marriage of both women and men has been increasing from the mid-20th century to the present. In 2012, the average age of women at first marriage was 27, and the average age of men at first marriage was 30. Likewise, the average age of women at first birth has been steadily increasing, and in 2012, it was 28 (CBS 2014b, 15). Due to economic conditions, young women and men are likely to live at home through their twenties, with a median age of 32 for males leaving the parental home and a median age of 28 for women (Cvitanic 2011, 67). The increasing age at first marriage and age at first child is likely due to economic conditions that may make it difficult for young adults to establish economic independence without a university degree or successful employment (Rešetar and Berdica 2013, 572).

Marriage rates have been in decline overall. In 1950, there were 37,995 marriages, and in 2012, there were 20,323. Divorce rates have not changed since the 1970s, with a total of 5,659 divorces in 2012 (CBS 2014b, 14). In

the 1960s and 1970s, the divorce rate in socialist Croatia as compared to most other European countries was high, though, currently, the 20 percent divorce rate is one of the lowest and may be attributed to the high levels of religiosity, specifically Roman Catholic (Rešetar and Berdica 2013, 568–569).

In 1946, the Basic Marriage Act positioned divorce within the state realm rather than the religious. This enabled married people to seek legal divorce for the first time (Rešetar and Berdica 2013, 569). Under this law, court-based mediation was a mandatory precondition for divorce. Court mediation prior to a legal granting of divorce is no longer required unless the marriage includes children under parental care, in which case a reconciliation procedure is required (Rešetar and Berdica 2013, 570).

During the socialist period, the custody of children in the case of divorce was typically granted to mothers over fathers, though this was not required by law. Currently, parents assume automatic joint parental responsibility, and in the case of divorce, the court grants residential custody of children to one or the other based on what it deems to be in the best interest of the child (Rešetar and Berdica 2013, 571).

The 2003 Gender Equality Act prohibited discrimination against LGBT people, and the Same Sex Civil Unions Act of 2002 created a legal context for formal same-sex unions, though the rights given to same-sex partners within these unions were not of the same scope as those given to different sex partners in marriage (Juras and Grđan 2010, 81). In 2013, a constitutional referendum to limit marriage to different-sex couples passed by popular vote. However, in 2014, the Croatian parliament passed the Life Partnership Act, which grants same-sex couples the same set of rights as those in registered different-sex marriages, barring adoption rights.

Politics

Public Policy

Croatia has been a member of the European Union since July 2013, and the accession processes since 2004 have had a marked effect on the official practices related to the promotion of gender equality (Dobrotić, Matković, and Zrinščak 2013, 219). The international legal obligations of EU member states include the protection of human rights, the discouragement of discrimination, and the expansion of equal opportunities.

The current constitution dates from 1990, when democratic elections were held and Croatia broke away from socialist Yugoslavia. Article 3 of the Constitution (as amended in 2000) sets forth the highest values of the country, which explicitly include gender equality and social justice.

Croatia's first step as an independent nation to address gender equality via governmental policy was the creation in 1996 of a government advisory body called the Committee for Equality Affairs, which in 2000 became known as the Committee for Gender Equality. This body did not at first consult with feminist organizations or women's NGOs and is viewed largely as a symbolic effort with little commitment to promoting real change (Dobrotić, Matković, and Zrinščak 2013, 224).

Other governmental bodies charged with the promotion of gender equality include the Parliamentary Committee for Gender Equality, established in 2001 to implement international policy agreements and monitor gender representation in Parliament, and the Gender Equality Ombudsperson Office, established in 2003 with a charge to protect the rights of citizens in legal and state proceedings. In 2004, the Office for Gender Equality was established in accordance with the 2003 Gender Equality Law, and it works in tandem with the Parliamentary Committee for Gender Equality. This office was made responsible for drafting and overseeing implementation of the National Policy for Gender Equality, one of several formal government policies that directly address and promote gender equality and prohibit discrimination. Other important policies and acts directly addressing gender-based discrimination include the 2008 Gender Equality Act, the 2008 Anti-Discrimination Act, and the 2009 Act on the Protection against Domestic Violence.

The National Policy for the Promotion of Gender Equality was adopted in 1997, and its goals at that time conformed to the Beijing Platform for Action. It was updated in 2001, in 2006, and most recently in 2011. Its current goals include promoting the human rights of women, education, equal opportunity in employment, and decreasing violence against women. The 2011 policy specifically addresses the need of Croatia as a candidate country for EU membership to conform to the EU guidelines on human rights. Croatia joined the European Union in 2013.

The Gender Equality Act of 2008, which first entered into law in 2003, prohibits discrimination in a number of areas, including the labor market, education, media, and political representation. Article 15 specifies that political

parties must implement measures to create a balance of the number of women and men on their candidate party lists. It also prohibits discrimination based on family status and sexual orientation.

Women in Office

Women have held high office in limited numbers, including that of prime minister. The first woman to serve as prime minister was Jadranka Kosor (1953–) of the conservative HDZ political party. From her position of deputy prime minister, she succeeded Ivo Sanader (1953–) when he resigned in 2009. Women constitute a majority of judicial officials, and of the current justices of the Supreme Court, nearly half are women (Palikovic Gruden and Gruden 2013, 12). Women have poorer representation in local and smaller regional bodies, making up 18.4 percent of municipal council members, 20 percent of county assembly members, 5 percent of county prefects, and 8.7 percent of mayors (CBS 2014b, 67).

Women's numerical representation in political decision making within the legislative branch dropped drastically after independence and only reached preindependence levels of participation in the 2000 elections. During the socialist period, quotas guaranteed that women participated in formal decision-making processes and held office in the legislature, the executive branch, and within the Communist Party. Quotas were reintroduced by the 2008 Gender Equality Act, and political party electoral lists must now consist of at least 40 percent of the "underrepresented gender" (Štimac Radin 2011, 25).

An ideological backlash during the independence movement combined with a transition to a free-market economy and the economic and social problems stemming from war maneuvered women from the public to the private realm. Ethnonationalist and sexist attitudes about women's participation in public life strongly reflected notions of traditional and "ideal" gender roles: women as nurturers and mothers and men as political actors and breadwinners.

During the 1990s, women held between 4 percent and 8 percent of the total legislative seats available, and in the 2000 elections, this jumped to 20 percent and remained in that vicinity throughout the decade (IPU n.d.). As of October 2014, of 151 members of the legislature, 39 (26%) are women (Croatian Parliament n.d.). This exceeds the world average for single house parliaments, which stands at 22.2 percent, but is only half of the average in Nordic

countries, which have the highest numbers of women legislators at 41.6 percent (IPU 2014).

There were several shifts that may have contributed to the large increase in representation of women in the legislature in 2000. First, electoral rules in the 2000 election were based purely on party list proportional representation, a system in which voters cast ballots for political parties rather than for specific candidates and the parties choose individuals from their candidate lists to hold office. Second, the Social Democratic Party (SDP), which included more women on its candidate list, received more votes than the conservative HDZ, which included fewer. Third, several of the major parties, including the SDP and the HDZ, had active internal women's organizations that worked toward creating better opportunities for women candidates. Finally, women's NGOs were active in raising awareness of women's rights, examining parties' attitudes toward women's participation, and creating training opportunities for women interested in political office (Glaurdic 2003).

Religious and Cultural Roles

Sociodemographics and Attitudes toward Marriage, Family, and Gender

Croatia reports high levels of religiosity and is one of the most religious countries in Eastern Europe (Kuhar 2014, 2). In the most recent census (2011), 86 percent of people identified as Roman Catholic, and fewer than 5 percent identified as not religious, atheist, agnostic, or skeptic (CBS n.d.). As a republic of socialist Yugoslavia, religion was confined to the private sphere. Catholic religious traditions were strategically reclaimed during the independence movement in the early 1990s to bolster a Croat ethnic national identity (Kuhar 2014, 3).

The 2008 EVS indicates that older women from rural backgrounds with primary educational attainment are very likely to rate religion as important in their lives, while middle-aged and younger women from urban areas with secondary or higher educational attainment are more likely to rate religion as not important (Nikodem 2012, 182). High levels of religiosity and traditional attitudes about the centrality and desirability of marriage, family, and children were not shown to be strongly connected across all ethnic differences in an analysis of data collected in the 1999 and 2008 EVS (Nikodem 2012, 189). Croats overall demonstrate more liberal attitudes about gender roles and similar attitudes about sexual norms compared

with those in other western Balkan countries, but attitudes differ by ethnicity within each country (Simkus 2007, 22–23.) Gender role attitudes related to work life have been shown to be strongly affected by educational attainment, followed by sex, while attitudes about sexual matters have been shown to be most affected by age, followed by educational attainment (Simkus 2007, 25).

Stereotypical gender norms are widespread and accepted in rural areas. Educational attainment, especially for women, is lower than in urban areas, and girls are socialized into roles that revolve around the household, child care, husband care, and the informal economy. Mothers are viewed as responsible for instructing their children in religious and moral values (Šikić 2007).

Politics and Culture

During the socialist period, communist ideology promoted an ideal society in which women's roles in the public sphere were on an equal footing with men's. The official values of the Communist Party included a high degree of gender egalitarianism regarding women's equitable participation in and contributions to public life. At the same time, patriarchal and sexist norms were, and still are, strongly in play within the realm of home and family life.

Immediately before, during, and, for a time, after the transition to independence and the development of Croatia as a pluralistic, free-market, free speech society, these official values about women's and men's roles were strongly influenced by ethnonationalist discourse and the Catholic Church, rather than communist ideology. Between 1985 and 1989, there was an increase in beliefs and attitudes about traditional gender norms, which tapered off as the war progressed, specifically regarding the ideas that men should be more involved than women in public-sector work and women should take primary responsibility for reproductive work within the home (Kunovich 2004, 1095).

During the Croatian independence movement of the early 1990s, political and ideological movements positioned women culturally as mothers and reproducers of the population. The ethnonationalist and socially conservative ruling political party, the Croatian Democratic Union (HDZ), was especially focused on creating an ethnically "pure" Croat population, and the Catholic Church was influential in pronatalist social policies during this time.

In 1992, the Ministry for Renewal was established in part to focus on the goal of increasing the birth rate

(Bijelić 2007, 282). This ministry's National Program for Demographic Renewal was headed by a Roman Catholic priest, Anto Baković (1931–), a pro-life activist (Bijelić 2007, 282). One initiative of the program was the creation of a pro-family incentive in which women with four or more children ("mother caregivers") would receive a salary and pension from the state. This particular incentive was included in the 2001 Labor Act, but due to concerns from women's NGOs about the effects of professionalizing motherhood and potentially pushing women out of the public realm, the wording was changed to "caregiver parent" to include fathers. Due to lack of funding, this policy has never been fully implemented.

Feminist organizations, such as Be Active, Be Emancipated (B.a.B.e.), spoke out against "retraditionalization," which included a patriarchal view of gender and could be seen as a way of shifting cultural values away from communist ideology toward pro-market nationalism. In particular, feminist groups such as B.a.B.e. commented on media representations of women, which included the commodification of women's bodies as a way to sell products, a strong antifeminist political discourse, and the framing of women solely in terms of their reproductive capacity and sexual and domestic value to men (B.a.B.e. 2002).

In the 21st century, women and men are equal under the law, and gender inequalities and gender-based discrimination are addressed widely in existing legislation. The EU accession process made attention to gender inequalities a necessity, and feminist NGOs and women politicians have consistently brought these issues to the fore. However, the day-to-day culture still undervalues femininity overall, positive identification with feminism is not widespread, and sexist attitudes contribute to women's relatively disadvantaged position according to standard societal indicators. In addition, there is an overall lack of awareness in popular culture about legal protections against discrimination, which may contribute to the continuance of discriminatory practices and to the low rate of reporting.

Issues

Feminism

Women's organizing, activism, and feminist discourse have been traced to the 19th century. A first wave of feminism in the Yugoslavian territories originated in urban areas, including Zagreb, in the 1890s. This activism focused on educational opportunities, legal rights, and suffrage (granted 1945). From the 1940s through the 1960s,

feminism operated formally within the Communist Party rather than as an external, grassroots, or independent set of voices, first through the Antifascist Women's Front, followed by the Union of Women's Societies, and then the Conference for the Social Activity of Women. During this time, abortion rights, equality under the law, and parental leave were codified in public policy, and gender equality, at least in the public realm, was a part of the Communist Party's ideology (Benderly 1997, 184).

Feminist activism and discourse reemerged in the 1970s in urban areas, including Zagreb, and focused on the needs of women as individuals rather than on their roles within and duties toward the state. In the 1980s, feminism continued as a New Social Movement along with movements addressing environmental concerns, gay liberation, and peace. There was a focus on grassroots activism on issues, including gender-based violence, and the general focus coalesced in the 1990s around antiwar, antinationalist activism (Benderly 1997, 192).

In the 1990s, feminists split along nationalist lines, and those who did not support the nationalist agenda were harshly attacked in a public backlash that played out in the media and in politics (Benderly 1997, 201).

Human Trafficking

The U.S. Department of State's annual *Trafficking in Persons Report* (TIP) places countries into three tiers based on their efforts to eradicate human trafficking within their borders. In the 2013 report, Croatia was downgraded from a Tier 1 country (complies with minimum standards to eliminate trafficking) to a Tier 2 country and remained at Tier 2 in the 2014 TIP. Victim identification and reporting is thought to be inadequate, and thus the magnitude of trafficking, particularly sex trafficking, is not clear (U.S. Department of State 2014, 146). Croatia is primarily considered a transit country for the trafficking of women and girls from neighboring countries for commercial sexual exploitation. Forced agricultural labor occurs within the borders of Croatia, and Roma children in Croatia are at risk of forced begging throughout Europe (U.S. Department of State 2014, 145).

Reproductive Rights

Beginning in 1952, women had fairly unrestricted abortion rights for up to 10 weeks after conception. Currently, women from the age of 16 may have unrestricted legal abortions within the 10 weeks following conception, while women under the age of 16 are required to obtain parental consent.

Permission for abortions in all other cases is overseen by a commission composed of a gynecologist and social worker associated with the facility where the service is sought. Abortions 10 weeks after conception will be granted in cases of rape and incest, severe congenital defects, and if the health of the woman is at risk during or after pregnancy. Counseling prior to obtaining an abortion is mandatory (Cvitanic 2011, 71; Bijelić and Hodžić 2014, 6).

There is an active pro-life movement, and the Catholic Church runs pro-life centers throughout the country; but to date, abortion rights have not been further restricted (Cvitanic 2011, 71). The abortion rate has been in decline, and in 2012, it was 4.4 per 1,000 women (Mishra, Gaigbe-Togbe, and Ferre 2014, 42). Government-run facilities provide assistance in family planning, and there is little available data about the rate of contraceptive use.

Family and Sexual Violence

Though included in the criminal code, domestic violence is still largely considered a private matter, and the vast majority of convictions are misdemeanors, not felonies. In 2010, 96.4 percent of the 17,335 reports were treated as misdemeanor offenses (Rogić-Hadžalić and Kos 2012, 16). Marital rape was included in the criminal code in 2003. Reported incidents of violence have been on the increase since at least 2001, though it is not clear whether domestic violence is increasing or growing awareness is contributing to more reports (Bijelić 2007, 290).

The 2003 Law on Protection against Domestic Violence addresses protective measures against stalking and harassment, such as restraining orders, and includes language regarding confiscation of weapons and psychological treatment for offenders. However, revictimization is prolific and occurs during the process of arrest as well as in the courtroom. Dual arrests, in which police arrest both parties rather than just the primary aggressor, are frequent. Judges may require both the victim and the perpetrator to testify while in close physical proximity within the courtroom. When children witness the violence, victims of the violence may be held responsible and prosecuted (Advocates for Human Rights 2012, 2).

Both government-run and NGO shelters exist, though they are few and inadequately address the real needs. The first hotline became available in 1988 and the first shelter in 1990, both in Zagreb, through the work of an independent women's organization (Krizsan and Popa, 2014, 769). In 2010, there were 18 existing shelters, and the

government-run shelters were not limited to victims of domestic violence, but also to trafficked individuals, asylum seekers, and others needing a high level of assistance (Advocates for Human Rights 2012, 93–94).

War-related sexual violence against women during the early to mid-1990s was common and especially well-documented in the conflict that took place in the Bosnian region in detention camps. Within the borders of Croatia, there are many firsthand accounts of sexual violence committed by soldiers (Ombudsperson for Gender Equality 2013, 32).

SUSAN WOOD

Further Resources

- Advocates for Human Rights. 2012. *Implementation of Croatia's Domestic Violence Legislation*. Minneapolis: Advocates for Human Rights. Retrieved from http://www.theadvocatesforhumanrights.org/uploads/croatia_final_report_2012.pdf.
- Ajduković, Marina, Nika Sušac, and Miroslav Rajter. 2013. "Gender and Age Differences in Prevalence and Incidence of Child Sexual Abuse in Croatia." *Croatian Medical Journal* 54.5: 469–479. doi:10.3325/cmj.2013.54.469.
- B.a.B.e. (Be Active, Be Emancipated). 2002. "Croatian Feminists Stave Off Onslaught of Sexist Media." *Off Our Backs* (March–April): 13–17. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=f5h&AN=6437995&site=ehost-live>.
- Benderly, Jill. 1997. "Feminist Movements in Yugoslavia, 1978–1992." In *State-Society Relations in Yugoslavia, 1945–1992*, edited by Melissa K. Bokovoy, Jill A. Irvine, and Carol S. Lilly, 183–209. New York: St Martin's Press.
- Bijelić, Biljana. 2007. "Women on the Edge of Gender Equality." In *Democratic Transition in Croatia: Value Transformation, Education, and Media*, edited by Stjepan Meštrović, 276–325. College Station: TX A&M University Press.
- Bijelić, Nataša, and Amir Hodžić. 2014. "Grey Area": *Abortion Issue in Croatia*. Zagreb: Center for Education, Counseling, and Research. Retrieved from http://www.cesi.hr/attach/_p/prijelom_pitanje_abortusa_eng.pdf.
- Brajdčić-Vuković, Marija, Gunn Elisabeth Birkelund, and Aleksandar Štufhofer. 2007. "Between Tradition and Modernization: Attitudes toward Women's Employment and Gender Roles in Croatia." *International Journal of Sociology* 37.3: 32–53. doi:10.2753.IJS0020-76593703002.
- CBS (Croatian Bureau of Statistics). 2013. *Statistical Yearbook 2013*. Zagreb: Croatian Bureau of Statistics. Retrieved from http://www.dzs.hr/Hrv_Eng/ljetopis/2013/sljh2013.pdf.
- CBS (Croatian Bureau of Statistics). 2014a. *Croatia in Figures 2014*. Zagreb: Croatian Bureau of Statistics. Retrieved from http://www.dzs.hr/Hrv_Eng/CroInFig/croinfig_2014.pdf.
- CBS (Croatian Bureau of Statistics). 2014b. *Women and Men in Croatia 2014*. Zagreb: Croatian Bureau of Statistics. Retrieved from http://www.dzs.hr/Hrv_Eng/menandwomen/men_and_women_2014.pdf.

- CBS (Croatian Bureau of Statistics). n.d. "Population by Religion, by Towns/Municipalities, 2011 Census." Retrieved from http://www.dzs.hr/Eng/censuses/census2011/results/htm/e01_01_10/e01_01_10_RH.html.
- CIA (Central Intelligence Agency). 2014. "Croatia." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/hr.html>.
- Croatian Parliament. n.d. "Members of Parliament by Gender." Retrieved from <http://www.sabor.hr/Default.aspx?sec=4670>.
- Cvitanic, Marilyn. 2011. *Culture and Customs of Croatia*. Santa Barbara, CA: Greenwood.
- Dobrotić, Ivana, Teo Matković, and Siniša Zrinščak. 2013. "Gender Equality Policies and Practices in Croatia: The Interplay of Transition and late Europeanization." *Social Policy & Administration* 47(2): 218–240. doi:10.1111/spol.12016.
- EU, European Platform for Investing in Children. 2014. "Croatia." Retrieved from http://europa.eu/epic/countries/croatia/index_en.htm.
- EVS (European Values Study). 2008. "European Values Study 1981–2008, Longitudinal Data File." GESIS Data Archive, Cologne, ZA4775 Data File. Retrieved from <http://www.europeanvaluesstudy.eu>.
- Glaurdic, Josip. 2003. "Croatia's Leap toward Political Equality: Rules and Players." In *Women's Access to Political Power in Post-Communist Europe*, edited by Richard E. Matland and Kathleen A. Montgomery, 285–303. Oxford: Oxford University Press. <http://search.ebscohost.com/login.aspx?direct=true&db=e000xna&AN=176955&site=ehost-live>.
- Herrity, Vishna A. 2103. "Croatia" In *International Education: An Encyclopedia of Contemporary Issues and Systems*, edited by Daniel Ness and Chia-Ling Lin, 512–516. Armonk, NY: M. E. Sharpe.
- Hirsch, Herbert. 1999. "Yugoslavia, Genocide In." In *Encyclopedia of Genocide*, edited by Israel W. Charney, 633–634. Santa Barbara, CA: ABC-CLIO.
- Hirsl-Hečej et al. 2006. "Prevalence of Chlamydial Genital Infection and Associated Risk Factors in Adolescent Females at an Urban Reproductive Health Care Center in Croatia." *Collegium Antropologicum* Supp. 2: 131–7.
- IPU (Inter-Parliamentary Union). 2014. "Women in National Parliaments." Retrieved from <http://www.ipu.org/wmn-e/arc/world011014.htm>.
- IPU (Inter-Parliamentary Union). n.d. "Historical Archives of Parliamentary Election Results." Retrieved from http://www.ipu.org/parline-e/reports/2077_arc.htm.
- Juras, Sanja and Kristijan Grđan. 2010. "Croatia." In *The Greenwood Encyclopedia of LGBT Issues Worldwide*, edited by Chuck Stewart, vol. 2, 80–100. Santa Barbara, CA: Greenwood.
- Kartus, Kruno. 2013. "To the Mattresses." *Transitions Online*, February: 8.
- Krizsan, Andrea, and Raluca Maria Popa. 2014. "Frames in Contestation: Gendering Domestic Violence in Five Central and Eastern European Countries." *Violence against Women* 20.7: 758–782.
- Kuhar, Roman. 2014. "Playing with Science: Sexual Citizenship and the Roman Catholic Church Counter-Narratives in Slovenia and Croatia." *Women's Studies International Forum* 49: 84–92. Retrieved from <https://doi.org/10.1016/j.wsif.2014.07.005>.
- Kunovich, Robert M. 2004. "Ethnic Conflict, Group Polarization, and Gender Attitudes in Croatia." *Journal of Marriage and Family* 66: 1089–1107. Retrieved from <http://dx.doi.org/10.1111/j.0022-2445.2004.00080.x>.
- Landripet, Ivan, Aleksander Štulhofer, and Valerio Bačak. 2011. "Changes in Human Immunodeficiency Virus and Sexually Transmitted Infections: Related Sexual Risk Taking among Young Croatian Adults: 2005 and 2010 Population-Based Surveys." *Croatian Medical Journal* 52.4: 458–468. doi:10.3325/cmj.2011.52.458.
- Masselot, Annick, Eugenia Caracciolo Di Torella, and Susanne Burri. 2012. *Fighting Discrimination on the Grounds of Pregnancy, Maternity, and Parenthood: The Application of EU and National Law in Practice in Thirty-Three European Countries*. Brussels: European Commission, Directorate General for Justice. Retrieved from http://ec.europa.eu/justice/gender-equality/files/your_rights/discrimination__pregnancy_maternity_parenthood_final_en.pdf.
- Mishra, Vinod, Victor Gaigbe-Togbe and Julia Ferre. 2014. *Abortion Policies and Reproductive Health around the World*. New York: United Nations, Department of Economic and Social Affairs, Population Division. Retrieved from <http://www.un.org/en/development/desa/population/publications/pdf/policy/AbortionPoliciesReproductiveHealth.pdf>.
- Mojzes, Paul. 2011. *Balkan Genocides: Holocaust and Ethnic Cleansing in the Twentieth Century*. Lanham, MD: Rowman & Littlefield.
- Nestić, Danijel. 2010. "The Gender Wage Gap in Croatia—Estimating the Impact of Differing Rewards by Means of Counterfactual Distributions." *Croatian Economic Survey* 12.1: 83–119. Retrieved from <http://hrca.srce.hr/file/80210>.
- Nikodem, Krunoslav. 2012. "Religion and Marriage. Family Attitudes in Croatia" In *Transformations of Religiosity: Religion and Religiosity in Eastern Europe 1989–2010*, edited by Gert Pickel and Kornelia Sammet, 175–196. Weisdaben: Springer VS.
- Ombudsperson for Gender Equality. 2013. *Annual Report 2012*. Zagreb: Republic of Croatia. Retrieved from http://www.prs.hr/attachments/article/858/IZVJESCE_percent202012_percent20-percent20ENG2-KB.pdf.
- Palikovic Gruden, Morana, and Ana Gruden. 2013. *The Policy on Gender Equality in Croatia, Update 2013*. Brussels: European Parliament, Policy Department C: Citizen's Rights and Constitutional Affairs. Retrieved from http://www.europarl.europa.eu/RegData/etudes/note/join/2013/493016/IPOL-FEMM_NT_percent282013_percent29493016_EN.pdf.
- Pokrajac-Bulian, A., and Ambrosi-Randić, N. 2007. "Sociocultural Attitudes towards Appearance and Body Dissatisfaction among Adolescent Girls in Croatia." *Eating and Weight Disorders* 12.4: e86–e91.

- PRB (Population Reference Bureau). 2014. "DataFinder: Croatia." Retrieved from <http://www.prb.org/DataFinder/Geography/Data.aspx?loc=451>.
- Rešetar, Branka, and Josip Berdica. 2013. "Divorce in Croatia: The Principles of No-Fault Divorce, Parental Responsibility, Parental Education, and Children's Rights." *Family Court Review* 5.4: 568–577.
- Rogić-Hadžalić, Dubravka, and Jandranks Kos. 2012. *Domestic Violence: Legal Framework and Forms of Appearance, 2007–2010*. Zagreb: Croatian Bureau of Statistics. Retrieved from http://www.dzs.hr/Eng/Publication/studije/Studije-i-analize_111.pdf.
- Šikić, Lynette. 2007. "Gendered Values and Attitudes among Rural Women in Croatia." *Journal of Comparative Family Studies* 38.3: 459–476.
- Šikić-Mičanović, Lynette. 2011. "The Meanings and Experiences of Domestic Labour among Rural Women in Croatia." *Eastern European Countryside* 17: 87–106.
- Simkus, Albert. 2007. "Cross-National Differences in the Western Balkans in Three Dimensions of Attitudes: Ethnic Exclusionism, Gender Role Conservatism, and Conservative Sexual Mores." *International Journal of Sociology* 37.3: 15–31.
- Špehar, Andrea. 2007. *How Women's Movements Matter: Women's Movements' Strategies and Influence on Gender Policy Formation in Post-communist Croatia and Slovenia*. PhD diss., Göteborg University.
- Sredl, Katherine. 2008. "'Set the Table': Women Communicating Status at Home." *Advances in Consumer Research* 35: 423–428.
- Štimac Radin, Helena, ed. 2011. *National Policy for Gender Equality for the Period 2011–2015*. Translated by Davies d.o.o. Zagreb: Office for Gender Equality, Republic of Croatia. Retrieved from <https://ravnopravnost.gov.hr/UserDocsImages/arhiva/images/pdf/National%20Policy%20for%20Gender%20Equality%202011-2015.pdf>.
- UNICEF Office Croatia. 2011. "Croatia—Analysis of Gender Issues: Women in Transition over Last Ten Years (1999–2009)." Retrieved from http://www.unicef.hr/upload/file/356/178134/FILENAME/Gender_Analysis_Report.pdf.
- U.S. Department of State. 2014. *Trafficking in Persons Report*. Retrieved from http://www.state.gov/j/tip/rls/tiprpt/2014/?utm_source=NEW+RESOURCE:+Trafficking+in+Persons+R.
- WEF (World Economic Forum). 2014. *The Global Gender Gap Report 2014*. Geneva, Switzerland: World Economic Forum. Retrieved from http://www3.weforum.org/docs/GGGR14/GGGR_CompleteReport_2014.pdf.
- World Bank. 2014. "Maternal Mortality Ratio." Retrieved from <http://data.worldbank.org/indicator/SH.STA.MMRT>.
- WVS (World Values Survey). n.d. "World Values Survey Wave 3: 1995–1999." Online Analysis: V93-Woman Needs Children. Retrieved from <http://www.worldvaluessurvey.org/WVSONline.jsp>.
- Zaborskis, Apolinaras, et al. 2007. "Body Image and Weight Control among Adolescents in Lithuania, Croatia, and the United States in the Context of Global Obesity." *Croatian Medical Journal*. 49.2: 233–242.

Czech Republic

Overview of Country

The Czech Republic is located in Central Europe, bordered by Poland to the north, Slovakia to the east, Austria to the south, and Germany to the west. Though Westerners often associate the Czech Republic with Eastern Europe, Prague, the capital city, is actually closer to Dublin than Moscow (Cravens 2006, 3). The country covers 30,450 square miles, slightly smaller than the area of South Carolina, and in 2014, the population was estimated at 10,644,842 (CIA 2016). The national language is Czech, which is categorized as a Slavic language alongside Polish, Russian, Ukrainian, Belarusian, Bulgarian, and Serbo-Croatian, and is spoken by 95.4 percent of the population. Ethnic groups in the Czech Republic include Czechs (64.3%), Moravians (5%), Slovaks (1.4%), other (1.8%), and unspecified (27.5%) (CIA 2017).

History

The earliest settlers in the Czech Republic were a Celtic tribe known as the *Boii*—the name Bohemia is derived from this word—around the fourth century. The first Slavs settled in the region during the fifth and sixth centuries. The Great Moravian Empire, which included Bohemia, Moravia, and sections of modern-day Poland, Germany, Hungary, and Slovakia, was established by the Slavic leader Mojmir around 830. The empire lasted until about 907, when it collapsed after Hungarian invasion. Between the ninth century and 1306, the Czech lands were ruled by members of the Přemyslid dynasty. Prague grew rapidly during this period; the lands had high political, economic, and cultural value, and Bohemia became an independent kingdom within the Holy Roman Empire in 950. When the Přemyslid dynasty died out, the House of Luxembourg came to power. Charles IV (1316–1378) was crowned king of the Czech lands in 1346 and was known as the "Father of the Homeland." He founded the first university in Central Europe, Charles University Prague, in 1348, and became the only Czech to be elected Holy Roman Emperor (Cravens 2006, 5–7).

In the beginning of the 15th century, Jan Hus (1369–1415), a Czech preacher, led a reform movement against the corruption of the Catholic Church and was burned at the stake for his ideology on July 6, 1415. After this event, Hus's followers, Hussites, began a protest movement that came to

be known as the Hussite Wars, which took place between 1420 and 1434. The Hussites elected George of Poděbrady in 1457, and he was the last Czech king (CIA 2014). In 1526, the rule of the Czech lands and Slovakia came to Ferdinand I of Hapsburg, beginning the Hapsburg rule that would last until 1918. In 1618, an anti-Hapsburg uprising began in Prague, which resulted in the Czech defeat at the Battle of White Mountain on November 8, 1620, and the initiation of the Thirty Years War. Ferdinand retaliated by executing 27 Protestant leaders on the Old Town Square.

The following period saw the purging of the Protestant nobility and intelligentsia and became known as the Dark Age in Czech history. German was made the official language, and the Czech written language died out for the next 200 years (Cravens 2006, 8–9). In reaction, the late 18th century saw a national revival movement that continued into the 19th century and included significant contributions to Czech language and literature. Many women, including novelist Božena Němcová (1820–1862), contributed significantly to this movement.

When World War I began, the Czechs and Slovaks were still under the Austrian monarchy and, when called to fight for Austria, defected and became known as the Czechoslovak Legion (Cravens 2006, 10). The Czechoslovak Republic was proclaimed at the end of the war in Prague on October 28, 1918, under the leadership of Tomáš Garrigue Masaryk. In the 1938 Munich Agreement, the dictators of Germany and Italy and the prime ministers of Great Britain and France agreed that Czechoslovakia was to surrender its borderlands to Germany, which resulted in the loss of one-third of its territory.

Hitler arrived in Prague on March 15, 1939, and announced the creation of the Protectorate of Bohemia and Moravia—a state within the German Reich and a puppet government under the control of Hitler. At the end of the war, both American and Russian troops prepared to liberate Prague, but the Soviet Army arrived first on May 9, 1945. In part because of this influence, Czechoslovak politics in the years after the war leaned in the direction of communism, and in February 1948, Czechoslovakia became a Soviet satellite until 1989. The new government staged trials in which a former member of Parliament and prominent feminist, Milada Horáková (1901–1950), was executed.

Social criticism arose in the 1960s among the intelligentsia and students; this movement toward a more democratic government and a new brand of socialism was known as the Prague Spring. This resistance prompted the invasion of 200,000 Warsaw Pact troops in 1968 and the

consequent return to totalitarian rule. When the communist governments in Central and Eastern Europe collapsed in 1989, peaceful resistance began in Czechoslovakia. Because of the nonviolence, this transition was known as the Velvet Revolution. In 1993, Czechoslovakia split into the Czech and Slovak Republics in the Velvet Divorce. The Czech Republic joined the European Union in 2004.

Religion and Politics

Despite the significance of religious figures such as Jan Hus in Czech history, it is the second most atheistic country in Europe behind Estonia (Cravens 2006, 23). A 2011 estimate cites the religious percentages as 10.4 percent Roman Catholic, 1.1 percent Protestant (including Hussite and Czech Brethren), 54 percent other and unspecified, and 34.5 percent none (CIA 2014).

Throughout most of the 20th century, Czechoslovakia's role in world politics was as a pawn for world powers: Germany during World War II and the Soviet Union after. In the 1990s, Czechoslovakia began to move toward a liberal-democratic political role and identification with the West through the foreign policy of Václav Havel and other politicians. This period was marked by a sense of confidence that the Czech Republic could play a role in the democratization of other nations (Cabada and Waisová 2011, 196). This confidence dissipated gradually beginning in 1993, and the focus shifted toward support and improvement of the Czech Republic's economy and its position among other European nations. Over the last 20 years, the Czech Republic has joined several significant international organizations, including the Organisation for Economic Co-Operation and Development (OECD), the European Union (EU), and North Atlantic Treaty Organization (NATO), and is characterized as a liberal-democratic political system based on a market economy (Cabada and Waisová 2011, 197). The constitution establishing the Czech Republic as a parliamentary democracy was enacted in 1992. The executive power is shared between the democratically elected president and the prime minister the president appoints.

Girls and Teens Education

Education in the Czech Republic has a long tradition: elementary education has been compulsory since 1774, and Charles University Prague, the oldest university in Central Europe, was established in 1348. The current literacy rate

in the country is over 99 percent. Elementary education is compulsory and takes around nine years; students are usually between the ages of 6 and 15. After compulsory education, students may attend upper secondary education (either general or vocational) before university or tertiary education. Of adults aged 25–64, 92 percent have earned the equivalent of a high school degree: 95 percent of men and 90 percent of women. Women made up 57.2 percent of university students in 2012, up from 45 percent in 2003 (OECD Better Life Index 2014).

Recreation

Many Czech children attend summer camps that include team sports, hiking, and camping. Soccer and tennis are particularly popular sports, and there is a long tradition of gymnastics clubs called *sokols* that have been in existence since the mid-19th century.

Young Adult Issues

A 2013 study of gender-specific prevention of drug use among Czech adolescents noted that of the 30 European countries studied in the European School Survey Project on Alcohol and Other Drugs, adolescents in the Czech Republic had the highest rates of alcohol, tobacco, and cannabis use (Novák et al. 2013, 904).

The 2009 UN Statistics Division recorded the birth rate among women from 15 to 19 years of age to be 11.8 per 1,000 women. These rates have been declining in recent years; between 1995 and 2000, the figure was 16.7 and has dropped to 11.1 between 2005 and 2010 (UN Statistics Division 2014).

Employment

Motivating Factors and Historical Opportunities

The Czech Republic shares a high level of female employment with other postcommunist countries in Central Europe. Vera Kuchařová has suggested that reasons for this include women's level of qualification and interest in working, employers' willingness to employ women, the fact that most families need two incomes, and a social-psychological motivation to work to gain independence and social status (Kuchařová 1999, 179). These factors, increased by the gradually improving equality and educational status of women, still contribute to the high employment rate of women in the Czech Republic. Comprehensive labor legislation was passed in 1991 and includes a "fair employment" clause to prevent discrimination, though

there has been some difficulty enforcing the clause since that time.

The Czech Republic has had a relatively high employment rate for women throughout the 20th century. In the 1930s, women made up more than 30 percent of the workforce, and by the end of communism in 1989, 94 percent of all Czech and Slovak women were working, due in part to the requirement and guarantee of employment under socialism (Cravens 2006, 47). During this period, women were seen as cheap sources of labor, and they were encouraged by government propaganda to work in typically "male" jobs. The government also established many day care centers and kindergartens to enable women to work. A positive feature under Czechoslovak communism was that women were able to retire at the age of 57 at the latest, and two years earlier for each child.

The situation of equality for women in the labor market has improved, but it is by no means ideal. There is still a great deal of occupational segregation, issues with balancing work and family life, and inequality of success in work. In 2012, the pay gap between men and women was 22 percent, which, while down from 25 percent in 2003, is still much higher than the EU average of 16.2 percent (EPIC 2014). In 2014, the Czech Statistical Office reported that the male employment rate was 77.3 percent and the female employment rate was 60.9 percent (Czech Statistical Office 2014). The percentage of women in private business has improved markedly since 1989, and necessary legislative measures for equality have been taken. However, problematic divisions still exist, including the need to balance work with family responsibilities.

Work and Motherhood

Again, the character of the balance between family life and work for Czech women can be traced back to the communist period. In the 1960s, the high level of female employment had the effect of decreasing birth rates and inciting fears of population decline and consequent shortages of labor. The government then developed "motherhood incentives." These incentives included extension of maternity leaves and allowances, tax incentives for married couples and childbirth, and increases in prices and restrictions for abortions. These changes had the effect of increasing the birth rate, but they entrenched certain gender divisions in society (True 2003, 36–37).

Today, though gender equality in the workforce has improved, a high percentage of Czech women have

difficulty reconciling work and family life. Some financial support is available to families, including a birth grant of 13,000 CZK (582 USD) and a child allowance between 500 and 700 CZK (22–31 USD) per month. Spending on family policies amounted to 1.2 percent of the gross domestic product (GDP) in 2011. Maternity leave typically begins 6–8 weeks before the due date and lasts for 28 weeks, including a maternity allowance that corresponds to income. Czech parents are also entitled to parental leave until the child is three, though only 1.8 percent of fathers take parental leave (EPIC 2014).

Around 5 percent of children under the age of three receive formal child care. Many of the government-established day care centers from the communist era have since been closed due to health and safety concerns: 1,043 nurseries operating in 1990 were reduced to 46 in 2010 (EPIC 2014). The government has begun to work toward improving this situation. A 2012 amendment to the Education Act hopes to allow the setup of company day care centers by providing a subsidy of 60 percent of day care operating costs. Despite these measures, a majority of Czech women still feel a responsibility to play equally full-time roles in work and family life, a situation that is often referred to as a “dual-burden” of labor.

Family Life

Health

In 1994, the Czech Republic introduced a privatized structure to end state control of health care services and to change the health care system inherited from communism. Despite higher costs, this restructure did give Czechs access to advanced medical technology, and the system compares favorably with other EU countries (Carter et al. 2014). The average expenditure on health care is slightly higher for women than men: 21,738 CZK (974 USD) per year for women compared to 19,502 CZK (874 USD) for men in 2010 (Czech Statistical Office 2014).

According to the most recent World Health Organization (WHO) statistics, the maternal mortality rate is 5 per 100,000 live births (WHO 2014). The 2013 UNAIDS report stated that there are currently 3,400 people living with HIV in the Czech Republic, and it did not differentiate male and female percentages (UNAIDS 2014).

Abortion

Abortion has been legal in cases of health endangerment and genetic defect since 1950; abortions performed for

other reasons could result in imprisonment of the woman for 1 year and of the person performing the abortion for up to 10 years. In reaction to the dangers of illegal, underground abortions, the Czech government legalized abortion based on medical or “other important reasons” in 1957. These “other reasons” were gradually clarified and changed until an amendment to the law in 1986 disestablished “abortion commissions” and stated that the decision for abortion was between the woman and her doctor. Currently, abortion requires the consent of the woman and her gynecologist.

Abortion is permitted up to 12 weeks of gestation, which is extended to 24 weeks in the case of medical indications and at any time in case of grave problems with the fetus (Dudová 2010, 945–947). In 2013, the Czech Statistical Office reported 36,687 total abortions and 35.2 abortions per 100 live births. These numbers have declined dramatically from the early 1990s (109,281 abortions and 89.5 abortions per 100 live births in 1992), but the number of abortions per live births has increased slightly since 2010 (Czech Statistical Office 2014).

Family and Household Roles

Many women in the Czech Republic take pride in balancing their work and family roles. Despite the history of high involvement in the labor market, women have still generally been responsible for a large portion of child care and domestic responsibilities. A 2008 study found that men in Czech households spent an average of 10 hours per week on housework compared to 24 hours for women, and the older a husband is compared to his wife, the more housework she tends to do (Voicu, Strapcová, and Voicu 2008, 11; 13).

In 2012, there were 4.3 marriages per 1,000 inhabitants and 2.5 divorces per 1,000 inhabitants. Births outside of marriage made up 43.4 percent of the total live births (Eurostat 2014). In general, there has been a movement toward a “contemporary method of reproduction,” which includes marrying at a later age, an increasing divorce rate, childbearing at a later age, more births outside of marriage, and a decreased abortion rate.

Politics

Feminism

There are several historical reasons for the unique character of feminism in the Czech Republic, beginning with the widespread participation by women in the nationalist movement in the 19th century. During this time, women

campaigned for human rights and national goals, such as Czech independence, instead of specific women's issues. Because of the prominent role played by women in advocating independence and establishing the Czech national literature, the status of women in the new Czechoslovakia was favorable, and suffrage and the right to stand for office were recognized in 1918.

Like many aspects of Czech culture and politics, though, feminism has been dramatically influenced by the transition from communism since 1989. In some ways, the socialistic ideology of equality gave way to a reinforcement of the masculinist culture and gender inequality. Though oppression of women certainly existed during communism, it was politically invisible. During the communist period, women were given equality and an obligation to work, but they also continued to be responsible for child care and household tasks. Though women were legally equal under socialism, the division of labor was still unchanged, and there was little progress toward truly equal gender roles during that time. Communism also facilitated derision toward *bourgeois feminism*, the legacy of which is still present in current conceptions of Czech feminism. Some gender studies scholars have claimed that the experience of socialism can be seen as emasculating, and men have since reasserted their masculinity by reinforcing gender divisions (True 2003, 23).

Thus, feminism has a particularly fraught history in the Czech Republic; the word *feminism* is layered with negative connotations, and even women who largely agree with the ideology of "Western feminists" would prefer to label themselves "pro-woman" in a Czech context. Jirina Siklová, a prominent Czech women's scholar, has characterized this issue by suggesting, "We frequently use the same words . . . yet their context is different because different historical experiences underlie the same concept" (Siklová 1997, 76). Women's attitudes in the Czech Republic are neither directly compatible with Western feminism nor with traditional patriarchy. "Feminism Czech style" is one way the unique qualities of Czech feminism have been described, a definition that comprises a mixture between attachment to the labor market and strong family values and a sense of personal independence (Ferber and Raabe 2003, 409). Both men and women tend to see paid work and domestic and family tasks as compatible for women, and Czech women tend to take pride in balancing the two (Ferber and Raabe 2003, 418).

Czech women have played a vital role in advocating against corrupt governments and for nationalistic and

humanitarian issues, but they have on the whole evidenced less identification with feminism than other nations. Though individual women have been reluctant to identify with feminism, women's nongovernmental organizations (NGOs) have advocated for particular issues, including trafficking, lesbian rights, single mothers, prostitution, and the environment, and young Czech women are moving in the direction of a reevaluation of the view of feminism, though perhaps under a different name.

Women in Politics

Since the Czech Republic joined the European Union in 2004, the involvement of women in politics has been considered a marker of how democratic the country has become. Traditionally, the Central and Eastern European region has seen a significantly lower percentage of women politicians compared to the rest of Europe. Some of the barriers to the involvement of women in Czech politics include the dual burden of work and domestic responsibilities and entrenched gender inequalities (Galligan and Clavero 2005, 985). In the Inter-Parliamentary Union's (IPU) ranking of participation of women in politics, the Czech Republic is currently 72nd out of 189 countries (Šprincová and Adamusová 2013). Czech politics displays an inverse relationship of women in politics: the higher the decision level, the lower the number of women. There is also a higher percentage of women in departments that reflect the image of a feminine caretaker, including the family and social areas, health care, education, and culture. At the European parliamentary level, only four Czech women were elected in 2009, which was the second-lowest result of the member states (Šprincová and Adamusová 2014).

The situation is slightly better at the national level. In 2013, there were 19.5 percent women to 80.5 percent men in the lower house of the Czech Parliament and 17.3 percent women to 82.7 percent men in the upper house. In overall government, there are 6.7 percent women to 93.3 percent men. Women's participation in local assemblies is the highest, with a rate of 26 percent women to 74 percent men (Šprincová and Adamusová 2014). Several notable Czech female politicians include Karolína Peake, the first woman to hold the position of deputy prime minister; Vlasta Parkanová, who served as minister of defense; and Jaroslava Moserová, who served as vice president of the Senate of the Czech Republic and ran for president in 2003.

Religious and Cultural Roles

Women and Religion

Women's roles in religion are somewhat limited due to the atheistic nature of the country. During communism, the Catholic Church was significant as a site of resistance to communism, and during that time, the church responded to a shortage of priests by allowing women to be ordained. Postcommunism, however, the church has refused to recognize this choice and made women church deacons instead.

Women in the Arts

In literature, women writers have been particularly influential in the tradition of the novel. Božena Němcová (1820–1862) was a writer during the Czech National Revival movement, and her image is on the 500 denomination of the Czech crown. Her most famous novel, *Babička* (*The Grandmother*), was published in 1855 and is based on a young girl's relationship with her grandmother during her childhood in the countryside. That novel has been viewed as one of the most respected and influential works of literature written in the Czech language. Eliška Krásnohorská (1847–1926) is significant as an early Czech feminist writer; she also wrote the libretti for several operas, lyric poetry, and translations. Heda Margolius Kovaly (1919–2010) wrote a significant memoir of her time in a concentration camp and in Prague during World War II; it was published in English in 1986 as *Under a Cruel Star—A Life in Prague 1941–1968*.

Women writers were also particularly influential under socialism, though many served as editors, publishers, and translators rather than writers and were thus given less credit for their efforts. Eva Kantůrková (1930–) has written both novels and screenplays, in which she deals with themes of the repression of Czech dissidents. Daniela Hodrová (1946–) has written several significant intellectual novels that reinscribe traditional religious narratives onto contemporary women in Prague; she won the Franz Kafka Prize in 2012. Květa Legátová (1919–2012) wrote a 2001 collection of short stories, *Želary*, and the 2002 book *Jozova Hanule*, which together were adapted into the 2003 film *Želary* that received the 2004 Academy Award for Best Foreign Language Film. In contemporary poetry, Marie Šťastná (1981–) is a name to watch; Šťastná has already had a prolific career, and she won the Dresdner Lyrikpreis prize in 2010. In popular literature, it is important to

note the status of Harlequin romance novels in the Czech Republic. In opposition to perspectives in the United States, Harlequin romance novels have a positive image in Czech society, in part because the novels are often considered a symbol of liberation in the postcommunist era.

In music, famous Czech women include Maria Jeritza (1887–1982), who was a soprano who performed with the Vienna State Opera and the New York Metropolitan Opera. Ema Destinnová (1878–1930) also performed operatic soprano both in Europe and with the New York Metropolitan Opera. Markéta Irglová (1988–) is a songwriter and musician, and, with Glen Hansard, she won the 2008 Academy Award for Best Original Song for “Falling Slowly” from the film *Once*. Věra Chytilová (1929–2014) was an avant-garde Czech filmmaker and often called the “first lady of Czech cinema.” She is best known for her 1966 film *Sedmikrásky*, which epitomizes the New Wave Czech cinema genre.

In art, women have been particularly influential in contemporary painting. Olga Karlikova (1923–) is categorized as a meditative painter; she works in traditional landscape painting with a modern form (Pecinkova 1993, 54). Adriana Simotova (1926–) is a particularly original figure in contemporary Czech art. She studied graphic arts, and her style has developed into an original, conceptual representation using unconventional media and techniques. Eva Svankmajerova (1940–) is a member of the Surrealist group of painters. Her paintings deal with issues of pop-art, literary and poetic expression, and feminist ideas. Jitka Valova and Květa Valova (1922–) are twin sisters who both work with themes of social realism and the changing political climate of the Czech Republic; their paintings exhibit different stylistic qualities, but they are generally interpreted using their relationship to each other.

Issues

LGBTQ Issues

Czech legislation removed the culpability of homosexual sexual relations in 1961 (Benová et al. 2007, 25). The age of consent was equalized in 1990; previously, the age boundary had been 18 for same-sex and 15 for opposite-sex relationships. Though progress toward equality has been made since that time, the LGBTQ community in the Czech Republic still faces issues of inequality and prejudice. Particular at-risk groups within the LGBTQ community in the Czech Republic include the elderly, people who are ill, ethnic minorities, people in rural areas, and socially outcast teenagers (Benová et al. 2007, 14).

Historically, the public life of LGBTQ people in the Czech lands can be analyzed from the late 19th century, when associations advocating for the decriminalization and acceptance of homosexuality came into being. The first of these was the German Wissenschaftlich-humanitäre, established in 1897 under the direction of Magnus Hirschfeld. Articles in the *Modern Revue* supported Oscar Wilde in his 1895 trial, and during the First Republic period, magazines titled *Voice of the Sexual Minority* and *New Voice* were published, advocating similar issues. During World War II, in Czechoslovakia as well as the rest of Europe, people suspected of homosexuality were persecuted and had a very high mortality rate (Benová et al. 2007, 16).

During communism, the culpability of homosexuality largely fell by the wayside, and equality has been gradually improving since that time. The Association of Organizations of Homosexual Citizens (SOHO), composed of roughly 30 associations across the Czech Republic, advocated for political visibility and to remove discrimination from 1990 to 2006. The lesbian community also developed its independent identity throughout the 1990s, focusing on similar issues to SOHO, as well as the relationship between feminism and the lesbian community.

Though gay marriage is not yet legal, the Czech Republic has offered registered partnerships for same-sex couples since 2006. These partnerships' rights include hospital, inheritance, spousal privilege, and alimony, but they do not allow adoption, widow's pension, or joint property. There are no comprehensive provisions on hate crime. Crimes toward members of a sexual minority are statistically included with other crimes, and thus no precise statistics exist.

Violence against Women

The secretary-general of the United Nations has described violence against women as "the most shameful human rights violation and perhaps the most pervasive" (UN Development Fund for Women 2003, 8). Violence against women takes many forms, from intimate partner violence to genital mutilation and sex-selective abortions, and it is prevalent to varying degrees around the world. The consequences of violence against women range from physical and psychological injury, economic issues, substance abuse problems, and consequences for reproductive health.

The International Violence against Women Survey (IVAWS) is an initiative that began in 1997 and has since

been working to compile accurate data on the perpetration of violence against women around the world. Data from the IVAWS compiled in the 2008 publication *Violence against Women: An International Perspective* is particularly useful in sketching the landscape of violence against women in the Czech Republic. Of the total sample of women in the Czech Republic, 36 percent said that they had not experienced violence, 51 percent said that they had experienced physical violence, 35 percent said that they had experienced sexual violence, and 25 percent said that they had experienced childhood violence (Johnson, Ollus, and Nevala 2008, 36). Compared to the other countries laterally compared (Australia, Costa Rica, Denmark, Hong Kong, Mozambique, Philippines, Poland, and Switzerland), the rate of physical violence experienced by women in the Czech Republic was the highest of the countries mentioned. The percentage of Czech women who reported having experienced any kind of violence perpetrated by a current or previous intimate partner was 38 percent, physical violence was 36 percent, and sexual violence was 14 percent. Comparatively, the Czech Republic has a very high rate of intimate partner violence.

The prevalence of gender-based violence is closely connected to socioeconomic and cultural gender inequality, and residual patriarchal ideology in the Czech Republic may be a contributing factor to this issue. The percentages of violence perpetrated by men other than intimate partners (relatives, acquaintances, and strangers) are quite similar: 35 percent any violence, 21 percent physical violence, and 25 percent sexual violence (Johnson, Ollus, and Nevala 2008, 54-5).

The prevalence of prosecution of violence against women, particularly intimate partner violence, is also an issue. In the first eight months of 2010, there were 407 cases of domestic violence reported, and only 220 of these were prosecuted (Advocates for Human Rights 2012). Of course, this figure also does not include unreported cases of intimate partner violence. The Czech Republic has a comparatively low percentage of victims who reported violence to the police: 7 percent if the perpetrator was a current partner, 9 percent if a previous partner, 7 percent if an acquaintance, and 16 percent if a stranger. Of women who did report domestic violence, there was also a low level of satisfaction with the police response: 27 percent in the Czech Republic compared to 94 percent in the Philippines. Barriers to reporting include situational and personal factors, concerns about privacy, negative experience with police response, and fear of personal repercussions, including children being taken away (Podaná 2010, 457).

In 2006, the Czech Republic adopted domestic violence legislation, which gave domestic violence distinct status as a crime. In 2009, the Act Law on Police was passed, which permits the police to exclude the perpetrator of domestic violence from the residence for a period of 10 days and provides them with some domestic violence-specific training (Advocates for Human Rights 2012). Domestic violence offenders may face up to three years in prison, with extended sentences for aggravated assaults. Rape is punishable by sentences of 2–15 years in prison. The Czech government considers violence against women to be a human rights issue, and as such, it is considered alongside priorities and procedures for promoting gender equality. NGOs that include ROSA, proFem, Gender Studies, and Elektra have also been working to end the problem by providing information to the public and professional help to victims of domestic violence.

A sexual harassment policy was enacted by the Czech legislature when the Czech Republic entered the European Union in 2004, but it continues to be a problem as the law is largely unenforced. Sexual harassment is mainly perpetrated by coworkers and superiors as an assertion of power. One-quarter of respondents to a research study claimed that they had experienced sexual harassment, including sexually oriented comments, unwanted bodily contact, sexual proposals, and assault (Advocates for Human Rights 2012). Among Czech university students, only 23.7 percent of women considered sex-based disadvantages to be considered sexual harassment; thus, improvement to this situation may require a significant reevaluation of terms and perspectives on sexual harassment in both the university and workplace (Vohlídalová 2011, 1137).

Despite NGO, Czech governmental, and international initiatives to end violence against women, it is still a disturbingly prevalent issue both within the Czech Republic and internationally. Strategies for improving the situation include promoting gender equality, improving services and support for victims, holding offenders accountable, prevention methods, improving statistical awareness, and enacting and enforcing new legislation (Johnson, Ollus, and Nevala 2008, 170–175).

Trafficking

Trafficking in persons is a major human rights violation and a continuing problem in the Czech Republic. Sexual trafficking is defined as luring, hiring, or transporting a woman abroad with the intention of using her for

sexual intercourse with another person, but trafficking also includes forced labor. In the Czech Republic, men and women in forced labor primarily work in the construction, automotive, agricultural, and service sectors. With the 2013 publication of the first edition of the “Global Slavery Index” compiled by the Walk Free Foundation, it was reported that the Czech Republic has the 3rd-highest level of slavery in Europe, after Albania and Montenegro, and the 54th worst in the world with an estimated 36,000–40,000 persons enslaved (Walk Free Foundation 2013). Trafficking, for both sexual and labor purposes, is a severe violation of the rights of human safety, dignity, freedom of movement, self-determination, and privacy.

The Czech Republic was originally a source country: people would be transported to serve in the sexual and labor industries of other countries. Today, as well as being a source country, the Czech Republic is also a transit and destination country. In 2008, the sexual industry in the Czech Republic generated 760 million USD in revenue (Advocates for Human Rights 2012). Trafficking continues to be one of the most serious problems faced by the Czech Republic. Women from the Czech Republic, Bulgaria, Moldova, Nigeria, the Philippines, Romania, Slovakia, Ukraine, and Vietnam undergo forced prostitution in the Czech Republic as well as traveling through the country en route to Western Europe. Women from the Czech Republic are often subjected to forced prostitution in other countries, including the United Kingdom (U.S. Department of State 2014).

Sexual trafficking has been given more media attention than labor trafficking both in the Czech Republic and at the international level. A 2012 documentary, *The Tree Workers Case*, directed by Daniela Agostini, focuses on more than 2,000 workers from Vietnam, Romania, Bulgaria, Hungary, and Slovakia who were lured with false contracts and forced to work for the Czech Republic’s state forestry firm, Lesy ČR. The workers were not paid or paid very little and lived in miserable conditions with insufficient food. The Czech Republic and the forestry firm both denied involvement with this issue, but the documentary and other efforts by NGOs are working to create more awareness of the labor trafficking issue.

There have been efforts by NGOs and the Czech government to eliminate the problem, and the Czech Republic does meet the minimum EU standards for the elimination of trafficking. In 2010, the Criminal Code was revised to prohibit all forms of human trafficking, and in 2012, the

Czech courts issued the first rulings in labor trafficking cases. Previously, trafficking cases had typically been judged as fraud rather than under specific antitrafficking laws. There were 19 investigations of human trafficking in 2011, 24 in 2012, and 18 in 2013. Government-funded shelters provided aid to 55 trafficked persons in 2012.

Law enforcement in the Czech Republic includes an antitrafficking unit, and the government has begun to collaborate with foreign governments in trafficking investigations as of 2012 (La Strada International 2014). NGOs, including La Strada, provide advocacy, prevention, education, assistance, and lobbying measures, and they received USD\$397,000 in support from the Czech government in 2010 (Advocates for Human Rights 2012). The 2014 *Trafficking in Persons Report* made the following recommendations to the Czech Republic: ensure that trafficking victims are explained their rights; implement new monitoring, investigating, and prosecuting measures; ensure workers are given contracts they are able to understand; increase training for judges and law enforcement; provide shelter space; provide medical attention; prosecute sex and labor trafficking cases more severely; coordinate with neighboring EU nations; provide targeted outreach to vulnerable groups; and increase public awareness (U.S. Department of State 2014).

Sexual Objectification

The postcommunist period in Central and Eastern Europe has seen a sharp rise in the prevalence of prostitution and pornography. This, along with media representation and international stereotyping, has led to an alarming level of sexual objectification of Czech women. In 2010, after a record number of 44 women had gained seats in the lower house of Czech Parliament, a charity calendar was released showing some of the female politicians in seductive poses. Though some viewed this as a liberating gesture, others argued that it would continue to reinforce stereotypes of Czech women as valuable primarily based on their appearance. Dating sites that claim to offer the opportunity to meet Czech women abound, and Central and Eastern European women in general are sexualized in Western popular culture. It is considered particularly difficult to obtain a job on television or as a news anchor in the Czech Republic, as the competition of physical attractiveness is so intense.

Particularly among Western men, the stereotype remains that Czech women are beautiful, educated, and untouched

by the unattractive qualities of Western feminism, and many Western men travel to Prague seeking love or sex (Cravens 2006, 43). This stereotype leads to consequences of creating unattainable ideals of beauty, proliferating gender inequality, and reinforcing barriers to political involvement and career advancement for women and to the prevalence of violence against women.

LAUREN NICOLE BENKE

Further Resources

- Advocates for Human Rights. 2012. "Violence against Women in the Czech Republic." Retrieved from http://www.stopvaw.org/czech_republic2.
- Benová, Katerina, Slavomír Goga, Jitka Gjuricová, Jirí Hromada, Petr Kodl, Jirí Louženský, Jana Nová et al. 2007. "Analysis of the Situation of Lesbian, Gay, Bisexual and Transgender Minority in the Czech Republic." Retrieved from http://www.vlada.cz/assets/ppov/rp/vybory/sexualni-mensiny/EN_analyza_web.pdf.
- Cabada, Ladislav, and Šárka Waisová. 2011. *Czechoslovakia and the Czech Republic in World Politics*. Lanham, MD: Lexington Books.
- Carter, Francis William, Milan Hauner, Miroslav Blazek, Richard Horsley Osborne, Robert Auty, Z.A.B. Zeman, and Jiří Boháč. 2014. "Czech Republic." *Encyclopædia Britannica*. Retrieved from <http://www.britannica.com/EBchecked/topic/149085/Czech-Republic/39463/Health-and-welfare>.
- CIA (Central Intelligence Agency). 2017. "Czechia." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/ez.html>.
- Cravens, Craig. 2006. *Culture and Customs of the Czech Republic and Slovakia*. Santa Barbara, CA: Greenwood.
- Czech Statistical Office. 2017. "Latest Data." Retrieved from <http://www.czso.cz/csu/czso/home>.
- Dudová, Radka. 2010. "The Framing of Abortion in the Czech Republic: How the Continuity of Discourse Prevents Institutional Change." *Sociologický časopis [Czech Sociological Review]* 46.6: 945–976.
- Embassy of the Czech Republic in Washington, D.C. 2014. "Education System in the Czech Republic." Retrieved from http://www.mzv.cz/washington/en/culture_events/education/education_system_in_the_czech_republic/index.html.
- EPIC (European Platform for Investing in Children). 2014. "Supporting Parental Care in Early Childhood and Protecting Children's Rights." Retrieved from https://europa.eu/european-union/about-eu/countries/member-countries/czechrepublic_en.
- Eurostat. 2014. European Commission Retrieved from [http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/File:Live_births_outside_marriage_selected_years_1960_percentE2_percent80_percent932012_\(share_of_total_live_births,_percent25\)_YB14.png](http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/File:Live_births_outside_marriage_selected_years_1960_percentE2_percent80_percent932012_(share_of_total_live_births,_percent25)_YB14.png).
- Ferber, Marianne, and Phyllis Hutton Raabe. 2003. "Women in the Czech Republic: Feminism, Czech Style." *International Journal of Politics, Culture, and Society* 16.3: 407–430.

- Galligan, Sara Clavero, and Yvonne Galligan. 2005. "A Job in Politics Is Not for Women": Analysing Barriers to Women's Political Representation in CEE." *Sociologický časopis [Czech Sociological Review]* 41.6: 979–1004.
- Walk Free Foundation. 2013. "Global Slavery Index." Retrieved from <http://www.globalslaveryindex.org>.
- Johnson, Holly, Natalia Ollus, and Sami Nevala. 2008. *Violence against Women: An International Perspective*. New York: Springer.
- Kuchařová, Věra. 1999. "Women and Employment." *Sociologický časopis [Czech Sociological Review]* 7.2: 179–193.
- La Strada International. 2014. Retrieved from <http://lastradainternational.org>.
- Novák, Petr, Michal Mioviský, Jiří Vopravil, Roman Gabrhelík, Lenka Šťastná, Lucie Jurystová. 2013. "Gender-Specific Effectiveness of the Unplugged Prevention Intervention in Reducing Substance Use among Czech Adolescents." *Sociologický časopis [Czech Sociological Review]* 49.6: 903–926.
- OECD Better Life Index. 2014. "Czech Republic." Retrieved from <http://www.oecdbetterlifeindex.org/countries/czech-republic>.
- Pecinkova, Pavla. 1993. *Contemporary Czech Painting*. East Roseville: G+B Arts International Limited.
- Podaná, Zuzana. 2010. "Reporting to the Police as a Response to Intimate Partner Violence." *Sociologický časopis [Czech Sociological Review]* 46.3: 453–474.
- Siklová, Jirina. 1997. "McDonalds, Terminators, Coca Cola Ads—and Feminism?" In *Ana's Land: Sisterhood in Eastern Europe*, edited by Tanya Renne, 76–81. Boulder, CO: Westview Press.
- Šprincová, Veronika, and Marcela Adamusová. 2013. "Political Participation of Women in the Czech Republic: Summary of the Country Report (1993–2013)." Local Urban Development European Network. Retrieved from http://aa.ecn.cz/img_upload/666f72756d35302d6669313030313139/country_report_czech_rep_summary.pdf.
- True, Jacqui. 2003. *Gender, Globalization, and Postcolonialism: The Czech Republic after Communism*. New York: Columbia University Press.
- UNAIDS Report. 2014. "Czech Republic." Retrieved from <http://www.unaids.org/en/regionscountries/countries/czechrepublic>.
- UN Development Fund for Women. 2003. *Not a Minute More: Ending Violence against Women*. New York: UNIFEM.
- UN Statistics Division. 2014. *Demographic Yearbook*. Retrieved from <http://unstats.un.org/unsd/demographic/products/dyb/dyb2.htm>.
- U.S. Department of State. 2014. "Country Narratives: Czech Republic (Tier 1)." In *Trafficking in Persons Report*, 154–156. Retrieved from <http://www.state.gov/documents/organization/226845.pdf>.
- Vohlídalová, Marta. 2011. "The Perception and Construction of Sexual Harassment by Czech University Students." *Sociologický časopis [Czech Sociological Review]* 47.6: 1119–1150.
- Voicu M., K. Strapcová, and B. Voicu. 2008. "Housework's Division in 24 European Societies: A Cross-National Comparison." *Calitatea Vietii* 3.4: 268–283.
- WHO (World Health Organization). 2014. "Czech Republic." Retrieved from <http://www.who.int/countries/cze/en>.
- Williams, Kieran. 1997. *The Prague Spring and Its Aftermath: Czechoslovak Politics, 1968–1970*. Cambridge: Cambridge University Press.
- Zachariášová, Lucia. 2012. "Statement by the Head of Gender Equality Unit of the Ministry of Labour and Social Affairs of the Czech Republic." 56th Session of the Commission on the Status of Women. UN Headquarters, New York City. Retrieved from http://www.mzv.cz/un.newyork/en/news_events/statement_on_behalf_of_the_czech.html.

D

Denmark

Overview of Country

The Kingdom of Denmark is a small country located in Northern Europe. It is one of five countries referred to as Nordic countries, a category that also includes Sweden, Norway, Finland, and Iceland. Geographically, the largest part of Denmark is the Jutland peninsula, which connects Denmark to Germany. The rest of the country consists of small, scattered islands. The capital of Denmark is Copenhagen, which is located on the island of Zealand. In addition to being the capital, Copenhagen is also the largest city in the country. The second-largest city is Aarhus, followed by Odense. As of 2017, the population of Denmark was 5.7 million people (Ministry of Foreign Affairs 2017b).

Denmark has a long and rich history that dates back even before the age of the Vikings (ca. 800–1100). Today, the Danes are known for enjoying a high quality of life. Denmark consistently ranks among the top countries in world happiness reports, and it frequently leads the way in maintaining some of the highest standards of living.

From a global perspective, Denmark ranks highly in terms of gender equality. According to the 2015 United Nations Development Programme's (UNDP) *Human Development Report*, Denmark is second out of 188 nations for gender equality, with a 0.041 Gender Inequality Index (GII) rating (UNDP 2015). Although Denmark is often a

pioneer for women's issues, Danish women still face many of the same challenges as women in other countries.

Girls and Teens

Extracurricular Activities

The everyday lives of Danish girls and teenagers are similar to those living in Western Europe. Both young girls and boys help around the house and are not assigned specific tasks based on gender. When a girl is old enough, she may also obtain a part-time job, which will enable her to have her own spending money for shopping or entertainment. Denmark is part of the European Union (EU), which means that Danish students have the option of working abroad in other EU countries. Danish teens also frequently travel to other countries in the EU for fun. Like many teens in Western Europe, Danish girls also enjoy spending time with their friends.

Teen Issues

On average, teens in Denmark become sexually active around the age of 15. Most Danish parents are accepting of the fact that teenagers have sex lives and are more relaxed in their attitudes than parents in other countries. Teen pregnancy and abortion are not major problems in Denmark due to sex education programs and informational campaigns. Of the 34,000 teen girls who become sexually

active at 15, it is estimated that only 10 will become teenage mothers (Statistics Denmark 2015, 19).

Danes are among the heaviest drinkers in Europe, a factor that extends to teenagers. The legal drinking age in Denmark is 16. A large percentage of young men and women aged 16–24 regularly consume above the recommended alcohol limit, and 40 percent of 15-year-olds say they have been drunk at least twice in their lives (OECD 2013, 46; Olejaz et al. 2012, 14).

Health

Access to Health Care

Denmark is known as a welfare state, which means social services such as education, retirement, and health care are funded by the government. In Denmark, the state pays for 80 percent of the health care costs of its citizens with funds collected through taxation. This cost accounts for nearly one-third of Denmark's gross domestic product (GDP) (Statistics Denmark 2015, 11). About 95 percent of the population use these health care services each year (Ministry of Foreign Affairs 2017b).

Despite having a well-funded health care system Danes have one of the lowest life expectancy rates in Europe. On average, men live to be 77 years old, and women live to be 82 years old (CIA 2017). Many factors account for this, such as the consumption of rich foods and high rates of alcohol and tobacco use.

Maternal Health

Maternal health in Denmark is very high, with a maternal mortality ratio (MMR) of only 6 maternal deaths per 100,000 live births (WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division 2015, 51). According to the Save the Children's 2015 Mother's Index Rating, Denmark is the fourth-best place in the world to be a mother (Save the Children 2015, 9). This index takes into account various factors concerning the health and well-being of mothers and their children.

Contraception and Abortion

Danish women have legally had access to contraceptives since 1966. In general, the age when women first start using hormonal contraceptives is becoming younger. Approximately 85 percent of Danish women have been prescribed hormonal contraceptives by the time they reach 20 years of age (Løkkegaard and Nielsen 2014, 1).

In Denmark, abortion is legal through the first trimester. Women over the age of 18 have access to abortions on demand, and women under the age of 18 can obtain an abortion with parental consent. In 2013, 15,300 abortions were performed in Denmark. Women aged 20–24 were the most likely to undergo the procedure (Heino and Gissler 2015, 14).

The first law allowing women to legally obtain abortions was passed in 1937; however, only women who were at risk of losing their lives due to pregnancy complications were able to undergo the procedure. In the mid-1960s, students at the University of Copenhagen hosted an "abortion week" to talk about abortion rights. This event attracted many participants and sparked conversations about abortion on demand. Women's organizations picked up the cause and coordinated further events and demonstrations that attracted the attention of politicians and the public. In 1972, a bill was introduced in Parliament that would make abortion on demand legal, and in 1973, the bill became law.

Cancer

Cancer is the number one cause of death in Denmark, followed by heart disease. Among women, breast cancer is the most commonly diagnosed type of cancer (OECD 2013, 126–127). While the rate of individuals dying from heart disease has declined, there has been a huge increase in the number of cancer diagnoses and mortalities since the 1980s (Statistics Denmark 2014, 16).

Sexually Transmitted Diseases

The number of people diagnosed with HIV/AIDS has dramatically declined in recent decades. The peak year for the number of new diagnoses was 1993, with 239 diagnoses. As of 2013 that number dropped to 38 new diagnoses. Newly diagnosed individuals are also living longer due to better treatment options.

Danish men have a much higher rate of gonorrhea and syphilis than Danish women; however, women account for more cases of chlamydia than men (Statistics Denmark 2014, 69; European Centre for Disease Prevention and Control 2013, 55, 61).

Mental Health

Denmark is one of the highest consumers of antidepressants in the world (OECD 2013, 102). Suicide accounts for 1.3 percent of deaths. Danish men are three times more likely than women to commit suicide (Statistics Denmark 2014, 16).

Alcohol and Tobacco

The number of Danish smokers has decreased in recent decades. Between 2000 and 2010, the number of smokers dropped from 33 percent of the adult population to 24 percent (Olejaz et al. 2012, 13). In 2007, the National Institute of Public Health and the National Board of Health passed a law that banned smoking in public spaces. This law has helped contribute to the decline in the number of Danish smokers. However, Denmark still has the highest percentage of female smokers among Nordic countries (Nordic Council of Ministers 2015, 15).

The majority of Danes drink alcohol on a regular basis. It is estimated that there are 860,000 heavy drinkers in Denmark (Gottlieb Hansen et al. 2011, 132). Men drink more frequently than women and are more likely to drink beyond the recommend intake of alcohol (Olejaz et al. 2012, 14).

Elder Care

Despite the fact that Danes on average do not live as long as other Europeans, Denmark still has a large percentage of elderly individuals, with nearly 17 percent of the population aged 65 or older (OECD 2013, 179). More than half of people over the age of 80 receive assistance from a caregiver or live in a care facility. Women make up the majority of this group with 87,000 elderly women living in care facilities versus 30,000 men (Statistics Denmark 2014, 75). In the past 25 years, there has also been a large increase in the number of people living over the age of 100. In 1980, there were 118 women and 40 men aged 100 or older. This number has since grown to 840 women and 156 men aged 100 or older (Statistics Denmark 2014d, 12).

Education

The Danes place a high emphasis on quality education. On average, Danes attend 18 years of school. Denmark has a 99 percent literacy rate for both men and women (WEF 2014).

Primary and Secondary Education

All children are required to attend school from the age of 6 or 7 until age 16. This period of education is known as *Folkeskole*. Parents have the option of sending their children to public school or private school, or they may homeschool (Ministry of Education 2017a). Students in public *Folkeskole* take courses in three main areas of study: humanities, practical and creative subjects, and science subjects. They

also learn about driver's safety, sex education, and different vocational opportunities. In addition to Danish, students begin learning English in the third grade and add German or French when they reach the seventh grade (Ministry of Education 2017c).

Once students reach ninth grade, they can choose whether they want to continue their education or pursue a vocational path. Approximately 60 percent of students choose to continue their studies and attend three years of high school. In high school, or upper secondary school, students can choose to pursue one of four different courses of study. Students interested in science and technology can select the htx programme, while students who want to study economics and business can follow the hhx programme. The final two programs, stx and hf, are for students interested in the humanities and social sciences (Ministry of Education 2017b).

Higher Education

Once a student completes three years of high school, they can apply to a university. As part of the welfare state model, education is free. Along with free tuition, students who are admitted to a university also receive a monthly stipend from the state to help cover the cost of living.

Higher education in Denmark includes short-cycle programs (such as vocational programs), medium-cycle programs (similar to bachelor's degrees), and long-cycle programs (including master's and PhD degrees). Women outnumber men in medium-cycle education, especially in the areas of teaching, nursing, and social work. Men make up the majority of students enrolled in vocational programs. In 2000, the number of women in long-cycle education surpassed the number of men. Some of the programs included in long-cycle education are architecture, medicine, and law (Statistics Denmark 2015, 11).

Faculty Positions

Women only hold 16 percent of faculty positions at Danish universities (Ministry of Higher Education and Science 2014). Other Nordic countries face this issue as well. In 2015, NordForsk, which reports to the Nordic Council of Ministers, appointed a committee to further investigate this issue. Some universities are developing their own strategies to address this inequality. For example, the University of Copenhagen has introduced an incentive program for departments who meet a specific gender quota. If the quota is met, the department receives funding for a new professorship.

Adult Education

For the Danes, learning is a pursuit to be enjoyed throughout an individual's entire life. The institution of the Folk High School is meant to support this idea. There are 70 Folk High Schools in Denmark where adults can attend courses for the pure enjoyment of learning. Students can take classes on a variety of subjects, such as physical education, the arts, or spirituality. All but one of these schools is residential, and courses can last from a few weeks to a few months (Ministry of Foreign Affairs 2017a).

Employment

The average work week in Denmark is 37 hours, with five weeks of paid vacation time each year. Workers in Denmark pay some of the highest income taxes in the world, which in turn help fund the many different services that the government provides. According to a 2016 report from the OECD, an average worker without children would be taxed at a rate of about 36 percent (OECD 2017).

Historically the rate of women who are unemployed has been greater than men; however, the global financial crisis of 2008 changed that. Women and men now have the same rates of unemployment, at 7.4 percent (Statistics Denmark 2015, 15).

Typical Jobs and Careers

Danish women have been part of the workforce since the 1800s, when they were first employed as factory workers, seamstresses, nurses, and teachers. During this time, Danish women even formed their own unions in protest of unequal pay and poor working conditions. However, large numbers of women did not enter the workforce until the 1960s. During this decade, the growing Danish economy was in need of more laborers, and so it became more socially acceptable for women to take jobs outside of the home.

Today, nearly as many women as men are part of the workforce. Danish women also have the highest rate of employment compared to women in other EU countries (Jørgensen 2011). While large numbers of women make up the workforce, the Danish job market remains one of the most segregated job markets in Europe. The majority of women work in the public sector, whereas 80 percent of men work in the private sector. Women commonly have jobs in the fields of health care, education, and social services (Fiig 2009, 319).

Discrimination and Income Disparity

In 1976, the Danish Parliament passed the Equal Pay Act, which was aimed at reducing the wage discrepancy between men and women. Despite this law, the wage gap in Denmark is still between 14 percent and 18 percent, and it has remained more or less unchanged for the past few decades. While part of the pay discrepancy can be attributed to working in different job sectors and varied personal qualifications, these factors do not account for the entire wage gap.

In addition to earning less than men, women are also more likely than men to work part-time jobs, though this has decreased significantly since the 1970s. Immigrant women also face many additional challenges. It can be more difficult for these women to obtain jobs due to limited educational backgrounds and discrimination. As a result, immigrant women are at a higher risk of unemployment.

In the workforce, Danish women are not well represented in positions of authority. Women only hold 12 percent of powerful decision-making positions in politics, public industry, academia, and other sectors. In male-dominated fields, such as the private sector, women hold an even smaller percentage of decision-making positions (Fiig 2009, 323).

Maternity Leave

Danish women are able to enjoy careers and motherhood simultaneously due to various government programs. New parents are entitled to 50 weeks of parental leave. Mothers receive 4 weeks of leave before giving birth and 14 weeks of leave after. Fathers receive 2 weeks of leave after the birth of a child. About 58 percent of fathers choose to take this leave. Parents receive an additional 32 weeks of leave, which they can divide up any way they choose (Blomqvist 2006a). After parents run out of parental leave they have the option of enrolling their children in state child care, which is fully funded. Caretakers or child care institutions look after 68 percent of children ages 2 and under, 97 percent of children ages 3–5, and 86 percent of school-age children (Statistics Denmark 2014, 74). Additionally, parents receive stipends from the government that assist with the costs of raising children under the age of 17.

Family Life

Marriage and Partnerships

Marriage is still the most popular form of commitment, and 76 percent of people who live together are married

(Statistics Denmark 2014, 16). However, over the past 30 years, it has become increasingly common for couples to live together without getting married. When Danes decide to get married, they usually do so later in life. The average age for women to marry is 32, and the average age for men is 35 (Statistics Denmark 2015, 5).

Denmark was the first country in the world to recognize same-sex civil partnerships, which became legal in 1989. In addition to same-sex civil partnerships, same-sex marriage became legal in 2012. Under this law, the Church of Denmark must allow same-sex couples to marry in church. While individual priests can refuse to perform the ceremony, the church must find a replacement for the couple. Since the law passed, more same-sex couples are opting for marriage over partnership. In 2016, there were 218 marriages between same-sex female couples versus 3 registered partnerships, and there were 160 marriages between same-sex male couples versus 3 registered partnerships (Statistics Denmark 2016).

Children

Since the 1970s, Danish women have been waiting longer to have children. Today, the average age for a first-time mother is 29 years old. The fertility rate in Denmark is 1.7, which is slightly higher than the European average (Statistics Denmark 2015, 6).

In 1999, it became legal for same-sex partners to adopt their stepchildren, and in 2010 Parliament passed a law that allowed registered partners the right to adopt children together. With passage of this recent law, same-sex couples now have the same adoption rights as heterosexual couples.

Divorce

Denmark has the highest divorce rate among Nordic countries, with 46 percent of marriages ending in divorce (Statistics Denmark 2015, 5). In the event of a divorce, women are more likely to become single parents than men, with single mothers numbering 233,376 versus 41,908 single fathers (Statistics Denmark 2014d, 45).

Household Roles and Responsibilities

The past few decades have also seen shifts in household roles. The amount of time that men contribute to household chores has risen since the 1990s; however, women spend more time on chores than men.

Sports and Leisure

In Denmark, going out for entertainment or a meal can be expensive. As a result, Danes often prefer to spend time with family at home. The majority of Danes live in single-family homes, and they place a high value on making these homes into comfortable spaces. An important concept in Danish society is the idea of *hygge*, which loosely translates to a sense of being cozy. Having a comfortable home and enjoying a good meal with friends are both examples of *hygge*.

In addition to spending time at home, Danes also enjoy being physically active in their leisure time. In Denmark, it is believed that sports not only encourage physical health but also promote important social ties. Individuals can join more than 14,000 different sports associations. Approximately 2 million Danes are members of these various associations (Ministry of Foreign Affairs 2017c).

Like many countries in the world, the regular use of personal technology is on the rise in Denmark. Accessing the Internet is common in Danish homes, with 80 percent of homes accessing it on a daily basis. Additionally, 2.8 million Danes aged 16–89 participate in social media (Statistics Denmark 2015, 13).

Politics

Structure of the Government

In 1849, Denmark's first constitution laid the groundwork for its current system of government, which is a constitutional monarchy. This means that the constitution and members of Parliament limit the ruling monarch's political power.

Queen Margrethe II (1940–) is the current head of the Danish monarchy, which is the oldest monarchy in Europe. In 1953, the government passed an Act of Succession that allowed women to rule. Margrethe ascended the throne in 1972, making her the first woman to rule Denmark in more than 500 years. Queen Margrethe II is one of the longest-reigning monarchs in Danish history. She is well-loved by the people and known for making the royal family more accessible to the public.

The Danish Parliament is called the *Folketing*, which is made up of one chamber with 179 members. Elections are held every four years, and citizens vote directly for the members of the *Folketing*. Denmark's voting age is 18 and it has one of the highest voter turnouts in Europe (Statistics Denmark 2014, 21).

Women in Greenland and the Faroe Islands

The Kingdom of Denmark includes Greenland and the Faroe Islands. Greenland is the largest island in the world and is connected to continental North America. The Faroe Islands are composed of 18 small islands located in the North Atlantic. Both countries have autonomous self-rule, each with their own parliament and two additional seats in the Danish *Folketing*.

Like Denmark, Greenland and the Faroe Islands have made gender equality a priority. Greenland has a minister for education, church, culture, and gender equality and a Council of Gender Equality (*Naligi-issitaanissamut Siunnersuisoqatigiit*). In the Faroe Islands, the *Javnstøðunevndin* and *Demokratia* committees work to promote gender equality. Greenland and Denmark have both adopted gender mainstreaming as part of their approach to creating new policy.

The Danish political system is a multiparty system. If a party wins 2 percent or more of the vote, it gets a seat in the *Folketing*. Currently, there are 13 different parties represented in Parliament (Folketinget 2015). It is common for many different parties to join together to make a majority. Members of the majority elect a prime minister. The first female prime minister of Denmark was Helle Thorning-Schmidt (1966–), who was elected in 2011 and held office until 2015.

Denmark is a member of various international organizations, such as the European Union, the United Nations, the Organisation for Economic Co-Operation and Development (OECD), the World Health Organization (WHO), and the World Trade Organization (WTO).

Suffrage and Women's Movements

In 1848, Danish men gained the right to vote, but it was not until 1915 that Danish women gained the same right. Fredrik Bajer (1837–1922) and his wife, Matilde Bajer (1840–1934), were champions of the cause. They also founded the first women's rights organization in Denmark, the Danish Women's Society (*Dansk Kvindesamfund*), in 1871.

In 1924, Nina Bang (1866–1928) became the first woman to be appointed as a government minister in Denmark

and in the world. Despite gains such as this, women held few political offices during the first postsuffrage decades. Women occupied less than 10 percent of political offices until the 1950s (Blomqvist 2006b). In the 1970s, Denmark, along with other Nordic countries, passed gender quotas to help raise the number of women in Parliament. These quotas were extremely successful and account for the high representation of women in Nordic politics today. Denmark has since done away with its quotas.

In the 1970s, a resurgence of the women's movement occurred, known as second-wave feminism. The Red Stockings (*Rødstrømpebevægelsen*) formed during this time. Members of this new group were mainly well-educated women from the middle class. The Red Stockings helped reinvigorate the women's movement and pushed for many successful social changes. The Red Stockings disbanded in the late 1970s, but the second-wave movement lasted through the 1980s.

Participation in Government

Women in Denmark and other Nordic countries have among the highest rates of women participating in politics in the world. Danish women are very active in party membership and turn out in large numbers to vote. As of 2016, 37 percent of Danish Parliament members were women (World Bank 2016). However, one area of politics where women are less active is local politics. Only 10 percent of mayors are women, and women are represented in fewer than 33 percent of local offices (Christensen n.d.).

Politics and Gender

During the 20th century, the Danish government took steps to promote gender equality through various initiatives. In 1965, the Danish Commission on the Status of Women was formed. This group gathered information and published various reports related to women's issues over the course of seven years. The findings of this commission led to the establishment of the Equal Status Council (*Ligestillingsrådet*) in 1975.

In 1995, after the UN Beijing Summit on Women, Denmark began to implement other strategies for promoting gender equality. The first minister of gender equality, Jytte Andersen (1942–), was appointed in 1999. In 2000, the Equal Status Law was passed, which replaced the Equal Status Council with a Ministry of Gender Equality. The concept of gender mainstreaming was also introduced into Danish politics and has played a central role in Danish

gender equality policy ever since. Gender mainstreaming means that gender must be taken into account when writing policy for all areas of society.

In 2009, the Danish Board of Equal Treatment (*Ligebehandlingsnævnet*) was created to handle complaints about discrimination, including gender discrimination. In 2014, the Ministry of Gender Equality evolved into the Ministry of Children, Gender Equality, Integration, and Social Affairs.

Denmark has also been a member of the Nordic Council of Ministers for Gender Equality (MR-JÄM) since 1974. This group meets once a year to discuss the vision, goals, and action plans for gender equality in Nordic countries. Some of the issues this group has focused on include men and gender equality, violence against women, and gender and youth issues.

LGBT Rights

Denmark decriminalized homosexuality in 1933; however, individuals in the gay and lesbian communities were still victims of discrimination during the following decades. In 1948, Axel Axgil, born Axel Lundahl Madsen (1915–2011), created the first support group for homosexuals called Circle of 1948. Over the decades, this group has evolved into what is known today as the Danish National Organization for Gay Men, Lesbians, Bisexuals, and Transgender persons.

One of the major victories for the movement was the recognition of same-sex partnerships. In 1989, Denmark became the first country in the world to recognize these unions. Axel Axgil and his partner, Eigil Axil, born Eigil Eskildsen (1922–1995), were the first couple to be joined in a partnership. While Denmark was an early adopter of same-sex partnerships, it took more than 20 years for Denmark to recognize same-sex marriage, which became legal in 2012.

Denmark also has ties to pioneers in transgender history. One of the first known individuals to undergo sex-reassignment surgery was from Denmark. Lili Elbe, born Einar Wegener (1882–1931), traveled to Germany in 1930 to undergo a series of new procedures to physically transition. Unfortunately, Elbe died the next year of complications from one of her surgeries. In 1952, an American of Danish descent named Christine Jorgensen, born George Jorgensen (1926–1989), made headlines after traveling to Copenhagen to undergo hormone therapy and sex-reassignment surgery. She then returned to the United States where she became an entertainer and transgender advocate.

Armed Forces

In 1962, Denmark passed a law that allowed women to serve in the Danish Armed Forces, though women did not begin serving until 1971. When the law was first passed, it did not allow women to serve in positions that would put them in combat units. In 1988, the law was changed, and women can now serve in combat positions. Today, women make up 5 percent of the Danish military (Blomqvist 2006c).

Religious and Cultural Roles

Religion

The majority of Danes (73%) belong to the Evangelical Lutheran Church in Denmark (*Den Dansk Folkekirke*), also known as the Church of Denmark. However, church membership has declined by 9 percent over the past 10 years, and only 3 percent of Danes attend church regularly (Statistics Denmark 2014a, 6; Manchin 2004). Women have been able to become ordained priests in the Church of Denmark since 1947, and the first female bishop was elected in 1995.

Among the rest of the population, 13 percent of Danes have no formal religious affiliation, and 4 percent are Muslim (Ministry of Foreign Affairs 2017c). Additionally, there are about 8,000 Jews who reside in Denmark (U.S. Department of State 2013, 13).

Immigrants

Historically, Denmark has been a very homogenous country; however, in recent decades, this has begun to change. Immigrants and their descendants now make up 11 percent of the Danish population (Statistics Denmark 2014, 13). One of the fastest-growing groups of immigrants is people from Muslim countries in Africa and the Middle East. This influx of Islamic immigrants began in the 1960s. Since then, the Danish government has implemented very strict immigration policies. While these policies limited the number of new workers who could come to Denmark, these laws did not restrict families from coming to Denmark to reunite with relatives already working in the country. Denmark has also accepted many political asylum seekers from various Muslim countries, including Somalia, Bosnia, Iran, and Iraq. As of 2013, 4,263 refugees were living in Denmark (CIA 2017).

While Denmark does have antidiscrimination laws, xenophobia and discrimination toward Muslims remains

a problem. Some Danes feel that Islam is a threat to traditional Danish culture and values. Tensions came to a head in 2005 when the Danish newspaper *Jyllands-Posten* published cartoons depicting the prophet Muhammad. Many members of the Muslim community found these cartoons to be incredibly offensive and felt they were Islamophobic and blasphemous. Eventually, the situation escalated to an international level and as a result protests erupted throughout the Middle East. The situation did not de-escalate until the following year.

In Denmark, like other countries in Europe, there have been proposals to ban the hijab. These laws have not been passed, though the courts have decided that judges cannot wear any religiously affiliated clothing, including the hijab.

Issues

Violence against Women

Partner-related violence in Denmark has decreased in recent years; however approximately 70,000 Danish women still experience violence at the hands of their partner each year, and it is believed that 32,000 of those women experience extreme violence. Women aged 16–29 are the most likely to become victims of this violence. Most women do not report these attacks to the police. On average, 5,500 women make a report, with less than half taking refuge in women's shelters. There are 45 women's shelters in Denmark, and the majority of women who request shelter for themselves and their children are able to obtain space (Helweg-Larsen and Kruse 2008 12, 20).

Since the early 2000s, the Danish government has made addressing violence against women a top priority. The issue is now classified as a public health concern. In 2002, the government instituted a national action plan on violence against women. This plan also addressed the unique needs of immigrant women, children, and disabled women who had been victims of violence. Part of the 2002 action plan and subsequent action plans is raising public awareness through national campaigns about domestic violence.

Sexual Assault and Rape

Around 500 rapes are reported to the Danish police annually. However, according to a report from Amnesty International, it is likely that between 2,000–10,000 rapes actually occur each year (Amnesty International 2008, 15, 21). For those victims who wish to report their assault, there are 24-hour centers where they can receive aid. These centers

provide medical treatment, staff to assist with collecting DNA evidence, psychological help, and a safe place to stay the night if necessary. Denmark's rate of prosecuting accused rapists is very low and of the assaults that are reported to police, only one in five cases results in a conviction. Various factors account for this low rate, including a narrow legal definition of rape and stereotypes about gender and sexuality.

Female Criminals

Men commit the majority of violent crimes in Denmark; however, the number of women who commit violent crimes has grown quickly in recent years, especially for women ages 15–19. As of 2016, 4.4 percent of prisoners in Danish facilities were women (International Centre for Prison Studies 2016.).

Sex Work and Sex Trafficking

Denmark decriminalized sex work in 1999. While it is legal for Danish citizens to work in the sex industry, it is illegal for noncitizens to do so. This law was originally intended to help curb sex work in Denmark; however, the Danish sex industry has continued to grow.

Many of the women who work in the sex industry are victims of human trafficking. Denmark is what is known as a receiver country, meaning that victims are sent from other countries to work there. The majority of individuals who are trafficked to Denmark are young women from places such as Thailand, the Philippines, Central and South America, Central and Eastern Europe, and Nigeria.

To address this growing issue, new legislation on human trafficking was added to Denmark's Penal Code in 2002 and the National Centre against Trafficking (*Center Mod Menneskehandel*) was established in 2007. This group works to raise awareness about human trafficking in Denmark. It also seeks to ensure that victims of trafficking have access to shelters, legal advice, and counseling. Additionally, Denmark is a member of the Nordic Council of Ministers, which is working to address the problem of human trafficking as well.

SUSAN GILMAN

Further Resources

Amnesty International. 2008. "Case Closed: Rape and Human Rights in the Nordic Countries." Retrieved from <http://www.refworld.org/docid/4c7f607f2.html>.

Blomqvist, Katarina. 2006a. "Men Granted Paternity Leave." KVINFO—the Danish Centre for Gender, Equality and

- Diversity. Retrieved from <http://kvinfo.org/laws-facts-and-figures/men-granted-paternity-leave>.
- Blomqvist, Katarina. 2006b. "Women in Parliament." KVINFO—the Danish Centre for Gender, Equality and Diversity. Retrieved from <http://kvinfo.org/laws-facts-and-figures-1>.
- Blomqvist, Katarina. 2006c. "Women in the Military." KVINFO—the Danish Centre for Gender, Equality and Diversity. Retrieved from <http://kvinfo.org/laws-facts-and-figures-2>.
- Christensen, Ann-Dorte. n.d. "Women's Representation in Local Politics. The Neglected Achilles' Heel of Gender Equality." KVINFO—the Danish Centre for Gender, Equality and Diversity. Retrieved from <http://kvinfo.org/2015/womens-representation-local-politics-neglected-achilles-heel-gender-equality>.
- CIA (Central Intelligence Agency). 2017. "Denmark." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/da.html>.
- European Centre for Disease Prevention and Control. 2013. "Sexually Transmitted Infections in Europe." Retrieved from <http://ecdc.europa.eu/en/publications/Publications/sexual-transmitted-infections-europe-surveillance-report-2013.pdf>.
- Fiig, Christina. 2009. *Women and Politics around the World: A Comparative History and Survey*. Edited by Joyce Gelb and Marian Lief Palley. Santa Barbara, CA: ABC-CLIO.
- Folketinget. 2015. "Folketinget: 13 Political Parties." Danish Parliament. Retrieved from http://www.thedanishparliament.dk/About_the_Danish_Parliament/Political_parties.aspx.
- Gottlieb Hansen, A. B., U. A. Hvidtfeldt, M. Gronbaek, U. Becker, A. Sogaard Nielsen, and J. Schurmann Tolstrup. 2011. "The Number of Persons with Alcohol Problems in the Danish Population." *Scandinavian Journal of Public Health* 39.2 (March 1): 128–136. doi:10.1177/1403494810393556.
- Heino, Anna, and Mika Gissler. 2015. "Pohjoismaiset Raskaudenkeskeytykset 2013 Aborter i Norden 2013 [Induced Abortions in the Nordic Countries 2013]." Terveystieteiden tutkimuskeskus [National Institute for Health and Welfare]. Retrieved from https://www.julkari.fi/bitstream/handle/10024/125788/Tr07_15.pdf?sequence=1.
- Helweg-Larsen, Karin, and Marie Kruse. 2008. "Men's Violence Against Women: Extent, Characteristics and the Measures Against Violence 2007." Minister for Gender Equality: National Institute of Public Health. Retrieved from: http://www.si-folkesundhed.dk/upload/english_summary.violence_003.pdf.
- International Centre for Prison Studies. 2016. "Denmark." Retrieved from <http://www.prisonstudies.org/country/Denmark>.
- Jørgensen, Carsten. 2011. "Women and Men in the Danish Labour Market." EurWORK: European Observatory of Working Life. EuroFund. Retrieved from <http://www.eurofound.europa.eu/observatories/eurwork/articles/women-and-men-in-the-danish-labour-market>.
- Løkkegaard, Ellen, and Anne Kristine Nielsen. 2014. "Adolescent Girls in Denmark Use Oral Contraceptives at an Increasingly Young Age, and with More Pauses and Shifts." *Danish Medical Journal* 61(10): 1–4.
- Manchin, Robert. 2004. "Religion in Europe: Trust Not Filling the Pews." Gallup, September 21. Retrieved from <http://www.gallup.com/poll/13117/religion-europe-trust-filling-pews.aspx>.
- Ministry of Education. 2017a. "About the Folkeskole." Official Website of Denmark. Retrieved from <http://eng.uvm.dk/primary-and-lower-secondary-education/the-folkeskole/about-the-folkeskole>.
- Ministry of Education. 2017b. "Four Upper Secondary Education Programmes in Denmark." Official Website of Denmark. Retrieved from <http://eng.uvm.dk/upper-secondary-education/four-upper-secondary-education-programmes/the-four-upper-secondary-education-programmes>.
- Ministry of Education. 2017c. "Subjects & Curriculum." Official Website of Denmark. Retrieved from <http://eng.uvm.dk/primary-and-lower-secondary-education/the-folkeskole/subjects-and-curriculum>.
- Ministry of Foreign Affairs. 2017a. "Folk High Schools." Official Website of Denmark. Retrieved from <http://denmark.dk/en/practical-info/study-in-denmark/folk-high-schools/>.
- Ministry of Foreign Affairs. 2017b. "Home Sweet Home: How Do Danes Live?" Official Website of Denmark. Retrieved from <http://denmark.dk/en/meet-the-danes/how-do-danes-live>.
- Ministry of Foreign Affairs. 2017c. "Religion in Denmark." Official Website of Denmark. Retrieved from <http://denmark.dk/en/society/religion>.
- Ministry of Foreign Affairs. 2017d. "Sports for Everyone." Official Website of Denmark. Retrieved from <http://denmark.dk/en/lifestyle/sport/sports-for-everyone>.
- Ministry of Higher Education and Science. 2014. "Equal Opportunities Policy for the Danish Council for Independent Research." Retrieved from <http://ufm.dk/en/research-and-innovation/councils-and-commissions/the-danish-council-for-independent-research/equality-policy>.
- Nordic Council of Ministers. "Nordic Gender Equality in Figures 2015." Copenhagen, Denmark: Nordic Council of Ministers, 2015.
- OECD (Organisation for Economic Co-Operation and Development). 2013. "Health at a Glance 2013 OECD Indicators." Retrieved from <https://www.oecd.org/els/health-systems/Health-at-a-Glance-2013.pdf>.
- OECD (Organisation for Economic Co-Operation and Development). 2017. "Taxing Wages 2017—Denmark." Retrieved from <https://www.oecd.org/denmark/taxing-wages-denmark.pdf>.
- Olejz, Maria, Annegrete Juul Nielsen, Andreas Rudkjøbing, Hans Okkels Birk, Allan Krasnik, and Cristina Hernández-Quevedo. 2012. "Denmark: Health System Review." *Health Systems in Transition* 14(2): 1–192.
- Rydström, Jens. 2011. *Odd Couples: A History of Gay Marriage in Scandinavia*. Amsterdam: Aksant.
- Save the Children. 2015. "State of the World's Mothers 2015: The Urban Disadvantaged." Fairfield, CT: Save the Children Federation, Inc.
- Statistics Denmark. 2014. "Statistical Yearbook 2014." Retrieved from <http://www.dst.dk/en/Statistik/Publikationer/VisPub?cid=17959>.

- Statistics Denmark. 2015. "Denmark in Figures 2015." Retrieved from <http://www.dst.dk/en/Statistik/Publikationer/VisPub?cid=19006>.
- Statistics Denmark. 2016. "Marriages." Retrieved from <http://www.dst.dk/en/Statistik/emner/befolkning-og-valg/vielser-og-skilsmisser/vielser>
- United Nations Development Programme. 2015. "Gender Inequality Index." *Human Development Reports*. Retrieved from <http://hdr.undp.org/en/composite/GII>.
- U.S. Department of State. 2013. "Denmark 2013 Human Rights Report." Bureau of Democracy, Human Rights, and Labor. Retrieved from <http://www.state.gov/documents/organization/220484.pdf>.
- WEF (World Economic Forum). 2014. "The Global Gender Gap Report 2014." Eurofound. Retrieved from <http://reports.weforum.org/global-gender-gap-report-2014>.
- WHO, UNICEF, UNFPA, World Bank Group, and United Nations Population Division. 2015. "Trends in Maternal Mortality: 1990 to 2015 Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division." Geneva: World Health Organization. Retrieved from http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141_eng.pdf?ua=1.
- World Bank. 2016. "Proportion of Seats Held by Women in National Parliaments." Retrieved from <http://data.worldbank.org/indicator/SG.GEN.PARL.ZS>.

E

Estonia

Overview of Country

The Republic of Estonia is located within the north-western area of the Eastern European Plain. Estonia was forcibly made a member of the Union of Soviet Socialist Republics (USSR) during World War II (CIA 2016). However, after the collapse of the Soviet Union in 1991, Estonia began transitioning into a multiparty democracy with a free-market economy. In July 1992, Estonia adopted a constitution, which was later revised in 2003. The constitution declares Estonia a democratic nation in which the government and people are governed by the rule of law.

The national assembly, which is called Riigikogu, is composed of 101 members who are elected for four-year terms. Moreover, the Riigikogu determines the Estonian president, who is elected for a five-year term and is considered the head of state. Additionally, Estonia is a parliamentary republic. In terms of international memberships and involvements, Estonia is a member of the United Nations (UN), the North Atlantic Treaty Organization (NATO), the European Union (EU), and the Organisation for Economic Co-Operation and Development (OECD). In 2011, the euro, the currency of the European Union, was adopted as the official currency in Estonia (CIA 2016). When compared to some of the newer Eastern European EU members,

Estonia has been able to achieve greater economic success (BBC 2016; CIA 2016).

Estonia is situated between the Baltic Sea and the Gulf of Finland and is bordered by Latvia and Russia. Estonia is also one of the few Baltic countries with a well-established island culture because it is home to more than 2,000 islands. While most of these islands are uninhabited, a number of the islands contain Viking, traditional, and medieval cultures (Visitestonia.com 2016). The Central Intelligence Agency (CIA) estimates that Estonia is approximately twice the size of New Jersey, at 17,462 square miles (45,228 sq. km). It is ranked as the 133rd-largest country (out of 257) in the world, falling between the Dominican Republic (132) and Denmark (134) (CIA 2016).

Estonia is divided into 15 administrative divisions, and the capital city is Tallinn, which is located in northwest Estonia on the Gulf of Finland (CIA 2016). While 68.7 percent of the population self-identifies as Estonian, an additional 24.8 percent identify as Russian, 1.7 percent as Ukrainian, 1 percent as Belarusian, 0.6 percent as Finn, 1.6 percent as other, and 1.6 percent as unspecified (CIA 2016). Minority groups in Estonia include Russian, Ukrainian, and Belarusian. Additionally, 68.5 percent of the population reported their primary language to be Estonian, which is the official language of the country (CIA 2016). In 2015, Estonia had a total population of 1,265,420 (CIA 2016). During 2013, 68 percent of the population resided in urban areas (WHO 2015). When Estonia's average annual population growth

rate was compared to other countries, Estonia was ranked 224th out of the 233 countries surveyed (CIA 2016). This ranking indicates that, relative to other countries, the Estonian population is declining at a faster rate than many of the other countries examined.

In terms of weather, Estonia has a temperate climate. The country is located in a transition zone between maritime and continental climates. The country experiences wet moderate winters as well as cool summers. Moreover, 52.1 percent of the land is designated as forest, and 22.2 percent is utilized for agricultural purposes. Estonia has more than 1,400 natural as well as man-made lakes (CIA 2016; Visitestonia.com 2016). Due to Estonia's high latitude, the country has "white nights" in which the country experiences 19 hours of sunlight in the summer months (Visitestonia.com 2016). Oil shale, peat, rare earth elements, phosphorite, clay, limestone, sand, dolomite, arable land, and sea mud are the most abundant types of natural resources available in Estonia (CIA 2016). Given the terrain and typical climate in Estonia, the country sometimes experiences flooding during the spring season. One environmental issue that Estonia is facing is air pollution because of oil shale-burning power plants located in the northeast, which produce sulfur dioxide. The concentration of pollutants emitted into the air, however, has decreased significantly. In addition, there is evidence of coastal seawater pollution in certain areas (CIA 2016).

Gender Inequality

Gender inequality is a worldwide issue and is a considerable obstacle for healthy development. Irrespective of the fact that there have been international gains in gender equality since the 1990s, there is still progress to be attained (UNDP 2015). The UN *Human Development Report* proposed a multidimensional Gender Inequality Index (GII) to examine gender inequalities on a more granular level. In particular, the index examines three crucial aspects of human development: reproductive health, empowerment, and economic status. The primary purposes of the GII are to highlight the human development consequences of gender inequality and to foster global, regional, and national policy discussions. In considering gender equality in Estonia, the country received an overall GII of 0.164 and was ranked 30th out of the 155 countries surveyed in 2014. GII values range between 0 and 1, with higher values signifying heightened levels of gender inequality. As a point of comparison, the United States had a GII of 0.28.

In reviewing the three indexes of the GII, the *Human Development Report* indicates that, in assessing reproductive health, the maternal mortality rate in Estonia was 11 deaths per 100,000 live births. Furthermore, the adolescent birth rate was 16.8 births per 1,000 women between the ages of 15 and 19 years. The empowerment measure examined the proportion of parliamentary seats filled by women as well as the overall proportion of 25-year-old females and males with at least some secondary education. In total, 9.8 percent of parliamentary seats were occupied by females, and 100 percent of men and women over the age of 25 had at least some secondary education. In terms of economic status, 56.2 percent of Estonian females 15 years of age and older participated in the labor force, while 68.9 percent of males of a comparable age were similarly employed. The *Human Development Report* provides a comprehensive overview of gender inequality; however, it is important to note that the GII does not assess history and duration of gender-related disparities (UNDP 2015).

Gender Equity

Social Watch, an international network devoted to poverty eradication and gender justice, created the Gender Equity Index (GEI) to highlight and track the progression of gender inequalities in different countries across the globe (Social Watch 2012). The index assesses the overall gap between women and men in the key areas of education, the economy, and political empowerment. Scores range from 0 to 100, with scores of 100 indicating perfect gender equality. In 2012, Estonia received an index score of 99 in education, 80 in economic activity, and 53 in women empowerment. These scores suggest that men and women have nearly equal opportunity in academic enrollment and literacy. However, there is still a considerable gender gap in highly qualified jobs, parliament, and senior executive positions. Estonia's scores across these three dimensions were averaged to create a final GEI ranking of 77. As a point of comparison, the United States received an overall GEI ranking of 72 by Social Watch.

Girls and Teens

While the median age of Estonia's citizens is 42.1 years, 15.09 percent of the population (male 103,855 and female 98,478) were 14 years of age or under, and nearly 10 percent of the population (male 63,840 and female 59,452) fell within the age range of 15–24 years (CIA 2016). There

were 3.84 infant deaths per 1,000 live births in 2015. When Estonia's infant mortality rate was compared to that of other countries, Estonia was ranked 195th out of the 224 countries surveyed. This rating demonstrates that Estonia had a lower mortality rate than approximately 87 percent of the countries examined (CIA 2016).

Estonia has made a concerted effort to consider the rights of children when developing and enacting national strategies and legislation (Humanium 2012). Specifically, since Estonia's entry into the European Union, the country has made notable progress in the areas of children's health care and education. For example, the government created the Institution of the Ombudsman for Children in 2011 to encourage children's participation in various legislative decisions (European Union 2015). Also, a youth forum, 101 Children to Toompea, is conducted by the Estonian Parliament. This event provides children the opportunity to express their views as well as take part in various activities related to decision-making processes (European Union 2015).

The European economic crisis in the early 2000s exacerbated several issues related to the well-being of children. Approximately one in five children fall below the poverty line, which contributed to a rise in child malnourishment (Humanium 2012). The worsening of economic conditions caused a corresponding increase in children's vulnerability to trafficking, prostitution, and sexual tourism. Since the Baltic States continue to have greater economic difficulties than the European Union, the increase of sexual tourism has been particularly evident in these areas.

Health, Education, and Literacy

UNICEF estimated the under-5 mortality rate (U5MR) in Estonia to be 4 deaths for every 1,000 live births in 2012. The U5MR reflects the likelihood of dying between birth and 5 years of age. When the U5MR is assessed by gender, the rate for females in 2012 was estimated to be 3 deaths for every 1,000 live births as compared to 4 male deaths. In contrast to the 2012 U5MR, the U5MR in 2000 was estimated to be 11 out of 1,000 births, and the 1990 U5MR was reported to be 20 out of 1,000 births. Additionally, UNICEF reported the life expectancy at birth in 2012 to be 74.3 years of age. These figures suggest improving medical care for children under the age of 5. Moreover, from 2008 to 2012, the youth (15–24 years) literacy rate was 99.8 percent for females and 99.7 percent for males. The net enrollment ratio for female school participation was 97 percent

in the primary grades and 92.8 percent for secondary school participation from 2008 to 2012 (UNICEF 2013).

Education

In 2011, Estonia utilized 5.2 percent of the gross domestic product (GDP) on educational expenditures (CIA 2016). When the country's educational expenditures were compared to other countries, Estonia was ranked 54th out of the 173 countries surveyed. This ranking falls between Slovenia and Senegal (CIA 2016) and indicates that roughly 32 percent of the surveyed countries used a higher percentage of the GDP on educational expenditures. In 2012, the school life expectancy (primary to secondary education) was 17 years of age for females and 16 years of age for males (CIA 2016), which suggests education is equally accessible for both genders from primary through secondary education.

In the determination of subjects taught in school, a 2015 Eurobarometer survey, commissioned by the Directorate-General for Justice and Consumers, indicated that 84 percent of the Estonians surveyed believe that ethnic origin should be included in school lessons and materials (Eurobarometer 2015, 101). Furthermore, when considering the inclusion of other diversity-related information in school lessons, religion (82%), sexual orientation (65%), and gender identity (59%) were the top answers for what should be incorporated in educational materials and discussions (Eurobarometer 2015, 101). Estonia's language laws mandate that a maximum of 40 percent of all coursework in publicly funded secondary schools can be taught in Russian. It has been argued that this mandate is harmful where Russian is the predominant language of the region (HRW 2015). The Human Rights Watch (HRW) highlighted teachers' concerns that some Russian students' mastery of the Estonian language did not allow them to effectively learn core subjects, such as world history (HRW 2015).

Health

Estonia enacted an insurance-based public health system in 1992 (European Observatory on Healthcare Systems, 2000). In 2013, 5.7 percent of the GDP was utilized by the Estonian government for health-related purposes. The OECD (2015) indicated that the Estonian life expectancy at birth was 73.2 years. However, the life expectancy has been considerably affected by the high mortality rates

from cardiovascular disease, especially among males. The overall mortality from cardiovascular diseases was 542.5 per 100,000 Estonians (OECD 2014). However, this is a significant decline from 2000, in which the mortality rate from cardiovascular diseases was 815.7 per 100,000 Estonians. Moreover, according to the OECD, Estonia has a notable gender gap in life expectancy, with women living nearly 10 years longer than men on average (OECD 2014). When examining nutrition, physical activity, and obesity in Estonia, the WHO (2014) reported that 20.4 percent of females were obese as compared to 20.9 percent of males in 2008.

Access to Health Care

In 2012, there were 3.24 physicians for every 1,000 Estonians (CIA 2016), and there were 5.3 hospital beds available for every 1,000 Estonians in 2011 (CIA 2016). The pharmaceutical expenditure per capita in 2012 was USD\$311 (PPP), and the health expenditures per capita was USD\$1447 (PPP) (OECD 2014). As a point of comparison, in 2000, the pharmaceutical expenditure per capita was USD\$114 and the health expenditures per capita was USD\$513 (OECD 2014).

Maternal Health

In 2013, 99.4 percent of births in Estonia were attended by a skilled health professional. Furthermore, in 2015, there were 9 maternal deaths per 100,000 live births (CIA 2016). When Estonia's maternal mortality rate was compared globally, Estonia was ranked 184th out of the 184 countries surveyed (CIA 2016). This rating shows that Estonia's maternal mortality rate was very low compared to other countries. In addition, UNICEF calculated the total fertility rate in 2012 to be 1.6 births. The rate estimates the number of children delivered by each Estonian woman if she were to survive until the end of her childbearing years. The use of modern contraception has become widespread in Estonia.

Infectious Diseases

The World Health Organization (WHO) defines HIV as a "retrovirus that infects cells of the immune system, destroying or impairing their function" (WHO 2016a). The most advanced stage of HIV is AIDS. HIV can be transmitted through unprotected sexual transmission (vaginal or anal), transfusing infected blood, using nonsterile

injection equipment, breastfeeding, or from mother-to-child in utero (WHO 2016a). The first reported case of HIV in Estonia was in 1988. Approximately four years later, the first AIDS case was recorded in Estonia (WHO 2016a). In 2013, the prevalence rate of people living with HIV/AIDS was 1.3 percent (8,600 Estonians). When Estonia's HIV/AIDS adult prevalence rate (aged 15–49) was compared globally, Estonia was ranked 99th out of the 127 countries examined (CIA 2016). Lower rankings indicate increased numbers of individuals living with HIV/AIDS. In the WHO's *HIV Epidemic in Estonia: Analysis of Strategic Information* report, there was a significant decrease in newly diagnosed HIV cases among young people. The report attributed Estonia's increased HIV/AIDS prevention and intervention efforts over the past decade to the decline in new cases (WHO 2011).

Substance Use

In 2010, the WHO reported a 10.2 percent prevalence rate of alcohol use disorders among Estonian men and women. However, males were disproportionately impacted, with a prevalence rate of 18.6 percent. By contrast, females experienced a 3.2 percent prevalence of alcohol use disorders (WHO 2014). The OECD (2014) reported that Estonians consumed an average of 12.3 liters of alcohol per adult in 2012. This level of consumption was considerably higher than in many of the other countries examined. Additionally, in 2012, 26 percent of Estonians reported to be daily smokers (OECD 2014).

Reproductive Rights and Abortion

For the most part, the abortion rights in Estonia have mirrored the laws regarding abortion in Russia. The laws in Russia have evolved from a very restrictive and punitive approach to abortion into a system that incorporates a higher degree of women's rights and choices. A Soviet decree in 1936 denied abortion services except in situations in which there was a danger to life, serious threat to maternal well-being, or a grave disease that could be inherited from the parents (United Nations). All abortions had to be obtained in a hospital or maternity home. A failure to observe any of these conditions by a physician or mother could result in imprisonment or fines. In 1987, the Russian government issued another decree that outlined a broader range of circumstances in which a woman could request abortion services, including the death of a husband, imprisonment of the pregnant mother or father,

divorce during pregnancy, and the presence of a child with disabilities in the family, among others (United Nations). The decree established that women could obtain an abortion through the 28th week of pregnancy if any of these conditions were met.

Since gaining independence from Russia, Estonia has made several changes to the legality of abortion services. For instance, the Estonian government issued a decree shortening the period of time in which abortion can be legally obtained from 28 to 20 weeks of pregnancy as well as dictating that a woman must confer with a doctor before an abortion and that a woman must pay a larger portion of the expense of the procedure if it is obtained for nonmedical reasons (United Nations).

Employment

Since the fall of the Soviet Union, Estonia has achieved relative success in transitioning from a state-run market to a modern market economy. While unemployment was, essentially, not present in socialist economies, after a move to a free-market economy, unemployment became a reality. Most recently, the unemployment rate has been steadily declining from 2010, when the rate was 16.9 percent, to a rate of 6.2 percent in 2015 (CIA 2016).

In 2015, the labor force was estimated to consist of 669,400 individuals (CIA 2016). When the labor force was examined by occupation, 67.7 percent of the labor force worked in service-related occupations, 28.4 percent in industry, and 3.9 percent in agriculture (CIA 2016). The labor force participation among adult females was 56.2 percent in 2013. By contrast, the participation rate was 68.9 percent among adult males.

In addition, language has become essential to being employed in the public and private sectors. The Estonian Language Inspectorate is tasked with enforcing Estonia's language laws. Specifically, the inspectorate determines whether public employees can speak Estonian with a specific level of fluency (HRW 2015). Private employees who interact with the public, such as pharmacists, are also held to these language standards. The inspectorate conducted 2,540 inspections throughout Estonia in 2013. Of these inspections, 2,261 were determined by the inspectorate to have insufficient knowledge of the Estonian language (HRW 2015).

The European Commission against Racism and Tolerance alleged that the inspectorate frequently does not take into consideration regional differences when enforcing the

country's language laws (HRW 2015). The Ida-Viru region, for instance, has a large concentration of Russian speakers, which would make it difficult, at times, to maintain these language standards. In 2013, the inspectorate carried out inspections of 1,694 teachers in schools with primarily Russian-speaking students. The inspectorate found 89 percent of the teachers were in violation of Estonia's language laws (HRW 2015). Ultimately, individuals who do not meet the requisite language laws can face fines or even dismissal.

Human rights groups have argued that employers can cite these language requirements as a means to discriminate against hiring Russian speakers (HRW 2015). Despite the fact that actions by the inspectorate can be legally challenged, a challenge can result in significant time and financial strain for the individuals who are filing the complaints. Moreover, a number of Estonian minority groups, such as Russians, Ukrainians, and Belarusians, have been negatively impacted by Estonia's language-proficiency requirements in the workplace (MRGI 2016). In particular, these minority groups are poorly represented in the upper levels of public-sector positions. This trend is particularly evident for young adult women (MRGI 2016).

Women in the Economy

In 2013, the total employment rate for females was considered one of the highest in Europe. In fact, Estonia's female employment rate is significantly above the EU average (CIA 2016). However, while part-time work is not common in Estonia, in 2013, 14.2 percent women worked part-time as compared to 6.2 percent of men. However, there is a notable gender pay gap between Estonian men and women, which is nearly double the EU average (CIA 2016). The total gender pay gap was 29.9 percent in 2013. However, the gender pay gap was considerably higher in the financial activities sector. While Estonian women comprise 77 percent of the labor force in this area, the total gender pay gap is 44.9 percent. The majority of the highest-paying jobs in this sector are occupied by men (CIA 2016).

Questionnaires by Eurobarometer (2015) indicated that 36 percent of those surveyed believed that enough was being done to promote gender diversity in the workplace. In addition, 37 percent of respondents reported that sufficient effort was being done to foster diversity in terms of ethnic origins in the workplace. Only a quarter of the participants stated that enough was being done by the workplace in terms of promoting religious diversity

(Eurobarometer 2015). The Estonian government has made an effort to reduce the gender pay gap, and the Estonian Association of Business and Professional Women has led the Equal Pay Day campaign since 2010. The goal of this campaign is to foster awareness and promote public discussions regarding the gender pay gap. Likewise, Estonia enacted the Action Plan for the Reduction of Gender Pay Gap initiative in 2012 (Eurobarometer 2015).

Family Life

The political and economic changes exhibited in Central and Eastern Europe during the late 1980s and early 1990s resulted in subsequent transformations in attitudes toward marriage, cohabitation, and childbearing (Thorton and Philipov 2009, 125). Similar to many countries, such as Bulgaria, Russia, and Romania, survey records show that, in Estonia, there was an increase in nonmarital cohabitation as well as a corresponding decrease in the percentage of cohabitations that resulted in marriage. Furthermore, in 1990, 98 percent of Estonians surveyed agreed that children need both a mother and father to grow up happy, 91 percent agreed that women needed children to be fulfilled, 13 percent agreed that marriage was an outdated institution, and, finally, 35 percent approved of a woman's decision to be a single parent. By contrast, in 1999, 95 percent of Estonians surveyed agreed that a child needed both a mother and father to grow up happy, 67 percent indicated that women needed children to be fulfilled, 23 percent agreed that marriage was an outdated institution, and, finally, 35 percent approved of a woman's choice to be a single parent (143).

In 2011, the Estonian mother's average age at the time of her first birth was 26.4 years (CIA 2016). When Estonia's total fertility rate was compared globally, Estonia was ranked 183rd out of the 224 countries surveyed (CIA 2016). This rating shows that Estonia's total fertility rate in 2015 was lower than 81 percent of the countries examined. The total fertility rate in 2016 was estimated to be 1.6 births (CIA 2016). The rate estimates the number of children that would be delivered by each Estonian woman if she were to survive until the end of her child-bearing years.

Familial Economy

Both parents are provided the opportunity to take maternal or paternal leave from work to stay home and take care of newborn children. Estonians are legally permitted a 20-week maternity leave, which is funded through health

insurance contributions (Population Europe Resource Finder and Archive 2014). Maternity leave can last as long as 140 days, and it reimburses 100 percent of a mother's earnings with no monetary cap. In general, women are allowed to start their maternity leave 30–70 days prior to the birth of a child. Furthermore, Estonian law allows a 10-day paternity leave, which is funded through general taxation. During this time, fathers are entitled to 100 percent of their earnings, with a total possible payment of three times the average salary in Estonia (Population Europe Resource Finder and Archive 2014).

Marriage and LGBT Rights

The rights of lesbian, gay, bisexual, and transgender (LGBT) individuals have been an emerging issue for many postsocialist countries in Central and Eastern Europe. Prior to Estonian independence, discussions surrounding gender preference and identification were not permitted and, consequently, were not addressed during the communist era (Koldinska 2009). A 2015 Eurobarometer poll indicated that 40 percent of Estonians surveyed approved of same-sex relationships, and 44 percent of the participants reported that LGB individuals should have the same legal rights as heterosexual Estonians. Furthermore, the findings from the Eurobarometer poll indicated that 59 percent of the surveyed Estonians endorsed the inclusion of discussions surrounding gender identity in school lessons (Eurobarometer 2015).

Estonia has demonstrated considerable progress with respect to LGBT rights. In a 51–1 vote, the Estonian Parliament passed a law in 2001 to equalize its age of consent laws (O'Bryan 2001). The enactment of this bill removed the previous age-of-consent laws, which many argued discriminated against LGBT individuals. The earlier 1992 age-of-consent law determined the minimum legal age of heterosexual consent to be 14 years of age and the minimum age of same-sex sexual consent to be 16 years of age (O'Bryan 2001).

A Draft Civil Partnership Act was submitted to the Riigikogu in April 2014, and Estonia became the first former Soviet state to legally recognize same-sex marriage or same-sex partnerships when they passed the Co-Habitation Act later that year (McDonald-Gibson 2014). This law ultimately guarantees that registered unmarried couples, irrespective of their sexual orientation, will receive the same property and inheritance benefits as other married couples. In addition, the bill also enables one partner

to adopt the other partner's children. To access these rights, unmarried couples must legally register their partnerships. While the bill was supposed to go into effect on January 1, 2016, various LGBT groups have criticized the government for limiting the positive impact of the bill by inadequately preparing for its implementation (HRW 2014).

Intimate Partner Violence

Violence against women is a significant public health and human rights issue. Intimate partner violence (IPV) is a common type of violence against women. IPV is defined as a behavior initiated by an intimate partner or former partner that results in physical, sexual, or mental harm, which includes, but is not limited to, physical aggression, emotional abuse, sexual coercion, and controlling behaviors. These types of behaviors often impact women's physical, psychological, sexual, and reproductive health (WHO 2016b). Similar to other Eastern European countries, Estonia has only recently begun recognizing violence against women and, more specifically, IPV.

Due to a dearth of research data and lack of careful and consistent violence screenings in the Estonian health care arena, there is a paucity of reliable crime statistics on IPV victims. In fact, the first violence-related survey in the country's history was administered to 535 Estonian women in 2001 (Laanpere et al. 2012). The results indicate that one-fifth of the women surveyed (aged 15–74 years) had witnessed or experienced violence by an intimate partner within the past year. A study conducted by Laanpere and colleagues in 2012 furnished the first population-based data on women's exposure to IPV in Estonia. The study surveyed Estonian women from the ages of 16 to 44 years. The results indicated that 18.4 percent of the sample endorsed being exposed to physical or sexual IPV (Laanpere et al. 2012). However, the majority of funding utilized to address this issue is devoted to victim support initiatives rather than the development of legislative instruments (Laanpere et al. 2012).

Politics

The fall of the Berlin Wall led to myriad new topics, such as free-market ideologies and global expansion, which entered into the social, political, and cultural conversations within Estonia. The influx of these ideas along with a united desire to break away from Russian dictates led to a unique process of determining Estonia's national identity (Marling 2010). While it might be a common belief that

Estonia immediately changed its laws, policy, and culture following Soviet independence, Marling (2010) notes that, in actuality, Western ideologies were gradually altered and adapted in correspondence with local situations, beliefs, and values.

In regard to women's involvement in the political process, Estonia has a comparatively high number of women involved in their political parties. Notwithstanding women's participation in political parties, there is still an underrepresentation of women in leadership positions. Women were a mere 11 of the 101 members of parliament in 1998. However, in 2008, the number of women members of parliament increased to 21. By 2015, 24 seats were occupied by women. When compared to other countries, Estonia ranked 69th of the 191 assessed with regard to the percentage of women in leadership positions. This ranking falls between Equatorial Guinea (68th) and China (70th).

In 2015, the Estonian Language Inspectorate conducted investigations in Tallinn of the Centrists' Party's election posters, which featured both the Russian and Estonian languages (HRW 2015). The inspectorate indicated that the posters did not comply with the language law because the Estonian language was less evident than the Russian language. Some political activists viewed this assessment as politically motivated harassment, as the font and text remained the same, even though the Russian text preceded the Estonian writing (HRW 2015).

Religious and Cultural Roles

In 2012, there were more than 500 registered religious associations in Estonia. Freedom of religion in Estonia is protected by the Estonian Constitution, local laws, and public policies. While the Lutheran Church is the most prevalent religious denomination in the country, only 13 percent of the population report being affiliated with the church. Recent statistics suggest that 96 percent of the surveyed respondents in Estonia identify as Christian, with 60 percent of the individuals further stating that they are not affiliated with a specific denomination or church. In addition to the individuals who report an affiliation with the Lutheran Church, approximately 15 percent of Estonians associated with one of two Orthodox churches: the Estonian Orthodox Church or the Estonian Apostolic Orthodox Church. Moreover, 1.4 percent of the population identifies with other branches of Christianity, such as Methodist, Roman Catholic, Seventh-day Adventist, and Pentecostal. Religious holidays that are recognized by the

Estonian government are Good Friday, Easter Sunday, Pentecost, and Christmas.

In addition to traditional Christian religious holidays, since 2003, Estonia has observed International Holocaust Day on January 27. Estonia is a member country in the International Holocaust Remembrance Alliance (IHRA), an intergovernmental body that includes 30 other countries, such as Argentina, Canada, Latvia, Sweden, and the United States. The primary purpose of the IHRA is to facilitate Holocaust education, awareness, and research on a national and international level (IHRA 2017). Furthermore, teaching about the Holocaust is mandatory in the Estonian school curriculum and is covered in the 5th and 9th grades (IHRA 2017).

Issues

Human Trafficking

In the European Union, Estonia is often cited as one of the predominant source countries of human trafficking. In particular, Estonia is frequently considered a source, transit, and destination country for forced labor and sex trafficking (U.S. Department of State 2015a, 153). The sexual victimization of Estonian women and girls, particularly in rural areas, primarily transpires within Estonia as well as in other European countries, such as Denmark, Finland, Germany, Luxembourg, Norway, Spain, and the United Kingdom. In addition, Estonian men and women have historically been forced into unwanted labor in countries such as Australia, Finland, Norway, Spain, Sweden, and the United Kingdom. Typically, labor exploitations arise in the construction, cleaning, and social welfare sectors. In Estonia, Ukrainian and Polish men are particularly vulnerable to labor exploitation, especially within the construction arena (170).

In 2012, the Estonian government implemented more specific antitrafficking legislation in which the perpetrators of human trafficking could face a maximum of 15 years of imprisonment. With the enactment of antitrafficking legislation, Estonia became the last Balkan nation in the European Union to adopt such laws (Humantrafficking.org 2012). Prior to 2012, Estonia was pressured by the United States to improve its prevention and intervention efforts to remain off the human trafficking watch list. The United States argued that the country's laws did not address human trafficking concerns such as the recruiting, transporting, and exploiting of victims. The absence of human trafficking legislation also enabled perpetrators

to escape with relatively little punishment, such as jail sentences or fines (Humantrafficking.org 2012).

The U.S. Department of State's Trafficking Victims Protection Act (TVPA) offers strategies and tools to reduce trafficking crimes domestically as well as in the international community. Estonia is currently a Tier 2 country because the Estonian government, as of 2015, was not fully complying with minimum guidelines established by TVPA to prevent trafficking. In 2014, the U.S. Department of State recommended that the Estonian government increase their efforts to investigate, prosecute, and convict trafficking offenders. However, the U.S. Department of State also determined that the government of Estonia was making notable efforts to become compliant with TVPA standards. As a result, Estonia was not placed on the Tier 2 Watch List or considered Tier 3. By way of example, the Estonian government notably increased trafficking-related training for law enforcement authorities in 2013. Specifically, training was provided for 100 law enforcement authorities, including police officers, prosecutors, judges, and labor inspectors.

BETH L. PERLMAN

Further Resources

- BBC. 2016. "Estonia Country Profile." Retrieved from <http://www.bbc.com/news/world-europe-17220810>.
- CIA (Central Intelligence Agency). 2016. "Estonia." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/resources/the-world-factbook/geos/en.html>.
- Eurobarometer. 2015. "Discrimination in the EU in 2015." Retrieved from http://ec.europa.eu/public_opinion/index_en.htm.
- European Observatory on Healthcare Systems. 2000. "Health Care Systems in Transition." Retrieved from www.euro.who.int/__data/assets/pdf_file/0005/119813/E68876.pdf.
- European Union. 2015. "Estonia: Reforming the Child Protection System and Providing More Support to Those Who Are in Need." Retrieved from http://europa.eu/epic/countries/estonia/index-2013_en.htm.
- HRW (Human Rights Watch). 2015. "Human Rights Watch UPR Submission to OHCHR: Estonia." Retrieved from <https://www.hrw.org/news/2015/07/07/human-rights-watch-upr-submission-ohchr-estonia>.
- Humanium. 2012. "Children of Estonia: Realizing Children." Retrieved from <http://www.humanium.org/en/europe-caucasus/estonia>.
- Humantrafficking.org. 2012. "Estonia Makes Human Trafficking Illegal." Retrieved from <http://www.humantrafficking.org/updates/891>.
- International Holocaust Remembrance Alliance. 2017. Retrieved from <https://www.holocaustremembrance.com/member-countries/holocaust-education-remembrance-and-research-estonia>.

- Koldinska, K. 2009. "Institutionalizing Intersectionality." *International Feminist Politics* 11: 547–563.
- Laanpere, Made, Inge Ringmets, Kai Part, and Helle Karro. 2012. "Intimate Partner Violence and Sexual Health Outcomes: A Population-Based Study among 16 44-Year-Old Women in Estonia." *European Journal of Public Health* 23.4: 688–693.
- Marling, R. 2010. "The Intimidating Other: Feminist Critical Discourse Analysis of the Representation of Feminism in Estonia Print Media." *Nordic Journal of Feminist and Gender Research* 18: 7–19.
- McDonald-Gibson, C. 2014. "Estonia Becomes First Former Soviet State to Legalize Gay Marriage." *The Independent*, October 9. Retrieved from <http://www.independent.co.uk/news/world/europe/estonia-becomes-first-former-soviet-state-to-legalise-gay-marriage-9785869.html>.
- MRGI (Minority Rights Group International). 2016. "Minority Rights." Retrieved from <http://minorityrights.org/country/estonia>.
- O'Bryan, W. 2001. "Estonia Ends Discriminatory Consent Law." *Washington Blade* 32: 10.
- OECD (Organisation for Economic Co-Operation and Development). 2014. "OECD Health Statistics 2014: How Does Estonia Compare?" Retrieved from <http://www.oecd.org/els/health-systems/Briefing-Note-ESTONIA-2014.pdf>.
- Population Europe Resource Finder and Archive. 2014. "Family Policies: Estonia." Retrieved from <http://www.perfar.eu/policy/family-children/Estonia>.
- Social Watch. 2012. "Measuring Inequity: The 2012 Gender Equity Index." Retrieved from <http://www.socialwatch.org/node/14365>.
- Thorton, A., and D. Philipov. 2009. "Sweeping Changes in Marriage, Cohabitation, and Childbearing in Central and Eastern Europe: New Insights from the Developmental Idealism Framework." *European Journal of Population* 25: 123–156.
- UNDP (UN Development Programme). 2015. "Table 5: Gender Inequality Index." Human Development Reports. Retrieved from <http://hdr.undp.org/en/composite/GII>.
- UNICEF. 2013. "At a Glance: Estonia." Retrieved from http://www.unicef.org/infobycountry/estonia_statistics.html.
- United Nations. "Abortion Policies: A Global Review." Retrieved from www.un.org/esa/population/publications/abortion/doc/estoni1.doc.
- UNODC (UN Office on Drugs and Crime) and UN.GIFT (UN Global Initiative to Fight Human Trafficking). 2009. "Trafficking in Persons: Analysis on Europe." Retrieved from http://www.unodc.org/documents/human-trafficking/Trafficking_in_Persons_in_Europe_09.pdf.
- U.S. Department of State. 2015a. "Country Narratives: Countries A through G." In *Trafficking in Persons Report 2015*, 153–155. Retrieved from <https://www.state.gov/documents/organization/243559.pdf>.
- U.S. Department of State. 2015b. "Estonia." *2015 Trafficking in Persons Report*. Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/countries/2015/243435.htm>.
- Visitestonia.com. 2016. "Official Tourism Information Site." Retrieved from <https://www.visitestonia.com/en>.
- WHO (World Health Organization). 2011. *HIV Epidemic in Estonia: Analysis of Strategic Information*. Copenhagen, Denmark: WHO. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0020/155630/e96096.pdf?ua=1.
- WHO (World Health Organization). 2014. "Estonia." Retrieved from http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/est.pdf.
- WHO (World Health Organization). 2015. "Estonia: WHO Statistical Profile." Retrieved from <http://www.who.int/gho/countries/est.pdf?ua=1>.
- WHO (World Health Organization). 2016a. "Health Topics: HIV/AIDS." Retrieved from http://www.who.int/topics/hiv_aids/en.
- WHO (World Health Organization). 2016b. "Violence against Women." Retrieved from <http://www.who.int/mediacentre/factsheets/fs239/en>.

F

Finland

Overview of Country

Finland is the easternmost Scandinavian country and is a member of the European Union. It is bordered by Russia to the east, Norway to the north, and Sweden to the west. The Gulf of Bothnia, a portion of the Baltic Sea, lies between Finland and Sweden. Finland's total area is 130,128 square miles, and 10 percent of the country is covered by lakes—approximately 188,000 of them—hence the moniker “land of a thousand lakes.” Finland's topography is relatively flat, with some low hills, and its postglacial landscape is mostly uncultivated and occupied by forests of firs, birch, and other cold-climate species. The land is rocky and has visible granite outcroppings. In the fens, bogs, and forest floors, wild cloudberries, blueberries, and lingonberries grow in abundance.

As one of the northernmost countries in the world, Finland experiences 24-hour daylight during its short summers—hence, another nickname, “land of the midnight sun”—and nearly constant darkness in the long winter. Aurora Borealis is a regular phenomenon in the winter months. Winter temperatures are often well below 0°C (32°F), while summer temperatures can approach 30°C (86°F). Warmed by the Gulf Stream in the Baltic Sea, Finland's temperatures, while cold, are less so than those of other northern locales, such as northern Canada, Alaska, or Russian Siberia.

Finland's total population at the end of February 2014 was 5,451,270, with 2,770,906 women and 2,680,364 men (Statistics Finland 2014). Much of that population dwells in Helsinki, the nation's capital, which is more than twice as populous the next most populous municipality.

Finland's official languages are Finnish and Swedish, though only approximately 5 percent of the population speaks Swedish. Other languages include the Sami language of Lapland as well as Russian and Karelian. Finnish, whose language family is Uralic, bears a close relationship to Karelian and Estonian and is also related to Hungarian. It is one of very few European languages that does not descend from Indo-European, which is the foundation of most languages in the Western world.

Finland has a history of ancient cultures, but it is a relatively new commonwealth. Having declared independence from Russia in 1917, at the same time that Russia's own revolution was taking place, the first president was elected in 1919 after a period of conflict with Russia and a brief civil war. A parliamentary democracy, Finland has remained a powerfully independent nation within the European Union.

Finnish women's quality of life is notably high. Finland was the first nation in the world to grant suffrage as a constitutional right to women, and women are active in the political sphere and across the spectrum of professions. Finland's Act on Equality between Women and Men, in effect since 1987, aimed to prevent discrimination based

on sex or gender, promote equality between men and women, and improve women's status, particularly in the sphere of professional life. However, women in Finland still earn less than men do. Discrimination based on pregnancy or child care responsibilities has been banned since 1992, and a 1995 amendment promotes gender equality in governance, having established a quota system for councils and official committees, such that representation should not fall below 40 percent for either women or men. In 2000, Tarja Halonen became Finland's first woman president, and she was reelected in 2006, serving for 12 years total. In addition to a woman head of state, Finland also had two women prime ministers in the first decade of the 21st century.

With access to excellent health care and worker benefits, education, job opportunities, and freedom to work outside the home, women have a high standard of living. Finland's culture is generally tolerant of single women, women in same-sex relationships, and transgender women and men. Discrimination based on sexual orientation or gender identity is illegal. Same-sex couples have had the right to enter into registered partnerships, granting many of the same rights as marriage, since 2002, and as of November of 2014, the Finnish Parliament voted to permit same-sex marriage.

Finland is ranked 11th out of 187 nations for its Gender Inequality Index (GII; 0.075) according to the UN Development Programme (UNDP); it is ranked 24th on the Human Development Index (HDI) (UNDP 2014). The World Economic Forum's (WEF) *Global Gender Gap Report 2014* ranks Finland 2nd in the world, with a Gender Gap Index of 0.8453. It has remained a top-ranked nation, alongside Iceland, Norway, and Sweden, for the past several years. Women's life expectancy at birth is 81 years, and men's is 78.9 years. In 2013, the mean age of Finnish women was 43.3 years, compared to men's mean age of 40.5 years (Statistics Finland 2014). In 2013, the maternal mortality rate (MMR) was 4 per 100,000 live births, down from 9 per 100,000 in 2005, and 7 in 2000 (WHO et al. 2013). The under-5 mortality rate in 2013 was 3, and Finland is among the nations with the lowest under-5 mortality rates, ranked at 185th (UNICEF 2013).

Girls and Teens

Girls and young women in Finland experience many of the benefits and freedoms that come with residing in a nation with a high standard of living. They have access to

excellent education and health care as well as cultural programs and national initiatives designed to improve young people's social conditions. Family life tends to be stable for young people, as Finland has one of the lowest child poverty rates in the European Union.

Youth Initiatives

Young women are encouraged to pursue diverse educational and professional avenues. Youth unemployment in Finland has risen recently, however, and in response, Finland's youth policy includes a "Youth Guarantee," which took effect in 2013. It ensures that young people will receive a job, on-the-job training, a study place, or rehabilitation within three months of becoming unemployed. The Finnish government has an active interest in promoting youth learning and culture, as well as youth participation in municipal policy making. At the national level, the Finnish Children's Parliament includes 9- to 13-year-old children appointed by their municipalities. Youth councils within municipalities include 13- to 18-year-olds who participate in dialogues with policy makers and represent youth interests in municipal policy making. In addition, the Finnish Ministry of Education and Culture defines objectives for supporting and improving the environment for Finnish youth in its development program, which is revised every four years. Finland's youth policy is intended to improve young people's living conditions and participation in society.

While equality is emphasized in national culture, a recent study suggests that youths' attitudes toward gender roles express gender bias. A 2012 study suggests that most young men and women in Nordic countries, including Finland, believe in equal rights; yet, in the same study, 65 percent of Finnish male youths believe the husband is the head of the household (Eriksen 2012). On the other hand, Finland's Federation of Green Youth and Students (ViNO) has pressed the Finnish government to recognize the "third gender," individuals who do not identify as either male or female.

Education

In Finland, education is free, publicly supported, and student-focused. From preprimary care and education through tertiary (postsecondary) education, Finnish citizens are encouraged to pursue academic and vocational courses of study to train and prepare for careers in a vast spectrum of fields. Practically all Finns take advantage of

the preprimary care and education offered, and while the preschool enrollment for Finnish children is already high, as of January 1, 2015, Finnish students are required by law to have attended preschool prior to enrolling in primary school. Preschool is available at no charge, and students who live further than 5 kilometers from their school may receive free transportation (Ministry of Education and Culture 2015). The preprimary school (preschool) gross enrollment ratio for Finnish girls and teens was 68.8 percent from 2008 to 2012. The primary school (grades K–5) gross enrollment ratio was 98.8 percent and the secondary school gross enrollment ratio was 93.7 percent for females from 2008 to 2012 (UNICEF 2013).

Health

Finland's comprehensive health care system provides free health care for children and adolescents. For children, that care includes not only regular checkups but also thorough medical examinations that involve coordination with the child's day care and others involved in the child's life "to promote the health of the child but also the well-being of the entire family" (European Union 2014).

Sex Education and Teen Pregnancy

Finland's adolescent fertility rate is low compared to Europe and Central Asia. In 2012, the rate was 9.2 per 1,000 young women (15–19 years old) compared to 30.6 in Europe and Central Asia (World Bank 2014). The rate of induced abortion among 15- to 19-year-olds in Finland is also low, at 10.5 abortions per 1,000 women of the same age in 2013 (National Institute for Health and Welfare 2014). This may be attributable to the strong sex education program in the Finnish educational system.

Sex education has been a part of the Finnish secondary school curriculum since 1970, and teens' sexual behavior and knowledge about reproduction and sexuality has been monitored every two years, beginning in 1995, as part of the School Health Promotion Study. Since 2001, sex education has been taught within the framework of health education, is mandatory in school curriculum, and is taught by qualified teachers to students that are 13–15 years old (National Institute for Health and Welfare 2012).

Access to Health Care

Health care for women is a crucial factor in Finland's status as a nation with a high standard of living. Finland is

known for its excellent maternal care—both health care and employment leave benefits. In the *Save the World's Mothers Report 2014*, which evaluates the well-being of both mothers and children, Finland is the top-ranked nation in which to be a mother; Norway and Sweden follow. The ranking is based on indicators that include maternal health, educational status, children's well-being, economic status, and political status, in which Finland ranks quite highly (Save the Children 2014).

Finland adopted the Primary Health Care Act in 1972, which sought to provide equal access to health care to all Finns, regardless of socioeconomic status or geographical location. The act mandated that municipalities provide primary health and medical care services to its residents, leading to the establishment of municipal health centers throughout the country, which provide the bulk of medical services to Finnish citizens. National Health Insurance covers the health care of all Finns, with out-of-pocket fees for which the patient is responsible varying among municipalities. User fees are usually affordable and are assessed on a sliding scale for long-term illnesses. Municipalities, not the central government, determine the specific fees for medical services.

Reproductive and Sexual Health

Finnish women's sexual health is supported through the availability of health care and services, including availability of contraceptives, treatments for sexually transmitted diseases, maternity care, and abortion. The number of induced abortions in Finland is lower than in the other Nordic countries and has decreased steadily since 1980. This is attributed in part to a strong sex education program. Finland's sex education program focuses on avoiding unwanted pregnancy and preventing sexually transmitted diseases, but it also promotes "the development of a positive sexuality" (National Institute for Health and Welfare 2012).

Sex outside of marriage is not taboo in Finland; indeed, more than 50 percent of firstborn children are born outside of marriage. Sex education and the discourse on sexuality—at least for heterosexual individuals and couples—tends to focus on practical and positive concerns rather than moral ones. As already noted and discussed below in "Family Life," Finland's maternity care is comprehensive and provides expecting and new mothers thorough support during and after pregnancy.

Finland's Ministry of Social Affairs and Health introduced the National Action Programme for the Promotion

of Sexual and Reproductive Health, which forwards goals and recommendations to be implemented in a collaborative effort among national as well as municipal and non-government organizations (NGOs). The program intends to address current challenges, including repeat abortions (while the number of induced abortions is low, the number of repeat abortions has increased—more than one in three women who had an abortion in 2013 had previously had at least one abortion); chlamydia infections among young people; and availability of information and services to immigrants, victims of sexual violence, nonheterosexual people, and people with disabilities.

Employment

Women in Finland are employed across all sectors of work. In fact, the *Global Gender Gap Report 2013* shows that women make up the majority of the high-skilled workforce. Statutory mandates ensure that women have equal opportunities in workplaces; however, Finnish women earn less than their male counterparts. Finland has no statutory minimum wage. Recent figures show that about 63 out of 1,000 women have a second job, slightly fewer than men, of whom nearly 69 out of 1,000 take on secondary employment (Eurostat 2015).

In comparison to the EU-27 average, the employment rate for women in the Finnish labor market is higher (68.2% compared to 58.6%). Fewer Finnish women were actively seeking employment in 2013 (7.1%) than were EU-27 women in the same year (10.6%). Finnish women have higher attainment of tertiary (postsecondary) education than women in the EU-27 (38.3% compared to 25.8%). The gender pay gap still exceeds that in the European Union, however (18.2% compared to 16.2%). As with EU women in general, Finnish women tend to study and train in fields more typically “female,” and fewer women work in “male” fields: for example, 79.8 percent of Finnish women pursued teacher training and education science, whereas 19 percent studied engineering, manufacturing, and construction (European Commission 2013).

Family Life

The stability of Finnish family life is a concern of the state government, and comprehensive parental leave and child care systems are in place to help ensure a healthy work-life balance. Both parents receive leave to care for children; maternity leave is roughly 18 weeks, paternity leave

is about 9 weeks, and parental leave (which either parent may use) is about 26 weeks. Together, the leave allotments add up to approximately the first year of a child’s life. During leave, men and women are paid a percentage of their annual salary, and unemployed parents are eligible for financial assistance. Affordable day care, available for all children under 7, with cost based on a sliding scale, enables mothers to return to work full-time; however, a parent who stays home may receive paid child care leave if they choose not to use day care. A parent may stay home with a child under the age of three and retain his or her job (European Union 2014).

Structures are in place, therefore, to enable women to work full-time while also tending to family life. However, including the labor that occurs both inside and outside the home suggests that women are working more than men, according to statistics based on a 2009 study. The difference between men’s and women’s time spent on domestic work (e.g., child care, cleaning, gardening, caring for pets) has narrowed since 2000; however, men do more maintenance work, and women do more housekeeping (OSF 2009).

Leisure time in Finland increased during the first decade of the 21st century, but women have less free time than men. Women watch less TV than men, and they also use computers less. Because of Finland’s extreme climate, types and places of labor change seasonally. Gainful employment occurs most in autumn and least in summer; domestic labor, including home maintenance and gardening, occurs in summer; and leisure time is most commonly spent at home during Finland’s dark, cold winters (OSF 2009).

Marriage and Divorce

In general, marriage in Europe is decreasing, and divorce rates are increasing, which means more children are born to unmarried women. Finland’s marriage rate has seen a nominal increase since 2000, from 5.1 (per 1,000 inhabitants) to 5.3. Divorce rates decreased marginally from 2.7 in 2000 to 2.4 in 2012. As with other European nations, the birth rate outside of marriage has increased substantially over the past 50 years, but it has increased only slightly since 2000, from 39.2 to 41.5 (Eurostat 2014). These figures matter because employment and the amount of time women work (aged between 20 and 49) are closely linked to whether they are parents; this contingency is less obviously the case for men.

The gender difference in risk of poverty in 2013 for men and women under 65 was 6.6 percent—less than

many other EU nations, but still a noticeable gap. For 65 and over, however, the gender difference is -2.8 (Eurostat 2015). Interestingly, the percentage of Finns found to be at risk of poverty in single-person households is greater in households without dependent children than in those with dependent children (Eurostat 2014). This may be due to the universal child allowances and additional subsidy provided to single-parent households.

Politics

Even before it gained national independence, Finland's political structure recognized women's rights. Women in Finland gained the right to vote before women in any other European nation; they were also the first in Europe to be recognized as eligible to hold political office. In 1906, when Finland was still a territory of Russia, the Parliament extended full political rights to women. The following year, 19 women were elected as members of Parliament. Among them were prominent Finnish feminists Lucina Hagman, who helped to establish the Finnish Women's Union in 1907 and was the first chairwoman of the League of Finnish Feminists (Unioni), and Aleksandra Gripenberg, the chair of the Women's Society of Finland and a founding member of the International Alliance of Women.

Finland's 1995 Act on Equality between Women and Men established the nation's continued investment in promoting equality. The act was revised in 2005 and again in 2005 to include EU initiatives into Finnish law. In addition, the Gender Mainstreaming Development Valtava was adopted in 2007 to further mainstream gender equality and increase knowledge of gender-based perspectives, among other aims. The Government Action Plan for Gender Equality 2008–2011 addressed 8 gender-based concerns in 31 measures. Most recently, the Government Action Plan for Gender Equality 2012–2015 included more than 50 measures in areas such as gender equality legislation, work-life balance, promotion of women's careers, preventing violence against women and domestic violence, and more. Finland's Ministry for Social Affairs and Health includes four separate bodies that oversee the implementation of the equality act: the Gender Equality Unit, the Ombudsman for Equality, the Council for Gender Equality, and the Equality Board. In addition, the following NGOs play a strong role in promoting gender equality in Finland: the Coalition of Finnish Women's Associations, the National Council of Women of Finland, the Feminist Association Unioni (*sic*), and the Miessakit Association.

Participation in Government

Women in Finland have one of the highest rates of participation in government compared to other nations around the world. Finland is ranked third, under Nicaragua and Sweden, for percentage of women in ministerial positions (50%, reflecting appointments up to January 1, 2014) (UN Women and IPU 2014). Finland also ranks highly for percentage of women in parliament (42.5%), falling at number eight among nations ranked. The Nordic countries have the highest percentage of women in parliament (42.1%) compared to other regions worldwide; the second-highest percentage is in the Americas, at 25.2 percent, and the world average is 22.2 percent (UN Women and IPU 2014).

Religious and Cultural Roles

Finland's national church is the Evangelical Lutheran Church of Finland, to which more than 78 percent of Finland's population belongs; the Finnish Orthodox Church, an Eastern Orthodox denomination, is the second most popular church in the nation. While many Finns ascribe to the beliefs of the church, Finnish society, like other Nordic societies, tends to be quite secular. Finland condones freedom of religious belief. Within families, parents choose the religion in which they will raise their children; if parents disagree, mothers may choose for children under the age of one.

Women and the Church

Within the Evangelical Lutheran Church, women are visible in church leadership. Irja Askola, the bishop of Helsinki, was consecrated Finland's first female bishop in 2010. Roughly 40 percent of all priests in the Evangelical Lutheran Church are women.

LGBT Marriage and the Church

Finland's measure to allow gay marriage passed in 2014. It was the last of the Nordic countries to adopt gay marriage, and it was a controversial decision, with Parliament very nearly split on the vote. Kari Mäkinen, Finland's archbishop of the Evangelical Lutheran Church, came out in favor of the decision. In response, several thousand Finns withdrew from the church. While gay partnership has been legal since 2002, gay marriage being condoned by the church is still a subject of public debate.

Participation in and Production of Culture

Finns are a culturally engaged people. Among European nations, Finland, along with other Nordic countries, reports the highest rates of people who read more than 12 books per year. With the other Nordic countries, Finland also exhibits the highest rates of people participating in cultural activities, such as going to movies and live performances and visiting cultural sites (Eurostat 2014). Finns spend more on cultural goods and services than citizens of most European countries—with Denmark and the Czech Republic, Finland comes in at the highest rate, at over 5 percent, of total expenditure dedicated to cultural goods and services.

The Finnish government has defined its cultural objectives in stated cultural policy. According to the Ministry of Education and Culture, the objectives of Finland's cultural policy are the following:

- to provide favorable conditions for the work of artists, other creative workers, and cultural and art institutions
- to promote the preservation and development of cultural heritage and cultural environments
- to enhance equal access to, accessibility of, and diverse use of culture
- to boost production, employment, and entrepreneurship in the cultural sector
- to reinforce the cultural foundation of society

Issues

Violence against Women

Despite gender equality and women's rights featuring prominently in Finland's national politics and culture, and despite being a leading nation in gender equality, Finland struggles with issues of domestic violence and violence against women. Though Finns do not countenance violence toward women, such crimes have traditionally been viewed as a private, not a public, matter. According to a report published by the European Commission in 2010, 68 percent of Finns felt that violence against women is unacceptable and should be punishable by law, compared to 84 percent of EU citizens. The study found that 32 percent of Finns believe that, though violence against women is unacceptable, it should not always be punishable by law, while only 12 percent of EU citizens were of this opinion (European Commission 2010).

In the same year, Amnesty International published the report *Case Closed: Rape and Human Rights in the Nordic Countries*, which determined that victims of rape have little chance of seeing the perpetrators convicted, or even brought to trial, and that offenders therefore are rarely held accountable for their crimes. In Finland, according to the latter study, it is estimated that fewer than 10 percent of rapes are reported to the police. Under Finland's penal code, one of the three main categories of rape, coercion into sexual intercourse, makes rape a "complainant offense," which means that the victim must press charges and that the state will not prosecute if the victim drops charges "of his or her own free will." This applies to some situations of sexual abuse, including abuse of underage victims, whose guardians may then revoke charges.

In a 2012 survey by the European Union for Fundamental Human Rights, Finland was ranked as having the second-highest rate of violence against women; 47 percent of respondents affirmed that they have experienced physical or sexual violence by a partner or nonpartner since the age of 15. Asked about physical violence alone, 43 percent had experienced it, still ranking Finland at second. Removing physical violence from the question and inquiring about sexual violence only, 17 percent of women said that they had experienced sexual violence by a partner or nonpartner since the age of 15, placing Finland fourth, below Denmark, the Netherlands, and Sweden (European Union Agency for Fundamental Rights 2014). More recent studies have shown that violent crimes against women immigrants are also prevalent. The Finnish government has taken action to decrease violence against women, for example, with the 2010 *Action Plan to Reduce Violence against Women*, published by the Ministry of Social Affairs and Health.

MOLLY HAND

Further Resources

- AI International Secretariat. 2010. *Case Closed: Rape and Human Rights in the Nordic Countries*. Index number: ACT 77/001/2010. Amnesty International, March 8. Retrieved from <https://www.amnesty.org/en/documents/ACT77/001/2010/en>.
- Eriksen, Nina. 2012. "Still a Difference in Opinion on Gender Equality." *NOVA—Norwegian Social Research*, March 9. Science Nordic. Copenhagen, Denmark. Retrieved from <http://sciencenordic.com/still-difference-opinion-gender-equality>.
- European Commission. 2010. *Special Eurobarometer 344: Domestic Violence against Women*. Brussels: European Commission.
- European Commission. 2013. "The Current Situation of Gender Equality in Finland—Country Profile." Retrieved from http://ec.europa.eu/justice/gender-equality/files/epo_campaign/131205_country-profile_finland.pdf.

- European Union. 2014. "Finland: Universal Services and Financial Benefits to Promote the Well-Being of All Children and Families." European Platform for Investing in Children, February. Retrieved from http://europa.eu/epic/countries/finland/index_en.htm.
- European Union Agency for Fundamental Rights. 2014. "Violence against Women: An EU-Wide Survey." March. Retrieved from <http://fra.europa.eu/en/vaw-survey-results>.
- Eurostat. 2014. *Key Figures on Europe*. European Commission. Luxembourg: Publications Office of the European Union. Retrieved from <http://ec.europa.eu/eurostat/documents/3930297/6309576/KS-EI-14-001-EN-N.pdf/4797faef-6250-4c65-b897-01c210c3242a>.
- Eurostat. 2015. "Gender Differences in the Risk of Poverty." Luxembourg: Publications Office of the European Union, January. Retrieved from <http://ec.europa.eu/eurostat/tgm/table.do?tab=table&plugin=1&language=en&pcode=tespn240>.
- Gender Equality Creates Democracy. 2003–2006. "Overview of Gender Equality Issues in Finland." <http://www.gender-equality.webinfo.lt/results/finland.htm>.
- Hong, Tuuli. 2014. "Discourses on Honour-Related Violence in Finnish Policy Documents." *NORA—Nordic Journal of Feminist and Gender Research* 22.4: 314–329.
- Ministry of Education and Culture, Finland. 2015. "Every Child in Finland Has the Same Education Starting Point." January 12. Retrieved from http://www.minedu.fi/OPM/Verkkouutiset/2015/01/pri_primary_education.html?lang=en.
- National Institute for Health and Welfare. 2012. "Sexual and Reproductive Health in Finland." March. Retrieved from https://www.thl.fi/documents/189940/1496849/sexual_reproductive_health_in_finland.pdf/937657c1-1fd8-44c8-8b05-a1631eeee70f.
- National Institute for Health and Welfare. 2014. "Induced Abortions 2013." December. Retrieved from <https://www.thl.fi/en/web/thlfi-en/statistics/statistics-by-topic/sexual-and-reproductive-health/abortions/induced-abortion>.
- OSF (Official Statistics of Finland). 2009. "Time Use Changes Through the 2000s." Time use survey [e-publication]. Helsinki: Statistics Finland. Retrieved from http://www.tilastokeskus.fi/til/akay/2009/05/akay_2009_05_2011-12-15_tie_001_en.html.
- Save the Children. 2014. *State of the World's Mothers Report 2014*. Fairfield, CT. http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.9126825/k.3E86/Download_the_2014_SOWM_Report.htm.
- Statistics Finland. 2014. Retrieved from http://www.stat.fi/index_en.html.
- UNDP (UN Development Programme). 2014. *Human Development Report 2014*. Retrieved from <http://hdr.undp.org/en/content/human-development-report-2014>.
- UNICEF. 2013. "At a Glance: Finland: Statistics." December 24. Retrieved from http://www.unicef.org/infobycountry/finland_statistics.html.
- UN Women and IPU (Inter-Parliamentary Union). 2014. "Women in Politics: 2014." Chart. Retrieved from http://www.unwomen.org/~media/headquarters/attachments/sections/library/publications/2014/wmnmap14_en%20pdf.ashx.

- unwomen.org/~media/headquarters/attachments/sections/library/publications/2014/wmnmap14_en%20pdf.ashx.
- WEF (World Economic Forum). 2014. "Global Gender Gap Report." Retrieved from <http://reports.weforum.org/global-gender-gap-report-2014/part-1/>.
- WHO, UNICEF, UNFPA, the World Bank, and United Nations Population Division Maternal Mortality Estimation Inter-Agency Group. 2013. "Maternal Mortality in 1990–2013: Finland." Retrieved from http://www.who.int/gho/maternal_health/countries/fin.pdf?ua=1.
- World Bank. 2014. "Gender Data Portal: Finland." December 16. Retrieved from <http://datatopics.worldbank.org/gender/country/finland>.

France

Overview of Country

France is located in Western Europe and is the country with the largest landmass in the European Union. Its borders are created by natural boundaries of water and mountains, which give it a distinctive hexagonal shape. The French frequently refer to their country by the nickname *l'Hexagone*. There are 62,814,233 people who live in metropolitan France, which includes the island of Corsica. An additional 34,447,779 people inhabit France's five overseas territories of French Guiana, Guadeloupe, Martinique, Mayotte, and Reunion. Paris, located in the *Île-de-France* region, is the capital of France and its largest city. Over time, the demographics of France have changed to include people from various countries, with the majority of immigrants coming from Algeria, Morocco, China, and Tunisia (CIA 2014).

During the French Revolution, which lasted from 1789 to 1799, the people of France overthrew the monarchy and established the First Republic. Since the founding of this government, the French people have endured several more politically motivated transitions, including the rise and fall of Napoleon Bonaparte, the return of the monarchy, and then a shift back to democracy. France's current government is known as the Fifth Republic and was founded in 1958 by Charles de Gaulle.

Throughout its history, France has made important contributions to art and culture. It is home to many prominent museums, and it has well-established literary and cinema traditions. France has also played a key role in elevating the art of fashion and food with what is referred to as *haute cuisine* and *haute couture*—high food and high

fashion. France's reputation as one of the culture capitals of the world draws around 79 million tourists per year, making it the most popular tourist destination in the world. France's tourist industry is the most lucrative industry in its economy (CIA 2014).

Women have always been an important part of French history and culture. The symbol of French Republican ideals is embodied by the image of a woman, named Marianne, wearing a Phrygian cap (a classical symbol of freedom). The image of Marianne appears on coins, stamps, government letterheads, and Web sites. Over the past century, French women have achieved recognition in many different areas, from Edith Piaf's unique style of singing, to Coco Chanel's elegant fashions, to Simone de Beauvoir's groundbreaking philosophical writings.

Contemporary French women are continuing to shape France and its role in the world. However, women in France still face many challenges concerning gender equality. In 2015, the UN Development Programme (UNDP) ranked France 19th out of 188 nations based on its Gender Inequality Index (GII; 0.102) (Gender Inequality Index 2015).

Girls and Teens

Education

Prior to the French Revolution, the Catholic Church educated young French women. In 1881, Jules Ferry (1832–1893), the minister of education, introduced new laws that made education free and compulsory for all men and women. Over time, the French school system evolved and is now divided into four parts: *l'école maternelle* (ages 3–5 years), *l'école primaire* (ages 6–11 years), *collège* (ages 11–15 years), and *lycée* (ages 15–18 years). At the end of their final year of *lycée*, students prepare to take the *baccalauréat* exam, which is often referred to colloquially *le bac*. To attend college, students must obtain this degree. More female than male students take *le bac* each year. They also have a higher rate of passing it.

Le bac is divided into three streams: sciences, economics and social sciences, and literature and humanities. Most female students opt for the literature and humanities track of *le bac* as opposed to the science track. Any student who passes *le bac* and pays a few minor fees can attend a state university; however, these schools are often overcrowded and are not well funded. Students can also try to gain admission to one of the prestigious *grandes écoles*, which are known for producing some of the top leaders in

French industry and government. Students usually take a two-year preparation course to assist with passing the difficult entrance exam that *grandes écoles* require. On average, fewer women apply and are admitted to *grandes écoles* than men. This trend has a significant impact on French society, as the low rate of female students at these prestigious schools mean that only a small number of women graduate and obtain high-ranking positions in business and government.

In 2013, the Ministry of National Education implemented the ABCs of Equality pilot program in 275 schools. The ministry's ultimate goal was to extend the program to all French elementary schools by 2018. The ABCs of Equality tried to address and eliminate gender stereotypes in the classroom. However, the initiative met with objections from conservative members of French society. They feared that instructors were teaching gender theory to young children, and rumors circulated that learning about masturbation was part of the curriculum. These rumors were unfounded but effective in alarming parents. To protest the program, many parents kept their children home from school in an organized boycott. Even though the majority of participating instructors supported the initiative and felt that it was a positive addition to the classroom, government officials revised their initial plan in the wake of public outcry. Under the new plan, teaching gender equality in the classroom is no longer mandatory but optional for all instructors. Those who supported the initial program feel that this revised initiative will not be effective.

Everyday Life

With rigorous demands at school, French teens spend much of their free time on homework, which leaves little opportunity for a part-time job. For fun, teenagers like going to parties, seeing movies, attending concerts, playing sports, and going on weekend excursions with their families. The most popular pastime among teenagers is spending time with their friends.

Most teenagers have a cell phone. They spend less time watching television than adults and spend more time on their computers (Nabli and Ricroch 2013, 3). On average, French adolescents spend about an hour each day on their computers. The most popular Internet activity is instant messaging. They also write e-mails, use social media, post to forums, watch videos, and listen to music.

France's Ministry for Youth Affairs and Sports provides young people with a variety of resources. French citizens

under the age of 26 can access museums for free, apply for financial aid to go on vacation, take summer school courses, and find internships. They can also participate in the ERASMUS+ program, a very popular exchange program that allows students to study abroad in other European countries.

Health

Access to Health Care

The French health care system is frequently ranked among the best in the world. This system consists of a combination of universal public care and voluntary private coverage. Individuals receive coverage through their employer and can elect to purchase additional insurance from a private company. To fund this system, France spends 11.6 percent of its gross domestic product (GDP) on health care services. However, the United States far outspends France on healthcare, spending about twice as much per person on health care services (OECD 2013).

On average French women live to be 85 years old, and French men live to be 78 years old. Since 1992, cancer has become the leading cause of death in France, which is attributed to high rates of tobacco and alcohol consumption. For women, breast cancer is the most prevalent form of cancer. The most frequently diagnosed forms of cancer among men are lung and colorectal cancers (Prioux, Barbieri, and Reeve 2012).

Maternal Health

France ranks highly for maternal health, with only 8 maternal deaths per 100,000 live births each year (CIA 2014). Under France's health care system, it is easy for women to obtain prenatal and postnatal care. The Mother and Child Protection Service (PMI) handles services related to the health of mothers and their children from birth to age six. Such services include nurses who pay free home visits to new mothers. The purpose of these visits is to make sure that both mother and child are healthy and well-adjusted.

Contraceptives

In 1920 and 1923, laws were passed that made distributing contraceptives and information about contraceptives illegal. In 1956, Dr. Marie-Andrée Lagroua Weill-Hallé formed *La Maternité Heureuse* (Happy Motherhood), a private organization that distributed information and

contraceptives to members. In 1961, the group opened the first family planning clinic, and within five years, they had opened 122 more clinics in various parts of France. By the mid-1960s, *La Maternité Heureuse* became the French Movement for Family Planning. Women's rights groups continued to successfully lobby for changes in laws about women's reproductive rights. Birth control became legal when the Neuwirth Law was passed in 1967.

Since 1967, the birth control pill has become the most frequently used form of contraception among French women (Bajos et al. 2012, 1). Because of increased access to contraceptives, the rate of unwanted pregnancies declined from the late 1960s to the 1990s (Rossier et al. 2009, 444). In 2012, a debate about possible birth control pill side effects was closely covered in the media. There were concerns that certain birth control pills might be linked to health complications such as deep vein thrombosis and even death. With this negative publicity came a shift in birth control practices. In 2010, about 50 percent of sexually active women used the pill, but this number had dropped to 41 percent of women by 2013. Women under the age of 30 were the most likely to change their contraceptive practices. Researchers cited the media coverage as the reason for this dramatic shift; however, it remains to be seen whether this trend will carry forward over time (Bajos et al. 2014, 1–2).

In 2000, the government decided to address France's high teen pregnancy and abortion rates. The acting minister of education, Ségolène Royal, announced that young girls could obtain emergency contraceptives from their school nurse. The ability for minors to obtain access to birth control without parental consent became legal the following year under the Aubrey Law. The morning-after pill also became available without a prescription (Bajos et al. 2012, 1). Since 2013, girls aged 15–18 have been able to obtain free birth control from pharmacies in addition to emergency contraception.

Abortion

A 2010 study estimates that 35 percent of French women have aborted a pregnancy at least once in their lives (Prioux, Barbieri, and Reeve 2012). Most women who obtain abortions are between the ages of 20 and 29 (Rossier et al. 2009, 450). Women in France have the option of undergoing a surgical abortion or a medical abortion.

The women's rights groups that played a pivotal role in legalizing contraception were also at the forefront of the fight to legalize abortion, or *interruption volontaire*

de grossesses (IVG). A critical turning point in the debate around abortion came in 1972 when a young girl was raped by a fellow classmate and became pregnant. The girl's mother helped her to obtain an illegal abortion. After the procedure, the girl was hospitalized due to complications. Eventually, the girl and her mother were put on trial along with the abortionist and a family friend who assisted with arranging the illegal procedure. In response, the girl's mother contacted the feminist organization *Choisir* for assistance. This group was dedicated to fighting for change in abortion law and to representing women who were being tried for undergoing illegal abortions. The previous year, the group had submitted a manifesto to the newspaper *Nouvel Observateur* that was signed by 343 prominent women who had obtained abortions.

Gisèle Halimi (1927–), a founding member of *Choisir* and a skilled lawyer, took on the case. Halimi successfully defended the women involved, and the charges were dropped. This verdict paved the way for future changes in abortion law and created widespread debate on the topic. President Giscard d'Estaing appointed Simone Veil as the minister of health and charged her with resolving the matter. Veil's abortion bill became law in 1975 after intense debate. The new Veil Law gave women the option of having an abortion during the first 10 weeks of pregnancy. This law was far from perfect and came with restrictions that frustrated many women. For example, a woman had to prove that she was a citizen before obtaining an abortion, which excluded many immigrant women from having the option of undergoing this procedure.

Over the course of the next few decades, different laws were passed that further addressed abortion rights. In 1982, the first minister for women's rights, Yvette Roudy (1929–), helped pass a law that enabled the government to cover the costs associated with getting an abortion. In addition to improving access to contraceptives, the 2001 Aubry Law also sought to facilitate improved access to abortion. The law extended the window of time during which a woman can undergo an abortion from 10 weeks to 12 weeks. Today, women no longer need to show proof of citizenship to obtain an abortion, nor do they have to complete mandatory counseling before and after the procedure.

In the 1980s and early 1990s, abortion clinics became targets of attack from antiabortion groups, in particular Catholic fundamentalists. Activities became so intense that the Neiertz Law was passed in 1993, making obstructing abortion a crime. Some extremist and militant groups

are still active today, including *Laissez-les vivre* (Let Them Live) and *SOS Tout Petits* (SOS Toddlers).

Sexually Transmitted Disease

French women, especially those in their late twenties, are more likely than men to contract a sexually transmitted disease (STD) (Ministère des Droits des Femmes 2014b, 5–6). Around 100,000 people in France are living with AIDS (known as le *syndrome d'immunodéficience acquise* or *SIDA* in France). Most cases are concentrated in the *Île-de-France* region. While men are more likely to become infected with HIV than women, the number of infected women is on the rise (Lert et al. 2004, 3).

Alcohol and Tobacco

France's alcohol consumption is one of the highest in Europe; however, recent reports show that the number of people who drink every day has fallen substantially since the 1980s, from 51 percent to 17 percent of the population (OECD 2013, 57). A new trend is on the rise among young people in France, which has been widely covered by the media: binge drinking or *beuverie express*. While this phenomenon is common among youth in the United States and Great Britain, it is a new issue in France.

In 2007, France passed an antismoking bill that banned smoking from public spaces. The following year, the law was expanded to include cafes, restaurants, and bars. While more young men smoke than young women, the number of female smokers is growing. The number of women who smoke every day has risen by 3 percent since 2005 (Ministère des Droits des Femmes 2014b, 4). This number is higher than the European average for young female smokers. Women who are regular consumers smoke an average of 12.6 cigarettes a day, while men smoke an average of 15.1 cigarettes each day (L'Institut national de prévention et d'éducation pour la santé 2012).

Mental Health

The French are among the highest consumers of antidepressants in Europe. Women are more frequently diagnosed with depression than men. Women are also more likely to take medication for their condition. Around 23 percent of women use psychotropic drugs as opposed to only 13 percent of men (L'Institut national de prévention et d'éducation pour la santé 2012). France has one of the highest suicide rates in Europe. Approximately 250,000

individuals attempt to take their own life each year. Women account for 65 percent of individuals hospitalized for suicide attempts. On average, seven to eight women kill themselves each day (Union Nationale Prévention Suicide 2013, 5–8).

Body Image

According to a recent study, French women and men have the lowest body mass index (BMI) in Europe. The study also found that French women place a high importance on being thin. Many of the women surveyed indicated that they felt the need to lose weight (Robineau and de Saint Pol 2013, 1–2). An estimated 30,000–40,000 people in France are struggling with bulimia or anorexia. While eating disorders affect people of both genders, women (especially young women) make up 9 out of 10 cases. Recently pro-anorexia Web sites have become a widely reported issue in France (Ministère de la Santé 2008, 6).

Elder Care

High birth rates coupled with longer life expectancies mean that France's elderly population is rapidly growing. By 2030, it is expected that this demographic will increase by 40 percent (Chevreul and Berg Brigham 2013, 213–214). Government officials are concerned about financing the care of this expanding part of the population. More than half of the individuals aged 65 and older are women; thus, women are more likely than men to depend on care services as they age (Mazuy et al. 2011, 424). This trend also affects younger generations of women, given that they are the most likely to fulfill the role of caretaker for elderly relatives (Bonnet et al. 2011, 1–2).

Employment

Women in the Workforce

Increased access to education along with changes brought about by French feminists created more opportunities for women in the workplace. In the late 1960s, about 35 percent of the workforce was made up of women; by 2000, that number had increased to 45 percent (Twomey 2000, 84). Between the 1970s and 1990s, new employment legislation gave women more rights as workers. Various laws addressed wage inequality in the workplace, including the 1983 Roudy Law, the 2001 Genisson Law, and the 2006 Ameline Law. All of these laws were named for the female ministers who helped push them forward.

Despite the adoption of equal pay laws, women still earn about 28 percent less than men (Gregory and Tidd 2000, 7; Morin and Remila 2013, 1). An important factor in this discrepancy is that women often work part-time jobs. Roughly 22 percent of women are employed part-time as opposed to 6 percent of men. However, even in situations where men and women hold similar jobs, men still make 7 percent more than women (Bonnet et al. 2011, 7; Institut National de la Statistique et des Études Économiques 2012, 111; Mainguené and Martinelli 2010, 2). Women are also more frequently employed on temporary contracts than men and have a higher unemployment rate (Gregory and Tidd 2000, 25 and 33).

Most women choose careers in the tertiary sector, which is commonly known as the service industry. Examples of these professions include health and social workers, teachers, hairdressers, home aid workers, and saleswomen. Women also hold fewer management positions than men. A law was passed in 2011 that called for major companies to meet a certain quota of female board members. Companies impacted by this law have more than 500 employees and earn more than 50 million euros (approximately 59 million USD) per year. Lawmakers have set a goal that 40 percent of board appointments in such companies will be filled by women as of 2017.

Working Mothers

France has the highest rate of working mothers in the European Union. French women are able to return to work at such high rates due to progressive government policies that assist working parents with child care. Along with Nordic countries, France is a leader in the European Union for providing high-quality child care resources. Working parents can take advantage of government-funded *crèches*, or day cares. Families of a certain size often receive tax breaks and increased allowances to pay for private child minders, such as nannies. The government also offers generous leave benefits for working mothers, though in some cases taking such long leaves of absence can make it difficult for women to reenter the workforce.

Family Life

Marriage, Partnerships, and Divorce

Over the past 30 years, marriage has been on the decline in France. Increasingly, couples choose to live together without getting married or decide to enter into a *Pacte Civil de*

Solidarité (PACS) (Mainguéné 2011, 1; Rault et al. 2011, 303). PACS were legalized in 1999, particularly in response to the demand among same-sex couples for the same rights as heterosexual couples. This type of civil union is unique from those of other countries in that both same-sex and heterosexual couples can become joined in a PACS. While PACS increased the rights of gay couples, these partnerships did not provide them with the same rights as heterosexual couples. For example, same-sex couples in a PACS could not adopt. Since PACS were first introduced, they have also become a popular option for heterosexual couples. The number of heterosexual couples entering into these unions grew from 20,000 to 205,000 over the course of 11 years alone. Heterosexual partners now account for nearly 95 percent of couples entering into a PACS (Rault et al. 2011, 303–304).

Each year, there are 26 divorces for every 1,000 marriages in France. Over half of these divorces are with the consent of both parties (Mazuy et al. 2011, 380). Divorce is most common after five years of marriage. Women are more likely to ask for a divorce than men. When a couple divorces and children are involved, the children end up living with their mother in over 75 percent of cases (Institut National de la Statistique et des Études Économiques 2012, 84–85).

Children

A majority of French adults have children at some point in their life. In fact, it is very rare among French men and women to decide to remain childless (Debest et al. 2014, 1). French women have one of the highest rates of fertility in Europe, giving birth to about two children, on average (Prioux, Mazuy, and Magali 2010, 364–365). Due to various changes in society, such as more diverse educational opportunities, a greater role in the professional world, and increased access to birth control, French women have been putting off having children until a later age since the 1970s. On average, women usually have their first child at age 28 (Ní Bhrolchain and Beaujouan 2012, 1). Today, roughly 8 out of 10 births are planned, which is possible due to the variety of birth control options now available. Couples also have more control over the length of time between pregnancies. On average, couples prefer to have a space of three years between births (Régner-Loilier and Leridon 2007, 3).

LGBTQ Rights

In the 1980s, homosexuality was decriminalized under President François Mitterrand (1916–1996). In 2013,

France became the 14th country to legalize same-sex marriage, or *mariage pour tous* (marriage for all). This law is also commonly referred to as the Taubira Law, for Christiane Taubira, the French minister of justice who played a vital role in helping pass this legislation. The idea of same-sex marriage sparked controversy in France. Hundreds of thousands of people took to the streets in protest when the law passed. *Manif Pour Tous* (March for All) is a right-wing organization that has been extremely vocal in its opposition to the legalization of same-sex marriage.

More than 7,000 marriages have been performed since same-sex marriage became legal. This law also made it legal for same-sex couples to adopt children. However, the law has not resolved all the issues that same-sex couples face when trying to start families. In France, surrogacy is illegal for everyone. Lesbian couples are also banned from in vitro fertilization and artificial insemination. As a result, couples often look abroad to start a family. Lesbian couples frequently travel to Belgium to obtain access to fertility treatments.

While the initial legislation on sex-same marriage was intended to make becoming a parent via assisted reproductive technology easier for gay and lesbian couples, this part of the law was removed in the wake of severe protests. The government stated that it plans to revisit this issue sometime in the future. For some same-sex couples, the new marriage law has been inadequate in another way. France has agreements with certain countries to respect their marriage policies. This means that if one person in a same-sex couple is still a citizen of a country where gay marriage is illegal, the couple may be prohibited from marrying in France.

In recent years, France has led the way for change in other parts of the LGBTQ community. As of 2010, France became the first country in the world to stop labeling transgender identity as a mental illness, a decision that affected an estimated 40,000–60,000 French citizens (Joseph 2010). This is a major breakthrough in how transgender individuals are viewed and treated by society, but there are still many challenges to overcome. For example, before transgender individuals can legally change their gender, they must be sterilized and undergo sex reassignment surgery. This is an issue of contention among the transgender community, as it is not the goal of everyone who identifies as trans to undergo this type of surgery.

Household Roles and Responsibilities

Even though women now spend more time outside of the home as part of the workforce, they still devote more

time each day to household chores and parenting than men. While the gap between the amount of time men and women spend on domestic tasks has narrowed in recent years, studies have found that it is because women are choosing to spend less time on these tasks rather than men choosing to spend more time on them (Solaz and Wolff 2014, 1).

Politics

The French Republic

France's government is made up of three branches. The executive branch consists of the president, who is elected directly by the people, and a prime minister, who is appointed by the president. The French Parliament is bicameral (containing two chambers) and is made up of the *Assemblée Nationale* (the lower house) and the *Sénat* (the upper house). The people vote directly for the members of the *Assemblée Nationale*, and an electoral college elects members of the *Sénat*.

Rights and Participation

The idea of universal suffrage emerged from the French Revolution, but in the early days of the Republic, the concept of universal suffrage excluded women. When Napoleon came to power, he created the Napoleonic Code, in 1803, which further limited women's rights. After the end of World War II, women were finally granted the right to vote in 1944. Many people felt that women had earned this right through their hard work and sacrifices during the war.

Feminism

During the 1970s, the French feminist movement, known as *le Mouvement de libération des femmes* (MLF), reached its heyday. Prior to the 1970s, feminist groups existed and were active; however, these groups did not achieve the level of notoriety that later groups did. Various factors paved the way for the MLF to gain traction. During the 1960s, more women began reading and writing literature about women's rights. This sparked the growth of a feminist consciousness in France. Another important factor was the Events of May 1968, which became a turning point in how women viewed themselves and their rights.

The Events of May 1968 began at the University of Nanterre, when college students started protesting the quality

of their education. These protests evolved into protests against other aspects of French society, such as capitalism. The protests soon spread to other universities and eventually to workplaces. Throughout these events, women were an active presence; however, they frequently felt marginalized and ignored by the men of the movement. They began to feel that this new movement would not enable them to fight for their rights as women. It was from this discontent that the MLF was born.

The MLF was composed of diverse groups with differing politics. Scholars have divided the movement into three main subgroups: feminists interested in class struggle, those who were nonaligned or revolutionary, and a group called *Psychanalyse et Politique* (*Psych et po*). Members of the movement were active in staging public events that drew attention to their cause. One of their most famous acts was the laying of flowers at the Tomb of the Unknown Soldier in honor of his wife. The activism of these women was crucial in creating political and social changes for women. However, by the 1980s, the MLF had begun to lose support. Today, a unified women's movement is not active in France, but small feminist groups continue to be active around specific causes.

Women in Office and Parity

During the 1970s, there was an increase in the number of women appointed to political office. When Valéry Giscard d'Estaing (1926–) became president in 1974, he created the Secretariat of State for the Condition of Women and asked Françoise Giroud (1916–2003) to fill this role. That same year, Simone Veil became the first woman to hold a senior ministry position as the minister of health. During the 1980s, President Mitterrand transformed the Secretariat of State for the Condition of Women into the Ministry for the Rights of Woman. He selected Yvette Roudy to serve as its first minister. In 1991, Edith Cresson became the first female prime minister of France; however, her appointment was short-lived, lasting less than a year. To date, there has not been a female president of France.

Despite these steps forward, France continued to struggle with a low representation of women in politics. Over the course of nearly 50 years, the number of female representatives in Parliament increased by less than 1 percent (Mossuz-Lavau 2002, 1). In 1992, Françoise Gaspard, Claude Servan-Schreiber, and Anne Le Gall published the book *Au pouvoir citoyennes! (Women Citizens to Power!)*. The goal of this work was to advocate for parity, or enforced

Académie Française

Cardinal Richelieu established the Académie Française in 1635. For nearly 400 years, it has functioned as the official entity that oversees the preservation and standardization of the French language. Part of the Académie's work is to compile the *Dictionnaire de l'Académie Française* and to award various literary prizes each year. The Académie is made up of 40 members, known as *immortels*, who occupy their position for life. Alexandre Dumas, Victor Hugo, and Voltaire each held one of these positions during their lifetimes.

Of the 726 *immortels*, only 8 of them have been women: Marguerite Yourcenar (elected in 1980), Jacqueline de Romilly (elected in 1988), Hélène Carrère d'Encausse (elected in 1990), Florence Delay (elected in 2000), Assia Djebar (elected in 2005), Simone Veil (elected in 2008), Danièle Sallenave (elected in 2011), and Dominique Bona (elected in 2013). Since 1999, Hélène Carrère d'Encausse has served as the *secrétaire perpétuel* (perpetual secretary) of the Académie. She is the first woman in the history of the Académie to occupy this leadership position.

equality, between men and women in French politics. After the publication of this book, a movement for parity rapidly emerged.

The concept of parity was not without controversy. Those not in favor of parity felt that it violated the principles of the French Republic. These individuals argued that it would divide citizens into groups, thus violating the republican ideal that all people are the same in the eyes of the law. Parity supporters counterargued that the republican ideal of universal rights for all citizens had only been applied to men throughout French history. In their view, parity was the only way to ensure the equal inclusion of women in the political process, which would in turn create a *true* democracy.

With the movement gaining momentum among the media and the public, government officials felt the need to address the issue. They eventually sided in favor of parity. The official Parity Law was passed in 2000, and with it, France became the first country in the world to embrace gender parity in politics. Under the new law, political parties must present an equal number of male and female

candidates in all elections (both local and national) or face fines.

Despite some parties preferring to pay fines rather than to produce female candidates, the number of women in the French Parliament has grown. In 1997, the percentage of women in the *Assemblée Nationale* was 10 percent; today, it 26.2 percent (Twomey 2000, 9). However, even with this progress, France still ranks low in the number of female members of parliament compared to other countries around the world. As of 2014, France is ranked 48th in the world for female representation (IPU 2014).

In recent years, various female politicians have run for high-ranking political offices. In 2007, Ségolène Royal of the *Parti Socialiste* (a left-wing group) ran for the presidency. Royal lost to her opponent, Nicolas Sarkozy, a member of the *Union pour un mouvement populaire* (a right-wing group). In 2012, other women campaigned to become president of the French Republic. During the first round of the election, three women were in the running: Marine Le Pen of the *Front National* (a far-right conservative party), Eva Joly of the *Europe Écologie Les Verts* (the Greens), and Nathalie Arthaud of *Lutte Ouvrière* (the Communist Union). None of these women moved on to the second round of the election, and ultimately François Hollande of the *Parti Socialiste* (a left-wing group) won the 2012 election. Marine Le Pen ran again in 2017 and made it to the final round of the election, however she was defeated by Emmanuel Macron of the new *En Marche!* party.

Female leaders are emerging in other areas of politics as well. Christine Lagarde (1956–), the former French minister of finance, was appointed the Managing Director of the International Monetary Fund (IMF) in 2011. During the 2014 election for the mayor of Paris, a very powerful position, two women ran against one another. Nathalie Kosciusko-Morizet represented the *Union pour un mouvement populaire*, and Anne Hidalgo ran as the *Parti Socialiste* candidate. Hidalgo, a child of Spanish immigrants, won the race and became the first female mayor of Paris.

Religious and Cultural Roles

Religion

The predominant religion in France has historically been Catholic, with the majority of today's population (83%–88%) still identifying as members of the Roman Catholic Church. Muslims are the next largest religious group and represent 5–10 percent of the total French population. About 4 percent of the French consider themselves

unaffiliated with any religion, 2 percent identify as Protestant, and 1 percent identify as Jewish (CIA 2014).

The growing number of Muslims in France has sparked controversial policies, the most famous being the Islamic head-scarf affair, or *l'affaire du foulard*. In September 1989, three young North African women were asked to remove their hijabs (head scarves) at their school in Creil. When they refused, they were expelled for violating the concept of *laïcité*, an idea somewhat similar to the American concept of secularism. After the terrorist attacks of September 11, 2001, in the United States, there was a renewed outcry against hijabs in French society. This resulted in a 2004 ban that made it illegal to wear a hijab in public. Women refusing to remove their hijabs now face fines. Those who supported the ban believe the hijab is a representation of women's oppression and that it has no place in a democracy. Others see the ban as a xenophobic response to the growing number of immigrants in France and the increasing popularity of right-wing politics. As for Muslim women, their opinions were not sought out during these debates. However, it seems that Muslim women are themselves divided on whether the hijab ban is liberating or oppressive.

According to a recent human rights survey, the prevalence of anti-Semitism is rising in France. In 2001, roughly 219 anti-Semitic actions were reported; in 2011, that number increased to 389 actions (European Union Agency for Fundamental Rights 2014, 27). A separate study the following year polled Jewish citizens about their perceptions and experiences with hate crimes in European countries. Among these participants, 85 percent felt that anti-Semitism was a major problem in France (European Union Agency for Fundamental Rights 2014, 17).

Immigrant Women

A key element in the discussion surrounding immigrants in France is the concept of an *immigré*. The term *immigré* refers to individuals from former French colonies, such as Algeria and Vietnam, who are of color. In France, these immigrants are more likely to experience discrimination and unequal treatment as opposed to immigrants from other European countries. Many *immigré* women relocate to France to be reunited with their families; however, there is a growing trend of women who come alone to pursue an education or a career.

Female *immigrées* are not part of a homogenous group. They are women with different life experiences, outlooks,

and struggles. However, these women frequently encounter similar issues and can feel cut off from the rest of society. In the 1980s and 1990s, a series of laws were created that curbed immigrant rights and placed restrictions on obtaining citizenship. Due to these restrictions, many immigrant women reside in France illegally. Limited access to work opportunities outside of the home, difficulty communicating in a foreign language, and a lack of financial independence are further challenges that these women face on a daily basis. Such issues make it difficult for immigrant women to feel connected to French society and their new home, thus creating a sense of isolation. Some immigrant women have created support groups, such as *Voix d'elles Rebelles* and *Meufs Rebeus*, to help each other cope with these feelings and to establish a sense of community. The children of immigrants are also a vulnerable demographic in French society. Children born to immigrant parents must live in France until the age of 16 before they are granted citizenship. This law limits the rights and resources available to these children and their parents.

In 1996, the struggle of immigrants became a huge topic of debate in the media with the formation of the *Sans Papiers* (Without Papers) movement. This movement started with 300 African immigrants who had been denied or were unable to obtain citizenship papers. They began by occupying the church of Saint-Ambroise in Paris for the duration of that summer, eventually moving to other locations. Immigrant women played a key role in this movement. In addition to helping keep the group united, they staged a women's march and participated in hunger strikes. One immigrant woman, Madjiguène Cissé, became a leading spokesperson for the entire *Sans Papiers* movement.

Issues

Domestic Violence

Domestic violence is an issue that impacts women of all social classes in France. While feminists fought to bring attention to the issue and provide resources for victims during the 1970s and 1980s, it was not until the 1990s that violence against women became an issue that was widely acknowledged. In 1997, the Office of Women's Rights commissioned the National Survey on Violence against Women in France (ENVEFF) to examine the frequency of domestic and sexual violence in France. It was the first statistical study carried out on this topic (Jaspard et al. 2001, 365; Fougeyrollas-Schwebel 2005, 290). By 2000, the results had

become publicly available and were published three years later (Allwood and Wadia 2009, 137–141). According to the survey, 1 in 10 women have been victims of domestic violence (Fougeyrollas-Schwebel 2005, 299). This figure shocked the public.

The study also uncovered other trends, such as the fact that women aged 20–24 are more likely than any other age group to experience violence (Fougeyrollas-Schwebel 2005, 293). According to the results, women of all social classes experience violence. In a majority of these cases, the woman's attacker is her partner or husband (Jaspard et al. 2001, 364). Perhaps one of the most significant findings the survey uncovered was the extent to which women conceal their abuse. Half of the participants stated that it was their first time reporting their experiences (Jaspard et al. 2001, 365).

After the survey results were published, public awareness and action increased. In 2004, Nicole Ameline, the minister for parity and work equality, announced a 10-point plan for fighting domestic violence. In 2006, the Domestic Violence Act was passed. In 2013, the minister for women's rights unveiled a large-scale action plan that aims to provide improved resources for victims of domestic violence. Over the course of the next three years, the government plans to spend 66 million euros (approximately 77 million USD) on this initiative, and domestic violence will be classified as a public health issue for the first time. Some of the resources the government plans to fund include the creation of 1,650 new women's shelters by 2017, training for 350 additional social workers to assist police with abuse cases, and extended emergency helpline hours (Ministère des Droits des Femmes 2014a, 4).

The feminist organization *Ni Putes Ni Soumises* (Neither Whores nor Submissives) is dedicated to fighting against the violence that women, especially immigrant women, frequently experience in French suburbs. The suburbs, or *banlieues*, can be dangerous places where crime and gang violence are common. This movement started after the horrific murder of a young woman who was living in the suburbs in 2002. Sohane Benziane (1984–2002) was burned alive by her former boyfriend after refusing to go out with him again. After this incident, Fadela Amara (1964–), another woman from the *banlieues*, worked with others to form a march to protest the treatment of women in the *banlieues*. More than 30,000 people marched through cities across France for this cause. The march ended with a demonstration in Paris on International Women's Day in 2003. Today, many other organizations exist that are

dedicated to fighting violence against women; however, this group remains one of the most well-known.

Sexual Assault

The 2000 ENVEFF survey also raised awareness about sexual violence in French society. Approximately 50,000 women were raped during the year the survey was conducted. This was another survey statistic that shocked the public (Fougeyrollas-Schwebel 2005, 299). In 2006, researchers conducted a follow-up survey to the ENVEFF that asked the same set of questions. According to these new survey results, about 16 percent of women and 5 percent of men had experienced unwanted sexual advances. As was discovered with the earlier ENVEFF survey, individuals in all social categories had experienced violence. The 2006 survey also found that young women were more likely to report incidents of violence to authorities. Those studying the results concluded that this might be in response to increased public awareness and the success of antiviolence campaigns after the publication of the 2000 ENVEFF survey results.

Sexual harassment in France became a major topic of debate after the 2011 Dominique Strauss-Kahn scandal. Strauss-Kahn, the former head of the IMF, was accused of sexually assaulting a hotel maid in New York City. This incident threw the spotlight on the pervasiveness of sexual harassment in French society. It is estimated that 20 percent of women (one in five women) have experienced sexual harassment at work. In 2012, France passed a new law on sexual harassment that changed its status to a criminal offense. Convicted offenders now face higher fines and up to three years in prison.

Sex Workers

Sex work has a long history in France. For more than 100 years it was a regulated profession, until 1946, when brothels were declared illegal and shutdown. Prostitution was legalized again in 1960 and subsequently became a controversial topic of debate. Under President Nicolas Sarkozy, the Domestic Security Law was passed in 2003, which made prostitution a serious offense with prison time. Critics of this law felt that it criminalized sex workers and not their clients, thus pushing sex workers further away from the protection of the police. In 2013, another bill was introduced in a further attempt to abolish prostitution. This new legislation proposed fines for individuals who purchased sex. The bill passed in the *Assemblée Nationale*, but it was

rejected by the *Sénat* over concerns that it would force sex workers to operate in isolation, something that could put them at a greater risk of violence or unprotected sex.

Gendered Language

The French take great pride in their language. It is an integral part of their culture and something they actively strive to preserve. In recent years, there has been an ongoing debate about how to correctly represent women's changing social status within the rules of French grammar.

French is a gendered language, which means that nouns use masculine or feminine articles and masculine or feminine endings. An adjective must also agree with a noun to reflect the appropriate gender. The gendering of French nouns becomes problematic in certain situations. Such is the case with job titles that have traditional masculine spellings, for example, *le ministre* (the minister) or *le médecin* (the doctor). As more women enter male-dominated fields, the question persists of how to properly refer to them. While other French-speaking countries, such as Belgium, have come up with their own strategies, the French have yet to find an official solution. One common strategy is to simply feminize a noun's article and to leave the noun itself the same. For example, the masculine title *le ministre* would become *la ministre* for a woman.

In 2011, the feminist organizations *Osez le Féminisme!* (Dare to Be Feminist!) and *Les Chiennes de Garde* (the Watchdogs) launched a campaign to drop the use of the word *mademoiselle*, which is the French form of "Miss." In France, there is no equivalent to the American term "Ms.," which can be used to refer to either a married or an unmarried woman. French women only have the option of being referred to as *madame* (Mrs.) or *mademoiselle* (Miss). Supporters of the campaign against using the term *mademoiselle* argued that the word reinforces sexist values and forces women to unnecessarily disclose information about their personal lives, such as marital status. In 2012, the title *mademoiselle* was officially removed from government forms, leaving only *madame* as an option. Many women viewed this change as a huge victory, while others felt that the campaign was unnecessary.

SUSAN GILMAN

Further Resources

- Allwood, Gill, and Khursheed Wadia. 2000. *Women and Politics in France 1958–2000*. London and New York: Routledge.
- Allwood, Gill, and Khursheed Wadia. 2009. *Gender and Policy in France*. French Politics, Society, and Culture Series. Houndmills, Basingstoke, Hampshire, UK: Palgrave Macmillan.
- Bajos, Nathalie, Aline Bohet, Mireille Le Guen, and Caroline Moreau. 2012. "Contraception in France: New Context, New Practices?" *Population & Sociétés* 492: 1–4.
- Bajos, Nathalie, Mylène Rouzaud-Cornabas, Henri Panjo, Aline Bohet, Caroline Moreau, and the Fécond Team. 2014. "The French Pill Scare: Toward a New Contraceptive Model?" *Population & Sociétés* 511 (May).
- Bonnet, Carole, Emmanuelle Cambois, Chantal Cases, and Joëlle Gaymu. 2011. "Elder Care and Dependence: No Longer Just a Women's Concern?" *Population & Sociétés* 483.
- Chevreul, Karine, and Karen Berg Brigham. 2013. "Financing Long-Term Care for Frail Elderly in France: The Ghost Reform." *Health Policy* 111.3.
- CIA (Central Intelligence Agency). 2014. "France." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/fr.html>.
- Debest, Charlotte, Magali Mazuy, and Fécond Survey Team. 2014. "Childlessness: A Life Choice That Goes against the Norm." *Population & Sociétés* 508.
- European Union Agency for Fundamental Rights. 2014. "Violence against Women: An EU-Wide Survey." Retrieved from <http://fra.europa.eu/en/publication/2014/violence-against-women-eu-wide-survey-main-results-report>.
- Fougeyrollas-Schwebel, Dominique. 2005. "Violence against Women in France: The Context, Findings and Impact of the ENVEFF Survey?" *Statistical Journal of the United Nations* 22: 289–300.
- Gregory, Abigail, and Ursula Tidd. 2000. *Women in Contemporary France*. Oxford and New York: Berg.
- Institut National de la Statistique et des Études Économiques. 2012. "Fiches Thématiques: Travail, Emploi." Regards Sur La Parité. Retrieved from <https://www.insee.fr/fr/statistiques/1372776?sommaire=1372781>.
- IPU (Inter-Parliamentary Union). 2014. "Women in National Parliaments." <http://www.ipu.org/wmn-e/classif.htm>.
- Jaspard, Maryse, and the ENVEFF team. 2001. "Violence against Women: The First Domestic Abuse Survey." *Population & Sociétés* 364 (January).
- Joseph, Marion. 2010. "Le Transsexualisme N'est plus Une Maladie Mentale." *Le Figaro*. Retrieved from <http://www.lefigaro.fr/actualite-france/2010/02/12/01016-20100212ARTFIG00756-le-transsexualisme-n-est-plus-une-maladie-mentale.php>.
- Lert, France, Yolande Obadia, and ANRS-VESPA Survey Team. 2004. "Living with HIV/AIDS in France." *Population & Sociétés* 406 (November).
- L'Institut national de prévention et d'éducation pour la santé. 2012. "Première Hausse Du Tabagisme Chez Les Femmes Depuis La Loi Evin Selon Le Baromètre Santé 2010." Retrieved from <http://www.inpes.sante.fr/70000/cp/10/cp101018b.asp>.
- Mainguené, Alice. 2011. "Couple, Famille, Parentalité, Travail Des Femmes: Les Modèles Évoluent Avec Les Générations." *INSEE Première*.
- Mainguené, Alice, and Daniel Martinelli. 2010. "Femmes et Hommes En Début de Carrière." *INSEE Première* 1284.
- Mazuy, Magali, France Prioux, Barbieri Magali, and Jonathan

- Mandelbaum. 2011. "Recent Demographic Developments in France. Some Differences between the Overseas Départements and Metropolitan France." *Population (English Edition)* 66.3/4: 423–472.
- Ministère de la Santé, de la Jeunesse et des Sports. 2008. "Lutte Contre L'anorexie: Signature D'une Charte D'engagement Volontaire & Interdiction de L'apologie de L'anorexie Sur Internet." Retrieved from http://solidarites-sante.gouv.fr/IMG/pdf/Dossier_de_presse_anorexie.pdf.
- Ministère des Droits des Femmes. 2014a. "Plan Triennal de Lutte Contre Les Violences Faites Aux Femmes."
- Ministère des Droits des Femmes. 2014b. "Santé Des Femmes." Vers L'égalité Réelle Entre Les Femmes et Les Hommes. Retrieved from http://www.egalite-femmes-hommes.gouv.fr/wp-content/uploads/2014/03/Egalite_Femmes_Hommes_T5_bd.pdf.
- Morin, Thomas, and Nathan Remila. 2013. "Le Revenu Salarial Des Femmes Reste Inférieur À Celui Des Hommes." *INSEE Première* 1436 (March).
- Mossuz-Lavau, Janine. 2002. "Gender Parity in Politics: Evening-Up the Score?" *Population & Sociétés* 377.
- Nabli, Fella, and Layla Ricroch. 2013. "Plus Souvent Seul Devant Son Écran." *INSEE Première* 1437 (March).
- Ní Bhrolchain, Máire, and Eva Beaujouan. 2012. "France and Great Britain: Rising Educational Participation Results in Later Births." *Population & Sociétés* 495.
- OECD (Organisation for Economic Co-Operation and Development). 2013. "Health at a Glance 2013 OECD Indicators." Retrieved from: http://dx.doi.org/10.1787/health_glance-2013-en.
- Prioux, France, Magali Barbieri, and Paul Reeve. 2012. "Recent Demographic Developments in France: Relatively Low Mortality at Advanced Ages." *Population (English Edition, 2002-)* 67.4 (October 1): 493–550.
- Prioux, France, Magali Mazuy, and Barbieri Magali. 2010. "Recent Demographic Developments in France: Fewer Adults Live with a Partner." *Population (English Edition)* 65.2.
- Rault, Wilfries, CSF group, and Horko, Krystyna. 2011. "The Intimate Orientations of the First 'PACS' Couples in France." *Population (English Edition)* 66.2.
- Régnier-Loilier, Arnaud, and Henri Leridon. 2007. "After Forty Years of Contraceptive Freedom, Why So Many Unplanned Pregnancies in France?" *Population & Sociétés* 439.
- Robineau, Delphine, and Thibaut de Saint Pol. 2013. "Body Fatness Standards: An International Comparison." *Population & Sociétés* 504.
- Rossier, Clémentine, Laurent Toulemon, France Prioux, and Madeleine Grieve. 2009. "Abortion Trends in France, 1990–2005." *Population (English Edition, 2002-)* 64 (3): 443–476.
- Solaz, Anne, and François-Charles Wolff. 2014. "Intergenerational Correlation of Domestic Work: Does Gender Matter?" *Documents de Travail* 206 (March).
- Tarr, Carrie, and Jane Freedman. 2000. *Women, Immigration and Identities in France*. Oxford and New York: Berg.
- Twomey, Lesley K. 2000. *Women in Contemporary Culture: Roles and Identities in France and Spain*. Bristol, UK, and Portland, OR: Intellect.
- Union Nationale Prévention Suicide. 2013. "Journée Mondiale de La Prévention Du Suicide." Retrieved from http://www.unps.fr/mediapool/125/1257548/data/Village_associatif_UNPS/DP_Village_Aso_UNPS_2014_1_.pdf.
- United Nations Development Programme. 2015. "Gender Inequality Index." *Human Development Reports*. Retrieved from <http://hdr.undp.org/en/composite/GII>.

G

Georgia

Overview of Country

Georgia is located to the east of the Black Sea, bordering Turkey, Armenia, Azerbaijan, and Russia. Georgia's north border is formed by the Caucasus Mountains and the Lesser Caucasus Mountains that dominate the central and south areas of the country. The country is 26,900 square miles (69,700 sq. km) and consists of mountainous, wooded geography with a varying regional climate that is humid in the coastal areas and cold and dry in the inland mountain areas. As of the 2014 census, Georgia has a population of 4.5 million (World Bank 2014).

In 2015, the UN Development Programme (UNDP) ranked Georgia 76th out of 188 countries based on the Human Development Index (HDI; 0.754). This is an increase of 12.2 percent in Georgia's HDI since 2000 (UNDP 2015). One reason for the low score is Georgia's designation as a place of female labor and sex trafficking, but the score has been improving as Georgia's government works to bring about greater equality and opportunity for citizens (UNDP 2015). For instance, recent austerity measures have led to rapid inflation and a decrease in government subsidies and social programs that benefit women and children (Ortiz and Cummins 2013, 63–64).

Georgia gained independence from the Russian Federation in 1991 (Nichol 2013). Following their independence,

Georgians experienced separatist conflict from 1992 to 1994, leading to mass migration (Hofmann and Buckley 2013, 213). The political tumult also led to widespread income inequality. Between 1991 and 1994, Georgia experienced a gross domestic product (GDP) drop from USD\$4,103 to USD\$1,328 (Habibov 2012, 210). It was not until 2006 that Georgia returned to its preindependence GDP (212).

In August 2008, the Russia-Georgia conflict displaced citizens, caused economic instability, and unsettled Georgia's military (Nichol 2013). Once again, Georgia saw its GDP fall (Habibov 2012, 219). According to Human Rights Watch (HRW), since the last conflict, Georgia has made progress on the human rights front but has continued to fail in bringing about equality in terms of justice (HRW 2016).

The largest human rights struggle currently experienced in Georgia is the displacement of citizens, particularly ethnic minorities. Recent reports assert that ethnic minorities in Georgia experience a lack of access to employment and education (Nichol 2013). Though the Georgian Constitution calls for the acceptance of "social, economic, cultural, and political life" of all citizens, legislation is published only in the Georgian language and not in minority languages, and interpreters are not dependable (Richmond 2009, 2). Minority Rights Group International, a group that researches and works for the rights of indigenous populations around the world, including religious,

ethnic, and linguistic minorities, lists the following as Georgian ethnic minorities: Abkhaz, Ajarians, Armenians, Azeris, and Ossetians (Richmond 2016). Other ethnic minorities include the Meskhetians, a Muslim group who left Georgia during Soviet control (Richmond 2009, 1).

According to the UN *Convention on the Rights of the Child*, female children are disproportionately the victims of discrimination due to their gender (United Nations 2008, 5). However, UNICEF notes that Georgia is making strides in improving living conditions for women and children by seeking out the advice of UN organizations and implementing programs that have led to increased educational success, multilingual programs, health care initiatives, and improved maternal health (UNICEF 2011, 5). However, UNICEF also points out that there is little reliable research on the lives of women and children in the areas of Abkhazia and South Ossetia, leading to a lack of reportable information about women and girls in those regions (5).

Girls and Teens

Due to a lack of disaggregated data and the relatively young age of Georgia as a country, little research has been done to learn more about the lives of girls and teens in Georgia. Much of the research on Georgian youth refers to both male and female minors. However, traditional patriarchal roles within the adult population translate into similar gender roles for youth. Girls are more likely to learn to cook, clean, and care for children than their male counterparts (Corso 2014).

Sports

As a means of increasing organizations for teens, the Georgian government founded the Ministry of Sport and Youth Affairs (MSY) in 2010 (UNICEF 2011, 59). This and other organizations and campaigns are aimed at encouraging youth to live healthy lifestyles (59).

Recreation

Chess is a popular pastime for Georgian girls. Georgian tradition dictates that parents bestow a chess set to their daughters upon marriage (Goletiani 2016). Georgia is the home of many chess champions. Together, Maia Chiburdanidze (1961–) and Nona Gaprindashvili (1941–), who won the championship at 13 years old, have held the Women's World Chess Champion title for a combined 30 years (Goletiani 2016).

Literacy

Georgia has a very high literacy rate of 99.7 percent (UNDP 2015). However, it is not clear whether that literacy extends toward ethnic minorities. For instance, state services and most of the educational system are conducted in Georgian, even those located in areas of Georgia where the population is representative of minority languages (Richmond 2009, 3). Additionally, national schools test students' knowledge of Georgian language and literature (3).

From data that is available, it appears that girls have the same or better educational opportunities as their male counterparts. The United Nations reports that, on average, females experience 14 years of schooling as compared to the 13.6 years of schooling reported for males (UNDP 2015).

Sex Education

Premarital sex is discouraged and taboo within Georgia. The Georgian Orthodox Church does not permit premarital sex, resulting in high disapproval ratings in surveys about Georgian attitudes toward premarital sex (Lomsadze 2010). No data exists on sex education for minor children, and surveys of contraceptive use indicate that the only education that women receive on contraceptive use and pregnancy prevention is from nongovernmental organizations (NGOs).

Health

Because of a lack of reporting and the lack of medical care sought by Georgian citizens, reported rates of disease and illness are likely incomplete. Additionally, the conflict displacement of citizens has led to difficulty tracking information on particular groups and their health care.

In 2011, the National Statistics Office of Georgia reported rates of abortion, syphilis, gonorrhea, tuberculosis (TB), HIV/AIDS, mental illness, cancer, and suicide within the country. With the exception of cancer, there were fewer reported incidents for women in all categories (National Statistics Office of Georgia 2011, 19). Much of the research available points to the health of displaced families, maternal health, and sexually transmitted diseases (STDs) as being the most prevalent concerns for Georgian women and children.

Access to Health Care

In 2008, the Georgian government initiated a medical insurance program for families under the poverty line called MAP (UNICEF 2011, 11). The country has seen

utilization of free health care as a result, but those who do not receive MAP are unable to afford health care, which can lead unqualified families to poverty (11). UNICEF reports that Georgia has one of the highest citizen health care costs in the area, causing people to avoid care, though the government is reforming health care in an attempt to provide widespread, affordable coverage (22).

The United Nations issued a 2011 report that a majority of medical doctors in Georgia were women. As of 2009, researchers have documented 13,787 female doctors and 6,822 male doctors in Georgia (National Statistics Office of Georgia 2011, 16).

Health of Displaced Women

There are many displaced women in Georgia due to ongoing conflict. One challenge of displacement is adequate health care. Despite state insurance and free medical care, displaced Georgians have difficulty obtaining adequate medical care because of a lack of comprehensive coverage and difficulty locating assistance because health services lack funding (Doliashvili and Buckley 2008, 22). Of the general population, 50 percent do not seek medical treatment when they experience health problems, and that number increases in the displaced Georgian population (22). The conflict and resulting displacement are of concern as well, as they may lead to mental health problems. Due to ongoing conflict, women in Georgia show symptoms of somatic distress, or physical ailments that cannot be explained by medical conditions.

A 1999 health survey reported that sexually active displaced Georgian women aged 15–44 experienced higher than average rates of anemia, asthma, hypertension, heart failure, hepatitis B infections, and urinary infections. Additionally, displaced women experience higher than average rates of some STDs (22).

Tobacco Use

The Tobacco Atlas, a group founded by the American Cancer Society, reports that, in 2013, 2.8 percent of Georgian girls and 4.5 percent of Georgian women smoke on a daily basis (Tobacco Atlas 2015). The World Health Organization (WHO) reports that the rate of tobacco use has since risen, with 3.8 percent of female youth 13–15 smoking daily and 7.8 percent of all females using tobacco in total (WHO 2015, 2). While Georgia has some policies in place to curb tobacco use, the policies are not widespread. For instance, Georgia has smoke-free health facilities and universities, but other

locations, such as government facilities and restaurants, are not smoke free; there is no ban on direct advertising of tobacco (Tobacco Atlas 2015). Though the government put forth smoking fines for institutions that allow smoking, those laws are not enforced in any way, nor are there protocol for following up on smoking complaints (WHO 2015, 3).

Reproductive Health and Contraceptive Use

In one study, under 30 percent of women ages 15–44 reported having a gynecological exam in the past year (Doliashvili and Buckley 2008, 24). Of women aged 18–44 who are married or cohabitating, 48.7 percent report using contraceptives, including intrauterine devices (IUDs), implants, sterilization (male and female), hormonal birth control, condoms, and other (Eeckhaut, Sweeney, and Gipson 2014, 151). Research suggests that there is an increase in modern contraceptive use in Georgia, but the increase is mostly seen in women under 25 (Westoff 2005, 6).

Georgia has the highest abortion rate in the world (Serbanescu, Stupp, and Westoff 2010, 99). A study funded by USAid showed that Georgia's abortion rate for women 15–44 was 3.7 abortions per woman and that abortions were often performed for married women who already had one or two children (Westoff 2005, 3). The UN International Covenant on Civil and Political Rights notes that abortion practices are sex-selective and are the result of unequal valuation of the sexes (United Nations 2014).

According to the Organisation for Economic Co-Operation and Development's (OECD) Social Institutions & Gender Index, there have been no reports of female genital mutilation (FGM) in Georgia (SIGI 2014).

Maternal Health

Maternal health is a particular problem for displaced Georgian women. Because of the lack of affordable health care and a lack of equipment and staffing, Georgian women experience preventable pregnancy complications. However, Georgian women saw an increase in prenatal care, from 75 percent to 90 percent, and ultrasounds in a period from 2005 to 2010 (UNICEF 2011, 32). In addition, prenatal care in Georgia now includes HIV testing, leading to higher rates of detection and treatment (36). The UNDP and Maternal Mortality Estimation give a range of maternal mortality rates from 41–66 per 100,000 live births, while the infant mortality rate is 11.7 per 1,000 live births (32).

From 1999 to 2010, Georgia saw an overall increase in women delivering babies in health facilities, particularly

the Azeri population, an ethnic minority (6). However, one of the leading causes of death for children under five years old is neonatal medical concerns, such as premature birth, asphyxia, infections, and pneumonia, which may be preventable and which research has demonstrated is correlated to maternal health (22).

Most Georgian women breastfeed their children at some point, but few continue to primarily breastfeed. UNICEF states that roughly half of all infants under six months old are exclusively breastfed, and the average age for weaning is 9–10 months old (26). UNICEF promotes breastfeeding to reduce cases of malnutrition in Georgian children, including anemia (25–27).

Diseases and Disorders

Georgia has a low rate of communicable diseases, including malaria, which was a problem in the early 20th century. Within Georgia, tuberculosis (TB) and HIV/AIDS are the most prevalent communicable diseases (WHO 2014). The WHO lists Georgia as 1 of the 27 countries with highly drug resistant TB, and thus it has been working with Georgia to develop better prevention measures for TB. Of particular concern and difficulty for medical providers are TB-HIV coinfections (WHO 2011).

The UN report *Convention on the Rights of the Child* notes that the rate of STDs is increasing and with it the incidence of discrimination against those with HIV/AIDS (United Nations 2008, 11–12). While Georgia has an overall low rate of HIV/AIDS, the rate of diagnosis rose by 25 percent over a decade (UNICEF 2011, 34). The rate is particularly high among young people in Georgia, possibly because of a lack of programs that would offer awareness of STDs and risks of intravenous drug use (UNICEF 2011, 7, 36).

Vaccinations

The Georgian government increased vaccination funding in an effort to reduce preventable diseases and diseases such as rotavirus and pneumonia that contribute to the infant mortality rate (UNICEF 2011, 28–29). To keep the rates of communicable diseases low, as they currently are, the WHO and other programs continue to promote vaccination for Georgian citizens and children.

Education

Education appears to be an area of equality for Georgian females. According to UNICEF, 29 percent of 6-year-old

boys and 24 percent of 6-year-old girls do not attend primary school, mostly in communities with ethnic minorities (UNICEF 2011, 17). At all levels of education, the ratio of girls to boys is fairly even, with slightly more girls attending school than boys, particularly in secondary school (17–18, 20). However, poor and ethnic minority students are more likely to drop out of secondary school, with boys dropping out at a higher rate than girls (20).

Primary, Secondary, and Tertiary Schools

Georgian schools are comprehensive, meaning they do not differentiate between academic and vocational tracks as some schools in Europe do (Chakhaia et al. 2014, 306). Georgian schools consist of several levels: primary level, lower secondary level, upper secondary level (ages 14–15), and tertiary level (ages 16–18) (308). The lower levels of education are available to all children in Georgia. The tertiary level has limited funding, and therefore some families cannot afford for their child to continue in school (308).

In 2011, Georgia implemented 12th grade certification exams that have high stakes for teachers and administrators when teachers fail (306). For this reason, students who are viewed as potentially failing are encouraged to drop out of school, and the dropout rate has increased (306–307). From October 2011 through January 2013, 7,367 girls aged 12–15 dropped out of school, with the rate of withdrawal highest in the Kvemo Kartli region and among ethnic Azerbaijani females (SIGI 2014).

Among all genders, obtaining a technical vocational education, mastering fluency in English, or acquiring working knowledge of computers increases an individual's earning potential (Habibov 2012, 215). However, technical education at the tertiary level is costly, and few students are able to afford technical education (Chakhaia et al. 2014, 306).

Postsecondary Education

A 2011 report from the government listed the levels of education for Georgian females as the following (per 1,000 Georgian women): 146 received primary education; 96 received basic education; 294 received general secondary education; 155 received vocational secondary education; 26 began but did not complete higher education; and 191 completed higher education (National Statistics Office of Georgia 2011, 24). In general education schools, male students were more likely to be enrolled in private institutions, while women were more likely to be enrolled in

private institutions of higher education (25). Similarly, in all institutions of higher education, women made up 55.5 percent of all students (26). In all fields except engineering and construction, doctoral students were mostly female in the academic years 2008 and 2009 (27).

Employment

Assessing the education of Georgian female students is difficult due to the aggregation of educational data, and thus there is a lack of understanding of the state of education for male and female students (Richmond 2009, 7–8). Due to an increase in education levels, immediately prior to their independence from the Soviet Union, Georgian women experienced an 80 percent employment rate (Hofmann and Buckley 2013, 513–514). Political unrest has led to an increase in women's employment outside of the home. Nevertheless, the rate of females working outside of the home as of 2014 was 56.5 percent, as compared to the male rate of 75.1 percent. This rate is relatively unchanged in statistics disseminated from the government in 2009 (National Statistics Office of Georgia 2011, 34). Georgian women receive 52.6 percent of all pensions within the country (21).

Political Conflict and Employment

Recent political upheaval has also increased forced migration from Georgia, particularly for women. The continued political unrest has led to an increase in divorce rates and thus a greater need female employment (Hofmann and Buckley 2013, 514). Research into Georgian migration shows that Georgia's wage rates are among the lowest of the former Soviet countries, with a minimum wage of approximately USD\$65.61 per month, leading to increased migration from Georgia as Georgians search for higher pay (Koshulko and Onkal 2015, 122–123).

Gender Dynamics in the Employment Sector

Despite an increase of women in the workforce, being female in Georgia has the highest negative impact on income amount (Habibov 2012, 215). Research found that this was due to a variety of factors, including employers being wary of hiring women who may go on maternity leave or who have to take off work to care for family members, and because women were often employed in education or health care, which are both low-wage areas and are increasingly hiring fewer women (218). The UN International Covenant on Civil and Political Rights lists the

gender wage gap as a violation of human rights in Georgia and suggests eliminating gender discrimination in hiring and employment practices (United Nations 2014).

Among private local, private foreign, and state employers, there is greater gender equality in employment at the state level, with nearly 50 percent female employment, than in the other two sectors, both of which experience a female employment rate of less than 40 percent (National Statistics Office of Georgia 2011, 53). However, at all levels, females in Georgia are paid on average approximately 100 GEL (\$41.71 US) less than male employees (44).

Gender inequality exists within the promotion hierarchy, too. In institutes of higher education, Georgian women were more likely to be employed as teachers or assistant professors but less likely to be employed as full professors in the 2009–2010 academic year (26).

Maternity Leave

As of 2013, women in Georgia can take 477 days off for maternity leave, and 126 of those days are paid (Gvedashvili 2013). Though women have requested higher pay for reforms that do not allow employers to lay off women before they go on maternity leave, there is little indication that those reforms passed the Georgian Parliament.

Family Life

Because of conflicts and internal displacement, family life has changed significantly since Georgia's independence from Russia. Aspects of employment, mentioned above, challenge the patriarchal nature of Georgian family life.

There is little information available on the status of lesbian, gay, bisexual, transgender, and queer (LGBTQ) women in Georgia, likely due to the overall lack of acceptance of LGBTQ persons by the Georgian Orthodox Church and Georgian society.

Marriage

The minimum marriage age in Georgia is 18 years old, but the age restriction is not enforced, as is evident from an increasing number of earlier marriages, likely due to poverty and premarital sex. Girls and women in Georgia are expected to be virgins prior to marriage (SIGI 2014).

Fertility Rate

As of 2014, Georgia's fertility rate is 1.6, lower than the United States, Australia, and France (Eeckhaut, Sweeney,

and Gipson 2014, 150). The UNDP estimates the adolescent birth rate (women ages 15–19) at 46.8 births per 1,000 births (2015). The fertility rate may be inaccurate; many births go unregistered, particularly in ethnic minority communities. Georgia has sought to increase the number of children who are registered at birth, thereby helping to ensure access to health and education. The number of infants registered rose from 92 percent in 2005 to 97 percent in 2010 due to outreach targeting ethnic minorities who were less likely to register infants (UNICEF 2011, 56).

Household Roles

Georgia's gender traditions remain paternalistic, with males viewed as the breadwinners and women viewed within the domain of the home (Kabachink et al. 2013, 780–781). Research released in 2001 indicates that only one-third of households in Georgia consider a woman to be the head of the house (National Statistics Office of Georgia 2011, 29). The UN International Covenant on Civil and Political Rights urges political leaders to address the paternalistic aspects of society by raising awareness of equal rights for women (United Nations 2014).

Despite the majority of Georgians viewing men as the head of the household, both men and women share paternal authority, including decision making, in their marriage, and this shared parental role continues even when parents divorce. Along the same lines, women can petition for a divorce, but a man cannot petition for a divorce if his wife is pregnant or he has a child under a year old (SIGI 2014).

One report notes that despite the paternalistic society, younger Georgian men are taking on more of the unpaid work, such as child care and household work, likely due to higher rates of unemployment, but another report found that gender roles remain strongly linked to gender (SIGI 2014). Despite a shift in the nature of household work, Georgian women may lack resources that grant them autonomy. As of 2010, women are issued less than 15 percent of all driver's licenses issued in the country and own less than 13 percent of the vehicles (National Statistics Office of Georgia 2011, 61–62).

Property Rights

Despite having equal rights to inheritance, male children are often given property to the exclusion of female children (SIGI 2014). Legally and through government mandate, male and female citizens have equal rights to property and land, and upon marriage, a woman retains rights to her property.

Politics

Women's groups in Georgia appear to be growing in number. The NGO Stop Violence against Women says that the Anti-Violence Network of Georgia, the Georgian Young Lawyers' Association, the Women's Center, Women for Democracy, and other organizations are all working to achieve equality in Georgia (Advocates for Human Rights 2008).

Participation in the Government

Historically, women have held few positions within the Georgian Parliament, with only 6.4 percent of Parliament seats held by women in 2010 (National Statistics Office of Georgia 2011, 63). Women hold only 11.3 percent of political seats in the government (63). As of 2009, no minority women were in the Georgian Parliament (Richmond 2009, 5). However, women have nearly equal representation as judges on the High Council of Justice, with 106 female judges out of the 217 total judges in December 2010 (National Statistics Office of Georgia 2011, 65). The UN International Covenant on Civil and Political Rights lists the underrepresentation of women in government as a human rights violation (United Nations 2014).

LGBTQ Rights

Georgian society has little acceptance of those in the LGBTQ community. Homosexuality is viewed as unacceptable in Georgia, with 90 percent of the population stating no tolerance for homosexuality and the other 10 percent refusing to answer or answering that they do not know (Filetti 2014, 232). In May 2013, a march against homophobia in the Georgian capital of Tbilisi resulted in rioting, with priests from the Georgian Orthodox Church participating, and had to be broken up by police officers (Zhvania 2013). The UN International Covenant on Civil and Political Rights notes discrimination, hate speech, and violence toward Georgians who identify as LGBTQ (United Nations 2014). The United Nations recommends prosecution of those found to discriminate against or act in violence toward members of the LGBTQ community (United Nations 2014).

Religious and Cultural Roles

A 2014 study on Georgian religion identified 10 percent of the population, mostly ethnic minorities, as Muslim; 85 percent as Orthodox Christian; and 3 percent agnostic

(Filetti 2014, 224). The large number of Orthodox Christians means that the country is conservative in its views, as has been noted above in sections on premarital sex and patriarchal roles for men and women. Orthodox Christianity has a strong influence over the daily lives of Georgians and receives government funding each year of USD\$12.5 million (Popovaite 2015). Orthodox churches require women to cover their heads while in church.

Muslim women in Georgia, because they are in the minority and because of a Georgian history of defending Georgia from the Muslim armies of the Ottoman and Persian Empires, may be shunned or lose employment. Muslims are unfavorably viewed in Georgia and seen as less intelligent, and some Muslim women refrain from covering their hair in public so they can blend in with the non-Muslim population (Popovaite 2015).

Issues

Though not much is known about the lives of minor girls in Georgia, the status of Georgian women speaks to what Georgian girls can expect when they become adult women. Educational opportunity seems equal among Georgian girls and boys, and there is a high literacy rate. However, women are less likely to be employed and, if they are employed, promoted to the same level as their male counterparts and make the same pay. Women also experience workplace sexual harassment and discrimination. Women in Georgia also experience domestic violence and human trafficking.

Issues Related to Employment

In the U.S. Department of State's 2012 human rights report, workplace sexual harassment and discrimination are problems that Georgian women face. Specifically, sexual harassment is not illegal in Georgia, and so there is no outlet for reporting incidents of harassment. Additionally, little is known about discrimination because NGOs in Georgia believe discrimination is underreported; however, data shows that women work in lower-level positions than men, even when they have the same skill set and education level, and women make 60 percent of what their male counterparts make (U.S. Department of State 2012).

Domestic Violence

Statistics released by the Georgian government indicate that men are the most likely perpetrators of violence, and

women are most often the victims of violence (National Statistics Office of Georgia 2011, 59). Corporal punishment of children and women is not illegal in Georgia. As of 2011, there were only two shelters for mothers and their babies in the country, and violence is one of the factors for which shelters accept women (UNICEF 2011, 50). The UN report on the International Covenant on Civil and Political Rights asks Georgian leaders to protect women from domestic violence by providing rights awareness, shelters, social workers, and by raising awareness throughout the country, but also by using legislation to further penalize and criminalize corporal punishment (United Nations 2014).

Trafficking

The U.S. Department of State *Trafficking in Persons Report* claims, "Georgia is a source, transit, and destination country for women and girls subjected to sex trafficking," including in tourist areas. Women and children are also trafficked for forced labor, particularly in agriculture, construction, and domestic service (U.S. Department of State 2015).

Gender Preference

Gender discrimination is present in many facets of Georgian life. Parents prefer male children to female, and as a result, Georgia experiences a high rate of prenatal gender-selective abortions (Liisanantti and Beese 2012, 26). Men are largely viewed as the breadwinner and decision maker within a family (Filetti 2014, 231).

Grassroots Movements

In January 2015, with the support of UN Women, Georgian president George Margvelashvili declared 2015 the Year of Women. Erika Kvapilova, the president and UN Women representative in Georgia, spoke of the need to eliminate violence against women while also promoting women's rights, representation within the government, and employment equality for women (UN Women 2015).

JENNIFER M. HEWERDINE

Further Resources

The Advocates for Human Rights. 2008. "Violence against Women in Georgia." Retrieved from <http://www.stopvaw.org/Georgia>.

Chakhaia, Lela, Natia Andguladze, Ana Janelidze, and Nino Pruidze. 2014. "Identities, Cultural Capital, Educational Choices and Post-Communist Transition: An Ethnographic Study of Georgian Youth." *Southeast European and Black Sea Studies* 14.2: 301–318. doi:10.1080/14683857.2014.904624.

- Corso, Molly. 2014. "Georgia: Gender Roles Beginning to Blur." Eurasianet.org, January 6. Retrieved from <http://www.eurasianet.org/node/67914>.
- Doliashvili, Khatuna, and Cynthia J. Buckley. 2008. "Women's Sexual and Reproductive Health in Post-Socialist Georgia: Does Internal Displacement Matter?" *International Family Planning Perspectives* 34.1: 21–29. doi:10.1363/3402108.
- Eeckhaut, Mieke C. W., Megan M. Sweeney, and Jessica D. Gipson. 2014. "Who Is Using Long-Acting Reversible Contraceptive Methods? Findings from Nine Low-Fertility Countries." *Perspectives on Sexual and Reproductive Health* 46.3: 149–155. doi:10.1363/46e1914.
- Filetti, Andrea. 2014. "Religiosity in the South Caucasus: Searching for an Underlying Logic of Religion's Impact on Political Attitudes." *Southeast European and Black Sea Studies* 14.2: 219–238. doi:10.1080/14683857.2014.904543.
- Goletiani, Rusudan. 2016. "On Chess: The Story of Nona Gadprindashvili, an Inspiration in Georgian Chess." *St. Louis Public Radio*, February 4. Retrieved from <http://news.stlpublicradio.org/post/chess-story-nona-gadprindashvili-inspiration-georgian-chess>.
- Gould, Rebecca. 2010. "Becoming a Georgian Woman." *Frontiers* 31.2: 127–144. doi:10.1353/fro.2010.0007.
- Gvedashvili, Nino. 2013. "Georgian Women Seek Fair Maternity Terms." *Institute for War & Peace Reporting*, May 3. Retrieved from <https://iwpr.net/global-voices/georgian-women-seek-fair-maternity-terms>.
- Habibov, Nazim. 2012. "Income Inequality and Its Driving Forces in Transitional Countries: Evidence from Armenia, Azerbaijan and Georgia." *Journal of Comparative Social Welfare* 28.3: 209–221. doi:10.1080/17486831.2012.749504.
- Hofmann, Erin T., and Cynthia J. Buckley. 2013. "Global Changes and Gendered Responses: The Feminization of Migration from Georgia." *International Migration Review* 47.3: 508–538. doi:10.1111/imre.12035.
- HRW (Human Rights Watch). 2016. "Georgia: Events of 2015." Report. [hrw.org](http://www.hrw.org/world-report/2016/country-chapters/georgia#8cec7d). Retrieved from <https://www.hrw.org/world-report/2016/country-chapters/georgia#8cec7d>.
- Kabachink, Peter, Magdalena Grabowska, Joanna Regulska, Beth Mitchneck, and Olga V. Mayorova. 2013. "Traumatic Masculinities: The Gendered Geographies of Georgian IDPs from Abkhazia." *Gender, Place, & Culture* 20.6: 773–793. doi:10.1080/0966369X.2012.716402.
- Koshulko, Oksana, and Guncel Onkal. 2015. "Issues in Countries of Former Soviet Union as the Driving Force for Female Migration to Turkey." *International Letters of Social and Humanistic Sciences* 56: 120–126. doi:10.18052/www.scipress.com/ILSHS.56.120.
- Liisanantti, Anu, and Karin Beese. 2012. "Gendercide: The Missing Women?" Directorate-General for External Policies of the Union Directorate B. Brussels, Belgium: European Union. Retrieved from http://ecologic.eu/sites/files/project/2013/the_missing_women.pdf.
- Lomsadze, Giorgi. 2010. "The Virginity Institute: Sex and the Georgian Woman." Eurasianet.org, May 12. Retrieved from <http://www.eurasianet.org/node/61048>.
- National Statistics Office of Georgia. 2011. *Men and Women in Georgia*. Annex 1 to the CEDAW 4-5 Report by Georgia. Tbilisi, Georgia: National Statistics Office of Georgia. Retrieved from http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/GEO/INT_CEDAW_AIS_GEO_13529_E.pdf.
- New Economics Foundation. 2011. "Georgia Review 2011." Happy Planet Index: 178–180.
- Nichol, Jim. 2013. "Georgia [Republic]: Recent Developments and U.S. Interests." Congressional Research Service, June 21. Retrieved from <https://www.fas.org/sgp/crs/row/97-727.pdf>.
- Ortiz, Isabel, and Matthew Cummins. 2013. "Austerity Measures in Developing Countries: Public Expenditure Trends and the Risks to Children and Women." *Feminist Economics* 19.3: 55–81. doi:10.1080/13545701.2013.791027.
- Popovaite, Inga. 2015. "Georgian Muslims Are Strangers in Their Own Country." Open Democracy Russia, March 5. Retrieved from <https://www.opendemocracy.net/od-russia/inga-popovaite/georgian-muslims-are-strangers-in-their-own-country>.
- Richmond, Sopia. 2009. "Breaking the Cycle of Exclusion: Minority Rights in Georgia Today." Minority Rights Group International, December 22. Report. Retrieved from <http://minorityrights.org/publications/breaking-the-cycle-of-exclusion-minority-rights-in-georgia-today-december-2009>.
- Serbanescu, Florina, Paul Stupp, and Charles Westoff. 2010. "Contraception Matters: Two Approaches to Analyzing Evidence of the Abortion Decline in Georgia." *International Perspectives on Sexual and Reproductive Health* 36.2: 99–110. doi:10.1363/3609910.
- SIGI (Social Institutions & Gender Index). 2014. "Georgia." OECD (Organisation for Economic Co-operation and Development). Retrieved from <http://www.genderindex.org/country/Georgia>.
- Tobacco Atlas. 2015. "Georgia." Retrieved from <http://www.tobaccoatlas.org/country-data/georgia>.
- UNDP (UN Development Programme). 2015. "Georgia: Human Development Indicators." Human Development Reports. Retrieved from <http://hdr.undp.org/en/countries/profiles/GEO>.
- UNICEF. 2011. "Georgia and the Convention of the Rights of the Child." Report. Retrieved from http://www.unicef.org/ceecis/Unicef_Sitan_ENG_WEB.pdf.
- United Nations. 2008. *Convention on the Rights of the Child*. Retrieved from <http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d/PPRiCAqhKb7yhsqYprcw2atLvQfUcOdO2bWFL03ymeAuFdv4lH4ttni6Ow/5GTj7iR/m9TpdnRsU+eOlCQKcelfC2JY5v23+reymysFudI28yROWFEWkRB+Xdc>.
- United Nations. 2014. "International Covenant on Civil and Political Rights." Report. Retrieved from <http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2fPPRiCAqhKb7yhsqYprcw2atLvQfUcOdO2bWFL03ymeAuFdv4lH4ttni6Ow/5GTj7iR/m9TpdnRsU+eOlCQKcelfC2JY5v23+reymysFudI28yROWFEWkRB+Xdc>.
- UN Women. 2015. "Georgia Declares 2015 as Year of the Woman." UN Women Report, January 19. Retrieved from <http://www.unwomen.org/en/news/stories/2015/01/georgia-declares-2015-as-year-of-the-woman>.

- U.S. Department of State. 2012. "Country Reports on Human Rights Practices for 2012: Georgia." Retrieved from <http://www.state.gov/j/drl/rls/hrrpt/2012humanrightsreport/index.htm?year=2012&dld=204287#wrapper>.
- U.S. Department of State. 2015. "Georgia." *2015 Trafficking in Persons Report*. Retrieved from <http://go.usa.gov/3M5mG>.
- WAVE (Women against Violence Europe). 2014. "Country Report: Georgia." Retrieved from http://files.wave-network.org/researchreports/COUNTRY_REPORT_2012.pdf.
- Westoff, Charles F. 2005. "Recent Trends in Abortion and Contraception in 12 Countries." *DHS Analytical Studies* 8. Calverton, Maryland: ORC Macro. Retrieved from <http://www.dhsprogram.com/pubs/pdf/AS8/AS8.pdf>.
- WHO (World Health Organization). 2011. "Tuberculosis Country Work Summary: Georgia." WHO Regional Office for Europe. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0011/185888/Georgia-Tuberculosis-country-work-summary.pdf?ua=1.
- WHO (World Health Organization). 2014. "Georgia: Areas of Work." Country Reports. Retrieved from <http://www.euro.who.int/en/countries/georgia/areas-of-work>.
- WHO (World Health Organization). 2015. "Country Profile: Georgia." WHO Report on the Global Tobacco Epidemic. Retrieved from http://www.who.int/tobacco/surveillance/policy/country_profile/geo.pdf.
- World Bank. 2014. "Georgia: World Development Indicators." Report. Retrieved from <http://data.worldbank.org/country/georgia>.
- Zhvania, Tina. 2013. "Anti-Gay Riot in Georgian Capital." Institute for War & Peace Reporting, May 21. Retrieved from <https://iwpr.net/global-voices/anti-gay-riot-georgian-capital>.

(Federal Republic of Germany) written in white letters mark the border between Germany and its neighboring countries. Border controls no longer exist on land. Only German airports and seaports with connections to countries outside the Schengen Area still maintain border control.

Germany is approximately 137,850 square miles, roughly the size of the state of Montana, and has a population of slightly more than 82 million people (FSO 2017b). Seventy-four percent live in urbanized areas. Berlin has 3.4 million residents, Hamburg has 1.8 million, and Munich has 1.3 million. Ninety-two percent of the population is German, 2.4 percent is Turkish, and the remainder consists of a mix of predominantly Greek, Italian, Russian, Polish, Spanish, and Serbo-Croatian ethnic groups (CIA 2017). German is the official language; more than 95 percent of the country speaks a regional German dialect as their first language. Germany has a national version of Braille (*Deutsche Blindenschrift*) and its own sign language. The *Deutsche Gebärdensprache* (German Sign Language) is used by an estimated 50,000 people (Fischer and Lane 1992).

The first German Empire was formed in 1871. Monarchs of hundreds of smaller and larger entities gathered in Versailles to proclaim the Prussian king Wilhelm I the first German emperor. After the end of World War I, in 1918, the first German democracy, called the Weimar Republic, after the Thuringia city in which the national assembly gathered for the first time, replaced the monarchy, albeit only for a brief period. In 1933, the National Socialists were voted the strongest party of the German parliament and by ways of introducing new laws turned the country into a one-party dictatorship of the National Socialists, led by Adolf Hitler.

After Germany surrendered in World War II, in 1945, it was divided into four parts under Allied governance. The American-, British-, and French-occupied zones transformed into 11 states (*Bundesländer* or *Länder*, for short) and formed the Federal Republic of Germany in 1949 (West Germany). The Soviet-occupied zone became the German Democratic Republic (East Germany) in the same year. The former German capital, Berlin, situated in the Soviet-occupied zone, was also divided into four sectors, which became West Berlin and East Berlin. The West German capital moved to the provincial Bonn on the Rhine River, and the East German capital remained Berlin (East).

While West Germany became a prosperous country, aided by the United States, East Germany stagnated economically under the centralized socialist economy, causing many East Germans to leave the country. In 1961, East

Germany

Overview of Country

The Federal Republic of Germany is situated in Central Europe. It borders nine countries; starting in the north and moving clockwise, they are Denmark, Poland, the Czech Republic, Austria, Switzerland, France, Luxemburg, Belgium, and the Netherlands. As all of Germany's current neighbors are members of the European Union and the Schengen Area, a political conglomerate of nations that allows free movement across the borders of its members, or are covered by a special treaty in the case of Switzerland, there are no longer any border fortifications separating Germany from these nine countries. Instead, square blue signs bearing a circle of 12 yellow stars (the European flag) that enclose the name "Bundesrepublik Deutschland"

Germany began to build the Inner-German Border, better known as the Berlin Wall. It was 866 miles long and had an intricate border control system that consisted of barbed-wire fences, guard towers, minefields, booby traps, and antivehicle ditches. Eventually, in 1989, the wall came down, and in 1990, East and West Germany “unified.” Since then, Germany has been undergoing a complicated process of integrating 17 million East Germans into the old Federal Republic (Lonely Planet 2017).

The life expectancy of Germans is about 80.4 years. Women live 82.9 years on average, surviving men by more than four years (78.2 years). Currently, there are slightly more women than men in Germany, with a female-to-male ratio of 1.04. With a fertility rate of only 1.43 children per family and a birth rate of about 8.5 births per 1,000 people, compared to 11.3 deaths (CIA 2017), Germany’s population is declining. Women in Germany are almost 29 years old at the time they give birth for the first time. There is an even stronger decline in the number of pregnancies in nonurban areas compared to cities (Ehrenstein 2012). Overall, there are only about 650,000 births per year. The reason for a still somewhat steady number of residents in Germany is the increasing migration of families with more than two children. Given that, in 2013, 20 percent of the people were immigrants, one can conclude that the population of Germany would shrink more rapidly without immigrant women (FSO 2017a). An end to this trend is not in sight.

Immigration is the biggest factor that has changed Germany’s ethnic configuration since the 1950s, with the advent of guest workers, since the 1990s, with the influx of ethnic Germans from behind the Iron Curtain, and since 2015, with the opening of Germany’s borders to refugees. For Germany, a definition of ethnic diversity is only possible by linguistic origin, as many European countries do not keep track of ethnicity. Thus, there are only estimated numbers for people of color. An estimated 300,000–500,000 people of color live in Germany whose interests are represented by the *Initiative Schwarze Menschen in Deutschland* (Black People Initiative Germany), making people of color still a rather uncommon sight, particularly outside the major cities (ISD 2014). This changed drastically, when Germany announced the opening of its borders to millions of refugees, and assigned them even to small communities according to a predetermined percentage allotment. Most Germans are of Central European descent. Out of the 83 million residents of Germany, approximately 3.2 million are Turkish, 3 million are Russian, 1.8 million are Polish,

1.5 million are from the former Yugoslavia, 800,000 are Italians, and 500,000 are Romanians (CIA 2017). Germany also accepted approximately 600,000 Syrian refugees since 2014. Marriages and partnerships between ethnic groups have increased over the last decade, turning the country into a more heterogeneous and multiethnic society, despite occasional claims of the failure of *multikulti*, in the German vernacular (Angelos 2011).

This shift in ethnicities is also one of the reasons that the composition of religions in Germany is undergoing a substantial change. During the Holy Roman Empire, one of modern Germany’s predecessors, Roman Catholicism was the sole religion. This changed with the Reformation, when Martin Luther proclaimed the need for reform within Christianity. As a result, most states and principalities in northern and central Germany turned Protestant, consisting of mainly Lutherans and some Calvinists, while southern Germany remained largely Catholic. At that time, people’s religion was determined by the religion of the principality’s ruler, according to the principle *cuius region, eius religio* (whose realm, his religion), but limited to Catholicism and Lutheranism. Germany’s constitution in 1919 eventually guaranteed the freedom of religion, something that was adopted in the Basic Law of 1949 (the name of Germany’s constitution).

Overview of Women’s Lives

In 2005, a historic event took place in the Federal Republic of Germany. For the first time in the country’s 56-year-old history, a woman was elected to the country’s highest office. Angela Merkel, chairperson of the conservative Christian Democratic Union (CDU), became Germany’s first female chancellor, de facto head of state, leader of the German government, and the supreme commander of the German military in case of a state of defense. Germany has embraced a strong woman at its helm since then, and the term of endearment “*Mutti der Nation*” (Mommy of the Nation) bestowed to Merkel by the German press indicates how the country now identifies and relies on the leadership of a woman. Under Merkel’s guidance, Germany has not only weathered the most recent economic downturns, but it has become Europe’s economic powerhouse while making progress toward gender equality. Globally, Germany ranks fourth in terms of its economy and sixth in the Gender Inequality Index (GII) (UNDP 2013). Although it is not evident that there is a direct correlation between Germany’s gender politics and the economy, it is safe to

assert that Merkel's leadership has brought attention to a wide variety of women's issues in Germany.

Germany's division into East and West Germany between 1949 and 1990 is the reason that, to this day, the eastern part of Germany is more secularized than the western part. In West Germany, religion played an integral part in the rebuilding after the war. The Catholic and the Lutheran Churches emphasized the traditional family as an integral element, as evidenced by the founding of the two parties, CDU (*Christlich-Demokratische Union*; Christian Democratic Union) in 1945, by members of the Catholic Centre Party and Lutherans, and the Bavarian-only CSU (*Christlich-Soziale Union*; Christian Social Union), also in 1945. West Germany's economic success and swift rebuilding after the war was thus also a win for the two churches and their patriarchal structure—even in the Lutheran Church that up to this day has fewer than 40 percent of its positions occupied by women.

In communist East Germany, churches were tolerated, but they were not supported by the government. In fact, East Germany instituted a secular coming-of-age ritual to replace the religious ceremonies of confirmation in the Christian churches. The *Jugendweihe* was started in 1955 and became a political tradition in 1958, with the intention of secularizing East German society. Indeed, many East Germans did not associate themselves with religion at all. Even in the late 1980s, when East German churches became political spaces and offered room for a growing democracy movement, people did not flock to churches for political reasons.

Since German unification, more and more Germans are leaving churches, and only for a short period after 2005, when the German cardinal Joseph Ratzinger was elected pope of the Catholic Church and caused a brief uptick in numbers, official religious affiliation has decreased. Overall, however, Germany is still a country permeated by the religious influences of the two main churches.

Girls and Teens

Because of the demographic changes and the fact that almost 25 percent of the teenagers in Germany have a diverse family background, with their parents or grandparents having immigrated to Germany, the lives of girls and teenagers are difficult to generalize. Perhaps this lack of generalization is most striking because the difference one observes between German girls and teens and those with a "migration background"—a term used in Germany

to describe those 25 percent—indicates two things. First, girls and female teenagers are disadvantaged over their male peers. Second, a migration background disadvantages girls and female teens further, as established patriarchal structures position and solidify the girls in those structures, often against their will. For those reasons, separating German girls and girls with a migration background is a troublesome necessity because there is a clear distinction at all levels of German society. In general, girls, teens, and women with a migration background have a more difficult life.

Education

According to a study conducted for Ursula von der Leyen, more gender equality is essential for the future of Germany (von der Leyen 2013). Nevertheless, at present, more girls leave German schools with a diploma than their male counterparts. In 2014, 5.6 percent of German girls and 12.9 percent of girls with a migration background did not graduate, compared to 9.5 percent of German boys and 19.7 percent of boys with a migration background. Almost 35 percent of German girls and 10.3 percent of girls with a migration background received a degree that allowed them to attend college (compared to 26.3% of German boys and 8.1% of boys with a migration background) (OECD 2014).

As schooling is compulsory until the equivalent of the eighth grade in the United States, and homeschooling is illegal in Germany, each girl is guaranteed a basic education that requires interaction in a social setting with children of all genders. Most schooling is done at public schools, which are governed by the laws of each state. Private schools also have to adhere to these laws and are only allowed to charge modest tuition to avoid segregation by social status. Most schools are coed schools, but schools that are exclusively for girls do exist, especially at the secondary level. At those schools, girls have shown more interest in the sciences due to the lack of gender stereotyping that is often the case at mixed schools (Expatica 2017).

The infrastructure thus theoretically enables all girls to graduate with a diploma, enabling them to attend college. In reality, girls, particularly with a migration background, are often discouraged to attend secondary schools beyond the requirement, especially when their cultural roots require them to occupy traditional gender roles within their families. The German government started to address these issues with special projects and programs offered to girls with a migration background, such as free computer

courses, mentoring by successful women from migration backgrounds, and support networks.

The statistics that show the low percentage of women with migration backgrounds receiving a degree that qualifies them to attend college have further implications. While the overall percentage of female students has been hovering around 47 percent since 2005, most of them come from families without migration backgrounds, making college education still largely unattainable for some girls due to sociocultural considerations (BPB 2014). Socioeconomic factors only play a small role, as studying at German universities is tuition free or bears only a nominal fee and students generally qualify for low-interest student loans to cover some of their living expenses. Cultural barriers, going back to the patriarchal system of many minority cultures, prevent an increase in better education, at least for the moment.

Employment

Sixty-eight percent of German women are employed at least part-time (compared to a 78% employment rate for men) (OECD Better Life Index 2014). As in many other areas for women in Germany, a migration background complicates life. Almost one-third of all unemployed women come from a family of immigrants.

Overall, more women work part-time than men and earn less on average than their male counterparts, and they still generally juggle housework and caring for the children on top of their day jobs. This often makes the pursuit of a full-time position impossible. In particular, when children who have not yet reached school age are involved, the lack of adequate child care (only one space for three children) and having half-day kindergarten coupled with the expectation of a male breadwinner and the female homemaker have posed major problems for women interested in joining the workforce. Conditions have improved for women, but one can still observe a large gap between women and men (OECD Better Life Index 2014).

Historically, this was different. Before 1990, East Germany led the way over West Germany in providing day care options for women to allow more of them to work. In the 1980s, almost 80 percent of East German women had a job outside the home. This changed with unification in 1990, when droves of East Germans, particularly women, became unemployed (OECD Better Life Index 2014).

Theoretically, women in Germany have access to any job. By law, women cannot be excluded from any career option

and are, at least on paper, to be treated equally to men. This legislation originated in East Germany. During the time of division, from 1945 to 1990, East Germany promoted gender equality and supported women entering “traditional” male occupations, such as engineering, while West German women still needed the permission of their husbands to pursue work at all (Labor Market Reporting 2015).

Nowadays, women work in blue-collar and white-collar jobs, and they are increasingly pursuing traditionally male professions, such as car mechanics. In some manufacturing jobs that have a three-shift rotation, women are excluded from night shifts. Job ads have to be published using gender-neutral language, either by advertising the position with male and female word forms or by stating in parentheses that the position is open to both genders. As an example, a search for a police officer would state “Polizist/Polizistin” (with the suffix “in” indicating the female gender) or “Polizist (m/w)” (the letter “m” standing for male or *männlich* and the letter “w” for female or *weiblich*).

Although more women than in the past may have been pursuing traditionally male jobs, most women still work in the service sector. The most popular jobs for women in 2013 were management assistant (secretary), followed by nurse practitioner, hairstylist, and dental hygienist (Labor Market Reporting 2015). Most of these jobs only require vocational school and apprenticeships, starting at age 15 or 16. Virtually all girls without a migration background either receive job training or pursue a comprehensive school degree.

Despite equal language and antidiscrimination laws based on gender, there are still significant and crucial differences between women and men in many areas of employment. For instance, the gender pay gap is still large, at 22 percent, despite the same or similar qualifications of women (Statista 2014). In eastern Germany, women receive lower pay on average than women in western Germany, but as wages in the eastern states are generally lower than in the western states, the gender pay gap there is only 8 percent due to generally lower wages and the previous history of women working in traditionally male jobs in East Germany (Statista 2017b). The few women who are CEOs or in leading roles receive lower pay than their male counterparts at other companies.

In 2007, an all-female business network for women, Generation CEO (with the letter O replaced by the symbol for Venus), was founded to address and improve the situation (CEO Generation 2017). In 2014, the network boasted more than 140 female members, many of them in

leading positions in large German companies. This change, along with the increase of women in politics, indicates that Germany is working on further progress toward gender equality. At the same time, even a recent law from 2014 that requires companies to introduce a gender quota for women in leading positions is not expected to change gender inequity soon.

Family Life

The sexual revolution of the 1960s changed family roles for girls and young women, at least for those with a non-migration background. During the time of Nazi rule, from 1933 to 1945, women were expected to give birth and take care of the household. This notion of the man as breadwinner and the woman as homemaker continued in postwar Germany and in the years to follow; in fact, in West Germany, women still needed written permission from their husbands to pursue work outside the house until 1957, and it took until 1977 to completely abolish this law (Erdmann 2012). In East Germany, on the other hand, women were considered equals from the very beginning of the country's founding in 1949, and they were not limited to the traditional gender roles in the family.

In 2017, girls are no longer expected to learn mending and cooking, but most children, regardless of gender, have rotating chores, such as loading the dishwasher, setting the table, taking out trash and recycling bags, going grocery shopping, and even cooking and picking up a younger sibling from day care. Even though girls are not expected to be only homemakers, many girls learn to run a household, but for more practical reasons, as school days in Germany used to end around 1:00 p.m. and parents often worked until 6:00 p.m.

In families with migration backgrounds, girls are still expected to follow the traditional role of learning how to be a homemaker. Unlike their peers, these girls do not receive schooling longer than the time required by law. They assist their mother and sisters at home, serving their father, brothers, and other male family members. At a young age, they are conditioned for their future destiny as housewives, representing a model that is disappearing otherwise, as more and more girls without migration backgrounds go on to have careers and a family.

For most families in Germany, family life is that of a First-World family, but often still with rather traditional gender roles. In 2012, there were 387,000 marriages (Germany signed a law to allow same-sex marriage in 2017);

674,000 children were born; and 870,000 people died. The average age of women at the time of marriage was 30.5 years, with a tendency upward. Almost 35 percent of marriages will end with divorce eventually (Statista 2017a).

One of the most striking statistics about Germany is that of a low birth rate. In Germany, only 1.38 children are born per couple. Germany's population would be decreasing dramatically if not for immigration and families with migration backgrounds who keep the population stable. The low birth rate also suggests that many women give birth rather late and have only one child, or forego having children altogether (CIA 2017).

The low birth rate and an increase in the number of women not getting married also tell another story—one of a society with independent women who no longer need to rely on marriage or partnership (Destatis 2012). This may not always be the case for women with migration backgrounds. They marry earlier and have more children. Sometimes, these marriages are arranged by the woman's parents. On occasion, women are married, or at least “promised,” while they are still minors, a practice that is not acceptable or legal in Germany.

The state supports raising children with financial incentives such as *Kindergeld* (child allowance), *Elterngeld* (parental allowance), *Betreuungsgeld* (child care subsidy), and *Mutterschutz* (paid maternity leave). The child allowance was started under the Nazis as an incentive to give birth to Aryan children. After the war, the incentives were continued as a way to help with the costs families incur for raising children. In 2014, families received USD\$194 each for the first and the second child, USD\$200 for the third, and USD\$227 for each subsequent child.

Pregnant women cannot be fired from their jobs due to pregnancy and are protected by a number of laws that guarantee them paid leave six weeks before their due date and eight weeks after giving birth, during which time they receive their full salary. The expecting mother cannot be replaced and has a right to return to the same work during that time. Yet, despite these incentives and the opportunity to have both a career and children, many women have decided not to become mothers, as much of the work associated with raising a child falls back to the women. Working mothers thus face a triple workload of their job, raising the children, and caring for the household. A stark gender imbalance still exists in Germany.

Despite the gender imbalance and a still prevailing expectation of women to be mothers and housewives in addition to having jobs, the tendency of having fewer babies

later in life suggests something positive: most women control their sexuality. German women are sexually active earlier than their peers with a migration background. By age 17, more than 67 percent of German teenagers have had intercourse. Teachers and friends, not parents, are the main source of sex education (Spiegel Online 2006).

The use of contraceptives is well established among teenagers and adults alike, partially due to general mandatory sex education in school biology courses, but also because of easy access to contraceptives in pharmacies, stores, and even from vending machines located in public restrooms. Only 6 percent of all teenagers do not use contraceptives at all, which is one reason why the number of teenage pregnancies is fairly low. Girls older than 14 can receive a prescription for the pill from a gynecologist even without their parents' knowledge. Many teenagers use a combination of the pill and condoms, whereas women largely rely on the pill to prevent pregnancies (Spiegel Online 2006).

In Germany, sexual activity after the age of 14 is not prosecuted if it is consensual, regardless of whether the sexual activity is between minors or between minors and adults. An exception is the exchange of money for sex. Prostitution is legal in Germany, but only between adults. The legalization of prostitution has caused problems with sex trafficking of young women. Southeast Asians and Eastern Europeans are brought to Germany and forced to work in brothels, often without access to condoms, or perform what has become known as "flat-rate sex" (Spiegel 2013).

Politics

On paper, German women have the same rights as men when it comes to participation in German politics. In 1949, West Germany's Basic Law, the equivalent of a German constitution, which is still in place today, codified gender equality in paragraph 3 with the statement, "Men and women are equal before the law." Already 30 years before, on November 12, 1918, the law had been ratified that allowed German women to vote and be elected for office, and only 18 days later, the law was put in place, just in time for the federal elections on January 19, 1919. More than 300 women ran for candidacy, and, eventually, 37 women were elected to become a part of the national assembly of 423 members.

In comparison, the German parliament in the year 2014 had 230 women out of the 631 members—a quota of 36.5

percent, ranking it 21st in countries with the highest percentage of women in parliament (Weiser 2017). Two of its four political parties currently represented in the parliament have more women than men, *Bündnis 90/Die Grünen* (Green Party) with 54 percent and *Die Linke* (Left Party) with 56 percent. The SPD (Social Democrats) have 45 percent, and the CDU/CSU (Christian Parties) have a mere 25 percent. The Green Party and the Left Party instituted an official quota of at least 50 percent women in all positions and with the advantage in tiebreaker cases, while the Social Democrats have a quota of 40 percent. The Christian Democrats only have a "Women quorum," suggesting a quota of 33 percent of women (Expatica 2016).

However, in 2014, more women than men were in leading positions in their political parties and the three branches of the German government. Women held the following roles: the position as chancellor (the de facto head of Germany), Angela Merkel; the position of the president of the Federal Court (*Bundesgerichtshof*, or BGH), Bettina Limperg; four of the seven positions in the federal assembly (*Bundestag*); 15 of the 30 members of the Council of Elders in the federal assembly (*Ältestenrat*); and 5 of the 15 secretaries in the federal government (*Bundesministerien*). The BGH currently has 26 female judges (including one formerly transgender judge, Johanna Schmidt-Räntsch, who recently completed surgery to become a woman) out of a total of 130, making the quota 20 percent.

Compared to the situation at the turn of the millennium, Germany has progressed rapidly, and women are still on the rise in politics. The only position never occupied by a woman is that of the federal president, the ceremonial head of state of Germany. In East Germany, the last acting head of state from April 5 to October 2, 1990, was a woman, Sabine Bergmann-Pohl. In 2004 and 2009, Gesine Schwan ran for the office, but she was defeated twice. At the state level, only 4 of Germany's 16 states, North Rhine-Westphalia, Rhineland-Palatinate, Saarland, and Thuringia, had women as minister-presidents in 2014.

Due to this lingering underrepresentation of women in politics, men still largely dominate discussions and decisions concerning the legislation of women's rights. Current law prohibits abortion; it is punishable by prison in accordance with Section 218 of the penal code. In reality, a number of exceptions to the law allow the termination of a pregnancy. The law permits abortion within the first three months of the pregnancy (*Fristenlösung*), and there are also exceptions due to medical or criminal reasons. A threat to the health of the expecting mother or a pregnancy

due to rape exempt the woman and the medical personnel performing the abortion from punishment.

Religious and Cultural Roles

Religion

Officially, there is a separation of church and state in Germany; yet, a number of procedures, practices, and state laws seem to indicate otherwise. For instance, a “church tax” (*Kirchensteuer*) to finance the acknowledged churches in Germany is gathered annually using the federal income tax return. The limitation of this tax to “statutory corporations,” that is, gaining the status of an officially acknowledged church by the German states that essentially guarantees the freedom of religious practice, shows the strong ties between church and state and the relative validity of the 1919 law. Recent public debates about the role of the crucifix in Bavaria’s classrooms and the legality of teachers wearing head scarves while teaching denote further secular influence on religion in Germany. For instance, each classroom in Bavaria features a crucifix by default, instituted by a Bavarian law from 1995 to circumvent a decision earlier that year by the Federal Constitutional Court that declared crucifixes illegal in accordance with Germany’s Basic Law. The new Bavarian law refers to the history and dominant Western culture as premise for this decision. In individual cases, a school principal has the authority to either remove the crucifix upon complaint or to retain it.

In the Head Scarf Judgment from 2003, the Federal Constitutional Court granted each German state the freedom to deny employment to future teachers displaying “religious opinion.” The Muslim future teacher Fereshta Ludin had refused to remove her head scarf in the classroom and was denied a permanent teaching position for a lack of “personal aptitude.” She sued at the administrative court (*Verwaltungsgericht*) in Stuttgart, then at the Higher Administrative Court (*Verwaltungsgerichtshof*) in the state of Baden-Württemberg, and finally at the Federal Constitutional Court, losing all three times. In a reaction to the decision, many German states ratified new laws that regulate (most often to forbid) wearing “religiously motivated” garb. Despite these laws, the habits of nuns and monks teaching at German public schools are allowed (Dearden 2016).

Christianity is the de facto state religion, even though no state religion exists, with 30.2 percent of the population belonging to Catholicism and 29.2 percent to Lutheranism. Between 3.8 million and 4.3 million residents are Muslims, 13 million are orthodox, and only 100,000 are

Jews—the latter low number was caused by the genocide committed by the Nazi regime between 1933 and 1945 that decimated the German Jewish community of originally over 550,000 (DIK 2017; CCJG 2017). Jehovah’s Witnesses (*Zeugen Jehovas*) are fewer than 200,000 members, and they only recently achieved the status of a statutory corporation in most German states. The Church of Jesus Christ of Latter-day Saints (*Kirche Jesu Christi der Heiligen der Letzten Tage*) has about 39,000 members, but it has only become a statutory corporation in the states of Berlin and Hesse. And the Church of Scientology (*Scientology-Kirche*) is only considered a registered association (*eingetragener Verein*) and has been under surveillance by the Federal Office for the Protection of the Constitution (*Bundesamt für Verfassungsschutz*) for suspicion of threatening the democratic system of the Federal Republic of Germany (Berlin.de 2017; Mormon Newsroom 2017; BfV 2017).

With religion dominated by patriarchal Judeo-Christian traditions, German women have only influential roles in the few religions allowing women to occupy such roles. For Germany, in particular, they are restricted to participation in religious services in Catholicism, but they cannot be clerics. Up to this day, women can only aid priests if they are part of a Catholic order, and only since the 1990s can they serve as altar girls. Lutheran women have a more diverse array of opportunities for participation and leadership. The Lutheran Church of Germany (*Evangelische Kirche in Deutschland*) allows the ordination of women. In 1992, Maria Jepsen became the first female bishop, and in 2009, the leaders of the EKD elected Margot Käßmann as their first female president (*Ratsvorsitzende*). However, despite this, ordained women are in the minority, even in the Lutheran church.

Culture

Germany’s cultural life features a substantial number of women in theater, film, music, and literature—but often not in leading positions. For example, of Germany’s 76 opera houses, men manage 72 of them. The German film industry is much the same. Films are still predominantly directed and produced by men, while women act or work as makeup artists or costume designers. Notable and successful exceptions are contemporary female directors such as Dorris Dörrie, Katja von Garnier, and Margarete von Trotta, who have been staples of German cinema for more than 20 years.

In literature, German women have had considerable impact for centuries. Contemporary women authors

sometimes write for women and sometimes for general audiences. Names such as Julia Franck, Elfriede Jelinek, Emine Özdamar, Verena Stefan, and Julie Zeh regularly publish best sellers.

The arguably best-known German woman in the context of sexuality is Beate Uhse, a pilot in Nazi Germany's air force during World War II. After the war, Uhse was no longer allowed to fly, so she sold a brochure about sexual hygiene and contraception through the mail (Heineman 2011). A few years later, she added condoms and books, and in 1962, Uhse opened the first sex store in the world in Flensburg, Germany. The chain now comprises more than 200 shops in 7 European countries, and its stock is traded on the German stock market.

Issues

As in many other areas of women's lives in Germany, the most pressing issues differ depending on their migration background. Those with a migration background are more affected by serious issues than their peers without such a background. For instance, violence committed by male family members due to religious beliefs, such as beatings or "honor" killings of the women, rarely happen in families without a migration background. Violence against women is omnipresent, however, with domestic violence still a problem. Until 1997, marital rape was not considered a felony and was generally not even considered a violation of the law until the Bundestag voted in favor of women's rights. Sexual violence in general is a pressing issue. More than 8 percent of all women will report being victims of sexual violence at some point in their lives, and many more cases will go unreported. In 2013, approximately 7,200 rapes were reported, according to official police statistics. In 2014, the case of Tuğçe Albayrak made international headlines. The young German-Turkish woman had helped two girls who were being assaulted by a group of young men in the restroom of a dance club. When Tuğçe left the club, she was hit by one of the men and beaten to death in the parking lot while bystanders looked on (Huggler 2014).

Sexual exploitation in Germany is a big issue, too. Although prostitution is legal, many of Germany's female sex workers are victims of sex trafficking who have been lured to Germany from Eastern Europe under false promises.

Germany's beauty standards are largely those of the United States, determined by the media and their notion of an "ideal" body. These perceptions are reinforced by women's magazines that regularly introduce their readers to the latest

diet craze and fashion and swimwear presented by models with "perfect" bodies. Many girls and women are thus also subject to illnesses and unhealthy behavior, such as bulimia, bingeing, and purging, and follow the latest fitness and diet recommendations in their pursuit of these beauty standards.

Officially, German women and men are equal; yet, gender discrimination is still omnipresent in society. Salary inequity, the lack of women in leading positions, and a society that is still largely patriarchal in its structures show that things are far from perfect. In addition, the integration of women with migration backgrounds, women's rights, and strategies to encourage women to pursue jobs that were traditionally dominated by men are aspects that would improve women's lives in Germany.

SEBASTIAN HEIDUSCHKE

Further Resources

- Ala Al-Hamarnah, Ala, and Jorn Thielmann, eds. 2008. *Islam and Muslims in Germany*. Boston: Brill.
- Angelos, James. 2011. "What Integration Means for Germany's Guest Workers." *Foreign Affairs*, October 28. Retrieved from <https://www.foreignaffairs.com/articles/europe/2011-10-28/what-integration-means-germanys-guest-workers?page=2>.
- Berlin.de. 2017. Retrieved from <https://www.berlin.de/sen/jugend/familie-und-kinder/leitstelle-fuer-sektenfragen/scientology-eine-kritische-bestandsaufnahme.pdf>.
- BfV (Bundesamt für Verfassungsschutz). 2017. Retrieved from https://www.verfassungsschutz.de/de/service/glossar/_IS#scientology1.
- Bird, Stephanie. 2013. *Women Writers and National Identity*. Cambridge: Cambridge University Press.
- BPB. 2014. "The Social Situation in Germany." Retrieved from https://translate.google.com/translate?hl=en&sl=de&u=http://www.bpb.de/wissen/DQIU8W,,0,Kosten_der_Arbeitslosigkeit.html&prev=search.
- CCJG (Central Council of Jews in Germany). 2017. Retrieved from <http://www.zentralratjuden.de/en>.
- CEO Generation. 2017. "Managers 2016." Retrieved from <https://translate.google.com/translate?hl=en&sl=de&u=http://www.generation-ceo.com/generation-ceo/ueber-uns/index.html&prev=search>.
- CIA (Central Intelligence Agency). 2017. "Germany." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/Publications/the-world-factbook/geos/gm.html>.
- Dearden, Lizzie. 2016. "German Judges Call for Headscarf Ban in Court to Show 'Neutrality.'" *The Independent*, August 9. Retrieved from <http://www.independent.co.uk/news/world/europe/german-judges-call-for-headscarf-hijab-ban-in-court-lawyers-to-show-neutrality-a7180591.html>.
- Destatis. 2012. "Birth Centers and Family Situation in Germany." Retrieved from https://www.destatis.de/DE/Publikationen/Thematisch/Bevoelkerung/HaushalteMikrozensus/Geburten-trends5122203129004.pdf?__blob=publicationFile.

- DIK (Deutsche Islam Konferenz). 2017. Retrieved from <http://www.deutsche-islam-konferenz.de/DIK/EN/Startseite/startseite-node.html>.
- Ehrenstein, Claudia. 2012. "What Women in Germany Keep to Become a Mother." *Welt*, December 17. Retrieved from <https://translate.google.com/translate?hl=en&sl=de&u=https://www.welt.de/politik/deutschland/article112082766/Was-Frauen-in-Deutschland-abhaelt-Mutter-zu-werden.html&prev=search>.
- Erdmann, Lisa. 2012. "Life Models." Spiegel Online, December 25. Retrieved from <https://translate.google.com/translate?hl=en&sl=de&u=http://www.spiegel.de/politik/deutschland/immer-weniger-frauen-werden-hausfrau-a-872694.html&prev=search>.
- Expatica. 2016. "The Main Political Parties in Germany." Retrieved from http://www.expatica.com/de/about/The-main-political-parties-in-Germany_107953.html.
- Expatica. 2017. "Schools in Germany: State, Private, Bilingual and International Schools." Retrieved from http://www.expatica.com/de/education/State-and-private-schools-in-Germany_476427.html.
- Ferree, Myra Marx. 2012. *Varieties of Feminism: German Gender Politics in Global Perspective*. Stanford, CA: Stanford University Press.
- Fischer, Renate, and Harlan Lane. 1992. *Looking Back: A Reader on the History of Deaf Communities and Their Sign Languages*. Hamburg, Germany: Signum Press.
- Frevert, Ute. 1997. *Women in German History: From Bourgeois Emancipation to Sexual Liberation*. Oxford: Berg.
- FSO (Federal Statistical Office). 2017a. "Migration & Integration." Retrieved from <https://translate.google.com/translate?hl=en&sl=de&tl=en&u=https%3A%2F%2Fwww.destatis.de%2FDE%2FZahlenFakten%2FGesellschaftStaat%2FBevoelkerung%2FMigrationIntegration%2FMigrationIntegration.html>.
- FSO (Federal Statistical Office). 2017b. "Population." Retrieved from <https://www.destatis.de/EN/FactsFigures/SocietyState/Population/Population.html>.
- Heineman, Elizabeth. 2011. *Before Porn Was Legal: The Erotica Empire of Beate Uhse*. Chicago, IL: University of Chicago Press.
- Huggler, Justin. 2014. "Turkish Woman Murdered for Being 'Good Samaritan' Causes Soul-Searching in Germany." *The Telegraph*, December 1. Retrieved from <http://www.telegraph.co.uk/news/worldnews/europe/germany/11265337/Turkish-woman-murdered-for-being-Good-Samaritan-causes-soul-searching-in-Germany.html>.
- ISD. 2014. Retrieved from <https://translate.google.com/translate?hl=en&sl=de&tl=en&u=http%3A%2F%2Fisdonline.de%2F>.
- Labor Market Reporting. 2015. "The Labor Market in Germany: Women and Men on the Labor Market 2015." Retrieved from <https://statistik.arbeitsagentur.de/Statistischer-Content/Arbeitsmarktberichte/Personengruppen/Broschuere/Frauen-Maenner-Arbeitsmarkt-2016-07.pdf>.
- Lonely Planet. 2017. "History." Retrieved from <http://www.lonelyplanet.com/germany/history#202905>.
- Mormon Newsroom. 2017. Retrieved from <http://www.mormonnewsroom.org.uk/facts-and-statistics/country/germany>.
- OECD Better Life Index. 2014. "Germany." Retrieved from <http://www.oecdbetterlifeindex.org/countries/germany>.
- OECD (Organisation for Economic Co-Operation and Development). 2014. "Education at a Glance: Germany." Retrieved from <https://www.oecd.org/edu/Germany-EAG2014-Country-Note.pdf>.
- Opitz, May, Katharina Oguntoye, and Dagmar Schultz, eds. 1992. *Showing Our Colors: Afro-German Women Speak Out*. Amherst: University of Massachusetts Press.
- Sandole-Staroste, Ingrid. 2002. *Women in Transition: Between Socialism and Capitalism*. Santa Barbara, CA: Praeger.
- Spiegel Online. 2006. "European Sex Survey: Teens from Germany, Iceland Ditch Virginity Early." December 14. Retrieved from <http://www.spiegel.de/international/european-sex-survey-teens-from-germany-iceland-ditch-virginity-early-a-454492.html>.
- Spiegel Online. 2013. "Unprotected: How Legalizing Prostitution Has Failed." Retrieved from <http://www.spiegel.de/international/germany/human-trafficking-persists-despite-legality-of-prostitution-in-germany-a-902533.html>.
- Statista. 2014. "Gender Pay Gap." Retrieved from <https://de.statista.com/statistik/daten/studie/3261/umfrage/gender-pay-gap-in-deutschland>.
- Statista. 2017a. "Averages of Unmarried Women in Germany from 1991 to 2015." Retrieved from <https://de.statista.com/statistik/daten/studie/1329/umfrage/heiratsalter-lediger-frauen>.
- Statista. 2017b. "Wage Gap between Women and Men in West and East Germany from 2006 to 2015." Retrieved from <https://de.statista.com/statistik/daten/studie/157769/umfrage/verdienstabstand-zwischen-maennern-und-frauen-in-deutschland>.
- UNDP (UN Development Programme). 2013. *Human Development Report 2013*. Retrieved from http://hdr.undp.org/sites/default/files/reports/14/hdr2013_en_complete.pdf.
- von der Leyen, Ursula. 2013. "Girls and Boys in Germany: Life Situations, Differences, and Commonalities." Retrieved from <https://www.bmfsfj.de/blob/94248/74a020585b488e07089cc483fb7630be/maedchen-und-jungen-in-deutschland-data.pdf>.
- Weiser, Iris. 2017. "12 November 1918—Birth of the Women's Suffrage." Retrieved from https://translate.google.com/translate?hl=en&sl=de&u=https://www.lpb-bw.de/12_november.html&prev=search.

Greece

Overview of Country

Surrounded by the Aegean, Ionian, and Mediterranean Seas, Greece is as well-known for its many beautiful islands as its sprawling capital city, Athens. Mainland Greece

is situated at the far south of the Balkan Peninsula and is bordered by Albania, Macedonia, and Bulgaria to the north and Turkey to the east. In part because of its location at the southeastern edge of Europe, Greece has been called a crossroads, “the place where East meets West.” Yet, European fascination with the most famous products of its ancient history—art, drama, mythology, philosophy, and democracy—also led to the characterization of Greece as “the cradle of Western civilization.”

The total land area of Greece is 50,443 square miles (130,647 sq. km), and it has 8,498 miles (13,676 km) of coastline, the most extensive of any country in the Mediterranean. Of the thousands of islands within its territory, only 227 are inhabited (Coccossis 2001). Many of these islands maintain distinct cultural identities, and there are broad differences in economic development, access to services, and means of living. As of July 2016, the total population of Greece was 10,773,253, with one-third living in the Athens metropolitan area and 78 percent living in urban parts of the country (CIA 2017). Urbanization contributed to population loss and economic decline in a majority of the Greek islands from the 1950s to the 1980s, as young people in particular left to seek education or jobs in the cities and beyond Greece. The development of tourism since the 1980s has helped revive many island economies, although traditional ways of life are waning, and some islands continue to struggle with declining population (Coccossis 2001). Greece is considered a very high human development country, based on its population’s average life span, level of education, and earnings (UNDP 2016).

Greek Debt Crisis

Greece has been a member of the European Union (EU) since 1981. In 2001, it joined the eurozone and replaced the drachma, Europe’s oldest currency, with the euro. The recession that began with the U.S. subprime mortgage fiasco and financial crisis of 2008–2009 spread to Europe and caused widespread economic decline. In 2010, Greece admitted that it was billions of euros in debt, having engaged in borrowing schemes with banks to finance development and meet eurozone membership requirements. To prevent the collapse of Greek banks and the spread of financial chaos to the rest of Europe, the European Union, the European Central Bank (ECB), and the International Monetary Fund (IMF)—known collectively as the “Troika”—agreed to a bailout of €110 billion (US \$146 billion) (Simou and Koutsogeorgou 2014). Most of the money went straight to the banks to service Greece’s debt.

In exchange for the bailout, Greece was obliged to sign a Memorandum of Economic and Financial Policies and to adopt severe austerity measures intended to reduce spending and lower its debt. These policies resulted in extreme cutbacks across the public sector. From May 2010 to May 2011, more than 80,000 jobs were eliminated, public employees’ wages were cut by 15 percent, and pensions were reduced by 10 percent (Houston et al. 2011). In May 2008, Greece’s unemployment rate was 7.3 percent; by the end of 2010, it had climbed to 14.7 percent, and at the end of 2011, it was 21.3 percent (Eurostat 2017c). In 2012, the Troika agreed to a second bailout of €130 billion (US \$170 billion) and demanded further austerity measures in return. In 2013, unemployment in Greece reached 28 percent, with youth unemployment (ages 15–24) climbing to 58 percent (Eurostat 2016).

Economic data began showing signs of progress in 2013–2014, but the economy had already contracted by 26 percent, unemployment remained high, and the weight of austerity measures had taken a deep toll on the Greek population. Suicide rates rose at alarming rates over the first four years of the crisis (Simou and Koutsogeorgou 2014), and cuts to the public sector left mental health services severely understaffed. In Europe, the average number of nurses in the mental health workforce per 100,000 population is 21.7; in Greece, the most recent data show just 3 per 100,000 (WHO 2014).

In 2015, the leftist Syriza party ran on an antiausterity platform and won the largest share of seats in the Greek Parliament. The new prime minister, Alexis Tsipras, and finance minister, Yanis Varoufakis, pledged to resist EU demands for further cuts to wages, pensions, and public services. In response to Greece’s resistance, the ECB ceased lending to Greek banks and demanded that the country sell the port of Piraeus—since ancient times, the largest and most important seaport in Greece—to repay its debt (Skarlatos 2015). With funds about to run out and Greece facing bankruptcy, the government was forced to accept even harsher terms in return for a four-month extension of the bailout (Skarlatos 2015). Several more negotiations with the IMF failed. Finally, the Troika offered another five-month extension of the second bailout, with yet another package of austerity measures attached.

Tsipras called for a national referendum on the offer and ordered banks across the country to close in the meantime to prevent a run on the euro. Fearing economic collapse, Greeks lined up at ATMs, which quickly ran out of cash. A withdrawal limit of €60 (US \$66) per individual per day was imposed, and banks remained closed for three

weeks (*Huffington Post* 2015). When the bailout expired at the end of June 2015, the Greek government was unable to make a payment of €1.5 billion (US \$1.7 billion) to the IMF, effectively defaulting on its debt. On July 5, Greeks resoundingly rejected new austerity measures in the referendum, with 61.3 percent voting “no.” Despite this strong demonstration of popular support for Syriza’s antiausterity stance, the eurozone refused to back down, and Tsipras was forced to accept a new deal with essentially the same terms that the Greek people had refused in the referendum, including more cuts to wages and pensions.

A third bailout program of up to €86 billion (US \$91 billion) was approved in August, further splitting the governing Syriza party that had already divided over austerity concessions, and Tsipras resigned the following week, calling for new elections to be held in September. On September 20, Syriza won over 35 percent of the vote, and Tsipras was reinstated as prime minister. Since then, the antiausterity government has approved multiple rafts of austerity measures. From 2010 to 2016, Greece’s creditors approved three bailouts, and in return, Greece has accepted 13 austerity packages.

Despite massive reductions in public spending, slashed pensions and wages, and soaring taxes, Greece remains heavily in debt. As of 2016, its debt had reached 180 percent of its gross domestic product (GDP), and the IMF called upon the European Union to offer Greece unconditional debt relief. But Germany, in particular, has consistently refused to consider any forgiveness of Greece’s debt. An IMF analysis concluded that without relief Greece’s debt is insurmountable; the interest payments alone would consume 60 percent of its budget by 2060 (Elliott 2016). The recession in Greece has been compared to the Great Depression in the United States, but for Greece, there is no foreseeable way out of the debt crisis. The standard of living for Greeks has plummeted since 2007, and the country now has the third-highest rate of poverty in the European Union, after Romania and Bulgaria. A Eurostat analysis found that, based on a median income anchored to the 2008 precrisis level, 48 percent of Greeks were at risk of poverty in 2015 (Eurostat 2017a).

European Migration Crisis

Greece’s location at the crossroads of Europe and Asia has subjected the country to extraordinary stresses in recent years, as hundreds of thousands of migrants and refugees from war-ravaged Syria, Iraq, Afghanistan, and elsewhere,

seeking asylum and economic opportunity in Europe, have landed on its shores. According to Frontex, more than 1 million people arrived in Europe by sea in 2015, with at least 885,000 landing in Greece. For Greek authorities, the urgency to feed, house, provide medical services, and process asylum appeals has compounded the already deepening crises triggered by the austerity measures and systemic privatizations imposed by the European Union to service the Greek debt. Waves of migrants entering Greece in hopes of reaching more prosperous nations to the north and west (e.g., Austria, Germany, Sweden, Belgium, France, and Great Britain) have found themselves detained indefinitely in Greece, as Macedonia and other Balkan nations have imposed new border restrictions to stem the flow of migrants. Northern European nations such as Germany, whose once open invitation to Syrian asylum seekers magnified the pressures of migration (Horn 2015), have, by imposing stricter immigration standards since (Czuczka 2016), increased the pressures on the very country already hobbled by financial policies determined in Brussels and Berlin. As Eva Cossé, Human Rights Watch’s (HRW) Greece specialist, observed in 2016, “Trapping asylum seekers in Greece is an unconscionable and short-sighted non-solution.” She noted the terrible irony that, even as the European Union has agreed to a relocation plan, “some countries’ actions risk turning Greece into a giant refugee camp” (HRW 2016).

Overview of Women’s Lives

In 1975, after the fall of the military junta that was in power from 1967 to 1974, Greece adopted a new constitution (*Sýntagma*), which provided a framework for the equal rights of women. Amended in 1986, 2001, and 2008, the Constitution includes multiple provisions for equal protection under the law. According to Article 4, “Greek men and women have equal rights and equal obligations,” and Article 22 states that “all workers, irrespective of sex or other distinctions, shall be entitled to equal pay for work of equal value.” Further, Article 116 stipulates, “Adoption of positive measures for promoting equality between men and women does not constitute discrimination on grounds of sex. The State shall take measures for the elimination of inequalities actually existing, in particular to the detriment of women.”

In 2015, Greece was ranked 23rd among 188 countries on the United Nations Development Programme (UNDP) Gender Inequality Index (GII; 0.119). Although Greece has

risen from 28th place in 2014, several factors contribute to inequality for Greek women. One key indicator is their level of representation in politics. Women held only 19.7 percent of the seats in the Hellenic Parliament in 2015. Other markers of gender inequality are lower achievement in education and underrepresentation in the workforce. In 2015, fewer adult women than men had reached the secondary or postsecondary levels in education, and just 43.9 percent of women, versus 60 percent of men, engaged in paid labor. Moreover, while Greek women spent half as much time as men working for pay, they spent more than twice as much time performing unpaid labor (UNDP 2016).

As noted by Karamessini and Rubery (2014), austerity policies implemented in response to the debt crisis have undermined the economic advancement of women by forcing severe cuts in public-sector employment, including education and health care—fields in which women are the majority of the workforce—and by slashing social services and welfare, including subsidized child care and maternity benefits. Moreover, the intersections of gender with ethnicity, sexual identity, age, ability, immigrant status, and so on, differentiate the experience of inequality for marginalized groups, including women with disabilities, elderly women, Roma and migrant women, and lesbian, bisexual, queer, and transgender women.

Girls and Teens

About 23.6 percent of the Greek population is under 25 years of age, with girls representing slightly less than half of the youth population (CIA 2017). The under-5 mortality rate is 5 per 1,000 live births (UNICEF 2017). The coverage rate for routine childhood immunizations is roughly 99 percent. As of 2008, Greece's National Vaccination Program includes the HPV vaccine, which is provided free of charge to females between 12 and 26 years old. The HPV vaccination, which is known to reduce the risk of cervical cancers, is available on demand from health care providers; yet, coverage rates are low. A 2010–2011 survey of college-aged women in Greece found that only 25.8 percent had received the full series of HPV vaccines (Donadiki et al. 2012).

Literacy rates for girls and young women aged 15–24 are high (99.3%) and comparable to the rate for boys and young men (99.4%) (UNICEF 2017). Since the early 1980s, girls and boys throughout Greece have had equal access to educational opportunities, although stereotypical notions

about appropriate areas of study for each gender have remained entrenched. Research on girls' and boys' attitudes toward science, technology, engineering, and mathematics (STEM) fields found that “only girls made any reference to a future family when considering their choices of subject to study at university” and that both boys and girls commonly believed that “girls are not interested in mathematics” (Ridgway and McCusker 2008).

Primary and secondary education policy in Greece is controlled by the Greek Ministry of Education and Religious Affairs, which does not mandate sex education in Greek schools. Instead, health education programs are offered and may cover a variety of topics, ranging from healthy eating habits to tobacco and drug use. Approved topics in health education include gender relations, sexually transmitted diseases (STDs), AIDS, and hepatitis B, but the introduction of these issues is optional. Most Greek children receive their first information about sex from parents and subsequently from school, friends, television, and the Internet (Vassilikou and Ioannidi 2014). Although there has been a gradual egalitarian shift, conservative attitudes toward sex and gender roles remain entrenched in Greek society, perhaps based in part on the influence of the Orthodox Church (Papaioannou 2013). Traditionally strict gender norms and attitudes about sex likely also contribute to a higher average age of sexual initiation and a lower incidence of teen pregnancy and abortion for Greek girls than in most EU countries (WHO 2009).

Education

Public education is free in Greece, and children must attend school for a minimum of nine years, from ages 6–15. About 98 percent of girls attend school through the secondary level (UNICEF 2017). Public schooling includes mandatory education in Orthodox Christianity, although students of other faiths may opt out of religious instruction (Library of Congress 2016).

Girls generally outperform boys through secondary education, earning better grades and making higher scores on exams; yet, disciplinary stratification by sex is an ongoing issue (Maloutas 2003). In a 2008 study of attitudes about gender and STEM education, Greek teachers reported that girls who performed well in mathematics were also strong in other subjects. Nevertheless, among students with strong aptitude in both STEM and arts subjects, girls were far more likely than boys to choose arts over STEM (Ridgway and McCusker 2008). The researchers interviewed

teachers and students to learn about the factors influencing girls' reluctance to pursue advanced STEM education. Half of the teachers claimed that girls and boys received equal treatment, while half reported that they made special efforts to encourage girls and boost their confidence in math. The students believed that girls spent more time studying and cared more about school than boys, but that boys were more likely to answer difficult questions and volunteer to solve problems on the board (Ridgway and McCusker 2008).

The Greek education system is divided into three levels: primary, secondary, and tertiary. Primary education includes preschool, which is optional for children aged 4–5, and primary school, which is mandatory from ages 6–11. Secondary education includes a mandatory three-year lower level, known as *Gymnasium*, for ages 12–14, and an optional three-year upper level for ages 15–17. After completing *Gymnasium*, students may choose to enter either a *Lyceum*, which is similar to high school in the United States, or a technical vocational school. At the end of secondary education, students who wish to enter tertiary (higher) education institutions must participate in a competitive national examination. There is also the option to continue vocational training at a technological education institution (Tsakoglou and Cholezas 2005).

While there is almost full participation in primary and secondary schools among Greek youth, those from minority ethnic groups, particularly Roma children, have much lower enrollment and completion rates. The social and educational exclusion of Roma is widespread in Europe. In Greece, many Roma children live in rural, remote, or ethnically segregated areas and are ghettoized in predominantly Roma schools (Georgiadis and Zisimos 2012). Several European programs have been developed to create partnerships with the Roma community and promote teacher training in intercultural education, but their implementation in Greece so far has been limited (Georgiadis and Zisimos 2012).

Another challenge to the Greek education system is the integration of migrant and refugee children. In 2016, the Syriza government led by Prime Minister Alexis Tsipras announced that Greek schools would be opened to the children of thousands of families left stranded in Greece when the migration route to Western Europe was closed. While many parents and teachers across Greece welcomed the new students with small gifts and candy, some responded with suspicion. In October 2016, concerned parents in a small northern village padlocked the gates of

their local school and kept their children home to protest the integration of refugee children (Squires 2016). Since then, thousands of refugee and migrant children have begun attending Greek schools. With support from the European Commission and the International Organization for Migration, as of March 2017, at least 2,500 refugee and migrant children were being provided safe transportation to and from schools and equipped with school supplies (ECHO 2017).

As of 2012, tertiary educational attainment in Greece was at 27 percent of the total population. In 2013, women represented 48.8 percent of all students enrolled in higher education and 47.4 percent of those pursuing a doctorate. Greek women with a bachelor's degree or higher earned, on average, 40 percent more than women with only upper secondary education. Further, at the height of the economic crisis, women with higher educational attainment were more likely to be employed. The 2012 unemployment rate for women with tertiary degrees was 20 percent, versus 30 percent for those who had only finished secondary school (OECD 2017).

Health

For years, Greece was known as one of the healthiest countries in the world. The Mediterranean diet, which has been promoted in the United States and elsewhere since the 1970s for its health and weight management benefits, is based on traditional food patterns in Greece and southern Italy (Willett et al. 1995). Several studies have investigated the health habits of Greeks living on the island of Ikaria, where the average life span is 10 years longer than in the United States and the rest of Europe and a third of the population lives to be 90 or older (Anthony 2013).

Unfortunately, as in other highly developed countries, lifestyle and dietary habits have changed in many parts of Greece, particularly in urban areas, where the majority of the population now lives (CIA 2017). Greece's childhood obesity rates are among the highest in Europe, as the traditional Mediterranean diet has been replaced by Western dietary habits, especially among children and teens (WHO 2016). Health and risk behaviors have also impacted the adult population. Among EU countries, Greece has the highest rate of smoking and more than double the average rate of deaths caused by motor vehicle accidents (WHO 2016). In 2012, the life expectancy in Greece was 81 years; the average for women was higher, at 84 years, versus 78 years for men (WHO 2017).

Access to Health Care

The Greek National Health System (GNHS) has been subject to substantial cuts as a result of austerity measures imposed across Greece's public sector since the beginning of its debt crisis in 2009. Although these cuts prompted some needed reforms and gains in efficiency, the short-term impact has been a reduction in coverage and a deterioration of public health (WHO 2016; Simou and Koutsogeorgou 2014).

In 2008, Greece spent about 9.75 percent of its GDP on health care, on par with the average for eurozone countries. Between 2008 and 2014, average health spending in the euro area went up to 10.4 percent of GDP, while in Greece it declined to 8 percent (World Bank 2016). This reduction in spending reflects not only the efficiencies gained through necessary system reforms, but also the deep cuts to the GNHS workforce, including doctors, nurses, and other health care professionals. To meet fiscal austerity measures demanded by the Troika, Greek health services jobs were slashed by 10–40 percent, and workers' salaries and pensions were reduced by 40 percent (Simou and Koutsogeorgou 2014). The combination of staffing shortages and an increased need for services has reduced access to health care. Further complicating the issue, the economic crisis has been linked to a significant decline in self-rated health among Greeks, which may be a result of poor access to health care and worsening physical and mental health during the crisis (Simou and Koutsogeorgou 2014).

The European Migration Crisis of 2015 added further pressure to Greece's strained health care system. Hundreds of thousands of refugees and migrants arrived by boat, many rescued from the sea and suffering from hypothermia; many more were in need of psychological health services, having survived trauma and arduous journeys to escape war and violence. Under Greek law, asylum seekers are afforded free health services, and those with special needs, including children, pregnant women, the elderly, people with disabilities, victims of trafficking, and people arriving from conflict areas, are entitled to medical and psychological care equivalent to that available to Greek citizens (Library of Congress 2016). The public health system has collaborated with NGOs and international humanitarian aid groups in the attempt to provide services to migrants and refugees, but their efforts have frequently been overwhelmed by the demand and hampered by the EU-mandated austerity policies. In an ironic twist, despite the European Union's failure to deliver promised funds to

support the processing of asylum seekers, the European Commission has filed multiple infringement proceedings against Greece for failing to create and maintain a sufficient number of reception facilities for migrants (Library of Congress 2016).

Maternal Health

Declining fertility is an issue in many European countries, but in Greece, the birth rate fell dramatically—by nearly 15 percent—between 2008 and 2012, in part because of harsh austerity measures and high unemployment (Smith 2013). The overall fertility rate in Greece was 1.42 children per woman in 2016, among the lowest in Europe (CIA 2017). Unemployment for young people aged 15–24 reached as high as 60 percent in 2013, with even higher numbers for women, and many chose to postpone having children. Most workers who lost their jobs in the economic crisis also lost their health insurance. For uninsured pregnant women, there was a marked decline in access to prenatal exams and screenings, and between 2008 and 2011, the number of stillbirths rose 21.5 percent, from 3.31 to 4.01 deaths per 1,000 live births (Smith 2013). By 2016, the estimated rate of infant mortality had reached 4.6 per 1,000, and the maternal mortality rate was 3 deaths for every 100,000 live births (CIA 2017).

Employment

After Greece joined the European Union in 1981, the Hellenic Parliament enacted laws to promote gender equality in family, work, and education (Chionidou-Moskofoglou et al. 2008). More women began to participate in paid employment in the public and private sectors, there was a decrease in occupational gender segregation, and the pay gap between women and men narrowed (Maloutas 2003). The employment rate for Greek women, at 43.9 percent, is still well below the average for EU countries, and unemployment is a significant problem for both men and women in Greece. According to 2016 data, Greek women's share of paid non-agricultural employment was 46.2 percent, but the gross income per capita was only \$17,304 for women and \$32,683 for men (UNDP 2016).

Attitudes toward women's participation in paid labor liberalized substantially in the latter half of the twentieth century. Regarding matters of gender equality in Greece, women tend to be more socially progressive than men. In one study, Greek women were found to be more likely to approve of

women's employment in occupations traditionally dominated by men, and of men's employment in jobs typically performed by women (Marcos and Bahr 2001). Greek men maintain more rigid attitudes about gender roles, but collective transformations in Greek culture and society have led to improvements in the professional status of women, fostering success for many in the fields of business, media, government, and academia (Marcos and Bahr 2001).

Family Life

Traditional views about women's roles prevailed in Greece until the mid-1970s. Until then, patriarchal attitudes were enshrined in its laws. After signing CEDAW in 1982, the Greek Parliament unanimously approved a new family law in 1983. The former family law stipulated that "(a) the man is in charge of the family, (b) the wife should be responsible for the management of the marital household and the husband should be in charge of matrimonial responsibility, and (c) women should bear their husband's surname"; while under the new law, "(a) both spouses should make decisions about family matters, (b) there will be mutual responsibility in marriage and the family household, and (c) the woman may retain her own surname" (Marcos and Bahr 2001).

Although same-sex partnerships have been legally recognized in Greece since December 2015, marriage is still restricted to heterosexual couples. Among other EU countries, Greece has a higher-than-average annual rate of marriages, at 5 per 1,000 people in 2015. The average age at first marriage was 30.1 for women and 33.2 for men. The annual divorce rate in Greece is very low, at just 1.3 per 1,000 inhabitants in 2014, and the rate of births outside of marriage is by far the lowest in the EU (Eurostat 2017b).

As in other countries in Southern Europe, the family unit in Greece is an important social institution. When government systems of welfare are inadequate, strong family ties have traditionally provided a safety net. Since the onset of the economic crisis, many Greeks have struggled to sustain the burden of providing support and care for extended family members (Molokotos-Liederman 2015). With unemployment high among both men and women, patriarchal gender roles continue to place greater demands upon women to perform household tasks and provide caregiving to children, elders, and relatives who are out of work or disabled. The assumption that families, and particularly women, will fill the gap in state-sponsored social care allows the government to limit spending on public health and welfare (Molokotos-Liederman 2015).

Religion

Greece is an outwardly devout, religiously unified country: 98 percent of the population identifies as Greek Orthodox, 1.3 percent as Muslim, and .7 percent "other" (CIA, 2017). The Patriarch of the Eastern Orthodox Church, which split from Roman Catholicism during the Great Schism of 1054, resides in the former capital of the Byzantine Empire, Istanbul, a city that many Greeks still refer to as Constantinople. The clerical hierarchy is rigidly patriarchal. One of the holiest regions, the Mount Athos peninsula in the northeast of the country, is off limits to women, who are not permitted within 500 meters of its coastline. Other holy districts, like the monasteries of Meteora, include convents run by women.

The Greek Orthodox calendar is crowded with saints' days honoring both men and women. Icons, including ornate, silver-sheathed paintings of saints and the holy family, constitute an important focus of religious piety and are often kissed by the faithful as they enter a church. Pivotal celebrations like Orthodox Easter—the most important festival of the calendar—encourage the participation of the whole community. On the holiday of Good Friday, *epitaphios* processions wind their way through streets and cemeteries in ritual re-enactment of Christ's funeral; at midnight on Easter Sunday, a sacred flame from Jerusalem passes from the priest to the candles of parishioners, who emerge from their churches amidst a spectacle of fireworks.

While women have not made significant gains in access to positions of authority within the church hierarchy, many prominent Greek Orthodox theologians have recently concluded that no reasonable argument, beyond adherence to patriarchal tradition, exists to exclude women from ordination (Kalaitzidis 2014). Indeed, most scholars acknowledge that women in the early church occupied roles of greater authority than they have been afforded in recent times. Today, increasing numbers of Greek women are studying theology, becoming professors at Orthodox divinity schools, and working in educational and administrative lay positions within the church (Sotiriou 2010).

LGBTI Issues

The European Region of the International Lesbian, Gay, Bisexual, Trans, and Intersex Association (ILGA) publishes a yearly assessment of the status of LGBTI people in Europe. Greece ranked 15th among 49 European countries in ILGA-Europe's 2016 Rainbow Europe report, earning an overall score of 58 percent on ILGA's index of LGBTI

human rights (ILGA-Europe 2016). The index measures a country's achievements toward affirming and protecting the rights of LGBTI people in the areas of equality and nondiscrimination, recognition of family rights, policies against hate crimes and hate speech, legal recognition of gender and bodily integrity, freedom of assembly and expression, and asylum rights. While Greece has made measurable improvements in recent years toward equity and justice, more work lies ahead.

The term *lesbian*, despite its historic reference to the ancient Greek poet Sappho, who lived on the island of Lesbos and wrote about love between women, is considered an Anglo-American construct when used to describe same-sex desiring women. In 2008, three residents of Lesbos filed a lawsuit against the Lesbian and Gay Community of Greece (OLKE), demanding that the nonprofit gay rights group and others stop using the word *lesbian*. The plaintiffs, led by a right-wing magazine publisher, insisted that the term properly referred only to residents of the island and that it had been hijacked by the international gay community. They ultimately lost the battle to reclaim the word, and the island of Lesbos continues to draw lesbian tourists from around the world, particularly for the International Eressos Women's Festival held each year in September. Even so, many Greek women who engage in same-sex relationships are reluctant to identify themselves by commonly used Western terms, including *gay* and *lesbian* (Kantsa 2000; Kirtsoglou 2004). In Greece's patriarchal society, the normativity of heterosexuality is assumed, and high value is placed on marriage and motherhood. Thus, same-sex desire among women in Greece is often socially invisible (Kantsa 2000; Kirtsoglou 2004), and the subject has been "ignored and nonexistent from a legal point of view" (Maloutas 2003).

On the other hand, Greek transgender women have been harshly penalized for expressions of sexuality and gender identity perceived to violate patriarchal social norms. In 2012 and 2013, police in the cities of Athens and Thessaloniki were accused of systematically harassing transgender women, organizing sweeps and mass arrests on the pretext of verifying their identities and status as sex workers. On August 9, 2012, 25 trans women were detained by Athens police and forcibly tested for HIV (Greek Transgender Association 2013).

When the leftist Syriza party was elected to leadership in January 2015, their platform included support for the equality of lesbian, gay, bisexual, and transgender (LGBT) people, and they promised action on the issue of same-sex

partnerships. In December 2015, the Greek Parliament approved legislation that included the formal recognition of same-sex partnerships and the protection of transgender and intersex people from discrimination and hate crimes on the basis of sex characteristics or gender identity (ILGA-Europe 2016). Greece still does not provide civil marriage and adoption rights for same-sex couples, but the 2015 legislation offered hope to LGBT activists after several years of struggle. Prime Minister Alexis Tsipras apologized to the LGBT community for systemic violations of human rights and announced that the government would strive for justice in the future.

In a historic convergence of events, the island of Lesbos made international headlines again in 2015, as the Greek economic crisis and the European Migration Crisis peaked simultaneously. Of the more than 1 million refugees who made the perilous journey across the Aegean in 2015, some 60 percent landed on Lesbos, jeopardizing the island's vital tourist industry (Cheslow and Estrin 2016). Lesbians, tourists, and aid workers alike joined together in a humanitarian effort to rescue and support the hundreds of thousands fleeing war and seeking a better life in Europe. The residents of Lesbos—including fishermen who tirelessly patrolled the water and pulled hundreds of people out of the sea, and grandmothers who provided clothing, food, and comfort to exhausted and frightened children and their families—were nominated for the 2016 Nobel Peace Prize (Amin 2016).

NANCY STATON BARBOUR

Further Resources

- Amin, Lucas. 2016. "Lesbos: a Greek Island in Limbo over Tourism, Refugees – and Its Future." *The Guardian*, March 24. Retrieved from <https://www.theguardian.com/travel/2016/mar/24/lesbos-greek-island-in-limbo-tourism-refugee-crisis-future>.
- Anthony, Andrew. 2013. "The Island of Long Life." *The Guardian*, May 31. Retrieved from <https://www.theguardian.com/world/2013/may/31/ikaria-greece-longevity-secrets-age>.
- Cheslow, Daniella, and Daniel Estrin. 2016. "Lesbos, a Greek Refuge for the War Weary and Vacationers." *The New York Times*, May 24. Retrieved from <https://www.nytimes.com/2016/05/29/travel/migrant-crisis-lesbos-greece.html>.
- Chionidou-Moskofoglou, Maria, Andrea Blunk, Renata Siemprinska, Yvette Solomon, and Renate Tanzberger. 2008. *Promoting Equity in Maths Achievement: The Current Discussion*. Vol. 4. Barcelona: University of Barcelona.
- CIA (Central Intelligence Agency). 2017. "Greece." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/gr.html>.
- Coccossis, Harry. 2001. "Sustainable Development of the Greek Islands." In Camarda, Domenico, and Laura Grassini (eds.),

- Interdependency between Agriculture and Urbanization: Conflicts on Sustainable Use of Soil and Water* (Options Méditerranéennes, Série A. Séminaires Méditerranéens 44: 391–394).
- Czuczka, Tony. 2016. "Germany Tightens Asylum Rules as Merkel Stems Refugee Flow." *Bloomberg*, February 25. Retrieved from <https://www.bloomberg.com/news/articles/2016-02-25/germany-tightens-asylum-rules-as-merkel-seeks-to-stem-refugees>.
- Donadiki, Elisavet M., Rodrigo Jiménez-García, Valentín Hernández-Barrera, Pilar Carrasco-Garrido, Ana López de Andrés, and Emmanuel G. Velonakis. 2012. "Human Papillomavirus Vaccination Coverage among Greek Higher Education Female Students and Predictors of Vaccine Uptake." *Vaccine* 30.49: 6967–6970.
- ECHO (European Civil Protection and Humanitarian Aid Operations). 2017. "2500 Refugee and Migrant Children Now Attending Greek Schools." Retrieved from http://ec.europa.eu/echo/news/2500-refugee-and-migrant-children-now-attending-greek-schools_en.
- Elliott, Larry. 2016. "IMF Tells EU It Must Give Greece Unconditional Debt Relief." *The Guardian*, May 23. Retrieved from <https://www.theguardian.com/business/2016/may/23/imf-warns-eu-bailout-greece-debt-relief>.
- Eurostat. 2016. "Youth Unemployment Rate—% of Active Population Aged 15–24." Retrieved from <http://ec.europa.eu/eurostat/web/products-datasets/-/tipslm80>.
- Eurostat. 2017a. "At-Risk of Poverty Rate Anchored at a Fixed Moment in Time (2008)." Retrieved from [http://ec.europa.eu/eurostat/statistics-explained/index.php/File:At-risk-of_poverty_rate_anchored_at_a_fixed_moment_in_time_\(2008\),_2014_and_2015_\(%25\).png](http://ec.europa.eu/eurostat/statistics-explained/index.php/File:At-risk-of_poverty_rate_anchored_at_a_fixed_moment_in_time_(2008),_2014_and_2015_(%25).png).
- Eurostat. 2017b. "Marriage and Divorce Statistics." Retrieved from http://ec.europa.eu/eurostat/statistics-explained/index.php/Marriage_and_divorce_statistics.
- Eurostat. 2017c. "Unemployment by Sex and Age—Monthly Average." Retrieved from http://ec.europa.eu/eurostat/en/web/products-datasets/-/UNE_RT_M.
- Georgiadis, Fokion, and Apostolos Zisimos. 2012. "Teacher Training in Roma Education in Greece: Intercultural and Critical Educational Necessities." *Issues in Educational Research* 22.1: 47–59.
- Giannakopoulos, George, and Dimitris C. Anagnostopoulos. 2016. "Child Health, the Refugees Crisis, and Economic Recession in Greece." *The Lancet* 387.10025: 1271.
- Greek Transgender Association. 2013. "Greece: MEPs Concerned by Police Harassing and Arresting Trans Women." European Parliament's Intergroup on LGBTI Rights, June 28. Retrieved from <http://www.lgbt-ep.eu/press-releases/greece-meps-concerned-police-harassing-arresting-trans-women>.
- Horn, Heather. 2015. "The Staggering Scale of Germany's Refugee Project." *The Atlantic*, September 12. Retrieved from <https://www.theatlantic.com/international/archive/2015/09/germany-merkel-refugee-asylum/405058>.
- Houston, Muir, Michael Day, María De Lago, and John Zarcostas. 2011. "Health Services across Europe Face Cuts as Debt Crisis Bites: As the Eurozone Debt Crisis Spreads, BMJ Correspondents Investigate Its Effects in Four of the Hardest Hit Countries." *British Medical Journal* 343.7820: 388–389. Retrieved from <http://www.jstor.org/stable/23051097>.
- HRW (Human Rights Watch). 2016. "EU/Balkans/Greece: Border Curbs Threaten Rights. Discriminatory Actions Causing Chaos, Crisis." Retrieved from <https://www.hrw.org/news/2016/03/01/eu/balkans/greece-border-curbs-threaten-rights>.
- Huffington Post*. 2015. "How Bad Was the Run on Greek Banks?" July 21. Retrieved from http://www.huffingtonpost.com/entry/greek-bank-run_us_55ae757de4b0a9b948529aa6.
- ILGA-Europe. 2016. "2016 Annual Review on Greece." Retrieved from <http://ilga-europe.org/sites/default/files/2016/greece.pdf>.
- Kalaitzidis, Pantelis. 2014. "New Trends in Greek Orthodox Theology: Challenges in the Movement towards a Genuine Renewal and Christian Unity." *Scottish Journal of Theology* 67.2: 127–164.
- Kantsa, Venetia. 2000. *Daughters Who Do Not Speak, Mothers Who Do Not Listen*. PhD diss., University of London.
- Karamessini, Maria, and Jill Rubery. 2014. *Women and Austerity: The Economic Crisis and the Future for Gender Equality*. New York: Routledge.
- Karanikolos, Irene Papanicolas, Sanjay Basu, Martin McKee, and David Stuckler. 2011. "Health Effects of Financial Crisis: Omens of a Greek Tragedy." *The Lancet* 378.9801: 1457–1458. Retrieved from [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)61556-0/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)61556-0/fulltext).
- Kentikelenis, Alexander, Marina Karanikolos, Irene Papanicolas, Sanjay Basu, Martin McKee, and David Stuckler. 2011. "Health Effects of Financial Crisis: Omens of a Greek Tragedy." *The Lancet* 378.9801: 1457–1458. Retrieved from [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)61556-0/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)61556-0/fulltext).
- Kirtsoglou, Elisabeth. 2004. *For the Love of Women: Gender, Identity and Same-Sex Relations in a Greek Provincial Town*. New York: Routledge.
- Lewis, Aaron. 2011. "Greek Tragedy." *Dateline*. Video from SBS. Retrieved from <http://www.sbs.com.au/news/dateline/story/greek-tragedy>.
- Library of Congress. 2016. "Refugee Law and Policy: Greece." Retrieved from https://www.loc.gov/law/help/refugee-law/greece.php#_ftnref64.
- Maloutas, Maria Pantelidou. 2003. "Greece." In *The Greenwood Encyclopedia of Women's Issues Worldwide*, edited by Lynn Walter, 263–280. Santa Barbara, CA: Greenwood.
- Marcos, Anastasios C., and Stephen J. Bahr. 2001. "Hellenic (Greek) Gender Attitudes." *Gender Issues* 19.3: 21–40.
- Molokotos-Liederman, Lina. "The Impact of the Crisis on the Orthodox Church of Greece: A Moment of Challenge and Opportunity?" *Religion, State & Society* 44.1: 32–50.
- OECD (Organisation for Economic Co-Operation and Development). 2017. "Greece." Retrieved from <http://www.oecd.org/greece>.
- Papaioannou, Vasiliki. 2013. "A Sex and Relationships Health Education Project in a Greek Senior High School." *Ekpaideftiki Epikairotita* 4.2: 8–35.
- Ridgway, Jim, and Sean McCusker. 2008. "PREMA: Evidence from Six Countries." In *Promoting Equity in Maths Achievement: The Current Discussion*, edited by Maria Chionidou-Moskofglou,

- Andrea Blunk, Renata Siemprinska, Yvette Solomon, and Renate Tanzberger, 23–32. Barcelona: University of Barcelona.
- Simou, Effie, and Eleni Koutsogeorgou. 2014. “Effects of the Economic Crisis on Health and Healthcare in Greece in the Literature from 2009 to 2013: A Systematic Review.” *Health Policy* 115.2: 111–119.
- Skarlatos, Theopi. 2015. *#ThisIsACoup*. Documentary series from Kallithea Films and Field of Vision. Retrieved from <https://fieldofvision.org/episode-one-angela-suck-our-balls>.
- Smith, Helena. 2013. “Greece’s Birthrate Falls as Austerity Measures Hit Healthcare.” *The Guardian*, September 18. Retrieved from <https://www.theguardian.com/world/2013/sep/18/greece-birthrate-austerity-measures-healthcare>.
- Sotiriu, Eleni. 2010. “‘The Traditional Modern’: Rethinking the Position of Contemporary Greek Women in Orthodoxy.” In *Orthodox Christianity in 21st Century Greece: The Role of Religion in Culture, Ethnicity and Politics*, edited by Victor Roudometof and Vasilios N. Makrides, 131–154. Farnham: Ashgate Publishing.
- Squires, Nick. 2016. “Greek Parents Padlock School against Refugee Children as Education Plan Gets Underway.” *The Telegraph*, October 11. Retrieved from <http://www.telegraph.co.uk/news/2016/10/11/greek-parents-padlock-school-against-refugee-children-as-educati>.
- Tsakoglou, Panos, and Ioannis Cholezas. 2005. “Education and Inequality in Greece.” IZA Discussion Papers, No. 1582. Retrieved from <http://hdl.handle.net/10419/33369>.
- UNDP (UN Development Programme). 2016. “Greece: Human Development Indicators.” Human Development Reports. Retrieved from <http://hdr.undp.org/en/countries/profiles/GRC>.
- UNICEF. 2017. “Greece.” Retrieved from <https://www.unicef.org/search/search.php?q=Greece>.
- Vassilikou, Katerina, and Elisabeth Ioannidi-Kapolou. 2014. “Sex Education and Sex Behaviour in Greek Adolescents: A Research Review.” *Social Cohesion and Development* 9.2: 143–154.
- WHO (World Health Organization). 2009. *A Snapshot of the Health of Young People in Europe*. Copenhagen, Denmark: World Health Organization.
- WHO (World Health Organization). 2014. *Noncommunicable Diseases (NCD) Country Profiles: Greece*. Copenhagen, Denmark: World Health Organization.
- WHO (World Health Organization). 2016. *Greece: Highlights on Health and Well-Being*. Copenhagen, Denmark: World Health Organization.
- WHO (World Health Organization). 2017. “Greece: Data and Statistics” Retrieved from <http://www.euro.who.int/en/countries/greece/data-and-statistics>.
- Willett, Walter C., Frank Sacks, Antonia Trichopoulou, Greg Drescher, Anna Ferro-Luzzi, Elisabet Helsing, and Dimitros Trichopoulos. 1995. “Mediterranean Diet Pyramid: A Cultural Model for Healthy Eating.” *American Journal of Clinical Nutrition* 61.6: 1402S–1406S.
- World Bank. 2016. “Health Expenditure, Total (% of GDP).” Retrieved from <http://data.worldbank.org/indicator/SH.XPD.TOTL.ZS?end=2014&start=2008>.

H

Hungary

Overview of Country

Hungary is a landlocked Central European country in the Carpathian Basin. Bordered by Austria to the west, Slovakia to the north, Ukraine to the northeast, Romania to the east, and Serbia, Croatia, and Slovenia to the south, it is relatively small at 35,000 square miles (93,030 sq. km). Its population according to the 2011 census was 9,937,628. Hungary is divided by two main rivers, the Danube and the Tisza, and the geography is diverse: mountainous in the northeast, rolling hills in the northern parts, and fertile agricultural lands in the central and south regions. Lake Balaton and Lake Hévíz, both in western Hungary, are the largest lake and largest thermal lake in Central Europe.

Hungary ranked 43rd out of 188 countries in the UN Development Programme's (UNDP) Human Development Index (HDI) with a Gender Inequality Index (GII) score of 0.252 in 2016. Gender equality in Hungary appears high, but according to some important measures, such as women's representation in politics, it is one of the lowest in Europe. There are few women in government: they occupied 10 percent of the seats in Parliament and represented 12 percent of municipal councilors and 7 percent of the diplomatic corps in 2016. Despite the general global trend of decreasing gender inequality, the corresponding Hungarian data appears to have increased based on at least

some of the international measures, such as the World Economic Forum's (WEF) Global Gender Gap Index (GGI) in which Hungary slipped from 55th position in 2006 to 101st in 2016. According to the Gender Equality Index of the European Union's European Institute for Gender Equality (EIGE), in which 100 qualifies as perfect equality and the average among member states is 54, Hungary's score was 41.6; the highest ranking was Sweden's 74.2, and the lowest was measured in Romania with 33.7 in 2016.

The current Hungarian borders were established by the Trianon Peace Treaty of 1920. Hungary's turbulent history continues to affect its sense of self, its approach to gender roles, and its relationships with neighboring countries as well as alliances with international institutions and recognition of such norms as democracy and human rights.

Controlled by the Soviet Union since 1948, Hungary experienced revolution in 1956 in reaction to the totalitarian communist regime, but more years of repression followed. Hungary became the "most cheerful barrack" of the Soviet bloc in the 1960s, and economic reforms paved the way for small business entrepreneurs. Women benefited less than men from these economic opportunities, as few of them established such firms, and female-owned enterprises accounted for only one-third of all companies by the 1990s.

Hungary is moderately ethnically diverse. The population is approximately 90 percent ethnic Hungarians, but estimates place the Roma (Gypsy) population at 3–12

percent and the German, Slovak, and Romanian populations at about 1 percent each. In the 2011 census, nearly 15 percent of respondents did not specify an ethnic origin, which may reflect negative attitudes toward the Roma, Jewish, and immigrant populations. The same census counted 11,000 Jewish residents, but sociological estimates put the country's Jewish population at approximately 120,000.

Hungary is home to many religions. Christianity was introduced with the founding of the state in 1000 CE, and the Reformation brought Protestantism. Roman Catholics (38%) and Protestants (14%) constitute 52 percent of believers, and most of the Orthodox Christians (about 2%) live near the eastern and southern borders of the country. Jews arrived in the early medieval period, and people of the Islamic faith have lived in Hungary since the 150-year Ottoman occupation (1526–1686). Various small religious sects persisted despite the oppression during many periods of occupation. Before World War II, about 825,000 Hungarians were Jewish; approximately 565,000 of them were killed during the Nazi era. Those who returned from concentration camps and slave labor to live in communist Hungary continued to face persecution, as did other faith communities if they openly practiced their religion.

Travel and trade opened up again after the collapse of communism in 1989, and Hungarian society became more receptive to Western influences. Hungary joined the European Union (EU) in 2004 and the North Atlantic Treaty Organization (NATO) in 1999. Hungary has achieved 20 percent female participation in the armed forces—double NATO's rate—since its military opened to women in 1997.

With freedom of movement and education and employment opportunities open in the European Union since the late 1990s, many of the young and educated have left Hungary. Observers compared this unexpected mass exodus to two similar migrations in Hungarian history: one in the very beginning of the 20th century, with many poor landless peasants and workers looking for jobs and a better life, and the other after the Soviet Union crushed the 1956 revolution. However, in contrast to the earlier two waves, the current emigrants tend to be more gender-balanced and at least have the possibility of returning, unlike earlier times when mostly young men had to leave their families behind and the borders closed behind them. Young women today are more inclined to seek a better future abroad because Hungarian women's education is generally higher than men's, although women tend to study the humanities, law, and medical fields, while men choose engineering and information technology. However, many young and

less-educated Hungarian women are lured by the promise of fast money and work as prostitutes in Western Europe.

In response to the substantial political, social, and economic changes following the peaceful and negotiated end of communism in 1989, traditional norms, including more conservative attitudes to women, have reemerged. Attitudes toward ethnic, religious, and sexual minorities, such as the Roma, Jews, LGBT, and immigrants, became less welcoming under the guise of nationalism.

In the past five years, Hungary's turn away from the norms of democracy came as a surprise because this country was a stalwart of democratization in the 1990s. The emergence of public and officially condoned expressions of nationalism-based exclusion are in stark contrast to the minutely censored public discourse during the communist era, when economic class formed the official mode of discrimination and the one-party system eliminated freedoms of assembly, speech, and religion.

With the communist system progressively declaring men and women equal but oppressing them politically, the sexes joined in solidarity in the private sphere against the common public enemy, the ever-intruding state. The 40 years of Soviet influence left a mixed legacy regarding women's employment; educational, social, and political achievements; rights; desires; diversity; and ability to organize in pursuit of their and others' interests.

Health

The Hungarian population has been declining due to low birth rates and a recent immigration wave to the West that is especially prevalent among the young. Additionally, the number of elderly has become a female problem in Hungary: 80 percent of those over 80 years old are women, and every eighth woman is a widow over 60 years old. Consequently, women are more likely than men to live alone. These trends most likely will further intensify with the increased out-migration of the younger generation to study, work, and settle abroad.

Access to Health Care

The Hungarian state spent 5.2 percent of the gross domestic product (GDP) on health care in 2005, 4.5 percent in 2010, and 5.3 percent in 2015. While access to health care is officially free and universal, patients are expected to pay significant sums “under the table” to doctors, nurses, and (in hospitals) even cleaning staff. Both this unofficial but

deeply entrenched payment scheme and the ethnic discrimination against Roma challenge the implementation of universal health care access. The price of medications has been steadily increasing, reaching 5 percent of household expenses in 2012. The number of those who could not pay for their medications varied considerably (reaching over 10% among those aged 55–64), but in every age strata, women are the majority (Kovács 2014, 249–50).

According to the 2011 census, every fifth woman considers herself struggling with a prolonged disease, and one-third of women over 60 are chronically ill. Women's life expectancy in Hungary is 78 years, which is among the lowest in the European continent. Hungarian women are 70 percent more likely to die from cervical cancer and 10 percent more likely to die from breast cancer than their EU counterparts. Since 1997, mammography has been freely available every two years for women aged 45–65, and with a health care network that calls women to come for the screening, participation increased from 8 percent to 35 percent by 2003 (Kovács 2014, 234). Although a similar system is in place for cervical cancer screening, the highest participation rate was 56 percent in 2009, which is 10–20 percent below what is considered a high level of prevention.

The reasons for low participation are financial and informational: it is often difficult and expensive to travel to the centrally located health care facilities, and women may not have the education to understand why they should subject themselves to these often uncomfortable exams that are performed without regard for privacy. While both maternal and newborn mortality are low, the former is 100 percent higher and the latter is 30 percent higher than the average of the other EU member Central European countries (Kovács 2014, 217).

In Europe, only Romania has a higher rate of abortions than Hungary, with women younger than 20 requesting every second pregnancy terminated (Kovács 2014, 219–220). After a period of total prohibition of abortion in the early 1950s, abortion became legally available until the 12th week of pregnancy if a woman stated that she was experiencing a crisis situation. In 1992, the conditions were tightened by requiring two rounds of counseling and at least three days' waiting in between. Hospitals charge a sliding fee for the procedure. Women's reproductive rights have been increasingly challenged recently. First, the new constitution in 2012 declared that life begins at conception. Second, in 2013, a new law on child protection redefined a pregnant woman's crisis situation. Now a woman

concealing her pregnancy can be interpreted as threatening the fetus's life.

One of the first claims against the Hungarian state submitted to the UN Committee on the Elimination of Discrimination against Women (CEDAW) concerned the forcible sterilization of Roma women (*A.S. v. Hungary* 2004). Despite a favorable decision in the claimant's favor, the Hungarian state compensated her only after considerable foot-dragging in 2009.

Childbirth and Maternal Health

By closing local birth centers and eliminating independent midwifery, the process of centralizing maternal health care dramatically speeded up after World War II in Hungary. Within a generation, hospitals emerged as the exclusive setting where women gave birth. Birth became increasingly medicalized and began including invasive and often unnecessary interventions that eliminate the possibility of natural birth. For example, 33 percent of births are cesareans in Hungary, while the WHO recommends this procedure be used only in the most urgent 5–10 percent of cases.

Maternal health care in Hungary and women's choice of the mode of birth made international headlines in October 2010 because of a dramatic clash between the proponents of the Hungarian home-birth movement and state authorities that saw Dr. Ágnes Geréb, a highly respected obstetrician-midwife, shackled in public and sentenced to prison for allegedly causing the deaths of two newborns and injuring others. After more than two decades of intermittent negotiations with various Hungarian governments, the difference in values between a loose coalition of activists in support of Dr. Geréb; her group of independent midwives, doulas, and birth advocates; and the Hungarian legal and medical establishments escalated to the level of open confrontation and acute crisis (Fábián 2014a).

The case of home birth and midwifery in Hungary eventually landed in front of the Strasburg-based Court of Human Rights of the Council of Europe, which ruled that women in Hungary have the right to choose the place and mode of giving birth (Hayes-Klein 2012). The pressure from domestic constituents and international experts and organizations eventually shamed the government into legalizing home birth and independent midwifery in March 2011. The prosecution of Dr. Geréb and the emerging home-birth (midwifery) movement have highlighted, broadened, and problematized the previously taboo topic

of women's treatment during pregnancy and birthing. By choosing to give birth at home, offering alternative birth trainings, and providing entirely new frameworks of medical information through various media, as well as organizing protest rallies during times of crisis, these mothers-turned-activists framed birth in an entirely new way that is free, or at least freer, from state intervention and the power of medical establishment over women's bodies and decisions. The Hungarian home-birth movement's dramatic juxtaposition of women's dehumanization during the birthing experience in hospitals with the culturally elevated and rhetorically glorified act of giving birth has challenged many existing social and political hegemonies, such as the state and the (nearly exclusively male) gynecologists assuming to know what is best for women.

Girls and Teens

The teaching and imposing of gender stereotypes starts at birth, and is reinforced by parents, the family's broader network, and education. Gender markers include the selection of the baby's name as well as the clothes and colors the child would be surrounded by and wear. The prevailing gender stereotypes strongly encourage Hungarian women and girls to pursue the traditional rewards offered by beauty, obedience, housekeeping skills, and excelling in education. Women tend to earn better grades and are more likely than men to finish formal education.

Education Opportunities

Hungary spends approximately 5.2 percent of its GDP on education in 2015, which is below the EU average. In the 1990s, educational expenses dramatically increased, although they eventually dropped in 2009–2011.

In part due to gender stereotypes that encourage women to be diligent, obedient, and good students, women have greater educational achievement than men. Slightly more than 50 percent of women have finished at least high school compared to 42 percent of men.

Crèches for children under age 3 were provided by state-owned enterprises at a very affordable price during the communist era, but with the advent of mass privatization in the 1990s, such services nearly entirely disappeared, resulting in overcrowded facilities. Despite considerable demand for child care and with slightly increased investment to refurbish crèches, the state's message has been that mothers should stay at home with young children, thereby

removing many women from the official unemployment rolls.

Day care centers for children aged 3–6 have become unexpected battlegrounds for gender equality. In 1996, the official guidelines for the educational aspect of these institutions included a sentence that followed the principles of EU gender equality and asked such institutions to avoid strengthening gender stereotypes and to help eliminate prejudices concerning gender inequality. By 2012, increasingly conservative views and more openly expressed antigay sentiments led to all references to gender being eliminated, and the guidelines asked that employees avoid all kinds of prejudices.

Nearly all workers in crèches and day care are women, and 83 percent of teachers are women, although they tend to teach younger grades. Most university professors in the fields of education, social welfare, and health care are women. Whereas 54 percent of university students are female, only 19 percent of university professors were women in 2006 (Kereszty 2014, 290). In 2011, only 6 percent of members of the Hungarian Academy of Science were female.

While the number of children has been declining in Hungary, the total number of minors (younger than 18 years of age) registered under specific state protection (but not necessarily in an orphanage or in foster care) has been rapidly increasing. The number grew by 63 percent between 2000 and 2006 and further swelled by 50 percent between 2007 and 2011 (Farkas et al. 2014, 172). Foster parents have accommodated 60 percent of girls, leaving the others in state-run institutions. As with other politically sensitive important welfare considerations, the recording of ethnicity could be considered discriminatory, and statistics of welfare agencies do not note whether the children they encounter are Roma. According to anecdotal evidence, a considerable proportion of the children in orphanages are of Roma ethnicity, taken into state guardianship often due to their birth family's low standard of living.

Sex Education

After a 1973 (communist-era) government decision on population and demography, sex education was introduced in the second year of high school with the hope of enhancing family planning. Another high school program focusing on "family life" emerged in 1996. By 2002, the state had abandoned even the appearance of supporting sex

education and teaching about contraception, including the birth control pill. Certain groups have sporadically stepped in to fill in this void: the nongovernmental organization (NGO) Sex Education, for example, produced handouts and modules to be used as teaching aids in high schools. When LGBTQ groups attempted to offer similar courses in a few high schools in Budapest, some parents protested loudly enough that most principals stopped these projects. Sexual orientation, gender identity, and, since 2012, gender equality are missing from the National Educational Plan (*Nemzeti Alaptanterv*), which is the basic guide for the aims and development priorities of public education (Kereszty 2014, 280–285). It places heavy emphasis on love, marriage, family, and establishing a home.

An analysis of textbooks showed that few of Hungary's notable female writers and artists are represented on their pages. Hardly any LGBTQ and Roma made an appearance in the textbooks at all. The two sexes appeared as complementary and essentially different—similar to a yin-and-yang illustration.

Educational Opportunities for Roma Girls

Instead of recognizing intersectional discrimination—the combined effect of ethnic and gender discrimination as well as disadvantaged social and economic status, migration, and often living in a rural environment, where accessing public services is difficult—the Hungarian government and society have largely abandoned the problem of the Roma. Consequently, the segregation of the Roma population has continued and even worsened, in large part because of their substandard access to education. The Roma have lower literacy rates: 80 percent of Roma reported that they can read and write compared to 99 percent of non-Roma, with Romani women having 20–30 percent lower literacy rates than Romani men. The education gap stems from and strengthens ethnic and gender discrimination, leading to further social and economic exclusion and deeply entrenched traditional gender roles (EERC 2014).

Due in part to forced and child marriages, as well as being recruited into prostitution, Romani girls often drop out before finishing compulsory education at age 16. Only 5.8 percent of Hungarian Romani women have vocational qualifications, in contrast to 17.5 percent of Romani men (FRA 2013). The physical segregation of Romani children into Roma-only classes and schools for the disabled is common practice, which violates European Union, Council of Europe, and international law standards.

Young Women's Extracurricular Achievements

In sports, quite a few young female Hungarians have archived major success, breaking gender barriers and prohibitive stereotypes: Krisztina Egerszegi won her first of five Olympic gold medals in swimming at age 14, with Katinka Hosszú, the “Iron Lady” of swimming following these footsteps with three Olympic golds and six long-course world championships. The Polgár sisters have established themselves as chess champions, with one of them, Judit, being the number one rated woman in the world since 1989 and a grandmaster since age 15.

Employment

Hungarian women's opportunities in employment dramatically differ from men's. As in other parts of the world, women in Hungary work more and earn less than men, there are fewer of them in leadership positions, and they are more likely to juggle family and work obligations than their male counterparts. Significant inequality exists between men and women in Hungary: women account for 65 percent of the time spent on household chores and 70 percent of the time spent on child care.

In contrast to other European countries, Hungarian women's labor participation has dramatically declined in the past 25 years. During the first 6 years of the transition from communism to capitalism, women's labor participation dropped from 67.3 percent to 45.5 percent, and men's dropped from 82.9 percent to 60.1 percent. In 2013, women constituted 42 percent of the active labor force. With women staying at home to care for others, or taking up part-time and semi-legal or illegal jobs when they could not find full-time employment, their unemployment rate remained lower than men's. A more traditional interpretation of women's roles meant their declining labor force participation and long-term unemployment raised no alarm.

The Hungarian state has routinely subsumed women's employment policy under the seemingly more important considerations for demography. The proportion of GDP spent on child and family support shrunk from over 4 percent in the mid-1980s to 1.7 percent in 1997; it increased to 2.1 percent in 2010 and 3 percent in 2013 (Aczél and Gyarmati 2014, 175). Although Hungary pays a relatively high (7% of the average wage) universal basic allowance for children under age seven, it has proven inadequate for large families, which are disproportionately more likely among the Roma.

Two groups in particular have a very difficult situation in the labor market: mothers with small children and women over 50. Although women everywhere experienced a reduction in employment opportunities during the recent economic crisis, Hungarian women were the most likely in the European Union (67% compared to the European Union's 47% average) to be asked whether they had children during a job interview before being asked about their skills and experience. Becoming a parent reduces women's chances of employment by 37 percent and increases men's chances by 8 percent. In contrast to 5 percent of men perceiving prejudice against them in hiring and employment, one-third of Hungarian women feel discriminated against due to their gender and family status. Roma women and women with no vocational training often face insurmountable difficulties in finding and keeping jobs. Fear of retaliation and very low levels of trust are why four out of five people believe it is not worth reporting discrimination (Vajda 2014, 128).

Despite a notable advantage in formal education, females tend to advance only to midlevel leadership. The wage gap between the sexes has been 13.5 percent in 2015 and it would likely be much higher if the significant gray (semi-legal) economy were included. Vertical segregation (i.e., the disproportionate gender ratio of individuals in leadership positions) links with horizontal segregation, namely, that women tend to be more concentrated in low-paying and less respected jobs. The private sector continued to be dominated by men (61.7% in 2009) and the public sector by women (66.3%) (Szikra 2013, 4).

The wage gap in Hungary has actually shrunk (it was 35% in the early 1990s), probably due to the relative increase of value attributed to the service industry, such as health care, banking, and tourism, where many women are traditionally employed. Ironically, this contemporary advantage most likely emerged because of communist-era educational and employment incentives that led more women to low-paying jobs that required learning languages along with acquiring skills in finances, law, and medicine—all of which became much sought-after skills with the emergence of competitive service industries.

Women are in a disadvantaged position in the job market, but poverty affects 33 percent of people of both genders. With women seven times more likely than men to be single parents, and earning lower pensions and unemployment benefits, their ratio among the poor increases, but they are less publicly visible than the most frequently encountered poor people in urban settings: the mostly male homeless.

With the 1998 austerity measures, women's retirement age increased by 10 years, to 65, in a course of a decade. The creative and vocal protests of women's groups, especially trade unions, against the unexpected raise in retirement managed to slow down the implementation of this policy, which hit women who entered the labor force during the most trying years of postwar reconstruction and communist-era industrialization. Often well before retirement, older women became essential caregivers to the broader family, especially to the grandchildren, before then needing attention themselves.

Family Life

Declining birth rates and a growing elderly population tend to characterize late industrial societies where women postpone or opt out of childbearing in favor of education and rewarding careers. Few women plan more than two children, and the average maternal age moved from the early twenties in the middle of the previous century to 28.3 years in 2011 (Kovács 2014, 228). Hungarians, like many other relatively small ethnic groups, perceive the decline of the population as a forewarning of national extinction. Hungary used to have one of the highest rates of employment among women, but this proportion changed very fast in the 1990s to become one of the lowest in Europe. The long-standing and extensive social policies that encourage women to give birth and stay at home to raise children have had only short-term effects on increasing the birth rate. While the three-year-long paid maternity leave for each child appears to support women balancing family and work responsibilities, the extended departure from the workplace also creates a trap that is especially hard to escape from when a woman stays at home with two or more children for six years or longer.

With the shortage of early child care facilities, strong social incentives, and the three-year-long paid maternity leave in effect since 1967, traditional gender roles survived during communism and became further revived since the change of the political system. The now nearly 50-year-long continuity of maternity benefits brought much relief to many women, but they also reduced the likelihood of their return to the paid labor force. The assumption that women's paid labor participation negatively affects childbearing and child-rearing holds steady in Hungary. Although men in Hungary are entitled to take paternity leave, only 5 percent of fathers have used this opportunity since it became available in 2010 (Aczél and Gyarmati 2014, 176).

The Roma face particular problems concerning family size. The Roma migrated from Northern India to Europe more than 500 years ago, but they are still considered undesirable outsiders. With Roma girls marrying young, they have very little formal education and face intense discrimination in the labor market, leaving few options to gain their traditional communities' respect beyond having children. While children are highly valued in Roma families, a large family makes poverty more likely, and poverty would further challenge good educational and employment opportunities for both parents and children. When a Roma family and its kin are poor, the women may be forced to beg, often with their children, or work as prostitutes. The spiral of poverty, discrimination, and lack of education and employment opportunities further enforce the negative stereotypes against them.

Politics

With the appearance of the first written testimony of Hungarian women's organizing in 1790, women's voices began to emerge as one of many that called for modernization, education, and national independence. The first registered women's group was a charity association in 1817, leading the way toward fighting for women's education in the mid-1800s and their professional associations by the end of the 19th century. The close cooperation with international counterparts of the Hungarian female professional associations and suffragists was dramatically broken by World War I and the crisis-ridden interwar years. World War II maintained the distance of Hungarian women's groups from democratizing movements.

Women's suffrage arrived in 1945—to be curtailed by the communist takeover in 1948, when freedom of association, assembly, and speech were extremely limited. The communist system promoted women to serve its ideological, economic, and political aims. Women's quotas in the Communist Party-controlled legislature were much derided, which may explain why there are still so few supporters of the two parliamentary bills and one public referendum to reintroduce the quotas to address the low proportion of women's representation in formal politics. Despite the European Union's 1997 Amsterdam Treaty requirements and two recent (2007 and 2012) CEDAW country reports asking that Hungarian women be better represented in politics, gender equality is generally not considered in governmental decision making, and sexism

(often in the form of derogatory statements) became a mainstay in parliamentary debates and the media.

Participation in Government

There have always been many fewer women than men in Hungarian governments. No woman has been elected as head of state or prime minister as of 2015. In the 25 years since the collapse of communism, women have occupied 8 percent of positions in Hungarian governments, usually taking less prominent positions, such as family and social welfare or health and sports. In the 1990–1993 Antall administration, there was only one female minister; there were two in the Horn government and one in the first Orbán government. Between 2006 and 2009, the left-wing administrations offered government positions to more women: there were five female ministers in Péter Medgyessy's government (accounting for 20%), two in Ferenc Gyurcsány's first government (10%), and three in his second government (15%). In the Bajnai administration, there were no female ministers. The second Orbán government (2010–2014) had only one female minister, and there are no women in the third and current Orbán government.

In 1995, the Hungarian government established a secretariat to represent women's interests and created a coordination committee that included ministry officials and various nongovernmental women's associations. For the past 20 years, this government office has struggled to maintain its staff and relevance and it eventually entirely disappeared.

In local government, the proportion of women mayors had nearly doubled since 1990, reaching 19 percent in 2010, but it dropped to 12 percent in 2014. Only five women were elected to run cities over 20,000 inhabitants.

Female Parliamentarians

Women increasingly participate in the electoral process in Hungary: their proportion among the candidates for legislative seats has doubled since 1990, the date of the first free elections after communism. However, most political parties list women candidates in the lower ranks on their electoral list; only once has women's representation been higher than 10 percent in the national legislature (1994–1998, with 12.2%).

Women's Associations

Since 1989, as the near monopoly on political power held by the Communist Party has shifted toward a more democratic

political environment, so too have gender roles in the post-communist region been dramatically transformed, thoroughly affecting the ways women organize. The resultant emergence of a variety of new women's groups in Hungary has mostly been attributed to the newly achieved right of association and increased freedom. These women's groups have also contributed to a greater diversity of gender roles.

By establishing and strengthening a network of domestic groups and connecting to international NGOs, Hungarian women's groups and their activities have begun to slowly chip away at the exclusive state-centered focus of politics. The changes since communism in women's political status are most evident in their enhanced political representation that includes NGOs and unregistered associations that assist women and their allies in finding each other, forming groups, and publicly expressing their views and interests (Fábián 2009).

Only a minority of Hungarian women's groups identify with feminist consciousness. From the small number of feminist adherents, seven groups in particular stand out because of their persistence and prominence: the *Feministák Egyesülete* (Feminist Alliance), active 1904–1942; the *Feminista Hálózat* (Feminist Network), formed in 1990 and ceased operation around 2002; *Nők a Nőkért az Erőszak Ellen* (NANE, Women against Domestic Violence), a domestic violence hotline established by Feminist Network members in 1994; *Labrisz*, a lesbian association officially established in 1999 after many years of informal existence; *Nők lázadása* (Women's Riot), which was most active in promoting the criminalization of domestic violence that the Hungarian Parliament enacted in 2013; and *Magyar Női Érdekérvényesítő Szövetség* (Hungarian Women's Lobby), the Hungarian member of the European Women's Lobby (EWL) (Fábián 2014b).

Antifeminism and hybrid feminisms emerge as distinctive elements in Hungarian women's organizing. Hybrid feminism tends to focus on issues raised by foreign women's advocates, but it adjusts these topics according to the local culture and politics. In addressing local audiences, it often reframes Western feminist issues around defending or reviving, but not directly challenging or stamping out, traditions that view children's welfare as women's main public concern. Hybrid feminists situationally embrace or reject local understandings of motherhood, marriage, religious devotion, and domesticity or gender-specific discriminatory practices. Such hybridization has taken place

regarding many issues, but most notably the foremost agenda item of contemporary international human rights treaties has been domestic violence (Fábián 2014c).

Many women's groups remain informal, and those who formalize and establish an NGO struggle with collecting and maintaining funds for their operation and activities. In 2013, of 2,831 winning applications, the state funded 24 NGOs that had “women” in their names, but these did not include any feminist groups or groups that work to support feminist causes, such as domestic violence (Ilonszki 2014, 41).

LGBTQ Issues

LGBTQ issues are highly contentious in Hungary: sexual orientation and sexual identity appeared in the vocabulary relatively recently, and they are quite controversial in the public eye and for the legislative agendas. The first Budapest Gay Dignity Procession (later called Budapest Pride) took place in 1997 and grew into a weeklong series of activities: a film festival, public discussions, art exhibitions, theater productions, author readings, picnics, speeches, religious events, concerts, and parties. All these events culminate in the now annual parade across Budapest's best-known thoroughfare, from the Andrassy Boulevard to the Parliament. Due to sporadic counterprotests, the parade applied for and gained police protection as of 2007; for three consecutive years, many of the marchers were heckled and some even physically assaulted.

As in many other parts of the world, two women can publicly hold hands and kiss (on the cheeks) without repercussions: they would be seen as family members or friends. However, if these two women appear as lesbians and clearly express their affection for one another, they would most likely attract many negative comments or worse. Being openly gay is a personally and professionally dangerous choice that can leave one open to verbal and possibly physical attacks.

Although the EU-mandated Hungarian antidiscrimination laws protect sexual minorities against hate speech and mete out additional punishments for hate crimes, LGBTQ rights sharply split the Hungarian population into two groups. One group sees LGBTQ rights as features of a democratic society, and the other considers them an unacceptable outcome of what they call “gender ideology.”

While registered partnerships of same-sex couples were recognized and placed on equal footing with those of

heterosexual couples in 1996, the 2011 Family Protection Act weakened the legal status of same-sex couples, and the 2012 constitution defined marriage exclusively as a union between man and a woman. Given that only married couples can adopt, same-sex partners are excluded from adopting.

Religious and Cultural Roles

Women tend to be responsible for the ethnic and religious education of children. Both tasks are largely entrusted to women—as mothers, grandmothers, aunts, teachers, social workers, and so on—as they rear the younger generation. Religious life was revived with the reintroduction of freedom of worship and assembly in the late 1980s. The gender division in both new religious groups (such as Jehovah's Witnesses and Hare Krishna) and traditional ones is similar: the leaders are nearly all men, and the congregation tends to be (older) women. Age also influences the practice of religion. During the 40 years of communism, religious education and religious practices were initially banned and later strongly discouraged. These conditions have produced a middle-aged population that is either not religious (18% of the population) or has no religious affiliation (21%) according to 2016 surveys.

Issues

Domestic violence, trafficking, and prostitution remain invisible to the public and the political leadership of Hungary. The characterization of these problems as structurally gendered continues to be rejected, with violations of women's human rights attracting attention only because of international pressures and expectations. There is very little research and even less empirical data on each of these important problems because the various governments do not recognize the importance of gathering such evidence.

Domestic Violence

Hungary does not publish a report on domestic violence or provide sex, age, and relationship-segregated domestic violence statistics. It also does not collect national representative data in this area. The only large-scale survey on how many women are affected by domestic violence was conducted in 1998, when relatively few women were aware of the meaning of this term, despite being familiar with its occurrence. This lack of information seems to have continued, according

to the 2012 EU-wide comparative survey on the incidence of violence against women, because in every instance, except psychological violence by a partner, the Hungarian survey results are significantly below the EU average (FRA 2014).

It took over 20 years of pressure from local NGOs and individuals before domestic violence was officially recognized as a crime in 2013. Emergency restraining (protection) orders have been on the books since 2006, but they are rarely applied. Of the 16 family centers where women with underage children can find temporary shelter, not one is serving women victimized by domestic violence and only one rarely used shelter serves victims of trafficking (Hagemann-White 2014). With no conduct guidelines or self-regulatory standards for media professionals, news reports sensationalize cases of violence against women and describe killings of intimate partners as euphemistic *szerелеmfeltés* (love concerns). Hungary signed the Council of Europe's Istanbul Convention on preventing and combating violence against women and domestic violence in March 2014, but it has not yet ratified it. Prosecutors can only initiate criminal proceedings in the most severe cases of violence in the family and for sexual violence. Sexual harassment at work or in any other environment is not a specific criminal offense.

Prostitution and Trafficking

Since 1955, Hungary has been a signatory of the New York Convention that prohibits prostitution and the operation of brothels. However, prostitution did not cease to exist during communism; it was merely restricted to hotels for the privileged few and to specific areas of roads and inner cities, which everyone knew about but no one openly talked about. Since 1993, prostitution has been decriminalized, while pimping and running brothels remained criminal activities. The supposedly temporary measure in 1999 between legalizing prostitution (as the Netherlands, Switzerland, and Germany chose) and punishing the client (which Sweden established) was that Hungarian local governments established zones where prostitutes could offer their services, but not in the immediate vicinity of schools. The official attitude, even in 2010, was that child prostitutes chose this profession voluntarily in search of a better income. Only 1,155 people signed the petition of Hungarian human rights NGOs that demanded attention and services dedicated to resolving the plight of underage prostitutes in Hungary (Tóth 2014, 314). While human trafficking strongly correlates with sexual abuse and

prostitution, Hungarian research and data are scant on each of these issues and the relationships between them.

KATALIN FÁBIÁN

Further Resources

- A. S. v. Hungary 2004 (United Nations Committee on the Elimination of Discrimination Against Women). Retrieved from <http://www.un.org/womenwatch/daw/cedaw/.../Decision%204-2004%20-%20English.pdf>.
- Aczél Zsófia and Andrea Gyarmati. 2014. A gyermekekre, idősekre és a fogyatékossgal élőkire irányuló szociálpolitika genderkérdései [The gender aspects of social policy concerning children, the elderly, and the disabled]. In Juhász, Borbála, ed., *A nőtlen évek ára: A nők közpolitikai elemzése 1989–2013 [The Price of Years without Women's Participation: An Analysis of Politics, 1989–2013]*. Budapest: Hungarian Women's Lobby, 157–200. Retrieved from <http://noierdek.miria.hu/wp-content/uploads/2014/03/notlen-evek1.pdf>.
- EERC (European Roma Rights Centre). 2014. *Submission to UN CEDAW Committee to the General Recommendation on Girls' /Women's Right to Education*. July 7. Retrieved from <http://www.errc.org/cms/upload/file/errc-submission-to-un-cedaw-committee-to-the-general-recommendation-on-girls-womens-right-to-education1-july-2014.pdf>.
- EIGE (European Institute for Gender Equality). 2015. "Gender Equality Index." Retrieved from <http://eige.europa.eu/content/gender-equality-index>.
- Fábián, Katalin. 2009. *Contemporary Women's Movements in Hungary: Globalization, Democracy, and Gender Equality*. Washington, D.C.: Woodrow Wilson Center Press and Johns Hopkins University Press.
- Fábián, Katalin. 2014a. "Overcoming Disempowerment: The Home-Birth Movement in Hungary." In *Beyond NGO-ization: The Development of Social Movements in Central and Eastern Europe*, ed. Kerstin Jacobsson and Steven Saxonberg, 71–95. Aldershot, UK: Ashgate.
- Fábián, Katalin. 2014b. "Naming Rights: Nation, Family, and Women's Rights in the Debates on Domestic Violence in Contemporary Hungary." *Hungarian Studies Review* 41.1–2: 153–182. Retrieved from <http://epa.oszk.hu/00000/00010/00049/pdf>.
- Fábián, Katalin. 2014c. "Disciplining the 'Second World': The Relationship between Transnational and Local Forces in Contemporary Hungarian Women's Social Movements." *East European Politics* 30.1: 1–20.
- Farkas, Ágnes, Andrea Gyarmati, Judit Hegedűs, Istvánné Hazai, Andrea Homoki, Tibor Papházi, Andrea Rác et al. 2014. *Jó Szülő-e Az Állam? [Is the State a Good Parent?]*. Gyermekek-és Ifjúságvédelmi Tanulmányok [Studies in Child and Youth Protection]. Budapest: Rubeus Association. Retrieved from http://rubeus.hu/wp-content/uploads/2014/05/CPnemzetkozi_2014_final.pdf.
- FRA (Fundamental Rights Agency). 2013. *Analysis of FRA Roma Survey Results by Gender*. Retrieved from <http://fra.europa.eu/sites/default/files/ep-request-roma-women.pdf>.
- FRA (Fundamental Rights Agency) 2014. *Violence against Women Survey*. Retrieved from <http://fra.europa.eu/en/publications-and-resources/data-and-maps/violence-against-women-survey>.
- Hagemann-White, Carol, ed. 2014. *Analytical Study of the Results of the Fourth Round of Monitoring the Implementation of Recommendation Rec (2002)5 on the Protection of Women against Violence in Council of Europe Member States*. Strasbourg, France: Council of Europe. Retrieved from <http://www.dejmezenamsanci.cz/res/data/010/004393.pdf?seek=4>.
- Hayes-Klein, Hermine, ed. 2012. *Human Rights in Childbirth*. The Hague: Bynkershoek Publishing Management.
- HRW (Human Rights Watch). 2013. *Unless Blood Flows: Lack of Protection from Domestic Violence in Hungary*. Retrieved from <http://www.hrw.org/reports/2013/11/06/unless-blood-flows-0>.
- Ilonszki, Gabriella. 2014. Jó kormányzás és a nemek egyenlősége: Magyarországi helyzetjelentés [Good governance and gender equality: The situation in Hungary]. In Juhász, Borbála, ed. *A nőtlen évek ára: A nők közpolitikai elemzése 1989–2013 [The Price of Years without Women's Participation: An Analysis of Politics, 1989–2013]*. Budapest: Hungarian Women's Lobby, 29–58. Retrieved from <http://noierdek.miria.hu/wp-content/uploads/2014/03/notlen-evek1.pdf>.
- Kereszty, Orszolya. 2014. Nők az oktatásban Magyarországon [Women in Education in Hungary]. In Juhász, Borbála, ed. *A nőtlen évek ára: A nők közpolitikai elemzése 1989–2013 [The Price of Years without Women's Participation: An Analysis of Politics, 1989–2013]*. Budapest: Hungarian Women's Lobby, 259–295. Retrieved from <http://noierdek.miria.hu/wp-content/uploads/2014/03/notlen-evek1.pdf>.
- Kovács, Katalin. 2014. Egészség és egészségügy női perspektívából [Health and Healthcare from Women's Perspectives]. In Juhász, Borbála, ed. *A nőtlen évek ára: A nők közpolitikai elemzése 1989–2013 [The Price of Years without Women's Participation: An Analysis of Politics, 1989–2013]*. Budapest: Hungarian Women's Lobby, 209–254. Retrieved from <http://noierdek.miria.hu/wp-content/uploads/2014/03/notlen-evek1.pdf>.
- Szekeres, Valéria. 2014a. Az egészségügy genderköltségvetési vonzatai [The relationship of gender-budgeting to health care]. In Juhász, Borbála, ed. *A nőtlen évek ára: A nők közpolitikai elemzése 1989–2013 [The Price of Years without Women's Participation: An Analysis of Politics, 1989–2013]*. Budapest: Hungarian Women's Lobby, 255–258. Retrieved from <http://noierdek.miria.hu/wp-content/uploads/2014/03/notlen-evek1.pdf>.
- Szikra, Dorottya. 2013. *Austerity Policies and Gender Impacts in Hungary*. Budapest: Friedrich-Ebert-Stiftung. Retrieved from http://www.fesbp.hu/common/pdf/austerity_gender_hungary_2013.pdf.
- Tóth, Olga. 2014. Láthatatlan ügyek: a nők elleni erőszak és a prostitúció kezelésének intézményes mechanizmusai [Invisible issues: Institutional mechanisms concerning violence against women and prostitution]. In Juhász, Borbála, ed. *A*

nőtlen évek ára: A nők közpolitikai elemzése 1989–2013 [The Price of Years without Women's Participation: An Analysis of Politics, 1989–2013]. Budapest: Hungarian Women's Lobby, 301–326. Retrieved from <http://noierdek.miria.hu/wp-content/uploads/2014/03/notlen-evek1.pdf>.

Vajda, Róza. 2014. Munkaerőpiac, foglalkoztatás, vállalkozó nők: A nők teljes értékű munkavállalásának akadályairól és esélyeiről [Labor market, employment, and women entrepreneurs:

On the obstacles and possibilities of women's employment]. In Juhász, Borbála, ed. *A nőtlen évek ára: A nők közpolitikai elemzése 1989–2013 [The Price of Years without Women's Participation: An Analysis of Politics, 1989–2013].* Budapest: Hungarian Women's Lobby, 99–152. Retrieved from <http://noierdek.miria.hu/wp-content/uploads/2014/03/notlen-evek1.pdf>.



Iceland

Overview of Country

Iceland is a Scandinavian island country located in the North Atlantic and surrounded in part by the Greenland Sea. Iceland was ruled by a home government from 1904 to 1918, was under the Danish crown from 1918–1944, and finally won independence and full sovereignty in 1944. Iceland is almost 40,000 square miles (103,000 sq. km)—roughly the size of the state of Kentucky—and consists of 3 percent lakes, 11 percent ice caps and glaciers, 23 percent vegetation, and 63 percent wasteland. As of 2015, the total population of Iceland was 330,141, with the male population at 50.4 percent (166,307) and the female population at 49.6 percent (163,833). The ethnicity of Iceland is 94 percent a homogenous mixture of Norse and Celtic origin and 6 percent of foreign origin. The life expectancy of the population is roughly 82 years. Iceland ranks 223rd of 224 countries with an infant mortality rate of 2.06 percent, the second lowest in the world (CIA 2016). As of 2010, the maternal mortality rate was 5 in every 100,000 live births. Iceland's gross domestic product (GDP) was \$17.04 billion as of 2014, and it had an unemployment rate of 3 percent (World Bank 2016; Focus Economics 2016).

Iceland is a representative democracy and a parliamentary republic. The president is elected by popular vote for a four-year term; Iceland's first female president was elected

in 1980. Vigdís Finnbogadóttir held office from 1980 to 1996 and was the first female president in the world. Parliamentary elections are held at intervals of four years or less. Althingi, the Icelandic Parliament, is composed of 63 members elected for a period of four years and representing six constituencies. In the general elections in April 2013, 25 women and 38 men were elected to the Parliament (Icelandic Parliament 2016). In 2009, the first openly lesbian prime minister was elected as head of state. Jóhanna Sigurðardóttir served four years as prime minister.

The UN Development Programme (UNDP) ranks Iceland 13th out of 187 countries on the Gender Inequality Index (GII) with a ranking of 0.088 (UNDP 2013). Many sources list Iceland as the most feminist-friendly country in the world, while others note the country still has a long way to go, especially in terms of education, economics, and equal pay. Iceland ratified the Convention on the Elimination of All forms of Discrimination against Women (CEDAW) in 1985 and was formally reviewed by the United Nations on its implementation of CEDAW on February 17, 2016. The Icelandic Human Rights Center and the Icelandic Women's Rights Association released a shadow report for the implementation of CEDAW at the beginning of 2016, which will be referred to throughout this article (Icelandic Human Rights Center 2016).

On October 24, 1975, more than 25,000 Icelandic women walked off the job in Iceland to demand equal pay and benefits in what is now known as the Women's Day

Off, and since 2005, on the 30th anniversary of the walk-out, this has been celebrated annually.

Iceland has strong women's rights and feminist movements dating all the way back to 1907, when the Icelandic Women's Rights Organization was founded. In the 1970s, the Redstockings started a radical feminist movement. In the 1980s, the Women's Party replaced the Redstockings. In 1982, the Women's Alliance ran for local office in local elections, and the next year, they ran for parliamentary office in parliamentary elections. Finally, in March 2003, the Feminist Association of Iceland was founded. In 2011, Janet Elise Johnson of *The Nation* called Iceland "the most feminist place in the world" (Johnson 2011).

Nevertheless, Icelandic women still face many major issues inhibiting gender equality, including equal pay, trafficking of women and young girls, violence against women, abortion, and education. In a statement to the UN Global Leaders' Meeting on September 27, 2015, the prime minister of Iceland said, "Iceland is committed to closing the gender pay gap by 2022 . . . it may be as much as an 8% pay gap between men and women," which is relatively low compared to other countries but is still "unacceptable" (UN Women 2015). Prostitution has only recently been criminalized in Iceland (2009), with sex workers being treated as victims of sex crimes by those willing to purchase sex. Sex shops are still prevalent in the larger cities, although new laws banning strip clubs (2010) are being enforced with increasing regularity. In 2008, a survey of 3,000 women aged 18–80 years showed that 42 percent had experienced violence by men, 30 percent had experienced physical violence by men, and 24 percent had experienced sexual violence by men (Icelandic Women's Rights Association 2016). While abortion is legal, it is not available on demand or at the request of the woman; the law limits choice.

Girls and Teens

As of 2012, 90 percent of Icelandic children ages 1–5 are in some form of day care. Most municipalities of Iceland pay 85 percent of the operations cost of kindergartens (Center for Gender Equality in Iceland 2012). According to UNICEF, only 4 percent of infants in Iceland have a low birth weight. The under-5 mortality rate for children is 3 for every 1,000 live births. Malnutrition in children is not a concern for Iceland (UNICEF 2016). UNICEF also published information on immunizations in children, including for DPT 1, DPT 3, polio, and MCV. According to the Centre for Gender Equality in Iceland, in 2011, all girls

aged 12 will receive vaccination against HPV infections and cervical cancer.

UNICEF's statistics on Icelandic education are also encouraging. From 2008 to 2012, the gross enrollment ratio of males in preprimary education was 97.8 percent, and the same statistic for their female counterparts was 95.5 percent. Primary school enrollment for males for the same period was 98.8 percent, and for females, it was 99.3 percent. Numbers dropped for secondary school enrollment rates for the period 2008–2012. The net enrollment rate for males in secondary school for that period was 87.8 percent; for females, it was 89.1 percent (UNICEF 2016).

Sex Education and Teen Pregnancy

As part of mandatory education, Icelandic law mandates that sex education be taught. This includes education regarding sexuality, sexual ethics, and sexual diseases and protection. Icelandic girls lose their virginity sooner than in other European countries; Iceland has the highest rate of teen pregnancy (24 births for every 1,000 teenagers) of all the Nordic countries and one of the highest rates of teen pregnancy in the world. However, that rate is dropping due to increased sex education and access to birth control (UNICEF 2016).

Health

In Iceland, there is no private health sector; instead, all citizens, regardless of status, qualify for health care under the state health care service (Europe-cities 2016). Health care is universal, paid for mostly by taxes, and administered by the Ministry of Welfare; private insurance is practically nonexistent in Iceland. The National Hospital opened in 1930. There are 3.46 physicians for every 1,000 persons in Iceland. On the whole, Iceland's health care system is one of the best in the world, ranked 15th by the World Health Organization (WHO 2000). Icelanders are among the world's healthiest citizens, with 81 percent reporting they are in good health. Iceland has one of the lowest infant and maternal mortality rates in the world.

Sexually Transmitted Diseases

The number of registered cases of sexually transmitted diseases (STDs) in Iceland has increased in recent years, especially in registered cases of gonorrhea. As of 2009, there were less than 100 deaths related to HIV/AIDS. In 2002, there were only 35 deaths from HIV/AIDS-related

causes. There are fewer than 1,000 people living with HIV/AIDS in Iceland, with the prevalence rate being 0.3 percent of the adult population. Among individuals with HIV, the ratio of women and men is quite different and has also changed substantially in the last few years. In the period between 1996 and 2008, men were usually in the majority of HIV infected, but in 2009, of the total 13 infected, 3 were men and 10 were women (Center for Gender Equality in Iceland 2012).

Cancer

The Directorate of Health oversees compulsory cancer registration in Iceland. One in three Icelanders will be diagnosed with cancer in his or her lifetime. Cancer causes 25 percent of deaths in Iceland. After menopause, cancer is more common among women, while more men die of cancer at a younger age. Fifty percent of cancer is diagnosed after age 65 in Iceland. As of 2003, incidents of breast cancer are increasing, and cervical cancer is reported in less than 30 women annually (Center for Gender Equality in Iceland 2012).

Reproductive Health

The use of contraception is less common in Iceland than in other Scandinavian countries. In 1975, a law was passed to make access to contraceptives and abortion easier for women. Abortion in Iceland is permitted based on medical criteria and social conditions before the 12th week of pregnancy. After the 16th week, abortions are only permitted if the health of the mother is in jeopardy or if fetal deformity is present. Abortions are not available on request, but they may be performed to save the life of the woman, to preserve physical health and mental health, in the case of rape or incest, in the case of fetal impairment, or for economic or social reasons. Two physicians must submit a written report in support of an abortion. In the case of social conditions, a physician and a social worker must certify the abortion. In Iceland, almost every pregnant woman screens for Down syndrome, and 100 percent of women who have a positive diagnosis now terminate their pregnancies (Gee 2016). According to the Directorate of Health in Iceland, abortions have been on the increase every year since 2004, with most cases of abortion attributed to social conditions.

Depression

In 2015, Iceland had the fourth-highest proportion of people with depressive systems among all European

nations (European Health Interview Survey 2015). Icelandic women suffer more frequently from depression than Icelandic men, with 20 percent of women suffering from depression in comparison to 10 percent of men. The gender gap is largest among 15–24 year olds and people aged 65 years and over. Compared to other European countries, young Icelandic women are more likely to report depressive symptoms (EHIS 2015).

Education

With the literacy rate in Iceland at nearly 99 percent for Icelandic children over the age of 15, the country's educational system is generally considered one of the best in the world. The core principal of the Icelandic educational system is that every person should have equal opportunities to acquire an education, regardless of gender. However, this does not necessarily translate to equal access to education for all, especially outside of Reykjavik. This is not necessarily due to gender inequality, but rather because of the remote geographic conditions in much of Iceland. Especially with university-level education, most study programs are only available in the capital area of Reykjavik as face-to-face study. However, the range of remote and distance learning programs in Iceland is increasing (Faber et al. 2016). There is a marked difference between educational culture and attitudes in the capital area versus the rural areas that make up the majority of the country.

In general, however, educational conditions in Iceland are quite progressive. Icelandic women have equal access to education and are strongly represented in the educational system. Among the Nordic countries, Iceland has the second-highest percentage of university students, and women make up the majority of students. In 2013, women accounted for 64 percent of the graduates from universities (Haagensen 2014).

Rural Education

The educational system in Iceland is unique in that there are many small rural schools in the country—this is defined as schools with fewer than 120 students. In 2014, small rural schools accounted for approximately one-third of schools in Iceland (Wildy et al. 2014). In fact, the current understanding of a “school” is a relatively new conception in Iceland. Although compulsory schooling was introduced in 1936, up until the 1960s, it was still common for children in rural areas to stay at home and help the family

rather than attending school. This continues to affect the attitude toward education in rural areas of Iceland today.

Studies of Icelandic educational conditions in rural areas have found that a general school culture of acceptance exists in these areas (Wildy et al. 2014). This “culture of acceptance” means that there is a general attitude that every child should have equal access to a good and solid education. However, these studies note that, especially in rural Iceland, the “culture of acceptance” may keep teachers and communities from more exploratory approaches to teaching that might question traditions and norms. This could translate to the educational system in rural areas being less likely to question conventional gender roles and standards.

University Education

The University of Iceland was founded in 1911, and in the same year, Iceland passed a law to enforce equal access to education and work for women. Education is cheaper in Iceland than in other European countries, but the government has recently cut collegiate education from four years to three years.

More women than men earn university degrees in Iceland, although PhD studies are more gender balanced. Sixty-six percent of the graduates at the University of Iceland were women in the 2008–2009 academic year, and of those who earned graduate or master’s degrees, women accounted for 60 percent of the population. This reflects the gender distribution in the larger university system in Iceland as well, where women account for 64 percent of the graduates from all Icelandic universities (Haa-gensen 2014). This overrepresentation of women in the Icelandic university system could be due to the fact that the Icelandic government does not provide financial support to students. For those who see opportunities in the local labor market that do not require a university degree, especially men, it may appear more attractive economically to leave school early and pursue paid work (Faber et al. 2016).

Teaching

Although women are overrepresented in the Icelandic educational system as students—especially in universities, where they make up the majority of students—women continue to be underrepresented in teaching positions. In universities, for example, Icelandic women continue to hold a minority position in teaching roles. In 2010, women

represented only 25 percent of all university professorships in Iceland (Heijstra 2013). This disparity reflects a larger gender gap in the economic sector of Iceland, where women are overwhelmingly overrepresented in public-sector social service jobs, including teaching.

Employment

The labor market in Iceland, as with most other social sectors, is largely divided between the urban and the rural areas. Over the last decade, Iceland has been transitioning from an industry-based labor market to a knowledge-based labor market. However, many rural areas of Iceland are still reliant on an industry-based economy. Traditionally, men have held these industrial jobs in Iceland. As such, although the Icelandic economy is undergoing a shift away from industry-based labor, the labor market in Iceland remains highly gender segregated (Faber et al. 2016).

Professional Workforce

While women make up a large majority of those working in the public sector in Iceland, mostly in caretaking, teaching, and other services, male employees dominate in the private sector, particularly in the primary area of this sector, which includes agriculture, fishing, and manufacturing. Men also hold most of the top positions in the finance sector in Iceland (Center for Gender Equality in Iceland 2012). Researchers believe this gender division is largely a result of the education system, where Icelanders tend to make education and career choices by excluding certain careers based on their gender. For example, women are less likely to pursue a career in construction or fishing because, traditionally, men have dominated these economic sectors. However, this trend is shifting, with more Icelandic women beginning to choose traditionally male jobs. This trend has not necessarily worked the opposite way, though, as men have not to a similar extent sought employment in jobs that have traditionally been held by women, such as teaching or caretaking.

In Iceland, all companies with 25 employees or more have been required by the Icelandic parliament since 1993 to have a gender equality policy, and the Centre for Gender Equality in Iceland is allowed to fine companies that have not put such a policy in place (Icelandic Women’s Rights Association 2016). However, this has not necessarily resulted in gender equality across the labor sectors in Iceland. Despite this equality plan, the Icelandic

parliament has never actively attempted to alter the distribution of men versus women in traditionally female jobs, such as those within the social care sector. Instead, the emphasis has been on increasing the recruitment of women to traditionally male jobs. For example, in 2011, the proportion of male students in nursing education systems was less than 5 percent. Thus, while Icelandic women have made substantial strides in entering fields historically dominated by men, the reverse has not been true, leaving women to be responsible for the majority of public-sector jobs.

The Icelandic labor market is also characterized by unequal pay, as Icelandic women are paid less than Icelandic men. The largest gender pay gaps are found in the rural and peripheral areas of Iceland, where men earn on average 38 percent more than women. In metropolitan areas, Icelandic men make on average 10 percent more than Icelandic women (Center for Gender Equality 2014). This pay gap remains, despite efforts on the part of the Icelandic government, which created an Equal Rights Monitoring group in 2008 to monitor gender equality and the economic status of men versus women.

Parental Leave

Parental leave is one area of gender equality in which Iceland has been used as a global model because of the country's progressive stance. In 1975, salaried women in Iceland who were new mothers were entitled to three months of paid leave. In 1987, this leave was extended to six months. In 1998, new fathers were entitled to two weeks of paid paternity leave. In 2013, Iceland passed a law that grants three months of nontransferable parental leave to both mothers and fathers, with an additional three months of leave granted to the couple to share as they choose. The law was soon reformed with a 5-2-5 policy, with mothers and fathers each entitled to five months of leave and an additional two months of paid leave. Research has found the law to be a success, with nearly 90 percent of Icelandic fathers taking parental leave (Gunn 2013). Researchers have also concluded that this policy has affected larger issues of gender equality in Iceland; there has been more equality between men and women at work because of equal distributions of parental leave. The law also may have long-term effects on how men and women share household and child care duties, with men spending more time on domestic work and women spending more time in the professional workforce after being exposed to this policy.

Family Life

In Iceland, where women have made major strides toward gender equality in the realms of politics and education, there is still a relatively conservative stance when it comes to gender roles in the home. This is largely due to long-standing, traditional views on Icelandic women's role in society, which have been slow to change, especially in the rural areas that make up the majority of the nation. This even holds true for the younger generations of Icelanders. For example, in a recent study of Icelandic youth aged 16–19, a considerable percentage displayed conservative views on issues of gender equality. When asked whether women should stay at home and take care of the children, 46 percent of male youth agreed (Center for Gender Equality 2012). Negative attitudes toward gender equality and feminism seem to be accepted among many youths in Iceland, especially males. The widespread perception of Icelandic women and their role in society can be seen as an invisible yet powerful barrier preventing women from gaining social equality in Iceland.

Marriage and Divorce

In Iceland, marriage rates are low, and divorce rates are rising. Iceland has the highest divorce rate in Europe. "Merged families" are also increasing with remarriage and stepfamilies on the rise. In Iceland, civil marriage is administered in the capital by the Reykjavik District Commissioner and requires documentation that includes a birth certificate, a certificate of marital status, and a valid passport. There are other documents and paperwork required. Civil marriage is available to gay or straight couples as long as they are not already married (Iceland.is 2017).

Household Roles and Responsibilities

In Iceland, women spend significantly more time on unpaid household work than men. Unpaid work is defined as productive activities that are necessary for the functioning of society but have no remuneration. This includes domestic and family work, such as housework and caring for children and elderly family members. This is especially true in the rural communities of Iceland, where there is substantially more unpaid household work, which women are overwhelmingly expected to perform (Faber et al. 2016). One factor contributing to this gender disparity in unpaid household work could be that men in peripheral areas of Iceland are increasingly commuting long distances for work, leaving women to be responsible for caretaking in the home.

Politics

Although Iceland is a relatively progressive nation, it was one of the last Nordic countries to grant women the right to vote, in 1920, which is also when Icelandic women were granted the right to hold national office. However, since that time, the representation of women in the Icelandic Parliament has steadily increased. Today, Iceland has one of the highest levels of gender equality in terms of political representation in the world. The first female cabinet minister of Iceland was appointed in 1970 and the first female prime minister in 2009.

Suffrage and Political Parties

As far back as 1882, unmarried Icelandic women over the age of 25 who paid taxes as well as widows had the right to vote in local elections. In 1908, women were allowed to run for office for the first time. In 1922, the first woman was elected to Parliament.

Iceland was the first country in the world with a political party formed and led entirely by women. Founded in 1983,

the Women's Alliance, or Women's List Party, was founded specifically to advance the political, economic, and social interests of women. The party was active in Icelandic politics from 1982 to 1996 and helped to increase the proportion of female parliamentarians by 15 percent. In 1999, the Women's Alliance Party merged with other political parties on the Left to form the Social Democratic Alliance Party. Although the party is now disbanded, it had a strong effect on Icelandic politics. In 2017, every major party in Iceland has a 40 percent quota for women, and women make up 48 percent of the members of parliament (IPU 2017).

LGBTQ Rights

Iceland is considered a liberal nation when it comes to LGBTQ rights. On June 27, 1996, the Icelandic Parliament passed legislation to create registered partnerships for same-sex couples, which conferred nearly all the rights and benefits of marriage. In the year 2000, lesbians and gays in registered partnerships were allowed the right to step-adoptions. In 2006, same-sex couples were granted the same rights as heterosexual couples in adoption,

Women's Voices

Jóhanna Sigurðardóttir

Born in Reykjavik in October 1942, Jóhanna Sigurðardóttir became prime minister of Iceland in 2009. Her victory not only opened doors for other women because she was the first woman in the office, but it also opened doors for gays and lesbians because she was the first openly gay head of government in the country.

Sigurðardóttir began her political career as an activist working within labor unions. As a social justice advocate, she fought for welfare reforms and for political party realignment, which led to the ultimate creation of the Social Democratic Alliance. It is from this party that she sought and won the prime minister seat and began the role that she would leave behind in September 2012 as the longest-serving member of Parliament (1978–2012).

Sigurðardóttir married her partner, Jónína Leósdóttir, on June 27, 2010, the day gay marriage became legal in Iceland. Of her legacy, it is said, "No matter what one thinks of Sigurðardóttir's politics, she played a historically important role. Having an openly gay national leader, even in a small country such as Iceland, sends a clear message to everyone, wherever they live—'If we can do it, you can too'" (Gay Iceland 2013).

—Karen J. Shaw

Gay Iceland. 2013. "There Is a Significance. The World's First Openly Gay PM Leaves Office." Blog, April 27. Retrieved from <http://gayice.is/news/latest/578-there-is-a-significance-the-world-s-first-openly-gay-pm-leaves-office>.

Pink News. 2013. "Iceland: World's First Openly Gay Prime Minister Quits Politics." Retrieved from <http://www.pinknews.co.uk/2013/04/27/iceland-worlds-first-openly-gay-prime-minister-quits-politics>.

Ring, Trudy. 2013. "The Legacy of the World's First Out Lesbian Prime Minister." *The Advocate*, May 3 Retrieved from <http://www.advocate.com/politics/politicians/2013/05/03/legacy-worlds-first-out-lesbian-prime-minister>.

The Telegraph. 2010. "Iceland PM Weds as Gay Marriage Legalized." June 28. Retrieved from <http://www.telegraph.co.uk/news/worldnews/europe/iceland/7858150/Iceland-PM-weds-as-gay-marriage-legalised.html>.

parenting, and assisted insemination treatment. Finally, on June 11, 2010, lesbian and gay marriage was legalized, with the Icelandic Parliament amending the country's marriage law to make it gender neutral. This made Iceland one of the first countries in the world to legalize same-sex marriage. The National Church of Iceland also recognizes gay marriage.

Inheritance and Property Rights

In 1850, Icelandic daughters were entitled to the same inheritance rights as sons. Up until that point, daughters only had the right to one-third of the family inheritance. In 1861, unmarried women over the age of 25 retained majority rights, but married women relied on their husbands and were not granted full legal rights as citizens. In 1900, Icelandic women gained legal rights to control their own income and property.

Gender Equality in Legislation

In 2008, the Icelandic government passed the Gender Equality Act, which included the creation of the Centre for Gender Equality and allowed the government greater authority in dealing with gender discrimination and other gender issues. According to the shadow report by ICEHR and IWRA, the last Government Equality Action Plan was valid until the end of 2014, and a new one has not yet been accepted as stipulated by the Gender Equality Act (Icelandic Human Rights Center 2016).

Religious Roles

The majority of the population in Iceland belongs to the National Church of Iceland, or the Evangelical Lutheran Church of Iceland (ELCI). At present, 90 percent of the population is Lutheran, of which 85 percent belong to the ELCI and 5 percent to Lutheran free congregations (World Council of Churches 2016). One-third of the pastors in the ELCI are women, and 66 percent of the bishops are female. Kvenna Kirkjan, or the Women's Church, was founded in 1993 as an independent group within the National Church by the Reverend Audur Eir Vilhjalmsdottir, the first woman ordained in the Lutheran Church of Iceland. The Women's Church was founded on the feminist principles of inclusivity and participation. Although it officially functions as part of the National Church, Kvenna Kirkjan acts on its own. The group holds monthly services in churches across Iceland and has creatively translated some biblical texts

into nongendered language; for example, it has rendered the masculine word "disciple" as "male and female friends of Jesus" (Keller et al. 2006).

Issues

The Icelandic Shadow Report for CEDAW introduces several initiatives and measures that the government might make to improve the lives of women in Iceland. This list includes a lack of an action plan against domestic and sexual violence, more funding for an action plan against trafficking in human beings, more funding for the Parental Leave Fund, a plan to continue the government's revision of the National Curricula of compulsory and secondary school, a plan to make gender studies a required course at all levels, and a plan to review the legislation on abortion to fully support women's agency and choice. These are the issues facing Icelanders today, not to mention the wage gap and the employment gap that women continue to face in Iceland.

Depending on the field, the wage gap can be anywhere from 6 percent to 16 percent. While they attend university and have more education than their male counterparts, women in Iceland continue to work in lower-paying fields, such as teaching, while the men work in more profitable fields, such as finance. There is much to be done to sustain Iceland's reputation as the most feminist country in the world, although the groundwork is in place. Icelanders can look forward to a successful 21st century if they continue on the path they have broken for themselves with the implementation of CEDAW, the creation of the Center for Gender Equality and the provisions made for gay, lesbian, and transgender rights.

Violence against Women

In the 1980s, feminist groups in Iceland increased the public's awareness of domestic and sexual violence. The first women's shelter was opened in Reykjavik in 1982, and in 1990, a center for survivors of sexual violence opened. In 2011, Iceland's Parliament passed a law allowing for stricter provisions and protections for victims of domestic violence and rape. There is a special restraining order that can be put in place should such violence occur. Kvennaathvarf, the Women's Shelter in Reykjavik, offers services to women and children who have suffered abuse in their own homes. Immigrant women represent a large number of those seeking shelter due to domestic violence. Stigamot,

the Icelandic Counseling and Information Center for Survivors of Sexual Violence, is based in Reykjavik and offers counseling and education services to survivors of all ages. Children under the age of 18 are welcome once a report has been filed with Child Protective Services.

CHERYL FARNEY AND LAUREN GALLOW

Further Resources

- Bjarnason, T., and T. Thorlindsson. 2006. "Should I Stay or Should I Go? Migration Expectations among Youth in Icelandic Fishing and Farming Communities." *Journal of Rural Studies* 22.3: 290–300.
- Bjornholt, Margunn. 2014. "Changing Men, Changing Times—Fathers and Sons from an Experimental Gender Equality Study." *Sociological Review* 62.2: 295–315.
- Boje, T. P., and A. Leira, eds. 2000. *Gender, Welfare State and the Market: Towards a New Division of Labor*. New York: Routledge.
- Borchorst, Anette, and Birte Siim. 2008. "Woman-Friendly Policies and State Feminism: Theorizing Scandinavian Gender Equality." *Feminist Theory* 9.2: 207–224.
- Center for Gender Equality in Iceland. 2012. *Gender Equality in Iceland: Information on Gender Equality Issues in Iceland*. Retrieved from http://www.jafnretti.is/D10/_Files/Gender_Equality_in_Iceland_2012.pdf.
- CIA (Central Intelligence Agency). 2016. "Iceland." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2091rank.html>.
- Country Meters. 2017. "Iceland Population." Retrieved from <http://countrymeters.info/en/Iceland>.
- Edwardsdottir, Anna Guhrun Gudrun. 2013. "Place and Space for Women in a Rural Area in Iceland." *Education in the North* 20: 73–89.
- EHIS (European Health Interview Survey). 2015. Retrieved from <http://www.statice.is/publications/news-archive/health/european-health-interview-survey-2015-depressive-symptoms>.
- Europe-cities. 2016. "Healthcare in Iceland." Retrieved from <http://europe-cities.com/destinations/iceland/health>.
- Eyðal, Guðný Björk, and I. V. Gíslason. 2008. *Equal Right to Earn and Care: Parental Leave in Iceland*. Reykjavik, Iceland: Félagsvísindastofnun Háskóla Íslands.
- Eyðal, Guðný Björk, and Tine Rostgaard. 2011. "Gender Equality Revisited: Change in Nordic Childcare Policies in the 2000s." *Social Policy & Administration* 45.2: 161–179.
- Faber, Stine Thidemann, and Helene Pristed Nielsen. 2015. *Re-mapping Gender, Place and Mobility—Global Confluences and Local Particularities in Nordic Peripheries*. Surry: Ashgate.
- Faber, Stine Thidemann, Helene Pristed Nielsen, and Kathrine Bjerg Bennike. 2016. *Place, (In)Equality and Gender: A Mapping of Challenges and Best Practices in Relation to Gender, Education and Population Flows in Nordic Peripheral Areas*. Copenhagen, Denmark: Nordic Council of Ministers.
- Focus Economics. 2016. "Iceland Economy Data." Retrieved from <http://www.focus-economics.com/countries/Iceland>.
- Gay Iceland. 2016. Retrieved from <http://gayiceland.is/2015/transgender-rights-iceland>.
- Gee, Allison. 2016. "A World without Down's Syndrome?" *BBC News Magazine*. Retrieved from <http://www.bbc.com/news/magazine-37500189>.
- Gunn, Dwyer. 2013. "How Should Parental Leave Be Structured? Ask Iceland." *Slate*, April 3. Retrieved from http://www.slate.com/blogs/xx_factor/2013/04/03/paternity_leave_in_iceland_helps_mom_succeed_at_work_and_dad_succeed_at.html.
- Haagensen, Klaus M. 2014. *Nordic Statistical Yearbook 2014*. København: Statistics Denmark–Nordic Council of Ministers.
- Heijstra, Tamar M., and Pat O'Connor. 2013. "Explaining Gender Inequality in Iceland: What Makes the Difference?" *European Journal of Higher Education* 3.4: 324–341.
- Icelandic Human Rights Center and Icelandic Women's Rights Association. 2016. "Icelandic Shadow Report for CEDAW." Retrieved from http://kvenrettindafelag.is/wp-content/uploads/2016/02/skuggaskýrsla_web.pdf.
- Icelandic Parliament. 2016. Retrieved from <http://www.althingi.is/english/members-of-parliament/political-parties>.
- Icelandic Women's Rights Association. 2016. "Status of Women in Iceland, Icelandic Equality Legislation." Retrieved from <http://kvenrettindafelag.is/status-women-iceland>.
- Iceland.is. 2017. "Getting Married in Iceland." Retrieved from <http://www.iceland.is/iceland-abroad/us/nyc/consular-services/getting-married-in-iceland>.
- Index Mundi. 2016. "Iceland Demographics." Retrieved from http://www.indexmundi.com/iceland/demographics_profile.html.
- IPU (Inter-Parliamentary Union). 2017. "Women in National Parliaments." Retrieved from <http://www.ipu.org/wmn-e/classif.htm>.
- Isaksen, Lise Widding. 2011. *Global Care Work: Gender and Migration in Nordic Societies*. Lund, Sweden: Nordic Academic Press.
- Johnson, Janet E. 2011. "The Most Feminist Place in the World." *The Nation*, February 3. Retrieved from <https://www.thenation.com/article/most-feminist-place-world>.
- Keller, Rosemary Skinner, and Rosemary Radford Ruether. 2006. *Encyclopedia of Women and Religion in North America*. Bloomington: Indiana University Press.
- Leira, A. 1992. *Welfare States and Working Mothers: The Scandinavian Experience*. Cambridge, UK: Cambridge University Press.
- Prewitt-Feilino, Jennifer L., T. Andrew Caswell, and Emmi K. Laakso. 2012. "The Gendering of Language: A Comparison of Gender Equality in Countries with Gendered, Natural Gender, and Genderless Languages." *Sex Roles* 66.3: 268–281.
- Raaum, Nina C. 2006. "Gender Equality and Political Representation: A Nordic Comparison." *West European Politics* 28.4: 872–897.
- Ray, Rebecca, Janet C. Gornick, and John Schmitt. 2010. "Who Cares? Assessing Generosity and Gender Equality in Parental Leave Policy Designs in 21 Countries." *Journal of European Social Policy* 20.3: 196–216.
- UNDP (UN Development Programme). 2013. "Gender Inequality Index." Human Development Reports. Retrieved from <http://hdr.undp.org/en/content/gender-inequality-index>.

- UNICEF. 2016. "Statistics at a Glance Iceland." Retrieved from http://www.unicef.org/infobycountry/iceland_statistics.html#114.
- UN Women. 2015. "Statement by Sigmundur David Gunnlaugsson, Prime Minister of Iceland to the Beijing +20 Leaders Summit." Retrieved from <http://www2.unwomen.org/~media/headquarters/attachments/initiatives/stepitup/commitments-speeches/iceland-stepitup-commitmentspeech-201509-en.pdf?v=1&d=200151006T141754>.
- WHO (World Health Organization). 2000. "Health Report." Retrieved from <http://www.who.int/whr/2000/en>.
- Wildy, Helen, Sigríður Margrét Sigurðardóttir, and Robert Faulkner. 2014. "Leading the Small Rural School in Iceland and Australia Building Leadership Capacity." *Educational Management Administration & Leadership* 42.4: 104–118.
- World Bank. 2016. "Iceland." Retrieved from <http://data.worldbank.org/country/Iceland>.
- World Council of Churches. 2016. "Evangelical Lutheran Church of Iceland." Retrieved from <https://www.oikoumene.org/en/member-churches/evangelical-lutheran-church-of-iceland>.

Ireland

Overview of Country

The Republic of Ireland has existed since 1922. It is made up of 26 counties and is home to 4,761,865 people, according to the 2016 census (CSO 2017a). In the years since it achieved independence from the United Kingdom, the Republic of Ireland has undergone a period of profound transformation, from an agricultural, traditional, rural, and monocultural society to an industrialized, modern, urban, and multicultural one. The impetus for such change was influenced by internal as well as external factors. Irish women have been the major recipients of this social change, but they have not been passive bystanders. In some instances, Irish women worked collectively to help instigate some of this change, especially in the areas of reproductive rights. However, there are still areas that need to be addressed, such as child care and political representation.

Demography in the 21st Century

The 2017 census of 4,761,865 people marks the largest population in Ireland recorded since the 1901 census (CSO 2013c). The number of Irish children under the age of 14 in 2016 stands at 1,000,652 (CSO 2017b). This represents the third time since 1987 that the 1 million mark has been

broken by this age group (CSO 2013b). As a result, Ireland has an emerging youth population. There are more women than men in the country, with 97.8 males for every 100 females (CSO 2017c, 24). However, this gender ratio is unevenly distributed across age, with more boys than girls among those aged 18 or younger, and more females to males in the 24 to 65 (CSO 2017c, 24). Life expectancy at birth also shows a gender difference. Women, on average, have a life expectancy of 82 years, whereas Irish men are expected to live until they are 77.3 (WHO Europe 2013). As women on average live longer than men, there are more elderly women in Ireland. For example, there are 52 men to every 100 women over the age of 85 (CSO 2017c, 20).

Since 2000, Ireland has experienced an increase in its birth and fertility rates. The Irish birth rate (per 1,000 population) in 2000 was 14.5 (CSO 2013a), and it grew steadily to a peak of 16.7 in 2009. Since then, the birth rate has slowly fallen, and by 2012, it was 15.8 (Department of Health 2013, 9). Irish total fertility rates (TFR) for the same period also show signs of growth: in 2001, Irish TFR was 1.98 (Martin and Kats 2003, 4); by 2009, it was 2.06; and by 2012, it was 2.01. Ireland's TFR is higher than that of EU member states as a whole (Department of Health 2013, 9).

The infant mortality rate (per 1,000 live births) has fallen over the past decade. In 2003, the Irish infant mortality rate was 5.3, whereas it was 3.5 in 2012 (Department of Health 2013, 22). Ireland has one of the lowest rates of maternal and perinatal mortality rates in the world (Larkin, Begley, and Devane 2012, 98), and so it is assumed to be one of the safest places to give birth. Under the 1954 Maternity and Infant Care Scheme, pregnant women are offered free medical and dental care for the duration of their pregnancy and up to six weeks after childbirth. As a result, maternity services in Ireland are free for all women who meet residency requirements (Kennedy 2010, 146). Hospital births are the norm in Ireland, with only 200 home births recorded in 2011 (O'Boyle 2013, 988).

The peculiarity of Irish birth and fertility rates needs to be interpreted. In 1981, the population of Ireland was just over 3.3 million (CSO 2013c). From 1980 to 1994, the birth rate fell by 33.3 percent (Ferriter 2008, 190), from 21.8 to 13.5 (CSO 2013a). Also, the probability of women marrying fell from 90 percent in 1975 to 60 percent in 1995 (Ferriter 2008, 190). However, since 1994, Irish society has undergone a phase of accelerated economic growth. From 1994 to 2008, the Republic of Ireland experienced a period of unprecedented economic growth and prosperity that resulted in high employment levels (68.1% in 2006), strong

economic productivity, and good standards of living. This period in Ireland's recent economic history is called the "Celtic Tiger." By 2005, Ireland was the second-wealthiest country in Europe after Luxembourg in terms of gross domestic product (GDP) (Kirby 2008, 19).

During this time, the population steadily increased, from 3,626,087 in 1996 to 4,239,848 in 2006 (CSO 2013c). There are two main reasons put forward to explain this population increase. First, this development can be attributed to a natural increase in the population. In 1980, the birth rate in the Republic of Ireland reached an unprecedented high of 74,064 births. This equated to a birth rate of 21.8 (CSO 2013a). It is reasonable to surmise that the coming-of-age of this birth cohort could explain this population growth. Second, because the demand for labor for the Celtic Tiger could not be matched by the domestic population, Ireland became an ideal destination for economic migrants from all over Europe, but especially Eastern Europe, and beyond. From 2005 to 2008, Ireland experienced a peak in inward migration. For instance, in 2006 alone, 60,300 males migrated to Ireland, and in 2007, 52,100 female migrants came to Ireland (CSO 2012c, 11). As a result, Ireland has become more ethnically and linguistically diverse. By the 2011 census, more than 100 different nationalities were shown to reside in Ireland.

It is clear to see how Ireland's economic boom contributed to the emergence of a different demographic pattern. However, it must be noted that Ireland was hit by a crippling economic recession in 2009, which was caused by an overheated housing market, a poorly regulated banking sector, and the onset of a global recession. A strict policy of austerity has since been adopted in relation to all state expenditures (*The Economist* 2013). These economic factors have had an impact on Irish demographic trends, with the 2006 and 2011 population change rates falling from 8.2 percent to 3.8 percent in the 2016 census. Despite this decline, Ireland recorded a positive natural increase of 196,100 from 2011 to 2016 (CSO 2017c, 9). Over this same period, net migration fell to -22,500 (net outward flow) (CSO 2017c, 10). This represents the first time since 1986–1991 inter-census period when net outward migration was so low. During the peak years of the Celtic Tiger (2006–2011) net inward migration was 115,800 (CSO 2017c, 10).

Girls and Teens

We have already mentioned that Ireland has one of the youngest age profiles in Europe. As a result, it is important

to reflect on the experiences of childhood and adolescence in Ireland. According to UNICEF indicators for children's well-being, Ireland has an overall ranking of 10.2, placing it 9th in terms of education and well-being, 7th for family and peer relations, and 19th for material well-being and health and safety (Cullen 2013, 31). In Ireland, education is highly valued, which is reflected in the high educational attainment of its population. In 2010, 1,103,000 Irish children and adults were enrolled in all levels of education, from primary to tertiary education (Cullen 2013, 26). Of people aged between 15 and 64, 71.7 percent had attained higher secondary level education or above in 2014 (CSO 2015). In fact, the average Irish person spends 17.7 years in education, slightly above the EU average of 17.3 years (26).

The primary school completion rate for girls is slightly higher than for boys, at 95.9 percent and 94.9 percent, respectively (Hiraga and Posadas 2013). In 2011, Ireland took part in the Programme in International Reading Literacy Study (PIRLS) to assess the reading abilities of fifth graders in reading, earning an average reading score of 552, on par with the United States and Great Britain.

Secondary-level education has been free to all since 1966 (Ryan 2010, 327). Prior to that, an educational inequality pervaded among the lower classes, with only middle- and upper-class families sending their children to secondary education. However, since then, attainment of secondary-level education has continued to improve, and by 2011, 89 percent of the Irish population was expected to complete upper secondary education (OECD 2013b). Despite this affirming statistic, research suggests that educational attainment at the secondary level is somewhat differentially experienced according to gender. In 2009, Irish literacy rates among 15-year-olds were measured by the Programme for International Student Assessment (PISA). It revealed a mean reading score of 495.6, which is consistent with the OECD average. Ireland placed 21st out of 65 participating countries and 17th compared to those in the OECD (Cullen 2013, 26). At age 15, Irish girls, on average, score 515 points in PISA reading assessments, whereas Irish boys score 476 points (OECD 2013c). Furthermore, more boys than girls are ranked in the poor reading skills category. Though 23.2 percent of teenage boys had poor reading skills, 11.3 percent of teenage girls also had poor reading skills (Cullen 2013, 26).

In 2010, the early school dropout rate was 12.6 percent for boys and 8.4 percent for girls (CSO 2012c, 10). The decision to leave school at the secondary level has direct economic impact: 21.7 percent of 25–64 year olds with less

than an upper secondary education were unemployed in 2011. This level of unemployment is nearly three times the prerecession unemployment figure in 2008 of 8.2 percent (OECD 2013b). For women, 14.2 percent of those with less than a secondary education are currently unemployed.

Performance in state examinations at the secondary level also reveals a gendered trend. In 2011, boys scored higher in math, physics, construction studies, and engineering subjects in their Leaving Certificate exam results, whereas girls scored higher in English, Irish, French, biology, chemistry, art, and music (CSO 2012c, 10). Structural and cultural factors have as much a part to play in explaining this divergent trend as an argument about “natural ability.” Research by Darmody and Smyth (2005) found that there is still profound gender stereotyping in the subject choices that students make in Irish secondary schools. They established that male students are overrepresented in material technology, metal work, and technical graphics subjects. This was attributed to a number of reasons: First, not all schools offer a full complement of subjects. In this way, the whole student body is presented with restricted choice. As a consequence, smaller and single-sex schools tend to adopt a gendered approach to subjects being provided. Second, even when technology-related subjects are offered, girls are less likely than boys to take them up. This lack of uptake can be due to scheduling clashes that place “traditionally female” subjects such as home economics at the same time as technology subjects as well as peer pressure. Preconceived notions, such as technological subjects are “dirty” and require physical strength, can prevent girls from choosing to pursue these courses. These reasons point to the persistence of gender stereotyping in the choice of subjects in secondary school (Darmody and Smyth 2005).

This gender stereotyping appears to continue when students pursue third-level education. In 2011, the majority of engineering, manufacturing, construction, and science graduates were male, whereas 82 percent of health and welfare graduates, 74 percent of education graduates, and 63 percent of arts and humanities graduates were female (CSO 2012c, 10). Despite this gender stereotyping, Irish women are more likely to have a third-level qualification than Irish men. This trend first emerged at the turn of the 21st century. In 2000, the percentage of the population aged between 25 and 34 with a third-level education was 29.6 percent, 31.1 percent females and 28.1 percent of males (CSO 2003, 43). By 2011, 53 percent of women between the ages of 25 and 34 had a third-level qualification as opposed to 39 percent of men of the same age (CSO

2012c, 10). By 2013, the percentage of females aged 25–34 years with tertiary qualifications was 55.3 percent and 42.7 percent for males (CSO 2013d, 4.4).

Such educational success offers women a number of protections and status in society. Participating in education has a positive impact on people’s employability, income levels, and occupation (Carnoy 2000; Schuller 2004, 3). Before the onset of the current recession in 2008, only 2.7 percent of female university graduates were unemployed. However, in 2011, this had risen to 6.3 percent (OECD 2013b). However, the unemployment rate for men is more pronounced. For men with a college education, their respective unemployment rates were 3 percent in 2008 and 7.1 percent in 2011 (OECD 2013b). Clearly, the more qualified women are the more protected they can be in times of economic crisis.

Employment

It has already been noted that Irish women have more educational qualifications than Irish men. However, only 63 percent of Irish women and 77 percent of Irish men enter the workforce once they have completed their education (OECD 2013c). As a result, there are slightly more men than women currently in the workplace, to a ratio of 0.80 (WEF 2013, 228). According to *The Global Gender Gap Report 2013* (WEF 2013), 52 percent of Irish women are employed in the nonagriculture sector (228). It also reveals that more Irish women than men work part-time, with 39 percent of all Irish female workers in part-time employment as opposed to 13 percent of all employed men (228). Most Irish women work in professional occupations (23.7%), and 20.9 percent work in administration and secretarial occupations. Men, on the other hand, are more represented in the skilled trades sector (24.7%), and 15 percent are in the professions (CSO 2012c, 11). Women are also overrepresented in the health and education sectors. Four out of every five people who worked in the health sector in 2010 were female (11). However, only 36 percent of women are consultants, 53 percent of primary school teachers are managers, and 41 percent of secondary school teachers are managers (11). Construction, agriculture, and transports remain male-dominated occupations (11).

It has been estimated that women do more unpaid work than men. The OECD (2013c) reports that Irish women perform 296 minutes of unpaid work every day, and Irish men perform 129 minutes of unpaid labor per day. Recent research suggests that there is a 10 percent income gap

between men and women in Ireland (OECD 2013c). However, one report has claimed that Irish women typically earn 30,457 euros (approximately \$35,212 US) per annum as opposed to 40,000 euros (approximately \$46,245 US) for men (WEF 2013, 228). This brief snapshot of the employment opportunities of Irish women reveals a picture not dissimilar to other developed Western countries, one that demonstrates the existence of horizontal and vertical segregation, a gender pay gap, and higher rates of female part-time employment and work arrangements.

While each of these features denotes the existence of employment inequality, it is worth noting how much progress there has been in terms of women's economic participation in Ireland. Irish feminists have repeatedly highlighted the extent to which Ireland's economic development has historically been at the expense of women's full participation in the workplace. This "patriarchal state policy" (Mahon 1994, 1285) dates to the early years of the Irish Free State. For instance, in 1929, the Marriage Bar Act was instated, which stipulated that female civil servants had to give up their jobs when they married. The Conditions of Employment Act (1935) restricted the number of hours that women could work in any employment sector (Mahon 1994, 1283) and curtailed women's industrial opportunities in the textile, shoe production, and confectionary industries (Mahon 1994, 1283). Even as late as 1969, the Irish Development Authority, whose role is to source and support foreign industrial development in Ireland, stipulated as one of the conditions of its lucrative financial packages that the workforce of any new industry should be 75 percent male (Mahon 1994, 1285). These, among other social, ideological, and political factors (which will be discussed in the following sections), were successful in keeping women's employment participation rates low for the majority of the 20th century.

Though Ireland's membership in the then European Economic Community (now called the European Union) in 1973 brought with it a decade of progressive employment equality legislation that overturned the previous decade's discriminatory employment practices, such as the removal of the Marriage Bar from 1973–1977, and introduced more employment protections for women, such as the Employment Legislation (Equal Pay) Act in 1974, the Equal Treatment Act in 1977, and the Protection of Employee Act (maternity leave) in 1981 (Mahon 1994, 1286), the number of Irish women in the workforce was still at 31 percent in 1986, 1 percent below the 1926 participation rates (O'Sullivan 2012, 223).

Since the 1990s, the number of women participating in the labor force has steadily increased. In 1994, it stood at 40 percent; by 2002, it was 55.2 percent; and by 2008, it was 60.5 percent (O'Sullivan 2012, 223). Interestingly, it was during this period of economic growth that women working in the home fell, and by 2005, only 33 percent of women stated that they worked in the home, the first time in the state's history when working in the home was not the main occupational status of Irish women (O'Sullivan 2012, 223). It has been reported that 90 percent of the increase in the Irish labor force participation rate from 1990 to 2006 was due to female uptake (O'Sullivan 2012, 223). This has led many to ascertain that the Celtic Tiger was in fact a "Celtic tigress" (O'Sullivan 2012, 223).

The increase in women's participation during this time was also, for the first time observed, among married women. Though the number of working mothers in formal employment had been rising since 1986 (O'Sullivan 2012, 223), in 2004, only 52.4 percent of women in the workforce had children under four years old, and 87.2 percent had no children (O'Sullivan 2012, 223). Married women's participation in the workforce has also increased in the past three decades. In 1986, the participation rate for married women stood at 34 percent (O'Sullivan 2012, 223), and by the summer of 2005, it was at 51.2 percent (O'Sullivan 2012, 223). The working pattern of women also shows an interesting development over time: Irish women are more likely to work part-time than Irish men. In 1992, 18.7 percent of women worked part-time, a figure that rose to 20.5 percent in 2002. By comparison, only 3.8 percent of men worked part-time in 1992 and 6.5 percent in 2002 (O'Sullivan 2012, 224). Irish women also have care and domestic responsibilities (Hilliard 2006; O'Sullivan 2012, 224), with the majority of those working outside the home doing the "second shift" (O'Sullivan 2012, 224).

Family Life

A particular model of family life is enshrined in the Irish Constitution. Article 41 states the following:

Article 41.1. The State recognises the Family as the natural primary and fundamental unit group of Society, and as a moral institution possessing inalienable and imprescriptible rights, antecedent and superior to all positive law.

Article 41.2. The State, therefore, guarantees to protect the Family in its constitution and authority, as the

necessary basis of social order and as indispensable to the welfare of the Nation and the State.

The constitution asserts a functionalist understanding of the family as a key institution to society. It goes on to affirm that the marital nuclear family is deemed to be the ideal family type for Irish society.

While the marital nuclear family unit remains the most prevalent family type in Ireland, there is increasing evidence of the emergence of alternative family forms. One in every six families, or 16 percent of families in 2006, were one-parent families (CSO 2007). This rose to approximately 18.2 percent according to the 2011 census (215,315 households) (CSO 2012b), and again in 2016 when 218,817 households were single-parent households, 86.4 percent of which were female-headed (CSO 2017a). The majority of these one-parent families in 2011 had children over the age of 15 residing with them (CSO 2012b). Single-parent households are more at risk of poverty than other family types, with only 42.5 percent of single parents employed (CSO 2012b). There has also been an increase in the number of families with children where the parents are not married. Only 23,000 cohabiting families were recorded in 1996, but by 2011, this had risen to 60,269 (CSO 2012b) and again to 75,452 in 2016 (CSO 2017c, 41). While family forms are changing, the ideology of family and marriage is still strong in Irish society (Byrne 2008, 30; Inglis 2005).

Despite these changes, the consistent finding is that Irish women still appear to be assuming the care responsibility for their children (Drew and Humbert 2012, 49). Though Irish family sizes are falling—from 2.2 children in 1986 to 1.38 children in 2011 and 2016 to (CSO 2012b, CSO 2017c)—a gendered division of labor continues. Based on the analysis of 600 diaries, McGinnity and Russell (2008) found that Irish men spend most of their time in paid employment, whereas women spend more time on caring and household work. The division of domestic labor was also gendered, with most men performing household repairs and gardening while women were preoccupied with cleaning, cooking, and shopping for the household (McGinnity and Russell 2008, x). The gender gap becomes more pronounced on weekends, when “women’s unpaid work and caring time remains virtually unchanged,” resulting in less leisure time for women (x). There is a further asymmetry to child care labor: Men are more likely to perform the “social/emotional caring” whereas women are left with “physical care/supervision” tasks (x). In sum, this research reiterates the existence of a “second shift” for Irish

women with children (McGinnity and Russell 2008, xi). In fact, Drew and Daverth (2007, 13) surmise that “there has been little progress towards dual roles for working fathers,” and as a result, “asymmetrical family roles” (14) continue.

Another major change in Irish family form has been the introduction of divorce in 1997. In 1986, the first divorce referendum was defeated by 63.5 percent of the vote (Ferriter 2008, 198). However, in recognition of the need for action on marital breakdowns, the first judicial separation was granted in 1989 (Crowley 2011, 229). By 1996, there were 87,800 separated people in Ireland (CSO 2012a). By 2006, the figure was 166,799 (Crowley 2011, 228). In 1997, a second divorce referendum was called and voted in on the narrowest of margins (Ferriter 2008, 198). Nevertheless, a strict divorce legislation was agreed on, whereby divorce could only be granted after a couple was legally separated for at least five years. Despite this, the number of divorced people is rising, from 87,770 in 2011 to 103,895 in 2016 (CSO 2012a, CSO 2017c, 33).

Politics

For the first 90 years of the Republic of Ireland, the political aspirations of Irish women have been largely unfulfilled, with women remaining broadly underrepresented in elected offices. A female cabinet minister, Constance Markievicz, was in the first Parliament in 1919. However, it would be another 60 years before another woman, Maire Geoghan-Quinn, was named as a government minister (Ferriter 2008, 188). Since then, the number of women running for and being elected to public office has slowly increased. In 2011, only 15.1 percent of Teachta Dála (TDs, or elected representatives) and a third of state board members were women. Only a fifth of local authority councils and a third of Vocational Educational Committee (VEC) boards had women members (CSO 2012c, 10). However, the EU average for female representation in national parliament is 25 percent (10).

The elections of Mary Robinson as Ireland’s first female president in 1990 and Mary McAleese as president of Ireland in 1997 and again in 2004 are deemed by some to mark the beginning of a liberalization in Irish society (Cronin 2004, 251) and the emergence of a public discourse about and recognition of equality. Though the role of the president is a largely ceremonial and symbolic one (Article 13, *Bunreacht na hÉireann*), gender inequalities in EU leadership positions exist in both public and political sectors, so the election of two female presidents in Ireland in recent

Women's Voices

Mairead Corrigan-Maguire and Betty Williams-Perkins

Mairead Corrigan and Betty Williams created the Women of Peace movement (later the Community of Peace People and Peace People Organization) in August 1976 in Belfast, Ireland, at the funeral of the three Maguire children (children of Corrigan's sister) who were killed by a runaway car when its IRA driver was gunned down by the British Army. Corrigan's work was shaped by her involvement in her youth with the Legion of Mary, a Catholic volunteer organization devoted to bringing the teachings of the church to the masses.

The movement began with a march of 50 Belfast women pushing baby carriages in protest in Andersontown, where the deaths occurred, followed by Williams' gathering of over 6,000 signatures on a petition to end the violence. The Peace People movement "helped to de-legitimize violence, increase solidarity across sectarian lines, and develop momentum for peace" (Lehman 2011). Corrigan and Williams were belatedly awarded the 1976 Nobel Peace Prize. In a 2006 interview, Corrigan stated, "Militarism . . . [does not] solve problems of injustice and inequality. We must sit down around the table and have a conversation" (Nobel Prize Organization 2016).

—Karen J. Shaw

Global Nonviolent Action Database. 2016. "Peace People March against Violence in Northern Ireland, 1976." Retrieved from <http://nvdatabase.swarthmore.edu/content/peace-people-march-against-violence-northern-ireland-1976>.

Nobel Prize Organization. 2016. "Interview with Mairead Corrigan-Maguire." Retrieved from <http://www.nobelprize.org/media/player/index.php?id=45> and https://www.nobelprize.org/nobel_prizes/peace/laureates/1976/corrigan-interview-transcript.html.

Nobel Prize Organization. 2016. "Mairead Corrigan Facts." Retrieved from http://www.nobelprize.org/nobel_prizes/peace/laureates/1976/corrigan-facts.html.

Your Dictionary. 2016. "Corrigan and Williams Facts." Retrieved from <http://biography.yourdictionary.com/corrigan-and-williams>.

times should be acknowledged. These two women presidents, Mary Robinson and Mary McAlesse, represented the first instances of "activist presidency" (Galligan 2012, 596). Mary Robinson's presidency reflected her "humanist" concerns with rights and "moral and political conscience" (613). As a result, she concerned herself with attending to the forgotten voices and experiences in Ireland, such as women's groups, and that of the Irish diaspora (O'Hagan Hardy 2008, 48, 56). The motif of Mary McAlesse's two-term presidency, on the other hand, was that of "reconciliation" between Northern Ireland and the Republic of Ireland (Galligan 2012, 613).

Three main reasons are given to explain the low political participation of Irish women. First, the low number of female elected representatives can be attributed to the ideology of nationalism, which emerged in the early years of the Irish republic. Though women gained the franchise in 1928, there was a steady rolling back of women's rights at that time (Luddy 2005, 175). In 1927, the Juries Act made it difficult for women to sit on juries, and in 1929, the Censorship of Publications Bill prohibited the advertising of

contraception in Ireland. These acts, in addition to the aforementioned Marriage Bar, curtailed the public role of women (Luddy 2005, 175–176). In these ways, Irish women's involvement in the war for independence was quickly being forgotten, and a new model of Irish femininity was promoted in which the private role of motherhood was understood as women's ultimate calling. This patriarchal move culminated in the 1937 constitution, which would uphold a new definition of womanhood in Ireland, that of "the quiet, modest, self-sacrificing role" (Valuillis 1995; Inglis 2005, 20) of mother. This reconstruction of Irish femininity was in part due to the close allegiance between the fledgling state and the conservatism of the Catholic Church, but also to the patriarchal nature of nationalism itself (O'Hagan Hardy 2008, 49).

Second, others contend that the low level of female participation in political decision making can also be attributed to the nature of Irish politics. The Republic of Ireland is made up of two houses of Parliament: the lower house, called the Dáil, and the upper house, the Seanad. The electoral system is one based on a system of proportional

representation, or the single transferable vote. This means that when people are casting their votes, they may do so either because they support the individual or because they support the political party of the candidate. To get a majority in the Dáil (i.e., Irish Parliament), political parties need the support of nearly 50 percent of the electorate. In a race to appeal to the majority of voters, it has been claimed that Irish politics and elections tend to focus on securing the “popular vote,” that is, “promising the most to the widest possible range of beneficiaries” (Breen et al. 1990, 34). As a result, the Irish political system has been found to be “locally centred rather than focused on major national economic or social policy issues” (Breen et al. 1990, 21).

Success in Irish politics then depends on the personal and popular appeal of candidates or party manifestos. Key to ensuring this level of regard among the local community is a “community reputation for concern and activity” (Komito 1984, 177). As a result, politics in Ireland requires elected and prospective politicians to insinuate themselves into the daily life of their community and constituents. While the small Irish population is conducive to this personal aspect of Irish politics (for instance, Irish politicians often attend funerals, community events, etc.), it can take many years for individuals to build up such a profile in a community. Such an investment of time and energy can be argued to be easier for men to achieve than for women.

Third, some political scientists have observed how political parties can act as “gatekeepers” in keeping women out of politics (Galligan 1999; Finnegan and Wiles 2005, 374). In an attempt to counter this level of inequality, Ireland passed a legislative quotas bill in 2013. This bill saw all Irish political parties committing themselves to having 30 percent female representation by the next elections and up to 40 percent after seven years (European Commission 2013). Noncompliance to the Electoral (Amendment) (Political Funding) Act will result in financial penalty (Buckley 2013, 341) for the parties in question. In this way, Ireland is trying to rectify the gender inequalities that exist around leadership positions for women, not only in Ireland but also across Europe (European Commission 2013).

It is important to state that the low level of women in Irish politics does not mean that Irish women have no interest in public issues. Irish women have been good at organizing themselves at the local level and forming special interest groups. For instance, in 1942, the Irish Housewives Association (IHA) was founded with the initial purpose of calling a debate on the then rising price of food and fuel (Ferriter 2008, 181). Similarly, the Irish Countrywomen’s

Association (ICA) was established to lobby government for more services for rural Ireland, such as rural electrification and running water. By 1965, it had 20,000 members (181).

In the 1970s, the Irish women’s movement was established, and they immediately set themselves the task of interrogating the ban on artificial contraception (Inglis 2004, 28) as well as marriage breakdown, rape, and violence against women (Ferriter 2008, 187). In 1974, Women’s Aid was set up, offering refuge for abused wives in a four-bedroom house in Dublin. In its first year of operation, it housed 117 women (187). In a one-day survey of its service on November 6, 2013, Women’s Aid reported that 467 women and 229 children were accommodated or received support from its domestic violence service (Women’s Aid 2013). In 1979, the Dublin Rape Crisis Centre was founded in response to the gang rape of a 16-year-old girl who was left for dead by her attackers in a basement in Dublin (Ferriter 2008, 188). Through the work of this organization, the silence around sexual violence was addressed and lifted (188). In 1990, marital rape was criminalized (189).

Women also have a strong record in community work, both as community project volunteers as well as project leaders (Acheson and Harvey 2008, 127; the National Committee on Volunteering 2002, iii; CSO 2007; Neville 2012). In this way, it is argued by Coulter (1993, 59) that Irish women’s involvement with community groups is an example of women’s organizing and activism beyond the formal patriarchal structures.

Religious and Cultural Roles

Uniquely, the Irish Constitution explicitly defines women’s role in Ireland. Article 41 states the following:

41.2.1 In particular, the State recognises that by her life within the home, woman gives to the State a support without which the common good cannot be achieved.

41.2.2. The State shall, therefore, endeavour to ensure that mothers shall not be obliged by economic necessity to engage in labour to the neglect of their duties in the home.

With these articles, the Constitution offers a decidedly patriarchal, conservative, Catholic, and maternal construction of femininity (Hanafin 1997). It presents that the natural place for women is in the domestic sphere and offers motherhood as the main source of feminine identity.

However, the symbolic status of motherhood is restricted to a rather Catholic and conservative construction. As a result, motherhood, and female sexuality by implication, is seen as a product of marriage. In this respect, Irish female sexuality and motherhood became bound up with the Catholic values of “chastity, virginity, and modesty, as well as piety and sobriety” (Inglis 2005, 11).

By regulating female sexuality through marriage, two issues arose. First, issues around intimacy and sexuality were interpreted not as private issues but rather as issues for social debate and concern. The human body and notions of desire become subject to social scrutiny, leading to fears about the general morality of Irish society. To instate social control and order, repression and “self-denial” became the principal ways through which Irish society policed behavior (11). The impact that such a climate of repression had on Irish society, and especially family life, is well-documented (e.g., Humphreys 2006; Messenger 1969; Brody 1973; Inglis 2005, 10). In his analysis of the letters to Ireland’s most popular “agony aunt,” Angela Macnamara, from the 1960s to the 1980s, Ryan (2011) finds a disturbing portrait of Irish men being emotionally unavailable to their wives, and yet their wives feel obliged to allow sex whenever their husbands want it (225–226). In fact, they reveal the confliction that married women felt at that time: while they felt that sex was shameful, they were also tormented by the notion that it was a sin to refuse their husbands (226). It would also appear that this culture of repression and self-denial resulted in ignorance around sex and reproduction and apprehension about sex, even marital sex.

Hilliard’s (2003) interviews with a group of working-class women reflecting on their family lives in the early 1970s reveal the full and personal effects of living in such a climate of Catholic rules and regulations. The unavailability of contraception until 1979 (even then only permitted on prescription from a general practitioner) meant that all the women interviewed felt that they had no control over their sexuality. This fear of becoming pregnant became associated with a fear of sex itself. Nevertheless, the women also felt that a woman had to permit her husband to have sex whenever he wanted to (32). As a result, a powerlessness and shame complex emerged for the women, and sex was interpreted as something with which they did not associate pleasure. Further, they also recalled it as a time of great ignorance around contraception, sexuality, and reproduction for both men and women (34).

Under such a rigid definition of femininity, any women found to transgress or contravene this code would have

severe consequences meted out to them. There was a huge stigma associated with being unmarried and pregnant in Ireland for the most of the 20th century (Luddy 2011, 110). A woman who found herself pregnant and unwed had two options. She could either leave for England and give her baby up for adoption there, or she could stay in Ireland and spend her pregnancy in an institution specially designed to cater to unwed mothers. Single pregnant women, either voluntarily or forcibly, were brought to these houses by their families. Once their babies were born and adopted, the women could go back and rejoin “respectable” society (Luddy 2011, 118, 120). Those who had more than one child out of wedlock were from the lower classes and could find themselves in other institutions (O’Sullivan and O’Donnell 2007, 33, 39).

Magdalen Homes were funded and run by female Catholic religious congregations. During the 1950s, thousands of women were housed there (37). Much has been written about the experiences of women who went to Magdalen Homes at this time. The 2002 film *The Magdalene Sisters*, directed by Peter Mullan, offers a fictionalized account of the lives of three young women who stayed in one Magdalen Home in the 1950s. It is now well-documented and acknowledged that for the women held in Magdalen Homes, “Life within these institutions was restricted and restrictive. . . . Their daily life was made up of prayer, labour, recreation, and silence” (O’Sullivan and O’Donnell 2007, 38). By the mid-1970s, the numbers of women sent to these homes had steadily dropped, as the taboo about illegitimacy gradually subsided, and by the mid-1990s, they were all closed (38).

Historically, women in Ireland have had little personal control over their reproduction, with artificial contraception being banned until 1979 and the sale of condoms regulated until 1993. It was not until the Family Planning Bill (1979) that contraception became available, but only to married couples and with a doctor’s prescription (Ferri-ter 2008, 191). In 1978, the country’s first family planning clinics were opened in Dublin. In that year alone, 25,000 patients availed of its services (191). Contraception was very much connected with the Catholic doctrine of procreation. To convey how observant the Irish people were to Catholicism, in 1973–1974, weekly attendance at church was at 91 percent, and 69 percent of Irish people believed in papal infallibility (Ryan 2010, 326). In 1983, the ban on abortion was written into the Irish Constitution. In what was an incredibly divisive campaign by pro-life and pro-choice campaigners, the amendment was passed by a

two-thirds majority (Ferriter 2008, 194). According to the Eighth Amendment to the Irish Constitution, “The state acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect, and, as far as practicable, by its laws to defend and vindicate that right” (Gilmartin and White 2011, 276).

This amendment was tested in 1992 with the X case. The X case emerged when a 14-year-old girl was prevented from traveling to the United Kingdom to terminate her pregnancy. Although the pregnancy was the result of a sexual assault and she had the support of her parents for a termination, the state intervened and refused her permission to leave the country. Irish women have been traveling to the United Kingdom for abortions since the U.K. Abortion Act 1967 allowed women to travel from abroad for the purpose of securing an abortion (Rossiter 2013). While the teenager in the X case inevitably suffered a miscarriage, the Supreme Court overturned the state’s objection to her traveling abroad. Since then, the right to travel to obtain an abortion has become part of the amendment (Gilmartin and White 2011, 277). The subsequent referendum on abortion in 1993 also allowed for informational access to abortion services in the United Kingdom as well as acknowledging that the threat of suicide was grounds for permitting abortion in Ireland.

The number of women traveling to the United Kingdom to procure an abortion has been falling since the 2000s; nevertheless, 45,645 women who provided a home address in the Republic of Ireland visited an abortion clinic in the United Kingdom between 2001 and 2008 (Gilmartin and White, 2011, 276). While Irish women are allowed to travel abroad for an abortion, no support or counseling is available to them in Ireland (Gilmartin and White 2011, 277). Nevertheless, the decision to go abroad for an abortion brings with it “unnecessary risk, stigma, shame and anguish” (279).

Attendance at the Catholic Church had fallen to 43 percent as of 2008 (Nic Ghiolla Phadraig 2009, 3). Sexual norms and mores are also changing. For instance, in 1994, 49 percent of Irish people thought that premarital sex was wrong, but by 2008, this fell to 23 percent. In 2008, 60 percent said that it was not wrong to have sex before marriage, whereas only 35 percent of people said so in 1991 (2). Attitudes toward contraception and abortion have also changed. Sixty-five percent of married women in Ireland use some form of contraception (WEF 2013, 220). In 1973, 74 percent of the Irish public were against abortion (Phadraig 2009, 2).

In 2008, only 51 percent agreed that abortion was always wrong when a defect is found in the baby (2).

This sense of social change seemingly coincides with a sense of continuity regarding gender roles in Irish society. O’Sullivan (2012) examined survey data from the International Social Survey Program, which was carried out in Ireland in 1998, 1994, and 2002. Overall, she found that Irish society is generally favorable to the labor participation of women, a trend posited by others (e.g., Craven 2004; Fine-Davis 1988; Hilliard 2006; O’Sullivan 2012, 225). However, she also found that people’s opinions on whether a woman should work were influenced by whether the woman had children and the age of her children. In 1988, survey data found that 52.4 percent agreed that women with preschool-aged children should stay at home. This fell to 33.1 percent in 2002. In 1988, 8.9 percent felt that women should be able to continue working full-time with preschool-aged children; this only rose to 9.0 percent in 2002. Support for women to work full-time with school-aged children remained relatively stable from 1998 to 2002, with 21.2 percent in 1998 agreeing with the statement and 22.0 percent in 2002.

The option of part-time work appeared to be more favorable to the survey respondents. In 1998, 49.3 percent supported the idea that women with school-aged children should work part-time; this fell to 45.2 percent in 1994, but it rose again to 53.8 percent in 2002 (O’Sullivan 2012, 229). When women had no children or their children were no longer living with them, the consensus was that women should work full-time (229). This attitudinal survey was administered again in 2013 (223), but its results have yet to be published. Despite this gap in recent attitudinal data, based on the previous survey findings, it is fair to assert that while Irish society is positively inclined toward the idea of women in employment, the Irish public still see a woman’s role as a caring, domestic, and maternal one.

Issues

Reproduction Rights

In October 2012, the issue of abortion in Ireland reemerged because of the death of Savita Halappanavar. Halappanavar was 17 weeks pregnant when she presented to University Hospital Galway with bleeding. When she was informed that she was miscarrying, she requested an abortion but was refused because of the blanket ban on abortions—medical or elective. She subsequently

underwent a protracted miscarriage and developed an infection. She died of sepsis a week later. Her death caused public controversy, with many women organizing local and national protests on the unavailability of medical abortions in Ireland as well as the apparent prioritizing of the life of the unborn at the expense of the mother's.

On June 12, 2013, the Draft Protection of Life during Pregnancy Bill was published. It still upholds Ireland's general prohibition on abortion, but it outlines how doctors should assess whether a mother's life and not her health is at risk. A gynecologist and a second expert must agree that a termination is in the best interest of the mother. If the risk to life is due to suicide, then three experts must deliberate over the case, one obstetrician or gynecologist and two psychiatrists. They all must be in agreement that terminating the pregnancy will save the life of the mother. Anyone assisting in an unlawful termination is subject to a 14-year prison sentence (Rossiter 2013). The draft bill was signed into law in July 2013. However, since Ireland voted for marriage equality in May 2015 there has been a feminist grassroots movement called "Repeal the 8th Amendment" lobbying for a change in Irish abortion legislation (Repeal the 8th 2017).

Child Care

Despite the growing number of women participating in the workplace, Ireland has had, until recently, a poor record in the area of early child care services and provision. Ireland has adopted a low public investment, mixed market model regarding child care (Bennett 2005). Such an approach to child care is also found in the United States, Canada, and South Korea. With this approach, the government takes the view that child care is the responsibility of parents and families, and not that of the Irish state. As a result, the issue of child care has evolved into a private concern, primarily of working mothers.

The minimal level of involvement shown by the Irish state is reflected in the low level of national early child care policies in Ireland as well as regulation of the sector. In 2009, one concession was made by the government wherein they offered one year of free preschool education to Irish children (WEF 2013, 220). Throughout the Celtic Tiger economy, Irish parents were found to have the highest cost of child care in Europe, and they spent more of their income on child care than elsewhere in Europe (Allen 2009, 27). In 2008, Irish working parents spent more than 30 percent of their income on child care (OECD 2013a).

Even with rising unemployment levels, child care remains a huge financial burden.

PATRICIA NEVILLE

Further Resources

- Acheson, Nicholas, and Brian Harvey. 2008. *Social Policy, Ageing and Voluntary Action*. Dublin: Irish Public Administration.
- Allen, Kieran. 2009. *Ireland's Economic Crash: A Radical Agenda for Change*. Dublin: Four Courts Press.
- Bennett, John. 2005. *The OECD Thematic Review of Early Childhood Education and Care Policy: Learning with Other Countries: International Models of Early Education and Care*. London: Daycare Trust.
- Breen, Richard, Damian F. Hannan, David B. Rottman, and Christopher T. Whelan. 1990. *Understanding Contemporary Ireland. State, Class and Development in the Republic of Ireland*. Dublin: Gill and Macmillan.
- Buckley, Fiona. 2013. "Women and Politics in Ireland: The Road to Sex Quotas." *Irish Political Studies* 28.3: 341–359.
- Byrne, Anne. 2008. "Women Unbound: Single Women in Ireland." *Women Alone*, edited by Virginia Yans-McLoughlin and Rudy Bell, 29–73. New Brunswick, NJ: Rutgers University Press.
- Carnoy, Martin. 2000. *Sustaining the New Economy: Work, Family and Community in Information Age*. New York/Cambridge, MA: Harvard University Press and Russell Howard Foundation.
- Coulter, Carol. 1993. *The Hidden Tradition. Feminism, Women and Nationalism in Ireland*. Cork: University College Cork Press.
- Cronin, Michael G. 2004. "'He's My Country': Liberalism Nationalism, and Sexuality in Contemporary Irish Gay Fiction." *Eire-Ireland* 38(3–4): 250–267.
- Crowley, Louise. 2011. "Irish Divorce Law in a Social Policy Vacuum—From the Unspoken to the Unknown." *Journal of Social Welfare and Family Law* 33.3: 227–242.
- CSO (Central Statistics Office) 2003. *Measuring Ireland Progress—volume 1 2003, Indicators report*. Retrieved from <http://www.cso.ie/en/media/csoie/releasespublications/documents/otherreleases/2003/progress/indicatorsreportfull.pdf>.
- CSO (Central Statistics Office). 2007. "2006 Census of Population—Principal Socio-Economic Results." Retrieved from <http://www.cso.ie/en/newsandevents/pressreleases/2007/pressreleases/2006censusofpopulation-principalsocio-economicresults>.
- CSO (Central Statistics Office). 2012a. "Census 2011 Results—Press Release." Retrieved from <http://cso.ie/en/newsandevents/pressreleases/2012pressreleases/pressreleasethisisireland-highlightsfromcensus2011part1>.
- CSO (Central Statistics Office). 2012b. *Profile 5 Households and Families*. Dublin: The Stationery Office.
- CSO (Central Statistics Office). 2012c. *Women and Men in Ireland 2011*. Dublin: The Stationery Office.
- CSO (Central Statistics Office). 2013a. "Number of Births, Deaths and Marriages." Retrieved from <http://www.cso.ie/en/statistics/birthdeathsandmarriages/numberofbirthsdeathsandmarriages>.

- CSO (Central Statistics Office). 2013b. "Population and Migration Estimates April 2013." Retrieved from http://cso.ie/en/releasesandpublications/er/pme/populationandmigrationestimatesapril2013/#.U05cQ_IdV8E.
- CSO (Central Statistics Office). 2013c. "Population 1901–2011." Retrieved from http://www.cso.ie/Quicktables/GetQuickTables.aspx?FileName=CNA13.asp&TableName=Population+1901++2006&StatisticalProduct=DB_CN.
- CSO (Central Statistics Office). 2013d. "Women and men in Ireland 2013." Retrieved from <http://www.cso.ie/en/releasesandpublications/ep/p-wamii/womenandmeninireland2013/>.
- CSO (Central Statistics Office). 2015. Statistical Yearbook of Ireland 2015. Retrieved from <http://www.cso.ie/en/releasesandpublications/ep/p-syi/statisticalyearbookofireland2015/society/education/>.
- CSO (Central Statistics Office). 2017a. 2016 Census Summary Results Part 1-Press Release. Retrieved from <http://www.cso.ie/en/media/csoie/newsevents/documents/pressreleases/2017/prCensussummarypart1.pdf>.
- CSO (Central Statistics Office). 2017b. Population 2011 to 2016 (Number) by At Each Year of Age, Age Last. Retrieved from <http://www.cso.ie/px/pxeirestat/Statire/SelectVarVal/save selections.asp>.
- CSO (Central Statistics Office). 2017c. 2016 Census Summary Results Part 1. Retrieved from <http://www.cso.ie/en/media/csoie/newsevents/documents/census2016summaryresultspart1/Census2016SummaryPart1.pdf>.
- Cullen, Ruth. 2013. "Ireland's Vital Signs 2013." Retrieved from <http://www.foundation.ie/wp-content/uploads/2016/10/VitalSigns-Extended-Report.pdf>.
- Darmody, Merike, and Emer Smyth. 2005. *Gender and Subject Choice: Take-up of Technological Subjects in Second-Level Education*. Dublin: Liffey Press.
- Department of Health. 2013. "Health in Ireland: Key Trends 2013." Retrieved from http://health.gov.ie/wp-content/uploads/2014/03/key_trends_2013.pdf.
- Drew, Eileen, and Gwen Daverth. 2007. "Negotiating Work/Life Balance: The Experience of Fathers and Mothers in Ireland." *Recherches sociologiques et anthropologiques* 38(2): 1–16. Retrieved from <http://www.rsa.revues.org/461>.
- Drew, Eileen, and Anne L. Humbert. 2012. "Men Have Careers, Women Have Babies': Unequal Parental Care among Irish Entrepreneurs." *Community, Work and Family* 15.1: 49–67.
- The Economist*. 2013. "For the Government, the End of an Economic Emergency Is in Sight: The Eighth Austerity Budget." October 19. Retrieved from <http://www.economist.com/news/europe/21588110-government-end-economic-emergency-sight-eighth-austerity-budget>.
- European Commission. 2013. "Women and Men in Leadership Positions in the European Union, 2013: A Review of the Situation and Recent Progress." Retrieved from http://ec.europa.eu/justice/gender-equality/files/gender_balance_decision_making/131011_women_men_leadership_en.pdf.
- European Commission. 2014. "The EU and Irish Women." Retrieved from <http://www.ec.europa.eu/cgi-bin/etal.pl>.
- Ferriter, Diarmuid. 2008. "Women and Political Change in Ireland since 1960." *Eire-Ireland* 43(1–2): 179–204.
- Finnegan, Richard B., and James L. Wiles. 2005. *Women and Public Policy in Ireland. A Documentary History 1922–1997*. Dublin: Irish Academic Press.
- Galligan, Yvonne. 2012. "Transforming the Irish Presidency: Activist Presidents and Gender Politics 1990–2011." *Irish Political Studies* 27.4: 596–614.
- Gilmartin, Mary, and Allen White. 2011. "Interrogating Medical Tourism: Ireland, Abortion and Mobility Rights." *Signs* 36.2: 275–280.
- Hanafin, Patrick. 1997. "Defying the Female: This Irish Constitutional Text as Phallic Manifesto." *Textual Practice* 11.2: 249–273.
- Hilliard, Betty. 2003. "The Catholic Church and Married Women's Sexuality." *Irish Journal of Sociology* 12.2: 28–49.
- Hiraga, Masako, and Josefina Posadas. 2013. *The Little Data Book of Gender 2013*. World Development Indicators. Washington, D.C.: World Bank. Retrieved from <http://documents.worldbank.org/curated/en/191571468149097184/The-little-data-book-on-gender-2013>.
- Inglis, Tom. 2005. "Origins and Legacies of Irish Prudery: Sexuality and Social Control in Modern Ireland." *Eire-Ireland* 40(3–4): 9–37.
- Kennedy, Patricia. 2010. "Healthcare Reform: Maternity Service Provision in Ireland." *Health Policy* 97: 145–151.
- Kirby, Peadar. 2008. *Explaining Ireland's Development: Economic Growth with Weakening Welfare*. Report for United Nations Institute for Social Development. Social Policy and Development Programme Paper No. 37.
- Komito, Lee. 1984. "Irish Clientelism: A Reappraisal." *Economic and Social Review* 15.4: 173–184.
- Larkin, Patricia, Cecily M. Begley, and Declan Devane. 2012. "'Not Enough People to Look After You': An Exploration of Women's Experiences of Childbirth in the Republic of Ireland." *Midwifery* 28: 98–105.
- Luddy, Maria. 2005. "A 'Sinister and Retrograde' Proposal: Irish Women's Opposition to the 1937 Draft Constitution." *Transactions of the Royal Historical Society* 15: 175–195.
- Luddy, Maria. 2011. "Unmarried Mothers in Ireland, 1880–1973." *Women's History Review* 20.1: 109–126.
- Mahon, Evelyn. 1994. "Ireland: A Private Patriarchy?" *Environmental and Planning A* 26: 1277–1296.
- Martin, Gary, and Vladimir Kats. 2003. "Families and Work in Transition in 12 Countries, 1980–2001." *Monthly Labour Review* (September): 3–31.
- McGinnity, Frances, and Helen Russell. 2008. *Gender Inequalities in Time Use: The Distribution of Caring, Housework and Employment among Women and Men in Ireland*. Dublin: The Equality Authority and the ESRI.
- National Committee on Volunteering. October 2002. *Tipping the Balance: Report of the National Committee on Volunteering*. Dublin: The Stationery Office.
- Neville, Patricia. 2012. "Volunteers as Managers: Exploring the Experiences of a Voluntary Management Committee." In

- Community Development in Ireland: Theory, Policy and Practice*, edited by Aishling Jackson and Colm O'Doherty, 116–134. Dublin: Gill and Macmillan.
- Nic Ghiolla Phadraig, Maire. 2009. "Religion in Ireland: No Longer an Exception?" Retrieved from <http://www.ark.ac.uk/publications/updates/update64.pdf>.
- O'Boyle, Colm. 2013. "Just Waiting to Be Hauled over the Coals': Home Birth Midwifery in Ireland." *Midwifery* 29: 988–995.
- OECD (Organisation for Economic Co-Operation and Development). 2013a. "Childcare Support." Retrieved from <http://www.oecd.org/els/soc/PF3.4%20Childcare%20support%20-%2020290713.pdf>.
- OECD (Organisation for Economic Co-Operation and Development). 2013b. "Education at a Glance 2013: Country Note Ireland." Retrieved from http://www.oecd.org/edu/Ireland_EAG2013%20Country%20Note.pdf.
- OECD (Organisation for Economic Co-Operation and Development). 2013c. "International Women's Day 2013—Timeline of Life Outcomes by Gender-Ireland." March 8. Retrieved from www.oecd.org/gender/equality.
- O'Hagan Hardy, Molly. 2008. "Symbolic Power: Mary Robinson's Presidency and Eavan Boland's Poetry." *New Hibernia Review* 12.3: 47–65.
- O'Sullivan, Eoin, and Ian O'Donnell. 2007. "Coercive Confinement in the Republic of Ireland: The Waning of a Culture of Control." *Punishment & Society* 9.1: 27–48.
- O'Sullivan, Sara. 2012. "All Changed, Changed Utterly?': Gender Role Attitudes and the Feminisation of the Irish Labour Force." *Women's Studies International Forum* 35: 223–232.
- Repeal the 8th. 2017. Retrieved from <http://www.repeal.ie/new-page/>.
- Rossiter, Ann. 2013. "Abortion in Ireland—A Small Step Forward." *OpenDemocracy*, June 18. Retrieved from <http://www.opendemocracy.net/5050/ann-rossiter/abortion-in-ireland-small-step-forward>.
- Ryan, Paul. 2010. "Asking Angela: Discourse about Sexuality in an Irish Problem Page, 1963–1980." *Journal of the History of Sexuality* 19.2: 317–339.
- Ryan, Paul. 2011. "Love, Lust and the Irish: Exploring Intimate Lives through Angela Macnamaras 1963–1980." *Sexualities* 14.2: 218–234.
- Schuller, Tom. 2004. "Studying Benefits." In *The Benefits of Learning: The Impact of Education on Health, Family Life and Social Capital*, edited by Tom Schuller, John Preston, Cathy Hammond, Angela Brassett-Grundy, and John Bynner, 3–11. London: RoutledgeFalmer.
- Statistics Estonia. 2014. "Tertiary Educational Attainment by Gender, Age Group 30–35." Retrieved from <http://www.stat.ee.57173>.
- WEF (World Economic Forum). 2013. "Ireland." In *The Global Gender Gap Report 2013: Insight Report*, 228–229. Geneva, Switzerland: World Economic Forum.
- WHO (World Health Organization) Europe. 2013. "Nutrition, Physical Activity and Obesity Ireland." Retrieved from <http://www.euro.who.int/en/nutrition-country-profile>.

Women's Aid. 2013. "National and International Statistics." Retrieved from <https://www.womensaid.ie/about/policy/natintstats.html>.

Italy

Overview of Country

Italy is a boot-shaped peninsula stretching down into the central Mediterranean, with two large islands and 4,583 miles of coastline. On January 1, 2016, almost 60.7 million inhabitants lived in Italy's roughly 116,631 square miles. The north of the country is crowned by the Alpine chain, along which runs the border with France, Switzerland, Austria, and Slovenia. At the toe of the boot, the island of Sicily extends far enough into the Mediterranean as to leave only 87 miles between its southernmost point and Cape Bon, Tunisia, in North Africa.

Italy is one of the most densely populated countries in the world. It is also one of the grayest countries, with 258 elderly residents (older than 65 years) for every 100 minors (younger than 14 years). Fertility reached record low levels in the mid-1990s, and the average is currently below 1.5 children per woman. Another reason for the aging population is long life expectancy, which in Italy is nearly 80 years for men and up to 85 years for women. According to the Italian National Institute of Statistics (ISTAT) Web site, the Italian population is forecast to decline after 2040, when increases from migration and further improvements in life expectancy will no longer be able to compensate for below replacement-level fertility rates.

Of the nearly 61 million inhabitants, roughly 5 million are regular "foreigners" with a slight majority of women. Immigration on a relatively large scale is a recent development for Italy, as the country "exported" significant portions of its population until the early 1980s (Bonifazi et al. 2009). The first significant inflows date to the 1990s, the aftermath of the fall of the Berlin Wall and the collapse of formerly planned economies. Some of the largest initial flows were women from Eastern European countries who would eventually find work in the household sector as caregivers or housekeepers (Bettio, Simonazzi, and Villa 2006).

The largest minority groups in Italy originate from other European countries, Romania in particular, followed by Morocco, Albania, China, Ukraine, and the Philippines.

Compared with other European countries, the number of migrants in Italy is modest, but immigrants are highly visible in the media, chiefly due to the stir over “boat people,” migrants who are loaded aboard precarious vessels by smugglers and sent toward Sicily from the North African coast. Despite the high risk of drowning before reaching their destination, a record number of people made the dangerous journey to Italy across the Mediterranean in 2016. From January 1 to November 6, there were at least 163,989 migrant arrivals to Italy by sea, and at least 3,755 people died attempting the crossing (International Organization for Migration 2016).

Rome, the current political capital of Italy, was once the capital of the Roman Empire, which at its peak in the 2nd century CE reached from what is now England in the north to Egypt in the south, and from Portugal in the west to Russia in the east (Ruffolo 2004). Some thousand years after the fall of the Roman Empire, in the 15th and 16th centuries CE, the city of Florence rose to prominence throughout Europe as the cradle of the Renaissance. With the advent of the industrial revolution, Italy lost ground to other European countries and began catching up again only after the Second World War was over and 30 years of Fascism came to an end. However, some of the legacy of its artistically rich and often sumptuous past filtered through to the postwar period when the country was again to become known worldwide thanks to the fashion industry. The lavish lifestyles of local nobility over the past five centuries have also nourished a regionally diverse cuisine that now ranks alongside fashion for international reputation. A rich historical heritage also bequeathed a huge artistic and architectural inheritance that continues to attract tourists from all over the world. Italy is home to 50 UNESCO World Heritage Sites, the largest number held by a single country in the world.

Given this long history of cultural achievement, it is hardly surprising that Italy belongs to the group of very high human development nations. It is ranked 27th out of 188 countries according to the United Nations Development Programme’s (UNDP) 2014 Human Development Index (HDI), having increased its HDI nearly 21 percent between 1980 and 2014. The average income per capita is somewhat lower than in other high human development countries, but Italy has the third-highest life expectancy in the world. According to the Organization for Economic Co-Operation and Development (OECD), a reasonably effective public health care system has contributed to keeping Italians healthy (OECD 2015).

Italy is ranked 10th out of 155 countries on the 2014 Gender Inequality Index (GII). In the algebra of the index, the disadvantage of having one of the lowest female labor market participation rates in Europe is counterbalanced by the advantage of very few adolescent births. Somewhat paradoxically, these two factors stem in part from a common root: a cohesive family structure. The abortion rate in Italy (6.6 per 1000 in 2015) is among the lowest globally; however, over two-thirds of gynecologists avail themselves of the right to conscientiously object to provide abortions. The debate accompanying the introduction of women’s quota on company boards convinced some parties to adopt more or less informal quotas in the 2013 parliamentary elections. As a result, women’s share of parliamentary seats jumped to 30 percent, further improving the country’s ranking on the GII. This recent development, however, may not outlast the reform of Parliament and of the electoral law that is currently being debated.

Other gender equality indexes are less favorable to Italy, starting with the sophisticated European Institute for Gender Equality (EIGE) index, which ranked Italy fourth from the bottom in the EU27 group of countries around 2010 (EIGE 2013). Such discordant measurements are revealing of the uneven status of gender equality in the country.

Girls and Teens

Habits and Lifestyles

Compared to boys, Italian girls report being more discouraged about job prospects after completing their studies. They also engage in fewer sports and, unlike male peers who often continue to dream of being “footballers,” they focus on more concrete aspirations and no longer fantasize about becoming “ballet dancers.” Girls who frequent on-line social networks, where what matters is how many “likes” one scores on message boards or how one gains top popularity, report insecurity and dissatisfaction with their physical appearance. These girls would like to be leaner, have larger breasts, different legs and, in general, “be more beautiful.”

Bullying and Cyberbullying

Lately, violence against girls has been changing shape, becoming increasingly subtle and increasingly invasive of privacy and damaging to intimacy. The Internet and social media have become catalysts of psychological violence,

which especially targets (young) women. Occasionally Web-based violence leads to suicide, as in the case of Carolina Picchio, who died at 14 years old, the first known case of cyberbullying in Italy. More generally, this type of violence leads to a whole range of psychosomatic problems, from eating disorders to self-injury. According to data released by the National Observatory on Adolescence in 2016, girls make up 70 percent of the victims of cyberbullying and 52 percent of the victims of revenge porn. Widespread among girls is the experience of being verbally abused, and they are more often targeted because of the way they look or behave, including in intimacy.

The first law on cyberbullying in Italy was introduced in May 2017. One notable provision in the law is the possibility for the young victim, even without the parents' knowledge, to ask directly the owner of the Web site to obscure or remove the instance of "cyber aggression." If the owner ignores the alarm, within 40 hours the victim, this time together with the informed parents, will be able to contact the national Data Protection Authority (*Garante della Privacy*). Moreover, a teacher trained in digital citizenship will operate in each school, with the help of the police whenever needed.

Health

Access to Health Care

The *Servizio Sanitario Nazionale* (SSN), the Italian equivalent of a national health service, was set up in 1978 to ensure universal access to health care funded by taxation. The funding is channeled to regional governments that produce and deliver the services. Central coordination is ensured by specifying basic health service standards (*livelli essenziali di assistenza*), which identify the set of services to be guaranteed in all areas of intervention. In 2015, a little more than 80 percent of total health expenditure in the country was public, corresponding to USD\$2,029 per capita (ISTAT 2016). This amount financed, among other services, one family doctor for each 1,160 inhabitants and one family pediatrician for each 890 children under 14 years old.

With a life expectancy of 85 years, the fifth highest in the world—Italian women clearly benefited from the national health care systems, although fiscal pressures are forcing cuts to services and fee raises that may endanger past achievements. At the same time gender differences have attracted selective rather than systematic attention, particularly in reproductive health and hardly anywhere

else. For example, there is no gender sensitive approach to health care for an aging population, despite the disproportionate incidence of older women, and gender medicine is still in its infancy. Only recently has the think-tank and monitoring arm of the Health Ministry (the *Istituto Superiore di Sanità*) set up and financed a dedicated clinical research network to investigate gender differences in health and medicine under a four-year strategic project for women's health (*Progetto Strategico Salute Donna*). However, there is little evidence that the project has had any significant impact on health guidelines and service standards. Lack of relevant, gender-disaggregated statistics stands in the way of effective implementation of a gender health and medicine approach.

Maternal Health

In the mid-1970s, the Family Counselling Services (*Consultori Familiari*) legislation was introduced to promote clinical and psychological support to maternity and paternity, to offer counseling with regard to contraception, to protect women's and children's health and to offer information on infertility and sterility. However, legal provisions were never implemented in full. The holistic, interdisciplinary approach of the Family Counselling Services is believed to be in conflict with the organization of the rest of the SSN which pivots on medical specialties. Also, the Family Counselling Services faced the opposition of the Catholic Church, which feared that they would actively promote abortion. Maternal health has thus gone down a medicalization path, with mixed results. On the one hand, mortality has declined dramatically for mother and child: infant and maternal mortality have gone down to 2.9 and 2.6 deaths for every 1,000 live births in 2012. On the other hand, there is high prevalence of caesarean sections, 368 per 1,000 deliveries in the same year (OECD 2015). In response to mounting public concern over caesarean sections, the Health Ministry is trying to revitalize the network of Family Counseling Services to promote natural childbirth.

About four-fifths of mothers breastfeed in Italy. While prevalence of breastfeeding has been relatively stable in recent years, the breastfeeding spell has lengthened from about six months in the late 1990s to about seven months in the mid-2000s (ISTAT 2015). Like elsewhere in the United States or in Europe public opinion is moving in favor of longer breastfeeding and at children's will rather than at regular intervals. However, there is no clear consensus on this point and the debate is still open. Most

specialists agree that breastfeeding is less important to a child's development after the first six to seven months.

In a societal context of low fertility, family cohesiveness, and catholic ethic children's health has traditionally been a priority concern for both families and policy makers. As a result even sophisticated neonatal care is generally accessible. If anything, the Italian medical profession has started questioning those neonatal treatments that may border on *accanimento terapeutico* (aggressive treatment of dubious efficacy).

Assisted Reproductive Technology (ART)

Over the past decades, young Italian women have consistently postponed giving birth until later in reproductive life. With one-third of all women currently giving birth after their 35th birthday, access to assistive reproductive technology (ART) is not a minority issue. Before 2004, ART was not regulated. A draft law was actually presented to the Parliament much earlier, in 1998, but issues concerning reproduction are politically divisive in the country; some compromise was reached only six years later (Zanini 2011). Law 40/2004 is considered very restrictive. It has swollen the number of couples seeking ART in health clinics of more permissive countries, and it has been repeatedly challenged by lower courts chiefly on the grounds that it is harmful to women's health (Normattiva.it 2004). Court cases and, finally, a constitutional court ruling have radically altered the law, for example, by removing previous restrictions to the number of embryos to be created and allowing flexibility as to the time of embryos' transfer to the woman's womb.

Disorders

Traditional attention to women's reproductive health has also favored mass screening to prevent two of the most frequent cancers among women, breast and cervical cancer. Roughly 1.25 million of Italian women were diagnosed with cancer in 2014, the overall risk of cancer being slightly higher in the female population. Breast cancer alone accounted for more than 500,000 cases, followed by colon, womb, thyroid, and cervical cancer. On the bright side, the survival rate for breast cancer for women five years after first diagnosis is high, second only to skin cancer, at about 80 percent (AIOM et al. 2014).

In comparison to cancer, fewer resources have been devoted to date to chronic diseases that disproportionately affect women in old age, including depression (17% of

elderly women suffer from it) and dementia (ISTAT 2013), but attention is growing.

While fighting against cancer is given top priority, smoking, alcohol abuse, and even sexually transmitted diseases raise fewer concerns, although women have become more exposed over time in comparison to men. The main reason is overall low or decreasing prevalence. Take HIV and nicotine addiction to smoking for example. Among individuals with sexually transmitted diseases in 2012, about 8 percent of men tested positive for HIV and a little more than 2 percent of women. In regard to smoking, only one out of six women smokes and the share of regular, daily smoking is rapidly decreasing fast among younger women and men (Istituto Superiore di Sanità 2014; ISTAT 2013).

Education

As in many other countries, Italian women are overtaking men in education in both numbers and levels of achievement. However, this does not mean that they are more highly educated than women in countries of similar levels of development or that all gender gaps have reversed in their favor.

Women's educational attainments in Italy must be placed in context. The country's education spending is less than the average among Organization for Economic Cooperation and Development (OECD) nations and shows slightly lower levels of achievements. In 2013, about 11 percent of the GDP was spent in education (public or private), five points less than the OECD average. Education is public, although the incidence of private educational concerns is significant at both ends of the spectrum: preprimary education and university-level education. Funding is, again, largely public, but private funds—chiefly from households—account for over one-third of total spending on tertiary education, much less on primary and secondary education. Formal vocational training (as opposed to formal education) has never really gained ground in the country.

The educational career comprises six levels, from preprimary schooling to postgraduate studies. Schooling is compulsory until 16 years; that is, after completing lower secondary education and receiving some vocational or upper secondary education. A "regular" Italian student is expected to enter schooling between two and three years of age, earn a diploma when she is 18 or 19, and earn a bachelor's degree (*Laurea*) at 22 years if she decides to enter university education. The equivalent of a two-year master's

degree course (*Laurea Specialistica*) is an increasingly popular choice, while fewer go on to earn their doctorates.

While teaching is normally done in Italian, foreign language schools are increasing at all levels, as are university courses taught in English. Currently, however, young Italians with a lower secondary education have the highest chances of studying or learning a foreign language if they compete for an Erasmus scholarship to be spent in a different European country. At 52 percent of the total, young women are well-represented among students on Erasmus scholarships. Since Erasmus scholarships are awarded for high academic performance, the preponderance of young women is consistent with the fact that they tend to outperform young men in tertiary education.

Performance-based gender differences are hardly noticeable in early schooling. The enrollment and completion rate for young girls and boys are very high at preprimary and primary schools (95% for boys aged between 3 and 10 years old in 2015 and 94% for girls). Both levels of schooling are believed to be of comparatively good standards in Italy. Differences become noticeable in upper secondary and tertiary education, where girls surpassed boys in rates of both enrollment and completion in the late 1980s. In comparison to other rich countries, however, enrollment rates at the university level are low (around 30% among the 20-to-24 year olds); yet, again, young women have been doing better than young men since the early 1990s.

Although there is no formal system of quality ranking of public educational concerns in Italy, an informal ranking does exist. Thus, students often commute daily from smaller to bigger towns if they wish to attend “better” schools. Universities trigger huge migration flows of students from southern to central and northern regions as well as within regions. This geographical mobility is an added cost for families, but it has an important advantage, especially for young women. It legitimizes leaving the family nest and allows them to first experience independent living.

As in many other countries, higher educational achievements for women do not imply that they excel in all fields. The traditional gender divides of women’s better performance in reading and weaker performance in mathematics also holds for Italy. So does the division between the feminized Arts disciplines and the male-dominated hard sciences and engineering. In fact, traditional gender stereotypes influence young women’s choice of field of study in Italy, as in most other rich countries. Most people agree

that the best time and place to combat such stereotypes is preprimary and primary schools. However, actual implementation often provokes opposition. An example is the textbook *Acero Rosso*, which was accused of spreading the “ideology of gender” and subsequently removed from the syllabus of the schools that adopted it. Allegedly, the book spread the view that having two fathers or two mothers following divorce and re-marriage is part of modern life. Critics strongly opposed this view and argued that such “gender theory” ends up legitimizing transgender and homosexual choices.

Although things are changing, some find that the pace of change is slow or uneven. For example, female students are becoming the majority in such traditionally male dominated disciplines as law, medicine, and even mathematics. A “public sector” effect may be at work here, as the state is the largest employer of doctors and law graduates to this date. Public sector jobs are coveted by young women because they often facilitate a better work-life balance than many private sector jobs by offering shorter or more flexible hours, longer parental leaves, higher tolerance for absenteeism, and more discretionary career paths. By contrast, the share of young Italian women choosing to study engineering has been growing slowly even over the recent decades, despite the fact that engineers still have better chances of finding a job than other graduates.

Employment

Labor Market Participation

Compared to their Northern or Eastern European counterparts, Italian women take less part in the labor market. Their behavior is more similar to that of women from other Southern European countries (Spain, Malta, and Greece in particular). For every 100 women of working age (14 to 65 years), fewer than 47 were employed in 2015, and an additional 13 were seeking work (i.e., unemployed). However, average labor market figures for Italy tend to obscure the considerable regional differences. The north-south divide that characterizes most aspects of the economic and cultural life in Italy is especially prominent in women’s work, with women from the “Mezzogiorno” (southern regions and the islands) much less likely to work and more likely to end up in unemployment. Differences are marked also between well-educated and poorly educated women. The former women are far likely to work and to avoid long interruptions to care for children or relatives. Poorly educated women are far less likely to be employed, especially in

the Mezzogiorno. This difference between well- and poorly educated women is to be found in most countries across the world; but what distinguishes Italy and other Southern European countries from the rest of Europe is that poorly educated women are far less likely to return to the labor force after marriage or childbearing (Eurostat 2016).

Maternity, Employment, and Discrimination

For every 100 Italian mothers in employment, about 30 stop working, often motivated by the necessity or desire to care for children or other relatives. Of these, only about 12 go back to work at some point, much less in the south of Italy. Not infrequently, however, the decision to stop working is forced on women. A special survey conducted in 2008–2010 revealed that nearly 9 percent of mothers who had worked at some point in their lives had been forced by employers to “voluntarily” quit upon becoming pregnant (Sabbadini 2012). Italian law forbids dismissals of pregnant women, but employers typically circumvented the law by asking young women to sign an undated resignation letter the moment they were hired (so called *dimissioni in bianco*). A legal remedy has been implemented, but, in the absence of any monitoring, we cannot know how effective it really is.

Wages and Earnings

For every hour worked, the average Italian woman earned 6 percent less than the average Italian men in 2014. This is the smallest percentage difference within Europe and a very small gap worldwide. The fact that, in comparison to men, Italian women earn comparatively more than elsewhere on an hourly basis, and yet are employed less than elsewhere, may sound puzzling. One key to the puzzle is that the average working woman is better educated than the average working man, precisely because fewer but better-educated women work in Italy than, say, in northern European countries.

If, however, we look at gross monthly earnings, Italian women earned, on average, the equivalent of \$2,412 USD in 2014, men the equivalent of \$3,101 USD. In percentage terms, the gender differential rises to 22 percent on a monthly basis, because women work fewer hours while earning less per hour (Eurostat 2017).

Female Migrant Workers

Italy is quickly becoming a country of immigrants, but unlike high-immigration countries of the past—including

the USA—the first large-scale inflows were largely feminized. With the collapse of the Soviet Union in the early nineties, female migrants from the East found employment in Italy (and other European countries, mostly Southern European) as elder carers, child carers or simply house workers (Bettio, Simonazzi, and Villa 2006). While care work and housework continue to pull female migrants from within and outside Europe (chiefly Latin America and the Philippines), other sectors also attract female migrants, chiefly low-pay sectors like catering, tourism, cleaning services, and retailing. At the same time, and as a consequence of the crisis, Italian College graduates—both young women and young men—as well as qualified researchers, find it difficult to get jobs that match their qualifications, and they tend to emigrate to Europe or worldwide. Via female migration, Italy thus takes an active part in the “care draining” of poorer countries while suffering from brain draining to the advantage of countries less severely hit by the economic crisis. However, the brain-drain phenomenon mainly concerns graduates and may be temporary.

Family Life

Fertility and the Character of the Italian Family

Fertility is very low in Italy despite the fact that about half of the women of working age are not active in the labor market. In 2015, the mean number of children per woman of reproductive age was 1.35. It is well-known that two children per woman are needed to keep the population from declining and aging. Given that the mean age of children per woman has stayed well below the two-per-woman threshold for over 30 years, the local population is aging quickly in the country. For every woman between the ages of 45 and 64, there are about 0.4 people over 80, a ratio that is expected to grow over in time (Accorinti and Pugliese 2015). However, the total population is not yet declining thanks to the increasing inflows of migrants.

The fact that Italian women tend to participate less in the labor market and yet bear few children warrants an explanation. It has been argued that, paradoxically, this is due to the nature and the role of the family (Bettio and Villa 1998). The Italian family still retains a key role as a productive unit because a large percentage of firms in Italy are still family-type firms. The family retains a key role as a welfare institution because income is still transferred within and across the generations to ensure continuity in the living standard of its members, whether they are

children who need to buy a house or elderly parents on a low pension. Moreover, publicly subsidized care of children, the elderly or the disabled, is scarce, and buying such care on the market is often very costly. Care of dependents is perhaps the most prominent aspect of family assistance. However, the Italian family is a flexible provider of many different forms of help to friends and noncohabiting relatives—financial assistance and care services, but also keeping company, doing housework, assisting with bureaucracy, etc. An earlier estimate of instances of help of any kind given by families to other families in one month placed them at 8 million for the whole of the country, involving 23 percent of families as givers and 19 percent as receivers (Sabbadini 1994). This compared to 15 million instances of medical care, 8 million medical examinations, and only 500,000 instances of home assistance provided by the state or private institutions.

Last but not least, the Italian family has responded to secularization by combining traditional values of solidarity with modern values of individual emancipation. For example, adolescent children are not encouraged to leave the parental nest early or to become independent, financially or otherwise (Aassve et al. 2002). Throughout Italy, the average age of leaving home has gradually increased to 30 years old in 2014 (29 for girls). Yet, within the parental household, children enjoy substantial freedom after adolescence, including privacy with sexual partners.

In such a cohesive family context, raising children is labor intensive and costly, especially for women who still provide the bulk of unpaid household and unpaid care. Some women give up having children altogether—and they are increasing in number—while others prefer to “invest” in few children, doting on them and making sure that they are well-cared and well-provided for into adulthood.

How Couples Allocate Time and Roles

Housework, including care work, is still largely the women's province. It occupies them for three hours per day compared to the 57 minutes of their partners. Some rebalancing is under way, but at a slow pace and mostly between young, more educated partners. Gender disparities in housework peak between 25 to 64 years of age, and they are not fully compensated by the fact that men tend to work more hours and travel longer distances to go to work. As a result, women have less time for themselves: 50 minutes a day less than men (ISTAT 2016). What is currently

changing at an appreciable pace is the way child care is shared among young partners, although change is uneven across tasks. Mothers are still primarily involved in the physical care and in the surveillance of their children—to feed, dress, sleep, or keep them under control. By contrast, fathers spend more time playing with them.

Politics Suffrage

During the Second World War, Italian women mobilized for the right to vote. Some were directly involved in armed resistance, many others in civil resistance. A Pro Voting Committee was among women's organizations set up during this period. On February 1, 1945, when Italy was still partly occupied by the Nazis in the north and by the Anglo-Americans in the south, the government presided over by Ivanoe Bonomi decided to pass legislation granting women the right to vote. Italian women voted for the first time on March 10, 1946, with a massive turnout at the polls. On that occasion, about 2,000 candidates won a seat in the newly elected municipal councils. Two months later, on June 2, 1946, the population was called to choose between the monarchy and the republic, and to vote the representatives at the Constituent Assembly (*Assemblea Costituente*) that would discuss the new Italian Constitution. In this election, 21 women were elected to the Assembly.

Women's Rights

Italian women can avail themselves of a large body of legal provisions enforcing their rights and ensuring full citizenship, despite remaining gaps. The feminist movement, the trade union movement, and pressure from Europe take a significant share of the credit in this respect. As in other areas of the economic and social life, however, the problem is not lack of good legislation but uneven enforcement.

Concerning employment and wages, key legislation was enacted between the late '70s and the early '90s (Law 903/77 and Law 125/91). More recently the National Code of Equal Opportunities between Women and Men (D.L. 198/2006) consolidated previous legal provisions under a consistent set of legal norms (Rosselli 2014). Direct and indirect discrimination in any aspect of employment, training or pay, are ruled out by the existing body of laws, including unequal pay for work of comparable value. Existing equal opportunity legislation also envisages policies pursuing *de facto* rather than formal equality. In the past

it also contributed to designing an institutional machinery presiding over and monitoring actual enforcement of equality legislation. A notable example is the creation in 1991 of Equality Advisors (Consigliere di Parità) operating in every province and region with the main task of dealing with cases of employment discrimination. At the top of the equality machinery stands a Ministry of Equal Opportunity (*Ministero delle Pari Opportunità*) that was set up in the Prime Minister's Office in 1997. However, the scope for action was, and remains, severely limited by the fact that the ministry was never assigned an independent budget. The economic crisis further reduced funding for the entire equality machinery, with the result of marginalizing it conclusively.

Concerning rights within marriage, divorce was legally introduced in 1970 (Law 898/70), and in a referendum to repeal it in 1974, pro-divorce organizations won nearly 60 percent of the votes. This victory paved the way to a radical reform of family law starting in 1975 and culminating in 2013 with Law 219. More recent, procedures for separation and divorce have been further simplified and sped up by Law 107/2015, nicknamed the “quick divorce law” (*divorzio breve*).

Divorced spouses have the right to alimony ensuring a standard of living comparable to that enjoyed during marriage. The protection that this grants married women has, however, been lessened by a recent court ruling declaring that spouses have the right to alimony ensuring a “decent” standard of living.

Reproductive rights pivots on the abortion law (Law 194/78) that was enacted in 1978. The law was challenged by means of a referendum and eventually confirmed. As noted above, actual implementation of the law is made difficult by the right to conscientious objection. Assisted reproduction was first regulated in 2004 (Law 40/2004), but it remains rather restrictive.

Recent years have witnessed legal innovation mainly in the area of violence against women, where Italian legislation has truly lagged behind. So called “honor crimes” (allowing male relatives to harm or kill a woman guilty of adultery) remained legal in Italy until 1981, when legislation on honor crimes was repealed. Rape ceased to be classified as a crime against public morality and not against an individual person only in 1996 (Law 66/1996) and not until 2009 did stalking become the object of a specific law (Law 38/2009). In fact, the said Ministry for Equal Opportunities approved the first National Plan Against Gender-Based Violence and Stalking as late as 28 October

2010. As in other areas, the main problem with legislation against gender-based violence is implementation of the law. In this case, there are issues of adequate training of the police force and inadequate funds for support centers and shelters for the victims of violence.

Political Participation

By international standards, Italy currently fares well regarding the presence of women in decision making positions. However, this is a rather recent development, and much remains to be done. Women's representation remains modest or very modest in public institutions and private companies alike. Law No 120/2011 was the first significant attempt to redress the imbalance in representation. It imposed gender quotas (men can benefit too if they are in a minority!) for the boards of public companies. Thanks to the law, the percentage of women sitting on the boards of Italian public companies jumped from about 6 percent in 2011 to the current 30 percent (Ferrari et al. 2016).

Electoral rules for local governments have also been amended to ensure a significant presence of women. Law 215/2012 rules out single-sex local government teams. Moreover, thanks to informal quota rules adopted by some of the most important political parties, women reached the record share of 30 percent in the last Parliament elections—the highest share in the history of the Italian Republic. However, instances where women sit at the very top of companies or organizations are still uncommon, and it the rule of thumb, that the larger the budget the thinner the presence of women in charge, remains hard to disprove. In national or regional governments, for example, female representatives, including ministers, mostly deal with family, health care, welfare or education while they seldom preside over financial or other prestigious positions.

Religion

Religion still plays an important part in the political, economic, and social life of the country. The Vatican—an independent town-state within the city of Rome—is home to the institutions governing the Catholic Church worldwide and hosts its spiritual leader, the Pope. Roughly two thirds of Italian citizens (about forty million people) declare themselves Roman Catholic, although only a quarter of them are churchgoers. Each of the two largest minority religions—Christian Orthodox and Muslims—is currently below 2 million followers in size.

Younger women and men are the least religious, and equally so (Matteo 2012). Yet, Catholic principles and beliefs still influence welfare provisions, civil liberties and even scientific research. For example, euthanasia is still not regulated by law although many surveys find that the majority of Italian citizens approve of the idea. Also, the rights and duties of co-habiting partners (as opposed to husband and wife) were first regulated by law as late as 2016. Court cases sometimes compensate for legal voids in civil rights, but their coverage is inevitably patchy. Against this background the LGBT community—both men and women—may find it difficult to garner support for their demands, although a host of organizations voice their requests and organize support. Some scholars argue that Catholic religion hindered women's employment (Pastore and Tenaglia 2013). While this may be disputed, it is hard to deny that the Catholic institutions favored social and economic policy in support of the traditional patriarchal family and opposed devolving the role of the family as the main supplementary welfare institution to the state.

Issues

LGBT Rights

According to the 2017 annual report of the European Fundamental Rights Agency, Italy is among the countries to have taken steps to advance LGBT equality over recent years, although actual implementation may not yet match the legislation. Legislation allowing for same-sex marriages came into force in Italy in June 2016 with the Regulation of Partnerships and of Civil Unions between Persons of the Same Sex (*Regolamentazione delle unioni civili tra persone dello stesso sesso e disciplina delle convivenze*). The law was passed following months of social and political debate and numerous demonstrations both for and against it. The text of the law does not explicitly allow for step-child adoption, but court rulings provide precedent for such adoption in Italy. The first ruling was issued by the Rome Juvenile Court (*Tribunale per i minorenni di Roma*), which in July 2014 legally recognized a woman's adoption of the biological daughter of her partner.

Legal advances notwithstanding, the perception of discrimination on the basis of sexual orientation in Italy is high, according to 73 percent of the respondents to the last report of Eurobarometro. Bias is especially perceived in the labor market: 61.3 percent of respondents believe that gays

and lesbians had fewer opportunities to find a job or to obtain a job promotion than heterosexuals. Although the majority of Italians—especially the female population—consider workplace discrimination on the basis of sexual orientation unacceptable, transgender discrimination is seen as more tolerable. The National Office against Racial Discriminations (UNAR) has supported initiatives for LGBT labor inclusion—including career days and a web platform specifically aimed at matching people with job opportunities—by involving companies willing to hire people from these target groups. UNAR has also drafted a multi-annual national strategy aimed at preventing discrimination towards LGBT people in Italy.

FRANCESCA BETTIO AND CLAUDIA BRUNO

Further Resources

- Aassve, Arnstein, Francesco Billari, Stefano Mazzucco, and Fausta Ongaro. 2002. "Leaving Home: A Comparative Analysis of ECHP Data," *Journal of European Social Policy*, 12 (4): 259–276.
- Accorinti, Marco, and Enrico Pugliese (a cura di). 2015. *Generazioni solidali. Giovani e anziani nell'Italia della crisi*. Roma: Libreria.
- AIOM, CCM, AIRTUM. 2014. "In numeri del cancro in Italia 2014." *Intermedia Editore*, Bergamo, figure 7, table 21.
- Bettio, Francesca, Annamaria Simonazzi, and Paola Villa. 2006. "Change in Care Regimes and Female Migration: The 'Care Drain' in the Mediterranean." *Journal of European Social Policy* 16.3: 271–285.
- Bettio, Francesca, and Paola Villa. 1998. "A Mediterranean Perspective on the Breakdown of the Relationship between Participation and Fertility." *Cambridge Journal of Economics*, 22: 137–171.
- Bonifazi, C., F. Heins, S. Strozza, and M. Vitiello. 2009. "The Italian Transition from an Emigration to Immigration Country." IDEA Project, Marcy 2009.
- Bordiglioni, Stefano; Greppi, Barbara; Rizzo Licori, Elena. 2014. *Lacero Rosso*. Milano: Mondadori Scuola.
- EIGE (European Institute for Gender Equality). 2013. "Gender Equality Index Report (2013)." Retrieved from <http://eige.europa.eu/gender-statistics/gender-equality-index>.
- Eurofound. 2016. Working life experiences of LGBT people and initiatives to tackle discrimination. Eurofound.europa.eu, Retrieved from <https://www.eurofound.europa.eu/observatories/eurwork/articles/working-conditions-labour-market-law-and-regulation/working-life-experiences-of-lgbt-people-and-initiatives-to-tackle-discrimination>.
- Europa.eu. 2017. Retrieved from http://ec.europa.eu/education/tools/llp_en.htm
- Eurostat. 2016. Labour Force Survey, annual average values. Retrieved from <http://ec.europa.eu/eurostat/data/database>.
- Eurostat. 2017. Gender Statistics. Accessed May 30, 2017 from http://ec.europa.eu/eurostat/statistics-explained/index.php/Gender_statistics.

- Ferrari, Giulia; Ferraro, Valeria; Profeta, Paola; Pronzato, Chiara. 2016. "Gender quotas: challenging the boards, performance and the stock market." IZA Discussion Paper, 10239, Bonn.
- International Organization for Migration. 2016. "Mediterranean Migrant Arrivals Reach 339,783; Deaths at Sea: 4,233." Retrieved from <https://www.iom.int/news/mediterranean-migrant-arrivals-reach-339783-deaths-sea-4233>.
- Istituto Superiore di Sanità. 2014. "Le infezioni sessualmente trasmesse." *Notiziario* 27.4 (April): 19.
- ISTAT. 2013. "Tutela della salute e accesso alle cure." Istat, Roma: 16–18.
- ISTAT. 2015. *Il bullismo in Italia: comportamenti offensivi e violenti tra i giovanissimi*. Roma: Istat. <http://www.istat.it/it/files/2015/12/Bullismo.pdf?title=Bullismo++tra+i+giovanissimi++15%2Fdic%2F2015++Testo+integrale+e+nota+metodologica.pdf>.
- ISTAT. 2016. "Italia in cifre." Roma: Istat. <https://www.istat.it/it/archivio/194899>.
- Matteo A. 2012. *La fuga delle quarantenni. Il difficile rapporto delle donne con la Chiesa*. Rubbettino, Soveria Mannelli.
- Normattiva. 2004. Retrieved from <http://www.normattiva.it/atto/caricaDettaglioAtto?atto.dataPubblicazioneGazzetta=2004-02-24&atto.codiceRedazionale=004G0062¤tPage=1>.
- Organization for Economic Cooperation and Development (OECD). 2015. "OECD Reviews of Health Care Quality: Italy 2014." Retrieved from <http://www.oecd.org/italy/oecd-reviews-of-health-care-quality-italy-2014-9789264225428-en.htm>.
- Pastore, Francesco; Tenaglia, Simona. 2013. "Ora et non labora? A Test of the Impact of Religion on Female Labor Supply," *IZA discussion paper*, 7356, Bonn. <http://ftp.iza.org/dp7356.pdf>.
- Rosselli, Annalisa. 2014. *The Policy on Gender Equality in Italy*. Brussels: European Parliament, Directorate-General for Internal Policies of the Union.
- Ruffolo, G. 2004. *When Italy was a Superpower*. Turin, Italy: Einaudi.
- Sabbadini, Linda Laura. 2013. "Lavoro Femminile in tempo di crisi", in CNEL, Atti del Convegno Stati Generali sul lavoro delle donne in Italia, 2 Febbraio 2012. Roma: CNEL.
- Zanini G. 2011. "Abandoned by the State, betrayed by the Church: Italian experiences of cross-border reproductive care." *Reproductive BioMedicine* 23: 565–572. Retrieved from <http://www.sciencedirect.com/science/article/pii/S1472648311004731>.

K

Kosovo

Overview of Country

The Republic of Kosovo is the youngest country in the world. It is home to the oldest ethnic group in the Balkan region of Europe. Kosovo is 6,778 square miles in area and borders Albania, Macedonia, Montenegro, and Serbia; 52.8 percent of the land is used for agriculture. Another 41.7 percent is forest. Its terrain ranges from flat fluvial basin that is 1,300–2,300 feet (400–700 meters) above sea level to the surrounding mountain ranges of 6,000–8,200 feet (2,000–2,500 meters). This relatively small country is rich in natural resources, such as nickel, lead, zinc, magnesium, lignite, kaolin, chrome, and bauxite, and it has the most coal reserves in the region (CIA 2016).

Ethnic Albanians make up 92.9 percent of Kosovo's total population (CIA 2011) of 1,883,016 (CIA 2016). Other ethnic groups include Bosniaks (1.6%), Serbians (1.5%), Turks (1.1%), Ahskali (0.9%), Egyptians (0.7%), Gorani (0.6%), and Roma (0.5%), according to a 2011 estimate. Religions primarily represented include Muslim, Orthodox, and Roman Catholic. Languages include Albanian, Bosnian, Serbian, Turkish, and Romani (CIA 2016).

Nine years after liberation from Serbia, on February 17, 2008, Kosovo declared and gained official independence. The framework for equality in Kosovo is imbedded in its

constitution and laws. From its inception, Kosovo has set multiethnic and gender standards of equality with its declaration of independence more civic than nationalistic in nature, promising dedication to protecting, promoting, and honoring the diversity of its citizen, and its constitution provides a clear legal framework for equality for all citizens, guaranteeing the rights and civil freedoms of every citizen (Republic of Kosovo 2008).

The World Economic Forum (WEF) has not officially included Kosovo in its Gender Inequality Index (GII), which benchmarks national gender gaps on economic, political, educational, and health criteria (WEF 2015). In almost every area of life and sector of government as they relate to gender equality or overall well-being of the women of Kosovo, there have been significant achievements and improvements in this young country; yet, there remains space for improvement. In education, women are now at least equally represented in primary and secondary schools, and they outnumber men in colleges and universities (Kosovo Agency of Statistics 2015). Though the dynamics of the workforce in Kosovo have changed dramatically in favor of equality and with significant focus on the issue from the government, there remains room for growth in the private and public sectors of the labor force as well as leadership and decision-making positions. Health care also remains an area of focus, especially in relationship to quality, accessibility, and assimilation of knowledge for preventative care.

Girls and Teens

Kosovo has one of the youngest population distributions in Europe with 43.5 percent of the population under the age of 25 and another 42 percent between 25 and 54 years old (CIA 2016). Of these age groups, women make up slightly less than half of the population. These young women of Kosovo have a tremendously positive outlook, and they are experiencing a dynamic focus shift in their favor with significant efforts being made for equal inclusion (Kosovo Agency of Statistics 2014).

Family Roles

Family roles are evolving in Kosovo as the country's political leaders strive to meet EU stipulations for gender equality and to fulfill its own constitutional standards of equality. Kosovar Albanians are traditionally patriarchal; the head of the household is the oldest man of the house, in some cases the oldest brother or uncle, but not always the father. The Albanian family unit takes responsibility for each member through a cycle of reciprocity. Parents support their adult children in education, marriage, work, and child-rearing, and then, as parents age, the children assume full responsibility for the parents' care (Latifi 2014). Women are responsible for the household, including home maintenance and care for every member of the family especially children and the elderly. As of 2014, the women of Kosovo spent 80 percent of their time on household chores and 10–20 percent working outside the home, while men spent 50–80 percent on work outside the home and 10–15 percent of their time at home (Agency for Gender Equality 2014).

Sports

In an effort to engage and empower the youth of Kosovo in public life, the Ministry of Culture, Youth, and Sport has developed action plans that are aimed at offering equal opportunities for sports participation and competition. It encourages the inclusion of men and women to represent Kosovo in international competitions. As with every other aspect of living, sports teams and athletic programs are in the development stages. Kosovars are working toward the organization and structure necessary for success in athletic training and competition as well as international acceptance of involvement in international competition. Success in this sphere included being recognized by the 205th national Olympic committee in December 2014, paving

the way for Kosovo to compete as an independent nation in the 2016 Olympics in Rio (Qena and Stojanovic 2014) which resulted in Kosovo's two-time judo world champion, Majlinda Kelmendi, taking home the gold medal in women's 52kg judo competition (Delauney 2016).

Women are also included in Europe's most popular sport; nine women's soccer clubs had been formed as of 2015. The latest club, Dukagjini, has received particular attention as several members have been considered by international scouts. The ages of these players ranged from 10 to 22 (BalkanInsight 2015).

Health

Life expectancy at birth in Kosovo is 70.2, 10 years lower than the EU average of 80.2 years (CIA 2016). Since the 1990s, Kosovo has experienced dramatic challenges and shifts in its health care system and health outcomes. In 1989, when Kosovo's autonomous status within the Republic of Serbia was revoked, the health care system was one of the hardest hit sectors. The Belgrade Ministry of Health assumed control, leading to a mass firing of Albanian health workers and a dramatic decline in access to health care with 50 percent of the population lacking access to health care. Albanians responded by developing a parallel primary health care system known as the Mother Teresa Society, which operated 96 clinics throughout Kosovo, offsetting some of the damage; however, the health of the population deteriorated throughout the 1990s, leading up to the conflict in 1998–1999, when violence and displacement took its highest toll.

The postwar health care system faced shortages of physicians and personnel, damaged and neglected facilities, inadequate supplies and equipment, and water and electricity shortages (Percival and Sondorp 2010). Postconflict health reform efforts are a part of other major social reform efforts and highly influenced by the international community of donors (Percival and Sondorp 2010). Both of these factors simultaneously strengthen and complicate implementation of the reforms.

The World Health Organization (WHO) developed the guidelines for Kosovo's new health care system, in which family-medicine teams would be developed to strengthen primary care and specialized care would be provided through referral from primary care. The size and location of facilities would be based on population demands, and all provisions of health care and employment would be non-discriminatory (Percival and Sondorp 2010). The result

was that family doctors were trained, family medicine centers were established, and legislation devolved responsibility for primary care and public health to the local level.

Access to Health Care

The law determines every citizen equal rights and access to health care. Health care is provided free of charge by the public health institutions for special groups, including children and young people younger than 15 years of age, students until the end of regular education, citizens older than 65, and disabled persons (Ministry of Health 2012). There are two types of insurance for all citizens and communities in Kosovo. The basic medical insurance is mandatory for all citizens who are in a formal work relationship, and private insurance is a voluntary insurance provided by citizens or employers (Ministry of Health 2012).

Maternal Health

In Kosovo, family medicine centers are responsible for maternal and child health care, including family planning, reproductive health services, and antenatal and postnatal care. However, the majority of women still visit a gynecologist rather than family physician for their antenatal care (Basha and Hutter 2006). Time constraints, especially in public facilities, limit doctors' ability to give adequate explanation and counseling. Doctors report 5- to 10-minute checkups with over 10 women waiting to be seen in public facilities. Private facilities offer more time to patients, but the expense is out of reach for most women (Basha and Hutter 2006). Travel costs are also an issue for many women who live in remote regions (UNICEF 2009).

Some positive trends in maternal health have been noted. Gynecologists report there has been increased interest in the care and health of pregnant women in the years following 1999. During pregnancy, women gain respect and are treated with care within the family. Women also show increased understanding of their own health care during pregnancy, which is evident in their determination to prioritize their own health and the health of the baby, increased attention to nutrition, regular punctual checkups, and careful attention paid to the health care providers during checkups (Basha and Hutter 2006). The percentage of women who give birth in a health facility and are attended by a skilled health professional was greater than 98 percent in 2013–2014. After birth, about 97.4 percent of women report staying in the health facility for at least 12 hours (Kosovo Agency of Statistics 2014).

Infant mortality rates, at 9–11 in every 1,000 live births, are double that of the EU average rate of 4 per 1,000 births, but they have significantly decreased from 2005, when rates were 44 per 1,000. This is in part because, until about 2010, babies were taken to nurseries directly following birth and not given back to the mother until her discharge from the maternity ward. Babies were also typically fed on intervals, or with formula or water and sugar, rather than on demand. Only 12 percent of infants under six months were exclusively breastfed. In 2013–2014, that percentage had climbed to near 40 percent, and nearly 97 percent of women who have given birth in the last two years, report having breastfed, 45.5 percent within one hour of birth (Kosovo Agency of Statistics 2014).

In 2009, Kosovo passed the first termination of pregnancy law since its liberation. The law provides for protection from forced termination as well as elective termination up to 10 weeks of pregnancy and the right to consultation for termination of pregnancy up to 22 weeks of pregnancy in the case of health conditions of mother or child or for criminological reasons (Ministry of Health 2008).

In 2014, the World Bank approved a USD\$25.5 million Kosovo Health Project to specifically support health spending for the poor and improve quality of care, with priority for maternal and child health equipment for primary care facilities and hospitals and noncommunicable disease services (World Bank 2014). In addition, thanks to the outreach of Kosovo's President Jahjaga to United Arab Emirates' Queen Sheikha Fatima, a donation of 22 million euros (USD\$25.6 million) will be used to build one of the most modern pediatric hospitals in the region, which is set for completion in 2018 (Jahjaga 2016).

Disease and Disorders

Noncommunicable diseases (NCDs) are an emerging priority in Kosovo, with respiratory conditions and circulatory disease key health indicators and already a major cause of morbidity and mortality. Due to the high rate of smoking and related incidence of cancer and heart disease (Percival and Sondorp 2010), in 2013, Kosovo adopted a tobacco control law that falls in line with WHO Framework Convention on Tobacco Control and includes measures said to be the strongest protection against the tobacco industry (WHO 2013).

In terms of communicable illnesses, tuberculosis (TB) is under close surveillance, and rates have decreased from 1,443 cases in 2002 to 968 in 2012 (Veen et al. 2013). As of

2013–2014, nearly 99 percent of children 12–23 months had received TB immunization coverage by their first birthday, and 78.5 percent of children 24–35 months had received all recommended vaccinations by their first year (Kosovo Agency of Statistics 2014). In relationship to HIV/AIDS, Kosovo is grouped among countries with the lowest rates of HIV/AIDS, with less than 1 percent of incidents among the general population and less than 5 percent among key populations at risk (UNAIDS 2014).

Breast cancer is the second most common cancer in the world and, by far, the most frequent cancer among women, with an estimated 1.67 million new cancer cases diagnosed in 2012 (25% of all cancers) (Shuleta-Qehaja, Sterjev, and Shuturkova 2015). A study of cancer incidence in Kosovo that focused on breast cancer between 1999 and 2004 showed it to be the most common cancer in Kosovo. The incidence shows an upward trend, increasing at a rate of 4.35 percent. In 2004, the incidence was 120 newly diagnosed cases per year (Krasniqi et al. 2007). According to the annual report for 2011 by the Kosovo Institute of Public Health (IPH), the most common diagnosis in tumors group classification was breast cancer (11.8%), whereas the number of women who detect cancer in its early phases remains very low (National Institute of Public Health of Kosovo 2011). Hence, in 2014, within the scope of early cancer detection month, the Ministry of Health received a mobile mammography machine, purchased through the initiative of the women members of parliament (MPs) of the fourth legislature of Kosovo. Since then, the mobile mammography machine team has offered its services to the women throughout Kosovo with the aim to aid women in both rural and urban areas to detect cancer early.

Education

Education in Kosovo is carried out by public and private institutions and is legislated and assessed by the Ministry of Education, Science, and Technology (established in 2002). In line with European contemporary standards, Kosovo adopted a system where primary education covers first through fifth grades, lower secondary covers sixth through ninth, and high secondary covers the next three to four years, depending on the path, which may be general or professional. By law, primary and secondary education is free; however, it is only mandatory from 6–15 years of age (Ministry of Education, Science, and Technology 2016). Current public expenditures on education are

at 4.7 percent of the total gross domestic product (GDP) (Ministry of Education, Science, and Technology 2016).

Preschool and Preprimary

For the 2014–2015 school year, 3,774 students were enrolled in preschools that served children ages 1–5, and 22,154 enrolled in preprimary schools serving children 5 and 6 years of age. Girls and boys are equally represented in preschool and preprimary schools; however, minority children are underrepresented (Ministry of Education, Science, and Technology 2015). The National Development Strategy includes a plan to increase overall enrollment by 5,000 by 2021. This will involve an increase in the number of public kindergartens, inclusion of private institutions, and optimizing teaching personnel with the goal to enhance cognitive development and performance in later stages of education and increase women's participation in the labor market (Office of the Prime Minister of Kosovo 2016).

Primary, Lower Secondary, and Upper Secondary

Kosovo has reached nearly gross enrollment for all mandatory levels of education. For the 2014–2015 school year, there were 273,649 students in 985 schools throughout the country, with equal representation among male and female students in primary (grades first through fifth) and lower secondary (grade sixth through ninth) (Ministry of Education, Science, and Technology 2015).

There are 120 upper secondary public schools throughout the country with a total of 83,743 students and equal representation of male and female students enrolled for the 2014–2015 school year (Ministry of Education, Science, and Technology 2015). Kosovo offers two primary paths for upper secondary education: gymnasium, which prepares students for higher education, and vocational, which prepares students for the workforce. Currently, there is almost equal enrollment in each of these paths, with gymnasium up by only 0.4 percent (Ministry of Education, Science, and Technology 2016). At the completion of upper secondary, students are required to take the State Matura Exam with the purpose of proving the level of knowledge of the student for work and continuing the tertiary education (Ministry of Education, Science, and Technology 2015).

Strategic plans for upper secondary education include developing a national test for teachers and a teacher

licensing system; building a stronger connection between teacher evaluation and pay systems; expediting the process of teachers' professional development with a special focus on science, technology, engineering, and math (STEM); expanding the adoption of new curriculum; reviewing existing textbooks; and developing new curriculum in line with expected learning outcomes. A more credible final test following fifth grade will also be implemented as well as a teacher grading and evaluation system (Office of the Prime Minister of Kosovo 2016).

Postsecondary, University, and Job Training

Due to a significant increase in higher education enrollment over the past six years, Kosovo is now one of the most densely student-populated countries in Europe, with 6,669 students per 100,000 people (Ministry of Education, Science, and Technology 2015). For the 2013–2014 school year, more women than men enrolled in higher education programs, with a combined total of 122,000. Though increased enrollment is a positive trend, the challenge now is to provide quality in education with these increasing demands for expansion of infrastructures, faculty, and staff. With more than 400 study programs, there are currently 7 public universities and 30 private colleges; however, 30 percent of the student population studies at private institutions (Istrefi 2015).

In 2001, the University of Pristina adopted the EU Bologna Declaration, which led to reforms affecting all institutions of higher education in the country in relationship to credit systems, curriculum reform, a three-cycle degree system, student and staff mobility, diploma supplement, and quality assurance system (Istrefi 2015; European Commission 2016).

Three of the greatest challenges related to higher education currently being addressed are (1) the disconnect that exists between vocational school and higher education learning outcomes and the needs of the labor market, (2) the nonsystematic funding of the education system, and (3) the need for an increase in scientific research (Ministry of Education, Science, and Technology 2015). Over the next several years, the National Development Strategy will attempt to strengthen the connection between all education programs and labor market demands by creating a skills-forecasting system and developing coordination between university research work and industries and as well as practical vocational training with industries (Office of the Prime Minister of Kosovo 2016).

Employment

Kosovo is not a member of the United Nations, which is considered a key obstacle to political integration and socioeconomic development (World Bank 2015a). Regardless, Kosovo has drafted advanced legislation based on internationally recognized principles of gender equality and has ratified a number of international agreements and legally binding norms, which according to the Kosovo Constitution have superiority over the laws of the Republic of Kosovo (Republic of Kosovo 2008). To speed up its integration process into the European Union, Kosovo has gone through the course of negotiation of the Stabilization and Association Agreement (SAA) whose Article 106 on social cooperation expects Kosovo's alignment with the EU *acquis* in the field of labor law and women's working conditions (European Commission 2015).

In April 2008, the Government of Kosovo approved the Kosovo Program for Gender Equality, which also requires a greater commitment of interested parties (Agency for Gender Equality 2008). Establishment of institutional mechanisms and affirmative measures for gender equality in all levels has created a positive environment for inclusion of women in the labor market and decision-making process. There are two entities in the Office of the Prime Minister that are responsible for monitoring government bodies in the sound implementation of human rights, gender equality, and good governance. The Office for Gender Equality was established in 2005, which was transformed into the Agency for Gender Equality (AGE), within the Office of the Prime Minister, in 2006. The Advisory Office on Good Governance, Human Rights, Equal Opportunities and Gender Issues (AOGG) was established in 2002 and functions within the Office of the Prime Minister. It is mandated to mainstream the promotion and protection of human rights across policies and activities of the government of Kosovo.

The contributions of civil society and the media in raising awareness have been an important factor. Women activists have also contributed to increase the number of women in all spheres of life. They have worked with young girls and women as well as men throughout Kosovo to convey the importance of education, which has had positive results. Hence, the percentage of educated women has evolved through the years, not only in secondary high schools but also in higher education, where the ratio of students is in women's favor: 52.9 percent women and 47.1 percent men (Kosovo Agency of Statistics 2015).

In the meantime, the number of employed women in government and the private sector has also increased. Legal regulation of relations between the employer and the employees, working hours, salary, night shifts, and maternity leave have contributed to this increase, although there is still much to be done to reach aimed quotas.

Inclusion of Women in the Working Market

The process of women's economic empowerment in Kosovo has not been an easy venture, as it still encounters numerous problems that are mostly related to traditionally established gender roles. This has particularly been experienced by the women living in rural areas, as they are still marginalized and have relatively limited access to all resources.

The annual report on labor and employment shows that the total stock of persons registered as job seekers with the Kosovo public employment offices at the end of 2014 consisted of 127,921 women (compared to 146,566 men), though according to the researchers in this field, this is not the real unemployment picture. Moreover, a worrisome fact, highlighted on several occasions by civil society and media, is that among the job seekers are young women and men with higher education, which perhaps means that educational institutions have "produced" a considerable number of educated persons without a proper preparation for the working market. Hence, this problem coupled with limited employment opportunities make it difficult for young people to access and retain jobs (Benzenberg 2015, 7).

In this context, it is worth mentioning that participation of women in the labor force, according to the *Annual Report of Industrial Development in Kosovo for 2014* by the Ministry for Trade and Industry, has marked an increase by reaching the value of 21.4 percent, compared to the previous years that had a value of only 17.8 percent (Ministry of Trade and Industry 2015).

Against Stereotypes

Women in Kosovo have entered all spheres of public life; they have entered even the so-called male-dominated professions, such as the police force, with women being around 14 percent of those in uniform and 10 percent of civil staff and the security force. During the last few years, Kosovo has gone through a very dynamic political life that has been enabled by the Election Law of Kosovo and the Law on Gender Equality, which calls for both women

and men to hold at least 40 percent of positions at all levels of decision making (Assembly of Republic of Kosovo 2008; Official Gazette of the Republic of Kosovo 2015). Because of active participation during the electoral campaign, although men still occupy most of the high-level decision-making positions in the country, in 2011, Kosovo elected the first woman president in the Balkans (Office of the President of Kosovo n.d.). As of the 2014 parliamentary elections, 32.5 percent of the seats are occupied by women, although out of 20 ministers in the current Kosovo government, only two are women (Office of the Prime Minister of Kosovo 2016). The last local elections in 2013 resulted in an increased number of women in decision-making positions at the municipal level, from 30 percent to approximately 34 percent. Furthermore, because of these elections, the city of Gjakova elected Kosovo's first woman mayor. This is a significant sign that women's role in state building has finally been acknowledged, which will help to motivate young women to further work on the gender equality agenda.

Another worthy and welcoming trend is the dramatic increase in the engagement of women in diplomatic missions. In 2016, out of 23 Kosovo embassies, 8 are represented by women in addition to several women who have been appointed as heads of consular services (Ministry of Foreign Affairs 2015).

Labor Market and Gender Differences

As emphasized earlier, Kosovo has a very advanced legal framework that regulates employment and equal gender representation. What still needs to be changed is how women are perceived by the part of society that is still skeptical when it comes to the role of women in business. At present, only approximately 21.4 percent of women of working age are active in the labor market, compared to 61.8 percent of the male population of working age. Labor Force Survey (LFS) data shows that there are large gender differences throughout the labor market, specifically regarding self-employment, where only a slight growth has been registered over the past few years (World Bank 2015b). The percentage of women who are self-employed without employees is larger compared to the businesses run by men.

According to the statistics, family responsibilities were the main reason for women's inactivity in the labor market, with 38.8 percent of female respondents giving this reason, which has been in a way also confirmed by Brikena

Sylejmani, a women's rights activist (UNDP in Kosovo). On this point, Sylejmani said that when we talk about the position of women in the public sector, figures indicate a significant percentage of employment of women in technical and assisting positions more than in managerial or decision-making positions. According to her, this happens due to the influence of political parties during the procedures of employment and because of the reluctance of women to apply and fight for decision-making positions; women see these positions as a very demanding and requiring more time dedication, which is considered a limiting factor due to family reasons and obligations. It is important to mention that women are mostly employed in the education and health sectors, consisting of almost 40 percent of employed women, whereas men are mostly employed in the manufacturing, trade, and construction sectors, consisting of more than 40 percent of employed men.

Women Entrepreneurs

In today's Kosovo, women are present in all institutions and organizations, as the Labor Law regulates their employment as well as the Law on Civil Servants and the Law on Gender Equality. Still, there are two worrisome facts with which Kosovo society needs to be concerned: the low number of employed women and the low number of women in private sector. Despite the favorable Article 49 of the Labor Law on Maternity Leave, through which an employed woman is entitled to 12 months of maternity leave, there are still cases where women do not return to the workplace after giving birth. Or, there are employers who fire women as soon as they find out that they are pregnant because they do not want to pay for their maternity leave, although the law is (sensibly) favorable. According to the law, the first six months of maternity leave are covered by the employer with the compensation of 70 percent of basic salary, whereas the following months, the maternity leave is paid by the Government of Kosovo with the compensation of 50 percent of average salary (Republic of Kosovo 2008). The Law on Civil Servants, whose Article 36 covers working hours, paragraph 1 specifies that civil servants' working time shall not exceed 40 hours per week, and paragraph 3 states that pregnant women and mothers with children up to three years old shall not be required to work night shift nor more than 40 hours per week (Assembly of Republic of Kosovo 2010). This has been respected in all Kosovo institutions, but it is not respected in the private sector, with the exception of small businesses that are run

by women, which account for only 6 percent Kosovo's business owners.

Of businesses run by self-employed women, according to the statistics, the profession of hairdressers is the most widespread (40%), and the second is beauty salons (27%). There are other professions that are labeled as women-centered, such as nursing and kindergarten owners, which are represented with only 8 percent in the labor market. According to statistics, there are women who are operating driving schools, Internet cafes, and insurance companies, among other businesses, though they are considered traditional male businesses (Kosovo Agency of Statistics n.d.).

Women's in Agriculture

According to statistics, 49.4 percent of women work in public sector, but there are also 54 percent of women who own land and are heads of an agricultural household, out of 8.3 percent of the households that are headed by a woman. When covering self-employment, it should also be mentioned that two-thirds of the population lives in rural areas and develops family economies mainly in the agricultural sector. Women make indispensable contributions to the agricultural and rural economies. As revealed in the 2010 census, when households are headed by a woman, in 64.1 percent of cases, she is a widow and the main source of living is "support by others" (Kosovo Agency of Statistics n.d.). Their activities typically include caring for family members and maintaining their homes, producing agricultural crops, tending animals, and food preparation and processing, and these activities are not defined as active employment. Hence, to get the most from local resources, there is much to be done in agriculture, an important engine of growth and poverty reduction (World Bank 2008).

Tremendous efforts of the national institutions and the international community have taken place during the last 10 years to revitalize agricultural development in Kosovo and through it economic growth and food security. To strengthen and accelerate their contributions, numerous actions have taken place, and financial aids have been released for agricultural activities undertaken by women, though until now most of the funds have been dedicated to the organized groups of women in home food processing. In some cases, funds have not been released because the property is in the name of a man, usually in the name of the father, brother, or husband, as the women's property ownership is estimated at 8 percent. Legislation offers

equal rights to inheritance for children in and out of marriage, but during the inheritance disbanding in courts, women often waive their right to inherit, giving their share of family property to their brothers, a practice that is part of the established national mind-set (Agency for Gender Equality 2014). This occurrence is especially evident in the more remote areas of Kosovo.

Family Life

Though under permanent social and political changes, families in Kosovo are still close to each other. Nowadays, most families consist of the parents and children until the latter wish to live separately (Assembly of Republic of Kosovo 2004). According to Brikena Sylejmani, women in Kosovo carry the main burden for families in terms of care for children and for the family in general. Moreover, Sylejmani attests that this has influenced the position of women and has affected and prevented them from gaining independence and from entering decision-making positions in society.

Because of emancipation, women are better educated and have better-paying jobs; hence, the average age of marriage for women has risen to 27.4, and it is 31.1 years for men. The fertility rate averages 1.9 children per mother, which when compared with the fertility rate during the 1990s, 3.9 to 3.0 children, is quite low. The reason behind this decrease is that after the war, with the deployment of international organizations, the need for English-speaking employees emerged. Young boys and girls who could speak English became active and very focused on getting jobs to help renew their families' economies and to rebuild destroyed houses, which resulted in postponing marriage and having fewer children once married (HRW 1999).

In Kosovo, divorces during the postwar period have been more frequent in comparison to the past. The top age group for women to divorce is 25–29 years old (26.3%), and for men, it is also 25–29 years old (25.9%) (Kosovo Agency of Statistics n.d.).

Child Adoption

Children are a very important part of Kosovo society. Article 22 of the Constitution of the Republic of Kosovo includes human rights and freedoms guaranteed by the international agreements and instruments as well as the Convention on Children Rights, which is the most important international instrument that recognizes children as the most vulnerable members of society and oversees

and requires rights and special protections for children (Republic of Kosovo 2008). Thus, Kosovo has no orphanages for children, and foster care is being developed as one of the best alternative forms of child protection (KOMF 2014). To ensure that every child grows up with love, security, and respect, the government of Kosovo cooperates with SOS Children's Villages Kosovo, a nongovernmental organization (NGO) that was established to provide homes and families for children without parental care (SOS Children's Villages Kosovo 2015).

The Law on Social and Family Services covers the very sensitive issue of the fates of abandoned children. It oversees and regulates alternative forms of child care, such as adoption. The adoption of a child is permissible if it serves the child's well-being, and it is to be expected that a parent and child relationship will be created between the prospective adoptive parent and the child (Assembly of Republic of Kosovo 2011).

Domestic Violence

For the time being, in Kosovo, the most disturbing issue remains domestic violence, a behavioral pattern that has been identified as a problem by many societies. Prohibited by law in the Protection against Domestic Violence (Assembly of Republic of Kosovo 2010), domestic violence remains one of the most prevalent forms of gender-based violence that is experienced predominantly by women around the world, preventing them from enjoying their human rights and fundamental freedoms (Assembly of Republic of Kosovo 2010; United Nations 1995). Commonly known as a violence that occurs in a private dwelling between spouses, data has shown that it is also committed against children and other cohabitating individuals, such as men and elderly persons (Farnsworth et al. 2008). Statistics gathered by Kosovo Police show that, in 2014, 1,179 incidents were reported across all of Kosovo and that the majority of victims were women and the majority of suspects were men (Kosovo Agency of Statistics n.d.). Reliable data and information about the domestic violence in Kosovo before 1999 is lacking, but according to the 2008 study, 43 percent of Kosovo women and men have suffered domestic violence at some point in their lives (Farnsworth et al. 2008).

In postwar Kosovo, a worrisome fact was that victims felt that they should not talk about the domestic violence, which was often considered by the representatives of public safety institutions as a private issue that should be

resolved within the family. This perception, the mentality of the society, and the inability of institutions to ensure access to justice for all victims of domestic violence represent a challenge and are the contributing factors to the persistence of the problem. Hence, law enforcement agencies whose responsibility it is to investigate, prosecute, and penalize perpetrators of domestic violence need to engage more to send a clear message that such acts will not be tolerated and that they are in a position to offer effective remedies for victims.

A number of efforts have been made in recent years to achieve such responses in Kosovo. An institutional structure has been established under the National Coordinator's Office against Domestic Violence that aims to prevent domestic violence and to improve the responses for victims in terms of protection, rehabilitation, and reintegration (Ministry of Justice, National Coordinator's Office against Domestic Violence 2012). Given that Kosovo Police are often the first responders to incidents of domestic violence, their responsibilities are outlined under Article 24 of the Law on the Protection against Domestic Violence, which clearly stipulates that police must respond to all reports of domestic violence and arrest the alleged perpetrator. Police must also complete a number of other actions, including, but not limited to, informing the victim of his or her rights, informing relevant service providers about the case, providing transport for the victim to a medical facility, and providing transport for the victim to a shelter, if requested by the victim (Assembly of Republic of Kosovo 2010).

Moreover, to gain the trust of victims, a female officer is always part of the patrol sent to a domestic violence scene, and she remains at the scene until the specialized domestic violence investigator arrives who is responsible for providing a shelter for victims. There are six shelters in Kosovo for women who are victims of domestic violence, where they can stay for six months. When a victim arrives at the shelter, she is provided with a resting period of 48 hours. The shelter then takes a statement, and if the victim desires, psychological and social services are provided. After that, the victim's case file is sent to the Centre for Social Welfare.

To raise awareness of the victims of domestic violence about possibilities for protection, civil society organizations have provided great contributions. They have engaged in numerous activities after which considerable advancement has been made in reporting and combating violence against women (Kosovar Gender Studies Centre 2008).

Domestic violence is not a matter of choice and does not result solely from alcohol or drug abuse, physical or mental illness, or a problematic relationship (OSCE and USAID 2008, 33). Kosovo's poor socioeconomic conditions, including high rates of unemployment and financial instability, contribute to domestic violence, which highlights the role of employment of women as well as the need to decrease the unemployment rate (Buzawa, Buzawa, and Stark 2012, 107). Through the decrement of contributing factors, a decrease in the number of domestic violence incidents will be reached over time, which will contribute to the end of the culture of violence.

Same-Sex Marriage and LGBTI

Kosovo is one of few European states to have constitutionally banned discrimination on the ground of sexual orientation. According to the former president of the Constitutional Court of Kosovo, Enver Hasani, during a visit to SMU Dedman School of Law in Dallas, same-sex marriage is legally permissible in Kosovo, as Article 37 of the Constitution of Kosovo addresses the issue of marriage, stating that based on free will, everyone enjoys the right to marry and the right to have a family as provided by law (Fowler 2014; Republic of Kosovo 2008, 11). According to Hasani, because there is no mention of gender or sexual orientation, the law can be interpreted as being inclusive. On the other hand, the Family Law of Kosovo, Article 9, on engagement, clearly stipulates that an engagement is the mutual promise of two persons of different gender to get married in the future. Also, Article 14, paragraph 1, defines marriage as a legally registered community of two persons of different sexes, through which they freely decide to live together with the goal of creating a family. Because the Constitution of Kosovo is the highest legal act, it can be considered that same-sex marriages are not explicitly forbidden and that the Law on Family should be amended in accordance with the Constitution.

Despite the advanced Constitution, Kosovo society remains deeply traditional and even hostile toward sexual minorities, as they believe that LGBT individuals are deviant or suffer from a mental illness (Fauchier 2013). Hence, though a small number of LGBT individuals have dared to break the silence and speak out, they still socialize in closed groups and are not that visible, which has been an increasingly common reason for asylum seekers from Kosovo to claim sexual orientation as a ground of persecution and a right to asylum.

Women in Politics

Aside from ensuring that the basic rights of both genders are respected, women's inclusion in electoral and political processes has multiple benefits for everyone and contributes to better governance (Manual for Gender Equality in the Electoral Process 2016). Women's participation in Kosovar institutions is low, including in politics. While gender equality in Parliament has improved, thanks to the implementation of quotas, the inclusion of women in electoral processes remains a challenge. Women are inadequately represented among election staff, and until misconceptions about their competency and suitability are overcome, their voice in politics will not command the respect they deserve.

The 30 percent gender quota for candidate lists has resulted in more women being directly elected without the need of the quota. For the first time, in the 2014 parliamentary elections, 20 out of 39 women members of parliament did not need the quota to be elected for these positions. However, while a growing number of women are elected to Parliament, their inclusion in electoral processes lags behind. In the same elections, the percentage of electoral staff filled by women was only 20 percent, marking a small increase from the 17 percent in the municipal elections in 2013. The percentage of women in field-level management positions is even lower (Tota 2014).

Religious and Cultural Roles

The Constitution of Kosovo establishes the country as a secular state that is neutral in matters of religious beliefs and where conscience and religion are guaranteed (Republic of Kosovo 2008). Four religions, Islam, Orthodoxy, Protestantism, and Catholicism, have a long history of coexistence in Kosovo. As Albanians do not define national identity through religion, but through language and tradition, they have a relatively relaxed approach toward the observance of all forms of religion. Moreover, neither religious leaders nor religion have played any significant roles in Albanian history, in the past nor in recent history. However, most Kosovo Serbs do consider Orthodoxy to be an important component of their national identity.

Kosovo has a unique community known as "Laraman" (colorful) who are converts. For approximately 200 years (since the Ottomans), these Albanians have practiced two faiths, Islam and Roman Catholicism. During the Ottoman

occupation, Islam was practiced publicly during the day, and Catholicism was observed secretly at night to avoid punishment. As part of this tradition, even today, names and family names have elements of both religions, Islamic and Roman Catholic; for example, Mark (Roman Catholic name) Abazi (Islamic surname), or Dom Shan Zefi, the chancellor of the Kosovo Diocese, and Demush Zefi, his brother and a well-known journalist, whose first names are Islamic and surnames are Roman Catholic. The most emblematic Albanian figures are Gjergj Kastrioti Skenderbeu (George Castriot and his alias, Skanderbeg), and Mother Teresa; their names have been given to the two biggest boulevards in Prishtina.

Moreover, Kosovo and Albania never showed any sign of anti-Semitism during World War II and helped the Jews. In April 1941, Kosovo was annexed to Italian-controlled Albania. By September 1943, both territories were under German occupation. Throughout this period, including the attempt to turn over Jews to Nazi authorities en masse, Albanians refused to cooperate. They hid Jews in their homes, provided them with food and clothing, and gave them Muslim names and fake documentation. In Kosovo, 258 Jews were deported to Bergen-Belsen, 92 of whom perished. But more than 2,000 Jews were saved throughout Albania and Kosovo (Hoare 2013).

For a random visitor, the streets and boulevards of Kosovo are similar to those in other European countries. The way women and men act and the way they are dressed are clear signs that the Kosovo society is Western oriented.

When it comes to women's representation in the cultural sphere, Kosovo has been represented in Europe and beyond through young artists engaged in a number of opera houses in Europe and also through the singer Rita Ora, who lives in the United Kingdom, but her family is from Kosovo; singer Dua Lipa; and songwriter and singer Era Istrefi. Since 1999, the National Theatre of Kosovo has been managed by two women whose contribution to the arts, especially in film and theater directing, is worth mentioning.

Due to the large number of artists, Kosovo hosts a number of theater, film, music, and visual art festivals whose managers and organizers are women, such as FemArt, the only feminist festival in Kosovo and the biggest feminist festival in the Balkans; the international students' festival SkenaUp; and the international documentary and short film festival DokuFest. Hence, it can be said that the contributions of women in art are recognized, and women are well integrated.

Highlights of Accomplishments of Women in Kosovo

The women of Kosovo have played a key role in the success of Kosovo's building of a democratic state by focusing attention on the future rather than the past and forging paths for peace, security, inclusion, and reparation.

Atifete Jahjaga

Atifete Jahjaga, Kosovo's first women president, first non-partisan candidate, first candidate to be voted in office in the first round of voting, and Europe's youngest female head of state, is known around the world as a tremendous example of public service. Jahjaga began her career in the police force with two primary goals, in both of which she is recognized as having found success: to build trust in the law enforcement institution so that it might serve the people and to involve women in the process to bring about its success. As president, Jahjaga has strengthened Kosovo's sovereignty and international relationships, democratic formation and function of the government, the electoral process, relationships with Yugoslavia, rule of law, peaceful relationships among various ethnic groups within the country, and partnerships between the government and the people of Kosovo (Republic of Kosovo 2008). To enhance women's leadership roles in Kosovo, Europe, and around the world, she is a member of the Council of Women World Leaders, and under her leadership, Kosovo hosted the International Women's Summit "Partnership for Change—Empowering Women," with more than 200 women from all over Europe, North America, Africa, and the Middle East in attendance (Alexander, Koppell, and Shauket 2012).

Edita Tahiri

Edita Tahiri, a Harvard graduate with a PhD from the University of Pristina in cooperation with John Hopkins University and now serving as minister of dialogue, was a founder and key leader of Kosovo's movement for independence as Minister of Foreign Affairs of Republic of Kosovo (1991–2000). During this time, she played a key role in drawing international recognition to Slobodan Milosevic's oppression and genocide of the Kosovar people and in negotiating the Rambouillet Peace Conference (1999), which led to NATO intervention and eventually Kosovo's independence. As deputy prime minister from 2011 to 2014, Tahiri negotiated the last European Territory

conflict (the first in-person negotiations between Serbia and Kosovo) and has been Kosovo's chief negotiator at the Brussels Technical Dialogue with Serbia since its beginning in 2011.

She is also the president of reformist party Democratic Alternative of Kosovo (ADK) and is a founder and the chair of the Regional Women's Lobby for Peace, Security and Justice in Southeast Europe (RWLSEE), which includes 23 members from 7 difference countries (Croatia, Montenegro, Albania, Serbia, Macedonia, Bosnia, and Herzegovina) interested in the role of women in decision-making, peace, and security processes in Southeast Europe. The group actively promotes and explores women's role in speeding up Euro-Atlantic integrations and has successfully opened dialogue between leaders of Kosovo and Serbia and is addressing the concerns from women of all ethnic backgrounds within Kosovo (Regional Women's Lobby in Southeast Europe 2015).

Arbana Xharra

Arbana Xharra, the editor in chief of the Kosovo daily *Zeri* and an alumna of the Balkan Fellowship for Journalistic Excellence, is an investigative journalist from Kosovo. Xharra is a three-time winner of the UN Development Programme's prize for her articles on corruption in Kosovo in 2006, 2007, and 2008. In 2012, she was awarded a Balkan Fellowship for Journalistic Excellence and studied the changing attitudes toward Islam in Kosovo. In 2013, she was awarded the Rexhai Surroi Award by the KOHA Group for an article on extremism and the Stirring Up Debate Award from INPO Ferizaj (Progress Initiative) for creating public discourse on religious extremism. In 2015, she was awarded the U.S. Secretary of State's International Women of Courage Award for the European division.

Valdete Idrizi

Valdete Idrizi is the executive director and founder of the NGO Community-Building Mitrovica, which works for peace and builds community in the Mitrovica region in northern Kosovo. Idrizi is an ethnic Albanian from North Mitrovica who lost her home in 1999 when Serbia invaded, but through her NGO, which funds more than 200 projects, she is working to link Albanians, Serbians, and Roma to heal the wounds of the war (Poggioli 2008). In December 2011, CiviKos, an initiative of civil society organizations in Kosovo, "aimed at creating an enabling environment for cooperation of formal civil society sector and the

Government,” chose Idrizi as executive director (Platforma CiviKos 2015). In celebration of International Women’s Day 2008, Secretary of State Condoleezza Rice presented the second annual Award for International Women of Courage to eight women from around the world, including Valdete Idrizi (U.S. Department of State 2008). Idrizi also received the 2009 Sopromist International Peace Award (Sopromist International 2011, 48).

Igballe (Igo) Rogova

Igballe (Igo) Rogova has been actively involved in women’s rights in Kosovo since the 1980s, and by 1989, she had started the first women’s rights organizations in Kosovo. In 1999, she began serving as executive director of the Kosovo Women’s Network, a multiethnic network of 100 women’s organizations. Her focus, as with many others, has been on protecting women’s rights and preparing women for leadership roles in decision-making and peace processes. She received the Woman of the Year Award from the International Network of Women’s Organizations, as well as the Lydia Sklevicky Prize for innovative work with women’s groups.

Aferdita Syla

Aferdita Syla is one of the nearly 1 million refugees who fled the terror of Slobadon Milosovic. She returned to Kosovo in the summer of 1999 and immediately began helping people through the International Rescue Committee and then led the Gjilan Youth Center to help youth focus on their futures. She then joined the International Democratic Institute to focus on women’s postconflict issues. She also leads the Informal Group of Women Parliamentarians, which seeks to encourage and prepare women for involvement in the political process and to link women parliamentarians to women in local governments to promote grassroots policies. In 2012, Syla won the Andi Parhamovich Fellowship (National Democratic Institute 2012).

SHPREŠ MULLIQI AND KARIS GJOÇI

Further Resources

Agency for Gender Equality. 2008. “Kosovo Program for Gender Equality (KPGE).” Retrieved from <http://abgj.rks-gov.net/sq-al/departamentet/programiikosovëspërbarazigjinore.aspx>.

Agency for Gender Equality. 2014. “2014 Kosovo Gender Profile.” Retrieved from <http://abgj.rks-gov.net/NewsAdmin/tabid/96/articleType/ArticleView/articleId/186/language/en-US/Kosovo-Gender-Profile2014.aspx>.

Alexander, Paige, Carla Koppell, and Maureen A. Shauket. 2012. “Empowering Women—In Kosovo and Beyond.” USAID, October 22. Retrieved from <https://blog.usaid.gov/2012/10/empowering-women-in-kosovo-and-beyond>.

Assembly of Republic of Kosovo. 2004. “Law Nr. 2004/32.” *Family Law of Kosovo*. Retrieved from <http://www.assembly-kosova.org/common/docs/ligjet/Law%20on%20amend%20the%20law%20on%20social%20anf%20family%20services.pdf>.

Assembly of Republic of Kosovo. 2008. “Kosovo Declaration of Independence.” February 17. Retrieved from http://www.assembly-kosova.org/common/docs/Dek_Pav_e.pdf.

Assembly of Republic of Kosovo. 2010. “Law No. 03/L-149 on the Civil Service of the Republic of Kosovo.” Retrieved from <http://www.kuvendikosoves.org/common/docs/ligjet/2010-149-eng.pdf>.

Assembly of Republic of Kosovo. 2011. “Law No. 04/L-081 on Amending and Supplimenting the Law No. 02/L-17 on Social and Family Services.” Retrieved from <http://www.assembly-kosova.org/common/docs/ligjet/Law%20on%20amend%20the%20law%20on%20social%20anf%20family%20>.

BalkanInsight. 2015. “Kosovo Girls’ Football Team Dreams of Success.” September 21. Retrieved from <http://www.balkaninsight.com/en/article/klina-s-football-girls-dream-came-true-09-18-2015>.

Basha, Vlora, and Inge Hutter. 2006. *Pregnancy and Family Planning in Kosovo: A Qualitative Study*. Groningen. UNFPA and University of Groningen.

Benzenberg, Jutta. 2015. “Country Snapshot.” Prishtina, Kosovo, April. 7.

Buzawa, E. S., C. G. Buzawa, and E. Stark. 2012. *Responding to Domestic Violence: The Integration of Criminal Justice and Human Services*. London: Sage Publications.

CIA (Central Intelligence Agency). 2016. “Kosovo.” *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/kv.html>.

Delauney, Guy. 2016. “Rio Olympics 2016: Judo Champ Kelmendi Thrills Kosovo.” August 8. BBC News. Retrieved from <http://www.bbc.com/news/world-europe-37009927>.

European Commission. 2015. “Stabilisation and Association Agreement between the European Union, of the One Part.” European Commision, April 30. Retrieved from http://ec.europa.eu/enlargement/news_corner/news/news-files/20150430_saa.pdf.

European Commission. 2016. “European Commission Education and Training.” March 30. Retrieved from http://ec.europa.eu/education/policy/higher-education/bologna-process_en.htm.

Farnsworth, Nicole (ed.). 2008. *Her History Is Herstory Too: The History of Women in Civil Society in Kosovo 1980–2004*. Pristina: Kosovar Gender Studies Centre.

Farnsworth, Nicole, Ariana Qosaj-Mustafa, and Kosovo Women’s Network. 2008. *Security Begins at Home: Research to Inform the First National Strategy and Action Plan against Domestic Violence in Kosovo*. Prishtina, Kosovo: Government of Kosovo. Retrieved from <http://www.womensnetwork.org/documents/20130120165404373.pdf>.

- Fauchier, Agathe. 2013. "Kosovo: What Does the Future Hold for LGBT People?" *Forced Migration Review* (University of Oxford). Retrieved from <http://www.fmreview.org/sogi/fauchier.html#sthash.wXhE7QC5.dpuf>.
- Fowler, Ashley. 2014. "Same-Sex Marriage Legal in Kosovo?" Human Rights Campaign, September 12. Retrieved from <http://www.hrc.org/blog/same-sex-marriage-legal-in-kosovo>.
- Hoare, Liam. 2013. "In Kosovo's Tiny 'Jerusalem,' a Struggle to Sustain Jewish Life in Corner of Balkans." *Forward Association*, July 2. Retrieved from <http://forward.com/news/179465/in-kosovos-tiny-jerusalem-a-struggle-to-sustain-je/#ixzz43xEHfNU2>.
- HRW (Human Rights Watch). 1999. "UNDER ORDERS: War Crimes in Kosovo March–June 1999: An Overview." Retrieved from <https://www.hrw.org/reports/2001/kosovo/undword-03.htm>.
- Istrefi, Remzije. 2015. "Kosovo Higher Education: A Process of Reform and Transformation." *Erasmus+ Contact Seminar: Fostering Regional Cooperation*. Dubrovnik. Retrieved from https://eu.daad.de/medien/eu/veranstaltungen/20150429_e+_kontakt_kosovo.pdf.
- Jahjaga, Atifete, interview by Ngaire Woods. 2013. *Interview with Atifete Jahjaga: President of Kosovo*. Oxford: University of Oxford, Blavatnik School of Government. Retrieved from <https://www.bing.com/videos/search?q=atifete+jahjaga&view=detail&mid=013CBA75AA4D3DEF29C5013CBA75AA4D3DEF29C5&FORM=VIRE>.
- KOMF. 2014. "Is the Best Interest of the Abandoned Children Being Respected in Kosovo?" Kosovo Coalition of NGOs for Child Protection (KOMF), May 20. Retrieved from <http://www.childpact.org/2014/05/20/is-the-best-interest-of-the-abandoned-children-being-respected-in-kosovo>.
- Kosovo Agency of Statistics. 2014. *2013–2014 Kosovo Multiple Indicator Cluster Survey*. Prishtine/Pristina, Kosovo: Kosovo Agency of Statistics. Retrieved from [https://ask.rks-gov.net/eng/images/files/Multiple%20Indicator%20Cluster%20Survey%202013-2014%20-%20Final%20Report\(1\).pdf](https://ask.rks-gov.net/eng/images/files/Multiple%20Indicator%20Cluster%20Survey%202013-2014%20-%20Final%20Report(1).pdf).
- Kosovo Agency of Statistics. 2015. "Education Statistics." Retrieved from <https://ask.rks-gov.net>.
- Kosovo Agency of Statistics. n.d. *Askdata Agriculture*. Retrieved from http://askdata.rks-gov.net/PXWeb/pxweb/en/askdata/askdata__Agriculture/?rxid=0b4e087e-8b00-47ba-b7cf-1ea158040712percent2f.
- Krasniqi, A., L. Gashi-Luci, A. Mustafa, N. Qehaja, R. Sopa, B. Nushi-Latifi, R. Shaqiri, et al. 2007. "Cancer Incidence in Kosova 1999–2004." Prishtina, Kosovo: Ministry of Health Kosova.
- Latifi, Tahir. 2014. *Gender and Family Relations: The Question of Social Security in Kosovo*. Oxford, UK: Inter-Disciplinary Press. Retrieved from http://www.academia.edu/11391702/Gender_and_Family_Relations_The_Question_of_Social_Security_in_Kosovo.
- Ministry of Education, Science, and Technology. 2015. "Law No. 03/L-018 on Final Exam and State Matura Exam." Prishtina, Kosovo. Retrieved from <http://masht.rks-gov.net/uploads/2015/06/10-2008-03-l-018-en.pdf>.
- Ministry of Education, Science, and Technology. 2016. Retrieved from <http://masht.rks-gov.net/en>.
- Ministry of Foreign Affairs. 2015. Retrieved from <http://www.mfa-ks.net/?page=2,49>.
- Ministry of Health. 2008. "Law No. 03/L-110 on Termination of Pregnancy." Retrieved from http://msh-ks.org/wp-content/uploads/2013/11/2008_03-L-110-Law-on-Termination-of-Pregnancy.pdf.
- Ministry of Health. 2012. "Law No. 04/L125 on Health." Retrieved from <http://msh-ks.org/wp-content/uploads/2013/11/Law-on-Health.pdf>.
- Ministry of Justice, National Coordinator's Office against Domestic Violence. 2012. "Activities against Domestic Violence: Annual Progress Report." Prishtina: Ministry of Justice.
- Ministry of Trade and Industry. 2015. *Annual Report of Industrial Development in Kosovo for 2014*. Vol. 3 (December). Prishtina: Ministry of Trade and Industry. Retrieved from <http://mti.rks-gov.net/desk/inc/media/A373D3F0-3284-4869-8E6F-96422277CD9F.pdf>.
- National Democratic Institute. 2012. "Kosovo Fellow to Connect Women Leaders at Local, National Levels." May 4. Washington, D.C.: National Democratic Institute.
- National Institute of Public Health of Kosovo. 2011. "Morbidity Analysis of Kosovo Population in 2011." Retrieved from <http://www.niph-kosova.org>.
- Office of the President of Kosovo. n.d. Retrieved from <http://www.president-ksgov.net/?page=2,1>.
- Office of the Prime Minister of Kosovo. 2016. "National Development Plan Strategy 2016–2021." Prishtina, Kosovo. Retrieved from http://www.kryeministri-ks.net/repository/docs/National_Development_Strategy_2016-2021_ENG.pdf.
- Official Gazette of the Republic of Kosovo. 2015. "Law No. 05/L-020 on Gender Equality." June 26. Retrieved from <http://gzk.rks-gov.net/ActDetail.aspx?ActID=10923>.
- OSCE and USAID. 2008. "Best Practices to Stop Domestic Violence." In *Albanian Judicial Benchbook on Protection Orders*, 33. Tirana: Organization for Security and Co-Operation in Europe.
- Percival, Valerie, and Egbert Sondorp. 2010. "A Case Study of Health Sector Reform in Kosovo." *Conflict and Health* 4:7. doi:10.1186/1752-1505-4-7.
- Platforma CiviKos. 2015. Retrieved from <http://www.civikos.net/en/background>.
- Poggioli, Sylvia. 2008. "Kosovo's 'Woman of Courage' Bridges Ethnic Divide." NPR, March 11. Retrieved from <http://www.wbur.org/npr/88116195>.
- Qena, Nebi, and Dusan Stojanovic. 2014. "IOC Grants Full Olympic Recognition to Kosovo." *USA Today/AP*, December 9.
- Qerqi, Driton, Rina Vokshi, and Thomas Atherton. 2016. "Manual for Gender Equality in the Electoral Process." Democracy for Development. Retrieved from <http://d4d-ks.org/en/papers/manual-for-gender-equality-in-the-electoral-process/>.
- Regional Women's Lobby in Southeast Europe. 2015. Retrieved from <http://rwlsee.org>.
- Republic of Kosovo. 2008. "Constitution of the Republic of Kosovo." Prishtina: Assembly of Republic of Kosovo, February 17. Retrieved from <http://www.kuvendikosoves.org>.

- /common/docs/constitution_of_the_republic_of_kosovo_am_1-23_eng.pdf.
- Shuleta-Qehaja, Selvete, Zoran Sterjev, and Ljubica Shuturkova. 2015. "Evaluation of Reliability and Validity of the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C30, Albanian version) among Breast Cancer Patients from Kosovo." *Patient Preference Adherence* 9: 459–465. doi:10.2147/PPA.S78334.
- Sopromist International. 2011. *Quadrenial Report 2007–2011*. Retrieved from <http://www.sopromistinternational.org/assets/media/documents/Quadrenial%20Report%202007-2011%20final.pdf>.
- SOS Children's Villages Kosova. 2015. "Licence for Provision of Social and Family Services." Retrieved from <http://soskosova.org/licence-for-provision-of-social-and-family-services/?lang=en>.
- Tota, Elton. 2014. "Official Results of the Parliamentary Elections in Kosovo." June 26. *Independent Balkan News*. Retrieved from <http://www.balkan.eu.com/official-results-2014-parliamentary-elections-kosovo>.
- UNAIDS. 2014. "Kosovo Narrative Report." Retrieved from http://www.unaids.org/sites/default/files/country/documents/KOSOVO_narrative_report_2014.pdf.
- UNDP (UN Development Programme) in Kosovo. 2014. "Enhancing Women's Participation in Peace Building and Post-Conflict Planning." Retrieved from http://www.ks.undp.org/content/kosovo/en/home/operations/projects/womens_empowerment/WPS.html.
- UNICEF. 2009. "Antenatal Care in Kosovo Quality and Access." Prishtina, Kosovo: United Nations Children's Fund. Retrieved from [http://www.unicef.org/kosovoprogramme/Kujdesi_Antenatal_-_Anglisht\(per_Web\)02.pdf](http://www.unicef.org/kosovoprogramme/Kujdesi_Antenatal_-_Anglisht(per_Web)02.pdf).
- United Nations. 1995. "Beijing Declaration and Platform of Action." Fourth World Conference on Women. Beijing, September 4–15.
- U.S. Department of State. 2008. "International Women of Courage Award Ceremony." Retrieved from <http://2001-2009.state.gov/g/wi/iwoc/103557.htm>.
- Veen, Jaap, Emanuele Borroni, Laura Gillini, and Rukije Mehmeti. 2013. *Review of the Tuberculosis Programme in Kosovo (in Accordance with United Nations Security Council Resolution 1244 [1999])*. Copenhagen, Denmark: World Health Organization (WHO). Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0009/251793/NTP-review_Kos_2013_April_FINAL.pdf?ua=1.
- WEF (World Economic Forum). 2015. "The Global Gender Gap Index 2015." Retrieved from <http://reports.weforum.org/global-gender-gap-report-2015/the-global-gender-gap-index-2015>.
- WHO (World Health Organization). 2013. "Kosovo Adopts Strong and Comprehensive Tobacco Control Law." Retrieved from <http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/news/news/2013/05/kosovo-adopts-strong-and-comprehensive-tobacco-control-law>.
- World Bank. 2008. "World Development Report." Retrieved from <http://documents.worldbank.org/curated/en/587251468175472382/World-development-report-2008-agriculture-for-development>.
- World Bank. 2014. "World Bank Supports Health Reforms in Kosovo." May 13. Retrieved from <http://www.worldbank.org/en/news/press-release/2014/05/13/world-bank-health-reforms-kosovo>.
- World Bank. 2015a. "Kosovo: A Country Snapshot." Retrieved from <http://documents.worldbank.org/curated/en/476691486988988059/The-World-Bank-Group-in-Kosovo-country-snapshot-2015>.
- World Bank. 2015b. "Results of the Kosovo 2014 Labour Force Survey." Retrieved from <http://documents.worldbank.org/curated/en/2015/07/24779070/results-kosovo-2014-labour-force-survey>.



Latvia

Overview of Country

Latvia is a country on the coast of the Baltic Sea; it shares a border with Lithuania, Estonia, Belarus, and Russia. The land of Latvia is split in two by the Daugava River. The south side of Latvia is covered with plains, and the north and east have hills and lakes. The land also has swamps, small lakes, and dense forests. Latvia is about 24,940 square miles, and as of 2013, there are 2.013 million people living there. Latvia's biggest city and capital is Riga, which is located in the Gulf of Riga on the northwestern edge of the country.

Latvia became a country that was recognized by the United Nations in September 1991. Prior to being an independent country, Latvia had a long history of being ruled and occupied by foreign bodies of government. In the 1500s, Germany occupied the country, creating the upper class. In the mid-1500s, Poland gained control until Sweden took command in 1629. After Sweden, Russia controlled Latvia from 1721 to 1918. While Latvia was occupied by Russia, Latvians kept their heritage and language alive and preserved. In the middle of the Russian Revolution, Latvia gained independence in 1918, although it would be an unstable country, politically, and fall under a dictatorship with President Karlis Ulmanis. Latvia was occupied by Russia once more and became a part of the Soviet Union in 1940. After World War II and an occupation with German

troops, Latvia gained independence and became its own country.

Most of the Latvian population lives in cities, and although Latvian is the only state language, the *CIA World Factbook* reports that only 56.3 percent of the population speaks Latvian in their homes. Russian is the next most spoken language in Latvia at 33.8 percent of the population (CIA 2016). Other languages include Polish and Ukrainian. On the UN Development Programme's Gender Inequality Index (GII), Latvia is ranked 48th out of 178 nations (0.222) (UNDP 2016).

Girls and Teens

Latvians are very "reserved, professional, and formal," but once they open up to friends and acquaintances, they are "warm, inviting, and trusting" (ProQuest 2012, 1–5). Young people tend to dress more formally than in other countries, such as the United States. Latvia's literacy rates are equal between men and women, and many higher educational institutions are located in Latvia.

Family Roles

Within the family, there is great pride and patriotism for Latvia, and this is taught to children at a young age. This is said to be because of the Soviet occupation and the fact that the Latvian culture has been preserved

throughout the years. Latvian families tend to have two children. These children are expected to help around the house in gendered roles. Girls tend to do chores in the kitchen, such as washing dishes and cooking or helping their mothers with the gardening. Boys help their fathers with repairs or farming, depending on whether the family lives in a rural or urban household. Many times, to save money, Latvian households will have three generations. While the parents are at work, it is not uncommon for the grandparents to look after their grandchildren. It is common and expected that the family will eat together during their meals.

Recreation

Many sports are popular in Latvia, but because of its northern location, winter sports are the most popular. Because of national patriotism, cultural festivals are popular. “Folk music and dance traditions are alive and play a large role in everyday life” (Study in Latvia 2016). In fact, children are taught national songs and dances at an early age. In a study conducted on television viewing habits, Latvian girls between the ages of 12 and 15 were shown to watch about 1.4 hours per day, while girls ages 16–19 watch even less at 1.2 hours per day. Boys’ television watching was slightly higher at 1.8 and 1.6, respectively (Larson and Verma 1999, 716).

Education

Latvian children begin attending school at age 6 and continue until they reach grade nine (primary school) or turn 16, although in extenuating circumstances, primary schooling can be extended until age 18. Primary school is mandatory. School years last from September to May, a total of 36 weeks. When a student decides to go to secondary school, grades 10 through 12, which is about 55 percent of students from primary school, they must complete “at least twelve elective subjects and successfully pass five final examinations” (Academic Information Centre 2016). Within secondary school, there are five subjects that must be taken. These include “Latvian language and literature, mathematics, foreign language, history, [and] physical education” (Academic Information Centre 2016). Seven elective subjects must be taken as well. This elective list is much longer and includes topics such as chemistry, music, amateur performances, housekeeping, and physics. After finishing secondary school, students can elect to further

their education at one of many higher-division educational institutions.

Latvia is home to many higher-division educational colleges that are state funded as well as private. Many of these colleges are located in Latvia’s biggest city and capital, Riga. These include the Riga Technical University, Riga Stradins University, the Stockholm School of Economics in Riga, the Riga Graduate School of Law, and, most notably, the University of Latvia. To get into these colleges, students must have a certificate of completion from their general secondary school, take “one to four competitive entrance examinations” (Academic Information Centre 2016), and sometimes go through an interview with the board of admissions for the specific college or university.

Women attending Latvian colleges are not uncommon; in fact, at the Academy of Culture, female students make up 70 percent of the student body. Additionally, women are not only participating as students; many are also teachers and lecturers. But women are still “significantly underrepresented in the decision-making bodies” of many universities, and the careers of lecturers and researchers do not pay very well (Novikova 1996, 441). Women have had to search for research positions in private companies, as the schools either do not pay as well or have had to cut their research funding.

According to the ILGA-Europe, “The Latvian educational curriculum is strictly gender biased, representing [the] strong heteronormative and sexist role[s] of the man and [woman]” (ILGA-Europe 2016). Homosexuality and transgender issues are not discussed or a part of the curriculum in Latvia and are only discussed if the teachers want to.

Education Reform

The educational system went through a complete reform in 2004, when the number of classes taught in the native language of Latvian increased from three to five. This created a hardship on schools, which housed a majority of Russian speakers, but “40 percent of the total number of subjects are still being taught in the minority language” (Ministry of Foreign Affairs of the Republic of Latvia 2005). This reform only applied to secondary schooling, grades 10–12. The reason for the reform was “to create an education system capable of providing equal opportunity in the labor and education markets for graduates” from all the schools in Latvia, regardless of language taught in (Ministry of Foreign Affairs of the Republic of Latvia 2005). While this reform was hard on teachers, they were

offered free teacher training courses and received a bonus for teaching in more than one language.

Women's Studies

It is almost impossible to find a women studies program in Latvia. "Women's studies is viewed negatively as uprooting tradition" (Novikova 1996, 440). There is no formal women studies program in any college, and it has not been developed "as a teaching project" either (443). If any research is done involving women studies, it is a part of a much greater, more general project and does not focus on gender or women. This is because there is not a big enough societal focus on women studies in Latvia.

Adult Education

Latvia's adult education program is very well developed, thanks to the "principle of lifelong education" (State Education Development Agency 2007). Focusing primarily on unemployed adults, free classes are available. These courses focus on training for labor jobs and account for "the largest number of participants in the adult education sector" (State Education Development Agency 2007). Many times, companies pay the training costs for employed adults to go to vocational schools to learn certain trades. These courses are two to three years in length and focus on "mastering professional skills and knowledge in line with the requirements of the respective qualification level" (State Education Development Agency 2007). If adults want more than vocational training, they can also attend evening classes for the general secondary education as well as the basic program.

Health

The health care system in Latvia operates through the state and is funded with national taxation. Local governing bodies must be a part of this state system, and they spend a minimum amount on health care each year (Europe Cities 2016). This program is free to all citizens and covers many different ailments, including "serious diseases, preventive healthcare, child and maternity care, emergency treatment, the treatment of sexually transmitted and infectious disease, surgery, rehabilitation, [and] immunization programs" (Europe Cities 2016). For children under 18, this program also covers free dental treatment. Employees and employers both pay a minimum amount. This payment insures "against accidents at work and sickness during

employment" and covers the dependent members of the family (Europe Cities 2016).

Access to Health Care

The health care system in Latvia is mainly public, with a few private health care options. The public system is "accessible to all residents but lacks funding and supplies" (ProQuest 2012, 1–5). Equipment and buildings may be out of date and in need of refurbishment. Private health care also exists in Latvia, but it is too expensive for the majority of the population and mainly does the same things as the public health care system. A benefit of private health care in Latvia is newer buildings with newer, more advanced equipment. There is "no legal recognition of the needs of LGBT patients" in regard to health (ILGA-Europe 2016).

Maternal Health

In Latvia, pregnant women are considered a part of a vulnerable group in society and therefore do not have to pay any charges, which would include doctor appointments and referrals. Postdelivery examinations are also free. Most pregnant women have access to prenatal examinations and give birth with trained personnel. It is harder for women in rural areas, as they are farther away from the bigger hospitals and their "local hospitals . . . are not well equipped" (Putzi 2008, 184). The average age for women to have their first child is 26 years old. Birth control is very prevalent in Latvia, and women are in control of it. Popular forms of contraception include condoms, intrauterine devices (IUDs), and birth control pills. More Latvian women than men use contraception, and although contraception options are being used, abortions are also a form of family planning (Putzi 2008, 184). In fact, "in 1998, there were 108 abortions for every 100 births" (Putzi 2008, 184). While the maternal mortality rate in Latvia is lower than other former Soviet States, it is still much higher than Western Europe's rate.

The Latvian government is trying to increase the fertility rates of Latvian women through many different forms, including encouraging artificial fertilization and programs such as the Population of Latvia and People's Health, whose main goal is to "increase the birth rate" (Putzi 2008, 184).

Diseases and Disorders

The highest cause of death in Latvia is noninfectious diseases. These include cardiac and circulatory diseases. Among women, the mortality rate from these diseases was

795 per 100,000 women (EIGE 2016). Women also have high blood cholesterol levels, which can be an indicator as to why these diseases are so prevalent. Many Latvian women also have an unhealthy body weight, which can also lead to many diseases. Four percent of women are categorized as overweight, and 18.6 percent are obese.

HIV/AIDS is on the rise in Latvia. As of 2011, the rate of newly diagnosed infections was “13.4 per 100,000 population” (WHO 2013). Of the newly diagnosed, when gender was known, 65 percent were males, and about 50 percent of the cases where the transmission was known were “infected through heterosexual contact” (WHO 2013). Only about 1 percent of the cases were from mother-to-child transmission.

Among women, the “most common cause of death in malignant tumors . . . is breast and colorectal malignant tumors, followed by stomach and lung cancers” (EIGE 2016). Because of this, Latvia now offers public cancer screenings. This includes “a centrally organized cervical cancer preventive screening for women 25 to 70 years and preventive breast cancer screening for women 50 to 69 years” (EIGE 2016). Cervical cancer screenings occur every three years, and breast cancer screenings occur every two years.

Employment

Many Latvian women have jobs and careers and are protected by law from gender discrimination. According to Irina Novikova (1995), in 1989, women comprised “54.9 percent of the workforce” (Novikova 1995). While women are the majority in the workforce, they also make up the majority of the unemployment force, 63.2 percent of whom live in the capital of Latvia, Riga (Novikova 1995). Women have many different occupations, including nursing, teaching, “manufacturing, handicrafts, health care, public services, education, [and] cattle breeding” (Putzi 2008, 184). Although women do not make up the majority of managerial positions, there are a handful of successful women entrepreneurs whose companies are known worldwide.

The Labor Law “stipulates that everyone has an equal right to work” (EIGE 2016). This law also protects employees from harsh working conditions and provides a process for appealing unfair treatment in the workplace. With the Labor Law in place, there are no dress codes for women, and there are no banned professions. But this law does prohibit women “from working under hard and hazardous working conditions” and “stipulates that pregnant and

breast-feeding women, women with children under 3 years of age or handicapped children should not be involved in overtime or nighttime work” (Putzi 2008, 184).

There is a gendered pay gap in Latvia, where women earn 15–19 percent less than a man for the same job (EIGE 2016). Although, in service and administrative jobs, scientific and technical jobs, and state administrative jobs, women earn more than men. The job sector that has the worst pay gap is the financial sector, where women earn 63.1 percent less than their male counterparts. These pay gaps have gotten worse over time as well.

As women are the main caretakers of young children, women are more likely to stop their careers or put them on hold to take care of their families. They do this through “flexible working hours, aggregated working hours, flexible timetable, and telecommuting or remote work” (EIGE 2016). As there are not enough child care facilities in Latvia for children under three years old, women are sometimes forced to take these options for working, if their employers provide them.

The percent breakdown of women and their type of work is as follows:

91% of all employed women from 15 to 74 years of age are employees (compared with 86.2% of employed men), 2.6% are employers or merchant owners (compared with 5.3% of employed men), and about 0.7% are unpaid workers who are, e.g. helping family members in their businesses or farms, etc. (compared with more than 1% of employed men). (EIGE 2016)

The Advocates for Human Rights reported that a “survey examined twelve categories of work for nongovernmental organizations” and found that women are the majority of activists in health care, women’s issues, and the environment (Advocates for Human Rights 2010). Women are also involved in “education, youth, charity, recreation, politics, unions, democracy/human rights, ethnicity, and religion,” although men are the majority in the areas of democracy, human rights, ethnicity, and religion (Advocates for Human Rights 2010).

Family Life

Dating usually begins in high school for Latvian girls, and dates include clubs, discos, getting coffee, or going to a sporting game. The average age for marriage is 25 for women and 27 for men. The earliest age either gender

can get married is 18 years old, although with parental approval, women and men can get married as early as 16. It is also legal for a 16-year-old to marry someone who is older than 18. Divorce rates are increasing, “with more than 60 percent of marriages ending in divorce” (Putzi 2008, 184). The number of couples that live together but are not married is also increasing. Marriages are usually held in a church and vary between small, private events and large gatherings.

Marriage in Latvia is fair with respect to gender. Women can keep their surname if they wish and keep their properties and money separate from their husband or combine them in joint accounts. Both women and men “have equal parental authority over children during marriage,” and both can be considered the head of the household (OECD 2016).

The main job women have is still a tradition one. Women are expected to be “homemakers” and “maintain traditional family customs” (Putzi 2008, 184). According to the Social Institutions & Gender Index, women are more likely to do the bulk of the household work, such as domestic and care jobs (OECD 2016). Chores are also gender based, as daughters and young girls usually help with cooking and cleaning within the household.

LGBT Rights

According to the U.S. Embassy on Latvia’s website, “Latvia does not permit marriage between two same-sex individuals” (U.S. Embassy in Latvia). Within the judicial system, “there are no laws which provide any positive rights to LGBT people” (ILGA-Europe 2016). Their marriages are not recognized, and they cannot register their partnerships. The only protection LGBT people have, in respect to specific laws, is the labor law that protects discrimination based on sexual orientation in the workforce.

There is little data regarding Latvian people who identify as LGBT. The national census does not include that information, nor are there any research projects monitoring the issues. The LGBT population in Latvia is one where many of the people “live their lives hiding their sexual orientation and/or gender identity, which results in very few discrimination and hate crime cases being report[ed]” to the government (ILGA-Europe 2016).

While Latvia, as a country, allows free public speech, public demonstrations and pride marches celebrating LGBT and raising awareness are often pressured to be canceled by the Riga City Council. Latvian LGBT people are

still working toward recognition in laws and equality and the first gay pride march occurred in 2005 in Riga (Mole 2011).

Politics

The Latvian government is considered a parliamentary democracy. The organization of the Latvian government is as follows: The population of Latvia that is over the age of 18 votes for the members of parliament. The parliament members then vote for a president, who is in office for four years with the chance of reelection once, who then “selects a prime minister” (ProQuest 2012, 1–5). The prime minister’s duty is to form the government, many times with a cabinet of members chosen by the prime minister. These cabinet members have no fixed term. The prime minister’s concepts and structure is then voted on by parliament.

This parliament has 100 seats, and as of 2014, women occupy 18 of those seats. There were more than 1,000 candidates for the seats, of which one-third were women. The seats are held for terms of four years. These seats are voted on by the public of Latvia. To be a registered voter in Latvia, an individual must be at least 18 years old and a Latvian citizen. Overseas voters may still vote. There are many qualities that can disqualify a citizen from voting. As reported by the Inter-Parliamentary Union (IPU), these include “persons legally declared incapacitated; persons serving a court sentence in a penitentiary or having been criminally convicted; former employees of the USSR, Latvian Soviet Socialist Republic; or foreign state security, intelligence, or counter-intelligence services; persons active after January 13, 1991, in the Latvian Communist Party (CPSU), the Working People’s International Front of the Latvian SSR, the United Board of Working Bodies, the Organisation of War and Labour Veterans, and the All-Latvia Salvation Committee or its regional committees” (IPU 2016).

Even though Latvian women have a higher graduation rate than men, there are still more men in higher positions. According to the national report on the implementation of the Beijing Declaration and Platform of Action and the results of the 23rd Special Session of the General Assembly, there is a “pronounced dominance of one gender (male) proportion in economic decision making. Women are underrepresented in the higher levels of decision making” (EIGE 2016). Although, as of 2014, there is a female speaker of parliament, Ms. Inara Murniece. According to the Advocates for Human Rights, “women constitute

30–40 percent of the members of Latvian political parties” (Advocates for Human Rights 2010). While 18 women currently hold seats in the Latvian parliament, many times they are not “elected for positions related to finance or material resources and are often excluded from the main decision-making processes” (Advocates for Human Rights 2010).

In 1999, Latvia set an example and elected Vaira Vīķe-Freiberga to become the first female president of the country. The Advocates for Human Rights reported that 62 percent of the activists in Latvia are women who participate in “local organizational and grassroots activism” (Advocates for Human Rights 2010). According to Sibylla Putzi, many women are involved in the legal sector. Women account for 71 percent of the judges in the lower courts, “64 percent in regional courts, and 47 percent in the Supreme Court” (Putzi 2008).

Religious and Cultural Roles

The most popular religion in Latvia is Christianity. According to Sibylla Putzi (2015), the main types of Christianity found in Latvia include “Lutherans (55%), Roman Catholics (26%) and Eastern Orthodox (10%)” (Putzi 2015). Although many Latvians may have a religion they adhere to, because of the religious oppression that occurred in Latvia under the Soviet rule, many citizens “do not identify themselves with any particular church” (ProQuest 2012, 1–5). Now that Latvia has religious freedom, churches are reopening, and more people are starting to go to services. But “active involvement in spiritual functions and church services is infrequent” (Putzi 2015). Mostly, citizens who attend church tend to go on Easter and Christmas.

There is a small percentage of people in Latvia who adhere to “pre-Christian rites that focus on nature-based deities” (ProQuest 2012, 1–5). Women who believe in these deities are known to “make special offerings to *Mara* and *Lamia* for a normal delivery and a bright future for the child” (Putzi 2015).

In the Media

Media in Latvia are bound by law to “not incite hatred or invite discrimination against a person or group of persons on the grounds of sex, race or ethnic origin, nationality, religious affiliation or faith, disability, age or other circumstances” (EIGE 2016). Women hold more decision-making positions than men in the media sector, at 60 percent,

but they are not at the highest positions possible. At the highest-level jobs, men still have the majority, at 75 percent. Although women hold many positions in the media, that does not constitute gender equality in the media. According to the National report on the implementation of the Beijing Declaration and Platform of Action (1995) and the results of the 23rd Special Session of the General Assembly (2000), “stereotypical and sexualized reflections of the female image are still observed in media and the public space as a whole” (EIGE 2016). While studies have been done and the gender inequality has been seen, not much has been done to change it. The suggested course of action is to educate “media professionals and journalists promoting a greater understanding of gender equality issues and its importance in different areas of life” (EIGE 2016).

Issues

Sexual Harassment, Assault, and Rape

In 2012, the U.S. Department of State human rights report stated that “sexual harassment is rarely reported, due to stigma and the bureaucracy involved” (OECD 2016). In 2010, “a report by the Council of Europe . . . noted that at the time, there were no dedicated services for victims of rape and sexual assault” (OECD 2016). But in Latvia, sexual violence is defined as “sexual acts in physical contact with the victim, anal or oral penetration” (OECD 2016) included. These acts are criminal and punishable. Rape is a punishable “by a prison sentence of three to seven years” (Advocates for Human Rights 2010). In Latvia, the definition of rape is an “act of sexual intercourse by means of violence, threats, or taking advantage of the state of helplessness of a female victim” (Advocates for Human Rights 2010). If officials look only at the definition of rape, this means that males cannot be rape victims. Sexual harassment has no definition in Latvia law, but if reported, it “may be classified as another offense such as rape, threat of rape or offense against the person’s honor” (Advocates for Human Rights 2010).

Violence

Before 2013, “emotional, physical, sexual, and economic violence against a spouse or his or her child, or a child of both spouses” (EIGE 2016) was not specifically stated in the Latvian laws as a crime. Since then, it is “clearly mentioned in the Civil Law as a reason to request a divorce without observing a mandatory reconciliation period for

spouses” (EIGE 2016). In cases of stalking or other violence, Latvian laws have been amended to “provide the right of a person suffering from violence or stalking to ask a court on his or her own initiative” (EIGE 2016). The law was also changed to include aggravated circumstances when there is a “commitment of a criminal offense against morals, and sexual inviolability against a person to whom the perpetrator is related in the first or second degree of kinship, spouse or former spouse, or a person with whom the perpetrator has been in a domestic partnership” (EIGE 2016). The Advocates for Human Rights state that while violence against women is illegal, there is not specific law that states the punishments for committing violence (Advocates for Human Rights 2010).

Many women do not report domestic violence, as the societal belief in Latvia is that domestic issues should not be talked about in public. This was proved with a poll that showed that “15.8 percent of the respondents acknowledge violence against women in the family to be justifiable” (Marta 2016b). The same poll showed that about 50 percent (46.5%) of people would not intervene and stop a domestic abuse situation. When a rape is reported, Latvian government officials tend to blame the victims, which could be a reason as to why rapes are underreported in Latvia. Many times, victims of rape do not know or understand their rights and are poorly informed of them from officials. This is also the case with domestic abuse, as many Latvian women do not recognize their relationship as being abusive. Those that do recognize their abuse say they are dependent on the oppressor and would not be able to provide for their children or have a shelter otherwise. According to the Advocates for Human Rights, Latvia does not have any “dedicated shelters or hotlines for victims of domestic violence” (Advocates for Human Rights 2010), but this does not mean that the victims have no help. They can contact general hotlines or family crisis centers, such as Marta Center.

Trafficking

The *2015 Trafficking in Persons Report* created by the U.S. Department of State reports that the Latvian government is below the standards to exterminate trafficking, but efforts are being done to comply. As travel to and from Latvia has become easier, criminal human trafficking has been on the rise. Latvian women and children are not only recruited for human trafficking around Europe but within Latvia as well. According to the Advocates for Human

Rights, “women are trafficked from the country for commercial sexual exploitation and forced labor to the United Kingdom, Italy, Ireland, the Netherlands, Belgium, Denmark and Germany” (Advocates for Human Rights 2010). There are few reports of trafficking brought to the police in Latvia, so it is difficult to estimate the exact number of victims.

Human trafficking is defined as “the recruitment, conveyance, transfer, concealment or reception of persons for the purpose of exploitation” (Advocates for Human Rights 2010) and is punishable with 8 years in prison. This time could increase under different circumstances, such as trafficking minors or working with organized crime. The Advocates for Human Rights report that, in 2009, “34 trafficking investigations were initiated and 15 offenders were convicted” (Advocates for Human Rights 2010). Latvia is working to lower the amount of trafficking in the country through government-assisted programs that help victims return to their normal lives and pay for medical bills, shelter, and other care. Many victims help with the investigation processes and are not punished for crimes they committed because of being trafficked.

One of the service programs in Latvia that assists women dealing with domestic violence as well as human trafficking is Marta Center. Marta Center supplies toll-free hotlines that one can call to report human trafficking cases and to get the information needed before one decides to go abroad or leave the country. They also provide professional advice and services for women dealing with many different types of crisis problems. Marta Center reports that, in Latvia, people are being “trafficked for hard forced work abroad” (Marta 2016a) as well as women and children being shipped to new countries with the promise of a new life and then later “trafficked for sex slavery against their will” (Marta 2016a).

NATALIE MILLER

Further Resources

- Academic Information Centre. 2016. “Education System of Latvia.” Retrieved from http://www.aic.lv/ENIC/ds/Latvian_syst.htm.
- Advocates for Human Rights. 2010. “Annual Report.” Retrieved from http://www.theadvocatesforhumanrights.org/uploads/advocates_2010annualreport_web.pdf.
- CIA (Central Intelligence Agency). 2016. “Latvia.” *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/lg.html>.
- EIGE (European Institute for Gender Equality). 2016. “Latvia National Report on the Implementation of the Beijing Declaration and Platform of Action (1995) and the Results of the 23rd Special Session of the General Assembly (2000).”

Retrieved from http://eige.europa.eu/rdc/library/resource/aleph_eige000006652.

- Europe Cities. 2016. "Healthcare in Latvia." Retrieved from <http://europe-cities.com/destinations/latvia/health>. ILGA Europe. 2016. "Latvia: The Status of Lesbian, Gay, Bisexual and Transgender Rights." Retrieved from http://lib.ohchr.org/HRBodies/UPR/Documents/session11/LV/JS1_JointSubmission1-eng.pdf.
- IPU (Inter-Parliamentary Union). 2016. "Latvia Saeima (Parliament)." Retrieved from http://www.ipu.org/parline-e/reports/2177_B.htm.
- Larson, Reed W., and Suman Verma. 1999. "How Children and Adolescents Spend Time across the World: Work, Play, and Developmental Opportunities." *Psychological Bulletin* 125: 701–736.
- Marta. 2016a. "Human Trafficking." Retrieved from <http://marta.lv/marta-in-action/human-trafficking>.
- Marta. 2016b. "Situation in Latvia." Retrieved from <http://marta.lv/marta-in-action/domestic-violence>.
- Ministry of Foreign Affairs of the Republic of Latvia. 2005. "Educational Reform in Latvia." Retrieved from <http://www.mfa.gov.lv/data/visit/12-education.pdf>.
- Mole, Richard. 2011. "Nationality and Sexuality: Homophobic Discourse and the 'National Threat' in contemporary Latvia." *Nations & Nationalism* 17.3: 540–560. Academic Search Premier, EBSCOhost (accessed July 25, 2017).
- Novikova, Irina. 1995. "Women in Latvia Today: Changes and Experiences." *Canadian Women Studies* 16.1: 27–31. Retrieved from cws.journals.yorku.ca/index.php/cws/article/viewFile/9317/8434.
- Novikova, Irina. 1996. "Women Studies in Latvia." *Women's Studies Quarterly* 24: 438–448.
- OECD (Organisation for Economic Co-Operation and Development). 2016. "Latvia." Retrieved from <http://www.genderindex.org/country/latvia>.
- ProQuest. 2012. "Latvia." *CultureGrams World Edition*. Provo, UT: ProQuest.
- Putzi, Sibylla, ed. 2008. "A to Z World Women in Culture and Business: 175 Countries: Position in Society, Legal Rights, Education, Dating, Marriage, and Family, Health, Social Customs, Women in Professions, Women as Business Owners, and Foreign Businesswomen." Petaluma, CA: World Trade Press.
- State Education Development Agency. 2007. "Latvia: System of Education." Retrieved from http://www.viaa.gov.lv/files/news/1808/educ_in_latvia.pdf.
- Study in Latvia. 2016. "Latvia at a Glance." Retrieved from http://www.studyinlatvia.lv/about_latvia.
- UNDP (UN Human Development Programme). 2016. "Gender Inequality Index." Retrieved from <http://hdr.undp.org/en/content/gender-inequality-index-gii>.
- U.S. Embassy in Latvia. 2017. "Marriage in Latvia." Retrieved from <https://lv.usembassy.gov/u-s-citizen-services/local-resources-for-us-citizens/marriage-in-latvia/>.
- WHO (World Health Organization). 2013. "Key Facts on HIV Epidemic in Latvia and Progress in 2011." Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0009/188757/Latvia-HIVAIDS-Country-Profile-2011-revision-2012-final.pdf.

Lithuania

Overview of Country

Lithuania is one of the nine Baltic Sea countries. It is bordered by Latvia to the north, Belarus to the east, and Poland and Russia (Kaliningrad) to the southwest. Its origins go back to the late 13th century, when the Grand Duchy of Lithuania was established. In the late 14th century, Lithuania formed a dynastic union with Poland that continued until the late 18th century, when the Polish-Lithuanian Commonwealth was dissolved and most of the Lithuanian territory incorporated into the Russian Empire for some 120 years. In 1918, Lithuania reemerged as an independent parliamentary democracy with equal rights for men and women. In 1920, when women practiced their suffrage right in the first democratic parliament election, 5 women were elected among 120 representatives. In 1926, the first democratic era ended with a military coup d'état that established authoritarian rule until the Soviet occupation in 1940. After five decades of communist rule, Lithuania was reestablished as an independent state in 1990. The collapse of the Soviet Union marked the beginning of a great economic transformation and a society dominated by processes of marketization and democratization. In 2004, Lithuania became a member of the European Union (EU), joining its border-free Schengen Area in 2007. On January 1, 2015, it joined the eurozone, and the euro became its official currency.

Lithuania's 3 million inhabitants live within a territory of 25,000 square miles (65,000 sq. km), roughly the size of Ireland. Two-thirds live in urban areas; some 500,000 people live in Vilnius, the biggest city and the capital. Fifty-four percent of the population is female. The median age is 43 years for women and 38 for men. The life expectancy for women is 79.5 years and only 68.4 years for men. The number of elderly women is almost twice that of elderly men. Having reached a peak of 3.7 million at the beginning of the 1990s, the number of inhabitants has continued to decline. By January 2013, the population had shrunk by more than 700,000 people, and it is now at the same level as 1970. Emigration accounted for 83 percent of the population decline. Migration tends to be gender-balanced, with only slightly more men both departing and arriving; and it contributes to the increasing aging of society. From 2001 to 2012, 79 percent of all emigrants were under 40; one out of three was between 20 and 29 years old.

Remittances from Lithuanians living in other countries have become an important part of the national economy and amount to nearly 5 percent of the gross domestic product (GDP). During the last two decades, natural population change was likewise steadily negative; that is, the number of deaths exceeded the number of births. The total fertility rate, that used to be 2.6 in 1960 and 2.03 in 1990, dropped sharply in the early years of post-Soviet transformation to 1.55 in 1995. Reaching its lowest value of 1.2 in 2002, total fertility recovered to the level of 1.6 in 2012. Unemployment, decreased living standards, and poverty were among the reasons for this sudden decline that can be attributed to the socioeconomic transformation. Lifestyles and “cultures of postponement” regarding family formation and transitions to adulthood contributed to the persistence of low fertility rates (Reiter 2009, 239).

Although the census in 2011 counted 154 different ethnicities, Lithuania is ethnically rather homogeneous: 84 percent of all residents self-identify as Lithuanian, and the second-largest ethnic group is Polish (7%) (Statistics Lithuania 2013). During the Soviet period, unlike the two neighboring Baltic countries of Estonia and Latvia, Lithuania was sparsely populated with Russian speakers. The small Russian minority of 9 percent in 1989 had shrunk to 6 percent by 2011. Most of the immigrants to Lithuania (88% in 2012) are returning citizens. Only 3 percent came from other EU countries and 7 percent from former Soviet republics (excluding Latvia and Estonia) in 2012 (Statistics Lithuania 2013).

Lithuania is characterized by low religious diversity: 77 percent associate themselves with Roman Catholicism, 6 percent do not identify with any religious group, 4 percent are Orthodox, and only 0.1 percent are Muslim. As in other former communist countries, this high level of religious affiliation does not imply involvement in religious practice. Religion is important for only 19 percent; 13 percent pray once a day, and 12 percent attend weekly services (Pew Research Center 2009).

The status of women in society is framed by two historical breaks and transformations of gender relations in the 20th century. The first transformation followed the Soviet occupation at the beginning of the 1940s, when the Catholic conservative family model was shattered by the imposition of the gender ideology of the early Soviet period. Like men, women were obliged to work, but they also had to maintain the traditionally female family responsibilities. Within the frame of the Soviet gender order, women became working mothers, combining the roles of paid

workers; wives and partners; mother and single mothers; providers of care, health, and education; and participants in public life.

The second transformation of gender relations started after the collapse of the Soviet Union. Research suggests that this process of reform has been full of tensions between modernizing and traditionalizing forces, surrounded by the realities of neo-capitalism. For instance, early attempts to revive traditional gender relations promoting male breadwinning versus female housekeeping failed simply because of economic hardship. Women’s income from employment is indispensable, while they continue to be the primary homemakers and caregivers. It was ultimately the “reality of life [that] . . . helped to rid society of an idealization of the family unit which portrays the model of man-provider and woman-housewife” (Purvanekienė 1999, 123).

The principle of equal opportunities and equal treatment is enshrined in the Constitution of Lithuania; it is backed up by institutional structures and guidelines that regulate women’s issues. For instance, in 1998, Lithuania was among the first countries in Central and Eastern Europe to adopt a Law on Equal Opportunities between Women and Men. In 1999, the Office of the Equal Opportunities Ombudsman was established and is responsible for the supervision and implementation of this law together with the 2005 Law for Equal Treatment. From 2010 to 2014, the third National Women and Men Equal Opportunity Program, which was launched in 2003, was implemented.

In terms of fulfilling official criteria within Europe, Lithuania is regarded a good case study for implementing gender equality. This is reflected in the decision to locate the European Union’s Institute for Gender Equality in 2007 in Vilnius. However, many economic and social indicators underline that the actual situation of women and men in Lithuania is more complex and ambiguous. The UN Development Programme (UNDP) ranked Lithuania 37th out of 187 nations on the Gender Development Index. While 89 percent of women have at least some secondary education, they hold only 23 percent of parliamentary seats (UNDP 2014).

Girls and Teens

In a recent ranking of child well-being in 29 developed countries, Lithuania, one of the poorest on the list, is ranked near the bottom at 27th, right after the United

States. According to the five dimensions of the child well-being index, education is the domain where the country performs relatively best, at 19th place, compared to the other countries. Lithuania performs worst of all countries in health and risk behaviors (UNICEF 2013).

Although the legal age limit for purchasing tobacco (and alcohol) is 18, 44 percent of 15-year-old girls reported having smoked their first cigarette at the age of 13 or before. The international Health Behavior in School-aged Children (HBSC) average is 22 percent for girls. Twenty-one percent of 15-year-old girls (and 34% of boys) smoke regularly at least once a week. Compared to other countries, Lithuanian young people are among those with the earliest experience of alcohol consumption. For instance, 47 percent of girls aged 15 have been drunk at least twice. While this number is well below that of Lithuanian boys, with 57 percent, it is one of the highest rates internationally; the international average is 29 percent (UNDP 2014).

In terms of body image, the HBSC study finds that 39 percent of 15-year-old girls deem their bodies too fat, and 24 percent report weight-reduction behavior; researchers classify only 5 percent of girls as overweight or obese. Eleven percent of 15-year-old girls and 18 percent of boys report one hour of physical activity daily. Lithuanian girls are also comparatively prone to a sedentary lifestyle: 70 percent watch television for two or more hours daily. The HBSC average for girls of this age is 62 percent (UNDP 2014).

Health

The HBSC finds that 17 percent of girls and 23 percent of boys aged 15 report having been bullied at school in the past months; 16 percent of girls and 32 percent of boys report bullying others. These are among the highest levels of bullying experienced in Europe; in fact, the Lithuanian girls are the most bullied girls in Europe (Currie et al. 2012).

Since 2007, the Program of Family Preparation and Sexual Education is officially implemented at schools. However, many experts criticize education about family planning and reproductive health as inadequate and inappropriate for adolescents. The insufficient role of schools is confirmed. For example, in a survey of Lithuanian boys and girls aged 16–18, they did not identify schools and teachers among the sources of information on contraception and family planning: 77 percent indicate the Internet as a source of information, 56 percent the printed press, 51

percent friends, 35 percent parents, 13 percent gynecologists, and 6 percent the general practitioner (Denafaitė et al. 2010). In the HBSC study, 12 percent of 15-year-old girls reported having had sexual intercourse; 84 percent of girls reported condom use and 7 percent the use of contraceptive pills at the last intercourse (Currie et al. 2012).

Abortion

Abortion is legal until 12 weeks into the pregnancy. It used to be one of the main methods of birth control during socialism. The number of legally induced abortions has fallen dramatically, from 40,765 in 1991 to 6,033 in 2012—that is, 43.5 abortions per 1,000 women of childbearing age in 1991 to 8.5 in 2012 (Johnston's Archive 2017). The Lithuanian Parliament is deliberating a draft Law on the Protection of a Life in a Pre-natal Phase; following the example of the Polish abortion law in force since 1993, it would restrict abortion to cases of rape, incest, and danger to the life of the mother. The explanatory note to the bill underlines the leading parties' explicit interest in engineering fertility choices of women when it declares, among other things, that abortion is “one of the factors influencing the low morality level of society and the critical demographic situation.” Pro-choice activists argue that the ban will primarily affect unprivileged and vulnerable women, who are more likely to rely on abortion as a means of family control and are unable to afford legal abortions abroad.

In 2012, 655 abortions were registered among young women below age 20; six of them were younger than 15. The number of abortions among teenagers below age 20 declined by 50 percent, from 1,310 in 2002 to 655 in 2012; the decline was particularly steep after the year 2007 (1,215 abortions). Births among women under the age of 20 followed a similar trend: they decreased gradually from 2,773 in 2002 by 50 percent to 1,383 in 2012, with 2007–2008 appearing to be the turning point (Johnston's Archive 2017).

Education

Education is compulsory for children above the age of 7 and below the age of 16. After 12 years of comprehensive education, students can continue with higher education within the three-tier system (BA/MA/PhD) that corresponds to the EU standard. Most young people attend further education: in 2013, 92 percent of all young people aged 18 had attained upper secondary education. Having

completed upper secondary education corresponds to the societal norm—91 percent of the population aged 25–64 (UNICEF 2013).

The generally high level of education of the population is still increasing: the 21 percent share of the population aged 25–64 with higher education in 2005 increased to 31 percent in 2013. It is even higher among women: 40 percent of all women aged 25–64 have higher education (college or university). Furthermore, the majority of students are female: 59 percent at universities and 55 percent at colleges (UNICEF 2013).

The choice of disciplines is strongly gendered. Only 10 percent of all the women (and 41% of men) in tertiary education were enrolled in science and technology studies in 2013–2014. Social services (84%) and journalism and information studies (76%) have the highest, and computing (11%) and engineering and engineering trades (14%) the lowest shares of women. Environmental protection and physical science are the most gender-balanced disciplines with 58 percent and 43 percent of female BA students, respectively. Disciplines such as business and administration and law are also rather balanced in terms of gender, both with 61 percent of women enrolled in bachelor studies at the beginning of the 2013–2014 academic year, as well as mathematics and statistics with 62 percent female students and security services with 41 percent (UNICEF 2013).

The Program for International Assessment (PISA) that measures the performance of 15-year-old students in 65 countries ranks Lithuania 37th for mathematics, 39th for reading, and 30th for science. Estonia, a country with similar starting conditions in 1990, ranks 13th in reading, 17th in mathematics, and 9th in science. Like in most other countries, Lithuanian boys scored higher than girls in mathematics, and girls scored higher in reading. As in 15 other countries, the gender gap is in favor of girls regarding scientific literacy (NEC 2013).

Employment

Before the breakdown of the Soviet Union in 1990, Lithuania was characterized by full employment. According to the Soviet Constitution, both women and men had the duty and right to labor; unemployment as well as a labor market did not exist. This changed abruptly with the transition. Lithuania was hit by the rapid rise of unemployment to double-digit rates. Lithuania is now classified as a liberal economy with flexible labor markets, a minimalist welfare

state, low union density of some 10 percent, significant foreign ownership, and underdeveloped corporate structures.

With 11.3 percent in 2012, the unemployment rate of women is considerably lower than that of men (15.1%)—both are well above the 10.5 percent average of the European Union. Since 2005, the labor market participation of women increased from about two-thirds to 70 percent in 2012 (compared to 74% of men). Slightly more than half of the Lithuanian labor force is female (Eurostat 2017). The share of part-time work is low: about 11 percent among female employees and 7 percent among male employees. Some 60 percent of all part-time employment is female; the EU average is about 75 percent. Temporary employment is uncommon: less than 2 percent of female and 33 percent of male employees are in temporary contracts. These shares are the second lowest in Europe (after Romania), indicating that hiring and firing is generally easy in Lithuania (Eurostat 2017).

The Lithuanian labor market is strongly gender segregated. Thirty-eight percent of women and only 20 percent of men are employed in the public sector. Correspondingly, the share of self-employed women is lower than that of men. The highest shares of female employees can be found in human health and social work activities (87%), education (79%), and in the low-paid accommodation and food service activities (78%). Only 39 percent of managers are female, while 72 percent of the “professionals” and more than half of the “elementary occupations” are women (Eurostat 2017).

Differences in employment are reflected in earnings. In 2010, the average gross monthly earnings of women ranged from 1,065 litas (USD\$427) in accommodation and food services to 3,128 litas (USD\$1,253) in financial and insurance activities; the average male earnings in these two areas were 1,292 litas (USD\$518) and 5,333 litas (USD\$2,136). The gender pay gap amounts to 14 percent in the public sector and 19 percent in the private sector; it peaks at 44 percent in financial and insurance activities. The discrimination against women in terms of income persists across all levels of education. The average gross monthly earnings of women with higher education amount to less than 80 percent of that of men (Eurostat 2017).

Maternity protection has high political priority because, as two analysts maintain, “the low fertility rate in Lithuania is regarded as a threat to the national security” (Brazienė and Purvaneckienė 2013). According to EU standards, maternity leave is 18 weeks, 70 days before and 56 days

after childbirth. It covers 100 percent of previous net earnings up to a ceiling of 3.2 times the average insured monthly income (in April 2013, 4,761 litas, or USD\$1,890) and is funded by the Social Insurance Fund. Fathers are entitled to one month of paternity leave after childbirth.

Parental leave is possible until the child is three years old; payment is limited to 100 percent of net earnings until the child is 12 months old, or to 70 percent until the child is 24 months old. Employees with a child under age 14 can take up to two weeks of unpaid leave per year per child. In addition, pregnancy, birth, and housing grants are available. In 2011, 20,000 mothers and fathers received benefits for paternal leave during the child's first year and 24,000 for the second year; only about one-third of fathers made use of paternity leave (Brazienė and Purvanekienė 2013).

Family Life

While women continue to play an active role as mothers, homemakers, and employees, Lithuanian society is experiencing important changes in family structures, as a few basic statistics indicate. From 1990 to 2012, the number of registered marriages per 1,000 population dropped from 10 to 7. In 2012, an average of 50 divorces per 100 marriages was counted, and 29 percent of all newborns were born out of wedlock (the EU average is 40%)—80 percent of them were registered by unmarried couples and 20 percent by the mother alone (Eurostat 2016).

With the traditional family model in decline, alternative family arrangements are spreading. For example, EU labor emigration facilitates the emergence of alternative family arrangements, such as families with parents abroad where children are left behind without appointed guardians or with nontraditional guardians. With European integration progressing, society also anticipates same-sex couples to enter the domain of family relationships. Currently, same-sex marriages or partnerships are not legal. According to a survey in 2013, 79 percent of respondents oppose same-sex marriages, and 36 percent oppose the registration of same-sex partnerships (Vakarų ekspresas 2014).

The struggle for or against more progressive notions of family is reflected in politics. In 2008, the Lithuanian Parliament adopted the State Concept of Family Policy, which defined family exclusively as a marriage-based arrangement of a union between a man and a woman. Single parents, in 98 percent of cases women, were excluded by this definition. The concept caused controversy, with opponents arguing that it discriminated against children

in nonmarried families and reinforced social exclusion and risk behavior of vulnerable women, as it would, for instance, discourage them from ending marriages despite domestic violence. In 2011, the Constitutional Court ruled that the State Concept of Family Policy contradicted the Constitution and concluded that the concept of family cannot be derived solely from the institution of marriage. Following the ruling, the constitutional amendment was initiated by the Parliament.

Soviet family policy had supported a dual-earning family model and provided extensive child care before primary education: in 1990, 163,000 children attended one of 1,681 preschool establishments (urban 813, rural 868). This changed dramatically with the transformation of the country. In 2012, 105,000 children attended 660 preschool establishments (urban 547, rural 113). Especially in rural areas, employed parents have to rely on informal child care and family networks: less than 30 percent of children 1–6 years are in organizations of preschool or preprimary education and care (compared to 80% in urban areas). Of grandparents aged 40–64, 37 percent assume child care responsibilities for their grandchildren once a week or more; 46 percent of them combine grandparenting with employment. Grandmothers are more likely to participate in child care (Kraniauskienė and Gedvilaitė-Kordušienė 2012).

Politics

The democratic participation of women goes back to 1918, when Lithuania was one of the first countries in Europe to grant full political rights to women. In the presidential elections of 2009, the first female president was elected by almost 70 percent of the voters. In the same year, the first female chair of Parliament was appointed. Despite these two important positions, women remain underrepresented in the political sphere, especially in the Lithuanian Parliament, in municipal councils, and among the delegates to the European Parliament.

To date, the female prime minister of the very first Lithuanian government after the Soviet occupation was the last woman in this position. The number of women in all Lithuanian governments since 1990 was between 1 and 3 out of 10–19 ministers. The current 16th government includes 1 woman among its 14 ministers. In 2012, 75 percent of civil servants were female. However, more than two-thirds of managerial positions are taken by men.

In the Soviet period, the representation of women in the Supreme Soviet was guaranteed by quota. A general quota

A Snapshot of LGBT Rights in Lithuania

The evolution and place of rights for lesbian, gay, bisexual, and transgender (LGBT) persons in Lithuania is contentious, driven by a complex mixture of domestic and international pressures. Upon regaining independence following the collapse of the Soviet Union, discussion and awareness of nontraditional sexualities was at best a marginal topic. Like the larger Baltic region under communism, male homosexuality was illegal, considered a decadent and unnatural import from the West. The Lithuanian Catholic Church, which has widespread popular support and legitimacy from its role as a major player in the struggle for independence, continues to espouse traditional family values. This has helped cement public attitudes against LGBT rights.

Accession negotiations, and later membership in the European Union (EU) has challenged Lithuania's historic conservatism to LGBT rights. As a condition of entry into the EU, the country was required to pass legislation that protects LGBT persons from some forms of discrimination. Growing support for LGBT rights from the EU, including state-recognition of same-sex partnerships, has also provided Lithuanian LGBT activists an increasingly substantial and well-developed platform to organize and articulate demands for increased legal and social acceptance.

However, many Lithuanian elected officials have been reluctant to support LGBT rights—and many continue to be hostile. In a ranking of European states, Lithuania continues to rank near the bottom of countries in their acceptance of LGBT persons and offers few legal protections (ILGA-Europe 2016). Moreover, there have been several attempts to introduce anti-gay propaganda legislation, similar to laws adopted in nearby Russia. Ongoing political resistance to LGBT persons and their rights stems from a number of factors, including pressure from Russia, frustration with perceived EU intervention in domestic affairs, and a deeply fractured political system that incentivizes the presence of populist campaigns that ostracize LGBT persons under the guise of protecting Lithuanian identity.

—Michael Pelz

system for elections or positions in public administration no longer exists. The Lithuanian Social Democratic Party is the only party that introduced a gender quota. According to its statute, in all elected bodies and among the nominated election candidates, either gender may not exceed 60 percent. With the first democratic elections in 1990, only 9 percent of female delegates entered the Lithuanian Parliament. Over the years, this share increased to 23 percent, or 33 female members of Parliament, after the elections of 2012. At the municipal level, women hold about 10 percent of the positions as mayors. One reason for the low political representation of women, for instance in Parliament, could be the prevailing view that women do not attract voters.

In terms of civic political participation, a database of women's nongovernmental organizations (NGOs) compiled by the Women's Issues Information Centre currently refers to 77 women's NGOs working nationwide and locally.

The level of sensitivity for gender-based discrimination in Lithuania is rather low compared to other EU countries. For instance, a survey focusing on discrimination found that only 25 percent of Lithuanians thought that it was widespread (European Commission 2012). There is little acknowledgment of the many obstacles for women. Forty-eight percent of Lithuanian respondents indicate that women face significant problems in achieving positions of responsibility with public administration, 53 percent acknowledge obstacles for women trying to make a career in big companies, and 45 percent see challenges within political parties (European Commission 2011).

Religious and Cultural Roles

Attitudes regarding the role of women are still mostly traditional. A majority of Lithuanians prefer the dual-earner family model, with women increasingly combining family and work roles. Survey data from 2009 indicate that 72 percent of female and 59 percent of male Lithuanians agree that a woman's life is only complete when she has children. Yet, the support for combining family and work is similarly high: 71 percent of women and 57 percent of men agree, "A woman herself, and her family, will be happier if she worked." Men predominantly associate themselves with the sphere of work; only 15 percent indicate that they would choose to stay at home if they did not need to work. More than half of women would like to work, and 39 percent would be willing to dedicate themselves to family if they did not need to work. One-third of men would like to be sole breadwinners with wives out of work; yet,

only 20 percent of women want to be housewives (4% among university-educated women).

According to their self-understanding, both women and men see themselves as equally sharing responsibility for family decisions regarding, for instance, family budget or conflict resolution. Forty-five percent of men and 54 percent of women indicate that the work of both partners is equally important, but as many as 44 percent of men and 33 percent of women consider the husband's work more important. In practice, gender equality is not realized. For instance, both sexes consider women responsible for household tasks: more than 85 percent of women do laundry and ironing, about 80 percent are responsible for cooking, and about 70 percent are responsible for cleaning and washing up. Women are also likely to be the main caregivers for children and tend to be responsible for their food and clothes. Men typically contribute to shopping for daily commodities and tend to participate more actively in playing with children (Purvanekienė 2009).

The debate about female surnames is indicative of the power of tradition. Lithuanian female surnames reflect the woman's status as somebody's daughter or wife. For instance, an unmarried woman would be called "Paulauskaitė," a married woman or widow "Paulauskienė." This phenomenon that endings of surnames change upon marriage has once been labeled a "linguistic chastity belt" (Sabaliauskaitė 2009). After the issue was first raised by individual prominent women in 1998, it took until 2003 to recognize the traditional ways of naming women as a source of discrimination. Since then, women can opt for an alternative that still signals their gender but not their marital status. Only a few women make use of this option, and few parents give these names to their newborns. Women and families have opted for this surname version 3,500 times since 2003. The opposition to neutral names is still strong in society. For example, in 2009, a group of intellectuals referred to the 2003 decision as a "mistake." They demanded that only the traditional endings should be allowed, arguing, "They indicate belonging to a family, symbolize loyalty, close relations between spouses. Only immoral, disgraced women [are] called in contempt nicknames without these suffixes" (Digrytė 2009).

Issues

Domestic and Gender-Based Violence

Lithuanians consistently stand out among Europeans displaying the highest levels of awareness of cases of violence in such settings as family and friends, neighborhood,

and work or study. For example, 48 percent of Lithuanians know of a female victim of domestic violence within their circle of friends and family. This by far the highest rate measured in the survey and may be indicative of high levels of actual violence, but it also may point to a strong awareness in the population. Asked to assess the seriousness of various offenses against women, only 64 percent of Lithuanians describe sexual domestic violence as "very serious"; this share is 71 percent regarding physical domestic violence and 57 percent psychological violence (European Commission 2010). These shares are low compared to other EU countries and indicate a rather high tolerance against major offenses that mainly affect women.

Thirty-five percent of Lithuanian women (55% in the EU) have experienced sexual harassment since the age of 15 (Goodey 2014). Sexual harassment is a problem that Lithuanian "society is generally keen to ignore" (Davulis 2012, 174). Related legislation outside criminal law, such as the Equal Opportunities Act for Women and Men, was first passed in 1998 and caused a lot of heated media attention.

Thirty-one percent of Lithuanian women, compared to 33 percent in the European Union, have experienced physical or sexual violence since the age of 15, 24 percent experienced physical and sexual violence by a partner, and 16 percent by a nonpartner. During the relationship, 51 percent experienced psychological violence (Goodey 2014). In December 2011, the Law on Protection against Domestic Violence entered into force; it requires police to investigate reports of domestic violence, even if the victim does not press charges. In 2013, Lithuanian police registered 21,615 calls about domestic violence; about half of them were further investigated. In most of the cases, women are the victims of violence. In 2013, 8,322 women, 1,128 men and 739 children were registered as victims.

In 2013, 133 cases of rape and attempted rape were officially registered. After a peak in the period between 2003 and 2006, the absolute numbers of rape and attempts of rape have generally been in decline since 2010. However, the official rape statistics are criticized as inadequate. For instance, hardly any cases of rape or sexual abuse in the family are registered. The reason, it is argued, is the entrenched myth in society that "there is no forced intercourse in private family relations, and the woman has to obey the will of his partner" (LR Vyriausybė 2006).

Prostitution is illegal. It is a criminal offense when a minor is solicited for purposes of prostitution; minor prostitutes themselves are not subject to prosecution. The case of "the youngest prostitute," a 14-year-old girl, was covered

in the media (Zubrickienė 2001). According to experts, even younger girls work as prostitutes. When adults are involved, both client and prostitute can be fined for an administrative offense. Typically, however, the prostitutes are fined, and clients are not. For example, in 2013, 294 individuals were fined for prostitution and only 12 clients. This situation is one of the reasons fueling debates about changing the legislation and transferring the responsibility to the client.

Trafficking

Like other former communist societies, Lithuania became a source of human trafficking as well as a destination and transit country. Human trafficking is a criminal offense, as is forced labor. Trafficking is strongly associated with sexual exploitation of women. For many years, however, the problem remained broadly unacknowledged. An example is the 2005 scandal of bogus modeling agencies. When one of the country's most famous models argued that there were only five "real" model agencies in the country, journalists managed to identify over 30 modeling agencies operating in various cities of the country in a few minutes of online research (Mogučaja 2005). The first governmental program for Human Trafficking Prevention and Control was launched in 2002. The program then acknowledged that society believes that "women who are the victims of forced prostitution are themselves to blame for their misery" (LR Vyriausybė 2002).

In 2013, 47 pretrial investigations on human trafficking were being conducted. Most of the cases were related to trafficking young women abroad for sexual exploitation; others involved forced labor, pornography, and online ads. The government implements a program offering social assistance and reintegration to victims of trafficking and forced prostitution. Critics argue that the five NGO projects funded with 150,000 litas (USD\$59,000) in 2013 are inadequate.

VAIDA OBELENE AND HERWIG REITER

Further Resources

Brazienė, Rūta, and Giedre Purvaneckienė. 2013. "Lithuania Country Note." In *International Review of Leave Policies and Related Research 2013*, edited by Peter Moss, 179–183. Retrieved from http://www.leavenetwork.org/lp_and_r_reports.

Currie, Candace, et al., eds. 2012. "Social Determinants of Health and Well-Being among Young People. Health Behavior in School-Aged Children (HBSC) Study: International Report from the 2009/2010 Survey." Copenhagen: WHO Regional Office for Europe.

Davulis, Tomas. 2012. "Lithuania." In *Harassment Related to Sex and Sexual Harassment Law in 33 European Countries*, edited by Ann Numhauser-Henning and Sylvaine Laulom, 174–182. Brussels: European Commission.

Denafaitė, Gintarė, et al. 2010. "Lithuania's Senior Schoolchildren's Knowledge about Family Planning and Contraception and Their Sexual Behavior." *Lietuvos akušerija ir ginekologija* 8.1: 7–13.

Digrytė, Eglė. 2009. "Group of Culture Experts and Lituanists: Woman's Neutral Name Suggests Immoral Life." April 29. Retrieved from <http://www.delfi.lt/news/daily/lithuania/grupe-kulturininku-ir-lituanistu-neutrali-moters-pavarde-rodo-amoralu-gyvenima.d?id=21886326#ixzz37cuKnyQI>.

European Commission. 2010. "Domestic Violence against Women: Special Eurobarometer 344." Retrieved from http://ec.europa.eu/public_opinion/archives/ebs/ebs_344_en.pdf.

European Commission. 2011. "Women in the European Union: Special Eurobarometer 75.1." Retrieved from http://www.europarl.europa.eu/pdf/eurobarometre/2011/2011_03_08/eb_75_1_%20femmes_rapport_en_v5.pdf.

European Commission. 2012. "Discrimination in the EU: Special Eurobarometer 393." Retrieved from http://ec.europa.eu/public_opinion/archives/ebs/ebs_393_en.pdf.

Eurostat. 2016. "Marriage and Divorce Statistics." Retrieved from http://ec.europa.eu/eurostat/statistics-explained/index.php/Marriage_and_divorce_statistics.

Eurostat. 2017. "Gender Statistics." Retrieved from http://ec.europa.eu/eurostat/statistics-explained/index.php/Gender_statistics.

Goodey, Joanna. 2014. "Violence against Women: An EU-Wide Survey or by Any Other Person since the Age of 15." FRA. Vienna: European Union Fundamental Rights Agency.

ILGA-Europe, Rainbow Map 2016. Available at: http://www.ilga-europe.org/sites/default/files/Attachments/side_a_rainbow_europe_map_2016_a3_small.pdf.

Johnston's Archive. 2017. "Historical Abortion Statistics, Lithuania." Retrieved from <http://www.johnstonsarchive.net/policy/abortion/ab-lithuania.html>.

Kraniauskienė, Sigita, and Margarita Gedvilaitė-Kordušienė. 2012. "Grandparents' Childcare Support in Lithuania: Predictors and Consequences for Well-Being." *Sociologija. Mintis ir veiksmas* 2.31: 239–264.

LR Vyriausybė. 2002. "Program for Human Trafficking Prevention and Control," January 17. Retrieved from http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=204814&p_query=&p_tr2=2.

LR Vyriausybė. 2006. "National Strategy on Reduction of Violence against Women 2007–2009." December 22. Retrieved from http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=306081.

Mogučaja, Natalija. 2005. "Prostitution Is the Bread of Many Modeling Agencies," November 30. Retrieved from <http://www.ve.lt/naujienos/lietuva/lietuvos-naujienos/prostitucija---daugelio-modeliu-agenturu-duona-396243>.

NEC. 2013. "International Survey of 15-Year-Olds." Program for International Student Assessment, OECD-PISA 2012.

- Pew Research Center. 2009. "End of Communism Cheered but Now with More Reservations: The Pulse of Europe 2009, 20 Years After the Fall of the Berlin Wall." Pew Research Center's Global Attitudes Project, November 2. Retrieved from <http://www.pewglobal.org/2009/11/02/end-of-communism-cheered-but-now-with-more-reservations>.
- Purvaneckienė, Giedrė. 1999. "Women in Lithuanian Society." In *UNDP Lithuanian Human Development Report 1999*, 115–125. Vilnius: Social Policy Unit.
- Purvaneckienė, Giedrė. 2009. *Women and Men in Lithuania 2009: Extended Study and Evaluation of the Situation Change for Women and Men in All Areas*. Vilnius: Moterų Informacijos Centras.
- Reiter, Herwig. 2009. "Beyond the Equation Model of Society—The Postponement of Motherhood in Post-State Socialism in an Interdisciplinary Life Course Perspective." *Innovation—The European Journal of Social Science Research* 22.2: 233–246.
- Sabaliauskaitė, Kristina. 2009. "Linguistic Chastity Belt." May 7. Retrieved from <http://www.lrytas.lt/-12414965261240240703-lingvistinis-skaistyb%C4%97s-dir%C5%BEas.htm>.
- Statistics Lithuania. 2012. "Women and Men in Lithuania 2011." Vilnius: Lietuvos Statistikos Departamentas.
- Statistics Lithuania. 2013. "Demographic Yearbook 2012." Vilnius: Lietuvos Statistikos Departamentas.
- Statistics Lithuania. 2013. Results of the 2011 Population and Housing Census of the Republic of Lithuania. Vilnius: Lietuvos Statistikos Departamentas.
- Statistics Lithuania. 2014a. "Education 2013." Vilnius: Lietuvos Statistikos Departamentas.
- Statistics Lithuania. 2014b. "Statistical Yearbook of Lithuania 2013." Vilnius: Lietuvos Statistikos Departamentas.
- UNDP (UN Development Programme). 2014. "Lithuania: Human Development Report." Retrieved from http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/LTU.pdf.
- UNICEF. 2013. "Child Well-Being in Rich Countries: A Comparative Overview." Innocenti Report Card 11. Florence: UNICEF Office of Research.
- Vakarų ekspresas. 2014. "Lithuanian Society Would Object to Same-Sex Partnerships and Marriages Validation, Survey Shows." January 2. Retrieved from <http://www.ve.lt/naujienos/lietuva/lietuvos-naujienos/lietuvos-visuomene-nepritartu-vienos-lyties-asmenu-partnerystes-ir-santuokos-iteisini-mui-rodo-apklausa-1123942>.
- Zubrickienė, Irena. 2001. "How Old Is the Youngest Prostitute?" September 20. Retrieved from <http://www.balsas.lt/naujiena/556365/kiem-metu-jauniausiai-lietuvos-prostitutei>.

M

Malta

Overview of Country

The Maltese archipelago lies in the middle of the Mediterranean, where east meets west and north meets south. It has had a long history of colonialism due to this politically strategic position. It is an island group, with resultant insularity. Malta is extremely small in comparison to other European countries and has one of the highest population densities in the world. It is strongly Catholic and displays strong primacy of the “family.”

The Republic of Malta consists of three inhabited islands—Malta, Gozo, and Comino—and two uninhabited islets. The total area is 316 square kilometers. According to the “Demographic Review 2005–2012” (NSO 2015a), the Maltese population stood at 421,364 in 2012, which could be broken down into 209,880 males and 211,484 females (NSO 2015a). In this year, 5.3 percent of the population were non-Maltese nationals, and the vast majority of these were male. Recent trends in migration demonstrate that Malta has become an immigration destination. In 2012, emigration mounted to 4,000, while immigration was up to 7,111 (NSO 2015a). Immigrants tend to be British expatriates, Southern and Eastern Europeans, and undocumented migrants arriving by boat. Life expectancy for the Maltese stood at 78.6 years for males and 83 for females in the same year.

The largest island is Malta, at 95 square miles (246 sq. km), with a population of just under 390,000 (NSO 2015a). It is the cultural, administrative, industrial, and commercial center of the island group. The next biggest island is Gozo, with a population of just under 31,500 on 26 square miles (67 sq. km). The longest distance in Malta, northeast to southwest, is about 17 miles (27 km), and the greatest width is not quite 10 miles (15 km). The population density is one of the highest in the world and 10 times as high as the European Union (EU) average. It is also one of the smallest EU member states.

Notwithstanding its relative barrenness and lack of natural resources, Malta has been coveted by various powers due to its position in the middle of the Mediterranean Sea. It has been a sensitive meeting place of cultures, religions, and empires (Sultana and Baldacchino 1994). The Maltese archipelago lies 50 miles (80 km) south of Sicily, 174 miles (280 km) east of Tunisia, 207 miles (333 km) north of Libya, and about equidistant from the Straits of Gibraltar and Alexandria, Egypt.

It has been fought over and ruled by the Phoenicians, the Romans, the Byzantines, the Arabs, the Normans, the various royal houses of Spain (which “gave” the Islands to the Knights of the Order of St. John), the French, and finally the British (Sultana and Baldacchino 1994). For almost 500 years prior to independence (1964), there were two major “rulers”: the Knights of the Order of St John (often referred to as the Knights of Malta, between 1530

and 1798) and the British (1800–1964). Their presence in Malta is still felt in the architecture, food, language, politics, and way of life adopted by the Maltese.

An effect of colonialism is the strong position of the Roman Catholic Church in Malta. Its presence traces to St. Paul's shipwreck in 60 CE, but it was during the period when Malta was administered by the Knights of St. John, which was a religious order, that the powers and privileges of the church in Malta became well-established and then proliferated. The Catholic Church in Malta had 250 years to grow in wealth, importance, and power. When the British took over, they were interested in the national affairs and left religious affairs to the church. This further consolidated the church's influence over the people, enabling it to become established as an important referent in practically all social issues, including secular events not falling within the national ambit (Sultana and Baldacchino 1994). As a result, the Catholic Church in Malta also developed a close and protective relationship with the people and often acted as their spokesperson through the ages. Fox (1991) notes that it was long the guardian of morals, manners, and learning in Malta, a position that occasionally brought it into conflict with the British and then Maltese governments. It was possibly the Catholic Church that gave Malta its identity and constructed much of its culture, such that the boundary between the religious and the social is often unclear (Tabone 1994).

In the early 2000s, the influence of the church was much reduced; however, it is still a powerful and influential force, and it remains a potent social agent. Abela (1996) found in a study conducted in the 1990s that Maltese society, when compared to other European societies, retained its traditionality and religiosity. He also found that the practice of religion was stronger in Malta than in other European countries. The self-reported importance attached to religion was substantially higher in Malta, as stated in another study by Abela (2000, 49).

However, no reliable statistics regarding religious belief are available. The U.S. Department of State estimates that 95 percent are Roman Catholic and the rest are Muslim (around 6,000), Jews (120), Coptic Christians, Greek Orthodox, Baptists, Evangelicals, Jehovah's Witnesses, Unification Church followers, the Church of Jesus Christ of Latter-day Saints, Seventh-day Adventists, Zen Buddhists, Bahais, and indigenous African religions worshippers, among others (U.S. Department of State 2014). Discern (2006, 14) found through a census conducted in 2005 that only 52.6 percent of the Maltese population attends Sunday mass.

Church schools, run by nuns, priests, and ecclesiastics, also educate a substantial proportion (one-third) of the Maltese population from kindergarten to preuniversity level (Baldacchino 2002). In fact, access to church schools is very keenly contested because they are popularly considered to provide a better education than state schools and are cheaper than independent schools. Those who attend church schools are groomed within a religious ethos that inculcates an ongoing intergenerational loyalty to an often unquestioned hegemonic dominance of the Catholic establishment in contemporary Maltese social life (Sultana and Baldacchino 1994, 13). A good proportion of people who attend these schools tend to end up in positions of power. Abela (2000, 177) further found that the Maltese, unlike their European counterparts, were more likely to agree that "it would be better if more people with strong religious beliefs held public office," and quite a few others agree or strongly agree that "politicians who do not believe in God are unfit for public office."

Notwithstanding some prevailing sexist attitudes within the general population, the legal structures have been changing since 1947—when Maltese women won the right to vote—to acknowledge and enhance the equal status of women. Since the mid-1960s, the "breadwinner's wage" was abolished, the public sector removed its ban on the employment of married women in 1981, and a government commission and secretariat (which was later given the higher status of department) were set up to work on addressing gender issues. In 1991, amendments to the Constitution were passed that allowed redress against discrimination based on sex and further allowed for the possibility of special temporary measures to be introduced, which are aimed at accelerating the *de facto* equality between the sexes. This was followed two years later with amendments to the Family Law, which gave men and women equal rights and responsibilities in marriage and legalized the joint administration of property acquired after marriage.

In 2004, the above-mentioned commission and department were incorporated into the newly set up National Commission for the Promotion of Equality for Men and Women as a result of the Equality for Men and Women Act (2003). This commission identifies and monitors national policies with a view to preventing and addressing discrimination and promoting gender equality. The Employment and Industrial Relations Act (2003) also clearly lays out the illegality of harassment on the grounds of gender and introduces and regulates conditions of employment that

are “family friendly.” In 2006, the Domestic Violence Act came into force, setting up the Commission on Domestic Violence, and in 2011, divorce was finally introduced. The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (the Istanbul Convention) was ratified by Malta in 2014.

Girls and Teens

From Preschool Child Care to Secondary School

There are state-run, church-run, and private child care centers for children aged between three months and three years. Child care is free for working parents and parents enrolled in education. These centers open from Monday to Friday, 8:00 a.m. to 5:00 p.m., mirroring the work week. The staff at these centers are fully qualified, and the centers are governed by the rules, regulations, and principles established by Malta’s Department for Social Welfare Standards.

Following preschool, kindergarten for children aged 3–5 years is available but not compulsory. However, many parents opt to send their children to school early.

In primary school, girls and boys begin 11 years of compulsory schooling at the age of 5 and complete the cycle by the age of 16. State-run primary schools have been mixed-sex since 1980, and many private establishments now accept both boys and girls, although church-run primary schools still tend to be single-sex. By the end of year 6 (age 11), that is, the end of primary school, children take a benchmark

examination to assess their academic abilities and progress and then move on to a middle school (secondary school), usually in the vicinity of their home, or they may travel to a private or church school.

Secondary education is compulsory from the ages of 11–16 (forms 1–5). Some state middle schools recently became coed. At the end of this five-year period, girls and boys sit for the Secondary Education Certificate (SEC) examinations in English, Maltese, mathematics, a science subject, and a modern language. They can take as many other examinations as they wish. SECs replaced the British-modeled GCE O-Levels in 1994. At this point, compulsory education ends, but students may continue their education and attend a sixth form or college (post-secondary school), where they can take a range of academic or vocational courses. At this stage, those wishing to attend university generally study for MATSEC A-Level examinations—and young women and men must pass two A-Levels and four intermediate-level subjects to be considered for a place at the University of Malta.

Vocational and professional courses are also available at a variety of colleges, such as the Malta College of Arts, Science and Technology (MCAST) or the Institute for Tourism Studies (ITS), and there are also a number of private higher and further education institutions (Angloinfo 2014).

The University of Malta is the highest educational institution in the country, and it offers undergraduate bachelor’s degrees, postgraduate master’s degrees, and postgraduate doctorates. Female graduates have outnumbered male counterparts since 1997 in Malta (Hausmann, Tyson, and Zahidi 2010). In fact, the population aged 30–34 years with a tertiary level of education stood at 23 percent per 1,000 for males and 31 percent per 1,000 for females in 2014 (Eurostat 2015b). A majority of female graduates (60% of all graduates) are concentrated in gender-specific areas, such as education, health-related studies, and the arts. Female students pursue studies in humanities, health, and care-related subjects, while male students are more visible in scientific and technical courses.

Health

Access to Health Care

The World Health Organization (WHO) ranks the Maltese health system 5th on a global basis, an optimal position when one compares the ranking health systems in developed countries such as Sweden (23rd), the United

Table 1 Undergraduates by Field of Education and Gender in 2012

Field	Male	Female
Teaching and training	31	127
Humanities and Arts	74	141
Social and behavioral sciences	85	185
Journalism and information	20	44
Business and administration	105	156
Law	47	88
Science, mathematics, and computing	106	52
Life science	20	22
Physical science	58	44
Engineering, manufacturing, and construction	121	40
Architecture and building	37	18
Health	145	315

Source: Adaptation of Eurostat 2015b.

Kingdom (26th), and United States (37th) (Taylor and Blackstone 2012). Maltese people have free access to public health care, but they can also opt to utilize services found in the private health care sector. There are two general hospitals found in the Maltese Islands: Mater Dei Hospital in Malta and the Gozo General Hospital in Gozo (Malta.com 2016).

The public health care in Malta is funded from taxation. Free health care entails free treatment, including hospitalization, prescriptions, surgery, rehabilitation, pregnancy, and childbirth (Government of Malta 2016a). Primary health care is available through eight health centers (WHO 2015b) located in different areas of Malta; seven are found in Malta and another in Gozo. Clients can access the services provided by general practitioners and nurses. Preventive, curative, and rehabilitative services are also available. These include immunization, speech therapy, antenatal and postnatal clinics, well baby and pediatric clinics, and clinics for diabetes, orthopedics, and wounds.

The total expenditure on health in 2012 amounted to 8.7 percent of the gross domestic product (GDP). The Maltese government paid for 65.6 percent of the total expenditure on health in 2012, while the private sector funded 34.4 percent (WHO 2015b, 130). Other statistics provided by the WHO (2015b, 118) demonstrate that there were 34.9 physicians, 74.9 nursing and midwifery personnel, 4.7 dentistry personnel, and 11.2 pharmaceutical personnel per 100,000 population in 2013.

Maternal Health

The maternal mortality ratio in Malta stood at 9 women per 100,000 live births in 2013 (WHO 2015b, 66). However, additional data provided demonstrates that between 2000 and 2012, 4 maternal deaths were registered (WHO 2014). This low maternal mortality rate might be due to the majority of births being assisted by skilled health professionals (WHO et al. 2015, 4). Mothers were also provided with extensive antenatal care coverage after childbirth (WHO 2015b, 32).

Diseases and Disorders

Statistics provided by the WHO (2015b, 48) estimate that, at birth, the life expectancy of Maltese men and women in 2013 were 79 and 82 years, respectively. The probability of dying between ages 30 and 70 years from the main four noncommunicable diseases in 2012 stood at 12 percent.

Table 2 Mortality in Malta in 2012, by Gender

Noncommunicable Disease	Female	Male
Probability (% of all NCDs) of dying between ages 30 and 70 from cardiovascular diseases, chronic respiratory diseases, cancers, and diabetes	12%	
Total NCD deaths	1300	1400
NCD deaths under age 70	24	35
Age-standardized mortality rate by cause (per 100,000 population)	306.7	434.8
Cancer deaths per 100,000 population	103.8	141.7
Diabetes deaths per 100,000 population	7.6	11.3
Chronic respiratory diseases deaths per 100,000 population	9.4	23.6
Cardiovascular diseases deaths per 100,000 population	124.8	184.0

Source: WHO 2015a.

Men (30%) were more likely than women (20%) to die before age 70 from cancer, diabetes, chronic respiratory disease, or cardiovascular disease.

Men and women die from different causes (NSO 2015a, 60–66). In 2013, men were more likely to die from neoplasms, diseases of the respiratory system, or accidents. Women were more likely to die from mental and behavioral disorders, diseases of the circulatory system, or diseases of the genitourinary system during the same time period.

Employment

Malta has one of the lowest employment rates in the European Union and the lowest employment rate where female workers are concerned (Laiviera 2013). Tax breaks, national insurance concessions, and free child care were introduced to facilitate the entry and retention of women in the Maltese labor market (Ministry for Finance 2015).

As we have seen, notwithstanding several public measures having been taken since about 1960 to improve the situation with regard to gender mainstreaming, the responsibility for the care and well-being of children (as well as elderly and other relatives with support needs) still tends to be taken on by women, who as a result leave the labor market or do not join it in the first place. Abela's

Table 3 Causes of Death in 2013 by Gender

Cause of Death	Male	Female
Certain infectious and parasitic diseases	13	11
Neoplasms	466	404
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	2	3
Endocrine, nutritional, and metabolic diseases	58	55
Mental and behavioral disorders	38	83
Diseases of the nervous system	44	40
Diseases of the circulatory system	633	665
Diseases of the respiratory system	187	157
Diseases of the digestive system	50	51
Diseases of the skin and subcutaneous tissue	4	14
Diseases of the musculoskeletal and connective tissue	4	8
Diseases of the genitourinary system	38	58
Certain conditions originating in the perinatal period	6	6
Congenital malformations, deformations, and chromosomal abnormalities	5	5
Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified	10	12
External causes of morbidity and mortality	78	28
Total	1,636	1600

Source: NSO 2015b.

(2000, 109) study confirms that gender stereotypes on the respective roles of women and men, however much challenged, seem to still be alive in Maltese society. The dominant discourse in Malta, strongly influenced by its specific brand of Catholicism, would “allow” women to leave the home to seek paid employment mainly if it is financially necessary to do so and on the condition that the children’s well-being is not affected. Public comments have been made on women going out to work and neglecting family responsibilities to be able to afford “luxuries” as opposed to “necessities.” “Mother-blaming” when things go wrong, especially where the mother is in paid employment, is also still quite common within the general public.

Rizzo (2006) underlines that the male breadwinner model is gradually being replaced by the male breadwinner/female part-time homemaker. Although, as stated above, the number of female graduates has surpassed that

of males (Cutajar 2009), Malta has the highest Glass Ceiling Index in the European Union. European Commission data (Vella 2014) demonstrates that Malta had the least number of women on company boards in 2013. It is one of the countries where the share of female members of parliament (MPs) fell over time. This country has never had a female as a minister for finance or economy, while only a few women become judges.

Maltese women also tend to be segregated in certain occupational sectors, namely, in public administration, defense, education, human health, and social work activities. Men are more likely to find employment in wholesale and retail trade, transport and storage, accommodation, and food services. The National Statistics Office (2015b) demonstrates that women are paid less than men for doing the same job. A National Commission for the Promotion of Equality (NCPE 2012) study maintained that, in 2010, female legislators, senior officials, and managers earned 15 percent less than their male counterparts, with female clerks receiving 13 percent less, service workers and those working in retail and sales earning 18 percent less, and female professionals 14 percent less pay. The largest difference in pay was noted among female and male workers within elementary occupations.

Analyzing Inactivity from a Gender Perspective

The need to make ends meet is pushing more women with caring responsibilities to remain in or to reenter the formal labor market. The rate of inactivity among women in Malta is still high. While the Maltese male employment rate in 2014 was 74.9 percent, it was 49.3 percent for females (Eurostat 2015a). Malta therefore has a negative female employment gap of around 19 percent when compared with the European female employment rate. Highly qualified women are more likely to be in paid employment, even when compared to men. In fact, the younger female cohort (those aged 25–44), especially the women with a higher standard of education, were more likely to be active when compared to women aged 44 and more according to the 2015 National Statistics Office labor force survey (NSO 2015c).

Inactivity might also be due to cultural mores, economic climate, working conditions, religion, politics, or social infrastructure, among others. Other factors noted by a NCPE study mention age discrimination, lack of work experience, lack of qualifications, and transport factors. These push some women to work within the informal

economy. A study conducted by the Employment and Training Corporation (ETC 2007) found that younger women were more interested in finding employment, and making ends meet was the most important reason for wanting to work.

The Maltese public sector tends to offer more generous family-friendly measures than the private sector (NCPE 2012). These include 12 months of unpaid parental leave (4 months in the private sector), and a 5-year career break (not available in private sector). Public-sector employees with children 12 years old and younger can also avail themselves of reduced hours and telework—options which depend on the discretion of the employer in the private sector.

Malta has the lowest unadjusted gender pay gap in the European Union. This might be because the majority of Maltese women withdraw from the labor market when faced with family responsibilities. Research shows that if women remained within the labor market longer, the gender pay gap would widen. This is because men and women initially start with the same wages, but eventually the wages change over time, resulting in women earning lower wages for the same job. Pay gap is higher among people in nonstandard jobs, and Maltese women are more likely to be working in this sector. Their truncated work history coupled with nonstandard work results in lower chances of promotion. Gender pay gap is attributable to vertical and horizontal segregation emanating from gendered role expectations.

Family Life

One of the effects often attributed to the church is the strong emphasis on “family” and “family values.” Abela (1994a) points out that Malta has remained one of the most family-oriented countries in Europe, with the family still being very much at the heart of their personal and social lives. He claims that the durability of the family in Malta is impressive: “Irrespective of strong secularizing western European tendencies that impinge on Maltese culture, family values have, in the main, retained their traditional character” (1).

This argument was affirmed by Tabone, who stated that although the Maltese family had “changed its attire according to present trends, it fundamentally remains what it was” (1995, 39). He goes on to describe the Maltese family as a “modified extended family.” While parents and their married children with their offspring no longer live under

the same roof, the unity in the nuclear family extends to the family of origin—parents, brothers and sisters, and in-laws. The strong relationship that they sustain is similar to the extended family, which is made feasible by the small size of the island. In fact, the lack of distance can be said to not only be physical but psychological as well. The nuclear family receives support from the extended family, especially the family of origin, with parents continuing to show interest and concern toward their married children and their families, and vice versa. The down side of this is that sometimes this interest can become a form of interference (Tabone 1995). They impose sanctions on each other and exert influence and social control on each other to protect the family honor.

Notwithstanding, the Maltese family has undergone some obvious changes, the main one being that families today are generally smaller. This means that there are fewer years spent in child-rearing, although the children are still considered a “family value” and the fulcrum of the family (Tabone 1994). Fewer childbearing and child-rearing years theoretically free women up for the labor market.

It is important to keep in mind that, traditionally, as Tabone (1995) notes, married women working outside the home were considered as creating a threat to family stability in terms of marriage fidelity and the overall welfare of the family, particularly regarding small children. He found that this general attitude could still be said to be strong in 1995 (61.4% hold it strongly), though it is declining (79.8% in 1983). Abela (2000, 67) confirmed part of this by stating that Maltese men and women hold stronger views on traditional motherhood than their European counterparts. Thus, in Malta, many men, though fewer women, held that being a housewife is just as fulfilling as working for pay and that preschool children are likely to suffer if their mothers go out to work. The implication is that if the woman works in paid employment, the domestic sphere is going to be neglected because it is the woman who often still bears sole responsibility for it. He further added that gender stereotypes on the respective roles of women and men, however much challenged, seem to still be alive in Maltese society.

The number of children born to single mothers and registered as father “unknown” and the impact on public finances have been increasing in Malta since the late 1990s (Calleja 2012). The minister for health cited this increase in the number of babies born to single mothers to legitimize the introduction of a controversial National Sexual Health Policy (Dalli 2010). It had been drawn up

a decade prior to this date, but its launch was postponed for fear of “upsetting” the church (Massa 2011). O’Reilly Mizzi (1994) emphasized that the social and cultural rules in Malta had been formulated by the Catholic Church and were widely disseminated throughout the community. Due to the important economic and political role played by the church through time in Malta, the models of “proper” Catholic behavior were extremely well-defined and promulgated in every corner of society.

With recent changes in legislation, however, the primacy of the traditional family seems to have shifted. In May 2011, a referendum was held on the introduction of divorce, with a slight majority (53%) voting in favor, notwithstanding strong opposition by the Catholic Church in Malta. Divorce was therefore introduced later that year. It was felt that this might affect church-state relations because marriage laws are a central aspect of church-state relations in Malta. Montebello (2009) states that secularization is challenging the hold the Roman Catholic Church has on the moral values of the Maltese. He argues that the church’s values are being replaced by individualistic values based on human rights issues. In fact, to substantiate this claim, civil unions were introduced in Malta in 2014 for same-sex couples, giving them equal rights to marriage in all but name, further confirming the secularization and human rights argument. In July 2017, same-sex marriage was also introduced.

Sexual Orientation and Gender Identity

In his European values study, Abela (1994b) points out that, by European standards, the Maltese people have retained an extremely strict sexual and moral code. Cole (1994) states that Maltese society is certainly one where everyone is assumed to be heterosexual. Gay men and lesbians are generally seen as challenging the family and the existing relationships of male power and authority.

The official position of the Catholic Church on homosexuality refers to it as a “moral disorder,” and that it cannot be promoted in a Christian society. This has meant that the act of homosexuality has been condemned as morally wrong, or sinful, but the person, that is, the homosexual, is welcome to remain in the church so long as he or she remains celibate. Cole (1994) held that, with such a position as a backdrop, it was hardly surprising that persons with a homosexual orientation remained practically invisible in Maltese society for many years. In recent years, however, there has been a dramatic change in attitudes

and in the visibility of gay men and lesbian women, which was partly led by legislative changes and partly through lobbying activities.

Homosexuality (more specifically, sodomy) was decriminalized in Malta in 1973. The Malta Gay Rights Movement (MGRM) was set up in June 2001, following the dismantling of the Gay and Lesbian Civil Rights Movement. Former organizations that did not survive include Pride of Malta and the Malta Gay Support Group. The MGRM is the longest-surviving lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ) organization in Malta and continues to be very active politically and socially.

In recent years, other groups have formed. Currently active, in 2015, are Drachma (an LGBTI Christian group); a Drachma parents support group; WeAre (an organization for student and youth LGBTIQ and straight allies); Gender Liberation (an NGO that connects, informs, and empowers transgender people in Malta and Gozo through community-led initiatives); LGBT Labour (part of the Labour Party); Allied Rainbow Communities (ARC, a new NGO focused on supporting and developing the LGBTI community in Malta); and LGBTIQ+ Gozo (focusing specifically on Gozo, the sister island).

In 2008, the Malta Gay Rights Movement (2011) conducted a survey on LGBT discrimination in Malta and found that 73 percent of the respondents did not reveal their sexual orientation or gender identity to their colleagues at work to avoid discrimination and harassment. In fact, results demonstrate that 13 percent of the respondents had experienced discrimination in employment, and 45 percent had been harassed in the workplace. The Malta Gay Rights Movement survey (2011) demonstrates that 70 percent of participants concealed their sexual orientation or gender identity when attending educational institutions for fear of homophobic reactions. Out of the 150 respondents, 11.3 percent said that they had experienced harassment at school, and 13.3 percent reported that they had been physically assaulted there. An assessment of the National Curriculum Framework (NCF) (a new curriculum implemented in 2012) found that although this document incorporates the principles of diversity and inclusion on the grounds of gender, religion, race, ability, and beliefs, there was no mention of sexual orientation and gender identity (Equality Research Consortium 2010). Education policies have now improved and started to catch up with legislation.

In April 2014, civil unions were introduced in Malta for same-sex couples, giving them equal rights to marriage (including adoption rights) in almost all but name (IVF

and surrogacy are not allowed to same-sex couples). The Gender Identity, Gender Experience and Sex Characteristics Act was introduced in 2015 (Government of Malta 2015a), raising Malta to the top of the LGBTIQ equality index.

Women in Decision Making

Malta has been cited as having the lowest percentage of female board members in the European Union (European Commission, DG for Justice 2013). Viviane Reding, the EU commissioner at the time, came to Malta in 2012 to promote the introduction of gender quotas on publicly listed companies. This suggestion was termed as “heavy handed interference” by the Maltese Chamber of Commerce, Enterprise and Industry (Tabone 2012). The Malta Confederation of Women’s Organisations, on the other hand, used this visit to urge the government to introduce such measures (Timesofmalta.com 2012). In a study conducted by the Times of Malta (Cutajar 2014), only three out of the 19 private companies listed with the Malta Stock Exchange had a female board member in 2012. This report found that 135 board members were male, but only 3 were female. Female representation on the boards of government-owned or controlled entities was higher, with 30 percent of board members being female.

Women are also underrepresented at parliamentary level. In 2014, 9 out of the 69 members of Parliament were female (Cutajar 2014). In 2014, only Hungary had a worse track record than Malta among the EU 28. Maltese women do better in local council elections. In 2013, 21 percent of those elected local councilors were women. In the same year, only 9 percent of the mayors were female (6 out of 62 mayors). On the other hand, 4 (67%) out of the 6 MEPs elected in 2013 were female. Malta can also boast of having a female president, the only female president in the EU member states apart from Lithuania. Marie-Louise Coleiro Preca was appointed president on April 4, 2014. In 2014, Malta had a female president, a male prime minister, and 1 female out of 15 male ministers, which adds up to 7 percent of all ministers.

Issues

Violence against Women

Until 1980, when the Sisters of the Good Shepherd Congregation opened the first shelter for abused women, the issue of domestic violence (and violence against women

more generally) was not considered as an issue among the general public. Since then, great strides have been made, and there are now relatively good services for victims, although further improvements are still needed. Current direct services include the following:

- Four specialized women’s shelters: one emergency short-term (state-run); one emergency longer-term (church-run); one second stage long-term in Malta (church-run); and one in Gozo (church-state partnership);
- A specialized social work unit dealing with cases of domestic abuse (state-run);
- A 24/7 telephone helpline (state-run, but operated by volunteers);
- A sexual assault response team (SART) run as a public-social partnership (state-NGO); and
- Perpetrator services (managing aggressive behavior) (state-run).

While the state-run services are fully funded by the state, the other services receive some funding from the state but rely on volunteer workers for part of the staffing and donations and fund-raising for everything else.

Apart from safe accommodation, the shelters provide various services. Each woman is supported by a professional social worker from the state-run specialized domestic violence unit, who, together with the woman and the staff at the shelter, works on devising and implementing an individual care plan, which can include emotional and psychological support, help finding employment or training for employment, access to benefits, assistance with legal issues, longer-term housing, and assistance with school issues for the children. Some shelters also organize “educational” talks on, for example, self-care, parenting, or budgeting or fun activities, such as barbecues, parties, outings, dance classes, and so on. In each and every case, the workers strive to empower the woman to choose the direction she wants her life to take.

The Domestic Violence Act (Chapter 481 of the Laws of Malta), in force since 2006, set up the Commission on Domestic Violence, which accessed European Social Funds to implement a National Awareness Campaign; training for professionals who come into contact with women escaping or living with domestic violence (police, legal, health, educational professionals, social workers, public service employment advisers); and a prevalence study on domestic violence against women in Malta and its impact

on their employment prospects (Commission on Domestic Violence 2011). In this latter study, interviews were conducted with 1,200 female survey respondents, which found that 23 percent of the partnered women experienced one or more forms of abusive behavior at some point in their lives: 12 percent had experienced physical violence, 9 percent sexually abusive behavior, and 26.5 percent emotional, physical or sexual violence by current or former partners, with 54 percent not having sought any type of help. The research further found that violence disrupts employment or income-gathering activities. Employment or income helped the respondents who suffered some form of abuse attain independence from their abusive partners.

The domestic violence direct service providers cooperate closely and meet regularly to share their experiences and to discuss common problems and solutions. These fora turned out to be very helpful to improve services and to support the staff that often have to deal with harrowing and frustrating situations. However, further efforts are necessary to strengthen the networking with other agencies, such as the police, the law courts, and health services, and more resources are needed generally for both the shelters and the specialized social work unit. Because of increased awareness, more women are seeking help, but unless this is matched with increased resources, it is going to result in a decline in the quality of services being provided.

Malta signed and ratified the legally binding Council of Europe Convention on the Prevention and Elimination of Violence against Women and Domestic Violence (Istanbul Convention), and it came into force in Malta on November 1, 2014. Measures are currently being taken to identify the required changes in legislation and policy to be compliant with the convention.

Human Trafficking

More work needs to be done to prevent human trafficking. Malta is a source and destination country for the sex trafficking of women and children and the labor trafficking of men and women. The sex trafficking victims derive mainly from China, Hungary, Poland, Romania, Russia, and Ukraine, while labor trafficking victims are brought over from China, Indonesia, the Philippines, and Vietnam. Southeast Asian women work as domestic workers, Chinese female nationals work in massage parlors, and women from Central and Eastern Europe are found working in “gentlemen’s clubs.” Irregular migrants who hail from African countries are also vulnerable to

trafficking in Malta’s informal economy (U.S. Department of State 2015).

Malta’s efforts in the sphere of human trafficking have intensified since 2011, with the appointment of an anti-human trafficking coordinator and the establishment of a monitoring committee. One of the first major tasks fulfilled by the monitoring committee was to compile the national action plans to combat the trafficking of persons, the first of which was published on October 4, 2011 (Government of Malta 2011). These national action plans provide for actions aimed at preventing human trafficking, prosecuting offenders, and protecting victims.

Since 2012, the U.S. *Trafficking in Persons Report* (TIP) has rated Malta in Tier 2, up from the Tier 3 in 2010–2011 (U.S. Department of State 2015, 239). Amendments were made in 2013 to the Criminal Code (Chapter 9 of the Laws of Malta) to transpose Council Directive 2011/36/EU on preventing and combating trafficking in human beings and protecting its victims and to replace Council Framework Decision 2002/629/JHA (Government of Malta 2015b). The amendments provide for an increase in the penalty for a human trafficking offense and aggravations linked with this type of crime. The Prostitution and Human Trafficking Unit within the vice squad was set up within the Malta Police Force on January 2012, with a view to combating human trafficking cases. Constant inspections are carried out in clubs and massage parlors by this unit, with the aim of curbing human trafficking. Efforts have been made to ensure that cases of human trafficking are prosecuted and that the victims are provided with the necessary assistance and support.

Poverty

Lack of employment leads to material deprivation. Women, especially single parents, are more likely to experience poverty when they are 59 years old or younger. Men start facing poverty when they reach pensionable age in Malta. Children (20.7% of the 0–17 year olds) and the elderly (19%) are more likely to be at risk of poverty (Cutajar 2014).

Women and Discrimination on the Basis of Age

The Maltese pension system (Vella 2015) has been replaced by a three-pillar system, with the state responsible for only meting out a flat-rate pension to those eligible. Men are more likely to be in receipt of a contributory pension. In 2010, only 34 percent of women of pensionable age had

access to a contributory pension (Bettio et al. 2013). Maltese women are more likely to have access to a derived pension or to depend on the noncontributory age pension, which is means tested. Retirement pensions, on the other hand, are earnings related. This scheme provides for a pension equivalent to two-thirds of the insured person's pensionable income.

Women earn less than men in all job categories and occupational levels. This and the propensity for women to have an intermittent work history means that women tend to receive a lower retirement pension than their male counterparts. The average difference between Maltese men and women's pension was 21 percent in 2010 (when the EU27 average stood at 39%) (Bettio et al. 2013). These statistics denote that women, more than men, are likely to face poverty when they reach retirement. Unfortunately, this does not come out in surveys conducted to gather statistics on income and living conditions, as these surveys do not include participants living in institutions for the elderly, the majority of whom tend to be female.

Beauty Standards, Body Politics, and Media Portrayals

Beauty standards are a subjective and culturally bound phenomenon. The media plays a powerful role in setting and reinforcing standards, and Malta is encompassed in the global standards and subsequent impact of Western beauty standards. The Global Media Monitoring Project (GMMP)—the world's longest-running and most extensive longitudinal study on gender in the news media—has captured data in 2000, 2005, 2010, and again in 2015. Its challenge and undertaking is to monitor women's presence in their national radio, television, and print news, and it has been found that gender parity is nonexistent on a global scale.

The initial study found that, in Malta, only 17 percent of news subjects—the people who are interviewed or whom the news is about—were women. Overall, news stories were twice as likely to reinforce gender stereotypes rather than challenge them, and news stories on gender (in) equality were almost nonexistent. The global data and the local data are similar, and while “there is limited focus on ‘gender issues’ in the media in Malta, [and] despite great efforts by a small number of experts, there is a constant challenge to keep the issues on the agenda and in the media” (Murphy 2010).

And just as media portrayal of women and men in the mainstream news formats does not differ greatly between

international and local data, body politics, that is, how women's, and to a much lesser extent men's bodies, are portrayed, accepted, and used in the media and in the broader cultural landscape, also appear to be problematic on a local, European, and international level. Kilbourne (2000; 2002) talks of these issues—objectification, dismemberment, the thin body, ageism, infantilization of women, trivialization of power—as issues prevailing in advertising, but they unfold and are found bound up in negotiations around the male gaze (Mulvey 1975) and the body ideal (Wolf 1990) in the wider media and in belief systems that are embedded in social and cultural norms. Research evidence now charts the extensive and damaging impacts of dissatisfaction with appearance on physical and psychological health across the life span, with negative consequences cutting across all areas of living (Stice 2002). To address these issues, the Department of Gender Studies at the University of Malta is currently involved in a series of Europe-wide research projects around appearance in the guise of a COST Action (COST Action IS1210), which looks at “appearance” and the consequences of dissatisfaction around appearance.

The socioeconomic and legal position of women in Malta has improved thanks to a number of legal and cultural changes that have occurred in the last 40 years. Despite these, more work needs to be done to ensure that women participate in all spheres of social life, namely, in employment and decision making. Caring responsibilities, which still fall mainly on women, prevent them from partaking fully in all spheres of social life in Malta. The fear of violence, which sometimes escalates to femicide, is another issue that needs to be tackled. The prevalent culture's propensity to define young female bodies as objects is not helping girls and women to believe in their own capacity to work together to create a more equitable and just Malta.

JOSANN CUTAJAR, BRENDA MURPHY, AND
MARCELINE NAUDI

Further Resources

- Abela, Anthony M. 1994a. *Shifting Family Values in Malta—A Western European Perspective*. Malta: Media Centre for DISCERN.
- Abela, Anthony M. 1994b. “Values for Malta's Future: Social Change, Values and Social Policy.” In *Maltese Society: A Sociological Inquiry*, edited by R. Sultana and G. Baldacchino, 253–270. Malta: Mireva.
- Abela, Anthony M. 1996. *Il-Harsien Socjali fis-Snin Disghin, L-Ewwel Rapport*. Malta: Istitut tal-Harsien Socjali, Università ta' Malta.

- Abela, Anthony M. 2000. *Values of Women and Men in the Maltese Islands—A Comparative European Perspective*. Malta: Commission for the Advancement of Women, Ministry for Social Policy.
- Angloinfo. 2014. "Kindergarten, Primary and Secondary Education." Retrieved from <http://malta.angloinfo.com/information/family/schooling-education/primary-secondary>.
- Baldacchino, Godfrey. 2002. "A Nationless State? Malta, National Identity and the EU." *West European Politics* 25.4 (October): 191–206.
- Bettio, Francesca, Tinios Planton, Gianni Betti, Francesca Gagliardi, and Thomas Georgiadis. 2013. *The Gender Gap in Pensions in the EU*. Luxembourg: EC–DG Justice.
- Calleja, Claudia. 2012. "No Details for Children with Unknown Fathers." *Times of Malta*, October 15. Retrieved from <http://www.timesofmalta.com/articles/view/20121015/local/No-details-for-children-with-unknown-fathers.441120>.
- Cole, Maureen. 1994. "Outsiders." In *Maltese Society: A Sociological Inquiry*, edited by R. Sultana and G. Baldacchino, 595–616. Malta: Mireva.
- Commission on Domestic Violence. 2011. "A Nationwide Research Study on the Prevalence of Domestic Violence against Women in Malta and Its Impact of Their Employment Prospects. ESF3.43 Dignity for Domestic Violence Survivors. Research Findings Report." Malta: Commission on Domestic Violence.
- Cutajar, JosAnn. 2009. "Social Inequality." In *Social Transitions in Maltese Society*, edited by J. Cutajar and G. Cassar, 225–258. Malta: Agenda.
- Cutajar, JosAnn. 2014. "Women and Political Participation in Malta." Retrieved from <http://www.osce.org/odihr/126803?download=true>.
- Dalli, Miriam. 2010. "Health Minister Launches Long-Overdue National Sexual Health Policy." *MaltaToday*, November 26. Retrieved from <http://www.maltatoday.com.mt/news/national/health-minister-launches-long-overdue-national-sexual-health-policy>.
- Discern. 2006. "Sunday Mass Attendance Census 2005. Preliminary Report." Retrieved from http://www.discern-malta.org/research_pdfs/census_2005.pdf.
- Employment and Training Corporation. 2007. *Women and Work: Findings from a Study on the Work Aspirations of Maltese Women*. Malta: Employment and Training Corporation.
- Equality Research Consortium. 2010. "A Review of the National Minimum Curriculum from an Equality Perspective." Retrieved from <http://www.pfcmalta.org/uploads/1/2/1/7/12174934/nmc2.pdf>.
- European Commission, DG for Justice. 2013. *Women and Men in Leadership Positions in the European Union, 2013: A Review of the Situation and Recent Progress*. Belgium: EU Publications Office.
- Eurostat. 2015a. "Employment Statistics." Retrieved from http://ec.europa.eu/eurostat/statistics-explained/index.php/Employment_statistics.
- Eurostat. 2015b. "Tertiary Education Statistics." Retrieved from http://ec.europa.eu/eurostat/statisticsexplained/index.php/Tertiary_education_statistics#Database.
- Fox, Robert. 1991. *The Inner Sea: The Mediterranean and Its People*. London: Quality Paperbacks Direct.
- Government of Malta. 2003. "Chapter 456 Equality for Men and Women Act." Retrieved from <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=8922&l=1>.
- Government of Malta. 2011. "Final Report on the Malta Action Plan on Combating Trafficking in Persons." Retrieved from <http://homeaffairs.gov.mt/en/mhas-information/documents/trafficking%20in%20human%20beings/final%20report%2021-01-13.pdf>.
- Government of Malta. 2015a. "Chapter 540 Gender Identity, Gender Expression and Sex Characteristics Act." Retrieved from <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=12312&l=1>.
- Government of Malta. 2015b. "Chapter 9 Criminal Code." Retrieved from <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=8574>.
- Government of Malta. 2016a. "Health Centres." Retrieved from <http://health.gov.mt/en/phc/Pages/Health-Centres/Overview.aspx>.
- Government of Malta. 2016b. "Services." Retrieved from <http://health.gov.mt/en/Pages/health.aspx>.
- Hausmann, Ricardo, Laura D. Tyson, and Saadia Zahidi. 2010. "The Global Gender Gap Report, Malta." Retrieved from http://www3.weforum.org/docs/WEF_GenderGap_Report_2010.pdf.
- Kilbourne, Jean. 2000. *Can't Buy My Love: How Advertising Changes the Way We Think and Feel*. New York: Simon and Schuster.
- Kilbourne, Jean. 2002. *Killing Us Softly 3: Advertising's Images of Women*. Documentary. Northampton, MA: Media Education Foundation.
- Laiviera, Nestor. 2013. "Maltese Female Participation Rate Linked to Overall Educational Attainment." *Malta Today*, January 30. Retrieved from <http://www.maltatoday.com.mt/news/national/24352/malta-s-female-participation-rate-linked-to-overall-low-education-attainment-20130130#.VrsGJI-cHIU>.
- Malta.com. 2016. "Health Care in Malta, Hospitals, Health Centres, and Pharmacies." Retrieved from <http://www.malta.com/en/local-information/health-care>.
- Malta Gay Rights Movement. 2011. "LGBT Discrimination in Malta." Retrieved from http://www.maltagayrights.org/cms/pdfs/survey_report_mgrm.pdf.
- Massa, Ariadne. 2011. "Watered Down Sexual Health Policy Sent to Curia." *Timesofmalta.com*, January 2. Retrieved from <http://www.timesofmalta.com/articles/view/20110102/local/sexual-health-policy-watered-down.343519>.
- Ministry for Finance. 2015. *Malta: National Reform Programme 2015*. Malta: Ministry for Finance.
- Montebello, M. 2009. "Religion in Contemporary Maltese Society." In Cutajar, J. A. and Cassar, G. (Eds.). *Social Transitions in Maltese Society*, 101–124. Malta: Agenda.
- Mulvey, Laura. 1975. "Visual Pleasure and Narrative Cinema." *Screen* 16.3: 6–18.
- Murphy, Brenda. 2010. *Global Media Monitoring Project 2010 National Report Malta*. Retrieved from <http://cdn.agilitycms.com/who-makes-the-news/Reports/Malta.pdf>.

- NCPE (National Commission for the Promotion of Equality). 2012. *Unlocking the Female Potential: Research Report*. Retrieved from http://ncpe.gov.mt/en/Documents/Our_Publications_and_Resources/Research/AG_1902/research_report.pdf.
- NSO (National Statistics Office). 2015a. "Demographic Review 2005–2012." Malta: NSO.
- NSO (National Statistics Office). 2015b. "Demographic Review 2013." Valletta: NSO.
- NSO (National Statistics Office). 2015c. "Labour Force Survey: Q3/2015." Retrieved from https://nso.gov.mt/en/News_Releases/View_by_Unit/Unit_C2/Labour_Market_Statistics/Documents/2015/News2015_237.pdf.
- NSO (National Statistics Office). 2016. "Malta." Retrieved from https://nso.gov.mt/en/News_Releases/View_by_Unit/Unit_C2/Labour_Market_Statistics/Pages/Labour-Force-Survey.aspx.
- O'Reilly Mizzi, Sybil. 1994. "Gossip: A Means of Social Control." In *Maltese Society: A Sociological Inquiry*, edited by R. Sultana and G. Baldacchino, 369–382. Malta: Mireva.
- Rizzo, Saviour. 2006. *The Dual Worker Family in Malta*. Centre for Labour Studies, University of Malta and Friedrich-Ebert-Stiftung (FES).
- Stice Eric. 2002. "Risk and Maintenance Factors for Eating Pathology: A Meta-Analytic Review." *Psychological Bulletin* 128.5: 825–848.
- Sultana, Ronald, and Godfrey Baldacchino, eds. 1994. "Sociology and Maltese Society: The Field and Its Context." *Maltese Society: A Sociological Inquiry*, 1–21.
- Tabone, Carmel. 1994. "Secularization." In *Maltese Society: A Sociological Inquiry*, edited by R. Sultana and G. Baldacchino, 285–300. Malta: Mireva.
- Tabone, Carmel. 1995. *Maltese Families in Transition: A Sociological Investigation*. Malta: Ministry for Social Development.
- Tabone, Tancred. 2012. "Persisting with the Imposition Is in No One's Interest." *Times of Malta*, March 29. Retrieved from <http://www.timesofmalta.com/articles/view/20120329/business-comment/Persisting-with-imposition-is-in-no-one-s-interest.413234>.
- Taylor, Adam, and Samuel Blackstone. 2012. "These Are the 36 Countries That Have a Better Healthcare System than the US." *Business Insider*, June 29. Retrieved from <http://www.businessinsider.com/best-healthcare-systems-in-the-world-2012-6>.
- Timesofmalta.com. 2012. "Women Suffer Discrimination in Working Conditions—GWU." March 8. Retrieved from <http://www.timesofmalta.com/articles/view/20120308/local/Females-suffer-discrimination-in-working-conditions-GWU.410123>.
- U.S. Department of State. 2014. "International Religious Freedom Report for 2014." Retrieved from <http://www.state.gov/j/drl/rls/irf/religiousfreedom/index.htm?year=2014&dldid=238408#wrapper>.
- U.S. Department of State. 2015. "Trafficking in Persons Report: Country Narratives J–M." Retrieved from <http://www.state.gov/documents/organization/243560.pdf>.
- Vella, Matthew. 2014. "Malta Had Least Number of Women on Company Boards in 2013." *Malta Today*, April 14. Retrieved from <http://www.maltatoday.com.mt/printversion/37990>.
- Vella, Valerio. 2015. "Pension Schemes in Malta: A Study of the Need for Reform." Unpublished B.Com (Hons.) Insurance. Retrieved from <https://www.um.edu.mt/library/oar/handle/123456789/5556>.
- WHO (World Health Organization). 2014. "Malta." Retrieved from http://www.who.int/nmh/countries/mlt_en.pdf.
- WHO (World Health Organization). 2015a. "Malta: WHO Statistical Profile." Retrieved from <http://www.who.int/gho/countries/mlt.pdf>.
- WHO (World Health Organization). 2015b. "World Health Statistics 2015." Italy: WHO.
- WHO, UNICEF, UNFPA, World Bank Group, and United Nations Population Division Maternal Mortality Estimation Inter-Agency Group. 2015. "Maternal Mortality in 1990–2015." Retrieved from http://www.who.int/gho/maternal_health/countries/mlt.pdf.
- Wolf, Naomi. 1990. *The Beauty Myth*. New York: Doubleday.

N

Netherlands

Overview of Country

The Kingdom of the Netherlands is a sovereign state that consists of a country in Western Europe, the Netherlands, that is bordered by the North Sea to the north, Germany to the east, and Belgium to the south; the three countries of Aruba, Sint Maarten, and Curaçao, located in the Caribbean; and the three Caribbean special municipalities of Bonaire, Sint Eustatius, and Saba (also known as the BES islands and formerly of the Netherlands Antilles). The country's total landmass is approximately 16,412 square miles (CIA 2016).

More than half of the flat continental country is below sea level, although there are hills in the southeast. The climate is temperate and marine, with cool summers and mild winters; the Caribbean islands range in climate from temperate to tropical and are subject to trade winds and seasonal hurricanes. The highest point in the Netherlands is Mount Scenery, on the Caribbean island of Saba, at 2,828 feet; the highest point in the continental Netherlands is the Vaalserberg, a hill in the province of Limburg in the southeast, at 1,056 feet. The country is located at the mouths of three major European rivers: the Rhine, the Maas, and the Scheide.

As of March 2017, the estimated population of the Netherlands is approximately 17,103,089 people, making

it the 63rd-largest country in the world and the most populous country in Europe by size (CIA 2016). The population is heavily concentrated in the southern area of the country known as the Randstad, with the north being more sparsely populated. The three largest cities in the Netherlands are Amsterdam, Rotterdam, and The Hague. The Port of Rotterdam is the largest port in Europe. Citizens of the Netherlands are known as Dutch, with the gendered nouns being Dutchman and Dutchwoman. As of 2014, the breakdown of the population of the Netherlands is as follows: Dutch 78.6 percent; European Union 5.8 percent; Turkish 2.4 percent; Indonesian 2.2 percent; Moroccan 2.2 percent; Surinamese 2.1 percent; Bonairian, Saba Islander, and Sint Eustatian 0.8 percent; and other 5.9 percent (CIA 2016). The primary official language of the Netherlands is Dutch, although Frisian, Low Saxon, Limburgish, Romani, Yiddish, English, and Papiamentu are also used (CIA 2016).

In 1568, the Eighty Years' War began with the Spanish, and in 1579, the Dutch United Provinces, seven provinces that are also known as the Dutch Republic, declared their independence from Spain after forging the Union of Utrecht. The country became known throughout the world for seafaring and trading during the subsequent century; the Dutch East and West India Companies were founded to trade with New Guinea, Bornea, Sumatra, and Java, as well as the Caribbean, Brazil, and North America. In 1830, the southern states revolted and became Belgium. The

Netherlands continued to rely on agriculture and the labor of African slaves, until slavery was abolished in 1863. It was one of the last European countries to become industrialized in the later part of the 19th century.

During World War I, the Netherlands was able to maintain neutrality, partially because of its role as a supply hub for both sides of the conflict. During World War II, Germany invaded and occupied the Netherlands. The Netherlands is now a modern, industrialized nation and a large exporter of agricultural products. It was one of the founding members of the North Atlantic Treaty Organization (NATO) and the European Union (EU). As a member of the World European Central Bank, the Netherlands converted its currency to the euro in 1999.

The Kingdom of the Netherlands comprises the 12 provinces of the Netherlands proper: South Holland, North Holland, Utrecht, Limburg, North Brabant, Gelderland, Overijssel, Flevoland, Groningen, Zeeland, Friesland, and Drenthe; the Caribbean islands of Aruba, Curacao, and Sint Maarten; and the special municipalities of Bonaire, Saint Eustatius, and Saba, which are also in the Caribbean. Most of the Kingdom's affairs are administered by the Netherlands, which makes up about 98 percent of the kingdom's total land area and population. The capital of the Netherlands is Amsterdam, and the governmental seat is The Hague.

The government of the Netherlands is a parliamentary representative democracy, a constitutional monarchy, and a decentralized unitary state. It is composed of executive, legislative and judicial branches. The Netherlands has the sixth-largest economy in the European Union. It plays an important role as a European transportation hub as well as exporting goods and services. The gross domestic product (GDP) is USD \$769.9 billion as of 2015; 70.4 percent comes from services, 17.8 percent from industry, and 1.6 percent from agriculture, according to 2016 estimates. The unemployment rate in the Netherlands is 6.2 percent, ranking it 67th out of 208 countries (CIA 2016).

Gender Politics

According to the United Nations Development Programme, the Netherlands ranks fifth on the Human Development Index (HDI; 0.922. Average life expectancy is 81.6 years (UNDP 2015a). The Netherlands ranks 7th on the Gender Inequality Index (GII; 0.062) and 0.947 on the Gender Development Index (GDI), with 87.7 percent of women having a secondary-level education; however,

Dutch women only represent 58.5 percent of the labor force and 36.9 percent of the seats in Parliament.

Girls and Teens

Females represent slightly over half of the population of the Netherlands (50.4%), and 16.56 percent of the population is 14 years old or younger. Less than half of children 14 and younger are girls, at about 8 percent (IndexMundi 2016). Girls are expected to spend 18 years in primary through tertiary levels of education, the same rate as boys.

Sex Education

Adolescent sex education is very effective in the Netherlands, and teenage pregnancies are about seven times lower than pregnancies in the United States, which has the highest rate of teenage pregnancy in the world. The efficacy of sexual education is due in part to the cultural normalization of adolescent sexuality, greater access to sex education in schools and at home, and access to contraception. Dutch parents and health care providers see the sexual behavior of young people as an acceptable part of adolescent development, and they encourage youth to use contraceptives responsibly and to develop healthy relationships. Health care providers, policy makers, and members of the media facilitate a normalization of adolescent sexuality by ensuring young people have access to sexual education in school and at home, contraception, and public forums for the discussion of sexuality and relationships.

Organizations such as Rutgers International have developed comprehensive sexual education programs that are taught at schools, beginning as early as age four (Rutgers 2017). In addition to teaching children about sexual development, they also educate them about consent, respectful contact, sexual diversity, and masculinity. Contraception is usually accessible to people both because it is widely promoted and because Dutch incomes tend to be higher, so it is not cost-prohibitive (European Parliament 2015). Dutch teenagers over the age of 15 may also consent to legal and free abortions (Santelli 2009).

Recreation

In 2013, Dutch families spent 37.1 percent of their leisure income on vacations; 21.7 percent on hotels, pubs, and restaurants; and 16.3 percent on recreation, sports, or other cultural services (CBS 2017). Popular sports in the

Netherlands are soccer, ice-skating, cycling, swimming, and regional sports (Dutch Community 2012).

Girls with Disabilities

Antidiscrimination laws exist throughout the Kingdom of the Netherlands to protect persons with physical, sensory, intellectual, and mental disabilities. In the Netherlands, the Act on Equal Treatment on Grounds of Disability or Chronic Illness (WGBH) requires equal access to employment, education, travel, housing, and goods and services, including stores, movie theaters, and sports clubs. Although there are criminal penalties for discrimination, it was found that enforcement of these rules was inadequate. The Parliament has adopted comprehensive legislation to implement the UN Convention on the Rights of Persons with Disabilities, which made significant adjustments to the WGBH Act (U.S. Department of State 2016a)

Health

The Dutch population enjoys open access to high-quality essential health care services. Everyone in the Netherlands must subscribe to mandatory health insurance, although the government requires that health insurance companies must accept all applicants and charge a flat rate for basic insurance. Out-of-pocket costs are typically low. Additional premiums may be paid for services such as optometry, physical therapy, and alternative medicine. In some cases, employers may arrange for health care through the company. The health of the Dutch population is good based on relatively low avoidable mortality and increasing life expectancy. Ethnic minorities tend to have poorer health relative to the Dutch national population (WHO 2016).

Health risk factors for Dutch women include tobacco use (23%), raised blood pressure (17.6%), obesity (16.1%), and raised blood glucose (4.1%) (WHO 2015). Obesity overall is low compared to other surveyed countries, but it tends to be less prevalent among young women and adolescent girls. Women tend to encounter hearing, vision, and mobility impairments more often than men. More women than men in the Netherlands also have long-term illnesses or disorders, psychological issues, tend to go to the hospital and take medication, and die from cancer and heart disease. Poorer health in women is assumed to contribute to lower participation in the workforce (European Parliament 2015).

In 2014, more than one-tenth of the Dutch population over the age of 12 suffered from psychological complaints,

with 14 percent being women compared to 9 percent of men. Notably, girls between 16 and 20 years old and women 65 and older described feeling gloomy, depressed, or anxious more frequently than their male counterparts (CBS 2017).

Reproductive Health

Contraceptives are available through a general practitioner for free for Dutch girls up to the age of 20. Of women between the ages of 16 and 50, 37.4 percent use the pill, and 60 percent of girls between the ages of 16 and 20 use the pill. Emergency contraception such as the morning-after pill is available as well (European Parliament 2015). Abortion is legal in the Netherlands and may be obtained up to the 24th week of the pregnancy, although there is a mandatory 5-day wait to receive the procedure. Women living in the Netherlands obtain approximately 28,000 abortions annually, predominantly women aged 20–24 (European Parliament 2015).

Education

The Netherlands requires compulsory education for youth ages 5–18, and there are a variety of educational structures and options. Both public and private schools are publicly funded; private schools may focus on a particular religion or educational style. Primary education is for children aged 4–12. Secondary education (middelbare school) typically begins at age 12 and is divided into four possible tracks, which qualify the student for various types of tertiary or higher education or a vocation. Prevocational secondary education typically lasts four years (VMBO); students who complete VMBO then move on to vocational education for students aged 16–18 (MBO), where they can continue learning a trade. General secondary education (HAVO) lasts five years, and preuniversity education (VWO) lasts six years, with both usually needed for admission into more competitive university tertiary educations. Tertiary education is conducted at two levels, professional (HBO) and academic (WO), at research universities, universities of applied sciences, and institutes for international education (The Hague 2016).

More women than men aged 30–39 have been educated at higher vocational or university levels. During the past decade, the proportion of highly educated young women has also risen more rapidly than among young men. As a result, the gap between highly educated women and men

in this category is widening (CBS 2017). Despite being more highly educated than men, girls tend to choose natural science and technology paths less often than boys. Only 6 percent of girls compared to 46 percent boys chose these paths at the basic education level; just 9 percent in secondary education; and 23 percent at the university level. However, studies show that 70 percent of women with scientific education work in nontechnical fields (Women for Water Partnership 2017).

Family Life

In the Netherlands, women are more likely than men to stay home and care for the household. This contributes to lower participation rates of women in the Dutch labor force. However, rather than see this as a sign of gender inequality, some accounts position the fact that women tend to work fewer hours as intentional on the part of Dutch women—both as a measure to achieve a greater work-life balance, and a feminist choice to determine how their time is spent (Ward 2011). In this way, many popular accounts have characterized Dutch women as among the happiest in the world, attributing this happiness to their valuing independence over career success. In 2011, close to 75 percent of Dutch women were employed part-time (Ward 2011). Some researchers, however, believe this disparity is because Dutch women have become complacent with lives as homemakers rather than pursuing ambitious career paths.

Marriage

In the Netherlands, there are two types of partnerships regulated by law: marriage and registered partnership. Couples can also sign a cohabitation agreement, which must be notarized and outline the rules of cohabitation. If heterosexual couples who have signed a cohabitation agreement have a child, the mother automatically becomes the legal mother, while the father must file for paternity. Law does not protect couples that choose not to engage in a contract or legal partnership. According to Dutch law, you must be at least 18 to marry and cannot marry relatives, marry more than one person, or be forced into marriage. One partner must be a Dutch citizen. If all debts and properties are shared, marriage automatically takes place, although certain stipulations can be made.

As of 2011, among people over age 20, a majority of Dutch people were married (53%), and two-thirds were in

committed partnerships. The second-largest group is single people (30%), but this includes people who have partners but are not registered. Fourteen percent were cohabitating, but without a marriage or registered partnership (a consensual union). One percent was in a registered partnership (an option that was introduced in 1998), and 7 percent were widowed (Eurostat 2015). Despite the introduction of same-sex marriage in 2001, the marriage rate in the Netherlands has been declining since 2000, while the age at first marriage rose. In 2013, same-sex marriages comprised 2 percent of all marriages that year (Eurostat 2015).

Childbearing

The mean age that a Dutch woman has her first child is 29.4 years. Women on average have 1.76 children (CIA 2016). Working women are entitled to 16 weeks of paid maternity leave, and men are sometimes awarded paternity leave. A co-mother can become a legal parent of her female partner's child through a legal adoption procedure, by acknowledging the child, or if the child was conceived through an anonymous sperm donor (European Parliament 2015).

Household Roles and Responsibilities

Sharing household duties, work, raising children, and other physical care between the sexes is still imbalanced in the Netherlands, with women working less and taking on more household responsibilities on average than men. Women predominantly work part-time jobs, even when not raising any small children. In 2015, the average working week of women was 26.6 hours. Men tend to work full-time, even with small children. However, half of the men who recently became first-time fathers opt for a weekly half or full parenting day ("papadag"). Most of them take up parental leave or start working flexible hours. As for young mothers, nearly all maintain at least one parenting day ("mamadag") a week, and they are twice as likely to take up parental leave. This difference between mothers and fathers in terms of working hours has not changed dramatically over the last several years. Women are also more likely to care for sick parents (or in-laws) and other sick family members (CBS 2017).

Politics

The Netherlands is generally regarded as a tolerant and liberal country. It has legalized abortion, prostitution, and euthanasia and has maintained a progressive policy

on recreational drugs. It became the world's first country to legalize same-sex marriage in 2001. Women gained the right to vote in 1919, but they are underrepresented in leadership roles in business and politics. Policies such as the Beijing Platform for Action, the Vienna Declaration and Programme of Action of 1993, and the Programme of Action adopted at the International Conference of Development in Cairo in 1994 focus on removing barriers to entry for women to achieve equality and greater representation within Dutch society. Further studies examine the role of women in government and agree that the gap between women and men on political empowerment remains. One proposed solution is to set aside 30 percent of seats for women in national parliaments as a step toward gender parity. Women represent almost half of the population of the Netherlands, and the thought is that more representation in political bodies could shift voting on policies that would benefit women and highlight issues such as health and education (Ministry of Foreign Affairs 2015).

In efforts to encourage gender equality, the Dutch government has taken a variety of measures. Every two years, the Dutch government awards the Joke Smit award to those who have made a fundamental contribution to improve the position of women in the Netherlands. The award is named after feminist Joke Smit (1933–1981), who played a pioneering role in the women's liberation movement in the Netherlands. The winner receives a sum of €10,000. The 2015 Joke Smit award went to Vreneli Stadelmaier for her efforts on the topics of women in management positions, economic independence of women, and equality between men and women. The Dutch government also provides an annual incentive award to people and organizations who improve the position of women and girls in society; the winner receives a work of art and a prize of €1,000.

Representation in Government

The average representation of women in local politics is low (25%); however, in the four major cities, it is higher as of 2014 (38%). There are more female representatives in provincial councils (24.7% in 2015). There are few measures of intersectionality regarding women in politics, as ethnic minorities and women are often counted separately; however, the most recent figures of political participation of ethnic minority women are 1 percent in 2010. Research has revealed that there are barriers to entry for female participation, including timing of meetings conflicting with

family obligations. Pay for local councilors is low and does not cover the cost of living. Discrimination by men could be a problem. Nongovernmental organizations (NGOs) and Civil Society Organizations (CSOs) are suggesting that the government investigate the structural obstacles to women's political participation in municipal councils and to consult with local administrators as to how to overcome these obstacles (Women for Water Partnership 2017). As of 2017, female participation in senior public service positions has risen from 26 percent in 2012 to 31 percent in 2015, which achieves the government's goal. However, some public services have fewer female representatives, and this tally does not take into account people of color (Women for Water Partnership 2017).

Women's Rights

The Dutch Constitution specifies that everyone in the Netherlands is entitled to equal treatment under the law. Article 1 of the Constitution forbids discrimination on the grounds of race, sex, sexual orientation, political opinion, religion, belief, disability or chronic illness, civil status, age, nationality, working hours, or type of contract. Various statutory provisions also prohibit discrimination, including the Equal Treatment Act. Article 7 of the Constitution guarantees freedom of expression, subject to certain limitations (Government of the Netherlands 2017a).

LGBTQ Rights

Same-sex marriage has been legal in the Netherlands since 2001, and since then, over 15,000 gay couples have married. However, there are certain differences between same-sex marriage and marriage between a man and a woman in the Netherlands. Discrimination based on sexual preference is forbidden according to Dutch law. Dutch law also provides provision for co-mothers to become legal parents of children who are adopted or conceived according to artificial insemination, as discussed in a previous section (Government of the Netherlands 2017d).

Intersex children in the Netherlands are still subject to "corrective" surgery at an age where they cannot give free and informed consent, and this matter is being suggested as needing review to make sure it is in compliance with The UN Special Rapporteur on Health, which has stated that partial clitoridectomy as part of the treatment of intersex persons is a form of female genital mutilation (FGM) (Women for Water Partnership 2017). As of 2016, the government has decided to reduce the number of



A Sámi family in *gákti*, traditional dress, in Lapland, Sweden. Sámi refers to northern Europe's indigenous people who live across Sápmi, a region divided between Norway, Sweden, Finland, and the Russian Kola Peninsula. Today, Sámi women lead via democratically-elected positions in the Sámi Parliaments established in Norway, Sweden, and Finland, to represent Sámi interests at the national level. (Cultura RM Exclusive/Philip Lee Harvey/Getty Images)



Armenian women hold torches during a march in Jerusalem, Israel, April 23, 2015, to commemorate the 100th anniversary of what many call the first genocide of the 20th century. In 1915, the Ottoman (Turkish) government began the systematic extermination of its Armenian minority population. It is estimated that between 600,000 and 1.5 million Armenians died in massacres, deportations, and forced marches. (AP Photo/Dusan Vranic)



People march through the street in Brussels during the 2017 Belgian Pride parade. Belgium is an LGBT-friendly nation that is at the forefront of European efforts to extend rights and government protections to gays and lesbians. (Andrey Danilovich/iStockPhoto.com)



A woman lights a candle at Saint Alexander Nevsky Cathedral in Sofia, Bulgaria. Over 75 percent of Bulgarians identify as Eastern Orthodox Christians. (Sergey Rusanov/Dreamstime.com)



Croatian president Kolinda Grabar-Kitarović signs an oath of office, overseen by members of the Supreme Court, on February 15, 2015. The majority of judicial officials in Croatia are women. (AFP/Getty Images)



Czech fans during an Olympic hockey game in Sochi, Russia, February 2014. Many Czech children attend summer camps that include team sports, hiking, and camping. (Odemll/Dreamstime.com)



Christine Svensen of Denmark slides through the rings during her delivery at the Ford World Women's Curling Championship in Saint John, Canada, March 19, 2014. Denmark has more than 14,000 different sports associations, of which approximately 2 million Danes are members. (Jamie Roach/Dreamstime.com)



A woman dressed as Marianne, the symbol of the French Republic since the 1789 Revolution, demonstrates at an anti-austerity rally in support of the Greek population, Paris, France, June 20, 2015. (AP Photo/Kamil Zihnioglu)



Simone Veil was inducted into the Academie Francaise, at the Institut de France, in Paris, France, on March 18, 2010. She was the sixth woman to be so honored by the centuries-old institution. The name of Simone Veil is synonymous with the battle that she spearheaded to legalize abortion in France. A French political icon who survived Nazi death camps, and went on to become a moral figurehead for France, Veil died on June 30, 2017. She is the fifth woman to be given the honor of burial at the Pantheon in Paris. (Alain Benainous/Gamma-Rapho via Getty Images)



Schoolgirls pose in traditional Georgian clothing during a celebration on October 14, 2016, in Mtskheta, Georgia. Women make up 55.5 percent of all Georgian students in higher education. (Radiokafka/Dreamstime.com)



German chancellor Angela Merkel, leader of the conservative Christian Democratic Union (CDU), became Germany's first woman chancellor in 2005. Known for her strength and determination, she has been called *Mutti der Nation* (mother of the nation). Her leadership has brought attention to a wide variety of women's issues in Germany. (Markwaters/Dreamstime.com)



Protesters march in an anti-austerity demonstration in Athens, Greece, May 17, 2017. Greek workers across the country have participated in strikes against European Union-imposed austerity measures that have raised taxes, while slashing wages and pensions. (AP Photo/Thanassis Stavrakis)



Young women in Reykjavic, Iceland. With a history of strong women's rights organizations dating back to 1907, Iceland has been called "the most feminist place in the world." (Goddard Photography/iStockPhoto.com)



Just-arrived Somali migrants in Sicily, Italy, November 5, 2016. One is showing her wristband identification. Despite the high risk of drowning, a record number of people made the dangerous journey across the Mediterranean to Italy in 2016. (JannHuizenga/iStockPhoto)



Majlinda Kelmendi waves to the crowd in the main square of Kosovo's capital, Pristina, on August 14, 2016. Although only 23 out of 28 European Union member states recognize Kosovo, the International Olympic Committee approved the country to compete as an independent nation in the 2016 games in Rio. Kelmendi won Kosovo's first Olympic medal, taking gold in women's judo. (AP Photo/Visar Kryeziu)



President Dalia Grybauskaitė during a state meeting at the Presidential Palace in Vilnius, Lithuania, on December 2, 2015. Grybauskaitė, Lithuania's first woman president, was elected by almost 70 percent of the voters in 2009. (Palinchak/Dreamstime.com)



Norwegian prime minister Erna Solberg speaks during a meeting on gender equality and women's empowerment at the United Nations Headquarters, on September 27, 2015. According to the United Nations Human Development Programme, Norway has one of the lowest levels of gender inequality in the world. (AP Photo/Seth Wenig)



People take part in the International Women's Day rally, demanding inclusivity and equality in Warsaw, Poland, March 5, 2017. Since the fall of communism in 1989, an increasing number of women's organizations—feminist and anti-discrimination groups—has emerged. (AP Photo/Czarek Sokolowski)



A woman, wearing a red carnation in her hair, sings a protest song during a May Day march in Lisbon on May 1, 2015. The red carnation is a symbol of the revolution that restored democracy in Portugal in 1974. Following the revolution, Portugal made significant progress in women's rights. (AP Photo/Francisco Seco)



A woman raises her fist while marching through a street during an anti-government protest in Skopje, Republic of Macedonia, May 31, 2016. In the Republic of Macedonia, voter participation is lower among women than men, and is impacted by economic status, and education level. (AP Photo/Boris Grdanoski)



A woman exits a voting booth with curtains the colors of the Romanian flag, in Bucharest, Romania, December 11, 2016. Approximately 33 percent of the current government are women. (AP Photo/Andreea Alexandru)



Young people march in downtown Moscow, Russia, while holding a banner that states “We need equal rights,” May 22, 2011. Russia does not have any form of legal union for same-sex couples, nor does it offer any legal protection against discrimination based on sexuality or gender identity, making LGBT people vulnerable to prejudice, persecution, and violence. (AP Photo/Ivan Sekretarev)



A Cossack militiaman attacks Nadezhda Tolokonnikova, as she and fellow members of the punk group Pussy Riot, including Maria Alyokhina, center, in the pink balaclava, stage a protest performance in Sochi, Russia, February 19, 2014. Despite being threatened with violence and imprisonment as punishment for their activism, Tolokonnikova and Alyokhina remained defiant: “We have no reasons to be afraid. We are free people, and free people feel no fear.” (AP Photo/Morry Gash)



A shepherdess on the road near the village of Donja Vapa, Serbia. According to the U.S. Department of State, entrenched traditional gender roles in Serbia have led to discrimination against women, particularly in rural areas. Although Serbian women own 28 percent of all farms, women make up 71 percent of unpaid agricultural workers. (Nomadbeg/Dreamstime.com)



Ada Colau, a social and political activist from Barcelona, was one of the founding members of the PAH (Platform for People Affected by the Loan Crisis). The organization was created as a response to the 2008 financial crisis, which exposed the corruption of the banking industry in Spain. On June 13, 2015, Colau was elected Mayor of Barcelona, the first woman to hold the office. (Enriquealvoal/Dreamstime.com)



People participating in National Day celebrations in Norrköping, Sweden. One in five children in Sweden has a family with roots in another country—primarily Iraq, Somalia, Poland, or Thailand. (Rolf52/Dreamstime.com)



Women activists in Ankara, Turkey, some dressed in wedding gowns representing child brides forced into marriage, hold placards that read “End Violence” to protest rape and domestic violence, November 27, 2011. Underage and forced marriages are still common in rural Turkey, despite the stipulations of the law, and political and religious leaders’ public condemnation of it. (AP Photo/Burhan Ozbilici)



A woman holds a picture of Ukrainian pilot Nadezhda Savchenko outside the Russian Embassy in Kiev, Ukraine, March 21, 2016. Savchenko, the first Ukrainian woman to train as military pilot and to fly a bomber in combat, was imprisoned by the Russian government. In 2014, while still imprisoned, she was elected to the Ukrainian parliament. Her story was the subject of a documentary film, and her detention sparked human rights protests against Russia. Savchenko was finally released in a prisoner exchange in May 2016. (AP Photo/Sergei Chuzavkov)



Campaigners for both sides in the 2014 referendum on Scottish independence gather on High Street, in Perth, Scotland, shortly before a visit by First Minister Alex Salmond and Deputy First Minister Nicola Sturgeon, September 12, 2014. The “no” campaign prevailed and Scotland remained part of the United Kingdom. In November 2014, Sturgeon became the first woman First Minister of Scotland. (Jonathan Mitchell/Dreamstime.com)



An art restorer works on a fresco painting at a chapel in Italy. In 2014, Italian women earned 94 percent of the average income of Italian men, the smallest gender pay gap in Europe. While fewer women work full-time in Italy than in Northern European countries, Italian women who work tend to be better educated than their male counterparts. (ilbusca/Getty Images)

official documents that require people to indicate their gender identity (Government of the Netherlands 2017b).

Divorce

The number of divorces in the Netherlands in 2013 was 33,636, which was half the number of marriages for that year. Even though the number of marriages has decreased since 1970, the percentage of the population that is married has remained more or less stable. As of 2011, only 9 percent of the Dutch population was divorced (Eurostat 2015). As many women tend to make less money than men in a relationship, if the relationship breaks up, women are left with 25 percent less purchasing power (CBS 2017).

Employment

Dutch women up to age 45 are more highly educated than Dutch men; however, women are still underrepresented in the labor market. Women have fewer paid jobs, work fewer hours, and receive less pay than men (CBS 2017). The Dutch government seeks to create gender equality through promoting the economic independence of women by raising the number of women who are employed. This includes encouraging women to seek jobs and helping to create a framework for men and women to share work and care responsibilities in a more balanced way (Government of the Netherlands 2017b).

An obstacle to women seeking employment outside of the home can be balancing work with child care. Since Dutch women are primarily responsible for caring for children, the government encourages businesses to arrange flexible working hours, introduce systems for parents to take time off, or help fund the cost of child care. Creating these opportunities for both sexes would allow women to enter the workforce in increasing numbers. The government is also working with city governments to provide learning opportunities and training for women with few business skills. The government has mandated that management in businesses must consist of 30 percent women and 30 percent men, as diversity has been shown to boost corporate results (Government of the Netherlands 2017b).

The government has also asked organizations such as the Social and Economic Council of the Netherlands for help in identifying stereotyping and discrimination in the labor market. By the end of 2014, a document titled “Discrimination Does Not Work!” outlined recommendations to prevent and combat discrimination, focusing on specific

groups of women, including increasing awareness of stereotyping. In addition, the government stimulates initiatives to encourage young people to choose professions traditionally dominated by the opposite gender (science and technology for girls; education for boys) (European Parliament 2015).

Part-Time Work

The greatest gender disparity in the Dutch labor force is in the arena of part-time work. More than three-quarters of Dutch women with a job work part-time, and this proportion is the highest found in Europe, with the EU average at 33 percent of women. About a quarter of all working Dutch women work less than 20 hours per week. The most common explanation for this gender disparity in part-time work is the presence of children. In dual-earner Dutch households with young children, the most common model is for the man to work full-time and the woman to work part-time. However, working part-time has become common among women in all age groups, with or without children (European Parliament 2015).

Typical Careers and Pay

The Dutch labor market is starkly segregated by gender. Women disproportionately work more in social services arenas, including health care, education, and the hospitality industry (European Parliament 2015). The pay gap in the Netherlands is also highly divided by gender. On the whole, Dutch women earn lower incomes than their male counterparts. In 2012, the gender pay gap in the Netherlands was 16.9 percent, which is slightly higher than the EU average of 16.4 percent. Reasons given for the pay gap in the Netherlands are differences in work experience, education level, and management level between men and women (CBS 2017). However, in a nation where women are overwhelmingly undertaking part-time work, it is no surprise that they are falling short compared to men in the realms of work and managerial experience.

Prostitution

Prostitution is legal in the Netherlands as long as the parties involved are consenting adults. Prostitutes in the Netherlands can work as freelancers or paid employees. The Dutch government is working to amend its rules for businesses in the sex industry to protect sex workers from exploitation, as abuses in the industry still occur.

The Government of the Netherlands has established a national program to tackle such abuses, working primarily to improve the social position of prostitutes, to make and maintain contact with prostitutes, and to increase supervision and law enforcement in the sex industry (European Parliament 2015).

Issues

Major human rights issues in the Netherlands currently include animosity and discrimination against certain ethnic and religious minority groups (primarily Muslim immigrants), domestic violence against women, child abuse, and human trafficking (U.S. Department of State 2016c). Because prostitution is legal in the Netherlands and because of its geographical location, human trafficking has become one of the largest issues facing women there today.

Human Trafficking

The Netherlands is referred to as a destination, transit, and source country for women and children from Africa, Eastern Europe, the Netherlands, and South and East Asia who are the victims of sex trafficking and forced labor, including domestic servitude, offshore oil exploration, and agricultural work, among others (U.S. Department of State 2016c). Dutch girls are also at risk of being enticed by male traffickers who convince them to enter into a sham relationship only to then intimidate and exploit them sexually. Other vulnerable populations for sex trafficking include unaccompanied children, asylum seekers, women who have entered into a fraudulent marriage, and domestic workers for foreign diplomats. The media and police reported in January 2016 that human traffickers targeted and recruited women at asylum centers for prostitution (U.S. Department of State 2016c).

According to the U.S. State Department, the Netherlands meets the minimum standards to eliminate human trafficking. The Dutch government makes significant strides to investigate, prosecute and convict sex trafficking offenders. In addition, the Dutch government also enforces victims' rights (U.S. Department of State 2016c). Law enforcement agents must refer victims to protection services. The Dutch government has also made efforts to raise awareness of sex trafficking. In 2015, 215 individuals were investigated by the prosecutor's office for trafficking relative to the 280 cases investigated in 2014. Of those 2015

cases, 189 defendants were prosecuted and 139 convicted relative to the 192 prosecuted and 134 convicted in 2014 (U.S. Department of State 2016c). The conviction rate only rose slightly between 2014 and 2015, from 70 percent to 74 percent. On the whole, human trafficking for the purpose of sexual exploitation remains a serious problem in the Netherlands.

Child Abuse

In the Netherlands, youth are defined as being 25 years old or younger. There were approximately 5 million children and youths in this age group in 2015 (Netherlands Youth Institute 2017). One in four children in the Netherlands have an immigrant background, and 15 percent live in a one-parent household. Child abuse is defined as any form of physical, psychological, or sexual threat or violent behavior toward minors (De Baat et al. 2011). In 2005, the Netherlands enacted this definition into the Act on Youth Care. In 2010, 118,000 Dutch children or youths were the victims of abuse. This included 3.4 percent of children and youths between the ages 17 and younger. De Baat (2011) and colleagues also noted that 34.6 percent of students between the ages of 12 and 17 had experienced at least one form of abuse during their lifetime and as many as 18.7 percent during the year prior. In response to these rates of abuse, the Dutch government has been active in legislation aimed at preventing and recognizing the signs of abuse. These efforts include the 2007 Children Safe at Home Plan and the 2011 Children Safe. The Children's Ombudsman and the Children's Rights Collective have been instrumental in publishing reports on how child abuse is managed in the Netherlands.

Violence against Women

The rate of abuse against women in the Netherlands is quite high. According to statistics, 39 percent of all women in the Netherlands have been the victims of sexual violence at some time in their lives. This statistic is likely much higher in reality due to underreporting. The government of the Netherlands has implemented policies designed to encourage women to report domestic violence, which could account for recent increases in the number of reported cases of domestic violence. Violence against women may be the result of the power inequity between genders in the Netherlands as well as stereotyped thinking about gender roles, which is often reinforced through the media. To tackle this issue, the Dutch government has

produced learning packages for use in sex education and media literacy classes in Dutch secondary schools (European Parliament 2015).

LAUREN GALLOW

Further Resources

- Avery, Laurel. 2016. "Sex Education in the Netherlands." Dutch-Review, June 27. Retrieved from <https://dutchreview.com/dutchness/the-foreign-perspective/sex-education-in-the-netherlands>.
- Bussemaker, J. 2013. "Fifty-Seventh Session of the Commission on the Status of Women." Retrieved from <http://www.un.org/womenwatch/daw/csw/csw57/generaldiscussion/memberstates/netherlands.pdf>.
- CBS (Centraal Bureau voor de Statistiek). 2017. Retrieved from <https://www.cbs.nl/en-gb>.
- CIA (Central Intelligence Agency). 2016. "Netherlands." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2091rank.html>.
- COC Netherlands. 2013. "LGBTI Children in the Netherlands." Retrieved from <https://www.coc.nl/wp-content/uploads/2015/10/LGBTI-Childrens-rights-ENG.pdf>.
- De Baat, M., Van Der Linden, P., Kooijman, K., Vink, C. 2011. "Combating Child Abuse and Neglect in the Netherlands." *Netherlands Youth Institute*.
- Dutch Community. 2012. "Sports and Leisure in the Netherlands." Retrieved from <https://dutchcommunity.com/2012/05/23/sports-and-leisure-in-the-netherlands>.
- European Commission, Directorate-General Justice. 2013. "The Current Situation of Gender Equality in the Netherlands—Country Profile." Retrieved from http://ec.europa.eu/justice/gender-equality/files/epo_campaign/131205_country_profile_netherlands.pdf.
- European Parliament, Directorate-General for Internal Policies. 2015. "The Policy on Gender Equality in the Netherlands." Retrieved from [http://www.europarl.europa.eu/RegData/etudes/IDAN/2015/519227/IPOL_IDA\(2015\)519227_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/IDAN/2015/519227/IPOL_IDA(2015)519227_EN.pdf).
- Eurostat. 2015. "Marriages and Births in the Netherlands." Retrieved from http://ec.europa.eu/eurostat/statistics-explained/index.php/Marriages_and_births_in_the_Netherlands#Marriages_between_same-sex_couples.
- Government of the Netherlands. 2017a. "Discrimination." Retrieved from <https://www.government.nl/topics/discrimination/contents/prohibition-of-discrimination>.
- Government of the Netherlands. 2017b. "Gender Equality." Retrieved from <https://www.government.nl/topics/gender-equality>.
- Government of the Netherlands. 2017c. "Marriage, Registered Partnership and Cohabitation Agreements." Retrieved from <https://www.government.nl/topics/family-law/contents/marriage-registered-partnership-and-cohabitation-agreements>.
- Government of the Netherlands. 2017d. "Same-Sex Marriage." Retrieved from <https://www.government.nl/topics/family-law/contents/same-sex-marriage>.
- IndexMundi. 2016. "Netherlands." Retrieved from <http://www.indexmundi.com/netherlands>.
- Ministry of Foreign Affairs. 2015. "IOB Evaluation: Gender Sense & Sensitivity." Retrieved from <https://www.oecd.org/derec/netherlands/Gender-sense-sensitivity.pdf>.
- Netherlands Youth Institute. 2017. "Introduction to Dutch Youth Policy." Retrieved from <http://www.youthpolicy.nl/en/Introduction-to-Dutch-youth-policy/Facts-and-Figures>.
- OECD Better Life Index. 2017. "Netherlands." Retrieved from <https://www.oecdbetterlifeindex.org/countries/netherlands>.
- Olson, Susan M. 1995. "Comparing Women's Rights Litigation in the Netherlands and the United States." *Polity* 28.2: 189–215.
- Pieters, Janene. 2016. "Netherlands Drops Three Spots on Gender Equality Rankings." *Netherland Times*, October 26. Retrieved from <http://nltimes.nl/2016/10/26/netherlands-drops-three-spots-gender-equality-rankings>.
- Royal House of the Netherlands. 2017. Retrieved from <https://www.royal-house.nl>.
- Rutgers. 2017. "In the Netherlands." Retrieved from <http://www.rutgers.international/programmes/Netherlands>.
- Santelli, John S., and Amy T. Schalet. 2009. "A New Vision for Adolescent Sexual and Reproductive Health." Retrieved from https://ecommons.cornell.edu/bitstream/handle/1813/19323/NewVision_Nov09.pdf?sequence=2&isAllowed=y.
- Social and Economic Council of the Netherlands (SER). 2014. "Discrimination Doesn't Work!" Retrieved from <https://www.ser.nl/en/publications/publications/2014/discrimination.aspx>.
- The Hague. 2015. "Health Insurance." Retrieved from <https://www.denhaag.nl/en/residents/to/Health-insurance.htm>.
- The Hague. 2016. "Education in the Netherlands." Retrieved from <https://www.denhaag.nl/en/residents/education-and-childcare/education-in-the-netherlands.htm>.
- World Bank. 2015. "Age Dependency Ratio: Netherlands." Retrieved from <http://data.worldbank.org/indicator/SP.POP.DPND?locations=NL>.
- UNDP (UN Development Programme). 2015a. "Gender Equality Index for the Netherlands." Retrieved from <http://hdr.undp.org/en/composite/GII>.
- UNDP (UN Development Programme). 2015b. "Human Development Report NLD." Retrieved from <http://hdr.undp.org/en/countries/profiles/NLD>.
- U.S. Department of State. 2016a. "Country Reports on Human Rights Practices for 2016." Retrieved from <https://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm#wrapper>.
- U.S. Department of State. 2016b. "U.S. Relations with the Netherlands." Retrieved from <https://www.state.gov/r/pa/ei/bgn/3204.htm>.
- U.S. Department of the State. 2016c. *Trafficking in Persons Report*. Retrieved from <https://www.state.gov/j/tip/rls/tiprpt/countries/2016/258830.htm>.
- Ward, Claire. "How Dutch Women Got to Be the Happiest in the World." 2011. *Maclean's*. Retrieved from <http://www.macleans.ca/news/world/the-feminismhappiness-axis>.

- Weaver, Heather, Gary Smith, and Susan Kippax. 2005. "School-Based Sex Education Policies and Indicators of Sexual Health among Young People: A Comparison of the Netherlands, France, Australia and the United States." *Sex Education* 5.2: 171–188.
- WHO (World Health Organization). 2011. "Key Facts on HIV Epidemic in the Netherlands and Progress in 2011." Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0018/191142/The-Netherlands-HIVAIDS-Country-Profile-2011-revision-2012-final.pdf?ua=1.
- WHO (World Health Organization). 2013. "Nutrition, Physical Activity & Obesity: Netherlands." Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0018/243315/Netherlands-WHO-Country-Profile.pdf?ua=1.
- WHO (World Health Organization). 2015. "Netherlands." Retrieved from <http://www.who.int/gho/countries/nld.pdf?ua=1>.
- WHO (World Health Organization). 2016. "Netherlands HiT." Retrieved from <http://www.euro.who.int/en/countries/netherlands/publications3/netherlands-hit-2016>.
- Women for Water Partnership. 2017. "Netherlands Council of Women Factsheet." Retrieved from <http://www.womenforwater.org/nvr-factsheet.html>.
- Yerkes, M. "Diversity in Work: The Heterogeneity of Women's Employment Patterns." 2010. *Gender, Work & Organization* 17: 696–720.

Norway

Overview of Country

Norway is situated at the northernmost tip of continental Europe with an approximate total area of 200,000 square miles (323,802 sq. km). It is bordered by the countries of Finland, Sweden, and Russia as well as by the North Sea and North Atlantic Ocean. The coastline is defined by innumerable fjords that stretch inward toward the mountainous terrain. With about two-thirds of its total landmass occupied by rugged mountainscapes, Norway is composed of high plateaus divided by small valleys and plains with a large arctic tundra in the north that remains mostly uninhabited.

Although archaeological evidence suggests that people began settling in Norway around 10,000 years ago, it was not until the Viking Age (800–1030 CE) and the advent of Christianity under the rule of Olav Haroldsson (1030 CE) that the histories of towns and villages began to be recorded. About 82.1 percent of Norway's total population are members of the state's official church, the Church of

Norway (CIA 2016). After Haroldsson's death, Norway found itself in a long period of strife and civil war, as various individuals made claims to the crown. Despite ongoing inner conflict, by the 13th century, Norway had expanded its reign to include dominion over Iceland, Greenland, Shetland, the Faeroes, and the Orkney Islands. This all changed when the Black Plague hit Norway in the 1350s and wiped out more than half its population (Norway.org 2015). Weakened, Norway formed unions with Denmark (1380–1814) and Sweden (1814–1905). Norway's union with Sweden ended in 1905 when Haakon VII was crowned the Swedish king. Norway then regained independence under a new constitution.

In the 1960s, large deposits of oil and gas were located off Norway's coast, and drilling boosted Norway's economy. Ranked as the world's third-largest natural gas exporter and seventh-largest exporter of oil, Norway continues to prosper from these resources as well as from fish, minerals, and forests (CIA 2016). Despite contributing significantly to the European Union (EU) budget, Norway remains a nonmember.

As of July 2015, the total population of Norway was 5,207,689. This includes 94.4 percent classified Norwegian, 3.6 percent other European, and 2 percent as other. Some 60,000 Sami, the indigenous peoples of Scandinavia, are included under Norwegian (CIA 2016).

Despite being ranked 1st out of 187 nations on the Gender Inequality Index (GII; 0.068) in the UN Human Development Programme (UNDP 2014), Norway continues to struggle with issues of domestic violence, transgender rights, a gender pay gap, and higher rates of illness affecting women.

Girls and Teens

As of 2015, approximately 18 percent of Norway's total population fell in the age group of 14 years old and younger, with another 13 percent aged 15–24. Of this particular population, slightly less than half are girls (CIA 2016). Despite being slightly outnumbered by boys, girls in Norway fair slightly better than their male counterparts in school life expectancy and youth unemployment rates (CIA 2016).

Literacy

Norway ranks quite high in youth literacy, with a regional average of 99.8 percent among 15- to 24-year-olds, equally divided among boys and girls (UNESCO 2015). Such high

numbers paired with increasing numbers of girls going on to pursue tertiary education have placed Norway as a leader in education rights globally. Norway has just recently used this platform to not only continue to fight for girls' rights to education locally but also on a global scale as well in their pledge to contribute to the Global Partnership for Education.

Sex Education

Norway is in the process of implementing an inclusive, straightforward sexual education program in which children are targeted as the main audience. Such a program includes discussions on sexual health, birth control, consent, and nonheteronormative identities as well as the naturalness of sex. Despite being viewed as progressive by some, the program has also come under recent criticism as further targeting and sexualizing youth by implementing a program at young ages.

Health

Although Norwegian citizens enjoy a relatively high life expectancy overall, Norwegian women have a slightly higher current life expectancy than men (84.1 years at birth) (Statistics Norway 2015a). With one of the lowest mortality rates in the European Union and an increasing density rate of doctors per capita, Norway fares quite well in regard to health care. Despite this, there has been dismay over long waiting periods for elective care.

Access to Health Care

Health care in Norway is provided by the National Insurance Scheme and is based on the principles of universal access, decentralization, and free choice of provider. Being one of the most sparsely populated countries in Europe, Norway still struggles with ensuring equal access to health care among all geographical and social lines, despite having a large ratio of health care workers per capita.

Maternal Health

Norway was one of many countries to experience a post-war baby boom until around the 1960s. Since then, Norway's birth rates have showed an overall general decline, coming in with a current fertility rate of just under two births per woman (CIA 2016). Despite being set up for a general decline in population, Norway is actually on the

higher end of fertility rates compared to other EU countries. There is speculation that this may be an effect of more women going into the workforce and pursuing post-secondary education. As such, the average childbearing age for women has increased to around 30.6, compared to 26.6 in the 1970s (Statistics Norway 2015a). All examinations during and after pregnancy are free of charge to women. Pregnant women and children, regardless of residency or citizenship, are also afforded access to immunizations and primary health care.

Abortion rates have remained relatively stable at around 14,000–16,000 a year in Norway since the passing of the 1978 Abortion Act, which put the decision in the hands of expectant mothers up to the 12th week of pregnancy. This rate is highest among 20- to 29-year-olds, with an estimated 2 percent obtaining abortions. The number of abortions compared to births is almost double among 15- to 19-year-olds (Statistics Norway 2015a). As part of Norway's larger health care initiatives, all abortions are free and guaranteed to take place in a hospital with a licensed physician. Despite having a fairly open policy around abortion, new legislation is expected to be proposed to tighten the law after reports of illegal abortions past the recommended 18 weeks were discovered being performed in local hospitals. Opposition comes from claims that the section titled "social issues" as one of the possible cited reasons for abortion is too vaguely worded and allows for the abortion of healthy and viable fetuses (The Local 2014).

Diseases and Disorders

While a large focus is placed on breast cancer and preventative measures, the leading cause of death for women in Norway is heart disease. According to Statistics Norway's latest poll in 2012, 1,439 women died of a heart attack compared to 645 dying from breast cancer (Bergström 2015). Although showing a significant decrease from the peak of heart attack-related deaths in the 1970s, many doctors are urging researchers to focus more specifically on women's hearts and related diseases, emphasizing the still minimal level of knowledge that is produced in the field.

Education

Norway spends about 6.6 percent of its gross domestic product (GDP) annually on education (CIA 2016) and contributes significantly to funding educational initiatives abroad. Recently, Norway has seen a steady increase in the

number of women enrolled in all levels of the education system, especially that of postsecondary education. Overall, an estimated 6 out of 10 students today are women (Statistics Norway 2015a).

Primary and Secondary Education

Kindergarten is not mandatory in Norway, but there has been a recent push to change this. Currently, almost 98 percent of 3- to 5-year-olds are enrolled in kindergarten or some form of preprimary education (Statistics Norway 2015a). If not enrolled in a preprimary course, most children start their schooling at the age of 6 and are required to complete a mandatory 10 years of primary and secondary schooling.

Since almost all schools at the primary and secondary education level are public, curriculum is generated and monitored by the state and the Ministry of Education. Having a relatively large population of Sami, a specific Sami curriculum is required for all students. An extra, specialized Sami curriculum is given in areas that are defined as Sami districts to continue to preserve and promote the Sami language and cultural traditions. State textbooks are also provided in the Sami language for students.

Despite the prevalence of women in the education system, many still follow more “traditionally feminized” program paths (design, health, music, etc.), with enrollment in programs such as construction and other technical fields falling well below 20 percent (Statistics Norway 2010).

University Education

There are 53 accredited and 22 nonaccredited higher education institutions in Norway; a majority of them are run by the state, and all offer free tuition (Bakken 2013). The increase of women pursuing postsecondary education is especially high, with more than 65 percent of all university-level students being women. Women are now the majority of students who pursue degrees at the bachelor’s, master’s, and PhD levels (Statistics Norway 2015a), and this is expected to continue to increase as Norway implements more laws and policies aimed to benefit women in higher education.

Whereas men still make up a majority of those enrolled in the Norwegian University Police College (60%), an increasing 40 percent of those enrolled are now women, as more women enter the workforce. Although enrollment in military colleges has doubled since 2000, women still only make up 14.2 percent of those enrolled (Statistics Norway

2015a). Experts expect this number to change, as laws pertaining to the draft are beginning to include women for the first time.

Adult Education and Lifelong Learning

Similar to the patterns displayed among school-age children and young adults, women are more likely to enroll in adult education programs as well as lifelong learning courses in addition to their jobs. This accounts for education at all levels: primary, secondary, and tertiary. The Programme for Basic Competence in Working Life funds courses that aim to help those who may struggle with writing and other basic skills aligned with their career paths.

Employment

Norway fares quite well in terms of equal employment, ranking 2nd out of 145 countries in the Gender Gap Index (WEF 2015). Although making great strides, women are still more prevalent in typically gendered positions, such as secondary school teachers, nurses, and cleaners. Overall, Norway’s unemployment rate hovers around 3.1 percent (WEF 2015), with women’s unemployment being slightly lower than the men’s (Statistics Norway 2010).

Formal Labor

Women in Norway make up 47 percent of the total labor force. Although this rate has been on a steady increase since the 1970s, the number of women in Norway who work full-time is still below that of men, with most of the women in the labor force working in part-time jobs (Statistics Norway 2015a). This is the direct result of most women working in services such as health care, in which time is split between multiple part-time positions with few full-time alternatives. In 2012, an estimated 39 percent of women worked part-time, while only 1 percent of men did the same (U.S. Department of State 2013).

Despite a heightened effort for overall gender equality and the large number of women pursuing postsecondary education, male and female career paths still tend toward more traditional, or gendered, roots, with men making up a larger percentage of construction workers, doctors, and engineers. Overall, more women work in the public sector, with a majority of local government positions being held by women. Despite this and a quota law in 2003 that required company boards to have at least 40 percent of

The Norway Model of Boardroom Quotas

Corporate boards notoriously omit women from membership. In the United States, women represent less than 15 percent of board members for Fortune 1,000 companies. In 2008, Norway created a quota for board membership that requires at least 40 percent of board members to be women. Although women's presence on these boards hasn't yet had much of an impact on the bottom line, improvements have occurred in other ways, such as "more focused and strategic decision-making, increased communication, and decreased conflict" (Sweigart 2012). Now other European countries—Spain, France, Iceland, the Netherlands, Italy, and Belgium—have also passed laws requiring greater numbers of women on corporate boards. Unfortunately, increased representation on boards has not led to increased representation as CEOs. In fact, no woman is CEO for any of Norway's 60 largest companies. Researcher Mari Teigen quipped, "Women tend to believe there is a problem with the industry. Men tend to think there is a problem with the women" (Lindahl 2015).

Lindahl, Björn. 2015. "Norway's Female Boardroom Quotas: What Has Been the Effect?" *Nordic Labour Journal*, May 21. Retrieved from <http://www.nordiclabourjournal.org/artikler/forskning/research-2015/article.2015-05-20.3011019632>.

Sweigart, Anne. 2012. "Women on Board for Change: The Norway Model of Boardroom Quotas as a Tool for Progress in the United States and Canada." *Northwestern Journal of International Law & Business* 32: 4.

both men and women, men still dominate positions overall (Solsvik and Fouche 2013).

One area in particular in which women have seen success is film. Of feature fictional films in 2014, more than 50 percent of key staff (screenwriter, director, producer) were women, with 34.4 percent in documentaries and an impressive 61.3 percent in short films (Mitchell 2015). These figures are dramatically up from previous data collected around 2010. By the numbers, women in film (production) fare far better than their counterparts in the United States as well as many parts of Europe. The next step on the agenda of feminist filmmakers is to disrupt the androcentric culture of film to include perspectives not

only from men or a male point of view but from that of women and minorities as well.

Mirroring the gendered division of labor, women's wages in the education sector make up 95 percent of men's, whereas it is significantly lower in the financial sector, with women making only 71 percent of that of men. Overall, it is estimated that women average 86.4 percent of a man's monthly wage; when looking at annual incomes, this number falls steeply to a mere 67 percent. This drastic difference is due to less women than men being in the labor force, as more women than men are part-time, and a large percentage of pensioners on a (minimum) state retirement are women (Statistics Norway 2015a). These numbers decrease even more between that of women and men when bonuses, commissions, and overtime were incorporated (Statistics Norway 2010). It should be noted that, mirroring the racial makeup of Norway, this number represents white women and does not reflect the differences, if any, for women of color.

Informal Labor

Although it is hard to find exact statistics on the number of women employed in informal labor positions, the *Global Gender Gap Report* shows that the number of minutes spent on unpaid work daily by men and women is fairly even, with women only working approximately 30 minutes more than men (WEF 2015). There is no information in regard to the actual type of work being done.

Family Life

Although family still plays an important role in the lives of many Norwegians, the overall structure of what exactly constitutes a family has changed since 1990. Priding itself on being a child-friendly country in which a happy family life is very important, equal and adequate care for children takes center stage in many ways. Nonetheless, following a postwar boom of sorts, nuclear families have been on the decline as marriage and divorce rates continue to flux. It is estimated that approximately 41 percent of households are now single-headed homes, and 6 out of every 10 children born are born outside of marriage (Statistics Norway 2015a). This, paired with changes in marriage and divorce ratios, ongoing concerns with LGBTQ rights, and an increase of women choosing education first have caused the more 'traditional' families to see an overall decline.

Marriage and Divorce

A decrease in the number of couples choosing to get married paired with an overall increase in divorces has contributed significantly to the number of single-headed households, but this is not the only cause. Recent studies have shown that an increase in the number of individuals who are choosing to cohabitate without getting married has also played a significant role. As of 2014, an estimated 27 percent of all couples were living together, increasing by 11 percent since the 1990s (Statistics Norway 2015a).

Despite the decrease in nuclear families, a majority of cohabiters have children, and in the case of divorce, it is often mothers who obtain parental rights. By having such a strong emphasis on family life and children, Norway is one of few countries that has made state-run child care part of federal regulations. For those who choose not to take advantage of this program, a cash benefit arrangement is given. It is often women who make use of this benefit, as they still are responsible for the majority of tasks and responsibility in regard to family care. Despite many men and women sharing household chores and family care more equally in comparison to other nations, women still find themselves spending more time on unpaid labor than men. As a way to strengthen the bond of a father to his child(ren) in an effort to combat this chasm, 10 weeks of parental care are reserved accordingly for fathers.

LGBTQ Families

As of January 1, 2009, Norway officially made it legal for all persons, regardless of sex to join in marriage (Government.no 2007). This was in addition to LGBTQ individuals having gained the (legal) right to registered cohabitation dating back to 1993.

Although legally sanctioned by law, it was left up to the church whether to accept or hold same-sex ceremonies. As of November 2015, the Church of Norway finally came to a unanimous vote to allow same-sex weddings. As part of the decision, individual priests are allowed to decide whether they want to participate in the ceremonies; the effects of the ruling are not expected to go into effect until 2017 (Zaimov 2015). Making up a significantly smaller portion of parishioners in Norway, the Roman Catholic Church still regards marriage solely as that between a man and a woman.

Nontraditional Families and Adoption

Nontraditional families, including single-headed households, are on the rise in Norway. One reason for this may

be less of a reliance on marriage as a means for support for women and their children. Norway has a stable welfare system in which women and their children are supported regardless of actual ties by marriage.

Although recent laws concerning adoption have also allowed for couples, as well as single-headed households, to foster and adopt children regardless of gender or marital status, single mothers (and fathers) still have to meet additional criteria.

Politics

Norway is a constitutional monarchy with King Harald V taking the role as the current (ceremonial) head of state and Erna Solberg holding the current position of prime minister. An additional parliament was established in 1964 to specifically address matters of importance to the Sami. Overall, women fare quite well in government and political representation. In addition to gender quota laws, most political parties voluntarily apply the gender quota system as well.

Participation and Roles in Government

Norway has seen an increase in women voters since the mid-1980s, with women voting more often than men and young women, in particular, making up a large percentage of those who go to the ballot box. In addition, around 40 percent of Parliament is female, with 7 women serving as Supreme Court justices (out of 19) and 9 (of 18) as heads of government ministries (U.S. Department of State 2013). The current prime minister, Erna Solberg, is also female. Fairing slightly better as far as representation goes, the current Sami parliament is headed by Aili Keskitalo and consists of approximately 49 percent women (Statistics Norway 2013). This is the first time in Norway's history that both the Norwegian and Sami parliaments were simultaneously headed by women.

Feminist Movements (Include Protests)

In 1913, by granting women the right to vote, Norway became the first independent country in the world to grant universal suffrage, 15 years after men. The right to vote and the Norwegian woman's movement were largely spearheaded by Gina Krog and the Woman's Suffrage Association, which was established in 1885. After gaining the right to vote, women quickly took to trying to get women into elected offices. While various branches and feminist

Sámi Women, the Indigenous Women of Europe

Sámi women have actively worked toward political equity and power within colonizing states since Elsa Laula Renberg founded the first Sámi women's organization in 1910 and collaboratively organized the first cross-border Sámi meeting in 1917. *Sámi* refers to Northern Europe's indigenous people who live across Sápmi, a region now divided between Norway, Sweden, Finland, and the Russian Kola Peninsula. At the beginning of the 20th century, Laula Renberg, a revolutionary and visionary, identified the colonizing impacts Scandinavian governments had on Sámi peoples. In response, she sought to unify a linguistically, culturally, and geographically diverse people to demand their rights to land and culture.

Today, Sámi women continue to co-lead political organizing via their democratically elected positions in the Sámi parliaments established in Norway, Sweden, and Finland to represent Sámi interests at the national level. At the beginning of the 21st century, Sámi women comprise almost half of their respective parliaments.

However, equal political representation is not equivalent to equal political power, argues Rauna Kuokkanen (2014). Women rarely lead political committees, their opinions can be subtly trivialized, and few are selected as board members to key Sámi organizations. Further, colonial laws that affected Sámi women's inheritance and property rights continue to marginalize their participation in traditional economic activities, including reindeer herding.

The image of the strong Sámi woman, exemplified by activist and politician Elsa Laula Renberg (1877–1931), is both reality and stereotype. Sámi women participate in leadership; yet, they are silenced when the lasting impacts of colonialism and patriarchy on Sámi gender relations are not critically interrogated.

—Amanda S. Green

Kuokkanen, Rauna. 2014. "Gendered Violence and Politics in Indigenous Communities." *International Feminist Politics* 17.2: 271–288.

organizations still exist today, they are not as prominent simply because of recent changes of state law and policy in the last few decades that specifically focus on garnering rights for women in the name of equality.

The Kindergarten Act is one such law that came out of Norway's attempt to better the lives of mothers and children that many so-called feminists have taken issue with. By granting cash benefits to the parents of one- and two-year-olds who are not in nursery programs, opponents worry that the already gendered structure of the workforce will cause more women to receive this benefit and stay home with their children, thus withdrawing from the workforce and dismantling much of the work that has previously been done to get more women working.

Mirroring similar movements in Europe and the United States, Norway also saw an increase in feminist activism in the 1960s and 1970s. Having previously focused on gaining the right to vote and placing women in government positions, the Norwegian woman's movement shifted its focus to include issues of immigration, abortion, women in work, and much more. Much like many of their "sister" movements in the United States and Europe, the Norwegian women's movement was and still is often criticized

as being a white, middle-class women's movement. This gave rise to the appearance of various other groups, such as workers and indigenous rights groups.

Currently, the women's movement in Norway has become very political. Following in the footsteps of neighboring Sweden, Cathrine Linn Kristiansen will be the first Norwegian member of the Feminist Initiative Party to run for office on a completely feminist platform. The Feminist Initiative platform, as with the women's movement, aims to focus not only on issues affecting women, but also on other marginalized and underrepresented individuals (Coleman 2015).

Citizenship and Immigration

Overall, the lives of female immigrants mirror native-born Norwegian women quite closely. One of the main differences comes in the sheer numbers of immigrants and refugees that are currently in or coming to Norway. A large proportion of these individuals are still male. Where Norway does see a spike in migration of immigrant women is when these women are reuniting with spouses or their families. New residency and immigration laws currently

put on the table in 2016 would make it harder both for refugees and immigrants to not only enter but permanently reside in Norway and would cause a large fracture in the reunification of families. Despite these seemingly looming laws, a large proportion of the individuals Norway did grant citizenship to in 2014 were female. This may partially be the result of programs that specifically target and focus on the empowerment of immigrant women with low educational and working backgrounds.

Armed Forces

As of 2015, the Norwegian Army had widened its recruiting range to include not only men but women as well. Parliament overwhelmingly voted in favor of opening up Norway's mandatory conscription laws to both sexes. Previously, it was only 17-year-old boys who would receive conscription letters asking them to complete a short survey used to identify those qualified for duty. Now, 17-year-old girls across Norway will be receiving the same letters. This does not mean all women will have to serve in the army; likewise, with boys, only a portion will get past the questionnaire, interview, and physical and psychological exams to make it to training. By doubling the search pool, the army will essentially only be taking "the best of the best." In doing so, they aim to shut down naysayers who view women as not being strong or powerful enough to serve in the military. Although mandatory conscription for women is something new, women in the military is not. Norway has allowed female volunteers since around 1980 and includes women at every level of service (Braw 2015).

Additionally, Norway has unveiled a new plan that would call for the inclusion of more women in peace discussions. The new plan, titled Women, Peace, and Security, recognizes the importance of having women involved in the decision-making process, especially in times of war and armed conflicts, as a way to better protect women and girls.

Antidiscrimination Law

While Norway currently has laws that address issues of discrimination on the basis of gender equality and sexuality, among others, a recent proposal has been made to combine all current antidiscrimination laws into a larger, more comprehensive framework. This would include filling current gaps in which transgendered individuals are often left out of antidiscrimination doctrine. Such laws, paired with the newly updated Gender and Antidiscrimination

Ombud, have put in significant work in making sure individuals of varying identities are protected from all forms of discrimination.

The Equal Status Act, Marketing Control Act, and Consumer Ombud have all played a significant role in the lives of women, with particular regard to representation in advertising. All three plans include specific regulations that are set up to hinder discrimination based on sex in advertising. Regulations under the acts work together to ensure equality between the sexes, with particular regard to advertising, by banning material that portrays women (or men) in a derogatory or offensive manner. Although wonderful in theory, there has been some criticism of said plans because they do not allow for direct input from consumers in determining what constitutes derogatory or offensive advertising. As such, actual interpretations of what counts as "sex-discriminatory advertising" varies. Nonetheless, in adopting such policies, Norway is one of the few countries worldwide that has set up laws that specifically target advertising agencies.

Religious and Cultural Roles

Norway has been and still remains a predominantly Christian nation, with more than 80 percent of its citizens members of the Church of Norway. Despite this, approximately only 12 percent are estimated to attend church services more than once a month (Samfunnskunnskap.no. 2016). Along with a decrease in traditional church service attendance, baptisms and marriage ceremonies have also shown an overall decrease. This mirrors recent efforts to further the separation of church and state and to allow religious freedom to all citizens. A recent influx of immigrants has also slightly changed the religious makeup of Norway.

Women's Roles

The women's movement has worked vigorously to get women out of the home and into work and government positions. And while more and more women have seemed to take on these roles, women and men are still typically gendered in their roles both within and outside the family. While overall men and women both take care of children at home and both take time off for the birth of a baby, it is still women who put more time into child care and other daily household duties. This feminization of women's jobs is mirrored in the workforce by the positions women hold, such as nurses, teachers, and caregivers.

As for official roles within the church, women are still few in number. Although civil law granted women the right to be ordained in 1938, it was not until 1961 that the Church of Norway officially acted on the decree by appointing a female priest. Women who were ordained were often relegated to being hospital chaplains and often found themselves in specialized roles and not strictly in the churches themselves. It was not until 1992 that Rosemarie Koehn rose high enough through the ranks to become Norway's first female bishop and only the third female Lutheran bishop worldwide. Given the church's reluctance, the number of ordained females continues to remain relatively low. Koehn and her fellow female clergy have all been very vocal in expanding the number of women in the church to act as role models for female churchgoers and the community at large. Despite positive views on the inclusion of more female clergy and with a new decree allowing same-sex marriages within the church, some clergy, both male and female, remain hesitant on the matter. Hilde Raastad, a priest of 18 years who identifies as lesbian, left the Church of Norway in 2013, citing homophobic attitudes and practices as her main reason (The Local 2015)

Religious Laws

Despite women still holding traditional roles of wife and mother, more women are stepping outside or bending the rules of traditional marriages. One way women do this is by keeping their surname or hyphenating the surnames of their children to reflect both the line of the mother as well as the father.

Norse Mythology

Although much of Norway is Christian, Norway and other Northern European countries share a complex and interesting history within the world of Norse mythology. Mostly known as the "Viking religion," Norse mythology consists of many gods and goddesses and the stories of their various encounters among worlds. Frigg, the earth mother and queen of Asgard, is probably one of the best-known female goddesses because of her marriage to Odin, the king of Asgard. Freya, the goddess of love, is also well-known and has many stories told about her beauty. The Norwegian word for *Friday*, *Fredag*, is said to have derived from either *Frigg* or *Freya*. The Valkyries, those who choose the slain in battle, also play a prominent role in Norse mythology. The Northern Lights in fact are said to be a reflection off

the armor of the Valkyries as they ride between earth and Asgard, performing the duties given to them by Odin.

Celebrations

Midsummer is a time in Norway in which many celebrate the height of summer and longer sunshine-filled days. Celebrations typically run from June 23, the longest day of the year, all the way through late July. Midsummer's Night, St. John's Day, or Jonsok, are just a few of the various names the celebrations have received. Midsummer celebrations began with early pagan traditions. Many of the activities centered on fertility and the birth of new life. Women would dance around the maypole while girls looked for flowers to put under their pillows at night in hopes they would dream of their future husbands. While still incorporated into celebrations today, many typically center on bonfires and good food with friends and family.

Issues

Sami

The Sami people are the group of inhabitants indigenous to Northern Europe. While exact census data is not collected for the Sami, recent estimates place the current Sami population in Norway at around 60,000 (CIA 2016).

Although Sami is an official language in nine municipalities, the Sami language is still in danger of becoming extinct. Although outright discrimination is seemingly outdated, many Sami continue to site institutional discrimination and the lack of Sami-speaking officials as ongoing issues. As previously mentioned in the "Education" section, curriculum and textbooks in the Sami language with a focus on Sami traditions and history are provided by the state as a way to curb this. Land rights are also of importance to the Sami people, as they continue to try and navigate laws surrounding property rights and "right to use" laws.

Transgender Rights

Although members of the LGBTQ community generally fare equally well both socially and under the law, transgendered individuals still face discrimination. Currently, laws in Norway make changing one's official name quite easy, but legally changing one's gender still faces larger, problematic medical discourses on sex and gender. To legally change one's gender, individuals must undergo a full sex-reassignment surgery.

To reach a level in which sex-reassignment surgery is “recommended,” individuals must obtain a psychiatric diagnosis of “transsexualism.” Patients who suffer from mental illnesses and depression or are viewed as being overage (read as “too old”) are often denied this recommendation. The procedure is also only conducted at one location nationwide, the Oslo University Hospital, adding an extra degree of difficulty for individuals who wish to have the surgery performed. Such a surgery would also inflict nonreversible sterilization. Many transgender rights advocates both locally and globally have argued against the medicalization of gender in regard to personal identification. Amnesty International in particular has been heavily critical and recently petitioned Norway’s minister of health, Bent Høie, to step up and make significant changes in the laws concerning transgender individuals.

Seemingly taking said advice, as of June of 2015, members of the Norwegian government proposed a law that would allow individuals as young as 7, with parental consent, to legally change their gender. Under the proposed new law, any individual age 16 or above would be able to apply (themselves) for a legal change in gender. Not only would the law allow for greater personal agency in terms of self-identification, but it would also separate the decision from the medical establishment, no longer requiring a medical or psychiatric diagnosis. Nonetheless, the new law would only affect legal documents.

As of 2013, transgendered individuals also find themselves vulnerable under the absence of gender as a category under current laws regarding hate crime and hate speech. Although overall hate crimes are rarely reported, the National Police Directorate urges that this is due to underreporting based on a lack of clarity on the behalf of officers on a national definition of “hate crime.” The Oslo Police Department, in an effort to try to combat such crimes, recently released a clear definition of hate crime, including offenses based on gender, and established a specialized hate crime unit. The rest of the country has yet to follow suit and has been the target of much negative attention from the United Nations in their perceived lack of effort in increasing efforts to fight hate crimes.

Violence against Women

While Norwegians are officially protected by the law against harassment, assault, domestic abuse, and rape (including spousal rape), Amnesty International and other organizations have been critical of the way the Norwegian

government and police have so far handled reports and cases of violence against women. According to Amnesty International and a national study conducted on the prevalence of rape and sexual violence, nearly 1 in 10 women in the study reported having been raped. Out of cases reported, 8 out of 10 were eventually dropped and never fully prosecuted (Amnesty International 2016). Another report in 2014 stated that 87 percent of all victims of sexual offenses were women, and women made up 2 out of 3 victims of ill-treatment within the family (Statistics Norway 2015b). Rape and violence continue to be very gendered, and cases often go unreported.

While the law requires all police districts to have domestic violence coordinators, reports show that many do not. In addition, recent shifts in funding from the federal level down to municipalities has forced budget cuts and shelter closures, making women less likely or less able to seek help in this way.

Nonetheless, Norway continues to support combating violence against women with ongoing action plans that specifically focus on these topics as well as forced marriages and female genital mutilation and circumcision (FGM/FGC) both locally and abroad. Norway is currently signatory to all international and UN sanctions that focus on ending violence against women. The Norwegian government has specifically dedicated around 26 million kroner (roughly USD\$3 million) to sponsor shelters, counseling, and other support services for victims and survivors of violence in various countries around the world (European Economic Area and Norway Grants 2014).

KARISSA SABINE

Further Resources

- Amnesty International. 2016. “Norway 2015/2016.” Retrieved from <https://www.amnesty.org/en/countries/europe-and-central-asia/norway/report-norway>.
- Bakken, Pai. 2013. “Institutional Dynamics in Norwegian Tertiary Education.” NOKUT, June 17. Retrieved from <http://www.nokut.no/en/Facts-and-statistics/Publications/Research-and-analyses/Education-in-Norway/Institutional-Dynamics-in-Norwegian-Tertiary-Education>.
- Bergström, Ida Irene. 2015. “Heart Disease Is the Number One Killer of Women in Norway.” ScienceNordic, October 27. Retrieved from <http://sciencenordic.com/heart-disease-number-one-killer-women-norway>.
- Braw, Elisabeth. 2015. “Both Sexes Called to Arms as Norway Conscripts Girls.” *Newsweek*, March 3. <http://www.newsweek.com/2015/03/13/both-sexes-called-arms-norway-conscripts-girls-310990.html>.
- CIA (Central Intelligence Agency). 2016. “Norway.” *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook>.

- Coleman, Jasmine. 2015. "Feminist Initiative Shakes Up Politics in Sweden and Norway." BBC, April 9. Retrieved from <http://www.bbc.com/news/world-europe-32202434>.
- European Economic Area and Norway Grants. 2014. "Violence against Women: Our Response." Retrieved from https://www.regjeringen.no/contentassets/da4916ff4b8141019f15a7cc87d8f2db/gender-basedviolence_updated092014.pdf.
- Gender in Norway. 2014. "Families and Relationships." Retrieved from <http://www.gender.no/Topics/13>.
- Government.no. 2007. "The Marriage Act." Retrieved from <https://www.regjeringen.no/en/dokumenter/the-marriage-act/id448401>.
- The Local. 2014. "Norway Tightens Law after Late Abortions Revealed." January 2. Retrieved from <http://www.thelocal.no/20140102/norway-to-tighten-law-after-late-abortions-revealed>.
- The Local. 2015. "Norway Woman Bishop Refuses to Ordain Lesbian." Retrieved from <http://www.thelocal.no/20150413/woman-bishop-refuses-to-ordain-lesbian-a-priest>.
- Mitchell, Wendy. 2015. "Good News for Women in Film in Norway, Sweden." *Screen Daily*, May 19. Retrieved from <http://www.screendaily.com/festivals/cannes/good-news-for-women-in-film-in-norway-sweden/5088442.article>.
- Norad. 2015. "Evaluation of Norway's Support to Women's Rights and Gender Equality in Development Cooperation—Mozambique Case Study." Retrieved from <https://www.norad.no/globalassets/publikasjoner-2015-/evaluating-evaluation-of-norways-support-to-womens-rights-and-gender-equality-in-development-cooperation/evaluation-of-norways-support-to-womens-rights-and-gender-equality-in-development-cooperation-mozambique.pdf>.
- Norwegian Ministry of Foreign Affairs. 2015. "Minifacts about Norway 2015." Statistics Norway. Retrieved from https://www.ssb.no/en/befolkning/artikler-og-publikasjoner/_attachment/225814?_ts=14d005aeb20.
- Norway.org. 2015. "A Short History of Norway." Retrieved from <http://www.norway.org.uk/studywork/Norway-For-Young-People/History/Historical-Figures/#.VtD1oZMrJfQ>.
- Reuters. 2015. "Norway Proposes Extending Transgender Rights to Children." June 25. Retrieved from <http://www.reuters.com/article/norway-gender-idUSL8N0ZB3FE20150625>.
- Samfunnskunnskap.no. 2016. "Religions and Ethics in Norway." Retrieved from http://www.samfunnskunnskap.no/?page_id=360&lang=en.
- Solsvik, Terje, and Gwladys Fouche. 2013. "Norway's Gender Quota Law Has Made Boards More Professional: State Fund Boss." Reuters, September 30. Retrieved from <http://www.reuters.com/article/us-nordic-investment-fund-idUSBRE98T0LM20130930>.
- Statistics Norway. 2010. "Women and Men in Norway: What the Figures Say." Retrieved from https://www.ssb.no/en/befolkning/artikler-og-publikasjoner/_attachment/39581?_ts=132b433a8c8.
- Statistics Norway. 2013. "Sami Election." September 9. Retrieved from <http://www.ssb.no/en/valg/statistikker/sametingsvalg>.
- Statistics Norway. 2015a. "This Is Norway 2015: What the Figures Say." Retrieved from https://www.ssb.no/en/befolkning/artikler-og-publikasjoner/_attachment/237252?_ts=1516c73e3a8.
- Statistics Norway. 2015b. "Victims of Offenses Reported to the Police, 2014." Retrieved from <https://www.ssb.no/en/sosiale-forhold-og-kriminalitet/statistikker/lovbruddo/aar/2015-10-13>.
- UNDP (UN Development Programme). 2014. "Norway." In *Human Development Reports*. Retrieved from <http://hdr.undp.org/en/countries/profiles/NOR>.
- UNESCO. 2015. "The Basic Competence in Working Life Programme." Retrieved from <http://www.unesco.org/uil/litbase/?menu=9&programme=126>.
- U.S. Department of State. 2013. "Norway 2013 Human Rights Report." Retrieved from <http://www.state.gov/documents/organization/220527.pdf>.
- WEF (World Economic Forum). 2015. "Economies." In *Global Gender Gap Report*. Retrieved from <http://reports.weforum.org/global-gender-gap-report-2015/economies/#economy=NOR>.
- Zaimov, Stroyan. 2015. "Church of Norway Votes in Favor of Gay Marriage." Christian Post, November 2. Retrieved from <http://www.christianpost.com/news/church-norway-votes-gay-marriage-christian-denomination-148979>.

P

Poland

Overview of Country

The Republic of Poland is a country in Central Europe. It is situated between the Baltic Sea in the north and the Sude-ten and Carpathian Mountains in the south. The neighbor- ing countries are Germany, the Czech Republic, Slovakia, Ukraine, Belarus, Lithuania, and the Russian province of Kaliningrad Oblast. The area of Poland is 120,000 square miles (312,000 sq. km). It is the 70th-largest country in the world and the 9th-largest in Europe (GUS, Central Statis- tical Office 2011b.).

Poland is a representative democracy with a president as head of state. In 2004, Poland became the part of the European Union. Since the opening of the labor market in the European Union, Poland has been experiencing mass emigration.

Poland country is rather homogenous regarding nationalities—less than 3 percent of the total population is a minority. It is inhabited by nearly 38.5 million people, including nearly 7 million children and adolescents aged 17 years and younger, which accounts for more than 18 percent of the total population (GUS, Central Statistical Office 2014b). For every 100 men, there are 107 women. Differences in the numbers of men and women become more apparent in older age groups. For 65- to 84-year-olds, there are 100 men for every 154 women, and in the age

group 85 years and older, there are 100 men for every 284 women (GUS, Central Statistical Office 2014b).

The UN Development Programme (UNDP) ranked Poland 66th out of 187 nations based on the Gender Ine- quality Index (GII) (UNDP 2014).

Structure of the Population

According to the 2011 national census, more than one- third of men (older than 15) are bachelors; however, the percentage of unmarried women is much lower. Less than one-quarter of women are unmarried (GUS, Central Sta- tistical Office 2011a). Women at the time of marriage are on average two years younger than men. The law in Poland allows for the marriage of women under 18 years of age, while a man must be at least 18 years old). The proportion of married men is slightly higher (58%) compared with married women (54%). The proportion of divorced women is higher (nearly 6%) compared with divorced men (4%).

There is a phenomenon of higher male mortality, which causes more frequent widowhood of women. As a result, older men remain married to the end of their lives, while older women are often widows. The percentage of widows in Poland is five times higher (more than 15%) compared with the percentage of widowers (3%). In all age groups, widows outnumber widowers. For people age 80 and over, 80 percent of women are widows (GUS, Central Statistical Office 2011a).

Girls and Teens

There is a predominance of boys among children and adolescents up to age 17. For every 100 boys, there are 95 girls. Girls aged 10–19 years make up 12 percent of the Polish population (GUS, Central Statistical Office 2014b).

In the early 2000s, the scope of extreme poverty among children and adolescents below 18 years of age reached approximately 10 percent (UNICEF 2012).

The life satisfaction of Polish children is the lowest in the group of countries in the Organization for Economic Co-Operation and Development (OECD Better Life Index 2015). Girls have lower life satisfaction than boys, and they display repeated, subjective complaints more frequently (Mazur 2015). Also, fewer girls than boys perceive their weight as normal (36% of girls to 48% of boys); one out of four girls of normal weight is on a diet.

Nearly 35 percent of all teenagers begin drinking alcohol at the age of 13 or younger, and 14-year-old girls declare that they have been drunk at least once. More than 18 percent of 14-year-old girls have a history of sexual activity. Also, the percentage of girls involved in fights has increased since 2000 (Mazur 2015). However, girls are more often victims of bullying and cyber violence. Nearly 10 percent of girls have experienced being a victim of nasty jokes and embarrassing photos posted on the Internet (Komendant-Brodowska 2014).

Structure of the Education System

Education in Poland starts at the age of 6 and is mandatory until the age of 18. It is free of charge in public schools. The education system comprises preschool institutions as well as primary, lower secondary, upper secondary, and post-secondary schools.

The primary school (*szkoła podstawowa*) lasts six years, and the lower secondary school (*gimnazjum*) lasts three years. The upper secondary school (*szkoła średnia*) may last three or four years, depending on the type of school. There are five types of upper secondary schools: three-year general upper secondary school (*liceum ogólnokształcące*); three-year specialized upper secondary school (*liceum profilowane*); four-year technical upper secondary school (*technikum*); three-year basic vocational school (*zasadnicza szkoła zawodowa*); and three-year special schools for pupils with disabilities and special educational needs (*szkoła specjalna*).

At the end of the general and specialized upper secondary school, as well as technical upper secondary school,

pupils take the external matriculation exam (*matura*). Upon passing the exam, they receive the matriculation certificate (*świadectwo maturalne*).

The graduates of the upper secondary schools in Poland who hold the matriculation certificate have a wide variety of educational possibilities. College programs and degree programs are provided by both public and private universities. The degree programs include three-year programs (bachelor's degree), two-year programs (master's degree), and five-year programs (master's degree).

Girls in School

Ninety-nine percent of girls in Poland are enrolled in primary schools, and nearly 98 percent are in secondary schools (GUS, Central Statistical Office, 2014). Girls in primary schools account for nearly 49 percent of total graduates, and this figure does not change in lower and upper secondary schools (GUS, Central Statistical Office 2015c). The statistics for girls and boys are different only when taking into account the type of school. For example, girls are nearly 62 percent of total graduates in the general secondary schools. Also, girls are the majority of graduates of general art schools, at 76 percent (GUS, Central Statistical Office 2015c).

Sexual Education

Since 1999 and the reform of education, sex education has raised many questions. There has been a big debate about what should be taught and who should teach children when it comes to sexuality. Research has shown that young people do not talk with parents about the issues of sex and sexuality. Classmates and teachers are the main sources of information for youth. Parents are the third source of knowledge about sexuality (IBE 2015). Research has also indicated that young people in Poland do not know much about their psychosexual development and sexuality. Sex educators have noticed a “pregnancy paranoia” among teen girls (Ponton Summer Hotline for Teens 2015). Therefore, there is a need for sexual education that is ideologically neutral and based on scientific and pedagogical competence.

Education

Women in Poland receive a majority of secondary school diplomas and enter education at universities more frequently than men (Ministry of Science and Higher Education 2013). The number of female students is greater than

the number of male students; in 2014, women accounted for nearly 60 percent of all students in Poland. Also, 64 percent of them graduate with a master's degree. More women also undertake technical studies; it is estimated that nearly 40 percent of the students in polytechnics are women (Ministry of Science and Higher Education 2013). Women also enter doctoral studies (54%) more frequently than men. However, the former minister of science and higher education, Professor Lena Kolarska-Bobińska, says, "Women make up only 21 percent of professorship. . . . Among heads of large universities there are only 13 percent women" (Kolarska-Bobińska 2014). Therefore, women, despite their educational potentials and competencies, are not promoted as quickly as men. Women still face a glass ceiling.

For women in Poland, there is no age limit when it comes to education. The Universities of the Third Age, which offer extended learning opportunities worldwide, mostly to retired or semiretired people, bring together tens of thousands of learners, most of whom are women.

Several fields of education in Polish universities have a high level of female participants—in particular, education, medicine and health, social work and welfare, life science, the humanities, social science, and the arts (Ministry of Science and Higher Education 2013). These fields are more likely to prepare women for lower-paying professions. This also applies to the teaching profession. A report shows that Polish teachers are some of the lowest-paid teachers the OECD countries (OECD 2014). Nearly 82 percent of teachers in Poland are women (GUS, Central Statistical Office 2015c).

Health

The health care system in Poland has been in a state of crisis for many years, even though the constitution states that everyone has the right to health and citizens are granted equal access to the publicly funded health care system (particularly free health care should be provided to young children, pregnant women, disabled people, and the elderly). However, there have been issues with the access to public specialists. Scheduling a treatment at a public hospital can take up to three years. Therefore, according to the European Health Consumer Index, Poland ranks at the bottom of the list (Health Consumer Powerhouse 2014).

Maternal Health

Poland occupies the 25th position among EU countries (of which there are 27) in terms of fertility rate; the average

rate in Poland is 1.29 children per woman, and in EU countries, it is 1.55 (Eurostat 2015). The low level of fertility is due to several reasons. The economic situation influences the fertility rate. According to Eurostat analysis, there is a link between the decline in fertility rates and factors such as gross domestic product (GDP), consumption, and the unemployment rate. GDP decline often correlates with a subsequent decline in the fertility rate. Likewise, a rising unemployment rate is usually associated with a decline in fertility. A rise in consumption is associated with a rise in the number of births (Lanzieri 2013).

Because of Polish migration to the United Kingdom after 2004, the birth statistics of Poles are relatively high outside Poland. More and more Polish children are born in the United Kingdom; in terms of the number of births, Poles are the largest national group among foreigners. According to data from the Statistical Office of the United Kingdom, in 2014, Poland was the most common country of birth for mothers who were not born in the United Kingdom (Office of National Statistics, 2015). Women from Poland gave birth to more than 3 percent of all live births in 2014 in United Kingdom.

In Poland, the median age of women giving birth is 29 years, and the average age of first birth is 27 (GUS, Central Statistical Office 2014b). The youngest mothers are girls aged 12 years (sporadic cases once every two years), while the girls giving birth at ages 13–14 years old account for approximately 50–60 cases per year. In 2014, children born to adolescent mothers (19 years old and younger) accounted for 3.5 percent of all births. The adolescent birth rate is 12 births per 1,000 girls aged 15–19 (UNDP 2015). The life expectancy at birth is 81 years (UNDP 2014).

Diseases and Disorders

Most women who are 50 years old and older experience deterioration of the quality of life due to health reasons. In the older age group (over 70), health problems apply to almost all women. Statistically, for every woman in Poland, there is an average 1.7 chronic diseases (per man it is 1.2). These diseases are joint disease, thyroid disorders, liver (hepatic) disease, gall stones, allergies, and neuroses. Women more often than men complain of the presence of negative symptoms of mental health—constant fatigue and depression. Depression problems (feelings of sadness, discouragement, loss of interest) lasting several days or longer apply to one in three adult women (nearly 36%). The frequency of complaints of depressed mood increases

with age, reaching the highest in the 40–49 and 50–69 age groups (GUS, Central Statistical Office 2015d).

When considering hospitalization, women are hospitalized more often than men. However, this is not fully correct. Almost all young Polish women give births to babies in hospitals; delivery care is 99.9 percent (GUS, Central Statistical Office 2014a). Therefore, in the 20–39 age group for both men and women, hospital care among women is higher than for men.

Apart from pregnancy and childbirth, the other causes of women's hospitalization are related to the treatment of tumors and cardiovascular disease. Other causes of hospitalizations are due to gastrointestinal and urogenital diseases. Women, more often than men, are treated in hospitals because of endocrine disorders, diseases of the nervous system or the eye, and diseases of the musculoskeletal system (Ostrowska 2014; GUS, Central Statistical Office 2015d).

Cancer Problem

The number of cancer cases since 1990 has doubled in Poland, reaching more than 140,000 cases in 2010, of which half concerned women (Potrykowska et al. 2014). Women mostly develop breast cancer (Ostrowska 2014). The other common cancers are colorectal tumor (10%) and lung cancer (9%). These are followed by uterine tumor (7%) and ovarian cancer (5%). Most cancer cases occur after the age of 60 (70% of cases in population of men and 60% of cases in women). The mortality of malignant neoplasms in Poland is higher than the average for the European Union. It is about 20 percent higher for men and 10 percent higher for women (Ostrowska 2014).

Since 2006, prevention programs have been implemented nationwide. Two of them are dedicated to women in certain age groups. Programs for early diagnosis of cervical cancer are intended for women in the 25–29 age group. For them, it is advisable to perform cytology—a diagnostic test for cancer—once every three years. Programs for early detection of breast cancer are intended mostly for women in the 50–69 age group, which has the highest risk. For these women, it is advisable to have a mammogram once every two years. These prevention programs also include pap smears and mammograms, educational actions, and advertising spots on television, the Internet, and radio. Education and prevention as well as support for women who suffer from breast cancer are distributed by nongovernmental organizations (NGOs), including the Amazon Association, which was founded in 1993.

HIV/AIDS

According to the National Institute of Public Health in Poland, since the beginning of 1985 to the end of 2013, nearly 19,000 cases of HIV infections and more than 3,000 AIDS cases have been reported (Niedźwiedzka-Stadnik, Pielacha, and Rosińska 2015, 381–384). Every year, there has been 13 percent increase in the number of new infections. From 2010 to 2013, the average infection rate among women was nearly 1 per 100,000 (nearly 5 per 100,000 among men) (Niedźwiedzka-Stadnik, Rosińska 2015).

People who have been diagnosed with HIV infection are generally between the ages of 20 and 29 and 30 and 39 (AIDS w Polsce 2015). The most common route of HIV transmission is sex between men, followed by heterosexual contact, and then the use of intravenous drugs. However, there is a lack of data regarding the likely route of infection related to approximately 62 percent of infections (AIDS w Polsce 2015).

Deaths

The most common causes of death of women in Poland are diseases of the circulatory system, which is more than 51 percent of all deaths among women, compared with almost 41 percent among men (GUS, Central Statistical Office 2015c). The second most common cause of death is cancer; nearly 24 percent of women die of cancer. Most deaths are caused by breast cancer, colorectal cancer, and lung cancer (GUS, Central Statistical Office 2015c). Other causes of death are diseases of the respiratory system (more than 5% of women) and diseases of the digestive system (nearly 4%).

Women commit suicide less often than men; it is less than half of 1 percent of all deaths for women (for men, it is nearly 3%). Most suicides are committed by people in the 30–49 age group (almost 35%).

Abortion

There is no legal abortion in Poland. In 1993, the Polish Parliament introduced the antiabortion law called the Family Planning, Human Embryo Protection, and Conditions of Permissibility of Abortion Act. According to this act, abortion on social grounds was delegialized. Abortion may be performed only by an obstetrician or gynecologist in three instances: the pregnancy poses a threat to the life or health of the pregnant woman (without limitation

due to the age of the fetus); prenatal tests or other medical indications show a high probability of a severe and irreversible fetal defect or incurable illness that threatens the fetus's life (until it reaches the point of viability); or there is a reasonable suspicion that the pregnancy was a result of an offense (up to 12 weeks from the beginning of pregnancy). The prohibition does not lead to a reduction in the number of abortions; it only means there are a reduced number of procedures that are safe for women. The Federation for Women and Family Planning claims that in Poland every year more than 100,000 abortions are performed. Likewise, pro-life organizations claim there are only 7,000–13,000 abortions (Federation for Women and Family Planning 2013). Women in poor financial conditions who usually cannot afford to purchase contraceptives are more likely to have an unwanted pregnancy. Research shows that one in four adult women in Poland have had an abortion (Federation for Women and Family Planning 2013).

Because the socioeconomic grounds for abortion are banned, underground and private abortion services are robust in Poland, as is “tourism” abortion—traveling to other countries where the law does not prohibit abortion. Women in an unwanted pregnancy often go to Germany, the Czech Republic, the Netherlands, Austria, Great Britain, or Slovakia. Therefore, it is impossible to estimate the scale of the abortions being carried out in Poland.

Another method used by women who seek to terminate a pregnancy is a pharmacological abortion—miscarriage by medication. An organization called Women on Waves, a Dutch pro-choice nonprofit organization for reproductive health services, particularly nonsurgical abortion services, publishes Polish-language information about medical abortion (Women on Waves 2015).

On October 3 and 24, 2016, and on March 8, 2017, there were “black protests” in Poland—nationwide protests of women as a sign of opposition to anti-women government policy, particularly in the case of attempts to exacerbate abortion law. Women's strikes took place in over 140 towns and villages in Poland. According to police data, on October 3, 2016, there were 143 “black protests” in the country, involving 98,000 participants (wp.pl 2016). On March 8, 2017, women were again on the streets of Poland to remind politicians of women's rights. The International Women's Strike was a continuation of the “black protests” in October 2016. The strike was followed by the slogan “Solidarity is our weapon” (strajkkobiet.eu 2017).

Contraception

Unwanted pregnancies are often a result of a lack of reliable education in schools, lack of counseling on family planning, or the lack of effective access to contraceptives. Modern hormonal contraceptive pills are unavailable for many women because of various reasons, one of which is the cost: there is no health care reimbursement for contraceptives. Also, the so-called morning-after pills are not refunded, and their prices are relatively high. Furthermore, gynecologists in Poland can refuse to prescribe contraceptives because of the “conscience clause.”

In April of 2014, a gynecologist and a director of a hospital in Warsaw refused to perform an abortion on a seriously deformed fetus, citing the conscience clause. The doctor did not advise his patient on where else an abortion could be performed. The baby died a few days after birth. The doctor has not been charged for refusing to perform the abortion (the prosecutor decided that the doctor did not break the law) (Siedlecka 2015).

About 3,000 doctors in Poland have signed a “Declaration of Faith” (conscience clause), claiming that they are believers and that they consider abortion (as well as birth control, in vitro fertilization, and euthanasia) to be against their faith. They refuse to perform abortions, even if there are serious medical indications.

Employment

The situation of women in the labor market is different and often worse than that of men. Women usually work in other occupations and fields than men. The salaries and working time also are different for women and men. These differences are mainly conditioned by gender (GUS, Central Statistical Office 2014).

The level of economic activity of the population in Poland differs according to gender. General statistics show that women are still less economically active than men. While the proportion of economically active men is nearly 65 percent, this level is 55 percent for women (GUS, Central Statistical Office 2015b). However, economically active women have a higher level of education than men; almost 80 percent of working women have at least a secondary education, compared to 60 percent of men.

Most people in Poland, almost 58 percent, work in the service sector. The most feminized sectors of the national economy are health care and social services as well as education (GUS, Central Statistical Office 2015b). The most common type of employment in Poland is a fixed-term

contract; 47 percent of women and 53 percent of men work on fixed-term contracts. Among employees with part-time contracts, women dominate, in particular women aged 25–34 (GUS, Central Statistical Office 2015b).

Small Changes

Women in Poland are becoming increasingly more independent economically. During the early 2000s, there was a growth of women among professions and positions that had been traditionally dominated by men (doctors, lawyers, and executives). Poland has a rather high percentage of female employers and self-employed among the total number of women who work. There is no shortage of entrepreneurial women in companies that dominate in health care, education, catering, real estate, and other services (Lewiatan 2014; European Commission 2014).

Unemployment

The unemployment rate for women is higher than for men (GUS, Central Statistical Office 2015b). It is hard for women to return to work after a long break, particularly after maternity leave. According to statistics, women, regardless of their level of education, predominate among the unemployed population. The unemployment rate for people with higher education is nearly 4 percent for men and 5 percent for women, while among people with a lower secondary education, these rates account for 18 percent and 20 percent, respectively (GUS, Central Statistical Office 2015c).

Taking into account a group of economically active women, the highest rate of the unemployment concerns young women of reproductive age (25–34 years). Concerning the economically inactive women, the highest rate concerns those aged 55 and older (82%) (GUS, Central Statistical Office 2015d). Those most at risk for unemployment are service and sales workers (78%), office workers (71%), specialists (67%), and technicians and associate professionals (57%) (GUS, Central Statistical Office 2015c).

Pay Inequality

The inequality in pay between men and women is often the subject of public discussions, even though many women are still afraid to talk about injustice and inequality, including unequal pay. Women's salaries are usually lower than men's. The average salary of women is 16 percent below the average salary of men (GUS, Central Statistical Office

2015c). The difference is particularly evident in the senior executives' salaries.

Family Life

In nationwide surveys, Poles declare that the family is the most important thing for them. However, in the early 2000s, the model of the family has changed. Also, the romantic myth of the Polish woman who devotes her life to the family and the upbringing of children in the spirit of traditional values—known as a “Pole Mother/the Polish Mother” (*Matka Polka*)—has been openly criticized (Graff 2014). The most common structure now is a three-person family—two parents and one child. Families with one child are the majority in Poland (GUS, Central Statistical Office 2011a).

According to the 2011 national census, the largest group is married couples with children, at 53 percent, while informal partnerships with children account for nearly 2 percent. Married couples without children are 14 percent, and informal partnerships without children are nearly 1 percent of the total population in Poland. Single parents account for almost 14 percent (GUS, Central Statistical Office 2011a).

Single Mothers

Most single parents are mothers with at least one child (single fathers are 2% of all families). Single parents raise one in five children aged 24 years and younger. They are one-sixth of the population in Poland. The economic situation of these families is rather complicated. The single-parent households have the lowest disposable income, at 67% of average income. Many single-parent families live at risk of poverty (GUS, Central Statistical Office 2011a).

Time Budget

Gender is an important issue when considering time spent at home. Unpaid domestic work is still mostly the domain of women and girls. Women spend an average 4 hours and 33 minutes on housework daily, while men spend 2 hours and 28 minutes on housework (GUS, Central Statistical Office 2013).

These proportions change when considering time spent resting during the day. In this case, men predominate. They devote more time for rest than women—21 percent for men compared to 18 percent for women. Similarities in time budgeting can be seen when comparing girls to boys up to 13 years of age. Girls spend more time on housework than boys, and boys spend more time during the day resting (GUS, Central Statistical Office 2013).

Women's Voices

Ewa Kopacz

Ewa Kopacz was born in 1956 in Skaryszew, in the Radom region of Poland. She did not embark on a political career when she graduated from the faculty of medicine at the Medical Academy in Lublin, but instead, between 1998 and 2001, she served as the Mazovian Regional Assembly councillor. This was the first of many appointments as MP of Sejm, holding the role of Health Committee chair, Civic Platform deputy chair, minister of health, and ultimately speaker. In 2014, she was named prime minister, Poland's second woman to serve in this capacity.

Criticized for promising to respond "like a reasonable Polish woman" (Cadei-Ozy 2014), Kopacz quickly turned the conversation around in her inaugural speech, in which she spoke of pragmatism, solidarity, and family values. She is credited for managing her party's infighting and for leading dialogue around issues of importance to her people, such as quality of life and earning a living wage. In 2016, her approval rating was just over 46 percent, and she continues to gain the support of the Polish people. She was ranked 40th on the *Forbes* list of 2015 Power Women.

—Karen J. Shaw

Cadei-Ozy, Emily. 2014. "Why Poland's Prime Minister Ewa Kopacz Is No Pushover." *Huffington Post*, December 18. Retrieved from http://www.huffingtonpost.com/2014/12/18/ewa-kopacz-poland_n_6350724.html.

The Chancellery of the Prime Minister. n.d. "Ewa Kopacz." *Premier.gov.pl*. Retrieved from <https://www.premier.gov.pl/en/people/ewa-kopacz.html>.

Chapman, Annabelle. 2014. "Poland's PM in Waiting: Few Have Heard of Ewa Kopacz but She's Bound for the Top." *Newsweek*, September 11. Retrieved from <http://www.newsweek.com/2014/09/19/poland-pm-waiting-few-have-heard-ewa-kopacz-bound-top-269225.html>.

Forbes. 2015. "Ewa Kopacz." Retrieved from <http://www.forbes.com/profile/ewa-kopacz>.

partnerships and same-sex unions in Poland. Although Poland was one of the first countries to avoid punishing homosexuality in the early modern era, same-sex couples and households headed by same-sex couples are not eligible for the same legal protections available to heterosexual couples.

The Eurobarometer found that only 28 percent of Poles think same-sex marriage should be allowed throughout Europe; 61 percent are against marriages of homosexual couples (European Commission 2015). There is social disapproval not only for same-sex marriages, but also for the legal recognition of homosexual partnerships and adoption rights for homosexual couples. This shows that LGBT persons in Poland face legal challenges not experienced by non-LGBT residents. Furthermore, the role of the Catholic Church is significant in the debate on equality issues—gender equality and LGBTI people's rights in Poland. The Catholic Church leads a campaign against what it terms "gender ideology," which probably negatively affects public opinion.

Politics

The formulation of equal rights of women and men in the Constitution of Poland guarantees the equality of women and men in family life as well as in political and social life. Although women in Poland gained the right to vote and to run for office in 1918, they were and still are a minority in politics (Druciak, Fuszara, Niżyńska, and Zbieranek 2011).

In the first parliamentary elections in which women could participate (1919), the Parliament elected eight women deputies (Federowicz 2014). They were just 2 percent of the total number of deputies in the Parliament. The achievements of these first women parliamentarians were significant legislative initiatives, such as changes to the provisions of civil law regarding women's rights, the act on the protection of women and children, and the act on combating the trafficking of women and children. There were also many projects related to the education system, modern social welfare, and trading and production of alcohol and alcoholic beverages, which later became the model for many European countries (Federowicz 2014).

In the postwar period, during the communist regime (1945–1989), the representation of women in Parliament has never reached 25 percent of all deputies. A woman has never been a head of the (ruling) Communist Party. Since 1989, when the first postwar democratic elections were held, the participation of women in the

Same-Sex Partnerships

The Polish law does not allow marriage for same-sex couples. There is no legal form of recognition of civil

government has been increasing (from 1989 until 2015 there were 3 women among 15 prime ministers). Their real influence on the country's politics is considered symbolic rather than literal (Druciak, Fuszara, Niżyńska, and Zbieranek 2011).

In the elections to the Parliament in 2015, women reached a record number in Parliament (Institute of Public Affairs 2015). They gained 27 percent of the Sejm seats (the lower house of Parliament in Poland) and 13 percent of the Senate seats (the upper house of Parliament). This is the best result in the history of the Polish Parliament in terms of women's participation in the legislature. This does not mean, however, that women's issues meet with an understanding of politicians; women's issues have not been a subject to the discussion yet. One of the proofs of this is the fact that, in 2016, the government formed by the Law and Justice (PiS) Party members did not appoint the position of the Government Plenipotentiary for Equal Status of Women and Men.

Women's Movement

The women's movement in Poland developed in the 19th century. The first women's organizations and informal or illegal groups were ideologically very diverse. There were conservative and socialist groups as well as those associated with the Catholic Church, or emancipatory women's groups. They mostly focused on patriotic goals (the independence of Poland) and were engaged in the secret teaching of Polish language. One of the first and the most recognized feminist groups in Poland was a group of *Entuzjastki* (Enthusiasts), a group of young women gathered around Narcyza Żmichowska, a Polish teacher, educator, and writer (Borkowska 1996; Phillips 2008).

Voting rights and the right to education had become the priorities for women's groups and organizations in the second half of the 19th century. The first women began to study at the university in 1896 (at Jagiellonian University in Cracow).

During the communist regime, there was one official women's organization—*Liga kobiet* (the League of Women)—that was financed by the state and controlled by the communist authorities. After the fall of communism in 1989, an increasing number of women's organizations—feminist and antidiscrimination groups—has emerged. Since 2000, the annual feminist demonstration, *Manifa*, has been held in various parts of Poland. The Women's Party was registered in 2007. And since 2009, the Women's

Congress has been held, the annual congress organized by the social movement to act on behalf of women. Important actors in the women's movement are not only organizations but also individual women who represent different ideological camps but work on improving the everyday situation of women.

Religious and Cultural Roles

The largest religious community in Poland is the Catholic Church. Almost 88 percent of the population declares affiliation with the Catholic Church (GUS, Central Statistical Office 2011a). However, the formal number of the followers of Catholicism reflects no actual religious activity of its members. Since the 1990s, the number of people participating in Sunday Mass systematically and gradually has decreased (CBOS Public Opinion Research Center 2015). Particularly people aged 18–24 have left the church, and it is estimated that nearly 6 percent of the population in Poland are atheists (Atheism in All Shades 2015).

As far as gender is concerned, women are more likely than men to declare themselves religious (GUS, Central Statistical Office 2014b). However, women's roles in the church are underestimated and usually reduced to voluntary work in Catholic counseling centers or work as catechists in schools. The Catholic Church refers negatively to the practice of the ordination of women.

Issues

As noted previously, Poland has dealt with continued issues. One of them is a problem of violence against women. There is significant influence from the Catholic Church for women to be patient and suffer in silence.

Domestic Violence and Violence against Women

In Poland, as in other countries, the real extent of domestic violence is unknown, and official statistics show only those cases that have been reported and recorded. Only about 30 percent of women have reported violence by their partners.

According to Amnesty International, domestic violence against women is the most commonly reported crime (Amnesty International USA 2015). Domestic violence affects all social groups, not only pathological ones. Police statistics show that 95 percent of perpetrators of domestic violence are men, and 91 percent of the victims are women and children (statystyka.policja.pl 2015).

Since 2000, many educational programs and prevention programs for women experiencing violence have been launched in Poland. There is an increasing number of support centers and foundations whose main goal is to help women victims of violence. The problem of domestic violence and violence against women has been discussed more frequently in the media, so there is a chance that it will no longer be taboo. Also, it is important that, in 2015, Poland formally became the 18th country to implement a convention of the Council of Europe: the Convention on Preventing and Combating Violence against Women and Domestic Violence.

Economic Violence

Violence in intimate relationships takes many forms. Economic violence is very difficult to identify due to the diversity of families. Also, some forms of violence are tolerated in society as a part of the division of traditional roles between woman and man.

The research of the Institute of Public Affairs shows that 30 percent of Poles accept restricting a partner from the use of finances, 18 percent believe that it is acceptable to prevent the partner from obtaining employment, and 17 percent justify not paying child support (Chłestowska, Druciarek, and Niżyńska 2015). Not paying child support is a form of economic violence. Although Poles declare a low tolerance for parents who do not pay child support, nonpayment of maintenance is a common practice. One in three fathers who have this obligation does not pay any child support (Lisowska 2013).

Sexual Violence

Sexual violence is one of the most concealed types of violence against women. The research of the International Violence against Women Survey (VAWS) discloses that about 3.5 million women in Poland have been victims of physical violence or sexual abuse at least once, and 10 percent of women become victims of rape or attempted rape every year (Gruszczyńska 2013). However, because of fear or shame, women do not always report having been a victim of sexual violence. This is confirmed by the research.

Nearly 19 percent of all cases in which a suspected rape was reported were closed without the launch of a criminal inquiry (Pietryka 2014), and 36 percent of the total number of cases ends without a bill of indictment being submitted to the court. This may raise the suspicion that the interests of victims may have not been adequately protected in such proceedings (Pietryka 2014).

LGBTI

"The population of LGBTI persons in Poland is impossible to estimate." ILGA-Europe (an EU organization that conducts research on the human rights situation of lesbian, gay, bisexual, trans, and intersex people in Europe) estimates that Poland only meets 33 percent of the EU requirements for acceptance of LGBTI people (ILGA-Europe 2015). According to LGBT Survey, 41 percent of lesbians in Poland claim that they had personally felt discriminated against or harassed on the ground of gender (2012). To the question, "Do you avoid holding hands in public with a same-sex partner for fear of being assaulted, threatened or harassed?" 56 percent of lesbians answered yes (FRA 2012).

ANETA OSTASZEWSKA

Further Resources

- Agenda of the Minister of Health. 2015. "Newsletter of the National Centre for AIDS." *Kontra* 3.65.
- AIDS w Polsce. 2015. "Zakazenia HIV i zachorowania na AIDS w Polsce." NIZP-PZH. Retrieved from http://www.wold.pzh.gov.pl/oldpage/epimeld/hiv_aids/index.htm.
- Amnesty International USA. 2015. "Violence against Women." Retrieved from <http://www.amnestyusa.org/our-work/issues/women-s-rights/violence-against-women>.
- "Atheism in All Shades." 2015. Retrieved from <https://translate.google.com/translate?hl=en&sl=pl&u=http://ateisci.org/psychologia&prev=search>.
- Borkowska, Grażyna. 1996. *Cudzoziemki: Studia o polskiej prozie kobiecej*. Warsaw: Institute of Literary Research of the Polish Academy of Sciences.
- CBOS (Public Opinion Research Center). 2015. "Changes in the Basic Indicators of Religiosity of Poles after the Death of John Paul II." Retrieved from http://www.cbos.pl/SPISKOM.POL/2015/K_026_15.PDF.
- Chłestowska, Agata, Małgorzata Druciarek, and Aleksandra Niżyńska. 2015. "Przemoc ekonomiczna w związkach" [Economic Violence in Relationships. Diagnosis of the problem and a discussion on countermeasures]. Retrieved from <http://www.isp.org.pl/publikacje,25,857.html>.
- Druciak, Małgorzata, Małgorzata Fuszara, Aleksandra Niżyńska, and Jarosław Zbieranek. 2011. "Kobiety na polskiej scenie politycznej" [Women in polish politics]. Retrieved from <http://www.isp.org.pl/uploads/filemanager/Program%20Prawa%20i%20Instytucji%20Demokratycznych/aa338207000.pdf>.
- European Commission. 2014. "Study on 'Statistical Data on Women Entrepreneurs in Europe.'" Retrieved from http://ec.europa.eu/growth/tools-databases/newsroom/cf/itemdetail.cfm?item_id=7992&lang=en.
- European Commission. 2015. *Discrimination in the EU in 2015. Special Eurobarometer 437*. Retrieved from <http://ec.europa.eu/COMMFrontOffice/PublicOpinion/index.cfm/Survey/getSurveyDetail/instruments/SPECIAL/surveyKy/2077>.

- Eurostat. 2015. "Fertility Indicators." Retrieved from <http://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>.
- Federation for Women and Family Planning [Federacja na rzecz Kobiet i Planowania Rodziny]. 2013. "20 lat tzw. ustawy antyaborcyjnej w Polsce. Raport 2013." Retrieved from <http://docplayer.pl/9429812-20-lat-tzw-ustawy-antyaborcyjnej-w-polsce-raport-2013-federacja-na-rzecz-kobiet-i-planowania-rodziny.html>.
- Federation for Women and Family Planning. 2016. "Joint Statement on the Planned Restrictions on the Availability of Emergency Contraception in Poland." Retrieved from <http://www.astra.org.pl/repronews/463-joint-statement-on-the-planned-restrictions-on-the-availability-of-emergency-contraception-in-poland.html>.
- Fedorowicz, Andrzej. 2014. "Pierwsze posłanki II RP." *Polityka*. Retrieved from <http://www.polityka.pl/tygodnikpolityka/historia/1570649,1,pierwsze-poslanki-ii-rp.read>.
- FRA (European Union Agency for Fundamental Rights). 2012. "LGBT Survey 2012." Retrieved from <http://fra.europa.eu/en/publications-and-resources/data-and-maps/survey-data-explorer-lgbt-survey-2012>.
- Graff, Agnieszka. 2014. "Matka feministka." Warsaw: Wydawnictwo Krytyka Polityka.
- Gruszczyńska, Beata. 2013. "Violence against Women Sizes, Forms, and Consequences of the Main Results of the Polish Edition of IVAWS." Retrieved from http://rownetraktowanie.gov.pl/sites/default/files/prog_gruszczyńska-przemoc_wobec_kobiet-koszty_2013.pdf.
- GUS, Central Statistical Office. 2011a. "Narodowy Spis Powszechny (National Census)." Retrieved from <http://stat.gov.pl/spisy-powszechne/nsp-2011/nsp-2011-wyniki>.
- GUS, Central Statistical Office. 2011b. "Powierzchnia i ludność w przekroju terytorialnym w 2011 r (Area and Population in Territorial Poland in 2011)." Retrieved from http://stat.gov.pl/cps/rde/xbcr/gus/L_powierzchnia_ludnosc_teryt_2011.pdf.
- GUS, Central Statistical Office. 2013. "Time Use Survey." Retrieved from <http://stat.gov.pl/en/topics/living-conditions/living-conditions/time-use-survey-2013,6,1.html>.
- GUS, Central Statistical Office. 2014a. "Health and Health Care." Retrieved from <http://stat.gov.pl/en/topics/health>.
- GUS, Central Statistical Office. 2014b. "Ludność Polski [Population Polish]." Retrieved from <http://demografia.stat.gov.pl/bazademografia/Tables.aspx>.
- GUS, Central Statistical Office. 2014c. "Sytuacja kobiet i mężczyzn na rynku pracy w 2014 roku (The Situation of Women and Men in the Labor Market in 2014)." Retrieved from <http://stat.gov.pl/obszary-tematyczne/rynek-pracy/opracowania/kobiety-i-mezczyzni-na-ryнку-pracy-2014,1,5.html>.
- GUS, Central Statistical Office. 2014d. "Women and Men in the Labor Market." Retrieved from <http://stat.gov.pl/obszary-tematyczne/rynek-pracy/opracowania/kobiety-i-mezczyzni-na-ryнку-pracy-2014,1,5.html>.
- GUS, Central Statistical Office. 2015a. "Education in 2013/2014 School Year." Retrieved from <http://stat.gov.pl/en/topics/education/education/education-in-the-school-year-20132014,1,6.html>.
- GUS, Central Statistical Office. 2015b. "Labor Force Survey in Poland." Retrieved from <http://stat.gov.pl/en/topics/labour-market/working-unemployed-economically-inactive-by-lfs/labour-force-survey-in-poland-in-1st-quarter-2016,2,20.html>.
- GUS, Central Statistical Office. 2015c. "Aktywność ekonomiczna ludności Polski I kwartał 2015 r." [Economic activity of the Polish population in first quarter of 2015]. Retrieved from <http://stat.gov.pl/obszary-tematyczne/rynek-pracy/pracujacy-bezrobotni-bierni-zawodowo-wg-bael/aktywnosc-ekonomiczna-ludnosci-polski-i-kwartal-2015-r-,4,16.html>.
- GUS, Central Statistical Office. 2015d. "Mały Rocznik Statystyczny (Statistical Yearbook)." Retrieved from <http://stat.gov.pl/obszary-tematyczne/roczniki-statystyczne/roczniki-statystyczne/maly-rocznik-statystyczny-polski-2015,1,16.html>.
- GUS, Central Statistical Office. 2015d. "Zdrowie i zachowanie zdrowotne mieszkańców Polski w świetle Europejskiego Ankietowego Badania Zdrowia (EHIS) 2014 r [Health Behavior and the Health of Polish Citizens: European Health Survey]." Retrieved from http://stat.gov.pl/download/gfx/portalinformacyjny/pl/defaultaktualnosci/5513/10/1/1/zdrowie_i_zachowania_zdrowotne_mieszkancow_polski_w_swietle_badiana_ehis_2014.pdf+&cd=1&hl=pl&ct=clnk&gl=pl.
- Haponiuk, Marzena. 2014. "The Situation of Women in the Labor Market in Poland." *Analiza 2*. Warsaw: Civic Institute. Retrieved from http://www.instytutobywatelski.pl/wp-content/uploads/2014/03/analiza_sytuacja_kobiet_na_rynku_pracy_w_polsce.pdf.
- Health Consumer Powerhouse. 2014. *Euro Health Consumer Index*. Retrieved from http://www.healthpowerhouse.com/index.php?Itemid=55&id=36&layout=blog&option=com_content&view=category.
- IBE (Instytut Badań Edukacyjnych). 2015. "Opinions and Expectations of Young Adults and Parents of School-Age Children to Education on Psychosexual Development and Sexuality: Research Report." Warsaw: IBE. Retrieved from <https://men.gov.pl/wp-content/uploads/2015/07/raport-ibe-ekd.pdf>.
- ILGA-Europe. 2015. "ILGA-Europe Annual Review of the Human Rights Situation of Lesbian, Gay, Bisexual, Trans and Intersex People in Europe." Retrieved from www.ilga-europe.org/sites/default/files/01_full_annual_review_updated.pdf.
- Institute of Public Affairs [Instytut Spraw Publicznych]. 2015. "Women in Parliament." Retrieved from <http://www.isp.org.pl/aktualnosci,1,1527.html>.
- Institute of Public Affairs [Instytut Spraw Publicznych]. 2015. "Rekordowa liczba kobiet w Sejmie – Kobiety w parlamencie 2015 – podsumowanie wyników wyborów." Retrieved from <http://www.isp.org.pl/aktualnosci,1,1527.html>.
- Kolarska-Bobińska, Lena. 2014. "Science Is for Women!" Retrieved from <https://www.premier.gov.pl/blog/lena-kolarska-bobinska/nauka-jest-dla-kobiet.html>.
- Komendant-Brodowska, Agata. 2014. "Aggression and Violence School: A Report on the State of Research." Warsaw: IBE. Retrieved from <http://eduentuzjasci.pl/en>.

- Lanzieri, Giampaolo. 2013. "Toward a 'Baby Recession' in Europe? Differential Fertility Trends during the Economic Crisis." *Statistics in Focus* 13. Retrieved from http://ec.europa.eu/eurostat/statistics-explained/index.php/Fertility_statistics_in_relation_to_economy,_parity,_education_and_migration.
- Lewiatan. 2014. "Raport roczny 2014." Retrieved from http://konfederacjalewiatan.pl/o_nas/raporty_roczne.
- Lisowska, Ewa. 2016. "Przemoc ekonomiczna wobec kobiet" [Economic Violence Against Women]. Retrieved from <http://rownoscplci.pl/uploads/filemanager/Nowy%20folder/przemociekonomicznawobec kobiet.pdf>.
- Mazur, Joanna (ed.). 2015. "Health and Health Behavior of School Children in Poland and in Conditions of Sociodemographic." *Wyniki Badań HBSC 2014*. Warsaw: Institute for Mother and Child. Retrieved from http://www.imid.med.pl/images/do-pobrania/Zdrowie_i_zachowania_zdrowotne_www.pdf.
- Ministry of Science and Higher Education. 2013. "Szkolnictwo wyższe w Polsce (Higher Education in Poland)." Retrieved from https://www.nauka.gov.pl/g2/oryginal/2013_07/0695136d37bd577c8ab03acc5c59a1f6.pdf.
- Niedzwiedzka-Stadnik, Marta, Magdalena Pielacha, and Magdalena Rosińska. 2015. "HIC and AIDS in Poland in 2013." *Przebieg Epidemiologiczny* 69: 381–384.
- Niedzwiedzka-Stadnik, Marta, Magdalena Rosińska. 2014. "Sytuacja epidemiologiczna w Polsce po 2010 roku" [Epidemiological situation in Poland after 2010]. Retrieved from <http://www.aids.gov.pl/kampanie/1test.2zycia/strefadlakobiet/sytuacjaepidemiologiczna.html>
- OECD (Organisation for Economic Co-Operation and Development). 2014. *Education at a Glance 2014: OECD Indicators*. Retrieved from <http://www.oecd.org/edu/Education-at-a-Glance-2014.pdf>.
- OECD Better Life Index. 2015. "Poland: How's Life?" <http://www.oecdbetterlifeindex.org/countries/poland>.
- Office for National Statistics. 2015. "Parents' Country of Birth, England and Wales: 2014." Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/parentscountryofbirthenglandandwales/2015-08-27>.
- Ostrowska, Antonina, ed. 2014. *Health and Threats: The Report of Poles in 2013*. Warsaw: Foundation MSD. Retrieved from http://fzk.org.pl/pdf/RAPORT_LEKKI.pdf.
- Phillips, Ursula. 2008. *Narcissus Zmichowska: Feminism and Religion*. Warsaw: Institute of Literary Research.
- Pietryka, Artur. 2014. "Refusal to Initiate and Redemption Proceedings in Cases of Rape Committed after the Abolition of the Application Mode of Prosecution." Retrieved from http://rownetraktowanie.gov.pl/sites/default/files/raport_wersja_ostateczna_1.pdf.
- Ponton Summer Hotline for Teens. 2015. "Wakacyjny Telefon Zaufania 2015." Retrieved from http://ponton.org.pl/sites/ponton/files/pdf/2015/raport_wtz_ponton_2015.pdf.
- Potrykowska, Alina, Zbigniew Strzelecki, Janusz Szyborski, and Janusz Witkowski, eds. 2014. "The Incidence and Mortality of Cancer and Demographics in Poland." Warsaw: The Government Population Council. Retrieved from http://bip.stat.gov.pl/files/gfx/bip/pl/.../zachorowalnosc_na_nowotwory.pdf.
- Siedlecka, Ewa. 2015. "Prokuratura umarza sprawę prof. Chazana." Retrieved from http://wyborcza.pl/1,75478,17845866,Prokuratura_umarza_sprawe_prof_Chazana.html.
- Statystyka.policja.pl. 2015. "Przemoc w rodzinie." Retrieved from <http://statystyka.policja.pl/st/wybrane-statystyki/przemoc-w-rodzinie/50863,Przemoc-w-rodzinie.html>.
- Strajkkobiet.eu. 2017. "Międzynarodowy Strajk Kobiet 8 Marca." Retrieved from <http://strajkkobiet.eu/miedzynarodowy-strajk-kobiet-8-marca/>.
- UNDP (UN Development Programme). 2014. "Table 1: Human Development Index and Its Components." Human Development Reports. Retrieved from <http://hdr.undp.org/en/composite/HDI>.
- UNDP. 2015. "Human Development Report 2015 Work for Human Development." Retrieved from <http://hdr.undp.org/en/composite/HDI>.
- UNICEF. 2012. "Ubóstwo dzieci (Child Poverty)." Retrieved from <https://www.unicef.pl/Co-robimy/Publikacje/Ubostwo-Dzieci>.
- Women on Waves. 2015. Retrieved from <https://www.womenonwaves.org/pl>.
- Wp.pl. 2016. "Czarny Protest." Manifestacje w wielu miastach w Polsce. Ile osób wzięło udział w demonstracjach? Retrieved from <https://wiadomosci.wp.pl/czarny-protest-manifestacje-w-wielu-miastach-w-polsce-ile-osob-wzielo-udzial-w-demonstracjach-6043943038128769a>.

Portugal

Overview of Country

The population of Portugal, numbering 10,813,834 in total, live in the southwest of Europe, bordering the North Atlantic Ocean to the west and Spain to the east and north. The Republic of Portugal also includes the Atlantic Islands of Madeira and the Azores archipelago, although both have autonomous governments. Portugal's identity is strongly marked by its former status as a global maritime power during the 15th and 16th centuries, and by its continuing status as an imperial power until independence was finally granted to its African colonies in 1975. Portugal was also a monarchy until 1910; subsequently, after a brief period as a republic, the country was governed by a repressive regime known as the New State until its overthrow in 1974 and the implementation of a democratic government. Today, Portugal's democratically elected unicameral Assembly of the Republic is located in Lisbon, the nation's capital.

Until the mid-20th century, the livelihoods of the majority of the population depended on subsistence farming and agriculture: today, 61 percent of the population reside in urban areas, and the service sector accounts for three-quarters of the nation's income, with industry contributing another 22 percent. The majority of Portugal's population is of largely Western Mediterranean origin. Since decolonization in 1975, citizens of black African descent have migrated to Portugal and number less than 100,000: there has also been migration from Brazil and, since 1990, Eastern Europe. Eighty-one percent of the population is officially Roman Catholic, and 3.3 percent are Jewish, Muslim, or another world religion.

Internationally, Portugal is a founding member of NATO, and it entered the European Community, now the European Union (EU), in 1986. The nation also belongs to the European Monetary Union.

The current life expectancy stands at 75.76 years for men and 82.47 years for women. The total fertility rate of 1.3 is very low, falling below the population replacement level (WHO 2014). Schooling from ages 6–18 is compulsory in Portugal and totals 12 years. As an indicator of the significant changes that have taken place since 1995, the proportion of the population enrolled at university or in possession of a higher education degree doubled from 2001 to 2011 to just more than 10 percent of the nation's total population.

Portugal is a society historically dominated by a single religious tradition of Catholicism, and it remains a strong Catholic-majority country. In the census of 2011, of those professing any religion, 95 percent identified themselves as Catholic, with other Christian denominations principally comprising the remaining 5 percent. Church and state have been separated since 1916, a principle that was reiterated with the Law of Religious Freedom, enacted in 2001, which codified equal treatment for all religions under the law. No "official" religion may be adopted or promoted by the government.

To date, the Portuguese economy and society have been greatly affected by the recent economic crisis originally triggered by the global "credit crunch," a significantly more fragile economic outlook, and subsequent structural readjustment. In common with some other nations in the European currency, Portugal was obliged to adopt the Program of Economic and Financial Assistance led by the "Troika" of the European Commission, the International Monetary Fund (IMF), and the Central European Bank. The resulting adjustments and electoral instability have impacted

women, particularly with regard to youth unemployment and difficulty in assimilating legislation and other measures intended to promote gender rights and equality.

Girls and Teens

The declining number of girls and teens as a proportion of Portugal's total population since the 1990s reflects the overall inversion of the population age pyramid: whereas, in 1970, girls were 43 of every 100 females, in 2008, this proportion had halved to 22 girls (INE 2010). The Portuguese government implemented programs with the aim of decreasing the high rate of births by teenage mothers. These programs, together with the implementation of compulsory sex education in school, may have contributed to a steady year-on-year decrease in births to female adolescents from 2009 to 2012, declining by 100 cases to a total of 3,301 in 2012 (United Nations Statistics Division 2017). Data released by the World Bank also illustrates this decline in the adolescent fertility rate: from 15 percent of births per 1,000 women aged 15–19 years in 2009 to just over 12 percent in 2012 (World Bank 2014).

Education

The total expenditure on education accounts for 5.6 percent of the nation's gross domestic product (GDP). Portugal ranks 81st in the world for its general overall literacy rate, and the female literacy rate lags by three points behind that of men. This indicates that the nation's educational attainments are still affected by the era of the New State: up to 1974, four years of mandatory education were all that was considered necessary for the majority of the population, and functional illiteracy, especially among women, was prevalent. However, enrollment in primary education is now at an equal rate between the sexes, and more girls than boys are enrolled on a stable basis in secondary education, by a ratio of 1.10 (WEF 2013, 316).

University

Women are the majority of the students enrolled at university, with just more than 60 percent of the total and nearly 15 percent of the country's female population (Comissão para a Cidadania e Igualdade de Género 2014).

As in the other Southern European countries, young people have been particularly affected by economic crisis and subsequent restructuring by European and world economic

bodies. This accounts for the sharp rise in what have been traditionally relatively low rates of youth unemployment before 2000. The unemployment rate among young women between the ages of 15 and 24 rose from 10 percent of the total number of females in this age group to just under 40 percent since 2012 (UN Statistics Division 2014).

Health

The full range of regular contraceptive methods, including emergency morning-after contraception, are distributed free of charge within the National Health Service. Until 2007, termination of pregnancy was prohibited by law, with stringent exceptions on the grounds of the mother's health, and around 5,000 women were hospitalized per year due to complications related to illegal abortions (EIWH). Abortion was decreed legal in 2007 for up to the 10th week of pregnancy.

Contraception is extensively used by married women and encouraged by a number of government-sponsored family planning campaigns: just under 90 percent of married women use some method of contraception (WEF 2013, 319). The Portuguese government has also promoted the female condom to prevent the spread of HIV/AIDS among the female population. This may have been a factor in the decrease in AIDS among women in recent years: from 1983 to 2012, the total number of female HIV-notified cases totaled 11,312, or just under 27 percent of the national total, and cases of AIDS totaled 3,343, or almost 24 percent of the national total (Jorge 2012).

The Portuguese government has invested in vaccines and other measures to prevent and reduce the rate of diseases specific to women. For example, as part of the National Health Vaccination Plan, all girls in their 13th year are inoculated against the human papillomavirus (HPV), a principal cause of cervical cancer. Almost a third of Portuguese women have a body mass index (BMI) above that classified as "normal," and more women than men are clinically obese, a ratio of 16 percent of the total female population. On the other hand, women smoke less frequently than men: two-thirds of the female population have never smoked at all, and one-third of the population who smoke are female (INE 2010).

Employment

The relatively high participation of Portuguese women in the formal employment sector can be traced to historical

factors, such as dual participation within the traditional rural system; the rise of an industrial sector based on the labor-intensive manufacturing of textiles, ceramics, and other goods, which employed large numbers of women; and the depletion of the male workforce due to high rates of emigration and the colonial wars for a 20-year period from the 1950s onward (Lyonette, Crompton, and Wall 2007, 286). The feminization of the Portuguese labor force was further intensified with the growth of the tertiary service sector and public administration after the 1974 revolution. The participation of women in the economically active population has grown accordingly, from 40 percent in 1991 to 61 percent in 2009, compared to the European average of 58.6 percent. It has also often been noted that the labor market segregation according to gender is far less marked in Portugal than in other European countries (Tavora 2012, 64).

Women have a marked presence in the professional spheres and middle management. Female legislators, senior officials, and managers account for just under half of this sector, and more than half of the total number of professionals and technical workers are women (WEF 2013, 316). Yet, an overview of Portugal's private sector presents a highly uneven picture. More than 51 percent of firms and companies are part-owned or fully owned by women. Nonetheless, the presence of women directors on the boards of Portugal's listed companies amounts to 12 percent of the total (WEF 2013, 316). The Portuguese government adopted a resolution to increase the participation of women in both public and private companies' management structures, obliging public companies to adopt concrete plans for equal representation in the context of other social and environmental goals (Comissão para a Cidadania e Igualdade de Género 2014). Private companies were encouraged to implement identical measures.

Over the past decade, the Portuguese government has implemented several measures to tackle gender discrimination and attain a higher level of gender mainstreaming within the workplace. For example, the Project Social Dialogue is a partnership of private enterprise, civil society, and higher education institutions to promote equality in the labor market and implement good practices (Comissão para a Cidadania e Igualdade de Género 2014). Equally, the participation of women in the military, police, and security forces, from rank-and-file to executive decision-making positions, remains extremely small: within all ranks of the security sector, women are just more than 5 percent of the total number of personnel, and within police ranks, they

are under 10 percent. Within Portugal's army and navy forces, the ratio of women to men in the serving ranks is an average of 10 percent of the total throughout all ranks, although this statistic increases in the air force: women comprise almost one-quarter of the soldiers within this branch, and 15 percent of the total personnel. In the sphere of national defense and the military bodies, women and men may participate equally on the front line in situations of war and battle; no difference is acknowledged between "citizens of the female sex and of the male sex."

Pay

Gender segregation in the labor market is still highly evident, especially in regard to salary scales and total earnings, variously calculated at 18.5 percent, according to the government's own statistics, and 15.7 percent, compared with the European average of 16.4 percent.

Family Life

Marriage

Significant changes in the dynamics of marriage, partnership, and the family reflect broad trends in Portuguese society within the three key aspects of married life, divorce and parenting. While formal marriage remains the predominant basis for family organization, the rate of marriage ceremonies has decreased since the end of the last century. In the year 2000, marriages took place at a rate of 7.8 percent per 1,000 of the total population, and they now stand at just more than 3 percent (Marinho and Atalaia 2013, 3). Women in Portugal tend to get married in their late twenties. The mean age for marriage is 29, an increase of 4 years since 1960, when the average age for marriage was 25 (WEF 2013, 316). Furthermore, an increasing tendency to live together without the benefit of marriage has been more evident in recent decades.

Nonetheless, it is still the norm to formalize the union before procreating children. In 2009, for example, only 10 percent of couples in Portugal started a family before marrying (Marinho and Atalaia 2013, 7). The right to divorce without extensive litigation or petitioning was considerably extended in 2002 and again in 2008. Divorce could be instigated and granted by the mutual consent of both spouses or without the consent of one of the married parties. This has led to an increase of 21 percent in the divorce rate since 2002, but also an increase in divorces by mutual consent rather than antagonistic petitions. Dating from

the change in the Civil Code of 2008, almost 70 percent of all divorces have been approved by mutual consent of the formerly married couple. The rise in the rate and frequency of divorce means that Portugal has had the highest divorce rate in Southern Europe since the beginning of the millennium, and it is above the European average (10–11).

Family

Under the New State, a high birth rate was the norm and actively encouraged. The average number of children per woman of childbearing age was 3.2. After the nation's democratization, and following a general trend in Western Europe, the fertility rate decreased steadily, from 2.2 children per woman aged 15–49 years in 1980 to 1.28 in 2012. However, this birth rate is still higher than that of the other Western Mediterranean countries, such as Spain and Italy. The median age for a woman to have her first child is now just under 30, and a trend toward only children is also noticeable. The percentage of couples with no children at all have also increased to just under half, or 41 percent, in 2011, and of the near 60 percent of couples with children, more than half of these have just one child (22).

Family structures have also undergone considerable transformations over the past three decades. While the married couple with a child or children currently accounts for nearly 60 percent of family households, there has also been a reduction in the average size of the family and an increase in the number of people living alone. This sector of the population comprised just more than 20 percent of households in Portugal in 2011 (16). Almost half the individuals who live alone are over 65, and this trend is also linked to the decline of the extended family, that is, more than five relatives within one household. The extended family, which provided a strong support network under the regime of the New State, declined from 17 percent of the total households to just 2 percent in 2011.

Household Roles and Responsibilities

Almost 60 percent of economically active households in Portugal consist of dual-earning couples (22). However, despite the high participation of Portuguese women in the labor force, responsibilities for the domestic workload and family care are very unevenly distributed. On average, 76 percent of women undertake unpaid household duties on a daily basis, compared with 29 percent of men. This compares unfavorably with the European average of 45 percent male participation in household tasks (Kotowska

et al. 2010, 18). The same incompatibility between family life and women's employment is reflected in the upbringing and care for children on a daily basis: according to the same survey, almost no men were responsible for care of children within couples aged 18–34 years. Among couples aged 35–49 years, 31 percent of men were responsible for child care, compared with 41 percent of women (Kotowska et al. 2010, 220).

This issue is thrown into sharper focus by the fact that almost 90 percent of women between the ages of 25 and 34 are in formal employment, precisely the age at which they get married or cohabit and have their first child or children (Marinho and Atalaia 2013, 22). Households in which only the male partner is employed, with the woman taking care of the household, represent barely 18 percent of total households. The model encountered in Northern Europe, where the man holds down full-time employment and the female partner works part-time, is rarely encountered in Portugal, accounting for nearly 4 percent of households compared to the European average of 7.5 percent (38).

Maternity leave provision is relatively generous in comparison with the European average. Pregnant women are entitled to leave on full pay 30 days before and 6 weeks after birth. If they opt for a leave of 150 days, they are still entitled to 80 percent of their existing salary. Social insurance is the principal provider of maternity coverage, and public day provision exists for the care of preschool children. Another feature of family provision is the compulsory leave that new fathers must take: 5 consecutive days to be taken after the birth and 5 days within a 30-day period (WEF 2013, 82). The Labour Code of 2009 extended these rights still further to enable mothers and fathers to share leave between them. However, there is considerable evidence to suggest that these measures may directly conflict with societal attitudes concerning the role of women in society and the ability of the economy to absorb these changes. The perception of women as primary caregivers and their evident responsibility for care means that there is still a low level of participation by men of the paternity leave available to them, and women may still be generally perceived by their employers as being less eligible or available for professional opportunities.

Politics

The constitutions enacted during the era of the New State consistently decreed the primary duty of women to family life and the statutory role of the husband as the head

of the family. Women were subject to their husband's authorization in all matters concerning work, travel, and the conjugal home. During this era, domestic work and care of the family was also a legal obligation (Ferreira 2011, 157). Women received some limited right to vote in 1931. Nonetheless, this was restricted solely to women who were heads of household and those with a high school diploma or some other qualification proving their full literacy, a condition not imposed on the male population (Pires de Almeida 2009, 184). The complete franchise for women voters was granted in 1976, two years after the overthrow of the New State. From the establishment of a parliamentary democracy in 1974, top-down reform was implemented, with legislation prohibiting gender-based discrimination and large number of decrees pertaining to pregnancy, maternity, and family assistance rights for women, together with employment subsidies and a national minimum wage.

In the sphere of participation in international diplomacy and the promotion of women's rights and equality within the European Union, Portugal participated in the construction of and adopted the Beijing Declaration and Platform for Action 2015, and it has subsequently attempted to implement its key policies. On a national level, several governmental plans for gender equality have been drawn up and implemented since 1997. Currently, the Fifth National Plan for Gender Equality is in place, and this will run until 2017. The body responsible for implementing this plan is the Commission for Citizenship and Gender Equality (CIG), which plays a key role in coordinating the actions of all government ministries.

The representation of female elected representatives in the nation's unicameral parliament amounts to just less than one-third of the total: a fifth of ministerial positions are occupied by women (WEF 2013, 316). This level of representation is linked to larger issues of women's access to other spheres of national, economic, and social life. A large proportion of female representatives, and especially cabinet ministers, are drawn from the ranks of the specialist professional and managerial class and with higher levels of educational attainment than their male counterparts (Pires de Almeida 2009, 177–189). There has never been a female head of state in Portugal, although for a period of five months in 1979 Maria de Lurdes Pintassilgo was the nation's prime minister, and Assunção Esteves was elected as president of the National Assembly of the Republic in 2011 the first woman to hold a post that ranks second only to the nation's president.

A law adopted in 2006 established a minimum representation for both women and men in the lists of candidates for election to the national parliament, the European Parliament, and to local government. Any list consisting of three or more candidates for election to these bodies must ensure a minimum participation of 33 percent for each sex (Comissão para a Cidadania e Igualdade de Género 2014). Additionally, candidates' lists should not comprise more than two persons of the same sex successively. The law was fully applied for the first time in the local, national, and European elections that took place in 2009. Due to measures such as these, together with the increasing participation of women in other spheres of national life, the proportion of women who hold seats has demonstrated a noticeable upward trend since 1990, when women comprised 7 percent of the total number of representatives. In 2014, the ratio of females holding seats was just under a third of the total number. Progress at the local level remains slow and has not progressed significantly from the situation in 2009, when there were 23 women leaders of the nation's 308 municipal authorities, or 7.5 percent of the total.

Religious and Cultural Roles

According to the census of 2011, just over 80 percent of the population of Portugal identify as Catholic. Of these, under 20 percent are practicing Catholics, defined as those who attend Mass regularly. Under half of all marriages take place in a Catholic church and according to Catholic ritual. These figures indicate a decline in religious belief in Portugal due to the increasing consolidation of the secular state and the nation's progressive modernization. The majority of Catholic practitioners are located in the more rural north of the country. According to the precepts of the Catholic Church, women may not serve as priests, but they may perform subsidiary roles as lay readers and helpers. A strong role has traditionally been played by the church in promoting traditional family roles (Tavora 2012, 64).

In recent years, the church, while sidelined under the Portuguese government, has strongly criticized the lack of support given by the government to families, especially dual-earning families, and asserted the role of women as primary carers for their families. The church also played a leading role in opposing the move by referendum in 2007 to legalize abortion up to 10 weeks of pregnancy: that the majority vote was in favor of this was taken as a sign of the church's waning power. The decline in the hegemony

of the Catholic Church as a yardstick for personal and public morality is further indicated by the reduced number of marriages by religious ceremony. In 2012, Catholic marriages represented just under 40 percent of all wedding ceremonies; on the other hand, the proportion of civil marriages rose from 9 percent of the total in 1960 to just more than 60 percent in 2012 (Marinho and Atalaia 2013, 5).

Nonetheless, popular religiosity remains a strong force in Portugal and is manifested in numerous religious festivals and the veneration of local saints. Women play an important role in this aspect of cultural beliefs and practices (Manuel 2013, 102). The cult of the Virgin Mary of Fatima, who appeared to three young shepherds in 1917, is internationally known. The oldest of the three witnesses, Sister Lucia, a revered and iconic figure in Portugal throughout the 20th century, whose death in 2007 was the occasion for a day of national mourning, is representative of the role that Portuguese women with mystical and administrative gifts have played in the church over the centuries.

Issues

Violence

The Portuguese government has implemented an overall national strategy to prevent and combat violence against women and girls, including domestic violence. This strategy originated from a national survey on violence against women. The results of this survey revealed that violence against women occurred mostly in private and domestic spaces and within marriage. The response to the survey was to divide domestic abuse and assault as a separate legal category from other gender-based forms of violence, and a National Plan against Domestic Violence was launched. The Fifth National Plan to Prevent and Combat Domestic and Gender-Based Violence is in force until 2017, and it is based on the Istanbul Convention. Under the plan, civil society organizations also play a front-line role in establishing refuge for female victims of violence. In 2000, the law was amended to integrate a measure whereby any third party who has knowledge of domestic violence may lodge a complaint or press criminal charges.

In 2013, Portugal was the first EU nation to ratify the Council of Europe Convention on combating violence against women and domestic violence. Nonetheless, rates of reported domestic abuse remain high. A report in 2011 indicated there were 33,707 victims of domestic abuse, of which the majority of victims were women and the

perpetrators were male. Of reported domestic violence cases, 80 percent involved a current or former partner (WAVE Country Report 2013). A legal framework exists in Portugal for the specific prevention of domestic violence and the provision of protection and support. The Portuguese Criminal Code also makes some provision for domestic violence defined as a separate crime from physical abuse. Legal aid is also available and the exemption from court fees in the case of hardship. Nonetheless, provision for the support of women victims of violence and rape is limited in several key aspects: there are presently 37 women's shelters, partly funded by the state, but no national women's helpline (WAVE Country Report 2013).

Rape is defined as a criminal act in the Portuguese Criminal Code. In the case of adult victims of rape, investigation and prosecution depend on the victim's complaints. In 2012, 375 complaints of rape were reported, representing 20 percent of all sexual crimes covered by the Portuguese Penal Code. A majority of the perpetrators in these cases were either family members or known to the victim (Macedo 2012). There are no gender-specific centers for survivors of sexual violence (WAVE Country Report 2013).

Inequality

Marked gender inequalities are illustrated by a number of indicators, notably in the area of income and salaries: whereas the ratio of women to men in the Portuguese workforce is almost 90 percent, women's annual earned income amounts to just under 60 percent of that earned by male workers (WEF 2013, 316). However, an equal number of men and women are below the government's officially designated poverty line, a group that includes almost 20 percent of Portugal's population. Of these, marginally more women—slightly more than 50 percent—are recipients of the top-up benefits scheme, the Social Insertion Income, and significant beneficiaries of the main programs to combat poverty in Portugal. In addition, women's presence also dominates the frequently precarious and low-paid formal economy, and female workers are more likely to suffer from abusive practices, such as delayed payment of salaries, short-term contracts, and casual employment (Ferreira 2011, 159).

The infrastructure for supporting a family and working life is often weak and compounded by the fact that Portugal has the longest working week in the European Union. Thus, middle-class women are often supported in their professional careers through informal support networks

and the use of unqualified domestic female labor. Furthermore, this domestic work is frequently undertaken by recent or illegal female immigrants from various countries of origin. Legislation originally passed in 1992 regulating the rights and conditions of domestic workers provides little protection compared with other labor sectors. According to an inquiry into the situation of domestic workers carried out in 2009, for example, up to 15 percent worked over their contracted hours and remained without provision for vacations or time off (Gami: Immigrant Women Support Group 2012).

Trafficking

Portugal is principally a destination country for victims of trafficking, the majority of these originating from Portuguese-speaking countries such as Brazil, Africa, and Eastern Europe. Until 2011, more than half of the victims were women who were trafficked for purposes of sexual exploitation (GRETA 2013). Nonetheless, no one gender or group has been identified as especially vulnerable to trafficking, which may also be for the purpose of labor or other exploitation.

LGBT Rights

Gay and lesbian rights were recognized in the Constitution of 2001 and more recently, in 2010, in the amendment of the Civil Code, which recognizes the right to civil marriage for gay couples (São 2010, 53). Gay civil unions have accounted for 3 percent of all marriages every year since (Marinho and Atalaia 2013, 5). Within LGBT societies and organizations, women comprise the majority of activists (Carneiro 2009, 186–187).

MARGARET ANNE CLARKE

Further Reading

- Almeida, São José. 2010. "Still, Just Ghosts." Retrieved from <http://www.lespt.org/lesonline/index.php?journal=lo>.
- Barbosa-Ducharne, Maria, Orlanda Cruz, Sylvie Marinho, and Catarina Grande. 2012. "Teen Lifestyles: Exploring Daily Routines for the Week and the Weekend." *Revista Amazônica* 5.8: 149–172.
- Carneiro, Nuno Santos. 2009. "*Homossexualidades*": uma psicologia entre ser, pertencer e participar [*"Homosexualities": A Psychology between Being, Belonging and Participating*]. Porto, Portugal: Livpsic.
- Comissão de Género em Portugal 2014. 2015. "Igualdade de Género em Portugal 2014." Retrieved from <https://www.cig.gov.pt/wp-content/uploads/2016/03/Igualdade-de-G%C3%A9nero-em-Portugal-2014.pdf>.

- Commission for Gender Equity and Equality, Presidency of the Council of Ministers. 2014. "Portugal National Report: On the Implementation of the Beijing Declaration and Platform for Action." Retrieved from https://www.unece.org/fileadmin/DAM/Gender/publication/Portugal_Relat%C3%B3rio_Pequim__20_27_Maio_2014.pdf.
- European Women's Lobby. 2013. "Barometer on Rape Report." Retrieved from http://www.womenlobby.org/IMG/pdf/ewl_barometre_final_11092013.pdf.
- Ferreira, Virgínia. 2011. "Engendering Portugal: Social Change, State Politics and Women's Social Mobilization." In *Contemporary Portugal: Politics, Society and Culture*, edited by António Costa Pinto, 153–193. New York: Columbia University Press.
- Gami: Immigrant Women Support Group. 2012. *Rights and Duties in Domestic Work*. Lisbon: Triunfadora.
- GRETA (Group of Experts on Action against Trafficking in Human Beings). 2011. *Report Concerning the Implementation of the Council of Europe Convention on Action against Trafficking in Human Beings by Portugal*. Strasbourg, France: Council of Europe.
- IndexMundi. 2015. "Millennium Development Goals: Portugal." Retrieved from <http://www.indexmundi.com/portugal/millennium-development-goals.html>.
- INE (Instituto Nacional de Estatística, Statistics Portugal). 2010. "Men and Women in Portugal." Retrieved from https://www.ine.pt/xportal/xmain?xpgid=ine_main&xpid=INE.
- INE (Instituto Nacional de Estatística, Statistics Portugal). 2011. "Statistics for Women: Being a Woman in Portugal, 2001–2011." Retrieved from https://www.ine.pt/xportal/xmain?xpgid=ine_main&xpid=INE.
- Jorge, Ricardo. 2012. "HIV-AIDS: The Situation in Portugal—31st December 2012." National Institute of Health.
- Kotowska Irena, Matysiak, Anna, Styra, Marta Pailhe, Ariane, Solaz, Anne. 2010. "Family, Life, and Work: Second European Quality of Life Survey." Dublin: European Foundation for the Improvement of Living and Working Conditions.
- Lyonette, Clare, Rosemary Crompton, and Karin Wall. 2007. "Gender, Occupational Class and Work-Life Conflict: A Comparison of Britain and Portugal." *Community, Work and Family* 10.3: 283–308.
- Manuel, P. C. 2013. "Religion and Politics in Contemporary Portugal: Devotion, Democracy and the Marian Apparitions at Fátima." In *Religion and Politics in a Global Society: Comparative Perspectives from the Portuguese-Speaking World*, edited by P. C. Manuel, A. Lyon, and C. Wilcox, 93–113. Lanham, MD: Lexington Books.
- Marinha, Sofia, and Susana Atalaia. 2013. "Families and Social Change: Brief Picture of the Last Decades." Family Observatory. *Relatório 2012*. Lisbon: Instituto de Ciências Sociais de Universidade de Lisboa. Retrieved from <https://translate.google.com/translate?hl=en&sl=pt&u=http://www.observatoriofamilias.ics.ul.pt/&prev=search>.
- Pires de Almeida, M. A. 2009. "Women in Portuguese Politics." *Portuguese Journal of Social Science* 8.2: 177–189.
- Tavora, I. 2012. "The Southern European Social Model: Familialism and the High Rates of Female Employment in Portugal." *Journal of European Social Policy* 22: 63–77.
- United Nations Statistics Division, Millennium Goals Database. 2017. "Youth unemployment rate, aged 15–24, women." Retrieved from <http://data.un.org/Data.aspx?q=unemployment&d=MDG&f=seriesRowID%3a596>.
- WAVE Country Report. 2013. "Violence against Women and Migrant and Minority Women." Women against Violence, Europe. Retrieved from <https://www.wave-network.org>.
- WEF (World Economic Forum). 2013. "Insight Report: The Global Gender Gap Report." Retrieved from <https://www.weforum.org/reports/the-global-gender-gap-report-2016>.
- WHO (World Health Organization). 2014. "World Health Statistics." Geneva: WHO Press.
- World Bank. 2014. "World Development Indicators." Retrieved from <http://data.worldbank.org/data-catalog/world-development-indicators>.

R

Republic of Macedonia

Overview of Country

The Republic of Macedonia gained independence from Yugoslavia in 1991, the only former Yugoslav republic to secede peacefully. The country is located in Southeastern Europe within the central Balkan Peninsula. It is a rugged, landlocked nation bordered by Kosovo, Serbia, Bulgaria, and Albania. A central valley is formed by the Vardar River, and mountains frame the country's borders. Lake Ohrid is one of the world's oldest lakes and one of Europe's largest biological reserves, possessing species that are extinct elsewhere (Ministry of Urban Planning, Construction, and Environment 1998). The area is seismically active, with the most recent destructive earthquake heavily damaging the capital of Skopje, killing 1,070, injuring 3,300, and leaving 76 percent of the population without shelter. This disaster caused losses of about 15 percent of the gross domestic product (GDP) for the year 1963 (Petrovski 2004).

In 2014, Macedonia was ranked 33rd out of 155 nations on the UN Development Programme's (UNDP) Gender Inequality Index (GII) (UNDP 2015). The Global Gender Gap Index for Macedonia is 0.694, ranking it 70th out of 142 countries (WEF 2016). Macedonia has a customarily patriarchal society; however, suffrage is universal (minimum age of 18), and women participate in the labor force and government. The Constitution specifies that all citizens

are equal in rights and freedoms, and gender equality is implemented throughout Macedonia's legal regulations. Macedonia has made considerable progress in advancing women's rights since independence; however, additional progress is needed in addressing prostitution, human trafficking, conditions for ethnic women, and women's political participation (United Nations 2006).

Girls and Teens

In principle, the sexes are equal; in practice, men enjoy higher status, and these divisions begin in childhood. Of particular concern for women and girls are issues about the lack of sex education, poor access to modern contraception, child abuse, early and forced marriages, and sexual exploitation and human trafficking. Such issues can be complicated by ethnicity, socioeconomic status, education, and region or location.

Sex Education

Sexual education is not part of school curricula. The absence of an organized framework for dissemination of sexual and reproductive health knowledge to youth results in several concerns. Risky sexual behavior is prevalent, information on sexual and reproductive health is lacking, and sexual and reproductive health services are rarely utilized. About 32 percent of youth (ages 19 and under) are

Romani Women's Activism

Romani, or Roma, women form a distinct part of one of Europe's largest ethnic minorities—10 million Romani people (formerly known pejoratively as Gypsies). A regional Romani women's movement emerged in Central and Eastern Europe in the early 1990s after the fall of the Soviet Union, following earlier articulation of Roma women's issues in Western European countries, particularly Spain. Romani women's activism takes a variety of forms: participating in mainstream Romani politics, seeking greater political recognition for the Roma community, addressing women's and children's issues through a gender lens sensitive to Romani culture, and creating a small but robust transnational group of Romani feminists.

In the early 21st century, Romani feminists raised issues of multiple discrimination based on gender, race, ethnicity, and class, inspired in part by Kimberlé Crenshaw's theory of intersectionality as well as European antidiscrimination and human rights frameworks. They addressed key issues, including segregated school systems, inadequate access to health care, employment discrimination, and lack of housing from women's perspectives. They also daringly breached ethnic solidarity by critiquing patriarchal tendencies within their own cultures, raising awareness of issues that included domestic violence, early marriage, prostitution, and trafficking in women and children.

In 2011, the European Court of Human Rights found that Slovakia violated Roma women's human rights in cases of coerced sterilization. This set a precedent for thousands of Romani women sterilized without their consent in Central and Eastern European countries from the 1970s to the 1990s.

At the international level, beginning in 2000, Romani feminists participated in UN conferences and processes on women, such as the CEDAW reviews. In 2005, Enisa Eminova, a young Macedonian Roma feminist, spoke at the Association for Women's Rights in Development (AWID), an important periodic gathering of 2,000 women activists, and challenged the global feminist movement to include Roma women's issues.

—Debra L. Schultz

sexually active: 40 percent of boys and 21 percent of girls (UNFPA 2013). About 31 percent of boys and 3 percent of girls initiate sex before turning 14 (UNFPA 2015). Most youth have expressed a need for information about modern contraceptives. Only 1.6 percent of girls (ages 15–19) used oral contraceptives, and only 34.8 percent of youth had used a condom during intercourse.

Access to contraception is limited, mainly due to cost; however, the number of adolescent girls giving birth has declined from 6.7 percent in 2008 to 1.3 percent in 2015, and the average age at first birth has risen from 26 in 2010 to 26.8 in 2014. The latter is lower compared to other European nations (State Statistical Office 2015a; UNFPA 2013, 2015). Such statistics vary within the population. For example, the average age at first birth is lower, and the adolescent birth rate (94/1,000 women aged 15–19 years) is higher among the Roma (UNFPA 2015).

Child and Common-Law Marriage

Child marriage is legally possible, traditional, and has a long history. The United Nations does not consider Macedonian legislation adequate for protecting children or addressing child marriage. The legal minimum age for marriage is 18; however, a court may grant 16-year-olds permission to marry. Unregistered common-law marriages are common when one spouse is underage. Such unions are criminal when one spouse is an adult and the other is under 16 years old; however, courts are often lenient in punishing such arrangements. The most frequently utilized justifications for child and common-law marriages are pregnancy, the need to preserve family "honor," and obtaining a "better life" in Western countries (when a groom working abroad comes home to obtain a wife) (UNFPA 2013).

Child marriage is particularly widespread among the Roma; 11.9 percent marry below the age of 15, and 47 percent below 18, compared to a national average of 1.4 percent and 10.7 percent, respectively (WHO 2015). Many Roma girls leave school early because Roma believe a girl's place is at home to ensure she is properly prepared for marriage and that her virginity is preserved. Most Roma couples enter into common-law marriages, which are recognized within their community. This practice is commonplace because the majority of Roma do not possess identifying documents (required to register a marriage); live in poverty (cannot afford to register a marriage); are poorly educated; experience high unemployment; are

traditionally mobile; and often enter into marriage under-age. These factors influence and perpetuate the practice of child marriage. Lack of identification is often passed on to the next generation, creating generations of Roma “phantom children” who are deprived of access to health care, education, and social care. These children see child marriage as a way out of such a precarious situation (UNFPA 2013).

Education

The Constitution guarantees the right to a free education. Public expenditures on education in 2008 were about 4.7 percent of GDP (Trading Economics 2016). Statistics show high national averages; however, gaps exist in access and enrollment between different societal groups, and such patterns of inequity are complex. The quality and learning outcomes of public schools show need for improvement. Macedonia scored last (out of 14 countries) on reading and mathematics exams, ranking the country below international averages. Almost all children finish school; however, test scores indicate that they are not all mastering basic literacy and mathematics skills (UNICEF 2009). Macedonia’s teacher-to-pupil ratio is 1:19, which is average for the region; however, teaching may be of low quality due to the use of outdated pedagogical practices, poor teacher preparation, inadequate instructional time, lack of teacher professional development, out-of-date materials, and lack of library access (UNICEF 2009).

Preprimary, Primary, and Secondary Education

Education is compulsory for children ages 6–19. Only 11 percent of children attended preschool in 2005: 15 percent of boys and 6 percent of girls. Up to 19 percent of children in urban areas attended preschool compared to as low as 2 percent in rural areas. One-quarter of children in the richest households attended preschool compared to only 1 percent of children from the poorest households. Ethnic disparities exist as well, with Albanian and Roma children rarely attending preschool (UNESCO-IBE 2011).

The primary school net enrollment ratio (NER) in 2005 had increased to 92 percent, the third highest in South-eastern Europe. No differences were found between gender or location (urban vs. rural) at the primary level; however, socioeconomic differences impacted primary school participation: 95 percent of appropriately aged children from the richest households attended compared to 86 percent

from the poorest households. Additionally, Roma children experience less success than Macedonian students at all educational levels. Roma children experience significant discrimination from teachers, administrators, and other students and are often tracked into schools intended for children with mental or physical disabilities, which offer reduced curricula and have relatively low quality standards. Roma are overrepresented in such schools, significantly above the national average (Roma Education Fund 2007). Most schools provide instruction in Macedonian, although some schools teach in Albanian, Turkish, or Serbian; no schools provide instruction in Roma (State Statistical Office 2015a). Due to these challenges, only half of Roma children complete primary school, 13 percent matriculate into secondary school, and just over half of those graduate (Roma Education Fund 2007).

Students aged 15–19 must attend three to four years of high school. Gymnasias offer three types of programs: general education, science and mathematics, and languages. Technical and vocational schools prepare students for occupations such as construction, agriculture, and mechanics through teaching general education and vocational training. Art schools (music, ballet, and applied arts) offer a four-year course of relevant general and vocational education in the relevant field of art. The certificate of completion from any four-year secondary program provides students with the right to access higher education (UNESCO-IBE 2011).

In 2005, only 63 percent of appropriately aged children attended secondary school. This percentage was the lowest in the southeast region of Macedonia (37%) and among the Roma (17%). Differences in secondary school attendance also existed between urban (71%) and rural (56%) children and poor (34%) and rich (90%) children. A higher proportion of girls (68%) than boys (59%) attended secondary schools (UNESCO-IBE 2011) and girls participated more in gymnasium education, while boys preferred vocational education (State Statistical Office 2015b).

Higher Education

Students must pass an entrance exam to attend an institution of higher education (IHE). There are professional colleges that offer two-year diploma programs. Undergraduate programs can range from two to five years, depending on the program of study. Master’s programs last from one and a half to two years, and doctoral programs take a minimum of three years to complete (UNESCO-IBE 2011).

Tertiary enrollment is low at only 3 percent of the population, and this figure has not changed since 1999 (UNICEF 2009). The State Statistical Office (2015b) reports that the number of women enrolling in and graduating from IHEs has increased slightly. Female students generally enroll in social sciences, humanities, and medical science programs, while male students generally enroll in technical and technological science programs.

Health

The population is growing slowly (0.2%) and increasingly aging. The percent distribution of women and men in the total population is equal. From 2004 to 2014, young women (14 years old and younger) decreased from 19.6 percent to 16.3 percent, and older women (65 years old and older) increased from 11.9 percent to 13.9 percent; similar patterns were observed for men. Changes in the age structure of the population have affected the number of deaths. The average age at death is 74.8 years for women and 69.9 years for men. Women's life expectancy is 77.2 years, compared to 73.3 years for men (State Statistical Office 2015b). The life expectancy for Roma is 10 years less than the national average (WHO 2015).

Access to Health Care

The Constitution guarantees universal health care access for all citizens. A state-funded public health care system is free to citizens and registered long-term residents. The Ministry of Health oversees the public health system, and the independent Health Insurance Fund (HIF) collects contributions, allocates funds, and supervises and contracts providers. Employers must register employees with the HIF upon initial employment. Both employees and employers pay contributions into the HIF; however, employees are compelled to pay an additional 0.5% of their gross salary for insurance against work-related health issues. Dependents are covered by the insurance of the employed family member (Europe-cities.com 2016). The HIF provides 95 percent of the financial resources required by the public health system; the remainder is paid via the state budget, patients' co-payments, and out-of-pocket payments. The compulsory insurance covers care, medication, and supplies related to illness; injury at work and outside work; and preventative services (Kamcev et al. 2012). Health expenditures were 6.4 percent of national GDP in 2013, significantly lower than other former Yugoslav republics

and the EU average. In 2009, there were 2.62 physicians and in 2013 there were 4.5 hospital beds per every 1,000 people (CIA 2016).

Maternal Health

The average age at first marriage is 26 for women and 28.8 for men; however, this varies depending on ethnicity, education, and income level. The total fertility rate was 1.52 live births per woman in 2014. Women aged 25–29 gave birth to 35.5 percent of all babies born in 2012 (State Statistical Office 2015b). The maternal mortality rate was 8 deaths per 100,000 live births, and the infant mortality rate was 7.7 deaths per 1,000 live births in 2015. The contraceptive prevalence rate was 40.2 percent in 2011 (CIA 2016). Supply and demand for modern contraceptives is low due to poor family planning services and prejudices against their use (UNFPA 2015). The law provides for freedom of choice regarding abortion, which can only be limited due to health reasons (UNFPA 2013). The abortion rate in 2013 was 21.5 per 100 live births. Legitimate live births accounted for 88.5 percent of all births (State Statistical Office 2015b).

Macedonia launched a national program that integrates several public health interventions required for the improvement of maternal and infant health. Many health statistics have improved; however, there are disparities related to socioeconomic status (SES), ethnicity, and education. Roma, rural, and poorly educated women benefit less from maternal health care than non-Roma, urban, and well-educated women do. For instance, the infant mortality was three times higher among poorly educated women. Contraceptive use is lower among rural, poor, and low-educated women and has actually decreased over time for Roma women (UNFPA 2015). The social norms, practices, and cultural values of the Roma perpetuate stigma, neglect, and discrimination by service providers.

To address this prejudice, Macedonia made a political commitment to improve the social and economic conditions of the Roma, with priorities in education, health care, employment, and housing, by signing the Decade of Roma Inclusion (2005–2015). The National Action Plan for Roma Health was enacted to reduce inequities in health, and, so far, preventive programs for children, women, and youth have expanded to reach Roma and rural communities. Initiatives have included working with parents in early child development centers, improving the health information system so that data can be desegregated by ethnicity,

establishing a network of youth-friendly services for sexual and reproductive health, introducing Roma health mediators, issuing educational and promotional materials in the Roma language, and training health professionals to be more culturally competent (WHO 2015).

Diseases and Disorders

The health situation is characterized by a high prevalence rate of noncommunicable diseases, many of which are related to irregular lifestyles. The population, especially younger individuals, are facing the challenges of bad habits, including smoking, excessive consumption of alcohol and other psychoactive drugs, diets rich in fatty foods, and improper sexual behavior, any of which can lead to addiction, infectious disease, and physical and mental disorders (Kamcev et al. 2012). Cardiovascular disease is the leading cause of death, followed by cancer, likely related to elevated risk factors, including high blood pressure, high blood sugar, and obesity, which are all high compared to the region (WHO 2012). The breast cancer incidence rate was 111.7 per 100,000 women in 2013, with a mortality rate of 28.7 percent. The cervical cancer incidence rate was 16.6 per 100,000 women in 2013, with a mortality rate of 14.4 percent (UNFPA 2015). Adult prevalence rate of HIV/AIDS in 2013 was 0.01 percent; 200 people were living with HIV/AIDS, and related deaths were estimated at 100 (CIA 2016). The HIV epidemic mainly affects intravenous drug users, prostitutes, prisoners, and homosexual men (UNFPA 2015).

Employment

Since independence, Macedonia has strengthened its economy. In 2015, GDP was USD\$28.89 (PPP) and was ranked 131st in the world. High unemployment (more than 30%) has remained a problem since 2008; however, this may be overestimated due to the large informal economy (20%–45% of GDP) (CIA 2016). Since 2007, more than 60,000 jobs have been created, but employment rates remain the lowest in Europe. Since the 2009 global economic crisis, labor productivity has fallen, informal employment has grown, and wages have stalled for low earners, all of which contribute to increasing inequalities.

Older individuals (45 years old and above) are often lower skilled and are less adaptable, frequently leading to long-term unemployment. Younger individuals have more access to education; yet, many drop out, limiting employment options. Individuals with university degrees have

access to better jobs, but the competition is high, leaving many lacking adequate employment, which has resulted in increasing unemployment for this group. Ethnic minorities, rural inhabitants, eastern region inhabitants, and women have particularly low chances of finding employment (World Bank 2014). Roma face particularly high levels of unemployment, and, consequently, the number of Roma living in poverty is three times higher than that of the rest of the population.

Women in the Workforce

Employment is “characterized by a very unfavorable gender structure” (State Statistical Office 2015b, 59), which has persisted over time. The 2014 employment rate for women was 32.4 percent, compared to 50.1 percent for men (World Bank 2014). The youngest, oldest, and least-educated women are less likely to be employed, possibly reflective of family responsibilities. The gender gap is exacerbated for Albanians and Roma, both of which value traditional norms regarding female roles. Significant gender differences persist in employment choices and options. One in six employed women are unpaid family workers, and less than 10 percent are self-employed (compared to 25 percent of employed men).

Women are less likely to work in the informal market and are more concentrated in manufacturing and social sectors, while men are more active in trade and construction (World Bank 2014). Such differences in employment impact pay; the gender pay gap is about 27 percent (the EU average is 17.8%). About 83 percent of the gender pay gap cannot be explained by differences in education, age, location, sector, or occupation, which points to discrimination. This problem persists despite laws that obligate employers to pay equal wages for equal work regardless of gender (Raleva and Dimitrijevska 2013).

Labor laws provide for long maternity leave, limited working time and shifts for women, and lower retirement ages for women. These laws are intended to protect women's rights, but they may have unintended negative impacts. Maternity leave is 39 weeks at 100 percent of salary. Long maternity leave is beneficial for maternal and infant health; however, it creates employer resistance to hiring women of childbearing age (Independent.mk 2014). Women may retire at age 62 and men at 64 (CCM 2016), which may affect an employer's decision to hire women. Roughly 30 percent of women believed men were prioritized for hire by employers (Zdrzenska 2012). Labor laws and employer practices are rigid in comparison

to other European nations, and lack of flexible scheduling options negatively impacts female participation and protection in the workforce (Kalamatiev and Ristovski 2014).

One-third of women believe motherhood and a career are contradictory. Working women believe more state efforts should be taken to harmonize domestic and professional obligations of women, including expanding and improving existing child care options. About 13 percent of women have experienced sexual harassment, and 28.9 percent have experienced psychological harassment at work. Laws protect against these forms of harassment; however, only half of women were aware of them, and only one-third believed they would be enforced (Zdruzenska 2012).

Family Life

The government actively promotes traditional family values through legislative and program interventions and expensive media campaigns. The state has run campaigns promoting large families as “traditional” and “patriotic,” as well as pro-life campaigns. The state allocated significant funding to such advertising, more so than for programs promoting gender equality and women’s rights, which rely more on foreign aid (Zdruzenska 2012).

Traditional Family Roles

A traditional patriarchal model of divided roles with women raising children is dominant. Men and women have equal legal parental and marriage rights; however, traditional and patriarchal values influence marriage arrangements and women’s roles within family life. One in five women believes that a woman does not have the right to refuse a marriage proposal if the match was arranged by her family. Almost all married women (90%) report that they are responsible for child care and traditional household chores. Most wives are additionally responsible for school obligations, caring for ill or elderly relatives, purchasing food, yard work, heating the home, maintaining a garden, or other agricultural tasks (particularly in rural areas). One-third of women report that most decisions are made by their husbands, mothers-in-law, or other family members. About 25 percent of women reported feeling the need to ask for permission from their husbands, mothers-in-law, or male family members before making decisions about health care, employment, education, or leaving the home. Half of women believe that a woman is obliged to respect her husband’s decisions (Zdruzenska 2012).

Politics

Macedonia is a parliamentary democracy. Parliament is the country’s legislative body, and the 120 members are elected for four-year terms. The president of the republic is the chief of state, but this is mainly a ceremonial role. The prime minister is the chief of the executive branch and the most politically powerful person in the country. The prime minister is elected for four-year terms, and he or she chooses ministers for each government branch. Judiciary power is exercised through a court system headed by the Supreme and Constitutional Courts (CIA 2016).

Participation in Government

Female voter participation is lower than male and is largely impacted by tradition, poor economic status, and low education. Family voting is permissible in Macedonia, whereby a family member can vote on behalf of a woman. While not common, 6 percent of women reported that a husband, father, or brother had voted for them before (Zdruzenska 2012). Barriers to female political participation include family obligations, concerns about discrimination and garnering voter support, and a belief that political activism is indecent; however, most women believe increased female political representation would improve women’s situations (Zdruzenska 2012).

To increase female political participation, an affirmative measure was added to the Electoral Code in 2006, which stipulates that every third slot on candidate lists must be reserved for the less-represented gender (Kalamatiev and Ristovski 2014). This legislation may be having an impact. In 2009, no women won mayoral elections, but four won in 2013 (SIGI 2016). About 30 percent of Parliament is made up of women; yet, during 2011–2015, only 12 served in committee leadership roles. Women hold about 50 percent of positions in state administration, but this is declining. These positions are mainly of lesser power and influence than those held by men. Women are rarely appointed as ministers or deputy ministers within the executive branch. In the 2009 presidential election, there was one woman candidate who received about 3 percent of the votes (Zdruzenska 2012).

LGBT Rights

ILGA-Europe ranks Macedonia as the worst of the Balkan countries regarding legal protection for LGBT individuals (Marusic 2012). The LGBT community is described as harassed, and reports of violence, vandalism, and

discrimination are commonplace. There are three organizations and a support center working to improve LGBT rights; the latter has been attacked six times since opening in 2012 (ILGA-Europe 2013; U.S. Department of State 2015). Same-sex activity was illegal until 1996, when it was decriminalized as a condition for Macedonia's admission to the Council of Europe. From 2008 to 2010, LGBT individuals were protected from employment discrimination; however, Parliament removed this protection. Currently, there are no laws protecting LGBT individuals from discrimination or hate crimes.

In 2015, voters approved a constitutional ban on same-sex marriage. The state backed this amendment to "affirm, promote, and protect a traditional foundation of society" (Amnesty International 2015, para. 2). A ban on same-sex civil unions was removed when the Council of Europe declared it incompatible with the European Council on Human Rights; however, this removal had little impact, as same-sex partnerships cannot be legally registered. Same-sex couples cannot adopt children or utilize medical interventions to conceive children (ILGA-Europe 2013).

Religious and Cultural Roles

The most common religion is Orthodox Christianity (64.8%), which is practiced by most ethnic Macedonians. Muslims account for 33.3 percent of the population and are mainly from the Albanian, Turkish, and Roma ethnic minorities; this is the fifth-highest proportion of Muslims in Europe. By 2050, Islam is predicted to become the country's largest religion, representing 56.2 percent of the population (Pew Research Center 2015).

Macedonian Orthodox Church (MOC)

The Serbian Orthodox Church (SOC) has long sought to regain control over Orthodox Christians within Macedonia, which has caused an ongoing struggle with the MOC. The main dispute centers on the MOC's autocephaly, or ecclesiastical independence, which was declared in 1967. The SOC (and the majority of other Orthodox churches) rejects the legitimacy of the MOC and has recognized the Orthodox Archbishopric of Ohrid as the only canonical church within Macedonia (U.S. Department of State 2006); it is led by Archbishop Jovan, the only Macedonian church leader to favor a 2002 compromise agreement. The Serbian government sent funds to this church, which earned Jovan the reputation of traitor. Jovan has claimed violations of the right to freedom of religion because the government

refuses the registration of his church. SOC places of worship have been attacked, and a criminal case has been filed against him. Jovan was arrested, removed from his bishopric, and expelled from Macedonia. He returned in 2005 only to be jailed after performing a baptism. The dispute continues; the SOC regularly denies MOC clergy access to religious sites under SOC control, and Macedonian police often deny Serbian priests entry into the country (Bjelajac 2004, 2005).

Issues

Macedonia experiences many challenges due to the ethnic makeup of its population. Macedonia has a population of roughly 2 million. Macedonians are the largest ethnic group (64.2%), followed by Albanians (25.2%); Turks, Roma, and Serbs make up the remainder of the population (CIA 2016). Many of the challenges created by this ethnic makeup impact the lives of women, both in the ethnic majority and the minority populations, and were discussed throughout the sections above. Additionally, the ongoing conflicts, migrations, and refugee crises in the region have influenced women's lives in multiple ways.

Albanian Conflict

Ethnic Macedonians and ethnic Albanians have uneasily coexisted for some time. Albanians are concentrated near the Albanian, Serbian, and Kosovo borders. Since independence, Macedonia has focused internally on promoting democracy and interethnic relations, including Albanian political parties in government. In 1994, a radical Albanian faction declared an autonomous republic in the western region, and the Macedonian government viewed this as an effort to secede (BBC 2015). This tense relationship was exacerbated in 1999 when 360,000 refugees flooded into Macedonia, fleeing the Kosovo crisis; the majority were evacuated to other countries or repatriated by year's end (United States Committee for Refugees and Immigrants 2001).

Members of the Kosovo Liberation Army infiltrated Albanian populations in Macedonia and attacked police in Tetovo in January 2001. Soon after, the National Liberation Army (NLA) emerged, demanding equal rights for ethnic Albanians. A series of bloody battles raged between NLA and government forces until August 2001, when the NATO-backed Ohrid Agreement was signed (BBC 2015). The agreement set the groundwork for increasing Albanian rights in Macedonia. Specifically, it did the

following: (1) made any language spoken by at least 20 percent of a municipality's population co-official to Macedonian; (2) increased participation of ethnic Albanians in government institutions, police, and army; and (3) developed a new model of decentralized government. The Albanians agreed to give up separatist demands, recognize Macedonian institutions, and disarm the NLA, relinquishing all weapons to NATO (ESI 2016). The Ohrid Agreement remains in effect; however, isolated armed conflicts have occurred periodically since 2010 (BBC 2015).

AMANDA L. ESPENSCHIED-REILLY

Further Resources

- Amnesty International. 2015. "Macedonia: Same-Sex Marriage Bans Will Entrench Discrimination." Retrieved from <https://www.amnesty.org/en/latest/news/2015/01/macedonia-same-sex-marriage-ban-will-entrench-discrimination>.
- BBC. 2015. "Macedonia Profile—Timeline." Retrieved from <http://www.bbc.com/news/world-europe-17553072>.
- Bjelajac, Branko. 2004. "Macedonia: Serbian Orthodox 'Will Never Get Registration.'" Forum 18 News Service. Retrieved from http://www.forum18.org/archive.php?article_id=418.
- Bjelajac, Branko. 2005. "Macedonia: Why Is State Interfering in Orthodox Dispute?" Forum 18 News Service. Retrieved from http://www.forum18.org/archive.php?article_id=579.
- CCM. 2016. "Initiative for Introduction of Various Retirement Conditions in the Law on Pension and Disability Insurance." Retrieved from http://www.ssm.org.mk/index.php?option=com_content&view=article&id=591:inicijativ&Itemid=&lang=en.
- CIA (Central Intelligence Agency). 2016. "Macedonia." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/mk.html>.
- ESI (European Stability Initiative). 2016. "The Ohrid Agreement and Its Implementation." Retrieved from <http://www.esiweb.org/index.php?lang=en&id=563>.
- Europe-cities.com. 2016. "Healthcare in Macedonia." Retrieved from <http://europe-cities.com/destinations/macedonia/health>.
- ILGA-Europe. 2013. "FYR Macedonia." ILGA-Europe Annual Review 2013. Retrieved from <http://www.refworld.org/pdfid/5195f11f16.pdf>.
- Independent.mk. 2014. "Macedonian and Croatian Young Mothers with Longest Maternity Leave in the Region." Retrieved from <http://www.independent.mk/articles/11872/Macedonian+and+Croatian+Young+Mothers+with+Longest+Maternity+Leave+in+the+Region>.
- Kalamatiev, Todor, and Aleksandar Ristovski. 2014. "How Do the Working Time Regulations Influence Gender Inequalities?" GLU Conference, May. Retrieved from http://www.global-labour-university.org/fileadmin/GLU_conference_2014/papers/Ristovski.pdf.
- Kamcev, Nikola, Marina Danilova, Verica Ivanovska, Gordana Kamceva, Nevenka Velickova, and Knejinja Richter. 2012. "A General Overview of the Healthcare System in the Republic of Macedonia: Health Indicators, Organization of Healthcare System, and Its Challenges." In *Healthcare Overview: New Perspectives*, edited by Vincenzo Costiglioda, 521. New York: Springer.
- Marusic, Sinisa Jakov. 2012. "Macedonia Gay Rights Record Worst in Balkans." Retrieved from <http://www.balkaninsight.com/en/article/macedonia-placed-in-the-red-zone-for-lgbt-rights>.
- Ministry of Urban Planning, Construction, and Environment. 1998. "State of Environment Report." Retrieved from https://web.archive.org/web/20080119010740/http://www.moe.gov.mk/soer2/ohrid_a.htm.
- Petrovski, Jakim. 2004. "Damaging Effects of July 26, 1963, Skopje Earthquake." MESF Cyber Journal of Geoscience 2. Retrieved from http://www.meseisforum.net/1963_skopje.pdf.
- Pew Research Center. 2015. "The Future of World Religions: Population Growth Projections, 2010–2050." Retrieved from <http://www.pewforum.org/2015/04/02/religious-projections-2010-2050>.
- Raleva, Ana, and Tamara Dimitrijevska. 2013. "Gender Equality in EU: How Does Macedonia Compare?" EU Policy Briefs, March. Retrieved from http://www.kas.de/wf/doc/kas_33830-1522-1-30.pdf?130318153058.
- Roma Education Fund. 2007. "Advancing Education of Roma in Macedonia: Country Assessment and the Roma Education Fund's Strategic Directions." Retrieved from http://www.romaeducationfund.hu/sites/default/files/publications/macedonia_report.pdf.
- SIGI (Social Institutions & Gender Index). 2016. "Macedonia Country Profile." Retrieved from <http://www.genderindex.org/country/macedonia-fyr>.
- State Statistical Office. 2015a. "State Statistical Yearbook, 2015." Retrieved from <http://www.stat.gov.mk/Publikacii/PDFS/G2015/06-Obrazovanie-Education.pdf>.
- State Statistical Office. 2015b. "Women and Men in Macedonia." Retrieved from <http://www.stat.gov.mk/Publikacii/Gender/2015.pdf>.
- Trading Economics. 2016. "Public Spending on Education—Total (% of GDP) in Macedonia." Retrieved from <http://www.tradingeconomics.com/macedonia/public-spending-on-education-total-percent-of-gdp-wb-data.html>.
- UNDP (UN Development Programme). 2015. "Macedonia." *Human Development Report 2016*. Retrieved from http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/MKD.pdf.
- UNESCO-IBE. 2011. "World Data on Education." Retrieved from http://www.ibe.unesco.org/sites/default/files/The_Former_Yugoslav_Rep_of_Macedonia.pdf.
- UNFPA (UN Population Fund). 2013. "Child Marriage in the Former Yugoslav Republic of Macedonia (Overview)." Retrieved from <http://eeca.unfpa.org/sites/default/files/pub-pdf/unfpa%20macedonia%20overview.pdf>.
- UNFPA (UN Population Fund). 2015. "United Nations Population Fund Country Programme Document for the Former Yugoslav Republic of Macedonia." Retrieved from http://www.unfpa.org/sites/default/files/portal-document/Macedonia%20CPD%20-%2000DS_0.pdf.
- UNICEF. 2009. "Education in FYR Macedonia." Retrieved from http://www.unicef.org/ceecis/FYR_Macedonia.pdf.

- United Nations. 2006. "Women's Anti-Discrimination Committee Takes Up Report of Former Yugoslav Republic of Macedonia." Retrieved from <http://www.un.org/press/en/2006/wom1533.doc.htm>.
- United States Committee for Refugees and Immigrants. 2001. "U.S. Committee for Refugees World Refugee Survey 2001—Macedonia." June 20. Retrieved from <http://www.refworld.org/docid/3b31e166c.html>.
- U.S. Department of State. 2006. "Macedonia: International Religious Freedom Report, 2006." Retrieved from <http://www.state.gov/j/drl/rls/irf/2006/71394.htm#>.
- U.S. Department of State. 2015. "Macedonia." Retrieved from <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm?year=2014&dliid=236550>.
- WEF (World Economic Forum). 2016. "Macedonia, FYR." Retrieved from <http://reports.weforum.org/global-gender-gap-report-2014/economies/#economy=MKD>.
- WHO (World Health Organization). 2012. "The Former Yugoslav Republic of Macedonia: WHO Statistical Panel." Retrieved from <http://www.who.int/gho/countries/mkd.pdf?ua=1>.
- WHO (World Health Organization). 2015. "Review and Reorientation of the 'Programme for Active Health Protection of Mothers and Children' for Greater Health Equity in the Former Yugoslav Republic of Macedonia." Roma Health—Case Study Series No. 2. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0008/276479/Review-Programme-active-health-protection-mothers-children-greater-health-equity-en.pdf.
- World Bank. 2014. "Former Yugoslav Republic of Macedonia Employment and Job Creation Labor Market Assessment 2007–2011." Retrieved from http://www-wds.worldbank.org/external/default/WDSPContentServer/WDSP/IB/2015/08/04/090224b08304e8b2/1_0/Rendered/PDF/FYR0Macedonia00assessment0200702011.pdf.
- Zdruzenska, Akcija. 2012. "Republic of Macedonia Shadow Report on the Implementation of the Convention on the Elimination of All Forms of Discrimination against Women." Association for Emancipation, Solidarity, and Equality of Women of Republic of Macedonia. Retrieved from http://www2.ohchr.org/english/bodies/cedaw/docs/ngos/ESEM_for_PSWG_en.pdf.

Romania

Overview of Country

Romania is located in Southeastern Europe, at the limit of the European Union (EU), bordering Serbia to the southwest, Hungary to the northwest, Ukraine to the north and the east, Bulgaria to the south, and the Republic of Moldova and the Black Sea to the east. Romania enjoys a varied relief, with the Carpathian Mountains in the center, the

Black Sea coast to the east, and the Danube River flowing in the south. Most of the Danube Delta is also in Romania, with approximately 300 species of birds, 3,450 species of animals, and 1,700 plant species (Romania National Tourist Office 2016). The capital of Romania is Bucharest, which has a population of about 2 million people (INS 2011); it is an architecturally eclectic city, as most of its center was demolished in the 1980s to build its well-known landmark, the House of Parliament, the second-largest building in the world after the Pentagon (Romania National Tourist Office 2016). Romania has the highest rural population in the European Union, 46 percent, compared to the EU average of 24 percent (CIA 2015).

The country is 92,043 square miles (238,391 sq. km) and has a population of 20,121,641 inhabitants (INS 2011), including 1,227,600 ethnic Hungarians (6.5%) and 621,600 Roma (3.3%). It is believed that the Roma population is actually much higher; estimates by nongovernmental organizations (NGOs) reach around 2 million. Up until the 19th century, the Roma used to be slaves of private landowners or the Romanian Orthodox Church, who had the right of selling them or killing them, as they so pleased. The Roma were freed in 1856, but they were not given any entitlement; so they continued to have a very precarious situation (Dieaconu 2016). There are numerous complaints against different types of discrimination against the Roma registered with the National Council against Discrimination (CNCD), but Roma NGOs say their number is clearly underrecorded. Also, it is important to say that the Romanian state implemented a set of affirmative action policies for the Roma minorities (e.g., in education).

There is a high number of Romanian citizens currently living or working abroad. In the 2011 census, this number was 910,264, but there are higher estimates of about 3 million people (OECD 2014). Most Romanian citizens live and work in other EU countries: Italy (169,766), Spain (71,102), Germany (29,084), the United Kingdom (19,064), and others (INS 2011).

The history of the Romanian state is not very long, with its first proclamation in 1918, through the unification of the southern and eastern parts of the country (until then, the Kingdom of Romania) and the western part, also known as Transylvania (until then, a province of the Austro-Hungarian Empire). The southern and eastern parts of today's Romania had been proclaimed a kingdom on May 10, 1881, with the German Charles I as first king. In the period between World War I and World War II,

the Kingdom of Romania saw its greatest development, especially in the arts, with important names such as writer Eugene Ionescu (Theatre of the Absurd), poet Tristan Tzara (the Dada movement), and sculptor Constantin Brancusi (a pioneer of modernism).

During World War II, Romania sided with the Germans, as its right-wing movement, the Iron Guard, rose in popularity and came to power. The pogroms against the Jewish population (still somewhat denied even today or only briefly mentioned in school history books) led to an (as yet) unverified number of victims, ranging between 150,000 (United States Holocaust Memorial Museum 2016), and 400,000 (Yad Vashem 2016).

After the war, Romania fell under the influence of the Soviet Union, and a severe purge of the country's elites followed in parallel with a process of subservience of the country to the USSR. In the Report of Analysis for Communist Dictatorship (Tismăneanu et al. 2006), the main criminal actions of the communist regime (1945–1989) were listed as follows: abandoning national interests to Soviet interests, destroying the democratic regime and the rule of law, disappearance of all political parties (up until 1989 there was only the Communist Party), physical annihilation of any opposition from outside and from within the Romanian Communist Party, and constant persecution of all cultural, religious, ethnic, and sexual minorities.

During the communist regime, gender balance was apparently observed, with about 40 percent of women in so-called power positions in politics, the economy, education, and so on. However, it must be emphasized that Romania was a dictatorship, and the people apparently holding positions of power were simply puppets placed there by the regime. Concerning women, it is important to note that they were forced to work under communism (unemployment was against the law and people who did not work were considered parasites), but they kept their traditional roles in the private sphere simultaneously. The state appeared to take over some of the domestic chores, by establishing state institutions to take care of children, the elderly, and so on. In reality, although forced to use them, Romanian women were reluctant to do so, as their quality was lacking in many respects.

Between 1965 and 1989, Romania was led by Nicolae Ceaușescu (1918–1989). In the beginning, he gained a lot of public support in the country and abroad, as he publicly opposed the invasion of the Warsaw Pact (the military alliance of the Communist Bloc) to put an end

Women's Voices

Herta Müller

Born in August 1953 in Nițchidorf, Romania, Herta Müller is the daughter of Swabian farmers and was raised under the oppression of the former Soviet Union during World War II. She saw her mother removed to a labor camp because her family was part of the German minority in Romania. During the 1970s, she was removed from her position as a translator when she refused to cooperate with the Communist secret police. This resulted in years of death threats, until Müller and her husband, author Richard Wagner, immigrated to Germany in 1987.

Müller received the 2009 Nobel Prize for Literature—only the 12th woman in its 108-year history to win this prize. She was recognized for “depicting the landscape of the dispossessed with the concentration of poetry and the frankness of prose” (Flood 2009). Said Müller of what influences her writing, “The most overwhelming experience for me was living under the dictatorial regime in Romania. And simply living in Germany, hundreds of kilometers away, does not erase my past experience. I packed up my past when I left, and remember that dictatorships are still a current topic in Germany” (Flood 2009).

—Karen J. Shaw

Flood, Alison. 2009. “Herta Müller Takes Nobel Prize for Literature.” *The Guardian*, October 8. Retrieved from <https://www.theguardian.com/books/2009/oct/08/herta-muller-nobel-prize-literature>.

Nobel Prize Organization. 2009. “The Nobel Prize in Literature 2009.” Retrieved from http://www.nobelprize.org/nobel_prizes/literature/laureates/2009.

to the anticommunist uprising in Czechoslovakia in 1968, but Ceaușescu soon proved to be a ruthless dictator. Together with his wife, Elena, and other members of his family, he instituted a personality cult and grandiose plans of bringing Romania “on the highest peaks of civilization” (as it was called in the history books of the period). He was captured and tried by a special military tribunal during the 1989 revolution, and eventually he was killed along with his wife by a firing squad on Christmas Day 1989.

After 1989, there followed a painful transition period from a state-planned economy to a more or less capitalist one and from a dictatorial regime to a democratic semi-presidential republic. Romania's accession to the European Union in 2007 and its joining NATO in 2004 contributed to the establishment and consolidation of the rule of law in the country. Although the gross domestic product (GDP) per capita is around 40 percent of the EU average (USD\$ 9,474.10 and GDP per capita PPP USD\$[0] 23,626.40), Romania has one of the highest growths in the European Union, at 3.7 percent (World Bank 2015).

Romania has an aging population, following the European trend in this respect, with 56.6 percent of the population between 25 and 65, 16.5 percent over 65, 15.5 percent 14 and younger, and 11.4 percent between 15 and 24 (INS 2014). The situation is increasingly more worrying with the high numbers of the population born between 1968 and 1970 due to Ceausescu's pronatalist policies reaching maturity. As in most European countries, Romania has a state pension system based on contributions during professional life, but there are worries regarding its collapse due to a higher number of pensioners versus working people to support it.

Romania ranks low in the European Union in terms of gender equality and women in power positions. Simultaneously Romania ranks high regarding poverty and violence against women. According to the European Institute for Gender Equality, Romania ranks last in the European Union regarding gender equality, with a score of 33.7, and is only halfway to achieving a gender-balanced society, with 52.9 points (out of 100) (EIGE 2015). Moreover, the Gender Gap Index (2014) derived by the World Economic Forum (WEF) places Romania in 72nd place out of 142 countries, with a score of 0.694 (where 0 = inequality and 1 = equality). And the UN Development Programme (UNDP) ranks Romania in 52nd place out of 188 countries based on the Gender Inequality Index (GII; 0.989) (UNDP 2015).

Girls and Teens

Romania has a declining number of children, with 9.27 births per 1,000 people, and the second-highest infant mortality rate in the European Union, with 10 deaths per 1,000 live births. There are slightly more male children up to the age of 14 compared to female (1.06) (IndexMundi 2014). In general, there is no preference for male children or direct discrimination regarding female babies at birth or in the first years of life.

Child Abuse and Child Trafficking for Forced Labor and Sexual Exploitation

Romania has signed and ratified a number of treaties and conventions regarding the rights of the child (under the umbrella of the United Nation), and respect for the rights of children is included in its Constitution (Article 42 prohibits the exploitation of minors and their employment in activities that might be harmful to their health or morals or might endanger their life and normal development) and internal laws, such as the Criminal Code and the Labor Code (which prohibits the employment of young people under the age of 15).

However, there are situations where such instances occur. For example, in rural areas, there are children who do agricultural work for very little pay, usually just food and water for the day or very little money. However, the real amplitude of the phenomenon is not known, as it is highly underreported (Shahinian 2011). In urban areas, especially in the capital Bucharest, there is a category of children called "street children." Some of them return to their families every night, after sometimes working more than eight hours in the streets. They are forced to beg; to wash cars; to collect recyclable objects (scrap iron, glass, paper, or plastic); and even to prostitute themselves.

There is another category of children who permanently live on the streets, and some of them are already the second generation; the first generation had been institutionalized in communist times and were released on the streets when the orphanages were opened in the early 1990s. There are no official estimates regarding their number, gender, or other details; NGOs believe they are between 800 and 1,000, and most of them live in Bucharest's sewer system or in dilapidated houses. Also, the majority of these children do not possess birth certificates; in other words, they do not exist for the state authorities, and thus have no access to education or health services.

Roma children represent the majority of street children and are at the highest risk of labor or sexual exploitation (Shahinian 2011). In July 2016, a terrible case of bonded labor and slavery was discovered in a rural area close to the capital, in which up to 40 people, including children, had been abducted and kept in chains while being forced to work for a family since 2008. Thirty-eight people were apprehended by the police, and at the time of writing this entry, they are awaiting trial.

There are sporadic cases of child trafficking discovered by authorities and reported in the press, but, again, their

numbers are believed to be underreported. Children are either trafficked internally or to foreign countries, where they are taken to private locations and forced to work or prostitute themselves. Again, Roma children seem to be more prone to such practices, mostly due to higher poverty and unemployment in these communities as well as lower levels of education. There are also cases of child prostitution, mostly children from rural areas; the parents are promised that the children will receive jobs in cities, but they are obliged to become sex workers. A special situation is unfolding at the time of writing this entry, as the minister of labor made a press statement regarding child trafficking and child prostitution in at least four or five state orphanages in Bucharest and the southeastern part of Romania; investigations are under way in July 2016. In November 2016 the minister stated that state institutions checked 129 public and private centers for children and there were a number of cases already taken to court, others under investigation, and others that triggered a change in the procedures (Hotnews 2016). After the elections of December 2016 and the change of government, there was no news on these cases.

Children Left Behind as a Consequence of Parents' Emigration

Romania has been facing a special situation, especially since the latest economic crisis in 2008, which also coincided with its joining the European Union. A lot of people became economic migrants to other EU countries and left their children behind without parental or other support. Some of these children were simply left in the care of distant relatives, neighbors, or older siblings.

Although parents are obliged to notify the authorities, this rarely happens, as they fear that the children may be taken away in the care of the authorities. Thus, statistics are unavailable. The data from the Ministry of Labor indicates their numbers at approximately 47,000 children with one absent parent and approximately 23,000 children with both parents gone (Salvati copiii 2012). Other estimates refer to 350,000 children affected by this phenomenon, and 126,000 affected by the migration of both parents, with half of those under the age of 10 (Toth et al. 2008). The school dropout rate for these children is also on the increase, and so is criminality and the suicide rate. Teenage girls are usually expected to take care of their younger siblings and do the house chores, and more often than not, this affects their right to education (Salvati copiii 2012).

Again, there are no statistics available, but the press has documented 20 cases of children who committed suicide due to emotional and psychological problems caused by their parents leaving them to work abroad.

Teenage Mothers

Romania ranks second in the European Union concerning the birth rate among women aged 15–19, with 39.4 births per 1,000 women, and the highest rate of births of first children to teenage mothers (15.6% of total births of first children in 2013) (Eurostat 2015). There are also cases reported in the press of girls as young as 12 or even 9 who become mothers. Romania is also first among the EU countries for the number of abortions to 1,000 live births among women under 20 years old, almost 500 in the period 2008–2011 (UNFPA 2013). The causes include poverty, lack of hope and expectations for the future, lack of information on health- and sexuality-related issues, and a tradition of early marriage (especially in the case of the Roma). The consequences are an increase in the school dropout rate for the teenage mothers; psychological problems, such as depression, anxiety, and the like; and the perpetuation of the spiral of poverty.

Education

The Romanian education system has been functioning since 2011 on a new education law that divides it into two main levels: preuniversity (including some vocational schools and postsecondary schools, where students learn a trade) and university (based on the European Bologna system: three years for a bachelor's program, two years for a master's degree, and three years for a PhD).

Romania contributes very little to its education (around 3% of its GDP compared to the EU average of 5% (Eurostat 2015). A lack of funds is one of the reasons the education system has a lot of problems. The other reason is its complete subservience to the political factor, although this is illegal; for example, school principals, school inspectors, and local and national education authorities are directly appointed by the political party that is in power. From 1990, at the fall of the communist regime, to July 2016, there have been 22 ministers of education, and the Law of National Education has been changed more than 60 times. Practically every new minister, when appointed to office, has decided that the previous education reform was not good and changed the system. The dire consequences are

that the public at large distrusts the educational system completely and either finds survival strategies within it or strategies for leaving it to study abroad (especially at the university level). Although there is a very small illiteracy rate (around 1%–2% of the population), 37 percent of Romanian 15-year-olds could be defined as functionally illiterate (OECD PISA 2012). Moreover, there is a high number of school dropouts, mostly in rural areas and within the Roma community: 18.1 percent in 2014 (the EU average is 11.1%) (European Commission 2015a).

Also, 79.7 percent of all teachers in Romania are female, mostly in nurseries and kindergartens (99.7%) and primary schools (89%). The percentages decrease in secondary education (71.3%), but with higher numbers in schools for special needs (82.7%) and fewer in vocational education (64.9 %) (MECTS 2015a). It is interesting that only 49.4 percent of the university teaching staff are women, with more women in the lowest academic positions: 56.9 percent of assistant professors are women and fewer at the top (only 30.2% are full tenured professors) (MECTS 2015b). Slightly more university graduates are female (13%, compared to 12.5% male) (EIGE 2015).

Primary and Secondary Education

There are no discrepancies between the numbers of primary and secondary school graduates regarding their gender (UNICEF 2015), with the exception of the Roma population, where a smaller number of children attend primary school (between 4% for 3-year-olds and 23% for 6-year-olds) (Surdu 2011, 5). The main reasons are the lack of education of the parents, a lack of resources, and also the belief that children are better off at home or that the parents need to take the children with them when migrating to other areas for work (6). In secondary education, gender differences are not significant either, with 8–10 percent of school dropouts for each gender (UNICEF 2015).

In the case of the Roma minority, though, research indicates that for children between the ages of 12 and 16, two-thirds (64.62%) are in the situation of not attending school, with the main reasons being poverty, absent parents, the negative attitude of the family toward education, peer influence, repeating the class, and early marriage (Surdu 2011, 6). In this respect, gender differences are higher, as early marriage mostly affects girls, who also become teenage mothers; the reason is mostly cultural and based on traditions of the Roma communities. Unfortunately, this perpetuates a poverty spiral for these communities (UNICEF

2015). Other important reasons for not attending school are lack of identity documents, which are compulsory for school enrollment; not speaking (or poorly speaking) the Romanian language; not having schools in Romani; and discrimination that leads to segregation, marginalization, and stereotypical views of the Roma (e.g., violent, prone to criminality, lazy, etc.).

University Education

The situation is different in high school and college, though. Data from 2008–2010 shows that 86 percent of the females who pass the high school graduation exam (baccalaureat) continue to university, whereas only 74 percent of the males do so (MECTS 2010). In principle, state education is free of charge and based on equal opportunities; there are also places for the Roma within an affirmative action program. In reality, about half of the places in state universities are fee-paying, as the money coming from the national budget is not sufficient for the universities' survival. There are 56 state universities and 37 private universities listed on the Ministry of Education site (MEN 2016), and the total number of students reached 535,200 in the 2015–2016 academic year, down by 6,500 from the previous year. Fifty-four percent of those were women, and the most attractive specializations were business, management and law (24% of the total number of students), and engineering, processing, and construction (22.2%) (INS 2016).

Special Needs Education

Children with special educational needs are usually not integrated in mainstream schools (which lack even basic material resources for some of them, such as ramps or elevators). Most of these children, irrespective of gender, study in so-called special schools, although lately some parents have insisted on enrolling their special needs children in ordinary state schools. Legislation allows that, but problems are encountered at the level of perceptions of other parents, children, and even school staff and authorities.

Health

Romania has a national health system, whereby each employee is retained a percentage of their salary as health insurance. In principle, children under 18, senior citizens and retired people, and the unemployed (for the period in which they receive their unemployment benefit) are also covered by health insurance. However, access to health

services is de facto limited in rural areas (for lack of doctors and nurses) or due to other issues (e.g., lack of IDs).

In 2014, Romania contributed 4.5 percent of its GDP to Health (World Bank 2016), one of the lowest rates in the European Union. In addition to being underfinanced, the national health system is mined by corruption and deficiencies of all sorts. Lately, the press has been disclosing many cases of bribery in the allocation of resources, rigged public tenders, direct bribery to doctors in hospitals, and so on, and the National Anticorruption Directorate has been making steps in prosecuting those responsible.

The national health system, like education, is highly feminized: women represent two thirds of health workers (INS 2017), and their salaries are among the lowest in the state sector in the country: 68.8 percent of health workers have salaries under USD\$500 per month (Grunberg 2012, 10). However, the high-profile and high-status positions (hospital manager, chief of staff of hospitals, minister of health, etc.) are mostly held by men. Also, some medical fields, such as surgery, are occupied mainly by men, whereas most of the GPs (or family doctors) and pediatricians are women. For example, in 2010, there were 3,488 male and 11,022 female family doctors. It is similar for nurses: in 2010, there were 9,449 male and 104,503 female nurses (7).

Access to health is a fundamental human right, and women are affected threefold: as patients, as staff, and as informal caregivers (in their extended families). Female-specific illnesses are not given proper attention in Romania; for example, the maternal mortality rate is one of the highest in Europe, breast cancer incidence is significant, and uterine cervical cancer is also the highest. Occasionally, there are campaigns to sensitize the public—such as the cervical cancer immunization campaign for girls and young women—but they are episodic and not sustained (for example, the campaign mentioned above covered only the initial immunization and not the booster doses). As caregivers for other members of their families, women are directly affected by the lack of medical services and their high informal costs (Băluță 2011, 23–24).

Romania has the fewest number of practicing physicians per 10,000 inhabitants, at 22.69. (WHO 2016) Paradoxically, it also has the highest number of graduates from medical universities: in 2015, there were 27.1 medical graduates per 100,000 population, which is 4 times more than in France and 2.5 times more than in the United Kingdom (OECD 2014). One of the reasons is that many Romanian doctors have found jobs in other European countries or intend to do so; according to the MDs Professional

Organization, in 2014, 2,450 doctors requested documentation to work abroad (Colegiul Medicilor din România 2015). The main reasons put forward are the corruption in the system that leads to its chronic underfinancing, and hence small salaries, and low professional status of the medical profession.

Employment

The Romanian Constitution guarantees equal opportunities for all its citizens without any discrimination before the law and public authorities. Law 202/2002 specifically stipulates equality in employment between men and women, including equal pay for equal work. It also defines and prohibits any forms of discrimination, including sexual harassment. However, Romania ranks last in the European Union concerning the European Gender Equality Index, with 33.7 points, although there are more women than the European average engaged in full-time employment (42.5% in Romania, compared with 38.8% in the European Union) (EIGE 2015).

Regarding financial resources, Romania ranks last with 21.1, compared to the EU average of 58.0. So, women earn less than men in Romania, and both earn less than the EU average (EIGE 2015). Discrimination between genders in employment, wages, and pensions exists, mostly due to hiring, promoting, and firing women during pregnancy, but most of the cases are not reported. Regarding economic representation, women represented only 11.3 percent of board members for large listed companies in Romania, while the EU average is 21.2 percent (European Commission 2015). That means only 5 percent of women (i.e., four women) are presidents of boards of directors or supervisory boards; 10 percent (8 women) are general managers of listed companies; and 14 percent are on the boards of directors and supervisory boards for all listed companies (Deloitte Consulting 2015).

Statistics show that Romania had the lowest gender pay gap in the private sector in Europe at 4 percent; however, it was 18.5 percent in the public sector in 2014 (Eurostat 2015). There are highly feminized sectors, such as education, health, and social assistance, where salaries are much lower than in other state sectors (such as the army or the police). For comparison, personnel expenditure for the health sector was 0.05 percent of the state budget in 2008 and 0.03 percent in 2013, and for army personnel, it was 0.58 percent in 2008 and 0.43 percent in 2013 (Grunberg 2012, 11).

Family Life

The definition of the family in Romania is currently under debate, as the current Constitution describes it as the union between two spouses, but the Constitutional Court has admitted as acceptable a petition of 3 million signatures to impose the definition of the family as the union between a man and a woman, to oppose possible demands of same-sex marriage (July 2016) (Mediafax 2016). Recently, a gay couple (Romanian-American) legally married in Belgium and then requested the Constitutional Court to admit their marriage in Romania, but the court postponed the decision to November 2017. So, at the time of writing this entry, there has been no decision by the court. Consensual union and same-sex marriage are not legally recognized in Romania.

In general, Romania favors the extended family model, with three or even four generations living together, especially in rural areas, but even in urban areas, families have strong ties and often meet for family reunions and help each other financially and spiritually. More often than not, both members of the couple work, but the man is still traditionally regarded as the head of the family. Women suffer the double burden of household chores and paid work outside the home; they are expected to do most (if not all) of the child care and also to take care of other members of the family who are in need.

An important aspect is the allocation of time in the family, as Romanian women are above the EU average regarding time allocated to child care (48.6% compared to 44.6%, respectively), but not with domestic activities (73.2% in Romania as compared to 77.1%, the EU average). In their turn, Romanian men spend much less time engaged in these activities: 17.9 percent (27.4% is the EU average) in child care and 13.1 percent in domestic activities (24% is the EU average). Very few women (or men) in Romania take part in sport, culture, or leisure activities (1.3%) or in volunteering and charitable activities (6.5%) (EIGE 2015).

In the 2011 census, 61.1 percent of the total population of Romania consisted of married couples, whereas there were only 5.4 percent divorced people. There was a drop in the rate of marriages to 5.2 marriages per 1,000 people in 2011. There are 1.08 children on average in a household (Eurostat 2015). A woman gives birth to 1.33 children on average (CIA 2015).

Politics

Although the right to vote was granted to Romanian women in 1938, they did not in fact benefit from it, as Romania crossed several dictatorial regimes between 1938

and 1989. During the communist regime (1945–1989), gender balance was observed, with 35 percent of women in the communist parliament. But the model imposed by these women, one example being Elena Ceaușescu (Nicolae Ceaușescu's wife), was generally symbolically rejected by the population. After the 1989 revolution, the political representation of women dropped significantly, so that in the latest legislature, 2012–2016, only 11.5 percent of the Parliament was represented by women (7.35% in the Senate and 13.35% in the House of Representatives). The lowest representation of women in Parliament was 1992–1996, at 3.7 percent (Camera Deputaților 2016; Senat 2016). In December 2015, one of the main political parties in Romania, the National Liberal Party (PNL), proposed a law in Parliament that would impose gender quotas of 30 percent for women in political representation, but as the law was not discussed, it had no direct consequences for the elections in 2016.

The Gender Equality Index in the area of power for Romania is the lowest in the European Union, at 19.2, with the EU average at 49.8 (EIGE 2015). This means that Romanian women are poorly represented in political life, both at the central and local levels. There are changes taking place, however, especially in the executive branch, as approximately 25 percent of the current government positions are filled by women (Guvernul României 2017).

LGBT Rights

Same-sex marriage is not recognized in Romania. In fact, up until 2001, Romania criminalized same-sex relations by one to five years in prison. Article 200 of the Penal Code was introduced under Nicolae Ceaușescu in 1968 and was amended in 1996 under pressure from the Council of Europe, decriminalizing sex in private between two consenting adults. However, public display of same-sex sexual conduct or even private, if it had caused a “public scandal,” continued to be punished by prison. This article was abrogated under pressure from the European institutions in 2001.

Romania is a highly conservative society, as shown by a survey conducted on the European Union in 2015, where Romania showed one of the most conservative attitudes toward the LGBT community. For example, Romania is the only EU country where levels of discomfort at working with LGBT people are rising, while only 45 percent agree with including diversity information in school lessons and material (European Commission 2015).

Sexuality and Reproduction

The information on health, sexuality, and reproduction is very scarce, and there are no dedicated classes or topics in textbooks in state schools in Romania at the moment. In 2015, there was a national appeal from the Gender Equality Coalition, supported by 56 NGOs, to introduce education for sexuality as a compulsory subject in schools, with the aim of promoting mutual respect between partners in a relationship and excluding all forms of violence, while teaching about contraceptive methods and sexuality abuses. Other NGOs rapidly countered with the position that such education should be made within the family and not at school. Abortion became legal in 1989 and is performed in state and private clinics for a small fee.

Pronatalist Policies and the Aftermath

Control over reproduction and sexuality was done in communist Romania through a network of laws, decrees, norms, and instructions implemented through a complex system of checks, controls, and sanctions. Health education and birth control were state and Communist Party policy. Everything was decided in the party offices and transmitted to the population through propaganda institutions. Thus, as the only shops were state ones, contraceptives were not available in them; one could only obtain them illegally on the black market, and they were of very low quality. Sexuality and contraception were taboo topics, and even art was censored so as not to express any detail connected to sexuality.

In this context, Nicolae Ceaușescu proposed and passed a law to regulate reproduction even further. This was the infamous Decree 770/1966, with subsequent modifications in 1974 and 1985, the main instrument through which women were obliged to give birth to at least four (the number was subsequently increased to five) children by the age of 45 to benefit from the only legal contraception method available at the time: abortion. These provisions must be corroborated with the inexistence of health education in schools to fully understand its effects.

In parallel, a vast system of supervision and control was implemented by involving the state police, the prosecutor's office, and Communist Party leaders. Women who had suffered illegal abortions were submitted to long interrogations by prosecutors and the militia in hospitals before allowing them to be examined by a doctor. They were asked the names of the doctors or midwives who had performed the illegal abortion and whether their husbands

or partners had known about it in order to prosecute and imprison them as accomplices. In this situation, most women preferred to keep silent, and thus medical intervention was postponed until it was too late. The deaths of these women were labeled in hospital documents as "due to woman's fault" (Doboș 2015, 171–200).

Control of reproduction has to be placed in the general context of Romanian society of the time: shortages of all sorts; lack of minimal decent living conditions (of basic food, medicines, heating, electricity, or hot water); and problems in the health, education, and transportation systems, among others. The main immediate effect was a growth in the number of unwanted children, many of them abandoned in maternities or in state institutions. There was also an increase in maternal and infant mortality and in the births of children with physical and psychological disabilities. Moreover, incidents of depression, nervous breakdowns, sexual issues, and women's social isolation were frequent. All these were determined effects of pronatalist policies in society as a whole.

The effects of the incrimination of abortion were felt by their partners and by their families, as well. For the majority of citizens, modern contraceptive methods were not generally available. Consequently sexual intimacy was tarnished by the fear and the anxiety of the risk that any contact could result in pregnancy. Against propaganda representations of the paternalist state, who was supposedly taking care of the wellbeing of its citizens, the over praised optimal conditions to develop healthy and numerous families were simply not there for most Romanians. (Kligman 2000, 223)

The effects of pronatalist policies (1966–1989) have continued and are still felt at the present time. For example, there was continuous use of abortion as the main contraceptive method throughout the 1990s, well after its becoming legal (in 1990, the number of abortions surpassed the number of births by three to one), because of not having health education in schools. Also, there was the situation of adoptions, or even the commodification of children, a phenomenon of the 1990s in Romania, where a number of poor families gave their unwanted children up for adoption. At present, there are other effects of pronatalist policies, such as the change in marriage patterns or a great number of mature single women (when the generation born in the maximum boom period—1967 to 1970—reached adulthood). In the long term, there is concern

regarding the state pension system, as this generation will reach retirement and their pensions will not be supported by the working people.

Religious and Cultural Roles

According to the 2011 census, 86.45 percent of Romanians say they are Romanian Orthodox, 6.62 percent are Roman Catholic, 3.2 percent are Reformed, and only 0.21 percent are atheist or without religion (INS 2013). In the Romanian Orthodox Church (similar to Russian or Greek Orthodox), women have a secondary role. They cannot be ordained as priests; they can only be nuns and live a secluded life in a monastery. Moreover, women are supposed to obey their fathers and husbands, are not allowed to enter the altar, and are forbidden to enter the church when menstruating.

However, as Romanian Orthodox priests cannot be ordained unless married, their wives have an important role in local communities: they are supposed to do charity and take (informal) care of local parishioners. Also, women are the backbone of the Orthodox Church, as they do all the work needed in the church and on its premises. When visiting an Orthodox church, one is surprised by the number of women doing all sorts of chores: cleaning, tidying, selling candles and icons, and so on.

Issues

Risk of Poverty and Social Exclusion

There are many concerns regarding the risk of poverty and social exclusion in Romania. Most of them come from the former communist regime, as practically all the population (with the notable exception of the Communist Party *nomenklatura*) lived in scarcity of basic human needs, such as basic food, hot water, heat in winter, or basic medicine. However, the transition period (after 1989) did not bring significant developments in improving living standards for almost half the population. When Romania joined the European Union in 2007, the situation was expected to improve, but due mostly to extended corruption, it has not. In 2015, 47.3 percent of the population of Romania was at risk of poverty and social exclusion (Eurostat 2016a), which is the highest rate in the European Union. Also, in 2015 46.8 percent of children were at risk of poverty and social exclusion, again the highest percentage in the European Union (Eurostat 2016b).

Poverty remains one of the causes of separation of children from their families (40%), followed by disability (26.82%), and abuse and neglect (9.54%) (UNICEF 2015).

There is also an increasing number of reported cases of violence, from 8,142 cases reported in 2010 to 10,207 in 2015, including situations of neglect, from 5,494 in 2010 to 7,270 in 2015 (UNICEF 2015).

Violence against Women

One in five (17.8%) women in Romania admit to having been subjected to at least one form of violence in the family, but the numbers are believed to be highly underreported. There have been several incidents in the press where women were killed by former or current husbands or partners, although they had requested police help and restraining orders had been issued. However, the police had not put those in place, and tragedies happened.

At the pressure of NGOs and the civil society, the government adopted a National Strategy to Combat Violence within the Family (2013–2018), which should improve legislation in the domain of family violence, change perceptions and tolerance toward family violence at the general level of Romanian society, and strengthen the institutional capacity of the state to combat violence and protect the victims.

ROXANA-ELISABETA MARINESCU

Further Resources

- The Autobiography of Nicolae Ceaușescu [Autobiografia lui Nicolae Ceaușescu]*. 2010. Directed by Andrei Ujică. Documentary, DVD Video. Bucharest. Distributor: Mandragora.
- Băluță, Oana. 2011. *Impactul crizei economice asupra femeilor*. București: Ed. Maiko.
- Born to Order: Children of the Decree [Născuți la comandă: Decreții]*. 2005. Directed by Florin Iepan. Documentary, HD. Bucharest.
- Camera Deputaților. "Deputies by alphabetical order." 2016. Retrieved from <http://www.cdep.ro/pls/parlam/structura2015.de?leg=2012&idl=2>.
- CIA (Central Intelligence Agency). 2015. "Romania." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/ro.html>.
- Colegiul Medicilor din România. 2015. Press release regarding the exodus of doctors in 2014. January 2015. Retrieved from <http://www.cmr.ro/new/index.php/tag/en>.
- Deloitte Consulting. 2015. "Women on Boards in Romania." Presentation at the Conference *Gender Diversity in the Boardroom*, Professional Women's Network Romania. Bucharest, November 3.
- Dieaconu, Daniel. 2016. "De la călăi la lăutari. Istoria Țiganilor din Țările Române." *Historia.ro*, March 18. Retrieved from http://www.historia.ro/exclusiv_web/general/articol/c-l-i-l-utari-istoria-iganilor-rile-rom-ne.
- Doboș, Corina, ed. 2010. *Politica pronatalistă a regimului Ceaușescu*. Vol 1. *O perspectivă comparativă*. Iași: Polirom.

- Doboş, Corina. 2015. "Decesul s-a produs din cauza femeii . . ." Fragmente din universul medico-juridic al pronatalismului ceauşist." In *Statutul femeii în România comunistă. Politici publice şi viaţă privată*, edited by Alina Hurubean, 171–200. Iaşi: Institutul European.
- EIGE (European Institute for Gender Equality). 2015. "Gender Equality Index." Retrieved from <http://eige.europa.eu/rdc/eige-publications/gender-equality-index-2015-measuring-gender-equality-european-union-2005–2012-report>.
- European Commission. 2015a. "Education and Training. Monitor 2015." Retrieved from http://ec.europa.eu/education/library/publications/monitor15_en.pdf.
- European Commission. 2015b. "Eurobarometer." Retrieved from http://www.equineteurope.org/IMG/pdf/ebs_437_en.pdf.
- Eurostat. 2016a. "People at Risk of Poverty or Social Exclusion." Retrieved from http://ec.europa.eu/eurostat/statistics-explained/index.php/People_at_risk_of_poverty_or_social_exclusion.
- Eurostat. 2016b. News release 16 November 2016. Retrieved from <http://ec.europa.eu/eurostat/documents/2995521/7738122/3-16112016-AP-EN.pdf/c01aade1-ea44-411a-b20a-94f238449689>.
- Grunberg, Laura, ed. 2012. *Segregarea de gen în sectorul medical românesc*. Retrieved from https://www.academia.edu/10360943/Segregarea_de_gen_%C3%AEn_sectorul_medical_rom%C3%A2nesc_componenta_POSDRU_97_6.3_S_50247_L.Grunberg_coord._cercetare.
- Guvernul României. 2017. Miniştrii guvernului României—The list of the cabinet. Retrieved from <http://gov.ro/ro/guvernul/cabinetul-de-ministri>.
- Home Alone: A Romanian Tragedy*. 2010. Directed by Ionuţ Carpătore. Documentary, HD. Romania, Belgium, Germany. Distributor: Journeyman Pictures.
- Hotnews. 21 November 2016. Retrieved from <http://www.hotnews.ro/stiri-esential-21427850-dragos-pislaru-facut-controale-129-centre-pentru-copii-toata-tara-avut-numar-semnificativ-suspiciuni-traffic-persoane.htm>.
- IndexMundi. 2016. "Country Reports." Retrieved from <http://www.indexmundi.com/romania>.
- INS (Institutul Naţional de Statistică). 2011. "Recensământul populaţiei şi al locuinţelor." Retrieved from <http://www.recensamantromania.ro/rezultate-2>.
- INS (Institutul Naţional de Statistică). Comunicat de presă—Press release 15 June 2016. Retrieved from http://www.insse.ro/cms/sites/default/files/com_presa/com_pdf/sistemul_educational_2016_r.pdf.
- INS (Institutul Naţional de Statistică). Comunicat de presă—Press release 30 June 2017. Retrieved from http://www.insse.ro/cms/sites/default/files/com_presa/com_pdf/activ_unit_sanitare16r_0.pdf.
- INS (Institutul Naţional de Statistică). October 2013. "Ce ne spune recensământul din anul 2011 despre religie?" Retrieved from http://www.insse.ro/cms/files/publicatii/pliante%20statistice/08-Recensamintele%20despre%20religie_n.pdf.
- Kapitalism: Our Secret Recipe. Kapitalism: Reţeta noastră secretă*. 2010. Directed by Alexandru Solomon. Documentary.
- Kligman, Gail. 2000. *The Politics of Duplicity: Controlling Reproduction in Ceauşescu's Romania [Politica duplicităţii. Controlul reproducerii în România lui Ceauşescu]*. Bucharest: Humanitas.
- MECTS (Ministry of Education). 2015a. "Raport privind starea învăţământului preuniversitar din România" / Report on the status of pre-university education in Romania. Retrieved from <https://www.edu.ro/sites/default/files/Raport%20Stare%20invatamant%20preuniversitar%202015.pdf>.
- MECTS (Ministry of Education). 2015b. "Raport privind starea învăţământului universitar din România" / Report on the status of university education in Romania. Retrieved from <https://www.edu.ro/sites/default/files/Raport%20Stare%20invatamant%20superior%202015.pdf>.
- Mediafax. 20 July 2016. Retrieved from <http://www.mediafax.ro/politic/curtea-constitutionala-a-dat-unda-verde-propunerii-de-revizuire-a-constitutiei-privind-casatoria-15534142>.
- MEN (Ministry of Education). 2016. List of state and private universities in Romania. Retrieved from <https://www.edu.ro/institutii-invatamant-superior>.
- Ministerul Muncii. 2016. *Strategia naţională pentru prevenirea şi combaterea fenomenului violenţei în familie*. Retrieved from www.mmuncii.ro.
- NAPRCA (National Authority for the Protection of the Rights of the Child and Adoption). 2015. Retrieved from <http://www.copii.ro/?lang=en>.
- OECD (Organisation for Economic Co-Operation and Development). 2014. "Country Notes: Recent Changes in Migration Movements and Policies." Retrieved from http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/international-migration-outlook-2014/romania_migr_outlook-2014-35-en#.V5D44f96M8.
- OECD PISA. 2012. "Results in Focus." Retrieved from <https://www.oecd.org/pisa/keyfindings/pisa-2012-results-overview.pdf>.
- Romania National Tourist Office. 2016. "Romania. Natural and Cultural." Retrieved from <http://romaniatourism.com>.
- Salvaţi copiii. 2012. "Save the Children." Retrieved from <http://www.salvaticopiii.ro/?>.
- Senat. 2016. Retrieved from www.senat.ro.
- Shahinian, Gulnara. 2011. "UN Report of the Special Rapporteur on Contemporary Forms of Slavery, Including Its Causes and Consequences." Mission to Romania. Retrieved from <http://www.refworld.org/topic,50ffbce582,50ffbce597,,0,UNHRC,MISSION,.html>.
- Surdu, Laura, ed. 2011. *Participare, absenteism şcolar şi experienţa discriminării în cazul romilor din România [Roma School Participation, Non-Attendance and Discrimination in Romania]*. Romani Criss, UNICEF, Bucharest.
- Tismăneanu, Vladimir, et al. 2006. "Raportul Comisiei Prezidenţiale pentru Analiza Dictaturii Comuniste în România" [Report of Analysis for Communist Dictatorship]. Retrieved from https://www.wilsoncenter.org/sites/default/files/RAPORT%20FINAL_%20CADCR.pdf.
- Toth A., D. Munteanu, and A. Bleahu. 2008. "Analiza la nivel naţional asupra fenomenului copiilor rămaşi acasă prin plecarea părinţilor la muncă în străinătate" [National analysis of the phenomenon of children left home by their parents

- who migrate abroad for employment]. UNICEF, Alternative Sociale. Retrieved from http://singuracasa.ro/_images/img_asistentia_sociala/top_menu/UNICEF&AAS_National_research_HA_2008.pdf.
- UNDP (UN Development Programme). 2015. "Country Profile: Romania." Human Development Report. Retrieved from <http://hdr.undp.org/en/countries/profiles/ROU>.
- UNFPA (UN Population Fund). 2013. "Adolescent Pregnancy in Eastern Europe and Central Asia." Retrieved from www.eeca.unfpa.org.
- UNICEF. 2015. Mid-Term Review of "Social inclusion through the provision of integrated community services at community level" model, Romania. Retrieved from www.unicef.ro.
- United States Holocaust Memorial Museum. 2016. "Holocaust Encyclopedia: Romania." Retrieved from <https://www.ushmm.org/wlc/en/article.php?ModuleId=10005472>.
- WEF (World Economic Forum). 2015. "Country Profile: Romania." Retrieved from <https://www.weforum.org/reports/global-gender-gap-report-2015>.
- WHO (World Health Organisation). 2016. "Global Health Observatory Country Views." Retrieved from <http://apps.who.int/gho/data/node.country.country-ROU>.
- World Bank. 2015. "GDP per capita." Retrieved from <http://data.worldbank.org/indicator/NY.GDP.PCAP.CD>.
- World Bank. 2016. "Overview: Romania." Retrieved from <http://www.worldbank.org/en/country/romania/overview>.
- Yad Vashem. 2016. "The World Holocaust Remembrance Center: The Beginning of the Final Solution, the Murder of the Jews of Romania." Retrieved from <http://www.yadvashem.org/yv/en/holocaust/about/04/romania.asp#!prettyPhoto>.

Russia

Overview of Country

The Russian Federation, or Russia, stretches over northern Eurasia and borders Norway, Finland, Estonia, Latvia, Lithuania, Poland, Belarus, Ukraine, Georgia, Azerbaijan, Kazakhstan, China, Mongolia, and North Korea. It also shares maritime borders with Japan and the United States. With a territory of 6,612,100 square miles (17,125,200 sq. km), Russia is the largest country in the world. As it borders both the Arctic and Pacific Oceans, the country spans 11 time zones. Its terrain varies from flat tundra to some of the highest mountains in the world, and its climate ranges from polar to subtropical. Around 70 percent of Russians reside in urban areas, and in October 2010, Russia's population was 142,856,536, making it the ninth most populous nation (Russian Census 2010).

Russia's history dates back to the 9th century, when Eastern Slavs—the ancestors of modern Russians—established their first state of Kievan Rus', with the capital in Kiev (now Ukraine), and invited the Viking leader Rurik to be their ruler. In the 13th century, Kievan Rus' yielded to the Mongol invasion, which destroyed Kiev and devastated the country. In the 300 years of Mongol domination, the new center of Russian sovereignty eventually formed around the Grand Duchy of Moscow. After the Fall of Byzantium in 1453, Moscow's Duke Ivan III claimed his state a successor to the legacy of the Eastern Roman Empire; by that time, it had absorbed most neighboring principalities and thrown off the Mongol yoke, allowing the duke to become the sovereign of all Russians. The 16th century marked Russia's territorial expansion and the change of its status to czarism. Ivan IV, also known as Ivan the Terrible, was the first to be crowned as czar (caesar), and his rule included the colonization of Siberia and the conquest of Russia's northwestern territories.

The demise of Ivan's sons ended the Rurikids' reign, who, after the brief yet devastating "Time of Troubles," were replaced by the Romanov Dynasty in 1613. In the late 17th century, Peter the Great sought to modernize Russia by modeling it after Western European nations. He founded the new capital of Saint Petersburg and orchestrated a series of extensive social reforms, set to transform every aspect of the Russian life. Having fought and won a 21-year war with Sweden, Peter secured Russia's access to the Baltic Sea, thus ensuring its connection with the major European thoroughfare and symbolically making Russia part of Europe. He also claimed an imperial status to the country, thus starting two centuries of the Russian Empire.

The imperial period ended in 1917, following Russia's debilitating losses in the World War I and the Bolshevik Revolution led by Vladimir Lenin and Leo Trotsky. The revolution resulted in mass emigration and civil war, and the communists remade Russia into a socialist country. Often regarded as the greatest and the largest social experiment of the century, the 70 years of state socialism in Russia was a kaleidoscope of turbulent events: rapid national modernization, followed by the rise of Stalin's totalitarian terror; the brutal loss sustained by the country in World War II; the consequent exhausting decades of the Cold War; and the gradual stagnation and deterioration of the state economy by the early 1990s.

After the dissolution of the Soviet Union in 1991, Russia was stuck with a legacy of social, political, and economic

issues. The initial aspiration was that the country was transitioning to capitalism and democracy. However, since President Vladimir Putin's ascendance to power in 2000, most scholars agree that Russia's current political regime can be best described as a hybrid one, with elements from both democracy and autocracy. It is a semipresidential federation, consisting of 81 federative units, such as provinces, republics, autonomous regions, and federal cities. The state's capital is Moscow. Along with Saint Petersburg—the country's former capital and the second-largest city—Moscow is the most economically developed part of the country. Russia's main legislative body is the State Duma, to which representatives are democratically elected once every five years. The president of Russia is the chief of the executive branch of the government and the *de facto* national leader. From 2000, Vladimir Putin has been the country's president, leaving the office in 2008–2012 to comply with the constitutional prohibition on more than two consecutive presidential terms and returning in 2012 for a third term. Dmitry Medvedev, Putin's presidential “stand-in” in 2008–2012, is currently the prime minister and the leader of United Russia, the country's most powerful political party.

Most of Russia's gross domestic product (GDP) comes from oil and natural gas revenues; in 2015, these profits were USD\$1.283 trillion, ranking Russia's economy 12th in the world (World Bank 2017). The combination of the exhaustion of the commodity-based economic model employed by Russia and the economic sanctions imposed on the country following its aggression in Ukraine in 2014 has resulted in the steep decline in the national economy, devaluation of the ruble, increasing international isolation, and the possibility of recession in the near future.

Russia is a multiethnic country populated by approximately 160 ethnicities who speak more than 150 languages. More than 80 percent of the country's population identifies as ethnically Russian. Other large ethnic groups include Tatars, Ukrainians, Bashkir, Chechens, and Armenians. While bilingualism is common in many regions, Russian is the country's only official state language. There are four state religions in Russia: Orthodox Christianity, Islam, Buddhism, and Judaism; religious leaders from each have been supportive of the government, endorsing its conservative social policies. At the same time, levels of xenophobia in Russia are high, with racism, Islamophobia, and antimigrant prejudice on the rise. Given that Russia has significant numbers of non-Slavic visible minorities, such as predominantly Muslim worker migrants from

Central Asia, social tensions are strong, and the government does little to address these problems.

Overall, Russian society combines both modernist and traditionalist tendencies, and while formally equal in rights and opportunities to men, Russian women face multiple issues, such as the lack of political representation, latent discrimination, the pressure of traditional stereotyping, and domestic and intimate violence. Women from the North Caucasus region, migrant women, women with disabilities, and transgender and nonheterosexual women are the most vulnerable. In 2014, the UN Development Programme (UNDP) ranked Russia 54th out of 188 nations based on the Gender Inequality Index (GII; 0.276). Beginning in the mid-2000s, and especially after Putin's return to presidency for a third term in 2012, there has been a visible turn toward more conservative and authoritarian practices in every level of Russian society. The situation was aggravated in 2012–2014, when Putin's return to power was accompanied by the adoption of a series of legislative acts aimed at disassembling the nascent civil society and limiting the personal freedom of Russians. Laws were enacted to protect “religious feelings,” to ban “gay propaganda,” and to limit women's access to abortion—all seen as attempts to crack down on public dissent and straighten the conservative tendencies in the society.

Girls and Teens

Overall, girls in Russia enjoy relatively high social protection and opportunities in the areas of education and recreation. Primary and secondary school attendance is nearly universal, resulting in literacy rates of 99.6 percent for girls and 99.7 percent for boys (UNESCO 2016). The expected years of schooling for girls (15.1) are higher than for boys (14.9) (UNDP 2016). Moreover, according to the 2012 Program for International Student Assessment study, Russian girls perform slightly better than boys in math and are significantly better in reading (OECD 2016). Russia does not have an educational program specifically aimed at girls, but as a continuation of the Soviet tradition of “pioneer palaces”—neighborhood clubs for hobbies and recreation—all children are encouraged to participate in a wide range of mostly state-subsidized extracurricular activities; yet, the availability of those varies depending on the location. Most of the extracurricular clubs are coed, and girls engage in various sports, fine arts, music, dancing, and sciences.

Women's Voices

Sapiyat Magomedova

Sapiyat Magomedova was born in February 1979 in Khasavyurt in Dagestan (Russia). She became a key defender of victims of torture by police for suspected involvement in the insurgency and of violence based on gender and sexual identity. Magomedova chose to stay in her home province of Dagestan, despite describing her life there as “no life” (Civil Rights Defenders 2012).

On June 17, 2010, police in Khasavyurt beat Magomedova unconscious inside the police precinct for refusing to leave after she was denied access to her client who was being detained there (HRW 2010). Because of this beating and other threats to her safety, the Lawyers' Rights Watch Canada group called for an investigation into the violence against Magomedova in a written prospectus to the president, chairman, and prosecutor general of the Russian Federation/North Caucas (LRWC 2013).

Of her work, Magomedova said, “To say that I am not afraid would be wrong. But it is a healthy sense of fear. Fright can either mobilize or paralyze. I dare to hope that it mobilizes my strength” (Civil Rights Defenders 2012).

—Karen J. Shaw

Civil Rights Defenders. 2012. “Update on Sapiyat Magomedova.” Retrieved from <https://www.civilrightsdefenders.org/uncategorized/human-rights-defender-of-the-month-sapiyat-magomedova>.

HRW (Human Rights Watch). 2010. “Russia: Investigate Beating of Human Rights Lawyer.” Retrieved from <https://www.hrw.org/news/2010/06/21/russia-investigate-beating-human-rights-lawyer>.

LRWC (Lawyers' Rights Watch Canada). 2013. PDF of letter to Russian Federation/North Caucas on June 7, 2013. Retrieved from http://www.lrwc.org/ws/wp-content/uploads/2013/06/LRWC.Sapiyat-Magomedova-and-Musa-Suslanov.June_6.13.pdf.

Sex education and teenage sexuality in general are contested topics in Russian society. Sex education is absent from the secondary school curricula. Moreover, Pavel Astakhov, the Children's Rights Commissioner in 2009–2016, openly opposed the very idea of sex education in schools, stating that it would lead to promotion of immoral behavior. Instead, he proposed to introduce courses on

abstinence and family values. The Russian Orthodox Church also attempted to interfere and influence secondary education, promoting abstinence and modesty as the preferred modes of sexual behavior for young women.

In practice, though, such tactics are clearly not efficient: Russia has a relatively high number of teen pregnancies. According to a 2012 report, 24 percent of teenage girls 15 years and older were sexually active, with a median age of sexual debut being 17–19 years (ICO 2016). In 2015, there were 25.7 births per 1,000 girls ages 15–19 in Russia (UNDP 2016). *The 2015 Demographic Yearbook of Russia* suggests that there was a 6 percent decrease in adolescent births over the past 10 years; however, this might be due to the decreased numbers of teenagers, not effective social policies (FSSS 2016).

Russian children live in a nation where corporal punishment of children is not forbidden and is actually seen as a proper method of child-rearing. For the past 10 years, Russian conservatives have been actively resisting the introduction of the juvenile justice system, fearing, among other things, that it might lead to outlawing corporal punishment. Also, the 2013 introduction of the so-called ban on propaganda about nontraditional sexual relationships to minors, popularly known as the gay propaganda ban, has affected the well-being of nonheterosexual and gender nonconforming teenagers, as now they cannot receive any positive information about nonnormative sexuality or gender identity. Moreover, they are unable to receive any medical help or counseling in regard to their sexuality and gender identity issues, as such help would be understood as a violation of the gay propaganda ban. In Russia, where homophobia and transphobia are everywhere and bullying is not regarded a social problem, nonheterosexual children and teenagers are especially vulnerable to violence and abuse.

Health

Despite universal health care and a long tradition of quality medical training and research, Russia continues to face multiple issues in its population's health. The economic instability and growing corruption of the 1990s led to a crisis in the health care system. Widespread alcohol and tobacco abuse and environmental problems have also been contributing factors to the multitude of health issues faced by Russians. For a developed country, life expectancy in Russia is quite low; for 2015, it is estimated to be 70.1 years (UNDP 2016), making Russia 153rd in the world. As typical elsewhere, female life expectancy is higher than that of

males, 77 years versus 65 years in 2016, respectively (CIA 2017).

According to the World Health Organization (WHO) data, 53 percent of Russian adult men smoke tobacco regularly, and around 30 percent engage in heavy drinking at least once a month. Furthermore, Russian men consume 32 liters of pure alcohol per year, and 31 percent of adult men have had alcohol use disorders, including dependency (WHO 2014a). Researchers explain such high rates of alcoholism and tobacco use among Russian men by the existing gender stereotypes that encourage them to neglect health problems and engage in drinking and smoking—behaviors commonly seen as signs of “proper” masculinity. As of 2016, 17 percent of women smoke regularly and consume around 13 liters of pure alcohol in a year; 10 percent have engaged in heavy drinking, and 6.2 percent have had alcohol use disorders, including dependency (WHO 2014b; WHO 2017). Overall, Russian women’s alcohol and tobacco use are lower than the regional averages (in Europe, 19% of women smoke, and 7.5% have alcohol use disorders) but higher than WHO global data (7% for smoking and 2.9% for alcohol use disorders in 2010, respectively).

Health problems faced by Russian women include the growing epidemic of HIV/AIDS, high rates of breast cancer, and absence of a human papillomavirus (HPV) vaccination program. The law in Russia forbids female circumcision (i.e., female genital mutilation or cutting (FGM/FGC)); yet, in predominantly Muslim regions, such as Chechnya and Dagestan, it is sometimes encouraged by religious leaders under the pretense of tradition and is known to have been performed there.

Access to Health Care

As a part of the Soviet legacy, Russia has universal free health care, but its quality and accessibility vary. In 2013, Russia spent 6.5 percent of its GDP on health expenditures (CIA 2017). In 2008, there were 621,000 doctors and 1.3 million nurses in Russian health care. The number of doctors per 10,000 people was 43.8, but only 12.1 in rural areas. The number of general practitioners as a share of the total number of doctors was 1.26 percent. In 2014, the country had about 8.8 beds per 1,000 people, nearly double the Organization for Economic Co-Operation and Development (OECD) average, but that is a decrease from 2006, when the ratio was 9.7 (OECD 2016; CIA 2017).

The Russian health care system is currently facing such major problems as understaffing, underfunding, and

corruption. The availability of specialized medical facilities is uneven and has traditionally been most adequate in Moscow and Saint Petersburg, where only 12 percent of the population resides. While a visit to a primary care provider is not a difficulty for most Russians, a visit to a specialist often assumes signing up for a slot on a waiting list, sometimes more than a month ahead of time. Both consultation visits with specialist doctors and lifesaving procedures frequently require waiting lists and sometimes bribery. Because of the shortages of medications and medical supplies, it is not uncommon for patients to receive free medical services, such as consultation visits and surgical procedures, but then have to purchase supplies and medications. Patients with chronic and life-threatening illnesses, such as HIV or diabetes, are entitled to the state-subsidized medications, but they are affected by shortages as well. Sometimes patients are forced to pay for the drugs necessary for their survival out of their own pockets.

Another issue is the system of resident registration in Russia to record and control internal migration. The system makes most Russian citizens eligible for free health care only within the fixed borders of the community of their registered residence. Despite the Russian Constitutional Court prohibiting discrimination based on the absence of local registration, many health care practitioners still refuse to provide care free of charge to persons without such registration. Thus, moving away from the place of local registration, be it to another town or even to another neighborhood in a big city, can result in losing one’s eligibility for free health care in a new place of residence, unless the person registers with the local residence committee. The registration is a tedious procedure that requires a lot of paperwork and is sometimes complicated by corruption. The system makes migrant women especially vulnerable, as their access to health care is already complicated because of social exclusion.

As a retaliation strategy to the international sanctions imposed on Russia in 2014–2015, some Parliament members proposed a ban on medical imports in Russia from the countries participating in the sanctions. The proposal caused mass public dismay, as the state of the domestic medical industry is widely viewed as insufficient and falling behind international standards. The adoption of the ban would make lives of many vulnerable citizens, especially children with rare illnesses and their mothers, impossible, as they have to rely on imported medications to survive (Bigg 2015).

The state's response to the crisis has been a reform introduced by Vladimir Putin in 2011, which has led to the major restructuring of the national health care system. Whether the reform brings positive or negative changes remains yet to be seen. So far, the most palpable consequence in Moscow alone has been the consolidation of smaller hospitals into large systems, causing around 30 percent of the medical personnel to lose their jobs (Chizhova et al. 2014).

Maternal Health

Due to the nearly universal availability of maternal health care, Russia has a low maternal mortality ratio of 25 deaths per 100,000 live births, which is still higher than the European average of 16 deaths, but it is significantly lower than the global average of 216 deaths in 2015 (CIA 2017). Russia's infant mortality ratio is 7.4 deaths per 1,000 births, both live and stillborn is 8.6 (UNDP 2016). At the same time, Russia also has one of the lowest fertility rates in the world, which has been slightly increasing. In 2015, it was 1.61 children per woman, compared to the 2014 rate of 1.5 (CIA 2017).

Nearly every woman in Russia has visited a gynecologist at least once in her lifetime. According to the 2015 survey, at least 84 percent Russian women visit a gynecologist regularly, at least once every three years, but only 29 percent do it every six months, which is the WHO recommendation (Gedeon Richter 2016). Most women cite absence of health problems, lack of time, or unavailability of a good doctor as reasons for failing to comply with the recommendation.

When it comes to pregnancy and family planning, there are reproductive and family planning centers where women and their partners can receive information and advice on birth control and pregnancy and have certain medical tests done. All pregnant women are required to register at the state medical consultations—clinics where women can get obstetrical and gynecological services. These clinics are usually part of the system of local polyclinics or maternity hospitals. The registration of pregnancy is needed for statistical purposes as well as for eligibility for various social benefits, including child support, prenatal care, and maternal leaves. All pregnant women are required to be tested for HIV and other sexually transmitted diseases (STDs) and to visit a gynecologist regularly throughout the duration of pregnancy for health-monitoring purposes. Most women take prenatal leave during the third trimester of pregnancy

and are taken into prenatal care a few days prior to their due date. Midwife assistance and home births are rare but not explicitly prohibited. According to WHO, 99.6 percent of women receive childbirth assistance from medical professionals, usually giving birth in specialized maternity hospitals where visits by their friends and family members are often restricted due to health concerns. Most mothers are released from these hospitals within five days after childbirth.

As a fertility aid, Russian legislation allows a variety of artificial insemination methods, including donor sperm use, in vitro procedures, and surrogacy. There are no sperm banks in Russia; hospitals are the only places where frozen donor sperm can be accessed (Zhabenko 2015). Married couples and single persons alike can use the services of surrogate mothers. It is possible to receive the in vitro insemination procedure free of charge through the universal health care; yet, in 2013, only 0.5 percent of couples with infertility issues chose this method of artificial insemination. The numbers of surrogate births are even smaller: in 2013, around 400–500 children were born to surrogate mothers out of around 2 million total births (BBC Russia 2013). Surrogacy is not strictly regulated by the Russian legislation; however, since 2012, a woman cannot donate an egg and be the surrogate mother for the same pregnancy. In 2013, Patriarch Kirill, the head of the Russian Orthodox Church, opposed surrogacy and other methods of artificial insemination, but so far, the church's position has not had any legal effect on these matters.

HIV/AIDS

As of 2016, Russia has the fastest-growing epidemic of HIV/AIDS in Europe and the highest number of registered HIV cases—more than 1 million people, 200,000 of which have died as of 2016. Russia has both the highest HIV-positive population and the most HIV-positive young women. In 2014, 6.2 percent children born to HIV-positive mothers were HIV-positive as well. Just under 50 percent of HIV-positive Russians receive antiretroviral therapy (ART). Researchers argue that one of the reasons why young women in Russia have been affected by HIV at such a disproportionately high rate is the widespread and normalized culture of male infidelity: there is no official statistical data on the issue, but women typically learn that they are HIV-positive when they are pregnant and undergo mandatory HIV and STD testing. At the time of diagnosis, most of these women are married or have been in a monogamous heterosexual

relationship and are most likely to have received HIV from their nonmonogamous partners.

Such gender dynamics of power in HIV transmission make the prophylactic measures all the more inadequate, as the state-funded policies focus on the promotion of abstinence and heterosexual monogamy as preferred methods of HIV prevention. At the same time, the non-governmental organizations (NGOs) working within the sphere of HIV prevention and outreach severely lack funding. The “foreign agents” law, adopted in 2014, contributed to worsening the situation. According to the law, every NGO that receives funding from abroad and is engaged in political activities has to be registered as a foreign agent—a spy. Such a label imposes serious limitations on and control over an NGO’s actions, and as “political activity” is defined in Russia as vaguely as possible, many organizations involved in HIV-prevention campaigns have found themselves at risk of being labeled “foreign agents.” The law has also affected many international funding agencies, making them reluctant to provide grants to Russian NGOs.

Breast Cancer and HPV Prevention

Russia has one of the highest rates of breast cancer in the world, and the death rate from breast cancer is 22 per 100,000 women, making breast cancer one of the leading causes of death in the country and the most common cancer in women. Besides hereditary and environmental causes, the reasons for such high rates are inadequate access to the specialized cancer treatment facilities and the absence of a well-developed nationwide screening program. Only 60 percent of cases of breast cancer are diagnosed at localized stages, making the five-year survival rate lower and the mortality rate higher than, for instance, in the United States (WHO 2014b).

In contrast, Russia’s screening practices for HPV-related cancers are more advanced, and thus the death rate for cervical cancer is a relatively low 6.54 per 100,000 women; yet, the prevalence of the disease is still higher than in Europe or the United States (WHO 2014b). In 2012, around 72 percent of Russian women were screened for cervical cancer regularly every three years, and the overwhelming majority of women have been screened at least once. At the same time, Russia has yet to introduce the HPV vaccination program adopted elsewhere, as the Ministry of Health has not yet certified the HPV vaccine.

Overall, to improve the national health of Russians, prevention and screening programs for major disorders and

diseases must be expanded, and this might be the biggest challenge the Russian health care system has to overcome.

Women with Disabilities

Russia ratified the UN Convention on the Rights of Persons with Disabilities in 2012; yet, there is very little accessibility to public spaces for people with physical disabilities (Iarskaia-Smirnova 2015). Accessible housing, public transport, and wheelchair ramps in public buildings and services such as the use of Braille alphabet are rare. Because of the inaccessibility issues, family members of people with disabilities often transform their physical spaces without state support and by using whatever materials are available. Depending on the severity of their disability, disabled persons in Russia may qualify for various benefits, such as monthly pension, public transportation discounts, and housing assistance. To be eligible for these benefits, a disabled person must appear before a medical committee every year to determine whether the person’s disability is still present. Therefore, disability in Russia is understood in paternalistic and medical terms, as nondisabled experts apply their knowledge to determine who is disabled and to what degree as well as what needs to be done for the disabled to be able to work.

Persons with disabilities are rarely given a voice. Often-times, this leads to persons with disabilities facing stigma and social isolation. Prioritizing the disabled person’s ability to work has resulted in preference given to injured soldiers and workers, not women and children with disabilities, which leads to negative stereotypes. Furthermore, disabled women face the stigma of double inferiority because of the challenges to their economic and reproductive capacities. In large Russian cities, some women with disabilities and mothers of children with disabilities have been able to organize advocacy and community groups that provide programs on business, employment, health, and peer support. The availability of such groups varies and is usually limited to large urban spaces (Iarskaia-Smirnova 2015).

Education

The right to free secondary education is guaranteed by the Constitution of the Russian Federation and is regulated by the Ministry of Education and Sciences. Russia has a 100 percent primary school attendance, and the literacy rate is 99.7 percent for men and 99.6 percent for women, with

Can't Drive the Train

Education in Russia is organized and coordinated by the state to help ensure that general education is free and available for all. Most schools are state run, but private schools have also been established in recent years. According to UN census data, the Russian literacy rate, defined as citizens age 15 and over who can read and write, is 99.7 percent.

High educational attainment in the Russian population continues to increase. Eighty-eight percent of the adult population has attained at least upper secondary education, and 54 percent have earned a postsecondary degree. Women earn 57 percent of the postsecondary degrees awarded in Russia.

Although more Russian women than men have university degrees, on average, women make less money and hold less prestigious positions. Equality between men and women is guaranteed by paragraph 19 of Article 3 of the Constitution, but Article 253 of the Labor Code states that women should not perform "hard physical" labor or jobs "with harmful or dangerous labor conditions or work underground except for nonphysical jobs or sanitary and consumer services." Article 253 of the Russian Employment Code lists hundreds of jobs where the use of female labor is prohibited.

In 2009, Anna Klevets filed a demonstration suit after being turned down for a job as an assistant metro operator with the St. Petersburg metro. The Supreme Court rejected her complaint, citing Article 253. The case drew attention to a section of the Labor Code dating back to Soviet times, listing jobs deemed too dangerous or physically demanding for women, but the article has not been challenged since.

—Whitney K. Archer

average years of schooling amounting to 15 for both genders (UNESCO 2016). The percentage of the population that has university-level education is high, but the data is controversial. In 2014, the OECD estimated that more than 54 percent of Russians have attained some higher education, ranking Russia as the country with the highest number of university-level degrees per capita. This widely cited statistic seems doubtful, given that the Russian census in

2010 found only 21–25 percent of the population had university degrees (Russian Census 2010). All surveys agree: women and men achieve primary and secondary education equally; but female students make up 58 percent of the students, and women ages 25–29 have the highest rates of university-level education (OECD 2016; Russian Census 2010).

In 2012, Russia spent 4.2 percent of its GDP on education, which is still less than most developed nations' average spending. While private schools are becoming more common, most Russians receive secondary education in state schools for free, paying only 5 percent of the education-related costs. At the same time, around 17 percent of all university students attend private universities, and over 35 percent of all university education costs are paid for from private funds, which is one of the highest numbers in Europe. Following the 2012 reform of higher education, 60 percent of all university students must pay their way through universities. Thus, as students from poor families may no longer be able to afford tuition and related costs, higher education in Russia is becoming increasingly classed and less of a vehicle of upward mobility than it used to be in the Soviet Union.

Most institutions of secondary and higher education are state funded, with most being under the jurisdiction of the Ministry of Education and Science. However, there are military educational institutions under the jurisdiction of the Ministry of Defense. Out of 26 military universities and academies, only 8 admit women, and only to a limited number of areas of specialization. For instance, the S. M. Kirov Military Medical Academy in Saint Petersburg admits women to study nursing, but not medicine; hence, women are encouraged to become nurses in military hospitals—a profession traditionally ranked lower than that of doctors—but they cannot become army doctors.

Education in Russia consists of nursery (ages 6–18 months), kindergarten (ages 16 months–7 years), secondary school (roughly, ages 7–14 years), high school (ages 15–18 years), and professional training (universities, polytechnics, and vocational schools). As of 2007, 11 years of full secondary education is required for all children.

Kindergarten

The Soviet child care system provided nearly full-time facilities to assist working mothers. Contemporary preschool child care still consists of nurseries (for children ages 1–3) and kindergartens (ages 3–7). Parents pay 20

percent of kindergarten costs, and the rest is subsidized by the state. The children of university students, refugees, and other socially protected groups receive preschool child care free of charge. Depending on the institution, preschool education prepares the students for school and may include basic literacy and math skills as well as foreign languages and sports.

Following the increase of birth rates in 2005, kindergarten availability has become an issue. In urban areas, waiting lists were sometimes as long as 15,000 children. Most parents sign up for the kindergarten waiting lists as soon as their children are born, and in some neighborhoods, kindergarten is not available. The situation is complicated by the spread of corruption, in the form of bribery, when parents are encouraged to pay kindergarten directors and local authorities to secure slots for their children.

Secondary School

As of January 2010, there were over 53,000 schools in Russia, of which 34,000 are rural and 19,000 are urban schools. As of 2015, there were 13.36 million students in Russian schools, and 25 percent of schools operate in shifts. The overwhelming majority of public schools are coed. Secondary school consists of primary (grades 1–4), middle (grades 5–9), and senior (grades 10–11) school. Most children attend schools that provide full secondary education. Schools that specialize in primary or middle education are only located in rural and remote areas. Boarding schools are not common overall, but they are typical for remote areas, usually in Russia's Far North, to provide education for the children of nomadic nations. There are also specialized boarding schools for gifted children, for instance, for those who wish to train professionally in classical ballet or to study advanced computing. Finally, children with disabilities often attend specialized schools or receive visits from teachers in their homes. Both approaches have been criticized, as they lead to social isolation and contribute to the stigma of disability. The Ministry of Education and Science has only recently started addressing the problem of inclusivity and has launched several programs of inclusive education where children with disabilities attend regular schools.

The academic year begins on September 1 and ends in early June. The curriculum is comprehensive, with emphases on the humanities and natural sciences as well as physical education. At least one foreign language is taught, with English being the most common, but other popular

languages include French and German; Finnish, Chinese, or Japanese instruction is less common. Students usually have no choice of subjects to study; yet, it is possible to choose a school that specializes in one or another subject, commonly in senior grades. In addition to general and specialized schools, there are gymnasiums and lyceums that provide either advanced learning in certain subjects, such as the sciences or humanities; extracurricular; or vocational training. Some schools collaborate with universities, which may then give preference to their graduates.

As students graduate from grade 11, they take final exams in the form of the Unified State Examination (USE)—a set of standardized tests set by the Ministry of Education and Science. All students take the USE in math and Russian language to graduate. The test is universal in content and given the same day for all students in any given year. It is similar to the British A-levels and North American SATs and also serves as the university entrance examination.

Cases of open discrimination against girls in secondary education are rare; yet, some have caused public controversy. For instance, in Kazan, in 2012, no girls were admitted to the newly opened IT lyceum—a specialized boarding school founded in collaboration with Kazan Federal University. The lyceum was envisioned as a prestigious preparatory school for the gifted children from across Tatarstan. The admission to the school was competitive and included several rounds of extensive examinations and interviews. Once the examinations were over, parents of the girls who applied to the lyceum found out that their daughters were not admitted despite having passed the examinations with higher test scores than some of the admitted boys. Tatarstan, traditionally a Muslim region of Russia, is currently undergoing a revival of Islamic values, which was used to explain why the lyceum administration did not want to allow for the coed classrooms in the new school. As the controversy attracted more public attention, the administration was forced to promise to admit girls for the next academic year. As of 2015, there are 11 girls out of 277 students in the Kazan IT lyceum.

Russian secondary education has its strengths and weaknesses. Despite nearly universal attendance and literacy, some studies show that Russian students have lower cognitive skills compared to students of other developed nations (OECD Better Life Index 2016). One significant problem is that the school curriculum is affected by the political situation in the country. Neoconservatives have tried to “unify” school textbooks and curricula, especially

in social sciences, to reflect the government's perspective. In 2013, President Putin proposed a unified history textbook that would offer a "canonical" interpretation of Russian history. The minister of education supported the initiative, adding that such a textbook would not only teach students historical facts but also create a "unified historic, cultural and moral baggage that would play an important role in the formation of the Russian identity, love for the motherland and pride in its history" (NEWSru.com 2014). The idea was met with public criticism, as experts argued that it is impossible to offer just one perspective on history and that such a textbook would only teach students political propaganda. In 2014, the Ministry of Education abandoned the idea of a unified history textbook in favor of a range of textbooks based on the unified "cultural and historic" standard (TV Rain 2014).

Another "political" problem in Russian secondary education is the lack of schools where the primary language of instruction is not Russian. There are more than 150 languages spoken in Russia, and most are offered as optional subjects in regional schools, where said languages are native to the population. However, the number of schools with the primary language of instruction being other than Russian is small, and instruction is only available in Tatar, Bashkir, and Yakut. The official explanation of the Russian government for this policy is that children who are primarily taught in a language other than Russian would be at disadvantage in higher education and employment.

University Education

Higher education in Russia has always been regarded as a great social value. In 2008, there were 1,134 universities, both state funded and private, attended by 8.1 million students. Currently, the Ministry of Education and Science has been campaigning to reduce the total number of universities through consolidation of smaller schools into federal "behemoth" universities; yet, the ratio of universities in Russia to its population is comparable, if not smaller, than that of the United States or China.

Upon graduation from high school, students wishing to continue their education at universities take a USE standardized examination in subjects established by the university they wish to apply to. The USE score applicants receive determines whether they are eligible for a tuition waiver and a small stipend or whether they have to pay. Most public universities also provide a tuition waiver or reduction opportunity for high-performing students.

Traditionally, university education in Russia was a single program that lasted 5–6 years of full-time study and resulted in a "specialist diploma," roughly equivalent to the combination of Western bachelor's and master's degrees. Currently, Russia is transitioning to the Bologna system of university education. Beginning in 2007, most Russian universities offered a four-year bachelor's program followed by a two-year master's degree, and the traditional "specialist" degree has been largely abandoned. Transitioning to the two-stage Bologna model and recent reforms have caused an increase in educational costs, making higher education less available to economically vulnerable applicants. Besides, a bachelor's degree alone is considered widely useless, and scholarships for the master's degree are rare; thus, free education has become largely unattainable. Other forms of postsecondary, nontertiary education include nursing schools, vocational schools, and certificate programs. Quite often an abridged version of the general curriculum is taught in all of those.

Higher education for women started in Russia in the second half of the 19th century, when the "women's higher courses" were opened in several Russian cities. Following the Bolshevik Revolution in 1917, most institutions of higher education, such as universities and medical and polytechnic schools, became coed. While in the Soviet period, the rate of male university students and graduates was slightly higher than that of female students. In 21st-century Russia, the overall number of female students has overtaken that of males in both enrollment and graduation rates. Yet, there is still strong and visible gender segregation in areas of study.

In 2013, around 65 percent of all bachelor's degrees earned by women were in social sciences, the humanities, and education; yet, only 35 percent of sciences and engineering diplomas went to women (OECD 2016). In the same year, women earned 88 percent of all bachelor's degrees in services and health care, 80 percent in education, 64 percent in the arts and the humanities, and only 25 percent in computing. As a result, women often find jobs in lower-paying state-funded health care, social services, and culture and the arts; thus, women in Russia are often better-educated than men, but they earn less. Women who go on to graduate studies experience discrimination in applying for postgraduate studies, as the status of being a full-time postgraduate student protects male students from conscription, which is still mandatory in Russia. Hence, admission committees to postgraduate programs are commonly inclined to give preference to male applicants over females, especially if bribed.

Employment

Participation of Russian women in the labor force is laden with contradictions. For one thing, despite its low Gender Equality Index, Russia has high participation of women in wage labor. According to various statistics, in 2013–2014, 68–76 percent of women aged 16–54 were economically active versus 83 percent of men aged 16–59 (FSSS 2016; OECD 2016). Moreover, women are better educated than men, and there are six women for every five men among middle-aged workers in the prime of their careers. The 2014 International Business Report ranks Russia first in the world with respect to the proportion of women in senior management positions, stating that Russian women hold up to 40 percent of all Russian CEO positions. The UNDP ranks the Human Development Index (HDI) of Russian women higher than that of men, 0.804 and 0.789, respectively. The unemployment rates are slightly higher for women than for men; in 2014, 5.3 percent of women were unemployed (OECD 2016). Nevertheless, Russian women still earn just around two-thirds of men's salaries; moreover, women with children are more vulnerable to both unemployment and poverty. Several factors contribute to these contradictions: inequality at home, employment discrimination, and job segregation (Nechemias 2016).

Inequality at Home

In many aspects, Russia inherited Soviet patterns of women's employment. In the Soviet Union, women's participation in wage labor was modeled after the concept of the working mother, located at the intersection of socialist ideology and biological assumptions. Universal participation in labor was seen as a moral duty of every citizen of the workers' state. Yet, women's underrepresentation in high politics and among prestigious positions (factory managers, etc.) was explained by the "natural" differences between the two sexes and women's desire to care for their families. Moreover, the integration of women in the labor force did not challenge domestic patriarchy, and like many Western women, their Soviet counterparts worked a double shift: in addition to their paid labor, women had domestic duties as well. In contemporary Russia, the general attitude toward women's employment remains the same.

On the plus side, and also a Soviet legacy, Russia has one of the most woman-friendly maternity and parental leave policies in the world. The maternity leave lasts up to 20 weeks, during which women receive 100 percent

of their average salary, albeit with a ceiling. Following maternity leave, women, as well as other family members, can take up to 156 weeks of parental leave during the first 78 weeks, of which they get paid 40 percent of their average wage, again, with a ceiling. The Labor Code of Russia prohibits employers from firing a pregnant worker and requires them to hold the woman's job for the duration of both paid and unpaid leaves. Some argue that these policies actually increase the hiring discrimination, as many employers are not interested in hiring a worker who can potentially get pregnant and leave the company for up to three years.

Nevertheless, the deterioration of social welfare in the 1990s also contributed to the challenges faced by working women balancing careers and family life. The child support women receive during maternity and parental leaves is often insufficient, and child care availability varies. In 2016, maternity leave child support was, depending on a woman's employment history and wage, 544–21,554 rubles per month (USD\$8–\$337). As a comparison, according to the Federal State Statistic Service, an average monthly wage across Russia in January 2016 was 32,122 rubles (USD\$502). Waiting lists for nurseries and kindergartens are common, forcing some women to take longer unpaid parental leave, thus becoming dependent on other family members and losing labor skills. Still, most Russian women are working mothers.

Employment Discrimination

Equality between men and women is guaranteed by paragraph 19 of Article 3 of the Russian Constitution, according to which, "men and women enjoy equal rights and freedoms and have equal possibilities to exercise them." Despite the constitutional promise of equality, Article 253 of the Russian Employment Code lists 456 jobs—such as firefighting and operating a subway train—"where the use of female labor is prohibited." The legislation, inherited from the Soviet period, bans women from occupying certain professions under the pretense of the threat they pose to women's health, especially the reproductive system. Most of the professions closed to women—metallurgy and the mining industry, for instance—are lucrative; therefore, keeping women from these areas contributes to widening of the gender gap pay. The prohibition was challenged in court in 2009 by a Saint Petersburg woman who was banned from working as a subway train operator. The court ruled against her.

Both older and young women are vulnerable to discrimination. The Labor Code of Russia entitles women to an early retirement at the age of 55, which is seen by some as a discriminatory policy to weed out older women from the labor market. Due to economic difficulties and insufficient state pensions, most women choose not to retire and continue working instead. In the age group 55–59, workforce participation rates have risen from 39 percent in the year 2000 to 55 percent in 2013 (FSSS 2014). For women in the age group 19–22, labor participation has lowered from 16 percent in 2000 to 8 percent in 2013, partly due to higher rates of university enrollment and partly because of difficulties in finding a job. Cases of latent discrimination in hiring practices against young women are especially common. Many employers are reluctant to hire young women full-time. They view them as unreliable workers who would neglect their work responsibilities in favor of family interests or who may become pregnant and take maternity leave.

Job Segregation

Patterns of job segregation in Russia are similar to other societies: women-dominated areas have low pay, and women can earn more than their gender average in male-dominated industries, while men earn more in general (Nechemias 2016). Among the factors contributing to job segregation are the deeply ingrained beliefs about biological gender differences that are used to justify the division. For instance, the prevailing stereotypes view women as the “weaker” or “fair” sex and therefore naturally fit for working in such areas as social services and health care, the arts and culture, and education. Gender-segregated employment spheres include health care providers (doctors and nurses) and teachers; in Russia, both spheres are state funded and notorious for low salaries. OECD data shows that the share of female instructors across all levels of education is 85 percent, with the highest, more than 90 percent, being in primary education (OECD 2016).

Another factor is that, following the state’s transition to market economy, men left the public sector and gravitated toward private entrepreneurship; women continued working for the state, earning less but enjoying higher job security. Currently, many public-sector jobs are paid well below the national average, and sometimes even below basic subsistence levels. Teachers earn less than the average salary paid to all women and roughly half the average male salary. Doctors’ and nurses’ wages are comparable to those

of shop assistants and street cleaners, amounting on average to 19,000 rubles a month in 2010 (around USD\$650 before the 2014 crash of the ruble). At the same time, other traditionally female occupations, such as accounting and finance, turned out to be in high demand in the private sector, bringing high salaries and economic independence to women employed in these areas. Yet, the increase in demand and popularity of these professions has led to the influx of men, and now the percentage of women in finance has dropped from 89 percent to 67 percent from 1985 to 2013 (Nechemias 2016).

Russian working women continue to face a gender pay gap and poverty. In the Soviet period, the gender pay gap was 70 percent, sinking to 58 percent in the 1990s, and remaining around 65 percent in 2013. In the 2008 global financial crisis, female-headed families with minor children were at the greatest risk of falling below the poverty line. Official Russian statistics on poverty show a decline from 29 percent in 2000 to 11 percent in 2013 (FSSS 2014). Yet, the rates of poverty among children are increasing, and for those under age 16, they reached 28 percent in 2013. By 2010, an estimated 29 percent of Russian households with children were headed by women, increasing the risk of poverty in such families.

Family Life

As in other areas, Russia combines both modern and traditional values in family life. Russian women, like in many other societies, balance family, childbirth, and work. Despite high levels of education, employment, and reproductive freedom, they marry and become mothers early and nearly universally. A person can legally marry from age 18, and 16 in certain cases, while the age of consent for sexual relations is 16 for both women and men. Common-law marriages are also widespread, especially among younger generations residing in urban areas, and partners in many such unions only legally marry following a pregnancy (Demoscope Weekly 2016). Polygamy is illegal, but it is practiced in predominantly Muslim regions, especially in North Caucasus. Same-sex marriage is not legal, and LGBT people in Russia often face extreme prejudice and, since 2012, legal persecution.

Continuing the Soviet tradition of viewing motherhood as a civic duty of every woman, motherhood is considered an essential part of being a woman, and voluntary childlessness is very rare, if not stigmatized (Temkina 2010). The average age of first childbirth is 24 years, and most women

Women's Voices

Anastasia Danilova

Anastasia Danilova was born in April 1983, in Novocheboksarsk, Chuvashia Republic, Russian Federation. She was thrust into the women's rights movement in 2004 when she moved from Russia to Moldova to join her girlfriend. Facing threats by authorities when registering as a foreigner, Danilova and her partner sought help from GENDERDOC-M, an organization created to "create a legislative, legal and social framework for lesbians, gay, bisexual and transgender people in society, by developing LGBT community, by informing, promoting rights and providing services, and expanding organisational capacities" (GENDERDOC-M). After working as a volunteer for the organization, Danilova now serves as its executive director. In her work, she has been a victim of threats and violence from both government and religious factions, but she stated, "I am ready to stand up for anybody's rights, even of those who fight us, like religious minorities. I believe in justice, and equality is a prerequisite for justice" (Civil Rights Defender 2012). Danilova and GENDERDOC-M now conduct surveys of Moldova youth to track the impact of their work and the attitude shift of the people. Of the threat from those who oppose her work, she said, "Now, when I know about my rights, I am not afraid of them anymore. When someone sees that you are afraid, they will use your fear against you" (Civil Rights Defender 2012).

—Karen J. Shaw

Civil Rights Defender. 2012. "Anastasia Danilova." June 5. Retrieved from <https://www.civilrightsdefenders.org/uncategorized/human-rights-defender-of-the-month-anastasia-danilova>.

GENDERDOC-M. Retrieved from <http://www.gdm.md/en/content/about-us>.

marry early and have at least one child between the ages 18 and 25, often postponing consequent childbirth, sometimes indefinitely. The official gender ideology expressed by the government and the church leaders emphasizes and naturalizes the importance of motherhood, which is seen as an essential part of being a woman. The common stereotype is that a woman is only "truly" or "fully" mature

when she gives birth. Such an attitude can explain the fact that single motherhood in Russia is not seen as deviant but is rather normalized. Increasing numbers of children are born out of marriage, and traditionally high divorce rates have led to as many as 29 percent of all Russian families with children being headed by women.

The divorce rate in Russia is one of the highest in the world: in 2014, it was 4.7 divorces per 1,000 people, versus 3.2 in the United States and 1.9 in Norway (Demoscope Weekly 2016). Also, in 2014, 22 percent of all children in Russia were born to unmarried mothers (CIA 2017). Both single mothers and two-parent families extensively rely on the support and help of their family members. It is common for grandmothers to live with their daughters' families, taking care of the household (especially if the grandmother is retired) while mothers make money outside the home.

Russian men are still not willing to take on the Western ideal of involved fatherhood. Many nonresident fathers (fathers who do not live with mother and child) are reluctant or refuse to pay child support or raise their children, likely due to the widespread belief that women have the sole responsibility for family planning and better child-rearing skills (Utrata 2015). The lack of change in fathers' attitudes is at least partly supported by the state pronatalist policies that primarily support motherhood and not parenthood, as seen from various maternity benefits offered by the state and the recent antiabortion legislation.

At the same time, Russia has one of the lowest birth rates per woman in the world. Since the 1960s, it fell under the approximate minimum needed for the population replacement and has remained low ever since. The two-child family is the general ideal, but many families can only afford one child (Borozdina et al. 2016). In recent years, the birth rate has recovered to a certain degree, and as of 2015, it was 1.61 for women of reproductive age (CIA 2017). Sociologists argue that a combination of economic anxieties and insufficient child care options often contribute to Russian women's decision to have only one child (Temkina 2010).

Because Russian women are expected to be solely responsible for reproductive decisions, they often have autonomy in reproductive decision making. Conveniently, most forms of contraceptives are available without a doctor's prescription as over-the-counter medications. Perhaps more consequentially, abortion is legal and included in free state health care and, despite negative social attitudes, is common. In the Soviet Union, only 8–10 percent

Women's Voices

Polina Savchenko

Polina Savchenko, a Russian LGBT activist educated in the United States, represents two major LGBT organizations in her home country. The first is the Russian LGBT Network, an umbrella organization that operates on a federal and national level to support local LGBT networks across Russia, with a particular goal of empowering activists in faraway parts of Russia (such as Siberia) to fight for the rights of LGBT people. The second organization is the St. Petersburg LGBT organization Coming Out, a volunteer-based operation and the largest regional grassroots LGBT rights organization in Russia. Savchenko has cited Coming Out as her “baby,” as a founder and leader of the organization. Coming Out’s work focuses on raising awareness in Russian communities, mobilizing the LGBT community, and providing psychological and legal support for the LGBT community.

—Vanessa Vanderzee

YouTube. 2015. “Polina Savchenko, Russian LGBT Activist, Makes Friendship Visit to San Francisco.” Retrieved from <https://youtu.be/ffGh5y9L1Ro>.

of women used hormonal and intrauterine (IUD) contraceptives; abortion was the main method of birth control. The situation began to change in the 1990s as a variety of birth control methods became available. As of 2014, 68 percent of women use birth control (OECD 2016), and the total number of abortions has been declining. Yet, the procedure remains very common: in 2014, there were 930,000 abortions in Russia—a decline from the 1.67 million abortions in 2005. Thus, there are 48.1 abortions per 100 births or 29.5 abortions per 1,000 women ages 15–49 (FSSS 2016). Russia consistently reports the highest numbers of abortions of any country in the world (United Nations World Abortion Policies 2013).

In 2011, the state attempted to restrict abortions for the first time since the collapse of the Soviet Union. Lawmakers used the demographic crisis (an older dying population) and concern for women’s health as the reasons to restrict the access to abortion. Despite a public campaign against new restrictions, the State Duma passed a law

banning abortions after the 12th week (excluding pregnancies from rape and medical necessity) and introduced a waiting period of two to seven days between a woman’s request for an abortion and the procedure itself. Supposedly, this time is given to women so they can reconsider the decision to terminate the pregnancy.

Between 2013 and 2015, several Russian members of parliament (MPs) attempted to pass legislation that would severely limit access to free abortion to only the termination of pregnancies that resulted from rape, that threatened the mother’s health, or that may result in birth defects. The proposal also included requirements for women to watch an ultrasound image of the fetus before the procedure—with the hope of changing their minds—and a consent form signed by at least two family members. Although never actualized into a law, such an initiative reflects the antiabortion politics pursued by the Russian state. Actively endorsed by the church leaders and authorities alike, pronatalist thinking considers Russia’s demographic problem a national priority, but the only solution favored by the state is the stimulation of birth rate attempted, among other ways, at the expense of women’s reproductive freedom.

Only heterosexual families are supported in Russia. Russia does not have any form of legal union for same-sex couples, nor does it offer any legal protection against discrimination based on sexuality or gender identity, making Russian LGBT people vulnerable to prejudice, persecution, and violence. In the Soviet period, male homosexuality was a crime punished by up to eight years in prison. Same-sex relationships between women were treated as a mental illness or excessive immorality. In 1993, Russia decriminalized male homosexuality and removed it from a list of mental disorders in 1999, but homophobia is rampant and widespread in every level of Russian society.

Beginning in 2006, bans against the “propaganda of homo- and bisexuality and transgenderism” were proposed and enacted, first on regional levels; in 2013, the ban on the propaganda of “non-traditional sexual relationships” to minors had been passed by the State Duma and signed by President Putin. This law made dissemination of any positive information about LGBT people an administrative offense, penalized by fines from 4,000 to 200,000 rubles (USD\$60–\$3,000 in 2016). The real consequences of the deliberately vaguely written ban are much graver. Russian officials now deny the very existence of LGBT-identified minors, making them especially vulnerable to various forms of violence, from bullying to conversion therapy. The ban and the state-sponsored homophobic campaign

that accompanied its adoption have de facto sanctioned violence against the LGBT Russians. Since LGBT people are not considered a social group, there is no legal protection from discrimination or violence based on sexuality or gender identity; thus, the state does not keep statistics on how much violence LGBT people face.

The Russian LGBT Network, one of the few organizations involved in LGBT rights activism and advocacy, reported 284 cases of violence and discrimination in 2015. Notably, murders and assault of the LGBT individuals are never persecuted as hate crime cases, and most such offenses go unreported. LGBT people are afraid of the police because of prejudice and transphobia; indeed, according to the Russian LGBT Network, there were 21 cases of abuse by the law enforcement officials in 2015 alone (lgbtnet.org 2016).

Another strong factor influencing the resurgence of anti-LGBT sentiment in Russia lies in its national ideology. Russian officials view LGBT rights as a part of Western values, antithetical to the so-called Russian national identity and “traditional family values.” Thus, popular attitudes are unlikely to change as long as the state pursues this form of Russian exceptionalism.

Politics

Following the Bolshevik Revolution, one goal was to ensure the emancipation of, and the equal rights for, women. Women received the right to vote in 1918. Women were widely represented at local and municipal levels of politics (in town councils, etc.), but not in the high echelons of the Soviet government. Only one woman, Ekaterina Furtseva, was ever a member of the Politburo, the USSR's highest political body, from 1957 to 1961. So, despite official claims that 30 percent of political positions were held by women, most held positions lower in status.

The legacy of these communist policies lingers in contemporary Russian society: women widely participate in local politics, but much less so on the federal level. In 2014, 14.5 percent of the MPs were women, lower than the world average of 22 percent but higher than ever before in Russia (UN Women 2015; UNDP 2016). Moreover, according to a 2014 study of Russian political elites, the more political power a position has, the more likely it is to be staffed by men (Johnson and Novitskaya 2016). For instance, in the Russian government, only 1 minister is a woman (out of 21); women hold 8 percent of the seats in the Federation Council, 14.5 percent in the Duma, and 21 percent seats in

Pussy Riot Challenges Russia's Antigay Law

The 2014 Winter Olympics in Sochi, Russia, took place amid significant controversy surrounding Article 6.21, Russia's antigay propaganda law. During the months between the article becoming law and the opening ceremonies, activists around the world debated the safety of lesbian, gay, bisexual, transgender, and queer (LGBTQ) athletes and allies at the games.

Pussy Riot—the provocative Russian feminist punk rock protest group that made headlines in 2012 for a subversive performance and subsequent prison time—made an appearance in Sochi. Known for LGBTQ activism, Nadezhda Tolokonnikova and Maria Alyokhina were detained for hours at a police station near Olympic Park and were beaten by Russian security officials. The pair had been filming a music video for their song “Putin Teaches Us to Love Our Motherland.” It includes lyrics that are highly critical of Russian President Vladimir Putin and his government's policies against LGBTQ rights.

Video footage of the beating was widely circulated. Despite being threatened with violence and imprisonment as punishment for their activism, Tolokonnikova and Alyokhina remained defiant: “We have no reasons to be afraid. We are free people, and free people feel no fear.”

—Whitney K. Archer

the Public Chamber—an organization that has little political power (Johnson and Novitskaya 2016). Consequently, there have been no female prime ministers or presidents.

When women do reach high political positions, such as ministers or vice presidents, they tend to be appointed in stereotypical portfolios. For example, Veronika Skvortsova, Russia's only female minister as of 2016, is the head of the Ministry of Health. Olga Golodets, the deputy prime minister since 2012, is in charge of social affairs. Yelena Mizulina, one of the most notorious members of parliament, had long been the head of the Duma Committee on Family, Women, and Children's Affairs before being moved to the Federation Council in 2015.

Notably, women in the high levels of Russian politics fall into three categories: “loyalists,” “workhorses,” and

“showgirls” (Johnson and Novitskaya 2016). “Loyalist” women are known for the unconventional support of the existing regime, often expressed in their proposing and sponsoring legislative initiatives for the political leaders, even if some of such initiatives are against the best interests of the society. Mizulina, for instance, sponsored the gay propaganda ban and is one of the strongest supporters of the antiabortion legislation. Yelena Yarovaya has authored some of the most controversial laws, including the “foreign agents” law in 2012–2014 and the 2016 legislation that sanctions nationwide surveillance practices.

“Workhorses” clean up the messes left by their predecessors. Prominent women politicians, such as Elvira Naibuillina, the head of the Russian Central Bank, and Valentina Matvienko, the former governor of Saint Petersburg, were appointed to their respective positions at a moment of crisis. These workhorse positions have huge responsibilities, usually complicated by multiple problems, and a potential to become targets of public criticism.

Finally, “showgirls,” who make a large number of female MPs and members of the Public Chamber, are usually celebrities—ballet dancers or Olympic athletes—invited into politics to appeal to the masses and increase the popularity of Putin’s regime. Sadly, women politicians from all three categories do not advocate for women’s issues, not only because women’s issues are not considered a top priority in Russia, but also because they are increasingly believed to be a part of an anti-Russian conspiracy orchestrated by the West.

Russia does not have a strong feminist movement. For the overwhelming majority of Russian citizens, *feminism* is a negative word. It is strongly associated with a Soviet approach to gender: when women were mobilized into the workforce and exploited under the pretense of equality. Furthermore, small pockets of feminist activism, such as socially oriented NGOs, grassroots movements, and online communities on social media, have lately become targets of the government’s attempts to limit civil freedoms and crack down on public dissent. For example, most NGOs with a feminist or LGBT rights agenda have been targeted under the foreign agent law; many were forced to shut down their operations. The gay propaganda ban makes the lives of non-heterosexual women especially precarious, as most same-sex families with children in Russia are formed by women. Their very existence can be interpreted as propaganda of nontraditional sexuality to minors, that is, to the children in such families, potentially leading to the loss of parental rights.

State policies affecting Russian women are pronatalist and aimed at the stimulation of birth rates through a

variety of measures, primarily the maternity capital program. Introduced in 2006, after President Putin’s statement about the government’s intent to solve Russia’s demographic crisis, the maternity capital is believed to be the most prominent measure of the country’s pronatalist policy (Borozdina et al. 2016). The capital is an “award” given to every woman once her second child turns 18 months. In 2006, it was 250,000 rubles (roughly USD\$12,000); indexed to inflation, in 2016, it was around 430,000 rubles (USD\$6,700). Beginning in 2008, families were allowed to withdraw 20,000 rubles (around USD\$310 in 2016) in cash from the capital immediately after childbirth. Notably, fathers can only be eligible for the benefit in case of the mother’s absence (i.e., if they adopt the child); death; or loss of custody. The capital can only be spent in three ways stipulated by the state: toward housing, the child’s education, or the mother’s retirement. Public surveys show that, of the three, investing the maternity capital in housing has been the most popular choice. However, as its amount is actually not enough on its own to even make a first mortgage payment, the maternity capital has mostly been useful to the middle-class families. Working-class mothers lack additional resources, such as relying on relatives’ money or bank savings, when purchasing a property or applying for a mortgage.

In the 10 years after the program was introduced, it generally failed to increase the number of births. Research suggests that the maternity capital may influence the timing of the second child, but not the overall decision about the intended number of children in a family (Borozdina et al. 2016). Besides, the widespread Russian citizens’ distrust in their state leads to many being skeptical and suspicious about the maternity capital: as of 2012, only 25 percent of recipients eligible for the benefit actually used it, while the rest complained about the program’s inaccessibility or uselessness. The maternity capital program has shown to be a controversial measure and an example of the state’s paternalist politics as well as its disregard of fathers’ involvement in, and responsibility for, reproduction and child-rearing. Combined with the growing number of attempts to restrict women’s access to abortion, the maternity capital program shows that Russian pronatalist ideology views women primarily as a reproductive resource, often with disregard for their autonomy.

Religious and Cultural Roles

Russia is a predominantly secular state that has one of the highest numbers of nonpracticing believers in the world.

While the Russian Orthodox Church would like to claim that more than 80 percent of the population identify as Orthodox Christian, only around 20 percent practice the religion regularly. The rate of practicing Muslims is about 10–15 percent as well (CIA 2017). Nevertheless, Orthodox Christmas (January 7) is a national holiday, and all children in middle grades are required to study basics of religion or secular ethics, depending on their parents' choice. In reality, most end up studying Orthodox Christianity or Islam, depending on the region.

All four official religions in Russia—Orthodox Christianity, Islam, Buddhism, and Judaism—hold very patriarchal perspectives on women. None of them allows for women ministers. The Russian Orthodox Church's (ROC) view is particularly conservative, as the church leaders rely on *Domostroi*—a 16th-century family conduct book that prescribes, among other things, wife beating and the full obedience of women to their fathers and husbands. In 2011, Vsevolod Chaplin, the head of the ROC public relations department, caused a controversy when he publicly blamed women who were the victims of sexual violence and proposed the “Orthodox dress code,” consisting of modest clothing, as a rape prevention measure.

Another example of the church's hostility toward women is the 2012 persecution of the feminist punk band Pussy Riot. While the band's famous “punk prayer” in the Moscow Cathedral of Christ the Saviour was clearly a political action against the strengthening union between the ROC and Putin's government, the church leaders and progovernment media chose to portray the band members as god-hating blasphemers who dared to step onto the altar—an area of the church prohibited to women—thus destroying things sacred to believers. As a result, the court found Pussy Riot guilty of religious hatred and violating the feelings of believers and sentenced two female band members to two years in labor camps (Gessen 2014). The Pussy Riot case illustrates the symbiosis between the state and the religious leaders who, seeking to increase the influence of religion and “traditional values” in Russia, are turning to the most conservative and patriarchal ideas as long as they are useful to Putin's regime and its ideology of Russia's exceptionalism.

Finally, while religious holidays such as Easter and Christmas are becoming more culturally significant, Russia has a number of widely celebrated secular state holidays, including the International Women's Day, celebrated on March 8. While in most countries, it is considered a feminist event, in Russia, Women's Day has been transformed

into a celebration of traditional femininity. On this day, women are praised for such qualities as beauty and kindness and are given gendered gifts, such as things for the house, flowers, and beauty products. It is only in the last five or so years that a few feminist activists have been able to partly reclaim the holiday, holding public events, rallies, and demonstrations to address women's issues. For most Russians, however, March 8 remains the day when men of the family ceremoniously take on the domestic chores while celebrating the feminine virtues of their mothers, wives, and daughters.

Issues

Absence of a Strong Feminist Movement

The majority of women's issues in Russia—such as domestic and intimate partner violence, sexual harassment, discrimination, attacks on reproductive freedoms, and specific problems experienced by the most vulnerable categories of women (nonheterosexual, transgender, migrant, and ethnic women)—stem from the absence of a visible and strong feminist or women's movement in combination with the neoconservative ideology of Russian exceptionalism pursued by the government and religious leaders. Most Russians, men and women alike, are deeply suspicious about feminism and women's rights, deeming them either redundant in the seemingly equal society or a low priority in comparison to general social problems, such as corruption or economic stagnation. Moreover, state-controlled media portray feminism and gender equality as forces of a Western conspiracy employed to destroy the traditional Russian family and, ultimately, the nation itself.

The head of the Russian Orthodox Church, Patriarch Kirill, asserts that feminism is dangerous because it gives women ideas about “pseudo-freedom” outside family and marriage. Some church leaders even question the necessity of women's vote in elections. The backlash against feminism is useful to Putin's regime, as it promotes the idea of Russian exceptionalism and how Russia is unique and different from the West. Not surprisingly, feminist and LGBT movements that advocate for same-sex marriage, gender equality, personal autonomy, and protection from domestic and intimate violence and gender-based discrimination are associated with Western values and, therefore, unacceptable for Russia. Evidently, this ideology allows the government to kill two birds with one stone: it can keep the population perpetually mobilized against the imaginary enemy in the form of anti-Russian conspiracy and

simultaneously relieve itself of the responsibilities to solve the above-mentioned issues.

Violence against Women

The Russian Ministry of the Interior does not recognize domestic and family violence, treating them as acts of everyday violence. Thus, many women do not trust the police or deem it effective to seek protection. Little credible data is available on the rates of domestic and intimate partner violence (Jäppinen and Johnson 2016). According to a 2003 survey, 80 percent of women experienced psychological violence from their partners, and every second woman had suffered from physical violence committed by her intimate partner at least once in her life, with one of every five women experiencing severe or regular violence (Jäppinen and Johnson 2016). In 2013, 36,000 Russian women experienced physical abuse from their intimate partners daily. Yet, only 30–40 percent seek help, and 97 percent of the cases of intimate partner and domestic violence never reach courts, mostly due to the common belief that domestic violence is a private matter between the victim and the perpetrator and reconciliation between the former and the latter, not prevention or punishment, is a desirable outcome (RIA Novosti 2013). Altogether, this limited data suggests that domestic violence is widespread in Russia and is higher than the world lifetime average of 35 percent (WHO 2013).

Yet, unlike most postcommunist states, Russia does not have legislation against domestic violence. Lawmakers have been working on the proposal for such legislation since 1995, and yet the project achieved little interest or support from the authorities. In 2013, the project was finally scheduled for the parliamentary hearings, but it was dropped because of the efforts of the Russian Orthodox Church and conservative activists, who saw in the proposal a threat to the traditional Russian family (Jäppinen and Johnson 2016). Also, within the last decade, the state has done little to support the victims of domestic violence. Most women's crisis centers and shelters are still run as volunteer organizations by churches or internationally sponsored NGOs. As of 2010, there were only 19 state crisis centers and 23 shelters for women. Altogether with the volunteer organizations, they were visited by approximately 80,000 women (Skripnik 2016). Recently, the "foreign agent" legislation seriously affected many of these organizations, leading some of them to halt operations. While most Russians acknowledge the existence of

domestic violence as a social problem and do not condone it, the state has largely failed to address the issue.

Vulnerable Categories of Women

The lack of a feminist voice combined with a neoconservative turn in Russian social politics have made certain categories of women particularly vulnerable to social injustice. For instance, in the atmosphere of rampant xenophobia, migrant women have been disproportionately exposed to crime and corruption. Often lacking residential rights and prone to social isolation, they remain invisible to most feminist and human rights organizations (Johnson and Novitskaya 2016). Another category is women of North Caucasus, especially residents of Chechnya, Dagestan, and Ingushetia—regions with a history of separatism and armed conflict, albeit mostly contained by Putin's government. Human rights activists argue that the welfare of women in these areas are the most precarious (Demoscope Weekly 2016). Women face heightened levels of discrimination, as their behavior, appearance, and morals are heavily controlled under the pretense of keeping with regional traditions.

Local authorities operate within a complex intersection of several legal systems, including sharia law and precolonial customs, quite often resulting in the despotism of regional leaders who interpret the laws as they please. For example, in divorce, mothers usually lose the custody over their children, and there is anecdotal evidence that the rates of domestic violence in North Caucasus are the highest in the nation (Jäppinen and Johnson 2016). Polygamy, arranged marriage, female circumcision, and honor killings—all illegal in Russia—are practiced in the region with the endorsement from local authorities and spiritual leaders. In an informal agreement between President Putin and regional authorities, the Russian government does not interfere with the area's interior politics and social issues, even though such negligence leads to mass violations of human rights.

Russia's turn toward neoconservative ideology with its emphasis on women's reproductive value has also affected the lives of transgender and nonheterosexual women. The state views them as both the embodiment of Western individualism and less valuable members of society. Transphobia and homophobia have always been virulent in Russian society, and yet, the 2013 gay propaganda ban has made it nearly impossible to be open about one's sexuality or gender nonconformism and avoid violence and discrimination. For nonheterosexual women, the legislation means

having to live in the constant fear of being exposed and losing their children, if they have any, to homophobic relatives or social services.

For transgender women, the sex-reassignment process has become increasingly more difficult. In Russia, most cases of gender variance are understood as transsexualism, which, once diagnosed by medical experts, is treated by sex-reassignment surgery and hormones. To have one's gender legally changed, a person has to be diagnosed by a special medical committee on sex reassignment. Most transgender people report challenges in accessing medical help and the consequent change of identification documents. According to the 2012 survey, 36 percent of transgender Russians cannot find the medical committee needed for the diagnosis at the place of their residence, 54 percent cannot find a skilled and unbiased medical provider, 40 percent have to work out the appropriate hormonal treatment by themselves, and 40 percent do not have access to hormones at all. Of those seeking surgical treatment, 31 percent cannot afford the surgery, and 60 percent reported experiencing financial difficulties in saving for the treatment, as these procedures are not included in the health care system (Vyhod 2013).

As in most other societies, Russian transgender women struggle with prejudice and discrimination. In 2011–2012, one out of every four transgender persons experienced physical violence, most likely from family and friends (Vyhod 2013). Following the transition, even if they manage to obtain proper documentation, many transgender women face extreme job discrimination and are often forced to turn to sex work. Since 2014, the Russian government has banned transsexual people from obtaining a driver's license, and in 2015, a proposal to prohibit marriage for transgender persons was introduced to the State Duma. Finally, in summer 2015, the efforts of conservative activists led to disbanding of the sex-reassignment committee in Saint Petersburg, thus leaving many transgender people without access to the initial step in transitioning.

In the 21st century, most of the issues faced by Russian women are not caused by the lack of resources or development, but by national and religious ideology. If the country's leaders continue their pursuit of narrowly defined paternalist and pronatalist politics, viewing and valuing women primarily as a reproductive resource, and simultaneously define civil liberties and individual rights as antithetical to Russian exceptionalism, most of the issues outlined in this entry are not likely to improve.

ALEXANDRA NOVITSKAYA

Further Resources

- BBC Russia. 2013. "Skol'ko Stoyat 'Surrogatnye' Deti v Rossii?" October 9. Retrieved from http://www.bbc.com/russian/society/2013/10/131008_russia_surrogacy.
- Bigg, Claire. 2015. "Mass Murder: Russian Patients Brace for Ban on Medical Imports." *Radio Free Europe*, August 23. Retrieved from <http://www.rferl.org/content/russia-ban-on-medical-supplies/27204460.html>.
- Borozdina, Ekaterina, Anna Rotkirch, Anna Temkina, and Elena Zdravomyslova. 2016. "Using Maternity Capital: Citizen Distrust of Russian Family Policy." *European Journal of Women's Studies* 23: 60–75.
- Chizhova, Lyubov, Maryana Torocheshnikova, Anton Oleinikov, and Claire Bigg. 2014. "Russian Medics Take on 'Destructive' Health Care Reform." *Radio Free Europe*, November 4. Retrieved from <http://www.rferl.org/content/russia-health-care-reform/26674311.html>.
- CIA (Central Intelligence Agency). 2017. "Russia." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/index.html>.
- Demoscope Weekly. 2016. Retrieved from <http://demoscope.ru/weekly/2016/0689/index.php>.
- Federal State Statistics Service/Goskomstat. 2016. *Demographic Yearbook of Russia 2015*. Retrieved from http://www.gks.ru/free_doc/doc_2015/demo15.pdf.
- Gedeon Richter. 2016. "Menee Treti Rossiskikh Zhenschin Poseschaiut Ginekologa Dva Raza v God." Retrieved from <http://www.g-richter.ru/news/actual/detail.php?ID=1291>.
- Gessen, Masha. 2014. *Words Will Break Cement: The Passion of Pussy Riot*. New York: Riverhead Books.
- Grant Thornton International Business Report. 2014. *Women in Business: From Classroom to Boardroom*. Retrieved from http://www.grantthornton.com.au/files/ibr2014_wib_report.pdf.
- Iarskaia-Smirnova, Yelena R. 2015. "A Girl Who Liked to Dance: Life Experiences of Russian Women with Motor Impairments." *Journal of Globalization Studies* 6.2: 119–142.
- ICO Information Center on HPV and Cancer. 2016. "Russian Federation: Human Papillomavirus and Related Cancers Factsheet." June 14. Retrieved from www.hpvcentre.net.
- Jäppinen, Maija, and Janet E. Johnson. 2016. "The State to the Rescue? The Contested Terrain of Domestic Violence in Post-Communist Russia." In *Gender Violence, Conflict, and the State*, edited by K. Stefatos and C. Salvi, 146–157. New Brunswick, NJ: Rutgers University Press.
- Johnson, Janet E., and Alexandra Novitskaya. 2016. "Gender and Politics." In *Putin's Russia: Past Imperfect, Future Uncertain*, edited by Stephen K. Wegren, 215–230. Lanham, MD: Rowman & Littlefield.
- lgbt.net.org. 2016. *Monitoring of Discrimination and Violence Based on SOGI in Russia in 2015*. Retrieved from https://www.lgbt.net.org/sites/default/files/monitoring_of_discrimination.pdf.

- NEWSru.com. 2013. "Putin Potreboval 'Pravil'nogo' Yedinogo Uchebnika Po Istorii." February 19. Retrieved from <http://www.newsru.com/russia/19feb2013/putindybom.html>.
- Nechemias, Carol. 2016. "Women in the Russian Labor Force: A Retreat from Equality?" Paper presented at the workshop "Global Women's Work in Transition," the Liechtenstein Institute on Self-Determination, September 25–26, 2014, at Princeton University.
- OECD Better Life Index. 2016. "How's Life in the Russian Federation?" Retrieved from <http://www.oecdbetterlifeindex.org/countries/russian-federation>.
- OECD (Organization for Economic Co-Operation and Development). 2016. Retrieved from http://www.oecd-ilibrary.org/education/data/oecd-education-statistics_edu-data-en.
- RIA Novosti. 2013. "Domashnee Nasilie v Rossii." January 29. Retrieved from <http://ria.ru/infografika/20130129/920211298.html>.
- Russian Census. 2010. Retrieved from http://www.gks.ru/free_doc/new_site/perepis2010/croc/perepis_itogi1612.htm.
- Skipnik, Oleg. 2016. "Helping Russia's Broken Women to Get Back on Their Feet." *Russia Beyond Headlines*, July 14. Retrieved from http://rbth.com/politics_and_society/2016/07/14/helping-russias-broken-women-to-get-back-on-their-feet_611567.
- Sperling, Valerie. 2014. *Sex, Politics, and Putin: Political Legitimacy in Russia*. New York: Oxford University Press.
- Stella, Francesca. 2014. *Lesbian Lives in Soviet and Post-Soviet Russia: Post/socialism and Gendered Sexualities*. New York: Palgrave Macmillan.
- Temkina, Anna. 2010. "Childbearing and Work-Family Balance among Contemporary Russian Women." *Finnish Yearbook of Population Research* 45: 83–101.
- TV Rain. 2014. "Ediniy Uchebnik Istorii Ne Poyavitsia." August 27. Retrieved from https://tvrain.ru/news/edinyj_uchebnik_istorii_ne_poyavitsja_-374613.
- Utrata, Jennifer. 2015. *Women without Men: Single Mothers and Family Change in the New Russia*. Ithaca: Cornell University Press.
- UNDP (UN Development Programme). 2016. "Russia." Human Development Reports. Retrieved from <http://hdr.undp.org/en/countries/profiles/RUS>.
- UNESCO. 2016. "Country Profiles: Russian Federation." Retrieved from <http://www.uis.unesco.org/DataCentre/Pages/country-profile.aspx?code=RUS>.
- United Nations World Abortion Policies. 2013. Retrieved from <http://www.un.org/en/development/desa/population/publications/policy/world-abortion-policies-2013.shtml>.
- UN Women. 2015. "Facts and Figures: Leadership and Political Participation." Retrieved from <http://www.unwomen.org/en/what-we-do/leadership-and-political-participation/facts-and-figures>.
- Vyhod. 2013. *Gendernaia Identichnost v Epitsentre Diskriminatsii: Zhizn Trans* Lyudei v Rossii*. Retrieved from https://issuu.com/coming_out_spb/docs/transgender.
- WHO (World Health Organization). 2013. *Global and Regional Estimates of Violence against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-partner Sexual Violence*. Retrieved from http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf.
- WHO (World Health Organization). 2014a. "Russian Federation." Cancer Country Profiles 2014. Retrieved from http://www.who.int/cancer/country-profiles/rus_en.pdf?ua=1.
- WHO (World Health Organization). 2014b. "Russian Federation." *Global Alcohol Report*. Retrieved from http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/rus.pdf?ua=1.
- WHO (World Health Organization). 2017. "Country Profile: Russian Federation." *WHO Report on the Global Tobacco Epidemic*. Retrieved from http://www.who.int/tobacco/surveillance/policy/country_profile/rus.pdf.
- World Bank. 2017. "Russia." Retrieved from <http://www.worldbank.org/en/country/russia>.
- Zhabenko, Alisa. 2015. "Reproductive Choices of Lesbian-Headed Families in Russia: From the Last Soviet Period to Contemporary Times." *Lambda Nordica* 3–4: 54–85.

S

Serbia

Overview of Country

Serbia is a landlocked country in Southern Europe that is located on the Balkan Peninsula. It is bordered by Hungary, Romania, Bulgaria, Macedonia, Kosovo, Albania, Montenegro, Bosnia and Herzegovina, and Croatia. The capital of Serbia is Belgrade, which is located in north central Serbia. The country is slightly more than 77,000 square miles, and the terrain has a mix of mountains, basins, and plains. Serbia's population ranks 102nd in the world, with a population of more than 7 million people (CIA 2016). Serbian is the official language in the country, though Hungarian, Romany, Bosniak, and Albanian are spoken among ethnic groups.

Women represent 51.3 percent of the Serbian population (CIA 2016). Serbia is currently ranked at 40.6 percent on the Gender Equality Index (GII) in the Republic of Serbia, while the European Union (EU) member states are at 52.9 percent (Babović 2016). Babović states that gender equality in Serbia is similar to other countries in the region or other countries with socialist pasts (22).

Girls and Teens

Teen Pregnancy

According to the Statistical Office of the Republic of Serbia's report from 2011, teenage pregnancy for girls between

the ages of 15 and 19 has declined by more than 30 percent since 2000, but the pregnancy rate remains high, as 7,000 girls in this age group become pregnant each year (SORS 2011, 91).

Reproductive Health of Female Youth in Serbia

In Serbia, more than 60 percent of young and adolescent girls have had some sort of sexual experience. Due to a lack of sufficient, accurate, and adequate family planning—and sex education in Serbia—many young women (and men) engage in risky sexual behaviors that lead to pregnancy and sexually transmitted infections (STIs). According to a study in the *Scientific Journal of the Faculty of Medicine in Niš*, “Young people in Serbia are not informed about contraception from adequate sources” (Radulović et al. 2014, 221–222). In schools, there is a lack of adequate information, and youth are not likely to speak to their parents about reproductive health issues (221–222). Because of this, youth are most likely to turn to media for reproductive health information (221–222). According to Radulović et al., more than one-third of students have been educated about sex by physicians, while only about 25 percent have gone to their parents for advice or education about sex.

Regarding pregnancy and women under the age of 20, 7.3 percent of all deliveries in Serbia are for women younger than 20 (221). In addition, STIs (excluding HIV/AIDS) are high in Serbia. As cited in Radulović et al., the

Regulation of the National Program of Healthcare for Women, Children and Youth in 2009 claims there are large numbers of youth who contract STIs each year, with youth under the age of 15 making up 3.6 percent of the total infected. Those between ages 15 and 24 make up 13.2 percent of the total infected (221).

Gender Roles

According to the U.S. Department of State, traditional gender roles in Serbia have led to discrimination of women—in rural areas, in particular. In some rural areas, women are unable to exercise their right to control property (U.S. Department of State 2011b). These gender roles point toward traditional thinking that men are superior to women (Listhaug, Ramet, and Dulić 2011, 71).

Education

K–University Level

According to the U.S. Department of State, education in Serbia is free through high school. There is no data to support a difference in the treatment of girls and boys at the primary, secondary, and postsecondary levels (U.S. Department of State 2011b). The U.S. Department of State reported that Serbian students in primary and secondary schools are required to attend classes for one of the seven “traditional” religious communities or on civic education (U.S. Department of State 2011a, 3).

The number of women has increased in college education enrollment and is slightly larger than the number of men. According to the Statistical Office of the Republic of Serbia (SORS), women are more likely to be enrolled in colleges and universities, and more women graduate from colleges and universities than men (SORS 2011, 91). According to this study, 55 percent of women attend college, and 61 percent graduate (91).

According to SORS, in the same report released in 2011, men (61%) study mathematics, natural sciences, technical science, computer science, manufacturing, and construction. Women (91%) generally study education, social sciences, health and social care, the arts and humanities, and business and law. An equal number of women and men graduate in the fields of agriculture and veterinary medicine. In 2009, the number of women and men with doctoral degrees was equal, and women accounted for 44 percent of all doctoral and master's degrees and specialists among teaching personnel at universities and colleges (91).

Adult Education

In Serbia, a recent shift in thinking surrounding adult education occurred when, in 2011, the country implemented the Elementary Functional Education of Adults, a basic educational system for adults that includes vocational, general, and liberal courses (Popovik 2013).

Health

Reproductive Justice and Health

It is important to understand that *reproductive justice* is an all-encompassing term. Reproductive justice refers to safe, legal, and affordable access to abortion and reproductive rights that include safe and affordable maternal care, comprehensive sex education, and parental resources. Reproductive health and well-being is often informed by medical, cultural, social, political, and economic institutions.

Maternal Health

Serbia currently includes maternity care in its centralized health care system. According to Arsenijevic et al. (2014), maternity care in Serbia is undergoing constant changes. In a qualitative study with women who had given birth in maternity wards in Serbia, the authors concluded that there had been issues with payments as well as information and care given to the mothers-to-be from the medical staff. One thing women were concerned about was having outdated referrals from primary care physicians. To be admitted into a maternity ward, women were required to have a referral that was not more than three weeks old. As birthing happens on its own clock, many women (12.6%) said their referral had expired, and they had to wait in the lobby while their physician wrote a new referral (16).

In addition, hospital staff was criticized for having terrible bedside manners and for not assisting postbirth with things such as breastfeeding (18). Also, women said equipment did not work, and they were often forced to pay for services before the birth and were not given a refund if those services were not utilized during the birthing process (20). There were also reports of insects in rooms, lack of hot water, dirty linen in rooms, and so on. In some cases, women were allowed only short visitations from family members. The new mothers expressed this made them feel lonely and isolated (19).

Maternity Leave

According to the Bureau of Statistics, as reported by the U.S. Department of State, maternity leave is provided by law. However, not all private companies meet these legal obligations. Nongovernment organizations (NGOs) reported that some childless women felt discriminated against during the hiring process at private companies because employers feared they would take maternity leave in the future (U.S. Department of State 2011b).

Diseases and Disorders

Fifty percent more Serbian men than women aged 30–59 die from cancer and circulatory diseases (SORS 2011, 91). In addition, men are more likely to die in transport accidents and because of suicide (91).

Employment

SORS (2011) reported on differences in employment based on gender, including factors such as children. According to the report, employment rates are different between men and women who live with children under the age of 16. Men are more likely to be employed, even if a married couple has no children. For a married couple that has children, female parents aged 25–49 are 25 percent less likely to be employed than their husbands (92).

Concerning self-employment (including on farms and unpaid labor), there are two times as many self-employed men (28%) between the ages of 15 and 64 than women (14%) (92). However, women are more likely to contribute to unpaid household and family farm or shop work than men. Thirteen percent of all women and 24 percent of women aged 55–64 (compared with 4% and 2% of men, respectively) contribute to unpaid labor, and “28 percent of all farms are registered as women-owned; women, however, make up only 23 percent of all independent farmers and 71 percent of unpaid contributing family workers in agriculture” (92). In addition, according to the first Time Use Survey carried out in Serbia as reported on by SORS, women have on average about one hour of free time each day, compared with men who have several hours of free time. Men spend more time doing paid work, and women spend, on average, two hours or more per day doing unpaid work (92).

There are somewhat more women in each age category of the unemployed, long-term unemployed persons

of working age, and among the registered unemployed. Among unemployed women, the majority has a secondary education (92). According to a survey by the Bureau of Statistics, the unemployment rate for women in Serbia was 20.4 percent, as compared to 18.3 percent for men (U.S. Department of State 2011b). Thirty percent of managers and 20 percent of chief executive officers were women. Only 12 women sat on the administrative boards of companies (U.S. Department of State 2011b).

Among old-age pension beneficiaries, women account for just over a half, while men make up almost two-thirds of all disability pension beneficiaries. In both categories, women on average receive lower pensions than men; women on average have 18 percent lower old-age pensions and 14 percent lower disability pensions than their male counterparts (SORS 2011, 92).

Family Life

Marriage

SORS reports that, on average, women enter their first marriage at the age of 27, and men enter marriage at 30 (91). However, 3 percent of girls are married before they turn 18. Most of these marriages occur among the Roma population.

Child Care

To successfully implement women in to the workforce in Serbia, it is important to recognize that family life and work life need to work in harmony. According to a report done in collaboration with the European Commission (2012), only 32 percent of children in Serbia between ages 3 and 5 are covered by formal child care (6). Child care is primarily the responsibility of the mother or, if available, the extended family, which is in part due to a limited number of child care facilities (6). This leads to women being unable to enter the labor force because of these additional responsibilities (6).

The European Commission also reported that, even though child care facilities are limited in Serbia, legislation for maternity leaves are quite generous. The minimum length of maternity leave in Serbia is four and a half months, and most women are granted one year for maternity leave. During maternity leave, mothers in Serbia are equally compensated, and the job will be guaranteed for

their return. When a third child is born, maternity leave could last up to two years (7).

Children

The U.S. Department of State's (2011b) summary of children in Serbia states,

Citizenship is derived from one's parents. The law on birth records regulates universal birth registration, but according to the UN Children's Fund (UNICEF), 5 percent of Romani children were not registered at birth. . . . Children who are not registered do not have access to public services such as health care. While the law provides that government clinics offer free medical care, including free medicines from a limited list of covered drugs, there were reports that corruption resulted in restricted access to medication for some. Romani children often faced difficulties in accessing health care. (U.S. Department of State 2011b)

Child Abuse

The U.S. Department of State on Serbia (2011b) also reported that child abuse was a problem. Children are often exposed to physical or verbal abuse as well as being exposed to drugs, alcohol, and violence. Children are often victims of family violence, and girls are often victims of sexual violence (U.S. Department of State 2011b).

In addition, the U.S. Department of State reports,

While teachers were instructed to report suspected child abuse cases, they often did not do so. Police usually responded to complaints, and authorities prosecuted child abuse cases during the year. In several court cases, defendants were found guilty of child abuse and sentenced to imprisonment. Psychological and legal assistance was available for victims. Children also were accommodated in safehouses for victims of family violence. . . . Children in orphanages and institutions were sometimes victims of physical and emotional abuse by caretakers and guardians and suffered sexual abuse by peers. (U.S. Department of State 2011b)

Child Marriage

In Roma and rural communities across Serbia, child marriage has been deemed a problem by the U.S. Department of State (2011b). In the Roma community, both boys and

girls usually married between the ages of 14 and 18, with 16 as the average age. Boys generally married a few years later than girls, and some girls married as early as 12 (U.S. Department of State 2011b).

Statutory Rape

According to the U.S. Department of State, in Serbia, the minimum age for consensual sex is 14 years old. Sentences for statutory rape range from 3 to 12 years in prison, and severe punishment can range from 5 to 15 years in prison. If the rape results in the death of the victim, the minimum sentence is 10 years (USDS 2011b).

Politics

Gender Equality

Several laws have been adopted since 2000 that help women gain equality. For example, the Gender Equality Law binds all public authorities to pursue equal opportunity and to monitor gender equality (SORS 2011, 89). This law addresses gender equality in family relations, employment, education, health care, sports, culture, and political and public life as well as with judicial protection (89).

In addition to the Gender Equality Law, the National Strategy for Improving the Position of Women and Promoting Gender Equality was passed in 2009. This law outlines state policies that are aimed at eliminating discrimination against women. The goal is to improve women's status and integrate gender equality in all spheres (89). Not only does this law attempt to enact change to improve the lives of women, but it requires that women be included concerning policy and decision making.

On February 14, 2014, the Women's Parliamentary Network was formed by a unanimous vote of all the women of Parliament. The main goals of the network, as stated by a presentation given in October of 2014, include the following:

- Adopting new laws and politics as well as supervision of implementation of existing laws, especially in following areas:
 - Women's and family health
 - Suppression of violence against women and children as well as of domestic violence
 - Economic empowerment of women
 - Education of women and promotion of women's knowledge

- Other priorities are the following:
 - Encouraging women in Serbia to take a more active part in the country's political and public life to raise awareness of women's solidarity
 - Promoting gender equality at all levels (National Assembly of the Republic of Serbia 2014)

According to SORS, there are 137 male mayors and only 10 female mayors within the 150 municipalities in Serbia. Within the 23 cities, 22 mayors are male, and only 1 is female (SORS 2011, 92).

LGBT

The Women's Parliament met in 2013 to discuss how to better the lives of transgender people who have sex-reassignment surgery. The Parliament conversed with members of the LGBT community, who urged them to adopt a law where individuals who have sex-reassignment surgery can change unique identifying information (National Assembly of the Republic of Serbia 2014).

In Serbia, as in many other places in the world, LGBT people still face issues with discrimination and safety. A first Belgrade pride parade was held in September 2014, but hostility toward members of the lesbian, gay, bisexual, and transgender (LGBT) community continues (HRW 2016).

Issues

Violence

Men are more likely to commit acts of violence than women in Serbia. Ninety-five percent of perpetrators are men, and 5 percent are women (SORS 2011, 91). In addition, crimes committed by youth in Serbia is gendered, with as many as 95 percent of all convicted minors being boys (91).

In addition to crimes committed by boys and men, violence against women rose by 15 percent between 2007 and 2010. The number of women killed by their husbands has also increased, and there are not enough shelters to provide safe temporary refuge to women escaping violence. Also, when a woman does call authorities for help,

Women's Voices

Vanja Calovic

Montenegrin activist Vanja Calovic dedicated her work to fighting corruption and organized crime in her home country of Montenegro through the Network for Affirmation of the NGO Sector (MANS). As the executive director of MANS, Calovic has exposed electoral fraud, governmental corruption, and human rights violations. This has led to a smear campaign by the government-influenced newspaper, which shared images of bestiality, insinuating they were Calovic. Calovic was tried for and found guilty of slander when she accused Vladimir Beba Popovic, director of the Public Policy Institute, of providing these false images. In response to the threat of jail time, Calovic said, "MANS will continue to fight for the creation of democracy in Montenegro and the rule of law, and that aim is worth every sacrifice, even life" (Robinson 2014). Calovic is one of more than 50 human rights activists who are being protected through the Natalia Project, a security program developed through the Civil Rights Defenders in which a warning bracelet is worn by activists and can be activated when they are in danger or have been harmed (Civil Rights Defenders 2013).

—Karen J. Shaw

Anti-Corruption Panel. 2009. "Vanja Calovic on the Work of MANS in Montenegro." YouTube. Retrieved from <https://www.youtube.com/watch?v=mWXPwgiUkew>.

Balkan Insight. 2015. "Popovic Wins Case against Montenegro Rights Activist." April 21. Retrieved from <http://www.balkaninsight.com/en/article/beba-popovic-wins-defamation-case-against-montenegro-s-rights-activist>.

Calovic, Vanja. 2015. LinkedIn Profile. Retrieved from <https://www.linkedin.com/in/vanja-calovic-98a07515>.

Civil Rights Defenders. 2013. "Vanja Calovic." Retrieved from <https://www.civilrightsdefenders.org/tag/vanja-calovic>.

Robinson, Matt. 2014. "Graphic Media Campaign Targets Montenegrin Graft Crusader." Reuters, October 29. Retrieved from <http://www.reuters.com/article/us-montenegro-corruption-idUSKBN0II24I20141029>.

the emergency orders are not issued promptly (Babović 2016, 15).

Trafficking

Serbia is a source, transit, and destination country for men, women, and children subjected to sex trafficking and forced labor. This includes forced begging and domestic servitude. Serbian criminal groups in neighboring countries, Russia, and Europe (especially in Germany, Italy, and Switzerland) subject women to sex trafficking. Serbian men, especially, are subjected to labor trafficking for the construction industry in European countries (Azerbaijan, Slovenia, and Russia) and the United Arab Emirates (UAE). Serbian children, particularly ethnic Roma, are subjected within the country, often by family members, to sex trafficking, forced begging, forced labor, and petty crime (U.S. Department of State 2011a).

Concerning punishment and the judicial process in Serbia regarding trafficking, “Fewer traffickers were convicted, and those that were received weak sentences. The government did not afford victims sufficient protection in criminal proceedings, which exposed them to intimidation and secondary traumatization” (U.S. Department of State 2011a).

Specifically, during the judicial process, it was reported that victims’ rights were not adequately protected during court proceedings, and victims frequently had to appear in front of their traffickers. In court, traffickers often intimidated or threatened the victims. Judges seemed to have limited understanding of the complexities of human trafficking cases. Serbian law entitles victims to file civil or criminal suits against their traffickers; however, judges often encouraged victims to seek compensation by filing civil suits. These are expensive and lengthy, and they often require the victims to face their abusers multiple times (U.S. Department of State 2011a).

Domestic Violence

In a country report by the organization Women against Violence in Europe (WAVE) in 2012 on Serbia, based on a survey of 2,500 Serbian women, 54.2 percent of the women in Serbia have experienced family violence at some point in their lives, while 37.5 percent reported experiencing family violence in the past year (WAVE 2012). In addition, 21.6 percent of women have experienced physical violence, 3.8 percent have experienced sexual violence, and

48.7 percent have experienced psychological violence in their lifetime (WAVE 2012).

Rarely in Serbia is data collected at the national level. Instead, it is collected at the local level. There is no data collected on the national level on medical interventions related to domestic violence or intimate partner violence. There is only one national women’s helpline, 13 women’s shelters, and 23 women’s centers in Serbia. There is no information available on the existence of centers for female survivors of sexual violence (WAVE 2012, 227).

According to the findings, 15.8 percent of women have experienced economic violence in their lifetime, and 11.4 percent of women have experienced it in the last twelve months. The majority of this violence is committed by men (physical 89.9%, psychological 79%, and economic 85.3%). A majority of the perpetrators are partners or husbands (physical 71.7%, psychological 58%, and economic 50.6%). Ninety-six percent of the perpetrators are men in the cases of the most severe violence (WAVE 2012, 225).

Sexual Assault and Rape

According to a 2011 report by the U.S. Department of State, rape is punishable by up to 40 years in prison. This also includes spousal rape. Rape victims, however, hardly ever report their attacks due to fear of reprisals from their attackers or humiliation in court. Few spousal rape victims filed complaints with authorities. Women’s groups believed that sentences for the offenders were often too lenient. Out of 78 cases of rape tried during 2011, 63 resulted in convictions (U.S. Department of State 2011b).

Human Rights

The Bureau of Statistics claimed that in 2005, the year following President Boris Tadić’s election, human rights problems increased. These included the following: harassment of journalists, human rights advocates, and others critical of the government; physical mistreatment of detainees by police; limitations on freedom of speech and religion; inefficient and lengthy trials; government failure to apprehend the two remaining fugitive war crimes suspects under indictment of the International Criminal Tribunal for the former Yugoslavia (ICTY); a lack of durable solutions for large numbers of internally displaced persons (IDPs); corruption in legislative, executive, and judicial branches of government, including police; societal violence against women and children; societal violence and discrimination

against minorities, particularly Roma and the lesbian, gay, bisexual, transgender (LGBT) population; and trafficking in persons (U.S. Department of State 2011b).

JOANNA R. MURPHY

Further Resources

- Arsenijevic, Jelena, Milena Pavlova, and Wim Groot. 2014. "Shortcomings of Maternity Care in Serbia." *Birth* 41.1 (March 21): 14–25. doi:10.1111/birt.12096.
- Babović, Marija. 2016. *Gender Equality Index 2016: Measuring Gender Equality in Serbia 2014*. Report. Retrieved from http://eige.europa.eu/sites/default/files/documents/gender_equality_index_for_serbia_2016.pdf.
- Branković-Đundić, Maja. 2014. "The Impact of Public Policies on Economic Empowerment of Women in Serbia." *Temida* 17.2: 115–134.
- CIA (Central Intelligence Agency). 2016. "Serbia." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/ri.html>.
- Djikanovic, Bosiljka, Sylvie Lo Fo Wong, and Snezana Simic. 2015. "Physicians' Attitudes and Preparedness to Deal with Intimate Partner Violence against Women in Serbia." *Journal of Family Violence* 30.4: 445–452.
- European Commission. 2012. "Gender Equality." *The Current Situation of Gender Equality in Serbia—Country Profile*. Retrieved from http://ec.europa.eu/justice/gender-equality/files/epo_campaign/country_profile_serbia_en.pdf.
- HRW (Human Rights Watch). 2016. "Serbia/Kosovo." Retrieved from <https://www.hrw.org/europe/central-asia/serbia/kosovo>.
- Listhaug, Ola, Sabrina P. Ramet, and Dragana Dulić, eds. 2011. *Civic and Uncivic Values: Serbia in the Post-Milošević Era*. Budapest: Central European University Press.
- National Assembly of the Republic of Serbia. 2014. "Women's Parliamentary Network of Serbia." Women in Parliaments, Global Forum. Proceedings, Washington, D.C., October 10. Retrieved from <http://www.womeninparliaments.org/wp-content/uploads/2014/07/Serbia-WPN-Washington.pdf>.
- Nikolic-Ristanovic, Vesna. 2003. "Refugee Women in Serbia: Invisible Victims of War in the Former Yugoslavia." *Feminist Review* 73.1: 104–113.
- Popovik, Katarina. 2013. "The 'Second Chance'—Systemic Development of Elementary Practice Based Adult Education." Retrieved from <http://www.infonet-ae.eu/articles-science-55/1306-the-second-chance-systemic-development-of-elementary-practice-based-adult-education>.
- Radulović, Olivera, Slađana Babić, Milena Veljković, Ana Stefanović, Čedomir Šagrić, and Katarina Bulatović. 2014. "Reproductive Health of Youth in the World and Serbia." *Scientific Journal of the Faculty of Medicine in Niš* 31.4: 219–24. Retrieved from <http://publisher.medfak.ni.ac.rs/AFMN/2014/4-2014/2.pdf>.
- Ranković Plazinić, Biljana, and Jadranka Jović. 2014. "Women and Transportation Demands in Rural Serbia." *Journal of Rural Studies* 36: 207–218.
- SORS (Statistical Office of the Republic of Serbia). 2011. *Women and Men in the Republic of Serbia*. Retrieved from http://www.gendernet.rs/files/RR_u_brojka/WomenAndMen.pdf.
- U.S. Department of State. 2011a. "International Religious Freedom Report for 2011." Retrieved from <http://www.state.gov/documents/organization/171719.pdf>.
- U.S. Department of State. 2011b. "2010 Human Rights Report: Serbia." Retrieved from <http://www.state.gov/j/drl/rls/hrrpt/2010/eur/154449.htm>.
- WAVE (Women against Violence Europe). 2012. *Country Report: Violence against Women and Migrant and Minority Women—Serbia*, 232–237. Retrieved from <https://www.wave-network.org/resources/research-reports>.
- Zeljka, Nikolic, and Bosiljka Djikanovic. 2015. "Differences in the Use of Contraception between Roma and Non-Roma Women in Serbia." *Journal of Public Health* 37.4: 581–589.

Slovakia

Overview of Country

The Slovak Republic, or Slovakia, is a landlocked country in Eastern Europe bordered by Austria, the Czech Republic, Poland, Ukraine, and Hungary and has a total landmass of 18,800 square miles. Slovakia was not considered an independent country for most of European history and was instead seen as a territory. It was first settled by Slavs migrating from the region between the Danube River and the Tatra Mountains around 3,000 BCE. In the 9th century, the Slavs founded the Great Moravian Empire—the first common state composed of both Czechs and Slavs. During the reign of Svatopluk, from 871 to 894 CE, the Great Moravian Empire became a thriving and important European power. Hungarian tribes conquered the territory of Slovakia in the beginning of the 10th century, and the area became part of the Kingdom of Hungary for about 1,000 years and was incorporated into the Austro-Hungarian Empire (Kollar 2006, 6–7).

Slovakia, unlike the other "nations" in the Austro-Hungarian Empire, was not considered a nation in its own right, even after establishing a literary language and a political program. After the dissolution of the empire in 1918, following World War I, Slovakia joined with the Czech nation and formed Czechoslovakia as a common state. In 1939, Adolph Hitler ordered the country to be split

up and placed under the control of President Joseph Tiso. Although the people protested, Tiso led part of the German army into Slovakia and occupied it until the end of the war (9).

After World War II, the nation of Czechoslovakia was reformed, but it then fell under the rule of the Soviet Union from 1948 until the collapse of the Soviet Union in November of 1989. This change was called the Velvet Revolution, or the Gentle Revolution, due to its nonviolent transition of power. This led to the creation of Czechoslovakia as a parliamentary republic. The joint state was dissolved on January 1, 1993, in an event known as the Velvet Divorce, and an independent Slovak Republic was declared. Slovakia is now a parliamentary democratic republic with a multiparty system headed by a president (9).

As of 2012, the population of Slovakia was 5,445,800 and had 58,200 births per year (UNICEF 2016). The country's ranking based on its gross domestic product (GDP) is 72nd out of 188 nations and territories (CIA 2016). The Human Development Program ranks Slovakia's Gender Inequality Index (GII) as 35th out of 188 as of 2015 (UNDP 2014). However, the Slovak Family Planning Association and European Social Fund note that while Slovakia joined the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1993, there has been no effort made to implement the CEDAW into practice. The problems, which remain, are the participation of women in politics, remaining gender stereotypes in education and the larger society, violence against women, and access to reproductive health services (SFPA 2016).

Girls and Teens

Girls in Slovakia possess parity with the boys, at least in terms of primary and secondary education. The right to education is part of the Constitution of the Slovak Republic, and schools are open to all citizens. Basic education is offered for student ages 6–16, and this includes all primary education and one year of secondary education. Secondary education consists of general education classes as well as vocational and secondary vocational classes or apprenticeships offered to students so that they may enter a professional field when they leave secondary school. However, there is disparity between these expectations and the experiences of Roma in Slovakia. A majority of Roma adults have only received basic education, and some may not have received any. Roma children have a high dropout rate and are overrepresented in schools

for physically or mentally disabled children, a result that seems to originate from an insufficient command of the Slovak language rather than inherent limitations (Friedman et al. 2009).

Literacy and Education

Apart from this ethnic disparity, most young women in Slovakia enjoy the same educational opportunities as their male peers. On average, girls will have one additional year of schooling, 15.7 years compared to 14.5 years for males, with 99.1 percent of girls receiving at least some secondary education. The breakdown of education by level and gender shows some differentiation between males and females. For preprimary schooling, the gross participation rate for males from 2008 to 2012 was 91.7 percent, while during the same period it was 89.4 percent for females. For primary schooling during the same time, the gross participation ratio for boys was 100.6 percent, while for girls the ratio was 99.7 percent (UNICEF 2016).

As of 2015, the girls' literacy rate was 99.6 percent, which was the national average and only 0.1 percent off from boys (CIA 2016). This high rate of secondary education continues, though very abated, into postsecondary or university education. Slovakia's school system includes primary schools with kindergarten, apprenticeship training institutes, secondary vocational institutes, secondary high schools, secondary vocational schools, and special schools. These schools may be public schools run by the state, private schools, or schools run by a church, but each is held to the same educational standard (Slovak-Republic 2016a).

Sex Education

Sexual education in Slovakia is different than sexual education in most countries. Sexual education is supposed to be included in state-mandated education, as it is viewed as part of getting young people ready for marriage and eventual parenthood. However, unlike in other countries, sexual education is not taught as a separate subject in Slovakia. Instead, it is taught in conjunction with other subjects, particularly ethics, religious education, and biology. Even 10 years after the Ministry of Education approved a new sexual education curriculum in primary and secondary schools, the quality of sexual education in Slovakia is low. Young people commonly do not receive appropriate information on preventing the spread of sexually transmitted infections (STIs), including HIV/AIDS, or preventing

unwanted pregnancy. They also do not receive information on issues of sexual orientation or sexual and reproductive health rights (SFPA 2016). In 2008, the Committee on the Elimination of Discrimination against Women (CEDAW) made a recommendation to the government to promote sexual education more widely in schools and to target both girls and boys. This has not been followed. Currently, sexual education is no longer mandatory in schools, and there appears to be no move to change this.

Primary Education

In Slovakia, kindergarten is offered for children 3–6 years old to teach basic knowledge and skills, to develop communication skills, and to prepare children for primary school. Compulsory schooling commences in the beginning of the school year in which a child turns 6 and lasts until the child is 15 or 16. These primary schools are designed to prepare children to either enter the workforce or to go on to further education. The schools have 9 grades that are divided into Level 1 schools, called junior, which consists of the 1st through the 4th grades, and Level 2 schools, called middle, which are the 5th through 9th grades (Slovak-Republic 2016a).

Secondary Education and Job Training

Slovakia's secondary schools provide a full secondary education and secondary vocational training. With this system, they prepare their students to either enter a professional occupation or continue their education at a university. The secondary vocational training is a continuation of the students' general education combined with vocational training. This secondary vocational training ends after the student completes a final exam called the Leaving Certificate examination. This Leaving Certificate examination is also taken by students who receive the secondary education without vocational training. Secondary schools may also offer postsecondary and post-Leaving Certificate courses, which allow students the chance for supplementary general education or occupational and vocational training to acquire higher professional qualifications (Slovak-Republic 2016a).

University Education

The university system in Slovakia aims to prepare its students with a tertiary education in the technical and scientific disciplines, economics, social sciences, and the arts.

Currently in Slovakia, there are 20 public, 10 private, and 3 state universities and colleges. Programs of study are organized into three levels, and students advance each level after presenting and defending a thesis or dissertation and taking the State Examination. The first level, a bachelor's degree, takes the student three or four years to complete. A master's of arts, science, or engineering or a medical degree takes four to six years, but this includes the time for the bachelor's degree. The third level is the doctoral degree, which takes an additional three to four years (Slovak-Republic 2016a). The 2011 "Education at a Glance" shows that, of those who enroll, about 80 percent of women graduate from a university, while a little more than 40 percent of men graduate during the same period (Lalancette and Marin 2013). In fact, women received 71,100 bachelor's or equivalent degrees and 4,670 master's or equivalent degrees to men's 4,970 bachelor's or equivalent degrees and 2,820 master's or equivalent degrees. The numbers are closer in the awarding of doctoral or equivalent degrees, with women earning 5,200 degrees and men earning 5,700 degrees (Eurostat Statistics Explained 2015).

Health

Slovakia has state-mandated health care that all employed citizens must pay a percentage of their income into. The health care system in Slovakia is not to the same level as in other EU countries, but it does provide many benefits to women. On average, women in Slovakia live longer than men and have a slightly higher rate of surviving childhood diseases and illnesses. Since 1990, there has been a 58 percent reduction in the mortality rate of children under five years old and a 36 percent reduction since 2000. As of 2012, the infant mortality rate for children under one year old is 6 deaths per 1,000 live births, and the neonatal mortality rate is 4 deaths per 1,000 live births. The immunization percentages are the following: BCG 90 percent, DPT1 99 percent, DPT3 99 percent, polio3 99 percent, MCV 99 percent, HepB3 99 percent, and Hib3 99 percent (UNICEF 2016). The high rate of immunization is most likely due to all immunizations being covered under the health care system.

The birth rate among teenagers aged 15–19 is also low at 21.1 teenage pregnancies per 1,000 young women. In fact, the mean age that a woman has her first child is 27.8 years old (CIA 2016). Looking at these numbers, one might believe that the teenage birth rate and mortality rate is low because of free or easy access to birth control

or other reproductive health services; however, this is not the case. Slovakia has highly restrictive abortion laws, but the law includes a mandate that birth control be provided free of charge to prevent unintended pregnancies. Emergency contraception is available over the counter, but hormonal birth control, such as pills, patches, vaginal rings, injectables, and implants, must be prescribed by a gynecologist, though women may visit such a specialist without first needing a referral from their primary care physician (Center for Reproductive Rights 2015).

Despite the mandate for free access to birth control, Slovakia's national insurance program, which is mandatory for all citizens, does not cover the cost of these contraceptives, so women must pay for them out of pocket. Not even emergency birth control is covered, even though it is also supposed to be provided for in the law. Only 22.3 percent of women in Slovakia were using hormonal birth control by 2008. This number does not reflect how many women were seeking birth control, but it may be a close reflection of how many women had access to birth control. In fact, the only birth control method insurance does cover is sterilization, which is permanent and irreversible, making it an undesirable choice for young women who may want children when they are older. Slovakia also does not collect comprehensive data on reproductive health indicators, including the unmet need for contraception use. Because the data is not collected or available, it is impossible to hold public officials accountable for their failure to effectively address the health needs of women (Center for Reproductive Rights 2015).

Access to Health Care

Slovakia's health care services are rated average to poor when compared to the rest of the European Union. There is a system of compulsory, state-funded health care available to all citizens and long-term residents regardless of financial status. This system does not receive enough financial support from the government, and as a result, many hospitals are in debt. Private health care is available to those who wish to pay for it, but is it not often used. The Ministry of Health is responsible for overseeing health services in the country, and the Office for the Supervision of Healthcare supervises the hospitals and clinics. The office also oversees the five health insurance companies and regulates what services are offered as part of what is called the "solidarity package," the basic health care package (Europe-Cities 2016).

The five health insurance companies in Slovakia are responsible for collecting the health insurance contributions from the people and making reimbursements to hospitals, doctors, and clinics. Most the people receive insurance from the General Health Insurance Company, while the second-largest is the Common Health Insurance Company. Either company is guaranteed by the state, and Slovaks may change their insurance company at any time. There is little competition between the companies because each company offers basically the same levels of care and services; however, the companies have been making more attempts to attract new clients and keep their existing ones (Europe-Cities 2016). The funds from all who pay into the health care system are collected and then used to pay expenses in a fund, but the money gathered has been less than the money needed (Lalancette and Marin 2016).

Paying into the health insurance system is mandatory for anyone earning an income, while the government pays the cost for those who are exempt from paying, such as those who are unemployed, those who are retired, people on long-term sickness benefit, mothers on maternity leave, those looking for jobs, those on disability benefits, and reservists in the armed forces. State health insurance covers most medical services, including appointments with doctors, hospitalizations, prescriptions, treatment by specialists, pregnancy, childbirth, and rehabilitation (Europe-Cities 2016).

Maternal Health

Despite restrictions and difficulties in accessing birth control and limited access to abortion, Slovakia has what appears to be a strong system to promote maternal health. In fact, the maternal mortality rate is 6 maternal deaths per 100,000 live births. As the infant mortality rate is also 6 deaths per 1,000 live births, it is likely that these cases have more to do with injury or accidents than preventable deaths due to complications (UNICEF 2016). About 99.2 percent of births included a skilled attendant, and 23.5 percent of women delivered via cesarean section. With a movement to change birth practices and involve more midwives, it is probable that these births took place in a hospital, birthing center, or with the assistance of a skilled midwife. Additionally, 96.9 percent of women had a least one visit to a doctor after birth (UNICEF 2016).

Slovakia also has mandated paid maternity leave, though the pay is only 65 percent of what the women were

making before the leave. A woman is entitled to maternity leave that cannot be less than 16 weeks from the time of birth. Married women are entitled to 34 weeks of maternity leave, and single mothers may receive 37 weeks. If a woman has a multiple birth, she is entitled to 43 weeks of maternity leave. Men are entitled to the same length of paternity leave. Parental leave can be granted to women and men if the child requires extended care, up to the age of 3, regardless of whether they returned to work after the birth. If the child has long-term health issues requiring specialized medical care, parental leave can be extended until the child is 6 years old (Euraxess 2016).

Diseases and Disorders

In Slovakia, the incidence of HIV/AIDs is substantially lower than in the rest of the European Union. The National Reference Centre for HIV/AIDs reports that, since 1982, 222 people in Slovakia have been diagnosed with HIV and 23 have died from AIDs; although experts believe that the true figures could be 5–10 times higher than reported. Still, the numbers from Slovakia are low when compared to other countries. It is believed that the low prevalence of HIV/AIDs in Slovakia is more attributable to the country's isolation and location as a Baltic state than any public awareness campaign or sexual education in the schools. While the incidence of HIV/AIDs in Slovakia is low, the reported cases of syphilis have steadily increased over the years. In 1990, the incidence of syphilis in Slovakia was lower than the average of the European Union. Currently, the figures are around 4 times higher than the European Union (SFPA 2016).

Employment

While Slovakia was under Soviet control, women were “guaranteed” the same rights as men, but this “guarantee” did not extend past the writing. Women were seen as a source of cheap labor in a gender-segregated job market. This segregation was enforced by discrimination in the workplace and the glass ceiling. When the country became independent, women, who had been an underpaid part of the industrial workforce, were faced with a dilemma. They could stay at work and be economically independent, or supportive if they were married, and have active professional lives. But the conservative political parties, including the wives of political leaders, and the church pushed for women to return to their “traditional roles” as wives and mothers (Bitusikova 2005, 1006).

The push to put women back in the home did not receive much public support for several reasons. First, most families could not be supported by a single income. Second, women had known job equality on some level for almost 70 years, and so the idea that they suddenly had no place outside the home was rejected. Finally, with most women having achieved an equal or higher level of education than men during the period of socialism, they wanted to continue and build up professional careers (1007). The employment rate of women is 52.7 percent, and the rate for men is 66.7 percent (EU Initiative 2013). However, the system of “guaranteed” equal rights for women continued after the Soviet era into the modern independent Slovak Republic.

The Slovakian Constitution and succeeding acts have numerous protections for women regarding employment and equality; however, these protections do not extend beyond writing them down. Article 12, Section 2, of the Constitution states, “Fundamental laws and freedoms are guaranteed to all persons without regard to, *inter alia*, sex, gender, social origin, property or any other status. No one can suffer damage or disadvantage, or be given on the basis of these reasons, no one can be damaged, advantaged or disadvantaged.” The principle of gender equality is further expounded by the Act on Anti-Discrimination adopted in May 2004. This act sets a legal basis for equal treatment in that it states that equal treatment can only be secured when discrimination is prohibited. There are also several other laws that deal with promoting equal opportunity in specific areas of life, including access to employment, access to vocational training, equal access to schooling, social legislation, self-employment, and equal pay for equal work and work of equal value.

The primary issue is that there is no comprehensive strategy for gender equality in Slovakia. What policies do exist are contained in three separate documents: the National Action Plan for Women, the Concept of Equal Opportunities for Men and Women, and the National Action Plan for Employment. There is some overlap among the three plans, but they also deal with issues in different ways. The National Action Plan for Women utilizes a family-oriented and reactive approach, while the Concept of Equal Opportunities for Men and Women focuses on gender equality and how to bring equality into the mainstream. The National Action Plan for Employment was created by the special requirements of the European Employment Strategy. Slovakia was required to adopt it because of its membership in the European Union. However, none of these

policies have budgetary support nor trained experts in the field to implement their objectives.

The National Action Plan for Women is a five-page document adopted in 1997 as a response to the Beijing Declaration put forward at the Fourth World Conference on Women. It was more of a declaration by the government about placing a priority on equality between women and men. It was not a policy document with clearly outlined methods on achieving equality. In fact, much of the document was a reiteration of commonly known or understood facts, including that violence against women is real and that there is in fact a pay gap determined by gender. The Action Plan did not express a clear understanding of these issues, nor did it offer any solutions. It lists the eight priorities of the government as pushing for equality of men and women in the fields of employment and economic policies, family and social policies, and education legislation.

The Concept of Equal Opportunities for Men and Women was implemented by the Slovakian government in 2001. It sought to address the weaknesses of the National Action Plan, which beyond any sort of proposed policy included a lack of public discussion on the importance of equality and understanding the complexity of addressing equality in multiple fields. The concept identified the foremost areas where gender equality was a problem and attempted to propose solutions for some of the problems that could be implemented. Although the concept did not address all the policy areas listed in the National Action Plan, and in some instances lacked a systematic approach to implementation and focused entirely on legislative and normative methods of change, it was a more gender-oriented and professional approach to improving the status of women.

Drafted and submitted by the Ministry of Labor, Social Affairs, and Family, the National Action Plan for Employment (NAP) was adopted on May 21, 2003, by the Slovak government. With this document, Slovakia incorporated the European Employment Guidelines. The NAP uses the four-pillar structure of employability, entrepreneurship, adaptability, and equal opportunities that was put forward in the European Union Employment Guidelines. This document was the last passed and was supposed to bring the women of Slovakia equal status to their sisters in the rest of the European Union.

Family Life

Marriage and family are highly valued in Slovakian society. Family is very important to the people, with nearly 90

percent of Slovaks seeing family as the most important part of their lives and the same number marrying at least once (Marriage and Family Encyclopedia 2016). In another poll, 93 percent of Slovaks believed that children did better and were happier in homes with both parents living together (Kanderova 2007). Family is such an important part of life that a current opinion polls show that 70.1 percent of men and 78.7 percent of women see family and children to be the main barrier to entering into politics (Bitusikova 2005, 1013).

This focus on family is believed to be an influence of Christianity, but in recent years, the focus on family is moving away from close-knit units to independent nuclear families. While rural families may maintain multigenerational ties, increasing migration to urban centers and migration to Western countries have made the nuclear family the more common structure in Slovakia. People enjoy the economic benefits of marriage, and in many cases, parents receive a cash bonus when a child is born (Kanderova 2007).

Marriage and LGBT Rights

The people of Slovakia are noted in a report written by the Council of Europe to be very tolerant of LGBT individuals, with 80 percent of the population believing that society should accept homosexuality and, thus, homosexual individuals. The laws of Slovakia also allow transgender individuals to easily change their name and gender on legal documentation, including birth certificates (Maurice 2015). However same-sex marriage is still not legal, though it does have support, and same-sex couples cannot adopt children. Also, 36 percent of LGBT individuals in Slovakia reported being harassed or discriminated against because of their sexual orientation, less than the European average of 47 percent (Maurice 2015). But there have been attempts to pass antigay measures in the legislature and through the ballot box.

In June 2014, in a closed-door session with no debate, the members of parliament (MPs) from two political parties, the SMER, or Social-Democrats, and the KDH, the Christian-Democrats, voted to amend the Slovakian Constitution to define marriage as the union of one man and one woman. This referendum came after President Andrej Kiska was presented with a citizen's initiative with 400,000 signatures calling for a ban on same-sex marriage, a ban on same-sex couples adopting children, legislation that would make the benefits and securities of marriage only available

to married couples of one man and one woman (no civil unions), and an opt-out for parents who do not wish for their children to have sex education in schools. Providing opt-outs is more of a preemptive measure, as Slovakia does not have comprehensive sexual education in schools, and there are no plans to introduce sexual education. This initiative was organized by the Slovakian group Alliance for Family and supported by the Catholic Church and the American evangelical organization Alliance Defending Freedom (EU LGBT 2016).

The matter was taken to the Slovakian Constitutional Court. The court ruled that the questions on same-sex marriage, same-sex adoption, and sex education were constitutional. However, they ruled that the ban on civil unions or extending rights and protections to committed same-sex couples was unconstitutional. The referendum went to the people to vote on February 7, 2015. In Slovakia, 50 percent of eligible voters must cast ballots, for or against, to pass a referendum. By not voting, people were essentially casting a “no” vote. Each measure received more than 90 percent support from those who voted. But only 21 percent of eligible voters actually cast ballots, well below the 50 percent of voters needed, so the measure did not pass. The people of Slovakia decided that they knew what their country needed, not outside religious groups (EU LGBT 2016).

Reproductive and Abortion Rights

Reproductive rights in Slovakia is a complicated issue. The country has been censured by the European Court of Human Rights for its practice of sterilization of minority women, and nonminority women find it difficult to get access to birth control or abortion services. Additionally, information on birth control is not readily available to young people in sexual education classes in schools. Abortion in Slovakia is legal up to week 12 of pregnancy; abortions can be obtained past this time if the life of the mother is in danger, if the fetus shows genetic abnormalities, or if the fetus is not expected to be born alive or be viable outside the womb. Women who are seeking abortions for nonmedical reasons are forced to wait 48 hours between seeing the doctor to request the abortion and the performing of the abortion. The abortion pill misoprostol is not available in Slovakia, but it is available for purchase in neighboring countries. Online, there are five clinics listed that provide abortion services in Slovakia (Women on Waves 2016).

In 2013, the European Court of Human Rights heard the case of a Romani girl who claimed that she was sterilized in a Slovakian hospital without her consent or knowledge. The court held that in fact the hospital had sterilized the girl in violation of her human rights. Following this case, the European Court issued two additional judgments on cases from the early 2000s, which also involved the forced sterilization of Romani women and girls. These women claimed that their infertility issues were because of sterilization procedures that were performed on them without their consent or knowledge when they underwent caesarean delivery in hospitals located in eastern Slovakia. The women were not given complete access to the official documentation regarding their medical treatment in the hospital, which also became part of the case (Amnesty International 2016).

The European Court of Human Rights ruled that the government must grant people access to files containing their personal medical data and that the people are permitted to have these files copied. The court also ruled that sterilizations performed without full and informed consent amounted to a violation of the women’s rights, specifically the right not to be subjected to inhumane or degrading treatment. Additionally, it was a violation of the women’s right to respect for privacy and family life (Amnesty International 2013). The Slovakian government has requested that the cases be reviewed by the Grand Chamber of the European Court of Human Rights (Amnesty International 2016).

After these rulings, the Centre for Civil and Human Rights, a nongovernmental organization (NGO), censured the Slovakian government for its failure to investigate every alleged case of forced or enforced sterilization of women. They urged the government to apologize and to offer compensation to all women who were forcibly sterilized. In response to these rulings and the outcome of the Universal Periodic Review, the government of Slovakia announced that it had begun to adopt legislative measures to protect women from being victims of forced sterilization in the future (Amnesty International 2013).

These measures included requiring health care workers to seek the informed consent of women before performing a sterilization procedure. The government also created a new criminal offense for “illegal sterilization.” However, the Slovakian Ministry of Health has so far failed to issue or implement any guidelines regarding informed consent or sterilization for health care workers. Furthermore, the authorities have still failed to conduct fair, comprehensive,

and objective investigations into all alleged cases of forced sterilization (Amnesty International 2013).

While engaging in the forced sterilization of minority women, Slovakia also limits access to abortion services. In June 2013, the Slovakian Parliament included an amendment to the Law on Health Care and Health Care Services. This amendment required women who were seeking an abortion on request, an abortion not performed as part of medical treatment ordered by a doctor, to wait 48 hours after making the request. This amendment is a breach of World Health Organization (WHO) guidelines, which state that such waiting periods are an unnecessary delay in care and decrease a woman's safety. The amendment also required clinics and hospitals to collect personal data on any women seeking an abortion, such as their identity numbers (Amnesty International 2016).

Politics

The Slovakian government quickly adopted the provisions of the Beijing Declaration in 1997, drafting the National Action Plan for Women as their declaration that the country supports equality. However, this document did not contain any legislation or policies. This was followed by two more documents, the Concept for Equal Opportunities for Men and Women and then the National Action Plan for Employment. Even with all these acts and documents, there remains no comprehensive strategy for gender equality. This is reflected in the government, where women's representation has been low and sporadic. There have been women in Parliament since the foundation of Slovakia, even holding ministerial positions; however, it was not until 2010 that Ivetta Radicova was elected as prime minister, serving from 2010 to 2012. Women have begun to make headway in local politics, but on the national level, there is little support from women holding parliamentary positions.

Participation in Government

Women in Czechoslovakia won the right to vote in 1919, but this did not change the prevailing idea at the time, one shared throughout the world and across political ideologies, that a woman should not "poke her nose" into political discourse. Under the Soviets, a quota system was in place to ensure that women made up at least 30 percent of the legislative bodies. Unfortunately, this did not guarantee these representatives equal political power as their male counterparts (Bitusikova 2005, 1006). After Slovakia gained its independence in the 1990s, women were about

45 percent of the total labor force, but this was not reflected in their political representation. In fact, today, women are a visible and active part of Slovakian society, but they are still underrepresented in politics. Those women who do enter politics are reluctant to engage at all with women's issues out of fear that they will lose votes during subsequent elections. Slovakia's gender-blind policies and attitudes are seen as a reflection of female politician's lack of experience and understanding of women's issues and an absence of women's support networks (1007). Women make up around 15 percent of cabinet members, a number that shows no sign of increasing; however, they have been making gains in municipal politics (1011).

With each election cycle, the percentage of women elected to act as mayors (*starostky*) in small municipalities and lord mayors (*primatorky*) in towns and cities has been growing since 1990. This trend is especially seen in the smaller towns and villages; but as of 2016, no woman has been elected mayor in any of the eight regional cities, and few women have been mayors in larger towns and cities. In opinion polls, 45.2 percent of men and 33.6 percent of women find women's participation in local politics to be sufficient, and 25.6 percent of men and 42.1 percent of women consider it deficient (1012–1013). While women have been increasing their participation at the local level, the greatest barrier women face to entering politics appears to be family.

With 78.7 percent of women seeing their family and children as a barrier to entering politics, and 90 percent of Slovaks being married at least once during their lifetime, it is understandable that women are more comfortable entering the local political scene, which keeps them close to home, as opposed to national politics (1013). In fact, unless she has the permission and support of her spouse or other family members, it is rare that a Slovakian woman would begin a career in politics. Despite this, many women see their involvement in local politics as mayors as a kind of community service. They can identify and understand the problems of their village and its citizens and find solutions to the everyday problems people encounter. Being a mayor is not a step toward the national political scene, but is instead a commitment and a mission to their communities (1014–1015).

Legislation Concerning or Directed toward Women

Several different legislative actions directly affect women. These actions may focus on education and employment

equality, reproductive rights, and other aspects of women's lives. While Slovakia has been found to engage in the sterilization of Roma women, laws are in place that limit all women's access to abortion services and birth control. The amendment to the Law on Health Care and Health Care Services that requires a 48-hour waiting period after a woman's first appointment with a doctor is in violation of the WHO guidelines, which recognize such waiting periods as an unnecessary delay in care that can decrease a woman's chance of a safe abortion (Amnesty International 2016). Even with three acts promoting gender equality having been adopted in Slovakia, a lack of financial and organizational support has left Slovakian women to work their way up and fight workplace discrimination on a case-by-case basis through the legal system. The women in Slovakia are often turning to the European Union and the Court of Human Rights as well as other NGOs to help advance their cause.

Religious and Cultural Roles

The culture of Slovakia places emphasis on women's roles as wives and mothers. While many work outside the home to support their families, the jobs they do and their political aspirations are dictated by their families. This is possibly due to a strong Christian influence that focuses on the role of a woman as a helpmate to a man. In the last census, 69 percent of the population identified as Roman Catholic (Marriage and Family Encyclopedia 2016). But because of the Soviet influence that saw women as equally responsible for working for the state and equally deserving of an education, the church is not seen as having the authority to dictate the place of women in Slovakia.

Issues

As with many countries, no matter their equality of education, women can still be reduced to sex objects to sell. As of the writing of this essay, Slovak-republic.org, the country's tourism and information Web site, has a section titled "Women and Girls: What do Slovak women look like?" It begins with the site proclaiming, "Slovak women are the most beautiful women in Europe and maybe the world," a sentiment that seems like what any tourism site would put up. But after noting that 42.6 percent of women in Slovakia have a university degree, an opinion not shared by the Organisation for Economic Co-Operation and Development (OECD), the site begins to discuss having Slovakian women as girlfriends or wives and shows pictures

of Slovakian women. From some shots of model "Adriana Sklenaříková-Karembeu—Top model with the longest legs on earth, Queen of Wonderbra," you can scroll down to supermodel Andrea Verešová, with her breasts bare in one shot and her bum bare in another. It continues on to discuss how to date and marry Slovakian women. This section on tourism and women seems to be more like an advertisement for prostitution and mail-order brides than a come visit and meet friendly local people advertisement (Slovak-Republic 2016b).

Social Inequality

Slovakia is ranked 40th of 188 countries survived in the human development index (UNDP 2014), and considered to be a country of high human development with an expected 15 years of schooling per person. But what does this mean to the women of Slovakia? In Slovakia, young women, on average, go to secondary school longer than young men, and at the university level, more women gain bachelor's and master's degrees, earning near equal numbers of doctoral degrees. But men are still seen as having a place outside the home, and there are still stresses on women to be wives and mothers. Women make up only 15 percent of members of the Slovakian Parliament, but they are gaining ground as local mayors and community leaders. Women are supposed to have access to birth control and other reproductive services; but there are severe restrictions placed on abortion, and most insurance companies make women pay for contraception out of their own pockets. Women in Slovakia seem to be on par with women in other Western countries in terms of inequality between what is promised to them and what they receive.

FRANCESCA TRONETTI

Further Resources

- Al Jazeera. 2015. "Slovakia Gay Rights Vote Fails to Produce a Result." February 8. Retrieved from <http://www.aljazeera.com/news/2015/02/slovakia-gay-rights-vote-fails-produce-result-150208081512372.html>.
- Amnesty International. 2013. "Annual Report: Slovakia 2013." Retrieved from <http://www.amnestyusa.org/research/reports/annual-report-slovakia-2013>.
- Amnesty International. 2016. "Slovakia Human Rights: Education." Retrieved from <http://www.amnestyusa.org/our-work/countries/europe/slovak-republic>.
- Andrassy, Shaimaa. 2009. "Report on Slovakia—5th Round of the Universal Periodic Review." Sexual Rights Initiative. Retrieved from <http://sexualrightsinitiative.com/wp-content/uploads/Slovakia-UPR-5.pdf>.

- Bitusikova, Alexandra. 2005. "(In)Visible Women in Political Life in Slovakia." *Czech Sociological Review* 41.6: 1005–1021.
- Center for Reproductive Rights. 2015. "U.N. Committee: Russia and Slovakia Must Remove Waiting Periods and Other Barriers to Safe and Legal Abortion." November 24. Retrieved from <http://www.reproductiverights.org/press-room/un-committee-russia-and-slovakia-must-remove-waiting-periods-and-other-barriers-to-safe-a>.
- CIA (Central Intelligence Agency). 2016. "Slovakia." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/lo.html>.
- EU Initiative. 2013. "Equality Pays Off—The Current Situation of Gender Equality in Slovakia—Country Profile." Retrieved from http://ec.europa.eu/justice/gender-equality/files/epo_campaign/130911_country-profile_slovakia.pdf.
- EU LGBT (European Parliament's Intergroup on LGBT Rights). 2016. Retrieved from <http://www.lgbt-ep.eu>.
- Euraxess Slovakia. 2015. "Maternity Leave, Family Care." Retrieved from <http://erxs.maxmedia.sk/en/main/services-practical-information/employment/maternity-leave,-family-care>.
- Europe-Cities. 2016. "Healthcare in Slovakia." Retrieved from <http://europe-cities.com/destinations/slovakia/health>.
- Eurostat Statistics Explained. 2015. "Tertiary Education Statistics." Retrieved from http://ec.europa.eu/eurostat/statistics-explained/index.php/Tertiary_education_statistics.
- Friedman, Eban, Elana Gallova Kriglerova, Martina Kubanova, and Martin Slosiarik. 2009. "School as Ghetto: Systematic Overrepresentation of Roma in Special Education in Slovakia." Roma Education Fund. Retrieved from http://www.romaeducationfund.hu/sites/default/files/documents/special_education_slovakia.pdf.
- IndexMundi. 2015. "Slovakia Literacy." Retrieved from <http://www.indexmundi.com/slovakia/literacy.html>.
- Kanderova, L. 2007. "Family Life in Slovakia." Referaty.sk, September 11. Retrieved from <http://referaty.atlas.sk/cudzie-jazyky/anglictina/30111/family-life-in-slovakia>.
- Kollar, Daniel. 2006. *Looking at Slovakia*. Minneapolis, MN: Oliver Press.
- Lalancette, Diane, and Ignacio Marin. 2013. "Education at a Glance 2013: Slovak Republic." Organization for Economic Co-Operation and Development (OECD). Retrieved from http://www.oecd.org/edu/Slovak%20Republic_EAG2013%20Country%20Note.pdf.
- Marriage and Family Encyclopedia. 2016. "Slovakia-Marriage, Selection of Partners, Termination of Marriage, Changes in the Family, Standard of Living-Family Contacts and Relations." Retrieved from <http://family.jrank.org/pages/1593/Slovakia.html>.
- Maurice, Eric. 2015. "Czechs and Slovaks Not Doing Enough on Roma and Gay Rights." EUObserver. October 14. Retrieved from <https://euobserver.com/lgbti/130671>.
- Midwifery Today. 2016. "Birth and Midwifery in Slovakia." Retrieved from <http://midwiferytoday.com/international/slovakia.asp>.
- Murray, Lorraine, ed. 2014. *Bulgaria, Hungary, Romania, the Czech Republic*. Chicago: Britannica Educational Publishing.
- SFPA (Slovak Family Planning Association). 2016. "Sexual and Reproductive Health and Rights in Slovakia." Retrieved from <https://rodicovstvo.wordpress.com/english/srhr-in-slovakia>.
- Slovak-Republic. 2016a. "Education." Slovak Republic National Web site. Retrieved from <http://www.slovak-republic.org/education>.
- Slovak-Republic. 2016b. "Women & Girls." Slovak Republic National Web site. Retrieved from <http://www.slovak-republic.org/women>.
- UNDP (UN Development Programme). 2014. "Human Development Reports." Retrieved from <http://hdr.undp.org/en/composite/GII#b>.
- UNICEF. 2016. "At a Glance: Slovakia." Retrieved from http://www.UNICEF.org/infobycountry/slovakia_statistics.html.
- Women on Waves. 2016. "Slovakia." Retrieved from <http://www.womenonwaves.org/en/search?q=Slovakia>.

Slovenia

Overview of Country

The Republic of Slovenia is a parliamentary democracy and constitutional republic situated in Central and South-eastern Europe. Slovenia has an area of 7,827 square miles, and it borders Italy, Austria, Hungary, and Croatia. Slovenia's climate is continental for the most part, characterized by cold winters and warm summers, while the Adriatic coast, with the length of 27 miles, has a sub-Mediterranean climate. Slovenia is a water-rich country. More than half of its territory is covered in forest that is home to various animal and plant species and diverse wild life. The population is 2,064,632. The capital of Slovenia is Ljubljana, with population of 279,000; it is also a political, cultural, and economic center. Other notable cities include Maribor, Celje, and Kranj. The majority of Slovenian population identifies as Slovene, at roughly 83 percent, and 2 percent identifies as Serbs, 1.8 percent as Croats, and 1.1 percent as Bosniaks (CIA 2016). Hungarians, Italians, and the Roma ethnic community have status as minorities in Slovenia, and their languages are protected. Roma women face significant challenges in accessing their rights and services, especially in respect to health.

Since late medieval times until 1918, Slovenia was a part of the Habsburg Empire. In 1918, Slovenia joined the newly formed Kingdom of Serbs, Croats, and Slovenes,

which later became the Kingdom of Yugoslavia. During the World War II, Slovenia was occupied by German and Italian troops. Following the liberation, Slovenia became a republic of the Socialist Federal Republic of Yugoslavia (Ramet and Fink Hafner 2006). Founded on the idea of equality among all people, but also on the state intervention in people lives, the socialist regime introduced policies that regulated all aspects of women's lives, which resulted in accessible child care, access to education, a high level of employment, and, somewhat later, access to abortion and birth control. However, during the socialist period, women's role was defined by a twofold identity: a woman as a worker and as a mother. While the working lives of women were regulated and planned by the state, the government was not always successful in assisting women to negotiate these two identities. Disparities particularly existed regarding the urban-rural divide, with more services and support available to women in the cities (Istenič 2007).

Following a brief conflict with the Yugoslav army, Slovenia declared independence from Yugoslavia on June 25, 1991. Slovenia joined the European Union in 2004, and in 2007, it introduced the euro as its currency. The transition from socialism to full membership in the European Union was marked with political, demographic, and economic changes, all of which significantly impacted women's lives. Today, Slovenia is a developed country with one of the highest gross domestic products (GDPs) per capita in Central Europe (CIA 2016).

In 2014, the UN Development Programme (UNDP) ranked Slovenia 1st out of 188 nations based on the Gender Inequality Index (GII), making Slovenia the country with the lowest gender disparity. The factors that contribute to this high score include a low adolescent birth rate, a high percentage of women with at least secondary education, and a fairly high level of women's participation in the labor market (UNDP 2015). Slovenia has been praised for its improvement of women's status and gender equality, especially in regard to bridging the gender pay gap. However, problems such as underrepresentation of women in political decision making and the burden of child-rearing remain.

Girls and Teens

Because of the country's high economic development, solid system of child care, and well-established health care services, most of the children in Slovenia are growing up in a safe and nourishing environment. However, children who

are marginalized because of their minority status, disability, or the low economic status of their families face prejudices and discrimination that affect all aspects of their lives. Roma girls often face significant obstacles, as they are more likely to live in poverty, and they are expected to enter marriage at an early age.

Due to widespread access to birth control, health and sex education in school, and access to gynecological clinics, Slovenia has an exceptionally low rate of teenage pregnancy (UNDP 2015). Slovenia invests resources in addressing the mental health issues of children and youth. In addition to a well-developed network of school psychologists, counselors, and health professionals that address issues of youth mental health, in 2001, Slovenia launched a publicly funded online initiative, "This Is Me," that provides quality, anonymous, and timely counseling services to teenagers. Thirty-eight experts support teenagers in solving their problems, and in over 10 years, this unique youth portal has responded to 21,000 queries, serving mostly teens from 13 to 18 years old (Lekić et al. 2011).

The number of children who attend elementary school is nearly 100 percent, and the literacy rate is high. The school reform in the mid-1990s placed gender equality as one of the priorities. In Slovenia, education is seen as factor that can ensure social mobility and is considered to be a vehicle for achieving gender equality; thus, girls and teens enjoy family support in pursuing their education (Antić 2006).

Education

The Constitution of the Republic of Slovenia guarantees equal access to education for all, regardless of gender, social status, disability, or any other personal characteristic. The law that regulates education lists promotion of gender equality awareness as one of its primary goals. Two areas in which Slovenia faces challenges are the inclusion of ethnic minorities and their languages, in particular the Italian, Hungarian, and Roma communities, and the inclusion of students with special needs in mainstream classrooms. While most of the schools and universities in Slovenia are publicly run and funded, there are also some private institutions in education, most of which are colleges and universities.

Primary and Secondary Education

Although they are funded and run by the local municipalities, preschool education in Slovenia is optional.

Kindergartens include children from 11 months to 6 years of age, and they are available as full-day programs, half-day programs, and, in remote areas, as short programs. The basic principles of preschool education are defined by the Kindergarten Curriculum, which outlines content, outcomes, and the evaluation of the learning process. Given the high level of employment of women in Slovenia, a majority of families are motivated to use kindergarten services. Because of this high interest, waiting lists are common, and certain groups of children, such as children considered being at “social risk” and children with special needs, are given priorities. The inclusion of Roma children in kindergartens is supported by special programs, including Roma assistants, who provide cultural and language support, thus facilitating the inclusion process by bridging the Roma community and the kindergarten.

Compulsory basic education starts at age of six, and lasts for nine years, consisting of three three-year cycles. Due to the government’s effort to ensure quality education for all, as of 2013, 6.5 percent of all children who attended basic education were children with special needs. Although many pupils with special needs are included in mainstream schools, the legislative framework and practice in Slovenia still recognize a dual-education system, and some pupils attend schools in specialized institutions away from their homes (Schmidt and Brown 2015). Slovenia also has public noncompulsory basic music and ballet education.

Secondary education is based on the model that is common among other postsocialist countries. Schools are divided into two types: different types of vocational schools (2–4 years), which provide pupils with skills that would allow them to enter the labor market or to enter higher education, and general schools (4 years) that prepare pupils for entering universities (Taštanoska, Žgank, and Pal 2015). While male students dominate the vocational schools, girls make up the majority in general schools. Moreover, secondary education is characterized by a gender imbalance regarding subjects, where male pupils dominate in the computer science and natural science areas and female students tend to choose subjects such as education. Consequently, a majority of teachers in Slovenia are women. Although they tend to take leadership roles in the educational institutions, there is a significant decrease in regard to the level of education: while most of the school principals in preschool education are women (96.3%), the percentages of women leaders in elementary schools (73.3%) and secondary education are smaller (56.1%) (Taštanoska, Žgank, and Pal 2015).

Higher Education

The government pays tuition for all students at the public universities. Students with limited financial resources are eligible to apply for government scholarships that cover living costs. While statistics in higher education used to indicate that women are more prone to choose “feminized” disciplines (i.e., languages, education), recent reports suggest that this gap is closing, with 10 percent more women in natural sciences, mathematics, and computer sciences in the last decade (Taštanoska, Žgank, and Pal 2015).

Legislation concerning higher education in Slovenia is fully in line with the Bologna Process, an initiative to create a European Higher Education Area that allows transferability and mobility in higher education. The harmonization of Slovenian laws with the Bologna Process allows for students from EU member states to study in Slovenia and for Slovene students to study abroad. According to one survey, 17 percent of students go abroad for some time during their studies. As Slovenia is a member of the European Union, Slovenian students can access exchanges and scholarships for studying in other member states, and the government funds students who study abroad. Due to its stable economy and high quality of life, Slovenia did not experience “brain drain” emigration of highly skilled researchers and scientists, which was common in other post-Yugoslav states. However, one study indicates that when young researchers decide to leave Slovenia to pursue their scientific career elsewhere, gender plays an important role in that decision. Namely, young women find it less difficult to earn acknowledgment abroad and thus consider leaving Slovenia to pursue scientific careers.

Health

Since Slovenia gained independence in 1991, the overall health of its population has improved. Although the life expectancy rose in the early 2000s and the mortality rates for people under 65 years of age have been decreasing, the inequity among different regions and populations has been increasing (Brown and Buzeti 2014). To tackle this disparity, the government crafted policies that aimed to reduce health inequity across regions.

Health insurance is compulsory in Slovenia. Contributions are related to the income, and the government provides the coverage for children and other categories that do not earn. After restructuring its system in 1992, Slovenia has one health insurer—National Health Insurance

Fund—through which 98.5 percent of the population is covered (Brown and Buzeti 2014). However, dental care is not included in this coverage and can be quite costly. The number of physicians and nurses per capita has been increasing; however, the numbers are still lower than in other EU member countries. According to available data for 2012, Slovenia had 2.5 physicians, 8.2 nurses and midwives, and 4.5 hospital beds per 1,000 population.

Slovenia has been working on implementing an electronic information system in health care (e-Health) since 2005. According to the current strategies outlined by the Ministry of Health, this goal is to be reached by 2023. The goal of this system is twofold: it would provide patients with better access to information, which will ensure inclusion and empowerment of patients, and the e-Health system will provide health professionals and policy makers with timely and more accurate information, thus facilitating the decision-making process in health care (Stanimirović 2014).

Childbirth and Maternal Health Care

After World War II, promotion of gynecology and obstetrics in Slovenia began, and medical doctors started assisting women in birth, thus replacing midwives and family members. At the same time, breastfeeding was replaced by industrial products, such as formulas. Long-practiced home birth was replaced by deliveries in hospitals, and this type of birth is prevalent to the present day. The worldwide initiatives and movement that advocated for more natural childbirth in the 1970s and 1980s also echoed in Slovenia. However, only recently, due to the excessive efforts of midwives, feminist activists, proponents of natural childbirth, and the global trends initiated by the World Health Organization (WHO), Slovenia has been offering different models of birthing practices (Prosen and Tavčar Krajnc 2013).

Doctor-assisted birth is still the dominant type of birth, but midwife care is available, although rarely utilized. Midwifery is in the process of professionalization. There are 14 maternity centers where women can give birth, and there is no assistance for home births. The first midwife-led unit was introduced in 2011 (Prelec, Verdenik, and Poat 2014). Doulas—birth professionals who act as an emotional support during birth—are available, although their access to maternity hospitals is not guaranteed, as there are limitations on the number of persons that can attend a birth. One study found that 21.7 percent of women experience

depression during pregnancy, while 15.7 percent of women reported an elevated level of anxiety. This study also suggests that depression is more prevalent among women of lower socioeconomic status (Podvornik Nuša et al. 2014).

After giving birth, women are visited by community nurses, who provide postpartum care and assist women in the care of their newborns, providing information and checkups. Thus, women encounter different professionals throughout their pregnancy: birth doctors, midwives, and community nurses. Research indicates that this discontinuity of care sometimes causes confusion and anxiety in women because they are given information from different sources about their pregnancy and birth (Prelec, Verdenik, and Poat 2014).

Slovenia was one of the countries that participated in the Baby-Friendly Hospital Initiative, a program launched in 1991 by UNICEF and the WHO. This initiative aimed to ensure that all birthing facilities provide support for breastfeeding. As in many other countries, this program was successful in Slovenia; both the initiation and duration of breastfeeding among Slovene mothers increased. With 93 percent of maternity hospitals designed as baby-friendly, Slovenia has one of the highest participations in this program (Bagci Bosi et al. 2016).

Diseases and Health Inequality

With 543 cases reported to the WHO in 2011, Slovenia has a low incidence of HIV/AIDS (WHO 2016). Common diseases in Slovenia include cancer and different heart conditions, both of which are leading causes of death. Health inequality reports suggest that due to an interplay of factors, such as lifestyle, nutrition, and access to information and services, level of education and socioeconomic status greatly influence the health of people in Slovenia—diseases are more prevalent among women with a lower level of education (Buzeti et al. 2011).

Some groups of women do not have an opportunity to benefit from government resources and services. In the case of Roma women's access to reproductive health services, prejudices of health care workers and a lack of intercultural dialogue create obstacles for full access to services (Logar, Pavlič, and Maksuti 2015). Furthermore, in addition to a prison system that provides health care that does not match the quality of community health care, the system in place is not equipped to address specificities of women prisoners' needs in regard to access to health care services (Vermeulen and European Commission 2011).

Employment

As previously mentioned, during the socialist period, employment of women was encouraged, and policies that aimed to increase the employment of women were in place. The feminist movement in this period advocated for the legislative and institutional framework that would ensure gender equality in Slovenia. Ever since Slovenia declared independence, the employment rates indicated an increase in women's participation in the labor force. Slovenia scores higher than other members of the European Union in some areas, such as overall participation of women in the labor force. In 2014, Slovenia was ranked 1st out of 155 countries based on the Gender Inequality Index (GII), and the participation of women in the labor market (52.3% compared to 63.2% for men) contributed to this high score.

Although women are protected from discrimination in the laws that regulate employment, and statistical data in respect to work conditions indicate that women have access to the labor market, Slovenia is still facing challenges in ensuring women full equality in the realm of work. The Slovene labor market is characterized by horizontal and vertical gender segregation; that is, women work more in the areas traditionally conceived as feminine (health, education, social work), and they do not occupy high positions in working organizations. Furthermore, women are less likely to be entrepreneurs, and because of the traditional gender roles, women still face challenges in accessing professions in agriculture, which is an important factor given that half the population lives in rural areas.

Maternity Leave and Child Care

To encourage better work-life balance and to provide women with more equal access to the labor force, in 2007, the government introduced the Family Friendly Enterprise certificate, which aimed to motivate employers to provide conditions for maintaining family life. In 2014, a new Parental Protection and Family Benefits Act was introduced that guaranteed women 105 days of fully paid maternity leave and 30 days of paid paternity for the other partner. Paternity leave, which is mostly utilized by fathers, is not transferable; this is supposed to motivate fathers to take the leave. Another factor that facilitates women's participation in the labor market is a solid system of child care and an increasing number of public kindergartens. Although Slovene legislation offers part-time employment as an option, most men and women work full-time (Humer et al. 2015).

Family Life

While a majority of people in Slovenia live in private households, 2 percent lives in some kind of institutional household (mostly retirement homes and student residences). The legal age of marriage in Slovenia is 18 years. In 2005, Slovenia introduced registered partnerships for same-sex couples. However, the nature of this partnership is limited, as it only regulates the financial relations of the parties involved and is not a legal equivalent to marriage (Kukura 2006).

With 1.1 divorces per 1,000 persons in 2013, Slovenia has the lowest divorce rate in the European Union. The rate of marriages per 1,000 is also low (3). Slovenia is among the countries where a majority of births occur outside of marriage (58% in 2013); this trend of extramarital births is prevalent in other EU member states, and it indicates that family structures are changing (Eurostat 2015). According to the population census from 2015, the average family in Slovenia has 2.47 members. Most Slovene families consist of a married couple with children, but with the increase of young couples without children, this is changing. Families in Slovenia do not have many children; a majority of families have one child (53%), followed by families with two children (36%). In general, it is rare to see families with many children. The census from 2015 for the first time collected data about same-sex families. There were 81 same-sex families, 64 without children and 17 with children (Dolenc 2016).

Gender Roles and Family Structure

Besides high rates of women's participation in the labor market, women in Slovenia still spend significantly more time than men doing chores and taking care of children. However, with the emergence of the new ideal of a proactive father, there is an indication that this is changing. More equal division of labor among men and women and active fatherhood has been promoted by government campaigns. Because the country is relatively small and family is traditionally valued (Antić 2006), family networks provide informal support in child-rearing and domestic labor. It is common that grandparents provide couples with support in caring for children. Grandmothers and other female relatives are particularly active in these informal supports (Švab and Humer 2013). Conversely, women's participation in this kind of informal care means that they are expected to provide care to children and elderly in the family. Although the government policies and campaigns call for a departure from traditional roles to build

more equitable practices, these initiatives are still directed toward a very narrow notion of family—a heterosexual couple with children. Thus, gay and lesbian couples and other nonstandard forms of families remain underrepresented in policy and discussions about equality.

Politics

Women in Slovenia were granted the right to vote in 1945. Today, voter turnout is the same for men and women (OECD 2016). However, the political participation of women is low on all levels of decision making, from municipal to the Parliament. Some political parties voluntarily established gender quotas in the 1990s. In 2006, Slovenia introduced gender quotas in all its decision-making bodies, including the upper house of the Parliament. The National Assembly Election Act stated that each gender should be represented with at least 35 percent of the actual candidates. This mechanism was supposed to increase the presence of women in decision-making bodies; however, these measures were not efficient. After the 2014 elections, women hold only 32 seats in the Parliament (36%). Women's participation in the government is far from gender parity.

Although women are more likely to hold high positions in local municipalities, the women's participation in local politics does not reflect the share of women in the population. By 2016, Slovenia had elected only one woman prime minister, Alenka Bratušek, who held office from March 2013 to May 2014. Slovenia has never had a women president, and women are rarely presidential candidates. Although this overview of Slovene politics indicates that women are not well represented in Slovene decision-making bodies, it is important to note that women in Slovenia take active roles in political life through nongovernmental organizations (NGOs), protests, and other initiatives. Through these instruments of nontraditional political participation and through professional organizations, women influence policy making.

Religious Roles

As in many other former Yugoslav countries, Slovenia experienced a revival of religious practices in the 1990s. Still, Slovenia is regarded as one of the least religious countries. The majority of the population (58%) in Slovenia follows the Roman Catholic Church. While 23 percent did not specify their affiliation by marking "other or unspecified," the other religions include Muslim (2%),

Orthodox Christian (2%), and other Christian (1%) (U.S. Department of State 2016). One study that investigates religiosity and gender roles suggests that women are more regular church visitors and are more prone to participate in religious rituals and practices, and, thus, they appear to be more religious. However, the same study suggests that women are more likely to reject religious beliefs that are opposing gender equality and egalitarianism. As evidenced in the recent campaign prior to the referendum on LGBT rights, some beliefs and attitudes that stem from Catholicism in regard to the equality of men and women in the household and the rights of LGBTQ persons are constantly being negotiated in the public sphere (Jugović and Ančič 2014). Although antiabortion practices that draw on religious beliefs are present, the overall low religiosity, the secularism of the Slovene state, and the strong tradition of women's rights make these incidents sporadic.

Issues

LGBTQ Rights

According to the Rainbow Index, an instrument developed and introduced by the international NGO ILGA-Europe, which looks at the legal framework for LGBT persons, in 2015, Slovenia was the 25th out of 49 European countries (ILGA-Europe 2016). What contributed to this score is recognition of same-sex partnerships, introduction of sexual orientation as a basis for asylum claims, and recognition of LGBT rights in the hate speech law. However, in Slovenia, the rights of same-sex couples do not correspond to those rights that heterosexual couples enjoy. At the referendum that took place at the end of 2015, almost two-thirds of voters rejected the right of same-sex couples to get married and to adopt children. During the campaign prior to the referendum, conservatives strongly opposed the right of same-sex couples to adopt children (BBC 2015). Although LGBTQ rights in the realm of family are not recognized, explicit homophobia in Slovenia is not as prevalent as in some other countries. Attitudes and practices in regard to sexual minorities are changing in a way that public opinion is more nuanced. The elections in 2014 for the first time included candidates that identified as gay and lesbian (ILGA-Europe 2015).

VANJA SPIRIĆ

Further Resources

Antić, G. Milica. 2006. "Gender Equality in Slovenia: Continuity and Changes in the 1990s." In *Democratic Transition in*

- Slovenia: Value Transformation, Education, and Media*, edited by Sabrina P. Ramet and Danica Fink Hafner, 1st ed, 215–232. Eugenia and Hugh M. Stewart '26 Series on Eastern Europe. College Station: Texas A&M University Press.
- Bagci Bosi, Ayse Tulay, Kamilla Gehrt Eriksen, Tanja Sobko, Trudy MA Wijnhoven, and João Breda. 2016. "Breastfeeding Practices and Policies in WHO European Region Member States." *Public Health Nutrition* 19.4: 753–64. doi:10.1017/S1368980015001767.
- BBC. 2015. "Slovenia Rejects Gay Marriage in Referendum." December 20. Retrieved from <http://www.bbc.com/news/world-europe-35147257>.
- Brown, Chris, and Tatjana Buzeti. 2014. *Positioning Health Equity and the Social Determinants of Health on the Regional Development Agenda: Investment for Health and Development in Slovenia*. Copenhagen, Denmark: World Health Organization.
- Buzeti, Tatjana, Janet Klara Djomba, Mojca Gabrijelčič Blenkuš, Marijan Ivanuša, Helena Jeriček Klanšček, Nevenka Kelšin, Tatjana Kofol-Bric, et al. 2011. *Health Inequalities in Slovenia*. Ljubljana: National Institute of Public Health.
- CIA (Central Intelligence Agency). 2016. "Slovenia." *CIA World Factbook*. Retrieved from https://www.cia.gov/library/publications/the-world-factbook/photo_gallery/si/photo_gallery_A1_si_1.html.
- Dolenc, Danilo. 2016. "Household and Families." Republic of Slovenia, Statistical Office. Retrieved from <http://www.stat.si/StatWeb/en/News/Index/5465>.
- Eurostat. 2015. "Marriage and Divorce Statistics." Retrieved from http://ec.europa.eu/eurostat/statistics-explained/index.php/Marriage_and_divorce_statistics.
- Humer, Živa, and Saša Panić. 2015. *The Policy on Gender Equality in Slovenia*. Brussels: European Parliament: Committee on Women's Rights and Gender Equality. Retrieved from [http://www.europarl.europa.eu/RegData/etudes/STUD/2015/510010/IPOL_STU\(2015\)510010_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/STUD/2015/510010/IPOL_STU(2015)510010_EN.pdf).
- ILGA-Europe. 2015. "Annual Review of the Human Rights Situation of Lesbian, Gay, Bisexual, Trans and Intersex People in Europe." Retrieved from https://www.ilga-europe.org/sites/default/files/01_full_annual_review_updated.pdf.
- ILGA-Europe. 2016. "Rainbow Europe 2015." Retrieved from <http://www.ilga-europe.org/resources/rainbow-europe/2015>.
- Istenič, Majda Černič. 2007. "Attitudes Towards Gender Roles and Gender Role Behaviour among Urban, Rural, and Farm Populations in Slovenia." *Journal of Comparative Family Studies* 38.3: 477–96.
- Jugović, Ivana, and Branko Ančić. 2014. "Effects of Religiosity and Spirituality on Gender Roles and Homonegativity in Croatia and Slovenia." In *Spirituality of Balkan Women Breaking Boundaries: The Voices of Women of Ex-Yugoslavia*, edited by Nada Furlan Štante and Haret Marjana, 91–115. Univerzitetna založba Annales.
- Kukura, Elizabeth. 2006. "Finding Family: Considering the Recognition of Same-Sex Families in International Human Rights Law and the European Court of Human Rights." *Human Rights Brief* 13.2: 5.
- Lekić, Ksenija, Nuša Konec Juričič, Petra Tratnjek, and Borut Jereb. 2011. "Slovenian Practice Story: 10 Years of E-Counseling Service for Teenagers." *Studies in Health Technology and Informatics* 165: 105–110.
- Logar, Marjeta, Danica Rotar Pavlič, and Alem Maksuti. 2015. "Standpoints of Roma Women Regarding Reproductive Health." *BMC Women's Health* 15.1. doi:10.1186/s12905-015-0195-0.
- OECD Better Life Index. 2016. "Slovenia." Retrieved from <http://www.oecdbetterlifeindex.org/countries/slovenia>.
- Podvornik Nuša, Globevnik Velikonja Vislava, and Praper Peter. 2014. "Depression and Anxiety in Women during Pregnancy in Slovenia [Depresija In Anksioznost Pri Ženskah Med Nosečnostjo V Sloveniji]." *Slovenian Journal of Public Health* 54.1: 45. doi:10.1515/sjph-2015-0006.
- Prelec, Anita, Ivan Verdenik, and Angela Poat. 2014. "A Comparison of Frequency of Medical Interventions and Birth Outcomes between the Midwife Led Unit and the Obstetric Unit in Low-Risk Primiparous Women." *Slovenian Nursing Review* 48.3: 166–176. doi:10.14528/snr.2014.48.3.16.
- Prosen, Mirko, and Marina Tavčar Krajnc. 2013. "Sociological Conceptualization of the Medicalization of Pregnancy and Childbirth: The Implications in Slovenia." *Revija Za Sociologiju* 43.3: 251–272. doi:10.5613/rzs.43.3.3.
- Ramet, Sabrina P., and Danica Fink Hafner, eds. 2006. *Democratic Transition in Slovenia: Value Transformation, Education, and Media*. 1st ed. Eugenia and Hugh M. Stewart '26 Series on Eastern Europe. College Station: Texas A&M University Press.
- Schmidt, M., and I. Brown. 2015. "Education of Children with Intellectual Disabilities in Slovenia: Education and Slovenia." *Journal of Policy and Practice in Intellectual Disabilities*, 12.2: 90–99. Retrieved from <https://doi.org/10.1111/jppi.12119>.
- Stanimirović, Dalibor. 2014. "Development of eHealth in Slovenia-Critical Issues and Future Directions." *International Public Administration Review* 12.4: 9–38. doi:10.17573/ipar.2014.4.a01.
- Švab, Alenka, and Živa Humar. 2013. "'I Only Have to Ask Him and He Does It': Active Fatherhood and (Perceptions of) Division of Family Labor in Slovenia." *Journal of Comparative Family Studies* 44.1: 57–78.
- Taštanoska, Tanja, Nada Žgank, and Domen Pal. 2015. *The Education System in the Republic of Slovenia*. Ljubljana: Ministry of Education, Science and Sport of the Republic of Slovenia.
- Ule, Mirjana. 2013. "Social Inequalities in Women's Health in Slovenia [Družbene Neenakosti v Zdravju Žensk v Sloveniji]." *Slovenian Journal of Public Health* 52.2. doi:10.2478/sjph-2013-0008.
- UNDP (UN Development Programme). 2015. *Human Development Report 2015*. Retrieved from http://hdr.undp.org/sites/default/files/2015_human_development_report.pdf.
- UNESCO. 2015. "Education for All (EFA) National Review Report: Slovenia." Retrieved from <http://unesdoc.unesco.org/images/0023/002316/231638e.pdf>.
- U.S. Department of State. 2016. "International Religious Freedom Report for 2014: Slovenia." Retrieved from <http://www.state.gov/j/drl/rls/irf/religiousfreedom/#wrapper>.

- Vermeulen, G., and European Commission, eds. 2011. *Material Detention Conditions, Execution of Custodial Sentences and Prisoner Transfer in the EU Member States*. IRCP-Series, v. 41. Antwerp: Portland, Maklu.
- WHO (World Health Organization). 2016. "HIV/AIDS Country Profile 2011: Slovenia." Retrieved from <http://www.euro.who.int/en/countries/slovenia/publications3/hiv-aids-country-profile-2011-slovenia>.

Spain

Overview of Country

With 195,364 square miles, Spain is considered the fifth-largest country in the Europe. It has an estimated population of more than 46.7 million, but this number fluctuates with the fluid immigration from many countries. Geographically, the country is in Southwest Europe and part of the Iberian Peninsula. The Pyrenees Mountains separate Spain from France in the north. Portugal and the Atlantic Ocean are to the west, and the Mediterranean Sea is to the east. The strait of Gibraltar separates Spain from Morocco, making this frontier one of the main points of entry to Europe from Africa (Ross, Richardson, and Sangrador-Vegas 2008).

The country has a constitutional monarchy with a parliamentary system. It has been a member of the European Union (EU) since 1986. It is also a member of North Atlantic Treaty Organization (NATO), the United Nations (UN), the Organisation for Economic Co-Operation and Development (OECD), and the World Trade Organization (WTO). Politically, Spain is divided into 17 autonomous communities, including the Balearic Islands in the Mediterranean and the Canary Islands in the Atlantic. It also has two autonomous cities, Ceuta and Melilla, in northern Morocco. Some of those communities have significant historical and cultural differences and enjoy a rich linguistic diversity. Spanish is the official language in Spain, but the Basque language (Euskara) is also the official language of the Basque autonomous community and Navarre, with a population of 2.5 million. However, the Basque territories, including the Basque region in southern France, have an estimated population of 720,000 speakers of Basque.

Catalan, a romance language, is also an official language of Catalonia. Most people in this autonomous community are fluently bilingual. It is also spoken in the bordering

regions, as 7.2 million people (of the 11 million population) speak Catalan in Catalonia, Valencia, the Balearic Island, some parts of Southern France, and the island of Sardinia, in Italy. In a small area of Val d'Aran (Aran valley) in the Pyrenees, Aranese and Gascon Occitan are also spoken and protected.

Galician, another romance language, closely related to Portuguese and Spanish, is used in Galicia, in the northwest of the peninsula and above Portugal. With an estimated population of 2,700,000, most people are bilingual, but 56 percent use more Galician than Spanish (Pereira-Muro 2003).

Overview of Women's Lives

As part of a patriarchal and traditional Mediterranean culture, women in Spain did not have legal rights until the 20th century, with a few regional exceptions for the rights to inherit and own property. Some of the main elements that have shaped women's lives in Spain are the role of the Catholic Church toward women; the period before and during the Spanish Civil War, from 1936 to 1939; and the following 50-year dictatorship and the transition to democracy from 1975–1982.

Spain has been considered a strong Catholic country for many centuries. It became infamous during the 16th century for its Inquisition and the persecution of people that did not practice the official Catholic faith. Over the centuries, the Catholic Church has practiced politics of fear among its congregations, especially with regard to women, favoring the macho culture of Mediterranean tradition. Still, before and during the Spanish Civil War (1936–1939), women enjoyed a period of freedom that they had never had before. During the Second Republic period, from 1931 to 1936, women were granted new rights. In 1931, they secured the right to vote. In 1932, laws were passed to ensure access and equality to jobs along with laws for divorce and civil marriage; abortion was legalized; and adultery was decriminalized. In short, at this time in Spain, women had more and better rights than many other European countries.

During these years, women were actively engaged in politics and civic society. Federica Montseny was elected the minister of health and social policy in 1936, making her the first female minister in Europe (Rodrigo 2014). Women also had their own organizations, such as *Mujeres Libres* (Free Women). But while they were gaining their rights, a civil war exploded, with the fascists fighting the

legally elected Republic. With the help of Hitler and Mussolini, the fascists won the war, starting a long dictatorship in 1939 that lasted until General Francisco Franco, the leader of the coup, died in 1975.

This was a dark period for many Spanish people. Women lost all the rights that they had acquired and were confined to the domestic spheres. Political violence was the basis for the new order, to the extent that it became institutionalized. It was used to destroy social practices and the political and social plurality created by the Republic. The Catholic Church played a crucial role, punishing women and, once again, playing politics of fear. Many women were repressed and incarcerated, and others were not allowed to work. Working-class women were forced to work for meager wages as punishment and retaliation when their families had been active during the civil war against the fascists, and also because women's salaries were lower than those for men. (Nash 2013)

The fascist government had a women's organization, *La Sección Femenina* (Feminine Section), whose objective was to present an image of the modern woman, a person who was a consumer of public life but who respected the domestic life and the superiority of men above all. In essence, it sponsored the same virtues of the Catholic Church of that period. During these years, macho attitude was allowed, and many women were victims of domestic violence. In the 1960s, late in Franco's dictatorship, women began to organize themselves by creating resistance movements and feminist awareness. Those organizations became transmitters for the memory of early feminism in Spain and created bridges for post-Franco reforms concerning women's rights.

Health

Spain guarantees universal health care coverage, education, and welfare for everyone, including legal and illegal immigrants, but not all Spanish people agree with these policies.

Abortion

Abortion was legal from 1932 to 1939, but women had to wait until 1985 for a limited abortion law, which was legalized again after much public debate and strong opposition by the Catholic Church that split the country (Ross, Richardson, and Sangrador-Vegas 2008). Illegal abortions were commonplace before 1985; poor and working-class

women were subject to very unsanitary abortions. Middle- and upper-class women traveled to England or the Netherlands to have legal abortions, but they did not have any health care when they returned to Spain. Because of the restrictions within the law of 1985, which limited abortions for up to three months of pregnancy in cases where pregnancy was a result of rape, danger to the mother's life, or malformation, the practice of illegal abortions continued to be prevalent until 2005. As a result, Spain's official abortion rate was the lowest in the European Union. However, between 1987 and 2005, the number of annual abortions increased from 16,000 to over 90,000 (Ross, Richardson, and Sangrador-Vegas 2008). A new law in 2010 legalized the practice of abortion during the first 14 weeks of pregnancy.

Education

The best progress for women so far has been in education. The number of women enrolled in Spanish universities now surpasses that of men, and female participation in business schools has also soared. Two decades ago, the percentage of female MBA candidates stood in the single digits. In two of the most prestigious private institutions, the business school Universidad de Navarra (IESE) and Escuela de Superior de Administración y Dirección de Empresas (ESADE), it varies from 20 percent at the Barcelona- and Madrid-based IESE to 44 percent at rival ESADE—though many of those students from outside Spain. The schools are expanding their efforts to attract women candidates, including mentoring programs and a growing number of scholarships for female students.

Public education in Spain has been criticized for decades, but it has been the foundation for the increase of women in higher education. Public education is free for everyone, including immigrants, legal or not. Private education follows the same laws as the public schools. Some of the private schools have religious affiliation, mostly Catholic, and can receive public funding. The literacy rate for women in Spain is around 97 percent. Education is compulsory until age 16. After that, students can choose two paths: a professional path for *formación profesional* (vocational training) and an academic one that continues with the *bachillerato* (baccalaureate) for two years. The latter has four options: humanities and social sciences, natural and health sciences, technology, and the arts. There are other opportunities for continuing education and distance-learning programs. Special education for students

with learning disabilities aims to integrate children in mainstream classes when possible. There is now the concept of “compensatory education” for people who, for whatever reason, failed to complete normal school education.

Today, the number of women enrolled in Spanish universities surpasses the number of men, even beyond the traditional career paths. In business fields, women’s participation has improved from the single digits to 40 percent at ESADE.

Employment

The new role of women in Spanish society has changed dramatically. Their formal education has increased along with their participation in the workplace. Single or married, women now constitute 51.6 percent of the workforce in Spain. Their strong presence has transformed the reality of men, women, and families. Women do not abandon their jobs because they get married or have children. As a result, birth rates have decreased. However, conditions for men and women in the workplace are not equal, as women earn 16–25 percent less than men; they also have more temporary jobs and are subject to double duties, both in the workforce and in the home.

Although some women now occupy influential and high-paying jobs in banking, business, and marketing, many others work in administration, services, and the tourist industries. Female doctors, lawyers, engineers, and scientists are on the rise, but they have a harder time finding jobs due to an ongoing economic crisis and lack of opportunities. Many of them leave the country for better opportunities, in Asia, Europe, Latin America, and the United States.

The military is one of the sectors where the presence of women has increased considerably since 1988, when new laws allowed women to serve. Now women constitute about 12 percent of army staff and 5 percent of officers, making Spain the first in the European Union in its proportion of female members in its ranks. (Ross, Richardson, and Sangrador-Vegas 2008) Another important area of advancement is the *Policía Nacional* (National Police). Until 1979, women were not allowed to serve there, but since then, the number of women has grown to 8,800, including ranking officials and inspectors, reaching one of the objectives of *Red Europea de Mujeres Policía* (European Network of Policewomen), which is asking not only for more female presence but also more access to commanding posts (Diario de Madrid 2015).

Immigration became a necessity for the economy after joining the European Union, when workers were needed in agriculture, construction, the auto business, the tourist industries, and services, among others. Today, many emigrant women working as domestic workers take care of the homes and the elderly, allowing Spanish women to join the workforce and participate in politics. Since the economic crisis in 2008, immigration has slowed down, but immigrants, and especially women, are a very important part of the society.

The Law for Effective Equality Act

The *Ley para la igualdad efectiva de Mujeres y Hombres* (Effective Equality Act), a major new law, was added in 2007. The law’s purpose is to combat sexual harassment and discrimination against employees who become pregnant. It extends maternity leave for women and paternity leave for fathers for a period of 15 weeks. It brings new measures to encourage equal opportunity in the workplace and requires companies to achieve a ratio of 40 percent female membership on their boards of directors in the next eight years. The same law also increases the number of female representatives in the political sphere, setting quotas for the minimum number of women candidates to be included on a party’s electoral list (Ross, Richardson, and Sangrador-Vegas 2008).

Family Life

Civil marriage was forbidden in Spain from 1554 to 1931. During the Republic, it was briefly legal. In 1939, under Franco’s rule, all civil marriages were nullified. The new constitution of 1978 allowed couples to have civil marriages again. It was not until 2009 that Spain had more civil marriages (94,933) than Catholic ones (80,174). Many people consider this is an indication of the secularization of the society. However, many couples married in religious ceremonies are not practicing Catholics; they are, as it is called, nominal Catholics. They are married, baptized, and have First Communion in the church, but very few attend Sunday Mass.

Traditionally, women in Spain keep their maiden names, using the father’s last name first and the mother’s last, a custom that continues today. Couples used to get married young and would have several children, but not today. Until 1975, women were required to get their husband’s permission before being active outside the home. Divorce, contraception, and abortion were not allowed.

Women's Voices

Anuncia Escala

I grew up in Spain during the dictatorship of General Franco's regime. In Catalonia, where I am from, most people are bilingual and speak Catalán and Spanish. However, under the dictatorship we were not allowed to speak Catalán in public. We spoke Catalán at home and with friends, and we spoke Spanish in schools and public arenas. At around five or six years of age, I thought my Spanish was pretty good. I liked translating words from Catalán to Spanish. Once I was asked to translate the Catalan word *gos* into Spanish (*perro*, dog). My response was simple. Adding an O to the end, *goso* was my new word, which provoked hilarious responses but made me feel ridiculous. We learned language by improvising, not from school.

A few years later, I guess I had a secret desire that I didn't know I'd had. Growing up in a Catholic culture church, services were a mystery to me. I liked the ritual and the sense of community I felt while in church. I used to pay close attention to the actions of the acolytes, how they dressed, their movements, and especially the bells they rung, but I never thought that it was something I wanted to do until I had a dream. I was at the end of the church in a section where I thought no one could see me ringing the bell as loudly as I could. Panic overwhelmed me when I realized, still in my dream, that people were watching me and saying "Look! It's a girl. It's a girl. What is she doing?" I woke up in a sweat.

Today in the Catholic Church, girls can ring the bells and read in public, but nothing more. We are still waiting.

When women separated from their husbands, as it was in many cases, they needed the permission of their husbands for any legal activity, from renting or buying property or even for obtaining a passport. Since the 1970s and 1980s, with more women working outside the home, many have become "superwomen," as they have to take care of their jobs and their homes. Today, the large majority of men work minimally on household chores or taking care of the children. This means a double life for many modern Spanish women; they are still responsible for the traditional

duties of taking care of the house and raising the children. According to Carmen Pereira-Muro (2003), this double duty affects the health of women due to high levels of stress; today, the consumption of pharmaceutical drugs to deal with such stress is high among women.

Currently, Spain has two of the lowest birth and fertility rates in the world, heavily affecting the population's replacement rates. People marry later, and couples wait to have children. Some do not have any. However, one or two children are common. For the moment, only immigration can balance this situation, simultaneously incorporating new values and lifestyles into Spanish society.

Contraception was legalized in 1978, but divorce and abortion required a great struggle to become legalized due to strong opposition by the Catholic Church and the political parties that supported the church's views. In 1981, divorce was legalized with several restrictions. One was that a spouse had to cite evidence, such as that they had been legally separated for at least a year (Ross, Richardson, and Sangrador-Vegas 2008). Because of these restrictions, many couples choose to live separately, an arrangement known as *divorcio a la española* (Divorce Spanish style), a practice that was initiated during Franco's dictatorship. Because of the restrictions, Spain has the lowest rate of divorce in Europe.

In 2005, a revised law has made it easier to obtain a divorce, which has led to an increase. Now it is possible to get a divorce within three months after getting married, or earlier if a spouse has been the subject of abuse by the other partner. Also, a judge can grant shared custody of the children, if this is beneficial for the children. This has increased the rate of divorce dramatically (Ross, Richardson, and Sangrador-Vegas 2008).

Politics

For women, the transition to democracy meant a revival of women's liberation movements. The 1978 Constitution for a democratic state proclaimed liberty, equality, justice, and political pluralism for individuals and groups. Civil rights were restored, including equal access to work, the restoration of voting rights, and the legalization of political parties, trade unions, and civic organizations. The feminist movement at the time was questioning its role, whether they needed to join the new parties or keep their independent organizations. The movement lost important leaders who joined the parties and held executive positions in several administrations.

Spain still has feminist organizations, such as *El Partido Feminista de España* (the Feminist Party of Spain), founded in 1981. It was the creator of *Federación Organizaciones Feministas* (Federation of Feminist Organizations) in 1999, which participated in the elections for European Parliament and received 28,901 votes, 0.14 percent. Today, it is part of this federation in Spain, but it does not have public activities. Several other feminist organizations are also active, but with little political representation. On the other hand, women began to participate in elected government institutions, as mayors of large and small towns, representatives in the congress, senators, and ministers. There was a significant rise in women elected during the 1989–1993 legislatures, when their participation rose to 14 percent. By 2012, it had grown to a 34 percent.

During his second term, José Luis Rodríguez Zapatero, a socialist prime minister, formed a cabinet with a female majority, consisting of 9 women out of 17 ministers. Perhaps his most important appointment was the young Carmen Chacón as minister of defense when she was pregnant. Rodríguez Zapatero also created a new title called the minister of equality. It was the first time in Europe that a government had more female than male ministers. Also, for the first time, Spain had a Ministry for Equality that dealt with domestic violence more forcefully than any previous cabinets. In 2004, when the socialist president Rodríguez Zapatero came to power for the first time, domestic violence was prevalent and not dealt with adequately. He created new and better measures for women to obtain restraining orders, which were poorly enforced before; he provided refuge provisions and courts to deal with domestic violence. He also improved the lives of caregivers in Spain, who were mostly women.

Issues

Domestic Violence

In Spain the issue of domestic violence has been an acute problem. Several steps and awareness programs have been implemented. However, in a society where the machismo ideology still prevails and many judges have not accepted the seriousness of the problem, progress has been slow. In any case, since the late 1990s, cases of domestic violence have been receiving greater attention in the media. Until the new divorce laws were passed in 2005, it was difficult for women to escape domestic violence due to the lack of judicial support. (Pereira-Muro 2003). About 60 women are murdered by their partners or former partners every

year (Ross, Richardson, and Sangrador-Vegas 2008). In 2004, the government passed the *Ley Integral contra la Violencia de Género* (Gender Violence Act). The law has a wide range of provisions to protect the victims of gender violence. Victims can go to the police to report an aggression, but they often do not get protection or legal action. As a result, such crimes are often never reported. Many people complain that while Spain has made advances in helping victims, it has not been enough. TV channels have programs where they interview victims and sometimes the aggressor as a way of denouncing the problem, but they also have programs where gender violence is represented without criticism.

LGBT Issues

The contrast in how homosexuality in Spain was seen just a few decades ago and today is enormous. If you walk around the neighborhood of Chueca in Madrid, or the Eixample in Barcelona, it is hard to imagine a country where homosexuality was forbidden. In the past, it was culturally accepted that gay people were unnatural because homosexuality was considered a sin and a pathological disorder by the Catholic Church. Between 1954 and 1970, around 5,000 people were imprisoned for homosexuality. A law was passed in 1970 to allow the rehabilitation of lesbians and gays with various forms of treatment, including electric shock therapy.

Nevertheless, a clandestine movement developed in the 1960s in Barcelona, where gay activists formed the Catalan Liberation Front in 1975 (Ross, Richardson, and Sangrador-Vegas 2008). In 1998, a law called *Ley de Parejas de hecho* (De facto Partners Act) was passed in Catalonia. The law stipulated the same rights for same-sex couples living together as those enjoyed by heterosexual couples, but it did not include the right to adopt children (Ross, Richardson, and Sangrador-Vegas 2008). During the 1990s and early 2000s, several city councils and autonomous communities allowed civil unions, giving the same benefits as married couples to unmarried couples of any sex.

In 2005, Spain legalized same-sex marriage. It was the third country in the world to legalize it, after Belgium and the Netherlands. Approximately 4,600 people were married the first year. The same law allowed the adoption of children. The current government is against the law, but so far they have not been able to repeal it.

The law establishes that marriage has the same requirements and privileges regardless of whether the individuals

are of the same sex. At the same time, it allows couples who have lived together for a long time to adopt whether they are homosexuals or heterosexuals. Equal rights are also guaranteed for single people to have the right to adopt.

In cases where children were born in a lesbian marriage, the biological mother was the parent, but the nonbiological parent did not have any rights. The nonbiological parent had to apply for a long adoption process. In 2006, the government amended the law on assisted reproduction, granting the same rights to the nonbiological mother as the birth mother.

On October 2, 2014, the parliament of the Catalan autonomous community approved a law against homophobia with a large majority of votes, 112 in favor and 18 against, to protect lesbians, gays, bisexuals, and transsexuals. This law, the first in Spain, is to guarantee the rights of the LGBT communities, to prevent situations of discrimination and violence against such persons, and also to facilitate their participation and representation in all aspects of social life.

Immigrant Women in Spain

Immigrant women, coming from any different areas of the world, have made significant and important contributions to Spanish society. Even though in 2014 the Chinese immigrant population was the only one that grew in some communities, such as in Madrid, in Spain, the majority of immigrant women are from Eastern Europe, Latin America, and North Africa. Their motive for coming to Spain was mostly for family reunification, but over the years, many women have come to Spain looking for jobs, especially those from South America. The need for domestic work in Spanish households is creating a global feminine market for those immigrant women.

Families favor Latin Americans, but the number of Eastern European women working as domestics in homes is growing. Women coming from the Andean region, Ecuador, Bolivia, and Peru are the most sought after because they speak Spanish and share the same strong Catholic beliefs as many older Spaniards. Many of these women left their countries because of an economic crisis. They usually have at least a high school diploma, and some are nurses, teachers, or had previous professional careers. In Spain, they are especially preferred for taking care of the children and the elderly. Romanian women are also more accepted for the same reasons. North African women from Morocco work in the households doing domestic duties, but because

of prejudices and discrimination related to their Moroccan customs and religion, they are more rejected by Spanish society. In some cases, the language barrier is a factor, as some of these women do not speak Spanish. Nevertheless, the roles of all these groups of women in Spanish society are growing in all sectors, especially the service and tourist industries (Molpeceres Alvarez 2012).

Women from Latin America carry a double burden because they have to take care of other people's families to economically support the families they left behind. Many of these women pay for the education of their own family's children, including college, in their countries of origin. But the distance and lack of personal contact creates difficult situations for the immigrants because sometimes the children see their own mothers as moneymaking machines. Some women immigrants have a very lonesome existence. The film *Flores del otro mundo* (*Flowers from Another World*, 1999), by Icíar Bollain (1967), a female Spanish filmmaker and actress, portrays the difficulties of their lives in Spain and the world they left behind, as well as the loneliness, conflicts, and rejections they face.

Second-generation immigrants have been integrated into the education system since childhood and have different attitudes and challenges. They can become professionals in many fields, but sometimes they are not fully accepted. The writer and professor Najat El Hachmi (1979), a daughter of Moroccan parents, has published several books about this. *Jo també soc catalana* (*I Am Also a Catalan Woman*, 2004), an autobiographical account, tells the story of growing up as an immigrant girl in Catalonia. It focuses on her relations with language, identity, the role of women, religion, and lost sentiments, along with her feeling of belonging to Catalonia, her adopted country. Her second novel, *El último patricarca* (*The Last Patriarch*, 2008), deals with immigration, but mostly with the struggle of a woman who had a tyrannical father whom she still loved.

Women in Film and Television

Television and movies play an important role in the social fabric of Spain. Spain has many successful women filmmakers and actresses, but the large number of women in the industry work as specialized professionals (Arranz, Roquero, and Aguilar 2012). The role of women in this media is contradictory. While Spain still produces soap operas where women tend to be the victims, it has also developed strong roles for women. The filmmakers that

follow represent this latter tendency, along with a strong interest in social justice issues. Pilar Miró (1940–1997), a Spanish filmmaker, was the director of national television from 1986 to 1989. She worked in more than 200 film and TV productions.

Isabel Coixet (1960–) worked first in advertising, where she developed a unique visual style. Her films are original, dealing with universal and intimate feelings. She is the most international of the women filmmakers, directing and producing films abroad as well as in Spain. Her documentary *La mujer, cosa de hombres* (*Women Belong to Men*, 2009) was part of the 50th anniversary of the national TV network. This documentary presented footage of films from the 1960s that portrayed women unhappy with their relationships with men, along with scenes of domestic violence. Using real footage from newsreels, the film stops from time to time to report cases of domestic violence occurring in that era. It also incorporates advertisements from the 1960s that portray women as inferior beings.

Icíar Bolláin (1967–) is an actress, filmmaker, and scriptwriter. She has acted since childhood. She is also the director of six feature films. *Flores del otro mundo* (*Flowers from the Other World*, 1999) about immigrant women from Latin America in Spain was previously mentioned. Her film *Te doy mis ojos* (*Take My Eyes*, 2003), a movie about domestic violence, won seven Goyas, the most prestigious awards in Spain. Her film *También la lluvia* (*Even the Rain*, 2010) made it to the short list for the 83rd Academy Awards in 2011. Her last work, the documentary *En Tierra extraña* (*In Foreign Land*, 2014), follows young Spanish immigrants to Edinburgh, where an estimated 20,000 are looking for work and better opportunities. Since the economic crisis of 2008, an estimated 700,000 young people have emigrated from Spain.

Women in Spanish movies are now portrayed in many different ways, from traditional roles, to professional women, to objects of desire. Many of the characters have a common wish for independence and sexual freedom. There is debate about whether this is the desire of Spanish women or the dream of Spanish men. In any case, a large number of excellent actresses have devoted their talents to portraying very different characters. Victoria Abril (1959–), Ariadna Gil (1969–), Blanca Portillo (1963–), Emma Suárez (1964–), and Isabel Verdú (1970) are among the best known, to mention only a few. The complex characters these actresses bring to life are an indication of the changes Spanish women are going through today.

Women Leaders in Social Movements

Almudena Bernabeu was born in Spain in 1972 and studied law at the University of Valencia, Spain. She is the only Spanish woman working in the field of universal civic justice, simultaneously in Spain and the United States. As a well-known lawyer specializing in international law and human rights, she has dedicated her life to investigating and preparing cases of human rights abuse in Latin America and in Africa. Since 2003, she has been the director of the Center for Justice and Accountability (CJA) in San Francisco, California. In Spain, she has been the lead private prosecutor before the Spanish National Court in cases concerning genocide in Guatemala during the 1980s. She and her team were leading advisers to the prosecution in the Guatemalan genocide trial against former president Efraín Ríos Montt in 2013 (McConahay 2013). Her work is featured in the 2011 documentary *Granito: How to Nail a Dictator*. She was instrumental in achieving the prosecution of the Salvadorian military junta for the massacre in El Salvador in 1989, where six Jesuit priests were killed along with a housekeeper and her daughter. She is constantly working on cases in Central and Latin America. She teaches law at the University of Berkeley and has received several international awards for her work. She is also the vice president of the Spanish Association for Human Rights. In 1912 *Time* magazine included her in its list of the 200 most influential people in the world.

Two Spanish women, Carme Forcadell (1956–) and Muriel Casals (1944–), are leading the Catalan independence movement. Carme Forcadell is a linguist and a Catalan political activist. She is the president, since its founding in 2012, of the Asamblea Nacional Catalana, a grassroots organization working for Catalonia's separation from Spain. Muriel Casals was born in France to exiled parents. She is an emeritus professor from the Department of Economics at the Autonomous University of Barcelona. Since 2010, she has been president of Omnium Cultural, a nonprofit organization working for the promotion of the language and culture of Catalonia. Both organizations do not have partisan political affiliations, but rather sponsor peaceful and creative demonstrations for change to make politicians accountable. Together, these women are leading a very large Catalan movement for independence from Spain. Some of the demonstrations they have helped to organize were attended by more than 1.8 million people. Their works channel the energies of many Catalan people who believe independence for Catalonia

is the best solution after many centuries of conflict with Spain.

Ada Colau (1974–) is another social and political activist from Barcelona and a leader for the *Plataforma de Afectados por la Hipoteca* (PAH, Platform for People Affected by the Loan Crisis). The organization was created as a response to the 2008 financial crisis, which exposed the corruption of the banking industry in Spain. The PAH was set up in Barcelona in 2009, and it now has 150 branches across Spain. She is the coauthor of *Mortgaged Lives*, which was based on the grassroots experiences of direct action with the PAH to stop evictions and to campaign for housing rights. Since 2014, she is the spokesperson for the organization *Guanyem Barcelona* (Let's Win Back Barcelona), a citizens' platform for the 2015 Barcelona city elections. Ada Colau has won several awards, including the European Citizen's Prize for her work with PAH in 2013, and the European United Women Prize in the same year.

Teresa Forcadas i Vila was born in Barcelona in 1966. After studying medicine in Barcelona, in 1995, she became a doctor specializing in internal medicine at the University of Buffalo. She moved to Harvard, where she completed a Master of Divinity degree in 1997. Upon her return to Barcelona, she became a nun at the famous Santa Maria de Monserat Abbey, near Barcelona. In 2004, she received a doctorate in public health, and in 2009, she obtained a doctorate from the School of Theology in Catalonia. Sister Teresa is considered a Christian feminist and teaches feminist theology in her convent and gives public lectures. She is also an advocate for public health issues and is an activist for Catalan independence. She is well-known for her controversial public-speaking appearances. She has expressed more than once that "the Roman Catholic Church, which is my church, is misogynist and patriarchal in its structure. That needs to be changed as quickly as possible" (Tremlett 2013).

Sister Teresa defends the right of women to become priests, bishops, or pope, searching for total equality inside and outside the church. Before taking her vows, she gave a talk to her fellow nuns about a group of gay Catholics who celebrate their sexuality as a gift from God. She also defends contraception and believes abortion is an individual choice. During the swine flu pandemic in 2009, she denounced the politics of medical and industrial groups that declared it a pandemic. She claimed the flu vaccine they promoted lacked scientific basis for public use, and she listed irregularities and the consequences of declaring it a "pandemic" (Forcadas 2014).

On the political front, Sister Teresa supports Catalan independence and proposes a government model based on social mobilization and self-organization. She coauthored a declaration with Arcadi Oliveres, an economics professor from Barcelona University, with the title *Manifesto for the Convening of a Constituent Process in Catalonia* (2013).

Contemporary Women Writers

The transition to democracy in the 1970s led to a boom of Spanish women writers. Compared to other Western nations, the feminist movement in Spain came late, due to the Franco dictatorship that ended in 1975. However, women have been writing about women's issues long before that, and several writers have published such works since the 1960s. Mercé Rodoreda (1908–1983) is considered the most important Catalan writer of the postwar period. Her well-known 1962 novel *La plaça del Diamant* (*The Time of the Doves*) became a hit in the 1960s, and it has been translated into over 30 languages. Other well-known Spanish writers from the same period include Maria Zambrano (1904–1991), Carmen Laforet (1921–2004), and Ana María Matute (1925–2014). Carmen Martín Gaité (1925–2000), a writer, actress, and a playwright, was the first woman to win the National Award for Literature for her novel *El cuarto de atrás* (*The Back Room*) in 1978. That was the beginning of her awards as a writer. She went on to write 18 more books as well as essays, children's literature, and film scripts.

Many other writers from the post-Franco generation deal directly and critically with women's issues, their sexuality, and their roles in society. Cristina Fernández Cubas, Carmen Posadas, Soledad Púertolas, Carme Riera, Esther Tusquets, and Ana María Moix are only a few of them. Others continue exploring the narrative of memory, such as Dulce Chacón (1954–2003), the author of *La voz dormida* (*The Sleeping Voice*, 2002) a very popular novel that used testimonials she had collected from women about the difficult years of the postwar period.

Special mention is necessary for Almudena Grandes (1960–) and her novels dealing with female eroticism and desires (Bergman 2007). Several of her novels have been turned into movies: *Las edades de Lulu* (*The Ages of Lulu*, 1990); *Melena es un nombre de tango* (*Melena Is the Name of a Tango*, 1995); and *Los Aires difíciles* (*The Wind from the East*, 2006). She also writes a weekly column for the newspaper *El País* as well as other journals and magazines.

In literary journalism, women writers have found their niche, writing for periodicals and specialized publications and using humor to convey their sociocultural critiques. Some also contribute to radio, television, and the film industry as scriptwriters. Literary journalism gives these writers opportunities to report on cultural trends and social problems and to engage with the public.

Rosa Montero (1951–) is a writer as well as a journalist. Her 1981 novel *La función Delta* (*The Delta Function*) is considered a major work of feminist thought. She collaborates weekly with the newspaper *El País* and has won the National Journalism Prize many times. Her writing reveals the situation of women, but it also focuses on political corruption and the lack of national unity.

Montserrat Roig i Fransitorra (1946–1991) was a prolific writer and journalist and also a professor of Catalan at the University of Barcelona. She wrote short stories, novels, and children's books. Her well-known and rigorous report *Els Catalans als camps Nazis* (*Catalans in Nazi Concentration Camps*, 1977) received several awards.

Elvira Lindo (1962–) is famous for her children's series *Manolito gafotas* (*Manolito Four-Eyes*, 1994) that was turned into a movie in 1999. She was awarded the Premio Nacional de Literatura Juvenil in 1998. She has been a correspondent for the newspaper *El País* in New York for several years.

Empar Moliner (1966–) is best known for her collection of essays *Busco senyor per amistad i el que sorgeixi* (*In Search of a Man for Friendship and Possibly More*, 2005). In her essays, she touches on topics that are everyday news, such as the future of the Catalan language or the situation of immigrant women, in this case Peruvian women looking for jobs as maids. Her representations are realistic and use irony to convey complex situations with humor.

Women in the Arts: Dancers, Singers, and Actresses

Spain has a long tradition of women as actresses, dancers, and singers in both popular and classical music, including flamenco. What has changed in the last century is their professionalization. Many flamenco women now have their own companies and direct, create, and produce both plays and music in this genre.

Legendary flamenco dancer Carmen Amaya (1918–1963) was born in a gypsy family of flamenco musicians and dancers in Somorrostro, a slum in Barcelona. She revolutionized flamenco dancing with her unique style and

was accused by some critics of defeminizing flamenco dancing, but others admired her for liberating the female style of dancing.

Mecaela Flores Amaya, or “La Chunga” (“the Difficult One”), another flamenco dancer, was born in Marseille circa 1938 of immigrant Romani parents from southern Spain. She became famous for her unorthodox ways of dancing. Cristina Hoyos Panedero (1946–), also a flamenco dancer, is an actress and choreographer. She has worked with many different dance companies as well as her own and has played an important role in the world of flamenco dancing for women.

Spain has a rich and original variety of singers. To mention only a few, Estrella Morente (1980–), a flamenco singer from Granada, was born into a famous flamenco family; her father was a singer and her mother a dancer. Her voice and songs have been used in several movies. Silvia Pérez Cruz (1983–), from outside Barcelona, had classical musical training. While a student, she cofounded the flamenco group *Las Migas* (Bread Crumbs), which created a particularly unique sound. She sings in seven languages, including four of the Iberian languages: Catalan, Galician, Portuguese, and Spanish.

The Basque culture has a long tradition of choral singers. A few of the best-known Basque women singers come from this tradition. Singing in Spanish, the popular pop group *Mocedades* (Youth), from Bilbao, was founded in 1969. The lead singer, Amaya Uranga, left the group in 1984 to continue her solo career. The pop rock group *Oreja de Van Gogh* (Van Gogh's Ear), from Donostia-San Sebastian, is a Latin Grammy-winning and nominee group. Their lead singer, Amaya Montero, also left the group for a solo career in 2007. Opera is another genre where Basque women have excelled. The soprano Ainhoa Arteta is the most international of all the Basque opera singers. She has performed in prestigious opera houses around the world, including the Metropolitan Opera in New York, the Royal Opera House and Covent Garden in London, and La Scala in Milan.

ANUNCIA ESCALA

Further Resources

- Arranz, Fatima, Esperanza Roquero, and Pilar Aguilar. 2012. *La situación de las mujeres y los hombres en el cine español*. Retrieved from <http://www.academia.edu/1502500>.
- Bergman, Emile L. 2007. “Women Writers in Twentieth-Century Spain.” In *Mirrors and Echoes*, edited by Emilie L. Bergmann and Richard Herr, 1–14. Berkeley, Los Angeles, London: University of California Press. Retrieved from

- <http://www.megustaleer.com/noticia/675/10-escriptoras-espanolas-que-deberias-conocer>.
- Brooksbank Jones, Anny. 1997. *Women in Contemporary Spain*. Manchester: Manchester University Press.
- Diario de Madrid. 2015. Retrieved from <http://www.madriadiario.es/canal-social/policia-nacional/policia/mujeres/409410>.
- Enders, Victoria Lorée, and Pamela Radcliff, eds. 1999. *Constructing Spanish Womanhood, Female Identity in Modern Spain*. Albany: State University of New York Press.
- Forcades, Teresa. 2005. *La Trinitat avui [The Trinity Today]*. Montserrat: Publicacions de l'Abadia de Montserrat.
- Forcades, Teresa. 2006. *Els crims de les grans companyies farmacèutiques [The Crimes of BioPharmaceutical Companies]*. Montserrat: Cristianisme i Justícia.
- Forcades, Teresa. 2007. *La teologia feminista en la història [Feminist Theology in History]*. Barcelona: Editorial Fragmenta.
- Forcades, Teresa. 2014. "Bell Towing for the Swine Flu." YouTube. Retrieved from <https://www.youtube.com/watch?v=A0JqQyl09zQ>.
- Instituto para la mujer y para igualdad de oportunidades. Retrieved from <http://www.inmujer.gob.es/observatorios/observIgualdad/estudiosInformes/home.htm>.
- McConahay, Mary Jo. 2013. "Prosecutor without Borders." *California Lawyer*, September: 44–50. Retrieved from http://www.nxtbook.com/nxtbooks/dailyjournal/calilawyer_201309/index.php#48.
- Molpeceres Alvarez, Laura. 2012. "Situación laboral de las mujeres inmigrantes en España." *Cuaderno de Relaciones Laborales* 30.1: 91–113.
- Nash, Mary. 2013. *Represión, resistencias, memoria: Las mujeres bajo la dictadura franquista*. Granada: Editorial Comares.
- Pagone, Novia. 2012. *Telling Stories in Contemporary Spain: A Survey of Women Writing Literary Journalism*. World Literature Today. Norman, OK: University of Oklahoma Press.
- Pereira-Muro, Carmen. 2003. *Culturas de España*. Boston: Houghton Mifflin Company.
- Rodrigo, Antonina. 2014. *Federica Montseny primera ministra electa en Europa. Ministra de Sanidad*. Barcelona: Editorial Base.
- Ross, Christopher J., Bill Richardson, and Begoña Sangrador-Vegas. 2008. *Contemporary Spain*. 3rd ed. London, UK: Hodder Education.
- Simkin, John. 2015. *Federica Montseny*. Retrieved from <http://spartacus-educational.com/SPmontseny.htm>.
- Tremlett, Giles. 2013. "Keeping up with Teresa Forcades, a Nun on a Mission." *The Guardian*, May 17. Retrieved from <https://www.theguardian.com/world/2013/may/17/teresa-forcades-nun-on-mission>.
- Tsuchiya, Akiko. 2003. "Women and Fiction in Post-Franco Spain." *The Cambridge Companion to the Spanish Novel*. Cambridge: Cambridge University Press.
- Villagomez, Elizabeth. 2015. "Gender Mainstreaming in Spain." Retrieved from http://www.genderkompetenz.info/w/files/gkompzpdf/taix_ph_d_elizabeth_villagomez_morales.pdf.

Sweden

Overview of Country

Sweden is located in Northern Europe and is bordered by the countries of Norway and Finland as well as the Baltic Sea and Gulf of Bothnia. Roughly 174,000 square miles (450,295 sq. km), Sweden has a mountainous border to its west and a mostly flat or rolling terrain in the east. The country had an estimated population of 9,723,809 in 2014, which is primarily concentrated in the southern half of the country and in urban areas, with 85 percent of the population in urban centers. Approximately 15 percent of Sweden's population is foreign born.

The Swedish state dates back to the 1500s, though its borders and separation from Norway were not permanently fixed until 1905. Sweden has a constitutional monarchy led by King Carl XVI Gustav. His daughter Crown Princess Victoria (1977–) is heir apparent and will become Sweden's fourth queen regent and first since 1720. Sweden has a parliamentary democracy driven by its 349-member *Riksdag* (Parliament); general elections are held every four years. Women hold 44.7 percent of the seats in Parliament. Sweden has been a member of the European Union since 1995, though the public rejected the introduction of the euro in a 2003 referendum.

Voting rights are extended to all Swedish citizens aged 18 and older. Women received the right to vote and run for office in 1921, and Sweden's first female Parliament representatives were elected that year. Sweden has a high voter turnout rate for both men and women, at approximately 90 percent. Eight parties are currently in the Parliament: Social Democrats, Moderates, Sweden Democrats, Green Party, Center Party, Left Party, Liberal Party, and Christian Democrats. Only in the past decade have the Swedish Democrats, the extreme right-wing party known for its stance against immigration, gained influence in Sweden. Sweden's feminist party, the Feminist Initiative, narrowly missed a seat in the 2014 Parliament.

In 2014, the UN Development Programme (UNDP) ranked Sweden 12th out of 187 nations on its Human Development Index. Sweden has a maternal mortality ratio of 4 deaths per 100,000 live births and an adolescent birth rate of 6.5 births per 1,000 women aged 15–19. Women have a 60.2 percent labor force participation rate, while the rate for men is 68.1 percent. Some secondary education is attained by 86.5 percent of women (UNDP 2014). The

2014 *Global Gender Gap Report* ranked Sweden 4th of 142 countries. In 2006 and 2007, Sweden was ranked 1st. The reasons for Sweden's drop in the ranking are largely attributed to stagnation and improvements in other countries (WEF 2014).

The government of Sweden has implemented the UN gender mainstreaming approach that requires all policy areas to have a clear gender perspective. It works toward the objective that women and men have the same power to shape society and their own lives. This approach includes four key objectives: (1) an equal distribution of power and influence; (2) economic equality; (3) equal distribution of unpaid care and household work; and (4) stopping men's violence against women (CEDAW 2014).

The Swedish Discrimination Act, approved in 2009, states that "no person may be discriminated against or prevented from enjoying their rights on account of sex, transgender identity or expression, ethnicity, religion or other belief, disability, sexual orientation or age" (CEDAW 2014, 4). The act provides comprehensive protection in multiple areas of society, from working life, education, and the labor market to housing, health care, military service, and social services. The 2009 Discrimination Act brought together several previously existing laws to address discrimination more holistically. While this goal was appropriate, the Swedish government also chose to eliminate the term *race* from the act. The elimination of the term without an appropriate substitute has left a void in legal proceedings concerning racial discrimination, according to many scholars and policy makers (UNAS 2013).

Sweden is renowned for its near two centuries of armed neutrality, particularly during both World Wars. However, the country endures continuing criticism for its enablement of Nazi Germany and its contemporary production and provisioning of weapons to countries throughout the world (Democracy Now 2014). Moreover, Swedish research institutions were world leaders in race biology research of the late 19th and early 20th centuries, and Sweden had a large eugenics program that forced sterilization of individuals considered to have undesirable traits and individuals undergoing sex changes (Björkman and Widmalm 2010).

Sweden is recognized as one of the most progressive countries in the world for women and LGBT persons. For example, in 2012, Sweden adopted the gender-neutral term *hen* as an alternative to the gendered *hon* (she) and *han* (he). Gender-neutral marriage was put into law in 2009. Sweden offers 480 days of parental leave, shared between

both parents, and it has one of the highest female labor force participation rates in the world. Women, however, still earn less than men, take more parental leave time, and do more unpaid household work, to name only a few of the remaining inequalities.

Sweden recognizes five historic national minority groups, all of which share a long history in Sweden and have experienced linguistic and racial discrimination historically and in the present. These include Jews, Roma, Sámi, Swedish Finns, and Tornedal, and Sweden recognizes five corresponding minority languages: Yiddish, Romani Chib, the Sámi languages, Finnish, and Meankieli. In accordance with the European Charter for Regional or Minority Languages, a key goal of protecting national minorities is to protect the right to use minority languages in public and private contexts and recognize them as part of the Swedish cultural heritage (Regeringskansliet 2007).

Yet, Swedish scholars and researchers have been slower to incorporate an antiracist feminist approach in their discussion of women's experiences in Sweden (Måwe 2014). Sweden does not compile official statistics on ethnicity due to a law protecting individuals' privacy; thus, research on women's experiences is often homogenizing. Research tends to focus on the middle class or on differences between Swedish-born and foreign-born women. This is due to a lack of data on such issues as health, education, and labor disparities disaggregated by the ethnic identities of women (UNAS 2013). This situation entails that the intersecting experiences of these individuals as women and minorities are often invisible and makes it more difficult to plan appropriate policies.

Girls and Teens

Girls and teens in Sweden attend compulsory school from ages 7 to 17, though many begin and end their studies earlier in preschool and later in upper secondary and university. The school year starts in mid-August and ends in mid-June. One in five children in Sweden has a family with roots in another country, primarily Iraq, Somalia, Poland, or Thailand. Approximately 14,000 of them were adopted from another country. For newly arrived immigrants, children have been forced to wait a long time before being enrolled in school in several municipalities. These students are sometimes segregated, placed in special introductory classes, and rarely receive education in all subjects, like other students (UNAS 2013).

Sex Education

Sex education is required in the school system and treated as an interdisciplinary area of knowledge that includes biology, civics, history, and religion. The principal of the school is responsible for integrating knowledge about sex and human relationships into various subject areas, giving local schools flexibility in their implementation (CEDAW 2014). Sweden's sex education advocacy group believes that the education could be better by focusing less on reproduction and sexually transmitted infections (STIs) and more on discussions about bodies, relationships, values, and society's views on sex. They also believe that teachers need compulsory sex education training (RFSU 2010). Training for staff in sex education and human relationships was commissioned in 2008–2010 and 2011–2014.

Sports, Leisure, and Cultural Life

The national sports policy is to give girls and boys, women and men, the same conditions for participation in sporting activities. However, the allocation of public funds for sports and culture organizations among young people provides more funding to men's associations. In children's organized sports in 2011, boys accounted for 60 percent of sessions and girls for less than 40 percent. Soccer is the most popular sport among girls and boys. Girls leave organized sports more often than boys when they become teens. Twenty-nine percent of girls and 26 percent of boys between the ages of 13 and 15 play a musical instrument. One-third of 13- to 15-year-olds watch TV at least three hours per day, and one-third of 12- to 16-year-olds surf the Internet for 3 hours per day (Swedish Institute 2014a).

Education

Preschools, Compulsory Schools, and Upper Secondary Schools

Sweden's Education Act (2010) states that preschools and schools have a mandate to combat traditional gender patterns, and all children must have an opportunity to try out and develop abilities and interests without being limited by their gender. The curriculum states,

The school should actively and consciously further equal rights and opportunities for women and men. The way in which girls and boys are treated and assessed in school, and the demands and expectations that are placed on them contributes to their perception

of gender differences. The school has a responsibility to counteract traditional gender patterns. It should provide scope for pupils to explore and develop their abilities and interests independently of gender affiliation. (Ministry of Education and Research 2014, 12–13)

The Education Act also states that everyone must have equal access to schooling within the education system, and provisions are made to promote equal rights irrespective of gender, transgender identity or expression, ethnic origin, religion or other belief, disability, sexual orientation, or age.

Sweden's Education Act also integrates preschool into public education. Public preschool was introduced in 2010 for children from the age of three, with the understanding that no family should be denied the opportunity for their child to attend preschool due to financial reasons. In 2012, 84 percent of all children aged 1–4 attended preschool, and there was an equal distribution between girls and boys (Ministry of Education and Research 2014).

Education is compulsory for children at the age of 7. Preschool and later compulsory education are offered in the student's first language when appropriate to develop speaking and writing skills. Approximately 54 percent of those entitled to first-language education participated in 2012, though children and their parents are sometimes unaware that their child has the right to education in their first language (UNAS 2013).

Upper secondary school is voluntary and free, and 98.7 percent of students continued into upper secondary school in 2012. Though no gender differences exist in terms of applications to upper secondary school, major differences remain in the gender distribution within the majority of Sweden's 18 different programs of study. These include programs such as history, natural sciences, and health. Women were proportionally higher in handicraft, health and social care, and the humanities, while men constituted 90 percent of the students in HVAC and property maintenance, electricity and energy, buildings, and construction. Economics was the program with the most even gender distribution. The differences in the type of education men and women choose impacts their future working life, particularly differences in pay (Ministry of Education and Research 2014).

Girls and young women score higher grades than boys and young men in compulsory and upper secondary school. The difference in performance has remained the same from 2002 to 2012. Boys attain 90 percent of the

grades of girls, and girls score higher average points in all subjects except sports and health in compulsory school. In 2012–2013, young women scored higher grades in all national programs in upper secondary school, except the vehicle and transport program (Ministry of Education and Research 2014). In upper secondary schools, more women study in preparatory programs for higher education than men. Women also meet the basic requirements for university entry more than men (SNAHE 2008). More women (69%) than men (48%) plan to pursue higher education. The interest in attaining higher education is greatest among students in the natural science program (93%), and in this group, there is no difference between men and women. In vocational programs, more women (38%) than men (14%) plan to study further; thus, the difference between sexes is greatest among students in vocational programs (Statistics Sweden 2014b).

The major challenge facing the Swedish education system is ensuring that schools are equal to compensate for the different backgrounds and conditions of students. Currently, the gap between high-achieving schools and lower-achieving schools is growing. A second challenge is reaching equal gender representation in the teaching staff. Men constituted only 3.5 percent of full-time staff at preschools in 2012. In 2011–2012, 76 percent of compulsory school teachers were women, and 52 percent of upper secondary teachers were women (Ministry of Education and Research 2014).

Higher Education

Women have been entitled to study at university in Sweden since 1873. Sweden's first female doctor and gynecologist was Karolina Widerström (1856–1949) in 1888. In 1897, Elsa Eschelsson (1861–1911) became Sweden's first doctor of law and the north's first female university lecturer and professor, though it was not until 1927 that women had the right to attend high school (SNAHE 2008).

Since 1977, the proportion of women in higher education has grown as a result of reforms (SHEA 2014). The percentage of women and men in higher education have remained the same from 2002 to 2013: approximately 60 percent women and 40 percent men. Women have higher graduation rates. In 2012–2013, women constituted 63 percent and men 37 percent of students graduating (SHEA 2014). Just more than 1.2 million people in Sweden have higher education, and more than one in three Swedes have some form of postsecondary education (Statistics Sweden

2015). More women are highly educated among both Swedish and foreign-born persons.

Women dominate seven of the nine broad subject areas in universities, and they have made greater inroads into traditionally male-dominated areas. Men are predominant only in technology, and they have made fewer inroads into female-dominated areas. However, women and men continue to choose traditional education as before. For example, in university, women prefer social sciences and economics, while men prefer technology and natural science. Women are more often in nursing, preschool, and teacher training, while one in four men have an engineering education (Statistics Sweden 2014; SHEA 2014).

In the natural sciences, women make up 45 percent of the total proportion, 3 percent of the mathematics and computer science specialization, 70 percent of the environmental science, and 48 percent of natural science. Within the social sciences, women make up 64 percent of the total proportion, 56 percent of economics, 77 percent of cultural studies, 63 percent of social science, and 89 percent of languages (SNAHE 2008). The report suggests that the strong gender divisions in upper secondary schooling may be reflections of the traditional expectations associated with occupations in a gender-oriented labor market.

The proportion of women in doctoral programs has increased. In 2007, 49 percent of doctoral students were women. Between 2003 and 2013, the proportion of women at the doctoral level has varied between 47 percent and 50 percent. This number has risen from the 1990s, when half as many women as men were beginning doctoral programs. Doctoral studentships are more or less evenly distributed between men and women. Half of doctoral students awarded PhDs in 2013 were women, a number that has been steady during the past decade but risen significantly from 1990, when only 27 percent were women (SHEA 2014).

When it comes time to transition to the labor market, a higher proportion of men gained a footing in the labor market. Though it appears that men establish themselves better than women, the report argues that if one controls for choice in field of study, the proportions become less distinct between men and women (SHEA 2014).

At higher levels in the academic hierarchy, fewer professors are women. The number of professors who are women has risen 122 percent since 2003, though the proportion of women who are professors has only risen from 15 percent to 24 percent. More obvious increases in the percentage of women occurred among senior lecturers, rising from 30

percent to 45 percent since 2001. By 2030, it is estimated that 31 percent of professors will be women. The highest proportion of women (43%) is expected in the humanities and social sciences, while women professors will decline in the natural sciences to 5 percent (SHEA 2014).

Adult Education and Foreign-Born Residents

In the 2010 Education Act, every adult has the right to participate in basic adult education if the person lacks the skills normally attained in compulsory school and may benefit from the education. In 2011, 9 out of 10 participants in adult education had been born abroad. Every municipality is obliged to ensure Swedish-language education for immigrants. In 2012, 107,800 students attended Swedish for Immigrants (SFI) courses, of which 57 percent were women. Thirty-four percent of Swedish-language students had a university degree. Most were born outside Sweden, and their goal was to learn Swedish to enter Swedish society and work (Ministry of Education and Research 2014).

In the international survey of adult skills (PIAAC), of 23 countries, adults in Sweden have a good level of literacy, numeracy skills, and computer problem-solving skills, though women lag behind men (52% of women and 62% of men are good at numeracy, for example) (Statistics Sweden 2013a). Sweden thus has aimed to improve adult literacy by 2015, especially for women. However, while Sweden ranks well as a whole, a large share of the population (those with less education and many foreign-born persons) perform at a low level in the different knowledge areas. In particular, foreign-language immigrants in Sweden have low levels of literacy proficiency. Statistics Sweden warns that these individuals may have poor opportunities to take part in working life and society (Statistics Sweden 2013a; Ministry of Education and Research 2014).

Only 7 out of 10 foreign-born persons having higher education had work suited to their education as their main occupation, while the corresponding figure for Swedish-born persons was 9 out of 10. The figures are relatively even for foreign-born men and women. Those surveyed cited a lack of contacts, a non-Swedish name, foreign background, and language difficulties as important obstacles in obtaining jobs suited to their education (Statistics Sweden 2009).

Health

Sweden's health care system is regarded among the best in the world (OECD 2013). The average life expectancy

for women is 83.7 years and for men 80.1 years. A 2009 survey by the Equality Ombudsman indicated that certain individuals and groups do not have equal access to health and medical services. The most common grounds of discrimination were ethnicity and disability for both men and women. These are followed by sex and sexual orientation, with more women than men reporting discrimination. Other key issues facing Sweden today are care of its aging population and disparities in the health of its foreign-born residents.

Access to Health Care

Health care is universal for all Swedish residents. Guidelines are set by the national government, and responsibility for providing health care resides with the 21 regional governments and 290 municipalities. The health care system is primarily funded through general taxation. The system is also based on patient cost-sharing, or copayment. A primary care fee is USD\$15–\$30, while a specialist consultation varies from USD\$35 to USD\$49. The fee for a hospital stay is USD\$11 per day for the first 10 days and USD\$8 thereafter. Cost ceilings are kept low by limiting the amount a patient pays in a 12-month period. After patients pay USD\$130–\$150 for medical consultations and USD\$300 for prescription medication, the patient pays no more. There are 70 county council hospitals across the country, and specialized hospital and surgical care is distributed in 7 regional or university hospitals in 6 medical regions. Patients may also purchase medically necessary health care, and about 4 percent of the population has voluntary health insurance. The critical issue with Sweden's health care system is wait times. Today, municipalities must guarantee a specialist consultation within 90 days and elective treatment within 90 days of diagnosis, though in rural areas, these goals can fall short (Swedish Institute 2014b).

Maternal Health

Sweden ranked 3rd in Save the Children's 2014 Mother's Index and 5th in its 2015 index. This ranking is due to its low maternal mortality rates (a lifetime risk of maternal death of 1 in 13,600); its low under-5 mortality rate (3 per 1,000 live births); and the high socioeconomic status of women. Prenatal care and births are attended by midwives and have been since the 18th century. Doctors are called in when midwives perceive they are needed (Save the Children 2015). Caesarean rates are at 17 percent, and

emergency C-section rates are at 8.6 percent, some of the lowest in Europe (BBC 2015). Expectant mothers in Sweden receive prenatal care through free or subsidized courses to prepare for delivery. Women in strenuous jobs, such as work that requires heavy lifting, are entitled to take paid time off from work earlier during their pregnancy.

Breastfeeding rates are relatively high at birth (near 100 percent). At two months of age, 66 percent of mothers are exclusively breastfeeding, and at four months, 52 percent of mothers are exclusively breastfeeding. Higher-educated and overseas-born mothers breastfeed more during the first six months than do lower-educated and European-born mothers (Socialstyrelsen 2012).

Contraceptives are available to anyone in Sweden. Since 1974, women have been entitled to abortions before the 18th week of a pregnancy. Between weeks 12 and 18, a woman must discuss the abortion with a social worker. After week 18, an abortion will be performed only following a decision by the National Board of Health and Welfare and usually under exceptional circumstances. Abortion is subsidized by the government.

National Minorities and Foreign-Born Women

Health disparities for Sweden's minority women are very difficult to identify because Sweden does not compile official statistics regarding ethnicity. A 2010 report revealed that government agencies know very little about their specific needs, and much outreach misses Sweden's five national minorities. For example, Roma women experience higher stress associated with a higher workload at home. Pilot programs in several municipalities are training health communicators with Roma language skills and cultural competencies to work with Roma women and girls (CEDAW 2014).

A 2014 study found that total mortality for women decreased in Sweden from 1987 to 2007; however, mortality was higher among foreign-born women (particularly from low-income countries) than Swedish-born women (Esscher 2014). The suggested causes are manifold. The care-seeking behaviors of foreign-born women during pregnancy are reported to be different from Swedish-born women, including a later first appointment, fewer planned visits to antenatal care, and more unplanned visits to the labor ward. Other challenges include diseases that Swedish doctors and midwives may be less familiar with and language barriers that may prevent good health care without the assistance of an interpreter.

Tobacco Use

The proportion of smokers in Sweden has decreased between 1985 and 2012 for both men and women, from 28 percent of women in 1984 to 13 percent of women in 2012. For students in grade 9, smoking has shifted from 20 percent (1985), to 32 percent (2000), to 22 percent (2012) (WHO 2013).

Female Circumcision

Female circumcision (i.e., female genital mutilation or cutting (FGM/FGC)) has been illegal in Sweden since 1982, and if one is a resident of Sweden, it is also illegal to have the procedure done outside of the country. Women and girls are entitled to receive care if they have had the procedure done. Female circumcision rates have increased in Sweden, largely due to increases in immigration. Sweden estimates that, based on country of origin, approximately 38,000 women in Sweden had the procedure done before coming to Sweden. There are 19,000 women currently residing in Sweden who may be at risk for the procedure, based on the country of origin of their mother (Socialstyrelsen 2015b). In 2014, 60 cases of female circumcision were discovered in Sweden, 28 of them at the same elementary school (*The Independent* 2014).

Diseases and Disorders

In 2013, 71 percent of all deaths in Sweden occurred at age 75 years and older. The most common cause of death for both men (37%) and women (38%) is circulatory system diseases. Cancer (24%) is the next leading cause, and lung cancer is the most common among women and has increased since the 1980s. Prior to 2005, breast cancer was the leading cause of cancer-related deaths. Psychological diseases such as dementia are the third-leading cause of death (8%) (Socialstyrelsen 2015a).

Employment

The participation of women in Sweden's labor market did not differ markedly from other Organisation for Economic Co-Operation and Development (OECD) countries until the late 1950s. However, the development of an active labor market policy by the state and a powerful labor movement increased women's participation because it addressed structural constraints on women's employment (Ruggie 1984).

In 2014, Statistics Sweden published a report comparing 30 years of gender-based data (Statistics Sweden 2014f). In 2013, 83 percent of women and 89 percent of men, aged 20–64 years, were in the labor force. Seventy-seven percent of women were employed, and within that group, 54 percent were working full-time at least 35 hours, 20 percent were working part-time 20–34 hours, and 4 percent were working part-time 1–19 hours. Eighty-two percent of men were employed, and within that group, 75 percent worked full time at least 35 hours, 6 percent worked part-time 20–34 hours, and 2 percent worked part-time 1–19 hours. The employment rates for both men and women have decreased since 1987, though the proportion of women working full-time has increased since the beginning of the 2000s. Additionally, 30 percent of women worked part-time in 2013, a decrease from 45 percent in 1987. Younger women make up a larger proportion of part-time workers.

When participation in the labor market is broken down by region of birth, different numbers arise. In 2013, women born in Sweden participated in the labor market at a rate of 91 percent, while women born in other European countries participated at a rate of 84 percent. Women born in Asia participated at a rate of 69 percent, and women born in Africa at 63 percent. Men's numbers decrease substantially less when the numbers are broken down by region of birth.

Of those individuals not in the labor force, women make up 17 percent and men 11 percent. The main activities of women not in the labor force include studies (5%), illness (7%), housework (2%), job seekers (1%), and other (2%).

Paid and Unpaid Work

In 2012, women on average earned 86 percent of what men earned, a slight (3%) decrease in salary differences between men and women since 1994. When age, education, working hours, and occupational group are taken into account, women's pay is 93 percent of men's pay. These pay differences are largely due to differences in occupations between men and women, according to the report. In 2012, women had 66 percent of the pension amount of men, largely due to their greater extent of part-time work. Single women with children have the lowest disposable income. Cohabiting adults without children have the highest disposable income, followed by cohabiting adults with children (Statistics Sweden 2014f). The Discrimination Act requires that all employers carry out a pay survey every three years, and employers with at least 25 employees must

draw up an action plan for equal pay every three years (CEDAW 2014).

Women spent 3.5 hours on unpaid work, while men spent 2.5 hours in 2010. Since 1990, women have reduced their amount of time on unpaid work by 1 hour, and men have increased their time by 8 minutes (Statistics Sweden 2014f).

Occupation

The distribution of labor by sector differs for women and men, particularly in the private sector. In 2013, the proportion of women working for the municipality was 30 percent and 9 percent for men; for the county council, 9 percent for women and 3 percent for men; for central government, 7 percent for women and 6 percent for men; and in the private sector, 53 percent for women and 81 percent for men. Temporary employment has increased, and more women (57%) than men (43%) work in these kinds of positions, particularly in the public sector. Men make a substantially larger proportion of permanent employees in the private sector. The labor market is highly segregated by sex. In the top 30 occupations, an equal sex distribution is seen only in the occupations of chefs and cooks, doctors, and university and higher education teachers. Assistant nurses and hospital ward assistants are the occupations most dominated by women (Statistics Sweden 2014f).

Board and Management Positions

There are no laws regulating the gender composition of company boards or executives. In 2017, Sweden's parliament rejected legislation that would introduce a fine to listed companies who failed to appoint women to at least 40 percent of board seats. The legislation was proposed by the Social Democrats and rejected by the center-right opposition parties that control parliament (*The Guardian* 2017). This legislation was in line with an EU draft directive calling for the same requirements (Reuters 2014).

Women accounted for 49 percent of board members in state-owned companies in 2012, though chief operating officer (CEO) posts and management teams are dominated by men. Seventy-two percent of CEO posts and 62 percent of management team positions are held by men (CEDAW 2014). Women have yet to attain higher positions of power in the private sector. In private enterprise, the proportion of women on listed company boards was 16.1 percent in 2005 and 23.7 percent in 2013. The number of women who are board chairs and CEOs increased from 4.8 percent in

2005 to 6.1 percent in 2013. In Sweden's 62 large cap companies, 3 companies have female CEOs (5%) (Stoll 2014).

Family Leave and Parenthood

Sweden has provided parental leave benefits for the past 40 years. Parents are entitled to 480 days of family leave when a child is born or adopted, of which 60 days are reserved for each parent. Parents receive 80 percent of their normal pay to a maximum monthly income of approximately USD\$4500 for 390 of the days. The remaining 90 days are paid at a flat rate. Unemployed parents are also entitled to parental leave. Leave can be taken until a child turns eight, and the benefits apply to each child, allowing parents to accumulate leave from several children. Parents may also reduce their working hours by up to 25 percent until the child turns eight, though they are only paid for those hours they work (Swedish Institute 2014d).

Women continue to take more parental leave time. In 1985, women used 94 percent and men 6 percent of leave. In 2012, women used 75 percent, while men used 25 percent of leave (Statistics Sweden 2014f). Incentives have been introduced since the 1990s to encourage more men to take leaves. For example, parents can receive additional months of leave if the father takes a month of leave (*The Economist* 2014).

Family Life

Sweden's birth rate in 2011, 2012, and 2013 was 1.9 children per woman (World Bank 2014). In 2013, the average age for a first-time mother was 29 years old, and the average age for a first-time father was 31.5 years old.

Marriage and Family

The most common family form in Sweden is the nuclear family. Three of four children in Sweden lived with both their parents (biological or adopted) in 2011. As children get older, the nuclear family becomes less common because it is more likely their parents have separated. Nine of 10 1-year-olds live with both parents, while 6 of 10 17-year-olds live with both their original parents, a pattern that has been consistent for the decade prior to 2011. One-fifth of children live with a single parent, and 80 percent of them live with their mother (Statistics Sweden 2012).

In 2013, the majority of children were born outside of marriage. Sixty-three percent of first-born children in 2013 were born to parents who were not married to one

another. Children born in a marriage automatically have the husband or same-sex partner registered as their parent, while children born outside a marriage must have the father or same-sex partner registered. Four percent of all newborns in 2013 did not have a registered father. In 2013, one-quarter of newborns were born to a foreign-born mother (Statistics Sweden 2014a).

Children who live with a single parent often have poorer economic conditions than those with both parents living together. Single parents' disposable income is lower, and a larger part of their income comes from different government family support, such as child allowance and housing allowance. The average disposable income for a family with one adult and one child is about SEK 18,400 per month (approximately USD\$2300), and the average disposable income for a family with two adults and two children is SEK 43,000 per month (approximately USD\$5300) (Statistics Sweden 2014a).

In 2014, a new crime was introduced, coercion to marry. It applies to a person who induces another person to enter into marriage or a marriage-like relationship through coercion or exploitation of that person's vulnerable situation (CEDAW 2014). As of July 2014, it is no longer possible for children under the age of 18 to marry before a Swedish authority.

Same-Sex Marriages

Since 2009, Sweden has had a gender-neutral marriage law. Following the law's creation, 4,883 women have entered into same-sex marriages and 3,962 men as of 2013 (Statistics Sweden 2014d). This law was a continuation of a 1995 law that recognized same-sex domestic partnerships. In 1995, when domestic partnerships were legalized, more men (498) than women (167) joined in these partnerships. By 2003, more women than men were joining in same-sex partnerships, and more women than men have chosen to join in same-sex marriages.

Approximately 1,300 same-sex partners (married or domestic partnerships) are guardians of one or more children. Approximately 1,200 children have two women as guardians, while only 60 children have two men as guardians. In total, this number comprised about 1 percent of children in Sweden in 2011. Since 2005, women in same-sex partnerships may receive artificial insemination assistance from the Swedish health care system. The woman who is either "sambo" (living together), in a domestic partnership with, or married to the inseminated woman is

automatically registered as the parent of the child (Statistics Sweden 2013b).

Divorce

Sweden's divorce laws are based on a no-fault system where neither party must prove wrongdoing to obtain a divorce. Each year, approximately 20,000–25,000 divorces occur, a number consistent for the past 30 years. Marriages between two individuals born in Sweden lasted 13 years, between a Swedish-born and a foreign-born person 9.5 years, and between two foreign-born individuals 7 years (Statistics Sweden 2014e). Sweden has one of the highest divorce rates in the world, a rate that many researchers attribute to the welfare state that decreases dependency on a spouse's income and ensures a fairer distribution of wealth between classes (Spilde 2012).

Child Care

The Swedish government provides a monthly child allowance until a child reaches the age of 16. The allowance is SEK 1050 (approximately USD\$125) per month per child and is to be used for the cost of caring for the child (Swedish Institute 2014). If a parent needs to stay home with a sick child or a dependent, employees still receive 80 percent of their pay. The temporary parental leave is available for 120 days per child per year for children under 12 years of age. In 2014, women took 62.5 percent while men took 37.5 percent of total parental leave time to care for a sick child (Försäkringskassan 2015). Every year, women spend 7 working weeks more than men on cleaning, washing, and the care of dependents. After the birth of a first child, women begin to take sick leave from work at a rate about twice as high as men. This number persists over the next 15 years. The Ministry for Social Security is undertaking research to understand the causes underlying this disparity, in particular by looking at the double workload women take on as mothers and employees (Regeringskansliet 2014).

Adoption

Sweden has the highest per capita rate of international adoptions in the world, with 1 out of every 50 children being an adoptee. International adoptions are the most common, though international adoption rates have dropped since 2005 (Statistics Sweden 2014c). Any person over the age of 25, female or male, single or married, may adopt. Married

couples must adopt jointly, unless the spouse is living in an unknown place or suffering from a mental disturbance. In 2002, Sweden withdrew from the European Convention on the Adoption of Children, which it had ratified in 1968, to make changes to its national adoption laws to allow for adoption by homosexual couples in a domestic partnership. Russia recently stopped all adoptions to Sweden in protest of same-sex adoption rights and marriage (*The Local* 2013).

Politics

Women's representation in local and national legislatures has generally increased since the 1970s. In 2010, the National Parliament (*Riksdag*) distribution was 45 percent women and 55 percent men. In 1985, the distribution was 31 percent women and 69 percent men (Statistics Sweden 2014). In local legislatures, women total 43 percent of representatives. Though Sweden has no legislated quotas for its Parliament, several of the major parties have adopted quotas or other gender-related policies. The Social Democrats have alternated women and men on the party lists since 1993, while the Left Party and Green Party have had 50 percent quotas for women since 1987 and 1997, respectively (Quota Project 2015). Women still account for only 37 percent of Sweden's full-time politicians and 31 percent of the first names on ballot papers in municipal elections (CEDAW 2014).

The government consists of 24 ministers. During the 2010–2014 term, 13 ministers were women, and during the 2014–2018 term, 12 ministers were women. Female agency heads in central government now make up 46.5 percent. Members of boards and advisory councils appointed by government were 48 percent women, and 41 percent of chairs were women. Women accounted for 45 percent of permanent judges in general courts and 47 percent of permanent judges in the general administrative courts in 2013. At the municipal level, there are gender-stereotyped differences in the distribution of policy areas, with women overrepresenting child care and elderly care and men overrepresenting infrastructure, business, and tourism (CEDAW 2014).

Police and Armed Forces

Women represent 29 percent of the Swedish police force, a 10 percent increase over the past decade. The proportion of women working as chiefs of police has doubled to

25 percent during the past decade. In 2013, women represented 20 percent of applicants and admitted members to the Swedish Armed Forces. The Swedish government has asked the armed forces to increase the proportion of women at all levels. Sweden hosts the Nordic Center for Gender in Military Operations that works on the UN Security Council Resolution 1325 on women, peace, and security (Regeringskansliet 2014).

Feminist Initiative Political Party

Started in 2006, the Feminist Initiative, or Fi, has campaigned on a platform to keep gender equality questions on government agendas. The party is an outgrowth of the 1960s radical feminist network Grupp 8, which threatened in the 1990s to launch a feminist party if gender equality was not prioritized by established parties (Lundin 2014). Fi's current platform states they challenge the image of Sweden and Europe as the paradise of gender equality. This false image erases existing problems and stalls efforts for genuine change. During its first campaign in 2006, Fi received 0.68 percent of the national vote. Yet, remarkably by the 2014 elections, Fi narrowly missed a seat in the National Parliament with national support at 3.1 percent (short of the 4% needed for a seat in Parliament). It did secure a seat in the European Parliament, with 5.3 percent of the Swedish vote (Cowell-Meyers 2014).

Religious and Cultural Roles

The Church of Sweden was the official state church until 2000. It is Evangelical Lutheran, and Swedes became automatic members of the church at birth until 2000. Today, 66 percent of the Swedish population are members of the church, and that number is dropping 1 percent each year. Antje Jackelén, originally from Germany, became the first woman Archbishop of Uppsala, the chief representative of the Church of Sweden in 2014. The first women priests were inaugurated in the Church of Sweden in 1960, and today 45 percent of priests are women. When Sweden recognized same-sex marriage in 2009, the Church of Sweden began performing same-sex marriage ceremonies that year.

Only 8 percent of Swedes attend any religious service regularly, and approximately 1 percent of members of the Church of Sweden attend religious services. Twenty-nine percent of Swedes consider themselves religious. Other prominent religions are the Free Churches, Protestant

churches not affiliated with the state, which have a much higher attendance rate. There is a small Jewish community of approximately 20,000 people. Islam has grown with increasing immigration, and Sweden hosts five mosques (Swedish Institute 2014c).

Religious freedom and freedom from discrimination are protected by the constitution and other laws. Complaints about religious discrimination are filed with the Discrimination Ombudsman (DO), who will represent the individual in legal proceedings. In 2012, the DO received 82 complaints related to religion. The 2012 hate crime report to the police counted 310 anti-Islamic hate crimes. Most reported hate crimes that were anti-Islamic were either harassment against veiled women or hate speech (U.S. Department of State 2014). Hate crimes against sexual orientation have decreased during the past two years, but hate crimes with antireligious or Afrophobic motives have increased (UNAS 2013). Indictment rates for hate crimes are very low.

In 2013, a hate crime against a Muslim woman sparked an outcry from women in Sweden. An unknown assailant attacked the pregnant woman, tearing off her hijab, banging her head against a car, and shouting racist slurs at her. Women across Sweden, Muslim and non-Muslim, posted photos of themselves in head scarves using the hashtag #hijabuppropet (hijab outcry) (BBC 2013). The protest was criticized for exotifying Muslim women and reproducing the privileges of Sweden's white middle class, who simply took off the head scarves after a few hours (Yazdanfar 2013). Muslim women who wear head scarves are known to withstand the worst of racist attacks (Swedish Muslims in Cooperation Network 2013).

In the same year, a female Muslim reporter was not allowed to become the hostess of Sweden's public television program (SVT) *Mosaik* after she was initially offered the position. SVT's leadership argued that its policy was that all news should be impartial, and they considered a Muslim woman who wears a head scarf to breach that neutrality. The Swedish Muslims in Cooperation Network argues that this law is against the principles of religious freedom and the spirit of an inclusive multicultural society. Women have also been discriminated against when wearing the niqab. One woman was denied an education as a child minder because the school argued it needed to identify all personnel on school grounds, while three women were asked to leave a courtroom hearing for causing disruption (Swedish Muslims in Cooperation Network 2013).

Issues

Violence and Sexual Assault

Assaults against women have increased annually, from 22,000 in 2004 to 27,000 in 2013. Approximately 6,400 persons were suspected of abusing women in 2010, and 20 percent of the reports led to a suspect being tied to a crime. Eighty-five percent of those suspected of assaulting women are men (Brå 2014).

Reported rapes in Sweden have doubled over the past decade, due to both an actual increase in rapes and increases in reporting the crime. Changes in society, such as increasing introductions to strangers via the Internet, increased alcohol consumption, and more pubs and bars, are suspected of leading to more sexual assault. In addition, changes in legislation have led to more crimes being viewed as rape. In 2013, 6,000 rapes were reported, and the majority of victims were women. In 16 percent of offenses, a suspect was tied to the crime. The average prison sentence for rape was 2 years and 4 months, and for aggravated rape, 5 years and 10 months. Sweden's crime reporting agencies suspect that only 10–20 percent of all sexual offenses are reported to police (Brå 2014).

Honor killings are a growing issue in Sweden. It came to national awareness when Fadime Sahindal (1975–2002), a second-generation immigrant to Sweden who addressed Sweden's Parliament on her experiences as a Turkish and Kurdish woman, was killed by her father for dishonoring the family. Sahindal's father was sentenced to life in prison (Lyll 2002).

Trafficking and Prostitution

The purchase of sexual services has been illegal in Sweden since 1999, though the sale of sex is legal. This approach is part of Sweden's criminalization of buyers rather than prostitutes. The prohibition is supported by 70 percent of the population. The national inquiry on the criminalization of purchasing sexual services indicates that it has not negatively impacted individuals engaged in prostitution (CEDAW 2014), though other research indicates it has stigmatized prostitutes and increased discrimination. Since 1995, street prostitution has been cut in half, from 650 women to approximately 200–250 women in 2014. The decline may be due to the new law as well as the increasing use of the Internet for the sale and purchase of sexual services.

The majority of women engaged in the sale of sexual services are foreign nationals. From 2008 to 2011, the

number of purchases of sexual services reported to the police was 2,581, and the majority of sellers were women 18–25 years old. In 2011, penalties for purchasing sexual services were raised from imprisonment for 6 months to imprisonment for 1 year. Crimes committed abroad are also part of Swedish jurisdiction as long as they are also liable under the law where the act was committed. An exception is made if there is an absence of criminal law for sexual crimes against children (CEDAW 2014).

In 2012, the Swedish police drew up 21 reports on human trafficking for sexual purposes and 48 reports for nonsexual purposes. The victims were all women in human trafficking for sexual purposes, and 9 of them were children under 18 years of age. The National Police Board admits that it is difficult to estimate the number of trafficking victims (CEDAW 2014).

Foreign-Born Women

Sweden's Ministry of Integration wishes to bring foreign-born women into Swedish society more quickly. The Swedish government believes that it takes too long for newly arrived women to get into work, and too often they receive information about Swedish society from their partners. Rather than focusing on households, integration policies now focus on individuals to compel women to participate in initiatives such as civic orientation and employment preparation. Because of the parental benefit system, the government believes many newly arrived women with children take extended parental leave and do not participate in these initiatives. The government has also proposed that no more than 96 days of parental benefit should be payable after a child's fourth birthday (Regeringskansliet 2014).

Women who are born abroad have an employment rate of 54 percent, 8 percent lower than for men born abroad and 20 percent lower than for women born in Sweden. Sweden's 2010 Introduction Act attempts to promote gender equality for new immigrants through three changes. Individuals receive introduction benefits separately for participation in programs, allowing women to have an income of their own. Civic orientation is compulsory for all new arrivals, and women may choose a "pilot" as a link to society to help women have more than their husbands as links to Swedish society (CEDAW 2014).

The Swedish Secretariat for Gender Research argues that Sweden's "two-year rule" can lock women in violent relationships. The law dates to a 1983 Swedish Migration

Board decision to prevent fictitious marriages between a Swedish citizen and a person from another country. The rule states that if a couple gets divorced within two years, the spouse from the foreign country loses the right to reside in Sweden. The law forces women in “import marriages” to bear a heavier burden. Most import marriages involve a Swedish man and a woman from Southeast Asia, but they also can be found in immigrant groups where Swedish citizens meet their wives in their countries of origin. Inequality can be high in these marriages, particularly if one spouse arrives after the other, as when the man is established in Sweden and the woman is dependent on him.

Women in these relationships are more vulnerable to domestic violence, and they are overrepresented in women’s shelters and protection services. In 2013, 340 women reached out to shelters, while in 2014, the number increased dramatically to 1,197 women. A similar increase was seen in honor-related violence: 626 victims in 2013 and 1,128 in 2014 contacted a shelter for support. Organizers believe the increase is primarily due to outreach to these women. Most women endure abusive relationships for the two years until they receive their residence permits (Köljing 2015).

Sami Women

The Sami are both a recognized minority and indigenous people. Sami women have historically been marginalized by Swedish laws that have promoted the rights of men over women. Historically, women have been excluded from their communities after they marry or divorce, forcing them to lose land and decision-making rights. As a whole, Sweden has yet to remedy the discrimination it caused through its institutionalized discriminatory policies, nor has it ratified ILO Convention 169 on indigenous peoples. It has not acknowledged Sámi people’s rights to their historic lands, instead continuing to maintain that these lands belong to the state. Clear legislation for resolving historic land disputes, largely caused by discriminatory state legislation, have also not been designed (UNAS 2013).

Roma Women

Roma people are largely excluded from Swedish democratic processes, according to the UN Association of Sweden. Moreover, Roma individuals are reluctant to report discrimination due to distrust of authorities and a sense that their claims are not taken seriously. In an estimated

population of 50,000, unemployment rates are between 80 percent and 90 percent, and the vast majority have not completed elementary school. The requirement to teach in the Romani Chib language is often not met, and finding certified teachers is difficult. Roma people experience discrimination in housing, and they are often denied access to public space. When complaints of discrimination have been filed, few cases lead to results, and discrimination against Roma is also present in the legal system (CEDAW 2014).

Roma experiences are grounded in past discrimination. From 1935 to 1976, it is estimated that 60,000 Roma women underwent “voluntary” sterilization. Many women may not have understood the procedure being done to them. More recently, Swedish newspapers revealed that Swedish police authorities were keeping an illegal database of Romani people. This database included Soraya Post (1956–), an elected member of the European Parliament in 2014 for Sweden’s Feminist Initiative Party (Gardell 2013).

Disability

Around 26 percent of the Swedish population between the ages of 16 and 64 have some form of disability. Approximately 53 percent of them report that their disability limits their work capacity. Though the proportion of men and women having a disability is similar, more women than men report that it reduces their work capacity and increases their vulnerability to violence. Women with disabilities have higher levels of education than men with disabilities, though their paid work is lower and their finances poorer (CEDAW 2014). The FQ Forum Women and Disability in Sweden has argued that the disability movement in Sweden has ignored gender, while the women’s movement in Sweden has ignored disability. In particular, it is the lack of regulation concerning implementation of the laws and statutes pertaining to gender and disability discrimination that is at issue. Specifically, Sweden has yet to define inaccessibility as a form of discrimination (Forum—Women and Disability in Sweden 2011).

Citizenship

Swedish citizenship is based on affinity with Sweden and can be acquired at birth, through adoption and registration, and by application. Naturalization can be granted when the individual meets certain criteria, including age, good conduct, and habitual residence. Approximately 60 percent of foreign-born people residing in Sweden are

Swedish citizens. Under previously rules, children born abroad to unmarried Swedish fathers did not automatically become Swedish citizens and had to register for citizenship. Since 2014, a child who has one parent that is a Swedish citizen always acquires Swedish citizenship at birth (CEDAW 2014).

AMANDA S. GREEN

Further Resources

- BBC. 2013. "Swedish Women Don Headscarves after Assault on Muslim." August 19. Retrieved from <http://www.bbc.com/news/world-europe-23761737>.
- BBC. 2015. "C-Section Rates 'Vary Widely' across Europe." March 9. Retrieved from <http://www.bbc.com/news/health-31766715>.
- Björkman, Maria, and Sven Widmalm. 2010. "Selling Eugenics: The Case of Sweden." *Notes & Records of the Royal Society Publishing* 64: 379–400.
- Brå. 2014. "Rape and Sexual Offences 2013." Retrieved from <http://www.bra.se/bra/bra-in-english/home/crime-and-statistics/rape-and-sex-offences.html>.
- CEDAW (Committee on the Elimination of All Forms of Discrimination against Women). 2014. "Consideration of Reports Submitted by State Parties under Article 18 of the Convention: Sweden." CEDAW/C/SWE/8–9.
- Cowell-Meyers, Kimberly. 2014. "Sweden's Feminist Initiative Has Lessons for Social Movements Elsewhere." *Washington Post*, June 20. Retrieved from <http://www.theguardian.com/lifeandstyle/womens-blog/2014/sep/15/feminist-initiative-swedish-elections-gender-equality>.
- Democracy Now. 2014. "Despite Peaceful Reputation, Sweden Is a Major Weapons Exporter to Human Rights Abusers." July 2. Retrieved from http://www.democracynow.org/2014/7/2/despite_peaceful_reputation_sweden_a_major.
- The Economist*. 2014. "Why Swedish Men Take So Much Paternity Leave." July 22. Retrieved from <http://www.economist.com/blogs/economist-explains/2014/07/economist-explains-15>.
- Esscher, Annika. 2014. "Maternal Mortality in Sweden: Classification, Country of Birth, and Quality of Care." PhD dissertation, faculty of medicine, Uppsala University.
- Försäkringskassan. 2015. "Pressmeddelande: Så jämställt vabbar vi [Press release: As We Equalize Parental Care of Sick Children]." March 6. Retrieved from http://www.forsakringskassan.se/press/pressmeddelanden/sa_jamstallt_vabbar_vi.
- Forum—Women and Disability in Sweden. 2011. "Women with Disabilities and Our Lives in Sweden 2011: Parallel Report to the Swedish Government's Official Report and the Disability Movement's Parallel Report to the UN Committee on the Rights of Persons with Disabilities." December 15. Retrieved from http://www.ohchr.org/Documents/HRBodies/CRPD/Future/Forum_womenDisabilities_Sweden_CRPDFuture.doc.
- Gardell, Mattias. 2013. "Sweden's Dirty Little Secret." *Open Democracy*, October 9. Retrieved from <https://www.open-democracy.net/can-europe-make-it/mattias-gardell/swedens-dirty-little-secret>.
- The Guardian*. 2017. Sweden Rejects Quotas for Women on Boards of Listed Companies. January 12. Retrieved from <https://www.theguardian.com/world/2017/jan/12/sweden-rejects-quotas-women-boardroom-listed-companies>.
- The Independent*. 2014. "FGM in Sweden: School Where Every Single Girl in One Class Underwent Procedure Exposed." June 20. Retrieved from <http://www.independent.co.uk/news/world/europe/fgm-in-sweden-school-where-every-single-girl-in-one-class-underwent-procedure-exposed-9552854.html>.
- Köljning, Cecilia. 2015. "Two-Year Rule Locking Women into Violent Relationships." Swedish Secretariat for Gender Research, May 6. Retrieved from http://www.genus.se/english/news/Nyhet_detalj/two-year-rule-locking-women-into-violent-relationships.cid1303068.
- The Local*. 2013. "Russia Halts Adoptions to Sweden over Gay Nuptials." October 4. Retrieved from <http://www.thelocal.se/20131004/50596>.
- Lundin, Emma. 2014. "Feminist Initiative's Strong Showing in the Swedish Elections Puts Pressure on Mainstream Parties." *The Guardian*, September 15. Retrieved from <http://www.theguardian.com/lifeandstyle/womens-blog/2014/sep/15/feminist-initiative-swedish-elections-gender-equality>.
- Lyall, Sarah. 2002. "Lost in Sweden: A Kurdish Daughter Is Sacrificed." *New York Times*, July 23. Retrieved from <http://www.nytimes.com/2002/07/23/international/europe/23SWED.html>.
- Måwe, Ida. 2014. "The Emergence of Anti-Racist Feminism." Swedish Secretariat for Gender Research, September 12. Retrieved from http://genus.se/english/news/Nyhet_detalj/the-emergence-of-anti-racist-feminism.cid1235390.
- Ministry of Education and Research. 2014. "Education for All 2015 National Review Report: Sweden." Retrieved from <http://unesdoc.unesco.org/images/0022/002299/229937e.pdf>.
- OECD (Organisation for Economic Co-Operation and Development). 2013. "OECD Reviews of Health Care Quality: Sweden 2013: Raising Standards." Retrieved from <http://dx.doi.org/10.1787/9789264204799-en>.
- Quota Project. 2015. "Sweden." Retrieved from <http://www.quotaproject.org/uid/countryview.cfm?CountryCode=SE>.
- Regeringskansliet. 2007. National Minorities and Minority Languages: A Summary of the Government's Minority Policy." Retrieved from www.government.se/content/1/c6/08/56/35/3b0f796c.pdf.
- Regeringskansliet. 2014. "Gender Equality: The Responsibility of the Entire Government." Retrieved from <http://www.government.se/sb/d/3428/a/241859>.
- Reuters. 2014. "New Swedish Government Mulls Quotas for Women on Company Boards." January 10. Retrieved from <http://www.euractiv.com/sections/innovation-enterprise/new-swedish-government-mulls-quotas-women-company-boards-308834>.

- RFSU. 2010. "Sexuality Education at School." Retrieved from <http://www.rfsu.se/en/Engelska/Sexuality-Education/Sexuality-education-at-school>.
- Ruggie, Mary. 1984. *The State and Working Women*. Princeton, NJ: Princeton University Press.
- Save the Children. 2015. "State of the World's Mothers 2015." Fairfield, CT.
- SHEA (Swedish Higher Education Authority). 2014. "Higher Education in Sweden: 2014 Status Report." Retrieved from <http://english.uka.se/download/18.7ff11ece146297d1aa65b4/1407759224422/higher-education-in-Sweden-2014-status-report.pdf>.
- SNAHE (Swedish National Agency for Higher Education). 2008. "Women and Men in Higher Education." Retrieved from <http://www.hsv.se/download/18.7d96afab11f40c928617ffe30/0848R.pdf>.
- Socialstyrelsen. 2012. "Breastfeeding Statistics." Retrieved from <http://www.socialstyrelsen.se/statistik/statistikefteramne/amning>.
- Socialstyrelsen 2015a. "Causes of Death 2013." Retrieved from <http://www.socialstyrelsen.se/publikationer2015/2015-2-42>.
- Socialstyrelsen. 2015b. "Girls and Women in Sweden that May Have Experienced Female Circumcision: An Estimate." Retrieved from <http://www.socialstyrelsen.se/publikationer2015/2015-1-32>.
- Spilde, Ingrid. 2012. "Swedish Research Places the Soaring Divorce Rates in Recent Decades on the Shoulders of Equal Rights and Social Justice." *Science Nordic*, October 18. Retrieved from <http://sciencenordic.com/increased-divorce-rates-are-linked-welfare-state>.
- Statistics Sweden. 2009. "Every Third Highly Educated Foreign-Born Unemployed." Retrieved from <http://www.scb.se/en/Finding-statistics/Statistics-by-subject-area/Education-and-research/Education-of-the-population/Highly-qualified-born-abroad/Aktuell-Pong/80106/Behallare-for-Press/The-labour-market-for-persons-with-higher-education---a-comparison-among-persons-born-in-Sweden-and-those-born-abroad/>.
- Statistics Sweden. 2012. "Nuclear Family Still the Most Common." Retrieved from <http://www.scb.se/sv/Hitta-statistik/Artiklar/Karnfamiljen-fortfarande-vanligast>.
- Statistics Sweden. 2013a. "Adult Skills Stand Up Well Internationally." Retrieved from <http://www.scb.se/en/finding-statistics/statistics-by-subject-area/education-and-research/education-of-the-population/programme-for-the-international-assessment-of-adult-competencies/pong/statistical-news/piaac---programme-for-the-international-assessment-of-adult-competencies/>.
- Statistics Sweden. 2013b. "More Women Than Men in Same-Sex Marriages." Retrieved from <http://www.scb.se/sv/Hitta-statistik/Artiklar/Fler-kvinnor-an-man-ingar-samkonade-aktenskap>.
- Statistics Sweden. 2014a. "First Time Fathers Older Than First Time Mothers." Retrieved from <http://www.scb.se/sv/Hitta-statistik/Artiklar/Forstagangspappor-aldre-an-forstagangsmammor>.
- Statistics Sweden. 2014b. "Interest for Higher Education Greater among Women." Retrieved from <http://www.scb.se/en/Finding-statistics/Statistics-by-subject-area/Education-and-research/Education-of-the-population/Higher-education-plans-of-upper-secondary-school-pupils/Aktuell-Pong/9900/Behallare-for-Press/370980>.
- Statistics Sweden. 2014c. "International Adoptions Decrease." Retrieved from <http://www.scb.se/sv/Hitta-statistik/Artiklar/Internationella-adoptioner-minskar>.
- Statistics Sweden. 2014d. "Marriage More Popular Than Partnership." Retrieved from <http://www.scb.se/sv/Hitta-statistik/Artiklar/Giftermal-mer-populart-an-partnerskap>.
- Statistics Sweden. 2014e. "Nearly 54,000 Marriages Ended in 2013." Retrieved from <http://www.scb.se/sv/Hitta-statistik/Artiklar/Nastan-54-000-aktenskap-tog-slut-2013>.
- Statistics Sweden. 2014f. "Women and Men in Sweden 2014: Facts and Figures." Retrieved from <http://www.scb.se/en/Finding-statistics/Publishing-calendar/Show-detailed-information/?publobjid=22162>.
- Statistics Sweden. 2015. "Yearbook of Educational Statistics 2015: Just over 1.2 Million Highly Educated, Working Age Persons in Sweden." Retrieved from <http://www.scb.se/en/Finding-statistics/Statistics-by-subject-area/Education-and-research/Education-of-the-population/Yearbook-of-Educational-Statistics/Aktuell-Pong/64482/Behallare-for-Press/379597>.
- Stoll, John D. 2014. "Norway's Exemplary Gender Quota: Just Don't Ask about CEOs." *Time*, May 22. Retrieved from <http://blogs.wsj.com/moneybeat/2014/05/22/norways-exemplary-gender-quota-just-dont-ask-about-ceos>.
- Swedish Institute. 2014a. "Children and Young People in Sweden." Retrieved from <https://sweden.se/society/children-and-young-people-in-sweden>.
- Swedish Institute. 2014b. "Health Care in Sweden." Retrieved from <https://sweden.se/society/health-care-in-sweden>.
- Swedish Institute. 2014c. "10 Fundamentals of Religion in Sweden." Retrieved from <https://sweden.se/society/10-fundamentals-of-religion-in-sweden>.
- Swedish Institute. 2014d. "10 Things That Make Sweden Family-Friendly." Retrieved from <https://sweden.se/society/10-things-that-make-sweden-family-friendly>.
- Swedish Muslims in Cooperation Network. 2013. "Alternative Report to Sweden's 19th, 20th and 21st Periodical Reports to the Committee on the Elimination of Racial Discrimination." Retrieved from www.islamiskaforbundet.se/sv/doc/Report.pdf.
- UNAS (UN Association of Sweden). 2013. "Alternative Report to Sweden's 19th, 20th, and 21st Periodical Reports to the Committee on the International Convention on Racial Discrimination." Retrieved from www.fn.se/Global/Pdfer/CERD%202013.pdf.
- UNDP (UN Development Program). 2014. "Sweden: Human Development Indicators." Retrieved from <http://hdr.undp.org/en/countries/profiles/SWE>.
- U.S. Department of State. 2014. "Sweden: 2013 Report on International Religious Freedom." Retrieved from <http://www.state.gov/j/drl/rls/irf/2013/eur/222273.htm>.

- WEF (World Economic Forum). 2014. *Global Gender Gap Report 2014*. Geneva, Switzerland.
- WHO (World Health Organization). 2013. "WHO Report on the Global Tobacco Epidemic: Country Profile: Sweden." Retrieved from http://www.who.int/tobacco/surveillance/policy/country_profile/en/#S.
- World Bank. 2014. "Data: Fertility Rate, Total (Births per Woman)." Retrieved from <http://data.worldbank.org/indicator/SP.DYN.TFRT.IN>.
- Yazdanfar, Sara. 2013. "Hijab Outcry Exotifies Muslim Women." *SVT Nyheter*, August 19. Retrieved from <http://www.svt.se/opinion/hijabuppropet-exotifierar-muslimska-kvinnor>.

Switzerland

Overview of Country

Switzerland is a federal republic located in western Central Europe. It is a landlocked country bordered by Italy to the south, Germany to the north, France to the west, and Austria and Lichtenstein to the east. It is approximately 15,950 square miles (41,285 sq. km). The geography of Switzerland is primarily defined by the Swiss Alps to the south, meaning that most of the Swiss population resides on the Swiss Plateau to the north, where the country's largest cities of Zürich and Geneva are located. Another mountain range, the Jura Mountains, borders the west side of the plateau.

The Swiss climate varies greatly between the various geographic localities, with glacial conditions on mountain peaks and a temperate, Mediterranean climate at the southernmost part of the country. As of 2015, the population of Switzerland was 8,286,976 (World Bank 2016). According to the Swiss Federal Department of Foreign Affairs, since 1950, Switzerland has transitioned from a largely rural country to a mostly urban one, with nearly three-quarters of the country's population residing in urban areas. Since the beginning of the 21st century, the population growth in urban areas has been higher than in the countryside (FDFA 2016).

Located at the crossroads of three major European cultures (French, German, and Italian), Switzerland is a culturally diverse country. Nearly one-quarter of Switzerland's resident population are foreigners, with Italians making up the largest portion of this foreign community at 292,000 people. They are followed by the German, Portuguese, and French communities. Because of this rich

multiculturalism in Switzerland, the nation is multilingual. There are four language regions in Switzerland, each with their own official language: German, French, Italian, and Romansh. Many Swiss citizens speak several languages, making multilingualism an integral part of Switzerland's national identity (FDFA 2016).

The Old Swiss Confederacy, the precursor to the modern state of Switzerland, was established during the late medieval period. By 1648, the region of Switzerland gained independence from the Holy Roman Empire and was officially recognized as a sovereign territory in the signing of the Peace of Westphalia. This began Switzerland's long history of armed neutrality, as the nation has not been in a state of war internationally since 1815. The nation's interest in human welfare is typified by the International Committee of the Red Cross, a humanitarian institution that was founded in Switzerland in 1863 and continues to be headquartered there. According to the Geneva Conventions, the Red Cross has a mandate to protect victims of international and internal armed conflicts (ICRC 2016).

Economically, Switzerland is one of the most developed countries in the world. According to the International Monetary Fund (IMF), Switzerland has the highest nominal wealth per adult (IMF 2015). The nation has the eighth-highest capita gross domestic product (GDP), as in 2015, Switzerland's GDP was \$670,789,928 (World Bank 2016). Global rankings consistently place Switzerland as the wealthiest country in the world, and in 2013, the Credit Suisse Global Wealth Report named Switzerland as the country with the highest average wealth per adult. Credit Suisse also predicts that the Swiss economy will grow by 1.5 percent in 2017 (Credit Suisse 2017).

In 2015, the UN Development Programme (UNDP) ranked Switzerland 3rd out of 187 nations based on the Gender Inequality Index (GII; 0.028). However, despite the nation's history of economic prosperity and cultural diversity, Switzerland's gender roles and values were slow to evolve. Switzerland was the last Western republic to grant women the right to vote, as women's suffrage was not achieved at the federal level there until 1971. Once suffrage was achieved, however, women quickly gained political representation and social equality, with the nation electing their first female president, Ruth Dreifuss, in 1999.

Girls and Teens

In Switzerland, children up to age 14 make up only 15.1 percent of the total population. Girls make up less than half

of children in this age group, with only 7.2 percent of the Swiss population consisting of girls aged 14 and younger (IndexMundi 2016). Education rates for this young female segment of the Swiss population are quite high, as there is a nearly 100 percent participation rate among girls in pre-primary and primary school education (UNICEF 2013). As a result, opportunities for young Swiss girls and teens are relatively high, while gender bias among this demographic is relatively low.

Sex Education

In Switzerland, the content and amount of sex education is decided on the state rather than the federal level. In some cases, sex education has focused on girls first rather than boys. In Geneva, for example, courses have been given at the secondary level first for girls since 1926. However, overall, sex education in Switzerland is not gender specific. Since the 1970s, generalized sex education courses have been implemented by the states with trained specialists within school health services at the secondary level.

In the 1980s, sex education began to be implemented in primary schools in Switzerland as early as kindergarten. The objectives of this introductory education have been to empower children, strengthen their resources, and give them the capacity to determine what is right or wrong based on what is and is not allowed legally and socially. In 2014, a concerned parents group in Switzerland expressed outrage when they learned that their kindergarten-aged children had been given genital plush toys to play with as part of their sex education curriculum. This began an effort on the part of the conservative Swiss People's Party to outlaw sex education in Switzerland for children under the age of nine (Clark-Flory 2014).

Health

Switzerland is known for its high life expectancy rates and general health and well-being of all citizens, which means the country's health care system has often been used as a model for other developed nations. In Switzerland, health care is universal and required of all citizens. The government does not provide health services; instead, Swiss private insurers are required to offer coverage to all citizens, regardless of medical history or age. In turn, Swiss citizens are obligated to buy health insurance. With an infant mortality rate of only 3 deaths per 1,000 live births and a maternal mortality rate of 6 deaths per 10,000 live births,

Switzerland is among the healthiest nations in the world (WHO 2017). This can largely be contributed to the high standards of the Swiss health care system.

Swiss women are generally healthier than Swiss men, as the life expectancy is 74 years of age for women and 71 for men (WEF 2017). Swiss men are more likely to be physically active, with 76 percent of men surveyed by the Swiss FSO in 2012 reporting they engaged in some form of exercise compared to only 69 percent of women. Swiss women, however, are more likely to focus on diet as a means of health and wellness, with 75 percent of women surveyed in 2012 reporting that they pay attention to their diets compared to 60 percent of men. Men are also more likely to experience obesity in Switzerland, with 50 percent of men surveyed reporting that they were overweight compared to only 32 percent of women (FSO 2016).

Reproductive Health

Women in Switzerland have equal access to the nation's health care facilities. Contraceptives are easily available in Switzerland, and statistics indicate that over 80 percent of Swiss women use some form of birth control (World Trade Press 2011). Abortions are legal in Switzerland when performed within the first 12 weeks of pregnancy. In general, the Swiss government supports sexual and reproductive health and rights, primarily through its partnership with the Federal Office of Public Health and the International Planned Parenthood Federation (IPPF). These offices structurally and strategically support sexual and reproductive health professionals in Switzerland, promote free access to independent and high-quality information and services for sexual and reproductive health to all Swiss citizens, and advocate for sexual and reproductive health and rights in the political and public context. IPPF often works in alliance with nongovernmental organizations (NGOs) and other professional organizations in Switzerland to promote sexual and reproductive health and rights for Swiss citizens, and it is currently working to provide a network of professionals in sexual and reproductive health and rights in Switzerland while also actively participating in the international community on these issues (IPPF 2016).

Education

Education in Switzerland is diverse in its forms and structures because Switzerland's Constitution grants authority for the school system to the nation's individual cantons,

or member states. Furthermore, Switzerland's cultural diversity contributes to the diversity of its education system, where there are many private international boarding schools containing students from all over the world. There are both public and private schools in Switzerland, where primary school is obligatory for all children, and free education in public schools is guaranteed by the Swiss Constitution.

Education in Switzerland consists of early childhood education (preschool, kindergarten); basic education (primary, lower secondary, upper secondary education); and higher education (colleges and universities). The Swiss higher education system has a large focus on sciences and international relations, as there are several prestigious institutions in Switzerland devoted to these two realms of study, including the Graduate Institute of International Development Studies. Many Nobel Prize laureates have been Swiss scientists, including Albert Einstein and Richard Ernst. While Switzerland as a nation excels in these two fields of study, women are statistically underrepresented in both the sciences and international studies (FSO 2016).

In general, the gender gap between men and women in the Swiss educational system is quite pronounced. The World Economic Forum (WEF) ranks Switzerland 61st out of 144 nations in the category of educational attainment opportunities for women (WEF 2017). According to the Swiss Federal Statistical Office (FSO), in 2015, the percentage of Swiss women aged 25–64 without postcompulsory education was higher than that of Swiss men of the same age. This difference is particularly pronounced at the college or university level. However, the Swiss government has been working to narrow this gender education gap. Between the academic years of 1995–1996 and 2003–2004, the proportion of female students attending postsecondary education programs in Switzerland rose by 1.5 percent. This was on par with other Western European countries, where the range of increase was between 1.3 percent and 2.2 percent (UNICEF 2008). In 2015, there was significant progress for the younger generation of Swiss females. In the 25–34 age group during this year, the proportion of women with a university degree was higher than that of men of the same age (FSO 2016).

Study Choices

Education choices—and, subsequently, career choices—have historically been quite gender specific in Switzerland.

Into the 21st century, this gender division has remained largely unchanged, although over the past two decades, this division has become slightly less rigid. Overall, young Swiss men are more likely than women to pursue technical fields of study, such as engineering, architecture, information technology (IT), and the sciences. In 2014, just 6 percent of Swiss students in their first year of diploma training courses in the fields of engineering and computer sciences were women. Young Swiss women, on the other hand, are overrepresented in vocational fields of study, such as health, the humanities, social work, and teacher training. In degree programs for health and social services, women made up 90 percent of the students in these fields in 2014 (FSO 2016).

However, these gender barriers are beginning to break down in Switzerland's educational system. Young Swiss women today are more likely than in the past to choose traditionally male-dominated fields of study. Since 2000, the proportion of Swiss women has risen in all university faculties as well as in the traditionally male-dominated areas of study at this educational level. However, this flexibility has not extended to traditionally female-dominated fields. Today, young Swiss men are just as unlikely as in decades past to choose educational programs where women have been historically overrepresented, including health, teaching, and social work. In 2015, 71 percent of university students admitted to humanities and social sciences degree programs were women. By contrast, women made up only 31 percent of students beginning degree programs in the technical sciences (FSO 2016).

Teaching

Although there is a relatively balanced ratio between the total numbers of male and female students in the educational system in Switzerland, this ratio becomes skewed at the graduate level. Comparatively fewer women than men graduate from higher education in Switzerland (UNICEF 2008). This gender imbalance is also represented among teachers in Switzerland. While virtually all teachers at the preschool level in Switzerland are women, the higher the school level, the smaller the percentage of female teaching staff (FSO 2016). At the secondary school level, Switzerland has a low proportion of women teachers compared with other Western European countries. At the graduate level, this gender gap is even more pronounced, as there are a significantly lower proportion of female lecturers

than men in Switzerland's graduate institutes. However, this division is beginning to shift. In recent years, the number of female lecturers in graduate education has risen significantly (FSO 2016).

Family Life

Although Switzerland is one of the most developed nations in the world economically and politically and contains one of the healthiest populations of any nation on the planet, Switzerland remains a relatively male-dominated society. Only about two-thirds of Swiss women actively participate in the country's economy, as many women focus instead on their domestic lives. This is largely due to long-standing, traditional views on Swiss women's role in society. This role can be summarized by the common description of Swiss women's work as revolving around *kinder, kirche, und kuche* (children, church, and kitchen). This widespread perception of Swiss women and their role in society can be seen as an invisible yet powerful barrier preventing women from gaining professional, economic, and social equality in Switzerland.

Marriage and Childbearing

In Switzerland, women generally enter into marriage and family life much earlier than their male counterparts. According to the WEF, in 2016, the proportion of women married by the age of 25 was three times higher than that of men. According to this same report, the mean age of women at the birth of their first child was 32 (WEF 2017).

Switzerland is unique among other European countries in that, although a minimal maternity insurance was implemented in 2005, there is currently no statutory parental or paternity leave. Statistics show that the bulk of the burden of child-rearing is borne by Swiss women, who on average take 98 days of maternity leave (WEF 2017). However, there is an increasingly common phenomenon of Swiss fathers taking paternity leave to care for their child for at least 30 days. In many cases, these men take unpaid paternal leave, in agreement with their employer. In other cases, Swiss men will leave their jobs to take paternity leave and then benefit from unemployment insurance while caring for their children. These studies show that, for Swiss men, taking leave usually comes at a price, which may explain why it is a relatively rare phenomenon in Switzerland (Valarino 2016).

Household Roles and Responsibilities

Because it is increasingly rare in Switzerland for a single salary to meet the financial needs of a family, it is often a financial necessity for both parents to seek paid employment outside of the household. Although Swiss mothers are increasingly engaged in paid employment, it continues to hold true that most of them work part-time. This is particularly true for households where children are living at home; in these cases, the work and time percentage for mothers is under 50 percent. In many cases, Swiss women give up their jobs altogether when children live in the household (FSO 2016). Swiss fathers, on the other hand, usually work full-time, indicating that the burden of balancing work and family life in Swiss society is typically borne by women.

The most typical model for Swiss family households with children is for the father to be employed full-time and the mother part-time, with the second most frequently chosen model being the father in full-time employment and the mother economically inactive. However, this trend has shifted. Since 1992, the share of Swiss family households with the father in full-time employment and the mother economically inactive declined sharply in favor of the model where fathers work full-time and mothers work part-time (FSO 2016). This trend can be interpreted to show that gender roles in family life in Switzerland are beginning to shift, with the delegation of paid and unpaid work becoming more evenly distributed among the sexes.

Politics

Legal advancements toward gender equality are a relatively recent phenomenon in Switzerland, with women only gaining suffrage at the federal level in 1971. While women have equal rights according to the letter of the law in Switzerland, Swiss women nevertheless experience social restriction at many levels. In general, Switzerland is a relatively socially conservative nation on gender issues.

Switzerland is the world leader in direct democracy, as all citizens can directly decide on a broad range of policies. However, studies have found that there are large gender gaps in citizen voting on referendums and initiatives. These gender gaps are particularly pronounced in the areas of health, environmental protection, defense spending, and welfare policy. Swiss women show consistently higher approval rates for allocating funds to environmental protection than men and are less supportive of nuclear energy.

Swiss women are more in favor of equal rights for men and women and generally support the disabled, but they are against the military (Funk and Gathmann 2015). Ultimately, these studies have shown that Swiss women prefer quite different sociopolitical policies than Swiss men.

Legal Rights

Switzerland was one of the last European nations to give its women the right to vote. Consequently, although Swiss women enjoy the same rights as men under Switzerland's Constitution, gender discrimination and social barriers for women remain prevalent. Feminist movements in Switzerland throughout the late 20th and early 21st centuries led to a large increase in women taking up various previously inaccessible professions. Because of these movements, the Swiss government also implemented several laws promoting gender equality and established a Federal Office for Gender Equality in 1988. In 1996, the Swiss Federal Act on Gender Equality entered into force, which specifically prohibits gender discrimination in paid employment. These federal initiatives have sought to create more work opportunities for Swiss women in the mainstream economy and have seen incremental success. Although social trends for the treatment of women have yet to see substantial change because of these laws, an increasing number of Swiss women are participating in public life.

LGBTQ Rights

LGBTQ rights legislation in Switzerland is relatively liberal, paralleling the general legal situation for LGBTQ citizens in Europe and the Western World. Same-sex sexual activity has been legal in Switzerland since 1942. There has been legal recognition for same-sex relationships in the country since 2007. In 1993, a legal procedure for the registration of gender reassignments following gender reassignment surgery was outlined. Since 2012, Swiss authorities have generally allowed legal gender reassignments without the evidence or requirement of surgery. Swiss citizens generally support LGBTQ rights, with a 2016 poll showing that 69 percent of the Swiss population supported same-sex marriage.

Participation in Government

In Swiss politics, women make up only 26 percent of the National Council and 24 percent of the Council of States. In only 6 out of the last 50 years has there been a female

head of state in Switzerland, making the female-to-male ratio in this area only 14 percent. However, this ratio is relatively high compared to global statistics; Switzerland is ranked in the top third of nations worldwide for its representation of women in heads of state roles (WEF 2017). As many nations have yet to elect a female head of state, Switzerland stands as somewhat progressive in this arena, as the nation elected its first female president in 1999. In 2016, the WEF ranked Switzerland 15th out of 144 nations in its *Global Gender Gap Report* in the area of female political empowerment (WEF 2017).

Considering that Swiss women only gained the right to vote in 1971, the nation has made relatively large strides in the participation of Swiss women in policy making. The representation of women in the Swiss Federal Assembly has grown from 5 percent in 1971 to 30 percent since 2011 (Funk and Gathmann 2015).

Divorce and Child Custody

Swiss women have the right to initiate divorce and claim custody of their children in the divorce process. They also have equal rights to the joint property of the couple in divorce. In the case of cohabitation without marriage, if parents separate, the mother is legally considered the custodian of her children in Switzerland, even if paternity is proven. In all divorce cases, however, the Swiss court decides the legal guardian of children.

Feminist Organizations

Switzerland is home to many organizations devoted to the economic, political, and social advancement of women. These organizations have made great strides over the last century toward women's equality both in Switzerland and abroad. One of the largest and most far-reaching of these organizations in Switzerland is the Women's International League for Peace and Freedom (WILPF), which was founded in 1915 in Geneva. Today, the WILPF is an international NGO with National Sections for countries on every continent, an international headquarters in Geneva, and a New York office devoted to the work of the United Nations. WILPF is devoted to working within existing legal and political frameworks to achieve structural change in the way nation-states understand and address issues of gender, but also militarism, peace, and security. WILPF was one of the first organizations to gain consultative status with the United Nations, and it is the only women's antiwar

organization so recognized. In 2015, WILPF adopted several new congress resolutions in addition to its core aims, including a resolution on the human right to health and safe food, a resolution on girl soldiers, and a resolution that seeking asylum is a human right (WILPF 2016). Over its 100-year history, WILPF has made great strides toward gender equality and the advancement of human rights around the world.

The other major women's group in Switzerland is the International Council of Women (ICW), which was the first truly global women's NGO; it was founded in 1888 for the advancement of women nationally as well as globally. Since that time, the ICW has worked to promote international women's rights through the United Nations and other global organizations. The primary concerns of the ICW are international peace and justice, capacity building for women as decision makers, and women's human rights. The ICW empowers women through projects designed to help women in the areas of literacy, nutrition, developing leadership skills, food safety, income-generating projects, and more (ICW 2016). Much like the international work of Swiss-based organizations like the Red Cross, feminist organizations in Switzerland have worked to promote women's rights and equal human rights both at home and around the world.

Employment

Women continue to experience limitations on work opportunities in Switzerland. Studies show that, overall, Swiss women earn 28 percent less than their male counterparts for performing the same job. For women aged 45 and above, this disparity is even larger, at 35 percent. Gender-based wage disparities are widespread in Switzerland and are more pronounced in the private than in the public sector (Anastasiade, Catalina, and Tille 2016). According to the WEF, Switzerland ranks 43rd out of 144 nations in wage equality for similar work (WEF 2017). Studies have found that the gender wage gap in Switzerland is more pronounced in jobs that earn lower wages, with the wage gap in these jobs over proportionally due to gender discrimination. Economists have pointed to the lower education among women in these positions as attributing to the large discrimination component at low wages (Bonjour and Gerfin 2001).

Women make up 46 percent of Switzerland's labor force. In 2015, economic growth was widespread across

Switzerland, with the number of economically active persons in the country increasing by 1.7 percent over the previous year. This growth was more pronounced for women, who showed a 1.9 percent increase compared to the 1.5 percent increase among the male population (FSO 2016). However, the gender gap among professional and technical workers in Switzerland remains high. The WEF ranked Switzerland 79th out of 144 countries for the economic participation and opportunity available to women in these fields (WEF 2017).

Professional Workforce

Opportunities for women professionally and socially remain limited in Switzerland. Swiss women continue to be delegated to traditionally female professions. In the medical field, for example, a high percentage of nurses are women as opposed to men. Swiss women continue to take up jobs that have historically been identified as "women's work," including baking, confectionery, teaching, secretarial work, and jobs in the service sector. In rural areas of Switzerland, gender discrimination is even more pronounced. Swiss women in rural areas have access to even fewer job opportunities and mainly work on farms. However, the percentage of self-employed female farmers in Switzerland is only 3 percent (World Trade Press 2011).

Although Switzerland has one of the most developed and competitive economies in the world, Swiss women continue to face barriers in the employment sector. The percentage of Swiss women in leadership roles is quite low, with only 3 percent of upper-management positions in Switzerland belonging to women. Eighteen percent of Switzerland's women work as middle-level employees, even though 44 percent of university graduates in Switzerland are women. According to the FSO, Swiss women are more likely to be underemployed than men. Underemployed persons are those who are partially employed but wish to work more. In 2015, there were 2.5 times more underemployed women than men in Switzerland (FSO 2016).

Unpaid Work

In Switzerland, women spend significantly more time on unpaid work than men. Unpaid work is defined as productive activities that are necessary for the functioning of society, but they have no remuneration. This includes domestic and family work, such as housework and caring

for children and elderly family members. According to the FSO, in 2013, Swiss women spent on average 30 hours per week on unpaid work, while Swiss men spent less than 20 hours per week on unpaid work. This gender division is particularly pronounced among families with children aged 6 years old and younger. Among this demographic, Swiss women spend an average of 55 hours per week on unpaid work, while men spend only 25 hours (FSO 2016).

Issues

Domestic Violence

In Switzerland, men are more likely than women to appear in police statistics for violent crime, both on the side of the aggrieved party and on the side of the accused. Swiss men are more likely to be victims of violence in the public sphere, while women are much more likely to suffer from domestic violence. Domestic violence is widespread in Switzerland, with about one in eight of all Swiss women experiencing physical and sexual abuse (World Trade Press 2011). Swiss government officials note that these figures likely do not reveal the real extent of the issue in Swiss culture, as many cases of domestic violence go unreported (FSO 2016).

Since Swiss women's movements of the 1970s raised the topic of violence against women, distinct changes in social perception and responses to the problem can be noted. Before that time, the issue was generally addressed in the context of gender inequality and seen as a reflection of discrimination and oppression of women. Aid for female victims of domestic violence was generally focused on bolstering the victim's empowerment and agency and attempting to widen their opportunities for action and change.

However, the introduction of the federal Victim Assistance Act in 1993 marked a broader recognition of the issue of violence against women, which had up until that point been the work primarily of women-centered NGOs and services. From the mid-1990s onward, the Swiss government placed increasing support behind women's support services and victim assistance agencies through the formation of Gender Equality Offices. Furthermore, since 2000, changes in legal frameworks have been initiated to address the problem of violence in relationships, both heterosexual and homosexual. These include making violence in marriage and relationships a public offense and protection measures against domestic violence under civil law (Liebig, Gottschall, and Sauer 2016).

Sexual Harassment in the Workplace

The law in Switzerland prohibits sexual harassment and provides legal remedies for those claiming discrimination or harassment in the workplace. However, the U.S. Department of State reports that special legal protection against the dismissal of Swiss citizens making such claims was only temporary (U.S. Department of State, Bureau of Democracy, Human Rights and Labor 2015).

One of the first and only studies of the prevalence of sexual harassment in the Swiss workforce was undertaken in 2008 by the Federal Gender Equality Office and the State Secretariat for Economic Affairs. This study found that sexual harassment was quite prevalent in the Swiss workplace, with nearly half of all Swiss workers reporting encountering some type of sexual harassment over the course of their working lives. In two-thirds of these cases, women were the targets of the harassment. By far, the most common type of harassment behavior cited by women was degrading or obscene jokes and comments (Swiss Info 2008). Thus, although the Swiss Constitution outlaws sexual harassment, it nevertheless continues to be an issue for Swiss women in the workplace.

LAUREN GALLOW

Further Resources

- Anastasiade, Mihaela Catalina, and Yves Tille. 2016. "Gender Wage Inequalities in Switzerland: The Public versus the Private Sector." *Statistical Methods & Applications* (September 19): 1–24.
- Bonjour, Dorothe, and Michael Gerfin. 2001. "The Unequal Distribution of Unequal Pay—An Empirical Analysis of the Gender Wage Gap in Switzerland." *Empirical Economics* 26.2: 407–427.
- Clark-Flory, Tracy. 2014. "Sex-Ed Toys for Kids Cause Panic." *Salon*, February 5. Retrieved from http://www.salon.com/2014/02/06/sex_ed_toys_for_kids_cause_panic.
- Clerc, Isabelle, and Peter Kels. 2013. "Coping with Career Boundaries in Masculine Professions: Career Politics of Female Professionals in the ICT and Energy Supplier Industries in Switzerland." *Gender, Work & Organization* 20.2: 197–210.
- Credit Suisse. 2017. "Switzerland: Broadening Recovery." Retrieved from <https://www.credit-suisse.com/ch/en/articles/articles/news-and-expertise/2017/02/en/switzerland-broadening-recovery.html>.
- Eckert, Stine. 2017. "Fighting for Recognition: Online Abuse of Women Bloggers in Germany, Switzerland, the United Kingdom, and the United States." *New Media & Society*, January 29. Retrieved from <http://journals.sagepub.com/doi/full/10.1177/1461444816688457>.
- Eisenkopf, Gerald, Zohal Hessami, Urs Fischbacher, and Heinrich W. Ursprung. 2011. "Academic Performance and Single-Sex Schooling: Evidence from a Natural Experiment

- in Switzerland." CESifo Working Paper Series No. 3592. Retrieved from <https://ssrn.com/abstract=1938858>.
- Erne, Roland, and Natalie Imboden. 2015. "Equal Pay by Gender and by Nationality: A Comparative Analysis of Switzerland's Unequal Equal Pay Policy Regimes across Time." *Cambridge Journal of Economics* 39.2: 655–674.
- FDFA (Swiss Federal Department of Foreign Affairs). 2016. "Language—Facts and Figures." Retrieved from <https://www.eda.admin.ch/aboutswitzerland/en/home/gesellschaft/sprachen/die-sprachen---fakten-und-zahlen.html>.
- FSO (Swiss Federal Statistical Office). 2016. Retrieved from <https://www.bfs.admin.ch/bfs/en/home.html>.
- Funk, Patricia, and Christina Gathmann. 2015. "Gender Gaps in Policy Making: Evidence from Direct Democracy in Switzerland." *Economic Policy* 30.81: 141–181.
- Haberkern, Klaus, Tina Schmid, and Marc Szydlík. 2015. "Gender Differences in Intergenerational Care in European Welfare States." *Ageing & Society* 35.2: 298–320.
- ICRC (International Committee of the Red Cross). 2016. "Mandate and Mission." Retrieved from <https://www.icrc.org/en/who-we-are/mandate>.
- ICW (International Council of Women). 2016. "Objectives." Retrieved from <http://www.icw-cif.com/01/02.php>.
- Imdorf, Christian, Stefan Sacchi, Karin Wohlgemuth, Sasha Cortesi, and Aline Schoch. 2014. "How Cantonal Education Systems in Switzerland Promote Gender-Typical School-to-Work Transitions." *Swiss Journal of Sociology* 40.2: 175–196.
- IMF (International Monetary Fund). 2015. "Individual Economy Assessments." Retrieved from <http://www.imf.org/external/np/pp/eng/2015/062615a.pdf>.
- IndexMundi. 2016. "Switzerland Age Structure 2016." Retrieved from http://www.indexmundi.com/switzerland/age_structure.html.
- IPFF (International Planned Parenthood Federation). 2016. "Sexual Health: Switzerland." Retrieved from <http://www.ipff.org/about-us/member-associations/Switzerland>.
- Jaronicki, Katharina Eva. 2012. "Does Female Suffrage Increase Public Support for Government Spending? Evidence from Swiss Ballots." December 19. Retrieved from <https://ssrn.com/abstract=2162159>.
- Knöpfli, B., S. Cullati, D. S. Courvoisier et al. 2016. "Marital Breakup in Later Adulthood and Self-Rated Health: A Cross-Sectional Survey in Switzerland." *International Journal of Public Health* 61.3: 357–366.
- Kohler, Pierre. 2009. "Education, Gender, Religion, Politics: What Priorities for Cultural Integration Policies in Switzerland?" Graduate Institute of International and Development Studies (HEID) Working Paper No. 08/2009. Retrieved from <https://ssrn.com/abstract=1561050>.
- Liebig, Brigitte, Karin Gottschall, and Birgit Sauer, eds. 2016. *Gender Equality in Context: Policies and Practices in Switzerland*. Toronto: Barbara Budrich Publishers.
- Malti, Tina, Melanie Killen, and Luciano Gasser. 2011. "Social Judgments and Emotion Attributions about Exclusion in Switzerland." *Child Development* 83.2: 697–711.
- McGee, Robert W., and Adriana Ross. 2014. "Attitudes toward Tax Evasion: A Demographic Study of Switzerland." March 17. Retrieved from <https://ssrn.com/abstract=2410556>.
- Murphy, Emily, and Daniel Oesch. 2015. "The Feminization of Occupations and Change in Wages: A Panel Analysis of Britain, Germany and Switzerland." SOEPpaper No. 731. Retrieved from <https://ssrn.com/abstract=2564612>.
- Pecoraro, Marco. 2011. "Gender, Brain Waste, and Job-Education Mismatch among Migrant Workers in Switzerland." International Migration Paper No. 111. Retrieved from <https://ssrn.com/abstract=2294436>.
- Ruedin, Didier. 2011. "Demographics of Immigration: Switzerland." SOM Working Paper No. 2011–09. <https://ssrn.com/abstract=1990230>.
- Rusterholz, Caroline. 2015. "Fathers in 1960s Switzerland: A Silent Revolution?" *Gender & History* 27.3: 828–843.
- Schwartz, Nelson D. 2009a. "Incentives and Costs of the Swiss Government Model." *New York Times*, October 1. Retrieved from <http://www.nytimes.com/2009/10/01/health/policy/01swissbar.html>.
- Schwartz, Nelson D. 2009b. "Swiss Health Care Thrives without Public Option." *New York Times*, September 30. Retrieved from <http://www.nytimes.com/2009/10/01/health/policy/01swiss.html>.
- Sousa-Poza, Alfonso, and Andres A. Sousa-Poza. 2007. "The Effect of Job Satisfaction on Labor Turnover by Gender: An Analysis for Switzerland." *Journal of Socio-Economics* 36.6: 895–913.
- Swiss Info. 2008. "Sexual Harassment Widespread in Switzerland." January 15. Retrieved from <http://www.swissinfo.ch/eng/sexual-harassment-widespread-in-switzerland/6364246>.
- UNDP (UN Development Programme). 2015. "Switzerland." Retrieved from <http://hdr.undp.org/en/countries/profiles/CHE>.
- UNESCO. 2016. "Literacy in Multilingual and Multicultural Contexts." Retrieved from <http://unesdoc.unesco.org/images/0024/002455/245513e.pdf>.
- UNICEF. 2008. "Gender Statistics Database: Switzerland in International Comparison." Retrieved from <https://www.bfs.admin.ch/bfs/en/home/statistics/economic-social-situation-population/gender-equality/international-comparisons.assetdetail.346566.html>.
- UNICEF. 2013. "At a Glance: Switzerland." Retrieved from https://www.unicef.org/infobycountry/switzerland_statistics.html.
- U.S. Department of State, Bureau of Democracy, Human Rights and Labor. 2015. "Country Reports on Human Rights Practices: Switzerland." Retrieved from <https://www.state.gov/documents/organization/253119.pdf>.
- Valarino, Isabel. 2016. "Fathers on Leave Alone in Switzerland: Agents of Social Change?" *Comparative Perspectives on Work-Life Balance and Gender Equality* (December 7): 205–230.
- von Roten, Fabienne Crettaz. 2004. "Gender Differences in Attitudes towards Science in Switzerland." *Public Understanding of Science* 13.2: 191–199.
- WEF (World Economic Forum). 2017. Retrieved from <https://www.bfs.admin.ch/bfs/en/home.html>.

WHO (World Health Organization). 2017. "Switzerland." Retrieved from <http://www.who.int/countries/che/en>.

WILPF (Women's International League for Peace and Freedom). 2016. "2015 Annual Report." Retrieved from https://issuu.com/wilpf/docs/annual_reportwilpf_2016_web.

World Bank. 2016. "World DataBank: World Development Indicators." Retrieved from <http://data.worldbank.org/country/Switzerland>.

World Trade Press. 2011. "Switzerland: Women in Culture, Business & Travel."

T

Turkey

Overview of Country

The Republic of Turkey is located at the crossroads of Europe and Asia. Istanbul, the country's cultural and economic capital, is a transcontinental city that stretches over the Bosphorus Strait, connecting Turkish lands in South-eastern Europe to its West Asian territories (also named Anatolia). With a total area of 302,535 square miles, Turkey's shores reach from the Black Sea to the Mediterranean and the Aegean Sea. The country has borders with Bulgaria and Greece in the west; Georgia, Armenia, and Iran in the east; and Iraq and Syria in the south.

The last official census from 2014 puts Turkey's population at 77.695.904, with a 1.21 percent yearly growth rate. This census also registered 99.8 percent of the population as Muslim. Although no exact numbers are available on the subject, the ethnic distribution of population is estimated to be around 75 percent ethnic Turks, 18 percent ethnic Kurds, and around 7 percent other minorities (CIA 2015). With a nominal gross domestic product (GDP) estimate of USD\$798,429 million, Turkey is the 18th-largest economy in the world and among the upper income level countries (World Bank 2014).

Turkey's unique geostrategic position, which renders it a bridge between Asia and Europe, played a decisive role in shaping its history and culture. The lands of the modern

Republic of Turkey have hosted some of the most vibrant cultures and powerful empires in world history, including but not limited to ancient Greek colonies, the Persians, the Roman Empire, and the Ottoman Empire. South European, Mediterranean, and West Asian civilizations met and melted into a unique amalgam in Anatolia, which to this day informs many aspects of Turkish culture, from architecture, to family life, to cuisine and politics.

The Republic of Turkey, established in 1923, is one of the several successor states built on the remains of the multiethnic, multireligious Ottoman Empire (1299–1922). Mustafa Kemal Atatürk (1881–1938) was the founder and the first president of the Turkish Republic. Atatürk launched a full-thrust secularization and westernization program that revolutionized not only the country's political institutions but also its cultural and social structures. The Kemalist reforms of 1920s and 1930s gave women political rights, created modern educational and employment opportunities for them, and, finally, introduced a secular civil code that lifted many restrictions on women's legal rights in marriage and inheritance.

Unfortunately, Turkish women have not been able to capitalize on these early gains. Republican-era reforms had been masterminded and implemented by male bureaucrats and politicians, who saw these arrangements as mere “window dressings” necessary for the image of a “modern nation” rather than a genuine and legitimate social need. Moreover, the Turkish military's stronghold on civil affairs

and their regular interventions in political life created an unfavorable environment for the democratic institutions to strike a strong root in Turkey. As the country struggled to institutionalize democratic values in the face of frequent military interventions, political freedoms and minority rights, including those of women, non-Muslims, and ethnic minorities, suffered major setbacks. To this day, there is a significant gap in Turkey between the institutional reforms enacted by lawmakers, however promising they appear on paper, and the cultural mind-set of those who are in position to uphold and apply the law. This discrepancy is at the root of many problems Turkish women face today.

The World Economic Forum (WEF) 2015 Gender Gap Index lists Turkey 130th out of 145 countries, with a score of 0.624 (0 = inequality, 1 = equality), and the 2015 Human Development Index (HDI) puts Turkey in the Group 4 category, which includes countries with low to medium equality in HDI achievements between women and men (UNDP 2015).

In the early 2000s, Turkey has made major headway toward democratization and gender equality. The main incentive behind these developments was the fact that, in 2004, the European Union agreed to initiate the EU accession process for Turkey. As part of the harmonization efforts with the EU *acquis communautaire*, the Turkish Parliament passed a series of laws to improve the human rights record of the country and to eliminate discrimination and violence against women. A constitutional amendment in 2004 placed the responsibility for establishing gender equality on government: "Men and women have equal rights. The State shall have the obligation to ensure that this equality exists in practice" (Article 10).

As a step toward meeting the EU criteria, the government created a parliamentary task force, Equal Opportunities Commission, responsible for promoting gender equality in legislation and in public life. Another important development was the drafting of the *National Action Plan: Gender Equality 2008–2013*, a comprehensive policy document on gender equality. This five-year action plan was prepared and promoted by the General Directorate on the Status of Women, an office under the prime minister, and it laid out detailed policy suggestions for reforming education, politics, health care, and the economic structure of the country, with the goal of eliminating discrimination against women and advancing their social and economic standing.

The implementation of these policy suggestions, however, proved to be difficult. The current governing party, the

Justice and Development Party (JDP), has been in power in Turkey since 2002. In its early years, JDP achieved unprecedented levels of public support thanks to its promises of demilitarizing politics and creating a progressive and democratic constitution. After emerging victorious from the 2007 elections, however, the leaders of the party gradually began to turn their backs on their democratization and reform promises. Finally, a corruption scandal that broke out in 2012 and implicated the current president, Recep Tayyip Erdogan, and other important members of the JDP triggered a strong authoritarian streak in the government and a major reversal for the democratization process of the country. Over the last three years, the JDP-controlled government forces have systematically been eliminating all kinds of opposition and criticism directed at the party and at President Erdogan. The worrisome trend of suppression of freedom of speech, free press, and free judiciary has been noted in the 2015 Human Rights Watch report on Turkey, which exposed the rapid erosion of human rights in the country, including a disappointing rollback in women's rights reforms (HRW 2015).

The issues facing Turkish women today have deep roots in the authoritarian and patriarchal social and political structures still prominent in Turkey. Lower educational levels compared to men, low participation in the economic and political life of the country, child marriages, disputes on the reproductive rights of women, domestic violence, and impunity for violence toward women can be listed among these issues. Most recently, the increasingly sexist and misogynist discourse of some of the leading politicians has been compounding the already existing structural challenges and encouraging impunity toward physical and psychological violence against women.

The Kurdish women in Turkey have additional barriers to overcome. The armed conflict between the Turkish government and the separatist Kurdish militants, which has claimed more than 30,000 lives since the early 1980s, put women of Kurdish ethnic origin at a particularly precarious position, as the mistrust toward the government and security forces make it virtually impossible for them to take advantage of the educational and other social services provided by the government.

Finally, the Syrian refugee crisis that brought more than 2 million refugees from across the border into Turkey created new problems and concerns about the health, education, employment, and general well-being of the refugee girls and women. The prevalence of child marriages among the refugee girls and human trafficking are of

particular concern to human rights activists working with refugee families.

Girls and Teens

Education and Literacy

In Turkey, primary education has been mandatory and free for both sexes since the earliest years of the Republican regime. Up until the last decade, however, low enrollment and attendance rates for girls remained a major problem, most specifically in rural Anatolia. In 2003, the government launched a campaign, which was also supported by several private companies and nongovernmental organizations (NGOs), to raise public awareness of girls' education. The Let's Go to School, Girls! (*Haydi Kizlar Okula*) campaign targeted 10 east Anatolian cities with the lowest primary school enrollment rates for girls. The campaign was extended to all cities and towns in the country in 2006. Largely thanks to this effort, Turkey has almost reached the goal of eliminating gender inequality in primary education enrollment (United Nations 2010). In 2015, girls' enrollment rates reached 90 percent for primary schools and close to 80 percent for middle and high schools. Similarly, Turkey has achieved gender equality in literacy among youth, with 99 percent literacy rate for both boys and girls ages 15–24 (World Bank 2014).

Family Roles

Turkey is a highly urbanized country with a rapidly modernizing society; as a result, family structure and traditional gender roles are also in the process of transformation. This transformation is particularly visible in urban areas where acceptable gender behavior diverges significantly from those in rural parts of the country. A similar difference in attitudes toward this issue can be observed among various socioeconomic strata. Urban populations and families from upper socioeconomic classes tend to be more liberal when it comes to girls' and women's daily lives and work and educational opportunities, whereas in rural Anatolia and in families with lower educational levels, women and girls find it more difficult to break free from their traditional gender roles.

Both in urban and rural communities, however, family life continues to have strong patriarchal tones. In Turkish culture, men are seen as the main breadwinners and providers in the family, while women's key role is homemaker, even when they hold full-time jobs. Working women are

still largely responsible for the care of the children and for chores around the home, while men rarely get involved in housework and child care. Girls' role in the family is to help their mothers with chores; they are often expected to learn cooking and cleaning at a young age and to help their mothers to keep a clean and orderly household.

Another traditional value that continues to play an important role in Turkish culture is "family honor." This very broad and vague conceptualization of honor puts undue and excessive pressure on women and girls, especially in rural areas. Teenage girls in smaller communities often find their social lives closely monitored by the male members of the family and the community, and any action that might be deemed damaging to "family honor," however vaguely defined, could produce fatal consequences.

Marriage Age and "Girl Brides"

"Girl brides," or underage girls forced into marriage by their families, is a social reality that the Turkish society grapples with. In 2004, the government introduced a number of amendments to the civil and criminal codes to combat this problem. The new regulations raised the minimum age for marriage from 15 to 17 for both men and women. They also forbid forced marriages and, in such cases, gave women the right to request an annulment within the first five years of marriage.

Despite the stipulations of the law and political and religious leaders' public condemnation of it, underage and forced marriages are still common in rural Turkey. According to official numbers from 2001, 32 percent of all women married that year were under the age of 19. While statistics indicate a significant drop of 10 percent in that figure in 2015, official records are not exactly reliable on this subject. Underage and forced marriages of girls often take place as religious marriages, neither registered nor recognized by the government. Not only do these marriages put girls at a higher risk of mental and physical health problems, they also deprive them of their legal rights as wives that they would have acquired in an officially recognized, legal marriage (Republic of Turkey Prime Ministry General Directorate on the Status of Women 2008).

With the recent influx of Syrian refugees into Turkey, the child marriage crisis has reached a new climax. In 2014, the United Nations High Commissioner for Refugees (UNHCR) expressed concern that Syrian refugee girls in Turkey are forced into marriage as early as at the age of 13. Many families cite their dire economic conditions as

the main reason behind marrying off their daughters so early. Turkish media has also exposed a few cases where refugee girls were sold off by their families to much older men (Cubukcu 2014).

These developments raised a new awareness in Turkey about child marriages. The No to Child Brides platform, an umbrella organization that brings together some 50 civil society organizations and volunteer groups, actively works toward ending child marriage in Turkey (UNFPA 2012). Most recently, the Turkish film director Deniz Ergüven brought the subject to the attention of the international community with *Mustang*, a movie about five teenage sisters who are forced into marriage in rural Turkey. *Mustang* was nominated for best foreign language film at the 2015 Academy Awards.

Education

The origins of educational reform for women in Turkey go back to the mid-19th century. As part of a larger societal modernization project, the Ottoman government established the first modern middle schools for girls in 1853. Soon enough, the need for female teachers for girls' schools opened up the door to a new professional career for women: teaching. By 1900, more than 2,000 women were employed in public and private schools in all major provincial centers of the Ottoman Empire. By 1923, thousands of girls had graduated from modern middle and high schools, a few even obtaining college degrees, just in time to assume an active role in the creation of the secular Turkish Republic. Republican governments further enhanced educational opportunities for women by making primary education mandatory and free and encouraging women to pursue higher education.

Public schools are government-subsidized and free in Turkey, and only a small portion of Turkey's sizable student population takes advantage of private educational institutions. According to 2015 numbers, out of the total student body of 17,559,989 (kindergarten through college), only 1,102,000 students attend private schools (TUIK 2015).

Turkey has a highly centralized educational system that leaves no autonomy to local administrations and schools. All key aspects of education—curricula, funding, school placements, and so on—are strictly regulated by central government agencies. The strong bureaucratic grip on education, which pays very little attention to regional, cultural, and socioeconomic differences in the country, is a challenge to educators and students alike.

A symptom of this problem is noted in the 2013 Organisation for Economic Co-Operation and Development (OECD) report on Turkey, which reveals that the rate of underperforming students in Turkey is well above the OECD average and that “academic achievement is particularly low amongst disadvantaged students from low socio-economic backgrounds” (OECD 2013). In addition to deepening the existing socioeconomic inequalities, Turkey's tightly regulated educational system is also seen by many critics as a major propaganda outlet for the official ideology that promotes ethnic nationalist and patriarchal values, with no regard for diversity and respect for ethnic and religious minorities and for women.

Another major problem of the Turkish educational system is the regional imbalance in the quality of education. While the economically advanced western provinces boost elite schools and the best teachers, the public schools and a handful private institutions located in eastern Anatolia are more than often underfunded and understaffed, offering very little in the way of quality education to their pupils.

With its rugged terrain, inhospitable climate, and troubled political history, eastern Anatolia remains Turkey's least-developed region. Home to the largest concentration of Kurdish population in the country, these lands have withstood the worst of the armed conflict that has been going on between the Turkish government and the Kurdish secessionist guerillas since the early 1980s. The ideological rift and the resulting war put the Kurdish girls seeking education at an especially disadvantaged position. Caught between oppressive cultural structures, economic underdevelopment, and mistrust and hostility toward government institutions, they are much less likely to be able to take advantage of the educational opportunities provided by the government. So, for example, while the western Anatolian city of Bilecik boasts an impressive 84 percent enrollment rate for girls in secondary education, the eastern Anatolian town of Mus, a city with a very large Kurdish population, has a middle school enrollment rate of only 15.9 percent for girls (TUIK 2015).

Literacy Rate

Turkish government aims to achieve a 100 percent literacy rate for both men and women. In 2008, they launched the Mother and Daughter to School campaign to reach out to illiterate women, especially targeting those who live in rural areas and women from lower socioeconomic backgrounds. Additionally, several volunteer groups and NGOs

offer free literacy classes for girls and women in both the urban and rural parts of the country. According to 2015 estimates, the adult literacy rate in Turkey is 94.9 percent, with 91 percent for women and 98 percent for men (CIA 2017).

Primary and Secondary Education

Until the late 1990s, mandatory primary education in Turkey was five years. In 1997, the number of years in compulsory education was raised to eight—basically making middle school obligatory, too. Finally, in 2012, the government created the “4+4+4 model,” integrating primary and secondary schooling into a twelve-year mandatory system. These developments have vastly improved girls’ chances of receiving secondary education. Official statistics for the 2014–2015 school years indicate a significant rise in middle school and high school enrollment rates for girls, with an impressive 94.3 percent for the former and 79.26 percent for the latter (TUIK 2015).

However, enrollment does not necessarily guarantee attendance. For example, UNICEF statistics show that while the secondary school net enrollment ratio for girls was 80.4 percent that year, the net attendance ratio was only 43 percent (UNICEF 2013). The educational agencies in the country clearly need to analyze and understand the underlying reasons behind this high dropout rate among girls and develop policies to address the issue.

Higher Education and Women in Academia

Turkey has a rapidly expanding net of institutions of higher education. According to 2015 numbers, there are 114 public and 76 private colleges in Turkey, mostly concentrated in central and western Anatolian towns. In fact, some 40 percent of all Turkish colleges and universities are located in the three largest cities of the country: Istanbul, Ankara, and Izmir (TUIK 2015). The Turkish government subsidizes university education, and students at public institutions pay only a nominal amount in tuition and fees.

As is the case with primary and secondary education in Turkey, university education is highly centralized and under strict government control. The Council for Higher Education (CHE), created in 1981 by the military regime that overthrew a civil government in 1980, continues to have sweeping authority on both public and private colleges and universities, leaving very little autonomy to university boards and administrators. The CHE’s tight grip on

the content and structure of higher education in Turkey has long been seen as the main obstacle to the improvement of the quality of college education and scientific research in the country.

Moreover, the college admission procedure, which is extremely competitive and strictly regulated by the CHE, is very problematic. Once a year, the CHE holds a nationwide university entrance exam. Students who fail to take the test that day or achieve high scores on it have to wait another year to take it again. Many pupils spend several years preparing for the entrance exam, and their families find it necessary to invest a considerable amount of money in private tutors and preparatory classes to ensure university placement for their children. Even though public colleges are free, the prohibitive cost of college preparation puts people from the lower socioeconomic strata at a decisively disadvantaged position from the beginning. Those from better-off families, on the other hand, are more likely to secure higher scores and placement at top universities, which, in turn, has a profound impact on their economic success later in life. According to 2011 OECD numbers, the investments Turkish families make for university entrance exams pay off, as people with a college diploma can expect to earn 56 percent or more than those with no college degrees. (The OECD average was 40% in 2011.) Similarly, the unemployment rate for people with higher education is lower than the rate for those without one (OECD 2013).

In terms of access to higher education, Turkey is on its way to closing the gender gap. In 2014, 45.8 percent of all students enrolled in college were female. The country has also made important strides toward reaching a more balanced share of women and men in traditionally male-dominated fields, such as science and engineering. For example, in 2010, 49 percent of PhD degrees in math, computing, and science and 39 percent of PhD degrees in engineering, manufacturing, and construction were granted to women. Women seem to be successfully represented in other academic fields as well: 41 percent of all academic staff in Turkey are women. However, this rate drops significantly when we look at the top of the academic hierarchy. For example, only 28.1 percent of all full professors in Turkey are women. The glass ceiling effect exacerbates further up the ladder. In 2010, a mere 5.5 percent of heads of institutions of higher education were female. The European Commission’s 2012 report on Gender in Research and Innovation describes this phenomenon as a “leaky pipeline,” where “the more advance along the academic ladder, the less women we find” (European Commission 2012).

Women academicians in Turkey are working toward overcoming this gap. In 2013, and again in 2014, they organized two nationwide meetings to address the issue of lack of female leadership in academia. In these meetings, they set up an agenda to overcome the structural challenges in front of women and to foster cooperation among them.

While those who make it into academia struggle to break the glass ceiling, others have higher barriers on their path. As in the case of primary and secondary education, women from higher socioeconomic strata and urban women are better positioned to take advantage of college education, whereas women from lower-income families and those who live in rural areas are much less likely to attend an institution of higher education. Thanks to the dominant perceptions about women's gender roles as well as the need for the income from girls' labor, if these families ever decide to make the substantial monetary investment for college preparation, they are more likely to do so for their sons rather than their daughters.

Health

Turkey's 2008 National Action Plan for gender equality has a special section on women's health that declares: "Ensuring that women benefit from health services fully, equally and at the highest quality possible is a prerequisite for the achievement of women's human rights." While key indicators of the quality and accessibility of health care in Turkey reveal that there is still much room for improvement (Turkey's health care spending both in terms of the share allocated from the GDP and per person expenditure is well below OECD standards), over the last decade, the Turkish government has made great strides toward modernizing the health care system in general and family medicine in particular. As a result, between 2002 and 2011, there has been a significant decrease in neonatal mortality, maternal mortality, and infant mortality rates in Turkey. Additionally, the life expectancy at birth increased from 74 for women and 69 for men in 2007 to 78.5 for women and 72 for men in 2015 (UNDP 2015).

This success can largely be attributed to the Health Transformation Program (HTP) launched by the Turkish government in 2003. The HTP overhauled all key aspects of the health care system in the country. Among the noteworthy achievements of the HTP are the expansion of health insurance to a larger portion of the population, substantial improvements in the accessibility of quality health care, and the creation of a family physician system with a

particular focus on maternal and child health care. Additionally, the number and quality of hospitals and other health care infrastructure in the country have improved noticeably since 2003 (OECD 2014).

While these efforts have been praised by the World Health Organization (WHO) and OECD, there are a number of concerns expressed in regard to women's health in Turkey. First, the quality of health care offered to women beyond maternal care is questionable. For example, in 2011, only 15 percent of women ages 20–69 were screened for cervical cancer, and the percentage of women ages 50–59 screened for breast cancer remained at about one-third of the OECD average (OECD 2014).

Rapidly rising obesity rates present another serious health problem for Turkish women. According to 2014 numbers, 24.5 percent of women are obese, and 29.3 percent are overweight. These women are more likely to suffer from high blood pressure, diabetes, and high cholesterol. A WHO report indicates that mortality from coronary heart disease among Turkish women is the highest in Europe (WHO 2016). Despite the pervasive nature of this problem, family physicians often fail to discuss with and educate women about the potential health risks caused by unhealthy dietary habits.

Another disconcerting issue in regard to women's health is the rapidly rising rate of caesarean deliveries in the country. As of 2015, Turkey has the highest C-section rate among the OECD countries and is only the third in the world after Brazil and China. Over the last decade, the number of C-sections increased some 63 percent, reaching 462 per 1,000 live births (OECD 2014). A culture of C-section seems to have emerged among pregnant women and health care providers in Turkey. Unaware of the potential risks for themselves and for their babies and the cost for the health care system, many women prefer to have a C-section as an "easy and painless" alternative to natural delivery. Recent surveys also reveal that doctors similarly prefer C-section as a "less risky" method of birth and encourage their patients to go through this operation (Tiras 2015).

Maternity and Infant Welfare

As noted in the introduction of this section, the maternal and infant mortality rates in Turkey have been dropping significantly over the last decade. Increased access to prenatal and postnatal care is the main factor behind this: according to WHO statistics, 91 percent of all births

in the country were attended by skilled health personnel. The same year, 74 percent of new mothers received antenatal care (four or more doctor visits after delivery) (WHO 2016). However, the discrepancy between urban and rural areas remains a problem, with rural Turkey having twice as high maternity and infant death rates than the urban areas. The National Action Plan of 2008 points to early marriages, short intervals between pregnancies, poverty, and lack of education among the leading causes of maternal and infant deaths in Turkey (Republic of Turkey Prime Ministry General Directorate on the Status of Women 2008).

Fertility Rate, Reproductive Rights, and Abortion

Greater access to education, new work opportunities for women, and changing economic and cultural structures tend to delay the age for first marriage for women. As a result, the fertility rate in Turkey has gradually been declining over the last three decades, dropping from 4.33 in 1978, to 2.65 in 1993, and finally reaching 2.1 in 2014. It is important to note, however, that this number shows regional variety. For example, while the mostly rural eastern Anatolia has a fertility rate of 4.0, the more developed western Anatolian towns have an average fertility rate of less than 2.0. Educational levels play a similar role to that of regional differences: for women with no formal education, the fertility rate stands at 3.76, whereas for women with high school or higher degrees, it is 1.66 (Republic of Turkey Prime Ministry General Directorate on the Status of Women 2008).

Since the early 1960s, the Turkish government has been playing an active role in promoting family planning. Publicly funded birth control campaigns were organized to educate women, especially in rural areas, about birth control methods and to provide free access to contraceptives. The 2003 National Action Plan for gender equality encourages family planning and notes, “The decline in the total fertility rate will bring about an improvement in the health indicators of women in the coming years.” However, as in several other areas concerning women’s social status and empowerment, recent political developments in Turkey have been detrimental to women’s freedom of choice in this matter. Turkey’s current president, Tayyip Erdogan, and members of the governing party are ardent opponents of birth control. Erdogan himself declared birth control as a form of “treason” and has been publicly pushing the doctrine of “at least three children for every Turkish family.”

The backlash from women’s organizations only caused him to harshen his tone on the subject (CIA 2017).

Abortion is another topic of passionate ideological debate between the politicians and women’s rights activists in Turkey. The Turkish Constitution gives women the right to terminate a pregnancy, with the condition that married women should get the consent of their husbands. However, President Erdogan and other leaders of the JDP have openly condemned abortion, publicly admonished women who seek it, and equated the termination of a pregnancy with an act of terror. As a byproduct of the current political atmosphere in Turkey, increasingly more health care providers find it necessary to comply with the personal beliefs of the politicians. In February 2015, a women’s rights organization in Istanbul called 37 public hospitals and asked whether they performed abortions. Only 3 of these hospitals replied positively, and 17 reported they would terminate a pregnancy only if it presented a clear danger to the mother’s health. Another 12 hospitals refused to carry out an abortion under any circumstances (Letsch 2015). In short, while the Turkish law allows abortion, the *de facto* reality is that women seeking one have extremely limited options.

Family Life

During the rapid industrialization and urbanization process of Turkey in the 1950s, the nuclear family has become the norm in the country. With the declining fertility rates, the size of the nuclear family has been shrinking as well. Yet, extended family still carries cultural weight. Maintaining strong ties with relatives and respect for the elders of the family are very important in Turkish culture. Extended families provide social security networks in times of need for family members, especially for the elderly.

Marriage Law

Under the leadership of Ataturk, the Republican regime created a secular civil code in 1926. Among other things, this code outlawed polygamy and religious marriage contracts and established a secular legal basis for women’s rights in marriage. It remained in effect without any significant change until 2004.

In 2004, as part of the reform package to meet the criteria of the EU *acquis communautaire*, the 1926 Civil Code underwent a major revision. For example, while the earlier version named the husband as the head of the household,

the new code redefined family as a union “based on the equality between spouses” (Article 41). The same revision also gave women equal rights to property acquired during marriage, whereas husbands previously had exclusive rights to property they obtained during marriage (Articles 202–211). This last revision was particularly welcomed by women’s rights activists for recognizing women’s contributions to the family economy as homemakers. Additional changes to the Civil Code and the Penal Code in 2004 and 2005 raised the minimum age for marriage, criminalized marital rape, and harshened sentences for domestic violence and honor killings.

LGBT Rights and Marriage

As a Muslim majority country, there is a strong cultural taboo against homosexuality in Turkey. While the law does not criminalize same-sex unions and LGBT activism, neither does it recognize same-sex marriage. There is no legislation against discrimination based on sexual orientation, and anecdotal evidence provided by the members of the LGBT community indicates widespread hostility and discrimination against them. In a Pew survey in 2007, 57 percent of the participants from Turkey said that same-sex relations were not socially acceptable. Most recently, a survey conducted by IPSOS, a French market research company, in 2015, indicates that only 27 percent of the Turkish people believe same-sex marriages should be allowed by law (IPSOS 2015).

Military service is compulsory for all Turkish men between the ages of 18 and 40. On the other hand, military law defines same-sex sexual activity as a crime. The Turkish military requires homosexual conscripts to “prove” their sexual orientation through a medical examination. The Turkish army identifies homosexuality as an illness, upon which the men are declared “unfit for military service” and exempted from the draft.

Issues

Low Participation in the Labor Force

One of the main handicaps of the Turkish economy today is the low number of women in the labor force. In the 2015 Global Gender Gap Index, Turkey ranked 131st out of 145 countries with a female labor force participation rate of 32 percent, well below all other OECD countries and many other developing nations worldwide. To complicate the issue further, government statistics from 2014 indicate

that almost half of these women work in the informal economy, that is, they are not registered as employed with the government. These women typically work in the agricultural sector or, in urban settings, as domestic workers, cooks, food vendors, seamstresses, and the like. Many are unpaid workers in small family businesses (TUIK 2014). Women who work in the informal economy are at a decidedly disadvantaged position, as they are paid lower wages; have no access to health insurance, social security, and other labor rights; and are not represented in labor unions. Finally, 24 percent of all women in the Turkish workforce are employed part-time (CIA 2017).

The 2008 National Action Plan for gender equality cites structural challenges such low education levels and comparatively lower wages for women, migration to urban areas, and marriage and traditional responsibilities of women in the family as the main reasons behind the low female participation in the labor force. Workforce participation levels increase for women with higher education, and the rate of single women in the workforce is higher than that of the married women. Similarly, labor force participation is lower in urban areas than the countryside, where women often labor as unpaid workers on family farms and ranches (Republic of Turkey Prime Ministry General Directorate on the Status of Women 2008).

For those who work in the nonagricultural sector of the formal economy, the glass ceiling effect is a challenge. According to 2015 Global Gender Gap Index, only 13 percent of all legislators, senior officials, and managers in Turkey are women. The same index rated Turkish women’s ability to rise to positions of leadership at 3.5, with 1 being the worst and 7 the best.

Recent statistics also indicate that one out of every five women in Turkey is on the verge of poverty. To help women in poverty and to encourage a larger number of them to join the formal labor economy, the Turkish government developed a number of strategies that include, but are not limited to, the expansion of affordable child care services and cash support to families in need of child care and for the care of the disabled and elderly. The Turkish government also allows up to 112 days of paid maternity leave for new mothers.

Additionally, the General Directorate of Social Assistance and Solidarity, a government office, provides financial support and microcredit opportunities for women. Finally, the Turkey Grameen Microfinance Program—a collaboration between the Grameen Trust of the Nobel Peace Prize Laureate Muhammad Yunus and the Turkish

Foundation—created a microcredit program for low-income Turkish women in 2003. In 2012, they initiated the Women Empowerment in Economy Project, which, in addition to microcredit opportunities, also provides training opportunities and an e-commerce platform for women who wish to start their own businesses. One of the partners of the project, Turkcell, one of the largest communications companies in Turkey, reports that, since 2012, they have helped 55,000 women in Turkey with credit and training opportunities (UN Economic and Social Council 2012).

Violence against Women and Impunity

Violence against women and impunity toward it is one of the major social problems in Turkey. Despite the fact that, after 2004, the Turkish Parliament passed a series of very important laws to prevent domestic violence and other forms of violence toward women, the justice system and the police force fail to enforce the law (Senol and Yildiz 2013).

Domestic violence is common and socially acceptable in Turkey. An official survey conducted by the General Directorate of Women's Affairs in 2009 found that about 40 percent of all married women in Turkey have been victims of domestic violence at least once during their marriage. The same year, 953 women were murdered by the members of their families. In a more troubling trend, a study conducted by a women's and children's rights advocacy group in 2013 found that 38 percent of the male participants believed some behaviors of women make it necessary and acceptable to use violence against them (Senol and Yildiz 2013).

Two important revisions of the Turkish Penal Code in 2004 and 2012 harshened the sentences for the perpetrators of domestic violence and honor killings. In 2012, Turkey also became one of the first countries to sign the Istanbul Convention on Preventing Violence against Women. The same year, the government passed the Law to Protect Family and Prevent Violence against Women. This law legislated the building of a protective network for women and children, which would encompass preventive measures against violence as well as the creation of women's shelters and other infrastructure for providing psychological and legal assistance to the victims of violence.

While there is no official data on the extent and success of the implementation of this law, reports by women's rights organizations and anecdotal evidence provided by women who seek the services within the purview of the law indicates lack of infrastructure, low quality of services,

and police impunity toward domestic violence. Victims of domestic violence report that police often fail to take women's complaints seriously. Law enforcement officers and prosecutors encourage women to forego complaints, seeing domestic violence as a private family matter that should be dealt with in the family. As a result, they fail to detain and bring charges against abusive family members. Reports of women being murdered by their abusive husbands after their requests for protection were turned down by the police are widespread in Turkey (Johnson 2014; HRW 2015). In one specific case, in 2009, the European Court of Human Rights found Turkey guilty of failing to protect a victim of domestic violence from her abusive husband, who had previously murdered the victim's mother but was later released (European Court of Human Rights 2016).

The media coverage of violence against women is similarly troubling. An academic study from 2000 on women's representation in Turkish popular culture revealed that TV shows and newspapers tend to sensationalize violence against women, sometimes "embellishing" the stories with scandalous and pornographic details and often articulating legitimizing excuses for the perpetrators of the violence (Republic of Turkey Prime Ministry General Directorate on the Status of Women 2008). In a widely publicized case in 2014, for instance, a man who was charged with and served time for murdering his two previous wives was allowed to take the stage on a popular dating show to declare that he was "looking for love again."

SUPHAN KIRMIZIALTIN

Further Resources

- Bila, Sibel Utku. 2013. "Kurdish Women in Turkey Struggle for Rights." *Al Monitor*, January 16. Retrieved from <http://www.al-monitor.com/pulse/originals/2013/01/honor-killings-kurds-turkey.html#>.
- CIA (Central Intelligence Agency). 2015. "Turkey." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook>.
- Cubukcu, Basak. 2014. "Suriyeli Kizlar Yasamak Icin Evlendiriliyor." *Al Jazeera Turk*, January 27. Retrieved from <http://www.aljazeera.com.tr/haber/suriyeli-kizlar-yasamak-icin-evlendiriliyor>.
- Dymond, Jonny. 2004. "Turkish Girls in Literacy Battle." BBC, October 18. Retrieved from <http://news.bbc.co.uk/2/hi/europe/3753582.stm>.
- Eissenstat, Howard. 2011. "Women in Turkey: The Numbers Are Stacked against Them." *Amnesty International Human Rights Now Blog*, June 20. Retrieved from <http://blog.amnestyusa.org/women/women-in-turkey-the-numbers-are-stacked-against-them-2>.

- Erdal Ozer et al. 2014. "Underage Mothers in Turkey." *Medical Science Monitor* 20: 582–586. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3997199>.
- European Commission. 2012. "She Figures 2012." Retrieved from http://ec.europa.eu/research/science-society/document_library/pdf_06/she-figures-2012_en.pdf.
- European Court of Human Rights. 2016. "Domestic Violence—Fact Sheet." Retrieved from http://www.echr.coe.int/Documents/FS_Domestic_violence_ENG.pdf.
- European Parliament, Directorate General for Internal Policies. 2012. "Gender Equality in Turkey." Retrieved from <http://www.europarl.europa.eu/document/activities/cont/201202/20120207ATT37506/20120207ATT37506EN.pdf>.
- Hacettepe University, Institute of Population Studies. 2008. "National Research on Domestic Violence against Women in Turkey." Retrieved from http://www.hips.hacettepe.edu.tr/eng/dokumanlar/2008-TDVAW_Main_Report.pdf.
- HRW (Human Rights Watch). 2015. "World Report 2015: Turkey." Retrieved from <https://www.hrw.org/world-report/2015/country-chapters/turkey>.
- IPSOS. 2015. "Of 23 Countries Surveyed, Majority (65%) in 20 Countries Support Legal Recognition of Same-Sex Unions." Retrieved from <http://ipsos-na.com/news-polls/pressrelease.aspx?id=6866>.
- Johnson, Gien. 2014. "Turkey: The Life of a Battered Woman." *Al Jazeera*, February 10. Retrieved from <http://www.aljazeera.com/indepth/features/2014/02/turkey-life-battered-woman-2014257594926477.html>.
- Kandiyoti, Deniz, and Ayse Saktanber. 2002. *Fragments of Culture: The Everyday of Modern Turkey*. New Brunswick, NJ: Rutgers University Press.
- Letsch, Constanze. 2015. "Istanbul Hospitals Refuse Abortion as Government's Attitude Hardens." *The Guardian*, February 4. Retrieved from <http://www.theguardian.com/world/2015/feb/04/istanbul-hospitals-refuse-abortions-government-attitude>.
- Lilly, Alexandra. 2008. *Teens in Turkey*. Minneapolis, MN: Compass Point Books.
- OECD (Organisation for Economic Co-Operation and Development). 2013. "Education Policy Outlook: Turkey." Retrieved from http://www.oecd.org/edu/EDUCATION%20POLICY%20OUTLOOK%20TURKEY_EN.pdf.
- OECD Reviews of Health Care Quality. 2014. "Turkey: Raising Standards—Executive Summary, Assessment and Recommendations." Retrieved from http://www.oecd.org/els/health-systems/Review-of-Health-Care-Quality-Turkey_ExecutiveSummary.pdf.
- Republic of Turkey Prime Ministry General Directorate on the Status of Women. 2008. "National Action Plan Gender Equality 2008–2013." Retrieved from <http://www.tr.undp.org/content/dam/turkey/docs/demgovdoc/UNDP%20-%20National%20Action%20Plan%20on%20Gender%20Equality.pdf?download>.
- Sallan Gül, Songül. 2013. "The Role of the State in Protecting Women against Domestic Violence and Women's Shelters in Turkey." *Women's Studies International Forum* 38: 107–116.
- Senol, Dolunay, and Sitki Yildiz. 2013. *Kadına Yonelik Siddet Algisi*. Ankara: Mutlu Cocuklar Dernegi Yayinlari.
- Sevig, Yesim. 2015. "The Participation of Women in Economic, Professional, and Social Life in Turkey." *Quaderns de la Mediterrània*, 22: 129–135. Retrieved from http://www.iemed.org/observatori/arees-danalisi/arxiu-adjunts/qm22/95Quaderns_%20ParticipationWomenTurkey_YSevig.pdf.
- Tiras, Bulent. 2015. "Turkiye'de ve Dunyada Sezeryan Oranlari." Retrieved from <http://jinekoloji.com/turkiyede-ve-dunyada-sezaryen-oranlari>.
- Tolunay, Ozlem Ilyas. 2014. "Women in Erdogan's Turkey." *New Politics*. Retrieved from <http://newpol.org/content/women-erdo%C4%9Fan%E2%80%99s-turkey>.
- TUIK (Turk Istatistik Kurumu). 2014. "Isgucu Istatistikleri." Retrieved from http://www.tuik.gov.tr/PreTablo.do?alt_id=1007.
- TUIK (Turk Istatistik Kurumu). 2015. "Egitim Istatistikleri." Retrieved from http://www.tuik.gov.tr/PreTablo.do?alt_id=1018.
- UNDP (UN Development Programme). 2008. "Youth in Turkey." Retrieved from http://hdr.undp.org/sites/default/files/turkey_2008_nhdr_en.pdf.
- UNDP (UN Development Programme). 2015. "Human Development Report: Turkey." Retrieved from <http://hdr.undp.org/en/countries/profiles/TUR>.
- UN Economic and Social Council. 2012. "Women Empowerment in Economy." Retrieved from http://www.un.org/en/ecosoc/julyhls/pdf13/imp_forum_turkcell.pdf.
- UNFPA (UN Population Fund). 2012. "Child Marriage Country Profile: Turkey." Retrieved from <http://eeca.unfpa.org/sites/default/files/pub-pdf/unfpa%20turkey%20overview.pdf>.
- UN Girls' Education Initiative. 2005. "Turkey: Hey Girls, Let's Go to School!" Retrieved from http://www.ungei.org/gapproject/turkey_422.html.
- UNICEF. 2013. "Statistics: Turkey." Retrieved from http://www.unicef.org/infobycountry/Turkey_statistics.html.
- United Nations. 2010. "The Millennium Development Goals Report." Retrieved from http://mdgs.un.org/unsd/mdg/Resources/Static/Products/Progress2010/MDG_Report_2010_En.pdf.
- UN Women. 2007. "Programming to Address Violence against Women: 10 Case Studies." Retrieved from http://www.unfpa.org/sites/default/files/resource-pdf/vaw_10cases.pdf.
- UN Women. 2016. "Turkey." Retrieved from <http://eca.unwomen.org/en/where-we-are/turkey>.
- WEF (World Economic Forum). 2015. "Country Profile: Turkey." Gender Gap Report. Retrieved from <http://reports.weforum.org/global-gender-gap-report-2015/economies/#economy=TUR>.
- WHO (World Health Organization). 2016. "Country Profiles: Turkey." Retrieved from http://www.who.int/gho/countries/tur/country_profiles/en.
- World Bank. 2014. "Data: Turkey." Retrieved from <http://data.worldbank.org/country/turkey>.
- Zurcher, Eric. 1993. *Turkey: A Modern History*. New York: I. B. Tauris & Co.

U

Ukraine

Overview of Country

Ukraine is a country in Eastern Europe that borders Poland, Slovakia, Hungary, Romania, Moldova, Belarus, Russia, and the Black Sea. Its land area covers 233,000 square miles (about 604,000 sq. km), making it one of the largest countries in Europe. Ukrainian is the official state language of Ukraine; however, Russian is the language most commonly used in Ukraine's eastern and southern cities, where it has a protected legal status.

Once known as the “breadbasket of Europe” for its fertile farmland, Ukraine remains one of the world's leading exporters of grain. Today, however, agriculture employs only 10–20 percent of the population. Most Ukrainians live in cities (67.8% of the population) and work in non-agricultural economic sectors, in particular, small trade, services, education, state administration, and manufacturing (State Institute for the Development of the Family and Youth of Ukraine 2014, 55).

Ukraine became independent in 1991 after seceding from the Soviet Union. It is divided into 26 provinces, called *oblasts*, and one autonomous region, Crimea (a contested territory that was invaded and annexed by Russia in 2014). The country traces its origins back to the medieval state of Kievan Rus', whose lands were later colonized by the Russian and Austrian Empires. After World War I, when these

empires were dissolved, Ukraine declared independence. Despite five years of armed struggle, referred to as the Ukrainian War of Independence (1917–1921), the territories of Ukraine were conquered and partitioned among neighboring states. The Soviet Union claimed most of present-day Ukraine at that time, establishing the Ukrainian Soviet Socialist Republic (Ukrainian SSR). Western Ukraine (formerly governed by the Austrian Empire) came under the rule of Poland, Hungary, Romania, and Czechoslovakia, but it was annexed by the Soviet state and merged with the Ukrainian SSR in 1939. Histories of rule under different imperial and state systems are believed to have produced strong regional differences in values and beliefs among Ukrainians who live in the western provinces (referred to as Westerners or Western Ukrainians), as opposed to Ukrainians who live in the central, southern, and eastern provinces (referred to as Easterners or Eastern Ukrainians).

The population of Ukraine has been declining steadily for the past two decades. In 2014, it was estimated by state sources to be 45 million, down from 51 million at its peak in 1989 (State Statistics Service of Ukraine 2014). This decline is believed to result from several factors. First, the birth rate in Ukraine, already very low for decades, dropped in the 1990s from two to one births per woman, where it has remained (United Nations Development Group 2010, 36). Second, due to repeated wars, several famines, high rates of environmental and industrial accidents, the poor quality of medical services

and other factors, such as alcohol abuse, the rate of mortality among Ukrainians—in particular among men—has been high in the past and increased in recent decades (United Nations Development Group 2010, 36). Third, widespread economic problems in Ukraine (where the current poverty rate is 25%) and perceptions that economic opportunities are better abroad have led many Ukrainians to migrate to other countries since the country's independence (CIA 2017; United Nations Development Group 2010, 20).

Since independence, the proportion of citizens of Ukraine who identify Ukrainian as their ethnicity has gone up. It increased from 72.7 percent of the total population in 1989 to 77.8 percent in 2001. The share of the population that identified as ethnic Russian declined from 22.1 percent in 1989 to 17.3 in 2001. The percentage of the population that identifies with some ethnicity has remained stable at 5 percent of the population (CIA 2017; State Statistics Service of Ukraine 2001). In 2017, a sociological study found that the proportion of Ukrainians who identify as ethnic Ukrainians has increased to 90 percent (Ukrayinska Pravda 2017). This gradual shift in the national composition of Ukraine results from several demographic processes: ethnic Ukrainians returning from other former Soviet republics following the proclamation of independence; out-migration by ethnic Russians to Russia and other countries; growth in Ukrainian national consciousness among people who might once have considered themselves Russian by nationality; and higher birth rates in Western Ukraine and in small towns and rural areas, where very few Russians live.

Ukraine is located along the border of Roman Catholic, Eastern Orthodox, and Muslim spheres of influence and has been enriched by the resulting religious diversity. In the past, most Ukrainians were Eastern Orthodox Christians. However, Uniates (Greek Catholics), Jews, and Roman Catholics constituted sizeable minorities, particularly in the western, central, and southwestern provinces of Ukraine. Communities of Muslims and Protestants have also lived for many decades in Ukraine. Many believers of all faiths were forced into exile or underground in the Soviet era, when organized religion was largely prohibited, and believers and clergy faced severe persecution (notably, the entire population of Crimean Tatars was forcibly expelled after World War II and prohibited from returning). Since independence, a religious revival has taken place. Nevertheless, according to recent polls, today more than two-thirds of Ukrainians do not identify with

any religious confession and roughly a quarter identify as Orthodox Christians. The rest consider themselves Greek Catholic (5.3%), Protestant (0.9%), Muslim (0.2%), or Jewish (0.1%) (Razumkov Center 2014).

Overview of Women's Lives

Before achieving independence, Ukraine was governed by the Soviet Union for many decades. The Soviet state promoted equal education and high employment for women and made investments in comprehensive child care, maternal health care, and other services that advanced the status of women. But Soviet rule also brought about major challenges that negatively affect the lives of women today.

The Soviet experience created an enduring culture of corruption and mistrust of the state that continues to undermine efforts to democratize and build effective state, market, and social institutions. The Soviet state carried out campaigns dismantling the resources through which women develop the capacity to utilize their educational capital and occupational opportunities. Women's groups and other civic associations that could have acted to represent women's interests were disbanded. Most forms of organized religion were banned or placed under direct state control. Land and many other forms of private property were seized by the state. Millions of lives were lost during forced migration and mass expulsions of hundreds of thousands of people who had been declared enemies of the state (Perkovsky and Pirozhkov 2015, 149). There were famines caused by state seizure of land, grain, and crops in the early 1930s as well as purges and other state actions (Graziosi et al. 2013; Perkovsky and Pirozhkov 2015, 149). These losses have led to a demographic asymmetry: women have constituted the majority of Ukrainians for much of the last century and currently make up 54 percent of the population (State Institute for the Development of the Family and Youth of Ukraine 2014, 7).

Since Ukraine achieved independence, advocates of women's rights have attempted to secure the commitment of the leaders of the country to address gender issues. Their activity has resulted in a number of progressive laws and state policies that define equality in education, health care, employment, and social benefits as universal entitlements of citizenship. Women advocates have also promoted progressive reforms in the system of family and child welfare.

Women's advocates successfully lobbied for the Constitution of Ukraine to recognize the right of women and men to equality before the law (Hrycak 2001, 141).

They also created further legal bases for gender equality through prohibitions on discrimination based on gender that were added to in the Family Code, the Criminal Code, and the Labor Code; the Compulsory State Maternity and Bereavement Insurance Act (2001); and the Equal Rights and Opportunities Act (2005) (Hrycak 2010; State Institute for the Development of the Family and Youth of Ukraine 2014; United Nations Development Program 2003). The Prevention of Domestic Violence Act (2001) and other policies have been passed to prevent violence against women (State Institute for the Development of the Family and Youth of Ukraine 2014).

Women's advocates considered these legal reforms a major step toward providing women and men with equal social, economic, political, and personal rights and freedoms (United Nations Development Program 2003). The Constitution and the Equal Rights Act define numerous mechanisms through which equal rights are to be safeguarded: (1) by offering women the same opportunities as men in social, political, and cultural activities; in education and vocational training; and in work and remuneration for work; (2) by implementing special measures to protect women's work and health; (3) by providing pension benefits; (4) by creating the conditions to enable women to combine work with motherhood; and (5) by furnishing legal protection and material and moral support for mothers and children, including paid leave and other benefits for pregnant women and mothers (State Institute for the Development of the Family and Youth of Ukraine 2014).

While these laws and policies are consistent with the guidelines set and recommendations made by international women's rights bodies, implementation of these measures has remained elusive. Women are underrepresented in the judicial, executive, and legislative branches, even though they constitute a numerical majority of the staff of these institutions (State Institute for the Development of the Family and Youth of Ukraine 2014, 43). They also face systematic discrimination in the labor market (State Institute for the Development of the Family and Youth of Ukraine 2014, 61). Despite the existence of policies and laws intended to promote gender equality, women are rarely able to use them to defend their rights. Furthermore, while women's organizations have undertaken a wide range of projects that could be valuable to women facing discrimination or violence, these efforts are not able to sustain themselves, mainly due to insufficient local funding.

Education

Literacy

Before the 20th century, most Ukrainian women were illiterate, but literacy rates varied considerably by region. In areas of Ukraine that were under Russian rule, in 1897, only 4 percent of Ukrainian women were literate (compared to 23% of men) (Kubijovyc 1993, 135). By contrast, in territories of Western Ukraine that were under Austrian rule, in 1880, 10 percent of Ukrainian women were literate (compared to 17% of Ukrainian men) (Kubijovyc 1993, 136).

Literacy rates among Ukrainian women rose steadily in the 20th century (Kubijovyc 1993, 136). Literacy increased first in Western Ukraine, which benefited from the introduction in the 1870s of mandatory primary schooling by the Austrian state. Among Western Ukrainian women, literacy reached 44 percent in 1920 and 56 percent in 1931. In territories that were under the rule of the Russian Empire, literacy remained very low due to bans on the use of the Ukrainian language in schooling and in print. Literacy among Ukrainian women increased steadily, reaching 33 percent by 1926, 72 percent in 1939, and nearly 100 percent by the late 1980s.

Literacy in Ukraine is nearly universal today, with rates of 99.5 percent among males and females aged 15 or older in 2001 and at 99.9 percent for children under 15.

Opportunities

The Ukrainian Constitution defines education as a fundamental right guaranteed to all Ukrainian citizens. Primary and secondary schooling are compulsory and free. University and postgraduate education are free on a competitive basis.

The expansion of women's access to education was one of the main goals of the Ukrainian women's movement in the 19th century. Western Ukrainian women's advocates successfully fought for the right to study in universities (granted in 1900) and established a variety of women's secondary educational institutions that trained women to become teachers or enter skilled trades.

Higher education in the Russian Empire was closed to women (except for brief periods of reform in 1860–1862 and 1906–1909). Segregated women's higher educational institutions briefly existed (1878–1886) but were closed by state authorities. After 1905, educational institutions were established for women, mainly to train teachers, but also physicians, lawyers, and engineers.

Under communism, education was an important area where the status of women was enhanced. In the USSR, women were granted access to free coeducational public education that included preschool, a general primary and secondary education, extracurricular recreation, vocational training, and specialized secondary educational and higher educational institutions (e.g., universities).

Education up to the completion of secondary school is mandated by Ukrainian law. Most girls and boys attend preschool starting at age 3, and nearly all attend primary school starting at age 7. An estimated 10,000–20,000 children in Ukraine do not attend primary school. Most have special needs that cannot be met by the school system or belong to the Roma minority (also known as Gypsies), who suffer from discrimination and poverty. Students who fail to complete secondary school typically leave school early for financial reasons. Most secondary school students graduate, and nearly half enroll in university or postsecondary vocational schools.

According to official sources, girls have constituted the majority of secondary school graduates since the early 1990s (54%–57%). Women are also slightly overrepresented among college and university graduates, accounting for 56 percent of students working for master's degrees and just under half of students studying for doctorates (48%). While substantial gender disparities in educational access are absent, and women are better educated than men, they are highly concentrated in certain fields where they constitute the majority of students: medicine, education, economics, business, the humanities, and social sciences. Furthermore, the proportion of women among all scientific personnel with a postgraduate qualification grows smaller at each level of education. They constitute 50 percent of master's degree holders and 24–27 percent of doctoral degrees holders; yet, only 4 percent of the members of the national academies of science are women.

Employment

Labor regulations are relatively gender neutral. On paper, entitlements to day care and other services for working parents appear generous. However, studies find that Ukrainian women face discrimination at every stage of employment, from hiring to retirement. Single mothers struggle to support themselves, often working more than one job or migrating to work in the European Union or North America while leaving their children to be raised by grandparents.

The rate of employment for women in Ukraine (57.5% in 2011) surpasses the levels for most South and East European countries and is close to the average for the European Union (58.5%). However, this employment rate represents a considerable decline since the Soviet era.

Employment was compulsory for Soviet citizens, and most women—as many as 9 out of 10—were employed or engaged in study full-time until they retired at age 50. Nevertheless, job opportunities in Soviet Ukraine were highly segregated by gender. Women were predominantly employed in low-paying, menial jobs in agriculture or in caregiving occupations that were coded as feminine, such as in health and social services, retail trade, and preschool and primary education. Furthermore, the division of labor in the household remained unquestioned, leading to expectations that women should work full-time outside the home while shouldering a heavy burden of household duties. This double burden of full-time employment and responsibility for the household and family worked in conjunction with traditional gender norms to make career advancement considerably more challenging for women than men.

Since the collapse of the Soviet Union in 1991, opportunities for employment and career advancement have narrowed still further for most women. The 1990s were a period of hyperinflation and economic upheaval, when numerous state enterprises that employed a female workforce were closed or privatized. Many women—even those who remained employed—found themselves unable to make ends meet. It became common for women to work more than one job or to operate small microbusinesses to earn extra income. An increase in labor force participation among women was observed in the following decade as the economy stabilized, but another decline occurred after the 2007 global recession and during the 2014 invasion by Russia. Overall, in the last decade, employment among women has grown at less than half the rate of 5–7 percent observed in most countries in the European Union.

Pay

Women in Ukraine earn between a quarter and a third less on average than men (Dudwick, Srinivasan, and Braithwaite 2002, 32; United Nations Development Program 2003, 46). This gender gap is a central concern of advocates for women's equality. State programs to establish gender equality in Ukrainian society identify eliminating the pay gap as a high priority, but little progress has been made thus far.

The pay gap is a result of the concentration of female jobs at the lower end of the labor market and of discrimination against women in hiring and promotion (Dudwick et al. 2002, 31–32; Hrycak 2001, 147). Women typically work in low-wage branches of the economy, such as agriculture, or in lower-status professional spheres, such as health care, social work, education, culture, and state administration. Widespread employer discrimination against women in hiring and promotion further limits women's advancement opportunities. Men hold nearly all top-level managerial positions, even in occupations where women predominate at the entry level and in middle management. Employers also routinely specify gender when advertising vacancies, even though this practice is not permissible under Ukrainian law. Failure to hire or promote professionally qualified women results from stereotype-driven assumptions about women's physical and intellectual limitations, their family responsibilities, and their age and appearance (Dudwick et al. 2002, 30–42). As a result, women are pushed into jobs in the low-wage service sector or public sector or are compelled to seek employment in the unregulated informal sector, where employees do not receive an employment contract and are paid off the books (Dudwick et al. 2002, 64).

Working Conditions

In the 1990s, women were overrepresented among the unemployed. Many also experienced “hidden” or “unofficial” unemployment, when workers were temporarily dismissed, forced to take unpaid leave, or expected to significantly reduce their working hours due to idle production lines and a lack of money for wages. In the 1990s, about 2.5 million people were forced to take unpaid leave, about 1 million people were compelled to work only a few days a week, and many workers in public-sector jobs received their wages months late. At this time, many women began to peddle goods on the streets or in open-air marketplaces, where they faced challenging conditions: long hours, weather extremes, and organized crime.

Today, women are no longer overrepresented among the unemployed. However, many have permanently moved to precarious jobs in the informal sector of the economy that are unregulated by employment contracts and not subject to pension benefits or labor regulations. In response to a lack of employment opportunities, many women have left Ukraine to go abroad to seek work. These labor migrants typically take jobs as nannies or cleaners in Southern and

Eastern Europe. Some have been trafficked into the commercial sex industry.

Sexual Harassment

Sexual harassment is reportedly widespread, accepted, and misunderstood. Many women consider it a fact of life that men in the workplace—male managers in particular—will attempt to initiate relationships with women workers and that refusing such offers may lead to dismissal or some other retaliation.

Social and Government Programs to Support Motherhood

State support for mothers in Ukraine appears generous. At the time of independence, the Families with Children (State Assistance) Act of 1992 guaranteed monetary support from the state for all families raising minor children. This act provided for a wide variety of forms of state assistance: pregnancy and childbirth benefits, a one-off childbirth allowance, supplementary childbirth assistance, a child care allowance for children aged under 3 years, cash benefits for mothers (parents) caring for three or more children aged under 16 years, a child care allowance for disabled children, an allowance for children aged under 16 years (18 years if they are at school), an allowance for single mothers raising children, a children's allowance for members of the armed forces on fixed-term service, a children's allowance for children under guardianship, and temporary assistance for minor children whose parents refuse to pay maintenance or when it is impossible to collect maintenance.

In practice, these benefits were difficult to use and nearly worthless, as they were pegged to extremely low official wages in the official economic sector (e.g., in the early 2000s, the average public-sector monthly wage was equivalent to only USD\$120–\$140). The state child's allowance in 2001, for instance, set at 10.9 percent of the average official monthly wage, came to roughly USD\$13–\$15 (10.9 percent of USD\$120–\$140 in 2001) and covered only the most basic needs for a period of a week. Single mothers living alone and without any additional sources of income faced extreme economic distress and deprivation living on state benefits. This comprehensive system was also criticized for its complexity (offering a profusion of various types of universal assistance and compensation, each governed by the extensive legislation regulating these matters, rather than a single regulatory instrument).

With encouragement from international lenders, who were concerned about reducing fiscal pressures on the state, Ukraine has attempted to turn from a broad-based benefits system to means-tested social welfare benefits primarily targeted to needy women with children. State benefits to support mothers of children have increased in recent years but remain inadequate. In 2010, the means-tested minimum payment for a child 6–18 years old was 287 hryvnias (just under USD\$36) and the maximum approximately 500 hryvnias (USD\$62.50).

Maternal Leave

Parental leave policies in Ukraine appear generous and conform to International Labour Organization (ILO) recommendations. Pregnancy, childbirth, and child care leave at full pay are granted for 70 calendar days before the birth and for 56 calendar days thereafter. Ukrainian law grants the right to parental leave to both parents and provides for extended leaves for caretakers of children under the age of three and for caretakers of handicapped children up to age six. However, fathers seldom exercise this right. Mothers are not only entitled to three years of leave from work to care for a child, they have the right to return to their job. In cases of illness, mothers may be granted leave without pay for the period specified in a medical report until the child's sixth birthday.

In practice, these generous benefits are difficult to use, as many Ukrainians are informally employed and work mainly off the books. Fathers rarely use parental leave because of the traditional division of domestic labor, but also because the government has failed to promote and inform about the possibility for men to use parental leave. Flexible work arrangements are also underdeveloped, and employers are generally skeptical of demands for flexible arrangements for employees with family responsibilities.

Day Care

As Soviet Ukrainian women typically worked full-time, nearly all children entered day care or were taken care of by grandparents. The number of public day care facilities has decreased sharply since independence, leaving many working mothers struggling to gain access to the relatively few day care spots available today. According to one survey, in the late 1990s, only 34 percent of parents were using public day care establishments, 0.9 percent relied on private kindergartens, and 1.6 percent hired au pairs. During the 1990s, the percentage of working women with young children fell from 50 percent to 39 percent.

It is difficult today for mothers of young children to combine a job, let alone a professional career, with family duties. The socioeconomic conditions and popular beliefs in Ukraine place considerable burdens on mothers that prevent mothers of young children from working at all. Day care remains more accessible in urban areas, but even there, it is often unaffordable. In contrast to past decades, most Ukrainian women today leave the labor force to look after their children from birth until the age of three. After they conclude the three-year maternity leave, women are considered less employable by employers, who perceive them as having lost skills and expect that they will miss work to care for their children.

Close to 60 percent of children between the ages of three and six now attend preschool. However, many children are turned away. According to the data of the Ministry of Education and Science of Ukraine, preschool establishments in most provinces have the capacity to serve only 70–80 percent of the children of preschool age. For example, in the Sumy and Rivne provinces, there are 120 children per 100 places in kindergartens; in Volyn province, 126 children per 100 places; in Dnepropetrovsk, 127 children; and in Ternopol, 138 children. In Odessa, there are 145 children's establishments and 19,000 preschool-age children.

Family Life

Women's roles in Ukraine have long been associated with motherhood and caregiving. The Soviet state mandated that women seek employment outside the family, but it also promoted a cult of the large family and motherhood. Childbearing was encouraged through a system of awards for women who raised many children, referred to as "mother-heroines."

Except for a brief period of sexual liberalization in the 1920s, when traditional gender norms were challenged, female sexuality was highly regulated throughout the 20th century. Fearing that free sexuality would distract men as workers and citizens, party leaders discouraged discussions of sexuality and failed to invest in contraception and modern family planning services. Sexual relations were fraught with anxiety due to the unavailability of modern contraceptives and the inhumane conditions women faced when undergoing abortions or giving birth without anesthesia.

In recent decades, improvements in contraception and family planning resources have given women greater control over the timing and number of children they

will bear. However, women today find themselves subjected in the media to new forms of sexualization and consumerism that pressure them to place priority on their physical appearance and encourage them to realize themselves by becoming good wives and mothers, rather than by pursuing careers or achieving independence and self-actualization.

Marriage and Reproduction

At the beginning of the 20th century, marriage and child-bearing dominated the lives of most Ukrainian women. Ukrainian girls typically married between the ages of 15 and 18 and gave birth to seven children, on average. The birth rate declined prior to World War I and remained low throughout the Ukrainian War of Independence (1917–1921). The birth rate increased in the 1920s in the Ukrainian SSR, peaking at 5.4 children per woman in 1925–1926, before entering a long period of decline (Perkovsky and Pirozhkov 2015, 149). From the mid-1960s to the late 1980s, fertility stabilized at just below 2 children per woman. In the 1990s, it dropped to 1.1 children per woman, one of the lowest rates in Europe. In recent years, while a slight increase has occurred, the birth rate remains below the replacement level, as most Ukrainian women are giving birth to only one child.

Women in Ukraine today tend to marry and give birth at a slightly younger age than their West European and North American counterparts. At present, first marriages typically take place when women are in their late teens and early twenties (Ptoukha Institute for Demography and Social Studies 2010, 41). A 2004 UN report estimated that 10 percent of girls in Ukraine have married by age 19, and most give birth by the time they reach 21. Only about one-third of women between the ages of 20 and 24 years have never been in a registered or unregistered marriage (Ptoukha Institute for Demography and Social Studies 2010, 29).

A great many Ukrainian women are single parents. Divorce is common, and the rate of extramarital child-bearing has also been increasing (State Institute for the Development of the Family and Youth of Ukraine 2014, 8). Historically, rates of extramarital birth fluctuated considerably in early 20th-century Ukraine, from 4 percent to nearly 20 percent, and tended to be higher in areas that were influenced by urbanization and industrialization. In the final decades of the Soviet era, extramarital childbearing remained relatively steady at 9 percent. Since then, the

level of extramarital births has gradually risen, reaching a high of 22 percent in 2010.

Sex Education

Sex education was introduced to schools relatively recently—in a piecemeal fashion in the final years of Soviet rule and more systematically after Ukraine achieved independence. Prior to independence, work to raise public awareness relating to sexuality was mainly carried out by Soviet medical personnel and health educators involved in campaigns to prevent venereal disease (Williams 1994, 82–83). Consequently, female sexuality tended to be medicalized and pathologized. It was typically treated as a public health concern to be handled by medical personnel, rather than as a normal part of personal development and self-expression.

Sex education today is conducted through public health clinics in addition to schools. Despite improvements that have resulted in higher rates of contraceptive use and steep declines in reliance on abortion as a primary method of birth control among young women, the treatment of female sexuality remains inadequate. Health professionals and teachers continue to see adolescent sexuality through a traditional discourse of early motherhood and marriage. Not surprisingly, studies find that young women are more likely to seek advice on contraception from pharmacists than in school or at a health clinic.

Contraception and Abortion

In the past, the abortion rate in Ukraine was one of the highest in the world. Due to the unavailability and low quality of condoms, oral contraceptives, intrauterine devices (IUDs), and other contraceptives in Soviet Ukraine, abortion was the main form of birth control. Since independence, the rate of abortion has declined steadily, and use of contraceptives has increased significantly (to 68.4 percent of women with partners in 2004–2005) (State Institute for the Development of the Family and Youth of Ukraine 2014, 82). The state medical service has expanded access to information on family planning, conducts more active educational work, and has increased the availability of contraceptives. In the period 1993–2004, the number of abortions fell from 66.7 per 1,000 women of childbearing age to 21.1 (and for girls age 15–17, it declined from 31 to 6 per 1,000) (State Institute for the Development of the Family and Youth of Ukraine 2014, 82). The number

of abortions for every 100 births (including stillbirths) dropped from 150 in 1995 to 68 in 2004.

Since 2000, the decline in the number of abortions has been accompanied by an increase in the number of births: 426,000 births were registered in 2004 and 385,000 in 2000 (State Institute for the Development of the Family and Youth of Ukraine 2014, 7). A comparison of the abortion, mortality, and pregnancy rates shows that the number of births from all pregnancies is rising, while the proportion of abortions is falling; in other words, far fewer pregnancies are terminated by abortion (The Ministry of Social Policy of Ukraine and United Nations Population Fund 2014, 34–35). This shift suggests that women are exercising greater control over the timing and occurrence of births.

Despite these signs of progress, expanding family planning services and broadening access to contraception remain ongoing concerns for women's advocates in Ukraine. In 2012 and 2013, women's advocates mobilized in opposition to proposed legislation to ban abortion that was motivated by lawmakers' belief that a repeal of abortion would raise birth rates.

Teen Pregnancy

Adolescent birth rates (births per 1,000 women ages 15–19) remained very low in the post–World War II period, gradually increased until 1990, and then declined to levels not previously seen. The adolescent birth rate in Ukraine was 29.5 in 1960. It rose slowly over subsequent decades to a high of 61.4 in 1990, and then declined to 25.7 in 2012.

While teen pregnancy is at historic lows, surveys suggest that the sexual practices and norms of teens have changed in recent years in a liberal direction (Ptoukha Institute for Demography and Social Studies 2010, 46–48; The Ministry of Social Policy of Ukraine and United Nations Population Fund 2014, 34). Premarital sex has become more common, and the average age of first sexual encounter has dropped. This shift has been attributed to decreasing social control and increasing exposure through the mass media to Western culture. State sources indicate that the teen abortion rate has also decreased steadily (following the downward trend observed for women in general) (The Ministry of Social Policy of Ukraine and United Nations Population Fund 2014, 75–76). However, women's advocates counter that the true rate of abortion among teens is likely to be higher than state statistics reveal, as adolescents today may choose to use private clinics that do not report abortions to the state.

Health

Women's health is an area of great concern for women's advocates in Ukraine (The Ministry of Social Policy of Ukraine and United Nations Population Fund 2014, 75–77). At 76 years of age in 2012, female life expectancy in Ukraine is the third lowest in Europe and four years below the average for Europe as a whole (State Institute for the Development of the Family and Youth of Ukraine 2014, 8). Life expectancy decreased in Ukraine after the collapse of the Soviet Union. While it has increased in recent years, it is now only one year higher than its previous high in 1990.

While mortality rates have remained lower for women than men, by many measures, women's health is in crisis (The Ministry of Social Policy of Ukraine and United Nations Population Fund 2014, 34–37). State sources report that reproductive health deteriorated in the 1990s. According to data from the Centre of Medical Statistics at the Ministry of Health, the number of complications registered during pregnancy, delivery, and in the postnatal period increased significantly in the 1990s (The Ministry of Social Policy of Ukraine and United Nations Population Fund 2014). Rates of cancer, in particular breast cancer, have increased steadily.

The public health care system in Ukraine is deteriorating under the impact of mismanagement, corruption, and inadequate financing, which has led to a dramatic decline in the availability, cost, and quality of health care services of all kinds throughout the country (The Ministry of Social Policy of Ukraine and United Nations Population Fund 2014, 75–77). Concerns have particularly been expressed about the decline in the quality and availability of maternal and child health services and inadequate public health measures to promote behaviors that enhance maternal and infant health, such as breastfeeding, prenatal care practices, and immunization.

Health Care Access

Under the Soviet system of public health care, basic medical care was provided at no cost to citizens, but it was beset by chronic shortages of drugs and outmoded practices and equipment. Relative to other industrialized nations and countries in Europe, Soviet Ukraine was characterized by high rates of infertility, sexually transmitted diseases (STDs), and higher maternal mortality and morbidity (Dudwick et al. 2002).

Under Ukraine's Constitution, all citizens are entitled to free health care. However, public health care institutions

are poorly managed, corrupt, and underfinanced, and they lack the capacity to adequately provide health care to the broader public (The Ministry of Social Policy of Ukraine and United Nations Population Fund 2014, 76). Drugs and medical services that were once scarce are generally more available, but they remain unaffordable for most patients. New private clinics cater to wealthy Ukrainians and foreigners. (Ukraine is a popular destination for Western couples seeking to have children through surrogacy.) State health care organizations are supposed to provide care to the public, but they are unable to handle the needs of many of their patients. In state clinics, patients must typically provide under-the-table payments in exchange for medical care (The Ministry of Social Policy of Ukraine and United Nations Population Fund 2014, 76–77). The closure of many primary care and obstetrics clinics in towns and rural areas has further narrowed women's access to basic medical services. Women who live outside major urban centers typically cannot afford clinics that provide high-quality services. Women who are HIV-positive and sex workers suffer discrimination in the health care system and receive very limited reproductive health services (Ukrainian Helsinki Human Rights Union and Kharkiv Human Rights Protection Group 2008, 172–73).

Since Ukrainian independence, a number of national programs have attempted to improve the health status of specific subpopulations or the population as a whole. They include Family Planning, AIDS and Drug-Addiction Prevention, and Children of Ukraine (The Ministry of Social Policy of Ukraine and United Nations Population Fund 2014). These programs were initiated in response to public officials' concerns over adverse trends in population development and health status: a decline in the birth rate and increases in mortality leading to population decline; a falling level of female reproductive health; the deterioration in the health status of pregnant women; an increase in the level of women's reproductive tract diseases and STDs; and high rates of maternal and infant mortality. In the past decade, some of these areas have seen improvement. Notably, for instance, the ratio of maternal mortality (the number of deaths during the pregnancy or within 42 days of delivery per 100,000 live births) has decreased by nearly half since independence, from 49 in 1990 to 23 in 2013 (World Health Organization 2015). Nevertheless, it remains high relative to the levels found in other Eastern and Central European countries and is three to four times higher than in the countries of Western Europe. (The World Health Organization (WHO) estimates that from

1990 to 2013, the maternal mortality ratio decreased from 48 to 11 in Estonia, 17 to 3 in Poland, 10 to 4 in Austria, 13 to 7 in France, and 9 to 4 in Norway.)

Diseases and Disorders

The top causes of death for both sexes are cardiovascular disease, cancer, and traumatic injuries (e.g., fatal accidents, poisoning, suicide, etc.) (The Ministry of Social Policy of Ukraine and United Nations Population Fund 2014, 35–36).

The prevalence rate of HIV in Ukraine is one of the highest in Europe (The Ministry of Social Policy of Ukraine and United Nations Population Fund 2014, 36). In recent years, it has been estimated at ranging from 0.8 to 1.4 percent of the adult population. The disease spread rapidly in the 1990s and had reached epidemic proportions by the close of that decade. HIV/AIDs was initially concentrated among male intravenous drug users. Studies find that it is now spreading more widely through sexual contact. Women constituted 41 percent of the country's estimated 190,000–260,000 people living with HIV in 2012. Through the efforts of the All Ukrainian Network of People Living with HIV, the largest of Ukraine's HIV-prevention advocacy groups, Ukraine is making strides in reducing new HIV infections. Nonetheless, among women, HIV infection remains the leading cause of deaths from communicable diseases.

Eating disorders as a phenomenon were unacknowledged in the past, but they appear to be growing more common among young women in their teens and twenties (Bilukha and Utermohlen 2002). Women's advocates attribute their rise to a new cultural emphasis on thinness that has become pervasive in Ukrainian society in response to exposure to Western media. The rise in eating disorders also reflects increasing awareness of eating disorders among local physicians and women's advocates. The country's first eating disorder outreach initiative was started in 2011 in the city of Lviv to provide support to women who are experiencing eating disorders and to raise public awareness of eating disorders.

Cancer is the second most common cause of death for women in Ukraine. The incidence of breast cancer, the most common cancer among Ukrainian women, has increased significantly in the last 25 years, from 23 women per 100,000 in 1986 to 71 in 2011 (The Ministry of Social Policy of Ukraine and United Nations Population Fund 2014, 34–35). While women's health advocates in Ukraine

urge women to perform monthly self-exams and to undergo clinical breast exams by a doctor or nurse during annual gynecological checkups, women often fail to follow this advice. Consequently, while in Western Europe and the United States the number of late-stage cases is not more than 5–7 percent, according to the National Cancer Register in Ukraine, every year more than 30 percent of new breast cancer cases in Ukraine are identified in late stages. Breast cancer mortality continues to rise in Ukraine, where each year one out of five women with breast cancer die. A combination of factors have been identified as driving these dynamics, including widespread public exposure to carcinogens, a low level of public awareness about screening, and inadequate state investment in screening services and mammography machines (United Nations Development Program 2003, 75).

Total alcohol consumption in Ukraine is 14 liters on average per year, comparable to levels found in other post-communist countries, which are among the highest in the world (World Health Organization 2014). Alcohol abuse, a serious problem in the communist era, is a leading cause of death in Ukraine. The incidence of alcohol use among women in Ukraine is significantly lower than among men, 7.2 liters per year for women compared to 22.0 for men. Alcohol abuse is also significantly lower among women than men. The WHO estimates that 1.1 percent of women and 9.3 percent of men in Ukraine suffer from an alcohol disorder. Nevertheless, alcohol bingeing is believed to be a significant factor leading to abuse by men of their intimate partners and families.

Politics

While women constitute a numerical majority of the population of Ukraine, and a number of prominent women have served in the Ukrainian government, women are underrepresented in the judicial, executive, and legislative branches of government (The Ministry of Social Policy of Ukraine and United Nations Population Fund 2014, 45).

Suffrage

Ukrainian women won the right to vote in the early 20th century. Suffrage was granted in 1914 in the Austrian provinces of Galicia and Bukovyna; in 1917 by the Ukrainian regions of the Russian Empire; and in 1918 by Poland. However, for most of the 20th century, the right to vote was largely symbolic. In the Soviet Union, candidates for

election were selected by party leaders and ran unopposed. Voting was considered mandatory, and citizens faced punishment if they failed to cast their ballot.

Political Participation

The representation of women in Ukrainian politics declined sharply after the end of the gender quotas of the communist era. Since then, female representation has fluctuated, but it demonstrated a slight upward trend while remaining in the single digits until recently.

Women in 1990 were elected to only 3 percent of the seats in Ukraine's Rada (United Nations Development Program 2003, 10–11). In 1994, their share of seats increased to 5 percent. In 1998, the overall proportion of women elected increased to 8 percent, but then it dropped again in 2002 to 5 percent, earning Ukraine the dubious distinction of being in last place in Eastern Europe in terms of women's parliamentary representation. In 2006, the level of women's representation again rose to 8 percent and remained at this level in the preterm elections of 2007 (HESLI 2007; Hrycak 2006). In 2012, the overall percentage of women rose for the first time to 10 percent (Interparliamentary Union 2014).

Despite this recent increase, there are fewer women in the Ukrainian legislature than in most neighboring countries and far fewer than in most Western European countries. In Ukraine's 2012 parliamentary elections, when women won 10 percent of the seats in the Rada for the first time, this level placed the country 115th in the world, just behind Kenya (114th) and ahead of the Democratic Republic of Congo (116th). Among Eastern European countries, only Hungary had a lower percentage of women legislators at that time (9 percent, 117th in the world) (Interparliamentary Union 2014).

Women's Rights

Women in Ukraine have expressed their interests and demands for rights through a variety of forms of activism (Bohachevsky-Chomiak 1988). In the Ukrainian territories of the Russian Empire, women's organizing included participation in clandestine women's circles and informal networks, but also more sizeable women's charities, trade unions, and federated organizations. Among the main issues women activists raised were universal suffrage, educational access, the protection of women workers from exploitation, and minority women's rights to self-determination.

Outside of the Russian Empire, in Habsburg-ruled Western Ukraine, women organized more freely. Under the leadership of Natalia Kobrynska (1855–1920), a socialist feminist who is considered the founder of the Ukrainian women's movement, women campaigned for suffrage and women's rights to university education, organized mass membership organizations, and operated diverse organizations for the empowerment of working women (a girl's dormitory, subsidized cafeterias, a federated women's cooperative, nursery schools, and societies for organizing domestic servants).

Independent women's organizations were banned in the Soviet Union. Women's rights were established by the state "from above" in the early 1920s, through the passage of laws granting women equality and the establishment of a system of women's sections within the Communist Party that the state later dissolved. The political and economic reforms of the 1980s briefly allowed debate and protest, initiating discussions of women's double burden of work and family and spurring heightened activism among women. Women joined a variety of protest organizations, bringing attention to the issue of violence in the military through a pan-Soviet movement of Soldiers' Mothers Committees and to the environment (including in response to the Chernobyl nuclear accident), while also joining the emergent movement demanding independence from the USSR.

Women's activism in Ukraine has increased in scope since independence. Women's organizations have come together to strengthen legal protection against domestic violence (2002) and ensure equal rights (2005) and participated in projects to fight human trafficking and assist its victims (2003). Despite these achievements, the women's movement is plagued by problems that have blunted its political potential. Public opinion polls suggest that very few Ukrainian citizens know about the existence of women's organizations, and even fewer have ever participated in their activities—most do not trust them. The movement lacks the capacity for coordinating political campaigns and has limited resources for challenging state leaders.

Military Service

Women serve in the Ukrainian military, but they are barred from service in certain branches and positions and face discrimination. According to figures provided by the Ministry of Defense, as of 2006, more than 50,000 women were serving in the country's armed forces (4,219 of them as civil servants and 422 as officers in senior posts holding

the rank of "Chief" or "Commanding Officer"). The percentage of officers who are women more than tripled from 2001 to 2006, rising from 0.7 percent of the total complement of officers to 2.25 percent.

The female military officer with the highest visibility is Nadia Savchenko, the first woman to train as an air force pilot and fly a bomber in active combat. She was the subject of many news reports and a full-length documentary film. In 2014, Savchenko was captured by rebels in an area of Eastern Ukraine that had been invaded by Russian paramilitary forces. She was later forcibly relocated to the Russian city of Voronezh, where she is being tried for the killing of Russian journalists who died while covering Russian forces in Ukraine.

Religion and Spirituality

Women constitute the majority of active believers in Ukraine's main religious denominations. However, they are forbidden from becoming clergy and play a limited role in the administration of religious institutions.

Issues

Violence

Violence against women is prohibited under Ukrainian law. Ukraine was the first post-Soviet country to respond to the policy recommendations of global campaigns against gender violence. In 1998, Ukraine formally criminalized trafficking. In 2001, the state introduced further changes to bring its antitrafficking legislation into closer conformity with international treaties. Ukraine was also the first postcommunist country to pass a law to combat domestic violence.

Despite these promising steps, after years of raising public awareness by women's organizations, these laws remain largely unimplemented, violence against women remains underreported, and enforcement of laws against gender violence is a low priority for law enforcement officials (Hrycak 2010; The Ministry of Social Policy of Ukraine and United Nations Population Fund 2014; Ukrainian Helsinki Human Rights Union and Kharkiv Human Rights Protection Group 2008). Domestic violence has attracted a great deal of public sympathy, but it continues to be viewed by police as a family issue rather than a problem that requires the intervention of law enforcement or the state (The Advocates for Human Rights 2014). Abuse of women is often seen in the broader public as a problem

that affects the fringes of society, where it is caused by alcoholism, crime, and other pathologies that cannot be remedied. These and other issues have received the attention of many advocates, in particular, the advocacy group La Strada Ukraine and the women's center Western Ukrainian Women's Perspective.

There is no reliable data on the incidence of violence against women nationwide. Victimization surveys provide estimates suggesting that it is widespread (Barrett, Habibov, and Chernyak 2012). One of the first nationwide surveys, conducted by the National Academy of Sciences of Ukraine in 1995, found that domestic violence, sexual harassment, sexual exploitation, and forced prostitution were prevalent among adult and adolescent women in Ukraine (Weber and International Helsinki Federation for Human Rights 2000). Around 20 percent of those surveyed had been beaten by their husband, 14 percent had been sexually assaulted, 10 percent had been sexually harassed, 4 percent had been affected by trafficking in women, and 4 percent had experienced pressure to engage in prostitution. Many of the women surveyed indicated that they had experienced sexual violence during childhood or adolescence. One-seventh, or 14 percent of the women polled, reported having been raped in their childhood or in their teens. Another 10 percent of those polled had been subjected in childhood or adolescence to attempted rape. The 2007 Ukraine Demographic and Health Survey found slightly lower rates (Barrett et al. 2012). Seventeen percent of women aged 15–49 reported experiencing physical violence since age 15. Five percent of women reported past experiences of sexual violence, and 2 percent reported that their first sexual intercourse was forced against their will. The most common perpetrators of sexual violence were former or current husbands or partners.

The collection of data on domestic violence by state agencies started with the implementation of the Law on Prevention of Family Violence in 2001 and is mostly done by district police inspectors who handle domestic violence cases. Reports show that the number of reports continues to rise. Domestic violence, sexual violence, and rape, in particular, are underreported: advocates estimate that 75–95 percent of sexual assaults are never reported to the police.

Ukraine's Human Rights Ombudsmen and representatives of its women's rights and human rights advocacy groups have expressed ongoing concern over the high rate of domestic violence and the inadequacy of the state's handling of victims' cases. Advocates of women's rights

estimate that nearly every third complaint to the police is related to this type of violence. State officials have responded by noting that more than 30 crisis centers and centers for social and medical rehabilitation of victims of the domestic violence in the country have been founded in response to the Domestic Violence Act. However, advocates consider this inadequate, as government centers offer limited legal and psychological assistance (mainly serving victims of domestic violence under the age of 35). Despite legal mandates, municipally funded shelters are absent in most provinces and not always accessible in the few cities where they exist, as shelter services were restricted to registered residents and some lacked the resources to operate year-round.

Lesbian Rights

In the Soviet era, lesbians in Ukraine were subjected to involuntary psychiatric and medical treatment and prevented from organizing or developing into a community. Consequently, when Ukraine achieved independence, women who were sexually attracted to other women did not see themselves as sharing a common identity. In subsequent decades, lesbians have started to develop a voice and demand equal treatment and respect, working through gay and feminist advocacy groups to defend their rights, promote tolerance, and build community. Most lesbians still do not openly discuss their sexuality within the public sphere out of fear of retaliation and persecution (Geïdar and Dovbakh 2007; Redhead 2007).

ALEXANDRA HRYCAK

Further Resources

- Barrett, Betty Jo, Nazim Habibov, and Elena Chernyak. 2012. "Factors Affecting Prevalence and Extent of Intimate Partner Violence in Ukraine: Evidence From a Nationally Representative Survey." *Violence Against Women* 18(10): 1147–1176.
- Bilukha, Oleg O., and Virginia Utermohlen. 2002. "Internalization of Western Standards of Appearance, Body Dissatisfaction and Dieting in Urban Educated Ukrainian Females." *European Eating Disorders Review* 10(2): 120–137.
- Bohachevsky-Chomiak, Martha. 1988. *Feminists Despite Themselves: Women in Ukrainian Community Life, 1884–1939*. Edmonton: Canadian Institute of Ukrainian studies, University of Alberta.
- CIA (Central Intelligence Agency). 2017. "Ukraine." *CIA World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/up.html>.
- Dudwick, Nora, Radhika Srinivasan, and Jeanine Braithwaite. 2002. *Ukraine: Gender Review*. Bethesda, MD: LexisNexis.
- Geïdar, Laima, and Anna Dovbakh. 2007. *Byt' lesbiiankoï v Ukraine: obretaia sily*. Kiev: Zhenskaia set'.

- Graziosi, Andrea, Lubomyr Hajda, Halyna Hryn, and Harvard Ukrainian Research Institute, eds. 2013. *After the Holodomor: The Enduring Impact of the Great Famine on Ukraine*.
- Hankivsky, Olena, and Anastasiya Salnykova, eds. 2012. *Gender, State, and Politics in Ukraine*. Toronto, Canada: University of Toronto Press.
- Hesli, Vicki. 2007. "The 2006 Parliamentary Election in Ukraine." Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=epref&AN=ES.BF.EJG.HESLI.BPEU&site=ehost-live>.
- Hrycak, Alexandra. 2001. "The Dilemmas of Civic Revival: Ukrainian Women since Independence." *Journal of Ukrainian Studies; Toronto* 26(1/2): 135.
- Hrycak, Alexandra. 2006. "Gender and the Struggle for Power: A Sociological Analysis of Women's Participation in Ukraine's Parliamentary Elections after the Orange Revolution." In *Studies and Working paper, Ottawa, Second Annual Danyliw Research Seminar in Contemporary Ukrainian Studies*. Retrieved from http://www.ukrainianstudies.uottawa.ca/pdf/P_Hrycak_Danyliw06.pdf.
- Hrycak, Alexandra. 2010. "Transnational Advocacy Campaigns and Domestic Violence Prevention in Ukraine." *Domestic Violence in Postcommunist States: Local Activism, National Policies, and Global Forces* 45.
- Interparliamentary Union. 2014. *Women in National Parliaments*. Interparliamentary Union. Retrieved from <http://www.ipu.org/wmn-e/arc/classif311212.htm>.
- Kubijovyc, V. 1993. "Literacy." *Encyclopedia of Ukraine* 3: 135–136. Retrieved from <http://www.deslibris.ca/ID/449932>.
- Perkovsky, A., and S. Pirozhkov. 2015. "Population of Ukraine." *Encyclopedia of Ukraine* 4: 148–152. Retrieved from <http://www.deslibris.ca/ID/449932>.
- Phillips, Sarah. 2008. *Women's Social Activism in the New Ukraine: Development and the Politics of Differentiation*. Bloomington: Indiana University Press.
- Pishchikova, Kateryna. 2011. *Promoting Democracy in Postcommunist Ukraine: The Contradictory Outcomes of US Aid to Women's NGOs*. Boulder, CO: Lynne Rienner Publishers.
- Ptoukha Institute for Demography and Social Studies. 2010. *Youth and Youth Policy in Ukraine: Social and Demographic Aspects*. Kyiv, Ukraine: The National Academy of Sciences of Ukraine.
- Razumkov Center. 2014. *Віруючим Якої Церкви, Конфесії Ви Себе Вважаєте? [Viruiuchy, Iakoi Tserkvy, Konfessii Vy Sebe Vvazhaiete? [With What Church or Faith Do You Identify?]*. Kyiv, Ukraine: Razumkov Center. Retrieved from http://old.razumkov.org.ua/ukr/poll.php?poll_id=300.
- Redhead, Robin. 2007. "Imag(in)ing Women's Agency: Visual Representation in Amnesty International's 2004 Campaign 'Stop Violence Against Women.'" *International Feminist Journal of Politics* 9(2): 218–238.
- Rubchak, Marian, ed. 2011. *Mapping Difference: The Many Faces of Women in Ukraine*. New York and Oxford: Berghahn Books.
- State Institute for the Development of the Family and Youth of Ukraine. 2014. *Report on the Implementation of the United Nations Convention on the Elimination of All Forms of Discrimination against Women: Combined Sixth and Seventh Periodic Reports*. Kyiv. Retrieved from <https://www.google.com/search?q=State+Institute+for+the+Development+of+the+Family+and+Youth+of+Ukraine%2C+Report+on+the+Implementation+of+the+United+Nations+Convention+on+the+Elimination+of+All+Forms+of+Discrimination+against+Women%3A+Combined+Sixth+and+Seventh+Periodic+Reports+%28submitted+un&ie=utf-8&oe=utf-8>.
- State Statistics Service of Ukraine. 2001. *All-Ukrainian Population Census*. Kyiv, Ukraine: State Statistics Service of Ukraine. Retrieved from <http://2001.ukrcensus.gov.ua/rus/results/general/nationality/>.
- State Statistics Service of Ukraine. 2014. *Population (by Estimate) as of June 1, 2014*. Kyiv, Ukraine. Retrieved from <http://www.ukrstat.gov.ua/>.
- Stop VAW. 2017. Retrieved from <http://www.stopvaw.org/Ukraine>.
- The Advocates for Human Rights. 2014. "Violence Against Women in Ukraine." Retrieved from <http://www.stopvaw.org/Ukraine.html>.
- The Ministry of Social Policy of Ukraine and United Nations Population Fund. 2014. *Report on the Implementation in Ukraine of the UN Convention on the Elimination of All Forms of Discrimination against Women: The Eighth Periodic Report (Submitted under the Article 18 of the UN Convention on the Elimination of All Forms of Discrimination against Women in Ukraine)*. Kyiv, Ukraine: United Nations.
- Ukrainian Helsinki Human Rights Union and Kharkiv Human Rights Protection Group. 2008. *Human Rights in Ukraine—2007 Human Rights Organizations Report*. Kharkiv: Prava Ludyny.
- Ukrayinska Pravda. 2017. "Більше 90% Громадян Назвали Себе Українцями За Національністю | Українська Правда." Retrieved from <http://www.pravda.com.ua/news/2017/06/17/7147226/>.
- United Nations Development Group. 2010. *Ukraine Common Country Analysis*. United Nations. Retrieved from http://undg.org/docs/11837/UKRAINE_Common_Country_Analysis_CCA_2010_FINAL.PDF.
- United Nations Development Program. 2003. *Gender Issues in Ukraine: Challenges and Opportunities*. Kyiv, Ukraine: UNDP.
- Weber, Renate and International Helsinki Federation for Human Rights. 2000. *Women 2000: An Investigation into the Status of Women's Rights in Central and South-Eastern Europe and the Newly Independent States*. Wien: Internat. Helsinki Fed. for Human Rights.
- Williams, Christopher. 1994. "Sex Education and the AIDS Epidemic in the Former Soviet Union." *SHIL Sociology of Health & Illness* 16(1): 81–102.
- World Health Organization. 2014. *UKRAINE: Recorded Adult per Capita Consumption (Age 15+)*. World Health Organization. Retrieved from http://www.who.int/substance_abuse/publications/en/ukraine.pdf.

World Health Organization. 2015. "Ukraine Scales up Efforts to Protect Women from Death in Childbirth." Retrieved from <http://www.euro.who.int/en/health-topics/Life-stages/maternal-and-newborn-health/news/news/2015/08/ukraine-scales-up-efforts-to-protect-women-from-death-in-child-birth>.

Zabuzhko, Oksana. 2011. *Fieldwork in Ukrainian Sex*. Amazon-Crossing, Kindle Edition.

United Kingdom

Overview of Country

The United Kingdom is composed of England, Scotland, Wales, and Northern Ireland. The country is sometimes referred to as the United Kingdom of Great Britain and Northern Ireland, the name established by the Royal and Parliamentary Titles Act of April 12, 1927, and is commonly abbreviated as U.K.

The name designates an island group situated in Western Europe between the North Atlantic Ocean and the North Sea and located toward the northwest of France. The total area of the United Kingdom is 243,610 square kilometers, with 12,429 kilometers of that being coastline. Its insular geography and dependence on the sea have defined much of its history, which includes the development of the world's dominant navy in the 19th century, when Britain ruled an "empire on which the sun never set." Since the mid-20th century, the postimperial United Kingdom has held a greatly diminished global presence, though London remains a major hub of global finance. The country's terrain, "England's green and pleasant land," in William Blake's memorable phrase, is made up primarily of open plains (often crossed by hedgerows) and rugged hills with low mountains. The highest point in the United Kingdom is Ben Nevis, standing 1,343 meters high. The climate is temperate with moderate weather, and over one-half of the days are overcast (CIA 2015).

The population of the United Kingdom is growing. As of July 2015, the total population was 63,843,856, with a rate of 12.17 births and 9.35 deaths per 1,000 people (CIA 2015). The migration rate is 2.54 migrants per 1,000 people, largely from Eastern Europe. Historically, the European Union (EU) has allowed relatively open travel between countries. This proved to be an important issue

in the United Kingdom's recent "Brexit" vote to leave the European Union.

As the United Kingdom is separated into four areas, England, Scotland, Wales, and Northern Ireland, each has its own capital city. However, the capital of the United Kingdom as a whole (as well as being the capital of England) is London. Cardiff, a city in the South of Wales, is Wales' capital; Edinburgh, located in the South of Scotland, is the capital of Scotland; and Belfast, the region's largest city, is Northern Ireland's capital. London has a population of 10.313 million people (CIA 2015). Inhabitants of the United Kingdom predominantly live in cities, with the urban population comprising 82.6 percent of the total population. Other major urban areas include Manchester (2.66 million people), Birmingham (2.515 million), Glasgow (1.223 million), and Liverpool (870,000).

The population of the United Kingdom is fairly young, with a median age of 40.4 years, men being slightly younger than women (39.2 versus 41.6). At birth, the life expectancy of a person is 80.45 years (CIA 2015). Additionally, the country is fairly homogeneous: nearly 90 percent of the British population is white (87.2%). Other ethnic and racial groups—including Black British (people of African or Afro-Caribbean descent) and Asian British (people of Indian or Pakistani heritage)—each make up 2–3 percent of the population (CIA 2015).

The language of the United Kingdom is English, with about 30 percent of the Scottish population speaking Scottish Gaelic, about 20 percent of the population of Wales speaking Welsh, and about 10 percent of the Northern Ireland population speaking Irish. Over half of the British population, 59.5 percent, declare themselves Christian, which primarily includes Anglicans, Roman Catholics, Presbyterians, and Methodists. The next largest religious groups are Muslim (4.4%), followed by Hindus (1.3%). A full quarter of the population (25.7%) does not affiliate with a particular religion.

The United Kingdom has the third-largest economy in Europe after Germany and France, with less than 2 percent of the workforce producing around 60 percent of the food needed domestically (CIA 2015). Service industries, especially banking, insurance, and business services, are the drivers in the U.K. gross domestic product (GDP) growth. Although the United Kingdom was hit by the worldwide recession in 2008, it has since bounced back. GDP grew in 2013 by 1.7 percent; in 2014 by 2.9 percent; and in 2015 by 2.2 percent (CIA 2015).

The United Kingdom's primary export partner is the United States (14.6%), followed by Germany (10.1%), Switzerland (7%), and China (6%). All except Switzerland make up the top import partners of the United Kingdom, albeit in a different order: Germany (14.8%), China (9.8%), and United States (9.2%). The top four are rounded out by the Netherlands, with 7.5 percent of imports (CIA 2015). In terms of materials traded, the United Kingdom imports and exports manufactured goods, fuels, and foodstuffs (CIA 2015).

The United Kingdom enjoys an excellent public transportation system, including air, rail, and bus transport. There are a total of 460 airports in the country, 271 of which have paved runways. The biggest airports are Heathrow Airport in London, Manchester Airport, and Glasgow Airport. Rail lines crisscross the United Kingdom, with a total of 16,827 kilometers of railways (CIA 2015). A Virgin Train runs all the way from London's Euston railway station to the Glasgow railway station in Scotland.

The United Kingdom's government is a constitutional monarchy, with a regionally elected Parliament, a prime minister elected by that Parliament, and the monarch as honorary head of state. The monarchy is hereditary and traditionally passed down to the eldest son, a system known as *masculinist primogeniture*. This system was changed in 2013, when the Succession to the Crown Act made succession to the throne independent of gender. Barring deaths unforeseen, for the next three generations of monarchs, this change will not affect the line of succession, as the current monarch, Queen Elizabeth II (1926–) has three male heirs (Princes Charles, William, and George).

Because the United Kingdom operates as a constitutional monarchy, the monarch opens and closes sessions of Parliament, but most of the royal functions are ceremonial. One ceremonial duty is the queen's formal assent to the prime minister's request to create a government and cabinet. Queen Elizabeth II has ruled since February 6, 1952, and is the nation's longest-serving monarch, surpassing her grandmother, Queen Victoria. Her heir is the Prince of Wales, Charles, the longest-serving heir, who will, if surviving her, assume the throne upon his mother's death or abdication. In keeping with the government as a constitutional monarchy, the national anthem is "God Save the Queen" (or "God Save the King"), in use since 1745.

The current head of the government is Prime Minister Theresa May (1956–), a leading member of the Conservative Party who replaced David Cameron (1966–) upon his

resignation after the Brexit vote; he had been prime minister since May 11, 2010. The cabinet consists of members of parliament (MPs) who are unilaterally appointed by the prime minister. Individuals who serve in cabinet positions usually begin and end their tenure with their appointing prime minister. Cabinet positions in the United Kingdom include a Secretary of Foreign and Commonwealth Affairs, a Home Secretary, and Chancellor of the Exchequer. The prime minister is the leader of the majority party following elections, which normally occur every five years; though in a crisis of confidence, a majority of the house may call for elections.

There is no written constitution in the United Kingdom, much of the law coming from either statutes or common-law practice. Recently, it has added the Human Rights Act of 1998 and the Constitutional Reform and Governance Act of 2010 to its laws. The legal system is one of common law, and there is a nonbinding judicial review of Acts of Parliament under the Human Rights Act of 1998.

The United Kingdom signed the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) on July 22, 1981. The document was ratified on April 7, 1986. The United Kingdom accepted the optional protocol to CEDAW, enabling enforcement of convention rights, on December 17, 2004. As of 2015, the United Kingdom is ranked 28th out of 188 nations (0.131) on the UN Development Programme's (UNDP) Gender Inequality Index (GII) (UNDP 2015). The United Kingdom has signed and ratified a number of UN treaties concerning gender inequality and women's status, including the CEDAW. Gender inequality and discrimination against women are not as prevalent as they once were in the country. However, there remain significant gender gaps in wages for full-time workers and in the relative number of men and women serving as members of parliament.

Girls and Teens

Of the more than 64 million people in the United Kingdom, 17.3 percent are 14 or younger. Of that percentage, 5.38 million, or 48.6 percent, are girls. The 15–24 age range comprises 12.6 percent of the population, and 3.9 million, or 48.9 percent, are female (CIA 2015).

The United Kingdom has a low infant mortality rate of 3.6 deaths per 1,000 live births. This is the lowest rate ever recorded in England and Wales. This was also a decrease from 3.8 per 1,000 live births in 2013 and a significant

decrease from 1984, when the rate was 9.5 deaths per 1,000 live births (ONS 2013a). Due to improved maternity services for both antenatal and postnatal care, women are being seen more frequently by their doctors or midwives for increased screening, thus reducing the infant mortality rate.

Education

In the United Kingdom, there are five stages of education: early years (ages 3–5), primary (ages 5–11), secondary (ages 11–16), further education (ages 16–18), and higher education. Under the law, education from ages 5 (4 in Northern Ireland) to 16 is compulsory (18 in England). This education does not have to be in a school; some parents choose to teach their children at home. For those children within the school system—primary and secondary—there is a national curriculum that institutions must follow. At 16, students take the General Certificate of Secondary Education (GCSE) national examinations. Although education is required until the age of 18 in England, students between the ages of 16 and 18 face multiple options that include a college or Sixth Form that would lead to A-Level qualification. The Sixth Form can be a continuation of high school or attendance at another school. A different option may include vocational study or apprenticeship. Higher education involves a three-year bachelor's degree and postgraduate degrees that include master's or doctorate degrees. The literacy rate in the United Kingdom, defined as a person over the age of 15 with at least five years of education, is virtually perfect, standing at 99 percent for both males and female (CIA 2015).

Girls outperform boys on standardized tests (the GCSE and A-Level), but there is a significant difference between the types of degrees each achieves, with more men than women getting degrees in the hard sciences (Sadker, Sadker, and Zittleman 2009). Since 1995, girls have outperformed boys by around 10 percent in achieving five A*-CGCSE results, with 63.4 percent of girls versus 53.8 percent of boys attaining this goal (Gender and Education 2013). Although most subjects are taken by both girls and boys (9 of the 10 subjects were the same for both genders), girls tend to take more courses in the arts, languages, and humanities, while boys are more likely to take physical education and information technology (Gender and Education 2013).

The differences between girls and boys increase in their post-GCSE choices, with 82 percent of girls choosing to

remain in full-time education compared to 72 percent of boys. Studying for A-Levels also illustrates a significant difference that extends into postsecondary education: as girls again primarily gravitate toward the humanities, their most popular A-Level subject is English; while boys gravitate toward science, with mathematics being their most popular subject (Gender and Education 2013).

Women have made progress in the higher education system. As recently as 1980, only two-fifths of university degrees were awarded to women, whereas today, more women than men receive degrees (Hicks and Allen 1999). The Equality Act of 2010 specifically references admissions processes both in secondary and postsecondary education, stating in Part 6 that schools must not discriminate against students because of gender (Equality Act 2010). However, this has not entirely removed the differences in choice of study between boys and girls.

Health

Access to Health Care

The United Kingdom has government-sponsored health care in the form of the National Health Service (NHS). This service was started in 1948 pursuant to the idea that everyone should have access to good health care. The NHS is made up of various organizations and is focused on diagnosis and preventative treatment for all individuals. It largely provides these services free of charge to patients in the United Kingdom. Privately funded health care is also available to paying customers who can afford it and prefer to avoid the heavily trafficked NHS. The first level of health care is general practitioners (GPs). There are over 36,000 GPs in England. Health expenditures account for 9.3 percent of GDP as of 2011. There are approximately three hospital beds per 1,000 people (CIA 2015).

Maternal Health

The founding of the NHS in 1948 brought changes to maternal health care. Maternal health care is divided between three parts of the NHS: the hospital, GPs, and local health authorities or health visitors who visit the mother and child after the birth and for a period of up to one year and also run maternal clinics. In the second half of the 20th century an increasing number of women gave birth in a hospital and with intervention, for example, with an induction. By the 1970s, around 41 percent of births were induced, up from around 15 percent in 1965 (Davis 2013).

Since the 1970s, there have been significant changes in maternity policies in the United Kingdom that have seen women's choices being taken into account in determining how and where to give birth (at home, in a hospital, or in a birthing center). In addition, some women choose to have midwife- or GP-supervised births as opposed to hospital doctors in a maternity ward. With these significant changes in maternal health, the maternal mortality rate is very low in the United Kingdom (along with the infant mortality rate). While the maternal mortality rate had reached more than 40 deaths per 10,000 births between 1900 and 1937 (Davis 2013), this ratio is significantly lower with 1 death per 4,600 births (CIA 2015). Even so, there appears no universal understanding for how women should give birth. There are a variety of options available to women during pregnancy and a substantial level of postnatal care for the mother and child.

Postnatal care is often in the form of health visitors who visit in the family's home and the GP's offices. In the United Kingdom, every child who is under the age of five is given a named health visitor. These individuals are registered nurses with a specialty in community health, child health, and health education who primarily work with the young and the elderly. While the health visitors are primarily there to give advice to new mothers and fathers, they also form a type of surveillance to ensure the child's well-being and report any potential problems or issues (Robinson 2004).

In 2015, there were nearly 700,000 live births in England and Wales (697,852), which represented a slight increase from 2014 (up by 0.4%). The average age of a woman giving birth was 30.3 years, a slight increase from 2014, which was 30.2 years (ONS 2016). In 1970, the mother's mean age when she had her first child was 28.1 (CIA 2015). In 2017, women are older when they have their first child. The most likely age group of a mother in England and Wales in 2013 was 25–34, with more than half of the babies born being to women falling into this age bracket (59%). Twenty-one percent of babies were born to mothers under the age of 25, while another 20 percent of mothers were over the age of 35 (ONS 2016). In 2014, 1.9 children were born to every woman (CIA 2015).

Employment

Roughly one-half of the population is employed in the labor force (32.32 million people). By far, the largest employer is the service sector, with 80.4 percent of people.

A further 18.2 percent is employed in industry, and 1.4 percent is employed in agriculture. The unemployment rate is 5.1 percent, according to a 2016 estimate. Approximately 14 percent of the population is below the poverty line (CIA 2015). Women comprise 47 percent of the workforce (Business in the Community 2016). The majority of part-time workers, more than twice that of men, are women (2.11 million men versus 5.85 million women) (Business in the Community 2016). Because of women working part-time, they are also at a greater risk than men for earning wages below the poverty line during their lifetime (Dennis and Guio 2003). This is a risk for the upcoming generation; according to recent research, millennials (those born between 1981 and 2000) could be the first generation to earn less than their predecessors (Myers 2016).

In keeping with the assistance given to individuals, the United Kingdom has been cast as a liberal welfare state regime by Esping-Andersen (1990). This type of regime is characterized by minimal means testing and a strong reliance on market mechanisms (Esping-Andersen 1990). In practice, this can take the form of creating a gap between full-time and part-time workers, largely because of the market-oriented economy. This partially explains why women have concentrated in part-time work; there is simply more part-time rather than full-time work. That more female-headed households operate close to or below the poverty line is in part due to women holding part-time jobs. This work is also characterized as being largely unskilled or low-skilled (Matteazzi, Pailhe, and Solaz 2014).

Typical Jobs and Careers

As noted above, women are more likely than men to work part-time, especially once they reach childbearing age. Women also often reach a glass ceiling in employment, meaning they are not able to advance their career to the same degree as men. Consequently, women only make up 17 percent of the board of directors of the Financial Times Stock Exchange (FTSE) 100 companies.

Despite not being at the top echelons of the employment ladder, there are a significant number of women who are mothers that are employed in the paid labor force and who also take on the lion's share of household duties and child care. At least 75 percent of mothers engage in nonpaid work, meaning they are primarily responsible for child care in the home (Family and Parenting Institute 2016). Women who work, whether they have children or not, do disproportionately more household chores

compared to men (15% versus 5%, respectively) (Durant 2009). After children, women are more likely than men to work part-time, with 38 percent of women working part-time compared to 7 percent of men (Family and Parenting Institute 2016). These factors, in combination, result in the gender gap in pay, as discussed below.

Pay Equity and Gender Discrimination

Although the United Kingdom is an industrialized democracy where women are treated equally to men, there are still significant areas where equality is lacking. One of these is in pay equity. Equal pay legislation was first signed in the United Kingdom in 1970. Legislation in 1975 followed that focused more broadly on sex discrimination. The central tenets to both pieces of legislation are part of the all-encompassing Equality Act of 2010. Despite these measures to ensure equal pay between men and women, discrimination in employment is still pervasive. Discrimination primarily occurs against women of childbearing age because they may take time off work to have children, which men do not have to do. Women also report having faced discrimination when they were pregnant or on maternity leave, simply for being pregnant.

Like many industrialized nations, the United Kingdom has a gender gap in wages. According to *Business in the Community*, there is a 9.4 percent wage gap between men and women who work full-time, meaning that for every pound a man earns, a woman earns 81 pence (*Business in the Community* 2016). However, for men and women who work part-time, the wage gap is even greater, at a staggering 34.5 percent (EHRC 2011). Part of the reason for the pay gap is that women take time out of the workforce to have children. Child-related career interruptions and discrimination prevent women from reaching the highest rungs of their career ladder and contribute to this lack of pay equity (Meurs and Ponthieux 2011). Thirty-eight percent of employed women have dependent children. Forty-three percent of mothers who have dependent children are employed full-time (*Business in the Community* 2016).

The estimate is that for every year a woman leaves the workforce, her earning potential drops by 5 percent (Gentleman 2009). Although maternity leave is extensive in the United Kingdom, it results in a disadvantage to the woman taking it, which is something men do not experience in their career paths. A report from 2005 found that over half of the 440,000 pregnant women in Britain stated they were

discriminated against by their employer simply due to pregnancy or maternity leave (EHRC 2011).

Maternity Leave

Compared to some other countries, the maternity leave policy in the United Kingdom is generous. All across Europe, as compared to the United States, maternity leave policies are extensive. A woman can take up to 52 weeks, or one full year. Women, of course, are not required to take all 52 weeks of maternity leave, but they are required to take at least two weeks, or four weeks if the woman works in a factory (UK Government 2016).

This maternity leave is not all paid, but the vast majority of it is. Maternity leave pay is granted on a sliding scale. Full-time working women can take up to 39 weeks of maternity pay if they have worked for their employers for at least 26 weeks up to the 15th week of pregnancy (UK Government 2016). Statutory maternity pay (SMP) for the first six weeks is 90 percent of the woman's average weekly earnings, followed by 33 weeks of £139.58 (USD \$179) or 90 percent, whichever is lower. This can be combined with paternity leave, known as shared parental leave, for up to 52 weeks combined. Most companies grant new fathers 2 weeks of paternity leave, usually paid leave. In 2010, Prime Minister David Cameron became the first prime minister to take paternity leave after the birth of his daughter, Florence. Prince William (1982–) also took paternity leave after the births of both Prince George and Prince Charlotte. Ninety-one percent of fathers take paternity leave, but only 29 percent take more than two weeks (*Business in the Community* 2016).

Armed Forces

There are three branches of the military: Army, Royal Navy (includes the Royal Marines), and the Royal Air Force. The commander-in-chief of the British Armed Forces is the queen, and all members of the armed forces declare allegiance to her. Practically, she has little to do with the armed forces, with the exception of ceremonial duties. The Army is chiefly managed by the Defence Council of the Ministry of Defence. The secretary of state for defence heads this office. Individuals aged 16–33 can volunteer for military service, with parental consent required for those under 18. There is no draft in the United Kingdom.

Women have had a prominent role in the military since the 17th century, primarily serving in typical “women's

roles” as nurses or domestic workers. Women began to serve, predominantly as nurses, in the Royal Navy in the late part of the 19th century and have served in active roles in the British Army since 1902. Women were not fully integrated until 1949. While close combat remained limited to men, women became skilled in other positions, such as flying jets. In July 2016, the Ministry of Defence announced that the Royal Armored Corps would begin allowing women to serve in close combat positions (Ministry of Defence 2016). Men and women are expected to meet the same fitness standards, with positions in the Royal Lancers, the King’s Royal Hussars, and the Royal Tank Regiment all accepting applications from eligible women. As of 2014, there are nearly 16,000 women serving in the Armed Forces (15,840), which is 9.9 percent (Ministry of Defence 2014). To serve in the military, a person must be a citizen of the United Kingdom, the Commonwealth, or the Republic of Ireland.

Family Life

Divorce

Over time, divorce in the United Kingdom has become easier to obtain. Prior to the 1937 Matrimonial Causes Act, divorce was only allowed for adultery (and only if men filed for the divorce). After this date, the divorce law was expanded to a range of reasons and allowed either individual to file for the dissolution of the marriage. All divorces are judicially granted, meaning the couple must appeal to the courts to grant them a decree nisi; they cannot simply end their marriage without state intervention.

Prior to the 1937 Matrimonial Causes Act, while men could divorce for adultery alone, women had to have a second cause for divorce, such as incest or cruelty (Herbert 1937). When the Matrimonial Causes Act of 1973 was adopted, it required a three-year separation before a divorce could be granted, which was reduced to one year in the Matrimonial and Family Proceedings Act of 1984. These legislative changes illustrate the relative ease with which a spouse can get a divorce and recognizes a trend around the Western world of increased availability of divorce.

The United Kingdom has a type of no-fault divorce stating that a divorce can be issued to a couple if their marriage has “irretrievably broken down.” However, there are five ways in which this can be proven: adultery, unreasonable behavior, two-year separation if both parties consent to the divorce, two-year desertion, or a five-year separation

if only one party consents to the divorce (UK Divorce 2015). Scotland and Northern Ireland are responsible for their own divorce laws. In Scotland, a person usually appeals to a Sheriff Court, or more rarely a Court of Sessions, which can be done without a lawyer if the divorce is being obtained amicably. Fault is not normally taken into account by the Scottish court when dividing marital assets, and Scotland provides for no-fault divorce in the form of an “irretrievable breakdown of the marriage.” The reasons for this breakdown are similar to those in England and Wales.

In 2013, there were 126,716 divorces in the United Kingdom, which was a decrease of 2.9 percent from the previous year (ONS 2013a). The average age for divorce was between 40 and 44, but women were likelier to divorce at a younger age than men. Among women, those in their late twenties had the highest divorce rate, while men tended to divorce in their late thirties and early forties (ONS 2013a). In addition, almost half (48%) of the couples divorcing in 2013 had at least one child under the age of 16 (ONS 2013a).

Marriage and Sexuality

Marriages can occur anywhere in the United Kingdom, pursuant to the Marriage Act of 1994 that stated marriages could be solemnized in “approved premises.” Previously, there were only two avenues available: registry offices and churches (Marriage Act 1994).

As of 2004, the Gender Recognition Act allows transgender individuals to change their legal gender and marry. This allows individuals to get a new birth certificate and accords them all the protections under the law of that new gender (Gender Recognition Act 2004). Until 2013, when same-sex marriage was legalized in the United Kingdom, the act was somewhat controversial because it requires a couple who wish to remain together to divorce, or get an annulment, and then enter into a new marriage when the birth certificate has been issued. The act presupposes new marriages that would occur between same-sex couples, as these couples would be eligible to enter into civil partnerships under the Civil Partnership Act of 2004. The Equality and Human Rights Commission (EHRC) has recommended that marriages automatically convert into civil partnerships when one member of the couple obtains the gender recognition certificate (EHRC 2011). However, if you are married, the government does not require the marriage to be dissolved if the couple resides in England

or Wales, but it does require that the couple sign a declaration with their intent to stay married (Gender Recognition Act 2004).

Contraception

There are 15 types of free contraceptives available in the United Kingdom. Oral contraception became available to women on December 4, 1961, via the National Health Service, but it was not available to single women until 1974. Girls under the age of 16 can also get confidential advice and contraception without their parents' knowledge. Contraception is available to women and girls free of charge through the National Health Service and can be obtained through a GP, a community contraception clinic, or a sexual health clinic. There are permanent methods of contraception for women, which include female sterilization, but the majority of women and girls choose a pill form or injection form of contraception.

Politics

The United Kingdom consists of England, Scotland, Wales, and Northern Ireland. Three of the four parts of the United Kingdom—Wales, Scotland, and Northern Ireland—have their own limited system of self-government under devolution since 1998, where some powers were given when the three devolved governments were formed. Most governing occurs in the capital of the United Kingdom, London, with the Parliament. There are three main parties in the United Kingdom: the Conservative Party, the Labour Party, and the Liberal Democrats.

The Welsh government is known as the National Assembly for Wales, and it has the ability to make some legislation for Wales. This assembly was formed under the Government of Wales Act in 1998, established by the Labour government under Tony Blair (1953–). In the 2003 election, women received a full 50 percent of the seats in the assembly (Watt 2003). The National Assembly has 60 elected members, and the Welsh government is led by First Minister Carwyn Jones (1967–), a member of the Welsh Labour Party.

In Scotland, the government is under the control of the Scottish National Party, led by Nicola Sturgeon, but women make up only 34.9 percent of the total members of the current Parliament (Scottish Parliament 2016). The Scottish Parliament was created by the Scotland Act of 1998, giving it some powers to create legislation for Scotland, such

as control over health, education, and local government affairs.

The Northern Ireland Assembly members are elected from 18 constituencies. The First Minister and deputy First Minister share executive leadership of Northern Ireland. In January 2016, Arlene Foster from the Democratic Unionist Party became the first woman to hold the post of First Minister, serving alongside Martin McGuinness (1950–2017) from Sinn Féin as the deputy First Minister. In January 2017, facing ill health and a political scandal in which Foster refused to recuse herself from duty, McGuinness resigned in protest. Because the First Minister and deputy First Minister share power, his resignation removed Foster from office as well, leaving both positions vacant.

The head of the U.K. government is the prime minister. Teresa May has been prime minister since July 13, 2016, and is the second female prime minister of the United Kingdom. Margaret Thatcher (1925–2013), who served from 1979 until 1990, was the first. May replaced David Cameron, who had been in power since May 11, 2010, after a historic vote in the United Kingdom to leave the European Union, known as Brexit. May emphasized she was the head of the party known as the Conservative and Unionist Party and sought to keep strong ties with Scotland, Wales, and Northern Ireland to prevent the breakup of the United Kingdom. Her first official travel as prime minister was a visit to the Scottish leader, Nicola Sturgeon, the day after she became prime minister. Sturgeon (1940–) is the first female to be the first minister of Scotland and the Scottish National Party.

On June 23, 2016, the United Kingdom voted to leave the European Union by a majority of 52 percent to 48 percent in a vote known as “Brexit,” or Britain’s Exit. All 32 council areas in Scotland voted to remain with the European Union, however. Two years earlier, on September 18, 2014, Scotland had its own independence referendum when the voters in Scotland decided by a margin of 55.3 percent to 44.7 percent to remain within the United Kingdom.

Participation in Government

The primary way in which individuals participate in government is through voting. Voter turnout in the United Kingdom sits around 66 percent. In the May 2015 general election, 67 percent of men and 66 percent of women voted, illustrating there is little to no gender gap in voting (Ipsos MORI 2015). Overwhelmingly, older people participated at a greater rate than younger people, with

43 percent of the 18–24 age group participating versus 78 percent of the over 65 age group (Ipsos MORI 2015). The same pattern held true for women, with 44 percent of the 18–24 age group participating versus 76 percent of the over 55 age group (Ipsos MORI, 2015). Women's high voter participation has not translated into an equal share of women holding elected positions, which lags significantly behind men. Women were not eligible to become members of parliament until 1918, shortly after women over 30 gained suffrage. Only one in four members of parliament are women, with women being outnumbered five to one by men in the cabinet, and just 16 percent of senior ministerial posts are occupied by women (Fawcett Society 2013). Women express less interest in politics than men; one poll of 2,408 women found that only 30 percent are interested in politics, compared to 47 percent of men. Women's lack of interest may reflect their disaffection with the government, as the majority of women stated they do not believe their government represents their beliefs (Barnett 2012).

While women continue to work toward parity in representation in Parliament, they have shattered the glass ceiling in the United Kingdom, with the leaders of three areas, England, Scotland, and Northern Ireland, being women. In 2017, the leader of Scotland, known as the first minister of Scotland, was female: Nicole Sturgeon (1970–) of the Scottish National Party (SNP). She first became a member of the Scottish Parliament in 1999 and then the leader of Scotland on November 20, 2014, after serving as the deputy first minister for seven years, from 2007 until 2014. The leader of Northern Ireland, Arlene Foster (1970–), has been in power since January 2016, having previously served as the minister for finance and personnel.

Suffrage

Women in the United Kingdom have had a long battle to receive the vote. Women's exclusion from voting, however, was not always in place, with voting being popular for women until the 1832 Reform Act and the 1835 Municipal Corporations that specified only male persons should be allowed to vote (Heater 2006). This began an almost century-long fight for women to regain the right to vote that was marked by significant political discord and cultural upheaval.

The National Society for Women's Suffrage and the National Union of Women's Suffrage Societies were formed in 1872 and initially led the fight for women's suffrage. In 1906, the Women's Social and Political Union (WSPU)

was formed, and this organization began a militant campaign to gain women suffrage. These women were known as suffragettes. The campaign was marked by violent acts, such shouting, stone throwing, hunger strikes, and arson. According to some, these methods were unproductive (Pugh 2000). Others believe that the militant and violent aspect of the suffrage movement set it back. "For women to gain the right to vote it was necessary to demonstrate that they had public opinion on their side, to build and consolidate a parliamentary majority in favor of women's suffrage and to persuade or pressure the government to introduce its own franchise reform. None of these objectives was achieved" (Whitfield 2001, 152–160). The campaign for suffrage, however, was suspended with the outbreak of World War I in 1914, as with most other types of political activities.

Women fighting for suffrage achieved some success in 1918, when women over the age of 30 received the vote under the Representation of the People Act of 1918. At this time, men over the age of 21 and men who had served in World War I who were over the age of 19 could vote (Butler 1954). This same year, women became eligible to serve as members of parliament. Ten years later, pursuant to the Representation of the People Act of 1928, women over the age of 21 received the vote (Butler 1954). The voting age in the United Kingdom was lowered to age 18 in 1969, taking effect in 1970. Discussions to lower the voting age to 16 ensued, but these were largely unfruitful, with the exception of Scotland, which allows those over the age of 16 to vote in Scottish Parliament and Scottish local elections.

The movement for voting rights in the United Kingdom was headed by some important female role models. Emmeline Pankhurst was a prominent female figure in the suffrage movement. Pankhurst, along with her two daughters, Christabel and Sylvia, founded the Women's Social and Political Union (Atkinson 1992). Similar to many successful women fighting for voting rights at this time, she was supported by her husband, Richard. A second woman, Millicent Fawcett, was also an important figure in the suffrage movement, but she took a more peaceful stance. She thought women would be rewarded after World War I with suffrage for their support of the war (Crawford 1999). She also believed that women and their organizations should work together. Fawcett became president of the National Union of Women Suffrage Societies (NUWSS) to unite women behind one common cause. The women were ultimately successful, with universal suffrage for women being extended in 1928.

Structure of the Government

The United Kingdom is a constitutional monarchy with the current queen as the head of state. Although Queen Elizabeth II opens and closes Parliament, this is a ceremonial duty. She has little influence in the daily running of the government and largely remains neutral. Prior to forming a government, the prime minister must ask permission from the Crown, however.

The United Kingdom has a bicameral legislative branch, with the House of Lords composed of 780 seats, 667 of which are made up of life peers, 88 hereditary peers, and 25 clergy. There are no elections for the House of Lords. The second branch of the legislature is the House of Commons, with 650 seats. Members are elected by popular vote to serve five-year terms. The most recent election was held in June 2015, with the result of coalition between the Conservative Party and the Liberal Democrats.

The type of government is a parliamentary democracy, which means that members of government are also members of the House of Lords or House of Commons, and the government is directly accountable to the Parliament. The prime minister is the head of the government and is the leader of the party with the majority of seats in the House of Commons. The party chooses this leader, who is ultimately responsible for all government decisions. The primary running of the country is done by members of parliament who are elected every five years through popular vote.

The cabinet is made up of the senior members of the party, appointed by the prime minister, who meet every week to discuss important issues. These cabinet ministers include the Chancellor of the Exchequer, the Secretary for the Home Department, the Lord Chancellor, and the Secretary of State for Justice. In 2017, there were 21 members of the cabinet in addition to the prime minister, of which 7 are female, in addition to the prime minister. There were 96 other ministers chosen by the prime minister from the House of Commons and House of Lords who are responsible for the smooth running of their departments. Since 1918, 450 women have been elected as members of parliament, and in 2017, women constituted 30 percent (192) of all members of parliament.

While the main government is in London, there are other layers of local governments throughout England, Scotland, Wales, and Northern Ireland that are also elected by individuals in their constituencies. England contains 27 two-tier counties, 32 London boroughs, and 1 City of

London, 36 metropolitan districts, and 56 unitary authorities. Northern Ireland contains 13 borough councils, 11 district council areas, 1 city and district council, and 1 city council. Scotland has 32 council areas. Wales has 22 unitary authorities (CIA 2015).

Religious and Cultural Roles

Women and Religion

In the United Kingdom, laws and policies have long been in place to protect religious freedoms. The 1998 Human Rights Act provides for freedom of religion, and the 2006 and 2010 Equality Acts ban discrimination based on religion. Those who believe their religious freedom has been violated have the right to appeal to the courts for relief.

Everyone in the United Kingdom has the right to freely and openly practice their religion of choice. The census report of 2011 identified 59.3 million Christians, including members of the Church of England, Church of Scotland, and Church of Wales; Catholics; Protestants; and all other Christian denominations, which made up more than half of the total practicing population. Muslims and Hindus represented smaller percentages of those expressing affiliation with religious groups, and approximately 33 percent had unspecified or no declared religious affiliation (CIA 2015). Jews represented 0.5 percent of the population, according to the 2011 census report.

The reigning monarch is the “Supreme Governor” of the Church of England, who must be a member of and promise to uphold the church. While women have always played significant roles in the development and evangelization of religions and religious beliefs in the United Kingdom, it was only recently that they made strides in leadership roles. Historically, women were not allowed to participate in the church as clergy; they were permitted to serve as lay readers (also called Bishop Messengers) only in the absence of men. Since 1966, however, the movement to ordain women as deacons, priests, and bishops had been under discussion. On March 12, 1994, the first 32 women were ordained at Bristol Cathedral as Church of England priests, and by 2010, there were more female than male priests presiding over religious services. In a groundbreaking move, the 2013 Church of England’s General Synod voted in favor of ordaining female bishops, a huge win for women inclined to dedicate their lives to the church.

Today, more women than ever are instigating change within their respective faiths, paving the way for others, in an effort to improve the level of participation afforded

to women of faith. *The Guardian* reported in 2014 that the number of female full-time clergy in the Church of England had increased by 41 percent, from 1,262 to 1,781, between 2002 and 2012, while the number of full-time males dropped from 7,920 to 6,017. These statistics showed that women represented approximately one in five full-time clergy and just under half of part-time clergy. At that point, however, only 39 senior clergy members were female, compared to 319 males (Arnett 2014).

Women in the Media

The media in the United Kingdom includes national, local, and international outlets. There is also still a significant hardcopy newspaper presence. Tabloids include *The Sun* and the *Daily Mirror* as well as broadsheets such as the *Daily Telegraph*. Perhaps the most well-known news source is the British Broadcasting Corporation (BBC).

Since 2000, according to the Global Media Monitoring Project (GMMP), women have increased their presence in the news media, both in front and behind the camera. However, only 20 percent of women are asked to speak as experts (GMMP 2015). The study by the GMMP that looked at news media from 1995 until 2010 found that of the 431 individual announcers, only 32 percent (136) were female. In addition, separating out types of news media, the radio proved to be the least inclusive for women, with only 23 percent of the announcers and 21 percent of the reporters being women. Conversely, television was the most inclusive of women, with 50 percent of announcers and 34 percent of reporters being female (GMMP 2015). Looking at the type of reports female reports gave, women were twice as likely as men to write a story that contained a central female and were twice as likely to write stories challenging gender stereotypes (GMMP 2015). Women are vastly underrepresented in the expert opinion category, but they are overrepresented in the general, homemaker, parent, and wife categories. They often were asked for opinions on “women’s work,” such as health care, child care, or office work (GMMP 2015).

Sexism in television and the media still appears to be quite common in the United Kingdom, as in many countries of the world. A 2012 report titled *Just the Women*, compiled and produced by a coalition of women’s activist groups, claimed to have found evidence of “endemic sexism” in British newspapers (Eaves et al. 2012). After a close examination of 11 U.K. national newspapers’ portrayal of

women over a two-week period, recommendations were made on press-regulation reform to reduce discrimination against women. The findings revealed over 1,300 pieces of editorial and images that illustrated different forms of media sexism. Younger women were found to be the most visible but heavily stereotyped, while older, disabled, black, and other ethnic minority females were the least visible. In general, the report concluded, a lack of context in reporting leads to inaccurate or misrepresentative impressions of women’s lives and stereotyped coverage of women’s appearance and women’s issues.

In broad terms, the number of women working in the media has risen over the past few years. Television, in particular the Indie sector, has also increased dramatically according to the 2012 Creative Skillset Employment Census. The census collected information on the workforce between 2009 and 2012 and found that women represent 36 percent of the total. The number of women in production has also risen by a little over 10 percent, and in the Indie sector, women make up approximately 48 percent of the working population. While this trend may be an indicator that discrimination in the workplace is drawing more attention, women continue to work hard for equal treatment in and out of the public eye (Women in Film and Television UK 2013).

Issues LGBT Rights

Between 1967 and 1982, a series of regulations around same-sex sexual activity were decriminalized with increasing acceptance of lesbian, gay, bisexual, and transgender (LGBT) rights in the 21st century. Since 1999, there have been some protections for LGBT individuals against discrimination, but this was not extended to all areas until the passage of the Equality Act of 2010. Ten years prior, under the Labour government of Tony Blair, the armed forces removed its ban on LGBT individuals serving. The British military actively recruits gay and lesbian individuals, allowing individuals to march in naval uniform at gay pride events (Barr and Bannerman 2008).

Same-sex couples in the United Kingdom have had the right to enter into a civil partnership since 2005, with the right to adopt children for same-sex couples in England and Wales. Scotland followed suit in 2009 and Northern Ireland in 2013. Same-sex marriage has been legal in England, Scotland, and Wales since 2014; only Northern Ireland retains civil partnerships.

The Adoption and Children Act of 2002 allowed single people and couples to adopt and removed the requirement that the couple be married, opening the door for same-sex couples to adopt (who at that time could not legally enter into a partnership). Children born during a legal same-sex marriage are the children of both parents, even though only one parent is biologically related to that child, under the Human Fertilization and Embryology Act of 2008.

Violence against Women

“Violence against women remains a pervasive challenge for the United Kingdom and a more comprehensive and targeted response is needed to address the scourge,” said an independent UN human rights special reporter in April 2014, after a two-week mission to the country (UN News Centre 2014). In a news release issued at the end of her mission, the expert pointed out that, in the prior year alone, 7 percent of women in England and Wales reported having experienced some type of domestic violence, and 2.5 percent of women reported having been sexually assaulted. Other types of violence reported included sexual harassment, gender-based bullying, forced or early marriages, female genital mutilation (FGM), gang-related violence, so-called honor-related violence, and human trafficking. Women’s organizations also point out that black and minority ethnic women experience a higher rate of domestic homicide and that Asian women are more likely to commit suicide than other ethnic groups as a result of violence. Women, in general, are also more likely to suffer repeated forms of violence than men.

Domestic Violence

The All-Party Parliamentary Group (APPG) on Domestic and Sexual Violence released a report revealing that the criminal justice system continues to fail women who experience domestic violence. Many women experiencing domestic violence, including sexual violence in intimate relationships, do not have adequate access to justice, and the criminal justice system frequently fails to hold perpetrators of domestic violence accountable. When sanctions are imposed, they are often so limited and the violence so pervasive that perpetrators are able to continue abusing their victims. Eighty-nine percent of respondents to the APPG study felt that women faced barriers to disclosing domestic violence to the police or other criminal justice agencies. Further, when the criminal justice system fails

to respond appropriately to incidents of violence against women, the violence can often lead to death (Women’s Aid 2014).

According to statistics reported on the Web site of Women’s Aid, a national organization established to address and help end the violence against women and children, over two women per week are killed by current or former partners, and one in four women will experience domestic violence in her lifetime. Regardless of age, social class, race, disability, or lifestyle, domestic violence against women continues to be prevalent and accounts for 16–25 percent of all recorded violent crime. Domestic violence is not confined to heterosexual relationships; it is also reported in gay, lesbian, bisexual, and transgender relationships and within extended families.

Trafficking

Human trafficking has become a multi-billion-dollar industry, and only 1 person is convicted for every 800 trafficking cases worldwide. According to Catholic Relief Services (CRS), there are 12.3 million people trafficked in 161 countries (Catholic Relief Services 2014). The United Kingdom has adopted the UN Protocol to Prevent, Suppress and Punish the Trafficking in Persons, which is a supplement to the UN Convention against National Organized Crime. An assessment compiled by the United Kingdom Human Trafficking Centre (UKHTC) for 2012 revealed some alarming facts: 2,255 potential victims of human trafficking were encountered in 2012, up 9 percent from 2011 estimates; of these, 71 percent were adults, and 24 percent were children (SOCA 2013).

The two most commonly reported exploitation types were forced labor and sexual exploitation. Forced labor can occur in any industry, but hospitality, agriculture, food packaging, and construction were ranked as particularly vulnerable. Sexual exploitation is defined as being coerced physically, threatened verbally, or groomed psychologically for sexual acts, including prostitution, the creation of pornography, and involvement in ritual abuse. Trafficking for sexual exploitation does not only include people brought into the United Kingdom, but also U.K. citizens who are moved from one location to another within Britain. Women were overwhelmingly the most prevalent in this category; however, children as young as three years old have been trafficked to the United Kingdom for sexual exploitation.

NATALIE P. JOHNSON AND KATHRYN GREEN

Further Resources

- Arnett, George. 2014. "How Much of the Church of England Clergy Is Female?" *The Guardian*, February 14. Retrieved from <http://www.theguardian.com/news/datablog/2014/feb/11/how-much-church-of-england-clergy-female>.
- Atkinson, D. 1992. *The Purple, White and Green: Suffragettes in London, 1906–1914*. London: Museum of London.
- Barnett, E. 2012. "Majority of British Women Say Government Doesn't Represent Them." *The Telegraph*, October 15. Retrieved from <http://www.telegraph.co.uk/women/womens-politics/9608734/Majority-of-British-women-say-Government-doesnt-represent-them.html>.
- Barr, Damian, and Lucy Bannerman. 2008. "Soldiers Can Wear Their Uniforms with Pride at Gay Parade." *The Times*, June 14. Retrieved from <https://www.thetimes.co.uk/article/soldiers-can-wear-their-uniforms-with-pride-at-gay-parade-says-mod-9w9gvhm7sz9>.
- Business in the Community. 2016. "Women and Work, the Facts." Retrieved from http://gender.bitc.org.uk/sites/default/files/women_and_work_the_facts.pdf?width=500&height=1000&iframe=true.
- Butler, D. E. 1954. *The Electoral System in Britain 1918–1951*. Oxford: Oxford University Press.
- CIA (Central Intelligence Agency). 2015. "United Kingdom." *CIA World Factbook*. Retrieved from <http://www.cia.gov/library/publications/the-world-factbook>.
- Crawford, E. 1999. *The Women's Suffrage Movement: A Reference Guide, 1866–1928*. London: UCL Press.
- Davis, A. 2011. "A Revolution in Maternity Care? Women and the Maternity Services, Oxfordshire c. 1948–1974." *Social History of Medicine* 24.2: 389–406.
- Davis, A. 2013. "Choice, Policy and Practice in Maternity Care Since 1948." Retrieved from <http://www.historyandpolicy.org/policy-papers/papers/choice-policy-and-practice-in-maternity-care-since-1948>.
- Dennis, I., and Anne-Catherine Guio. 2003. "Poverty and Social Exclusion in the EU." *Statistics in Focus* 8: 8.
- Durant, S. 2009. "The Chore Wars." *The Guardian*, February 10. Retrieved from <https://www.theguardian.com/lifeandstyle/2009/feb/11/women-relationships>.
- Eaves, End Violence Against Women Coalition, Equality Now, OBJECT. 2012. "'Just the Women': An Evaluation of Eleven British National Newspapers' Portrayal of Women over a Two-Week Period in September 2012." Retrieved from <http://i1.cmsfiles.com/eaves/2012/12/Just-the-Women-Final-e59e46.pdf>.
- Equality Act. 2010. Retrieved from <http://www.legislation.gov.uk/ukpga/2010/15/part/6>.
- EHRC (Equality Human Rights Commission). 2011. "Gender Pay Gaps." Retrieved from <https://www.equalityhumanrights.com/en/publication-download/briefing-paper-2-gender-pay-gap>.
- Esping-Andersen, G. 1990. *The Three Worlds of Welfare Capitalism*. Cambridge, MA: Polity Press.
- Family and Parenting Institute. 2016. "Quick Facts from Family Trends." Retrieved from http://www.familyandparenting.org/our_work/future-families/Family-Trends/Quick-Facts-from-Family-Trends.
- Fawcett Society. 2013. "What about Women." Retrieved from <http://www.fawcettsociety.org.uk/wp-content/uploads/2013/02/Fawcett-Society-What-About-Women-report-low-res.pdf>.
- Gender and Education. 2013. "Gender and Education: Pupils in England." Retrieved from <http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/00389-2007BKT-EN.pdf>.
- Gender Recognition Act. 2004. Retrieved from <http://www.legislation.gov.uk/ukpga/2004/7/contents>.
- Gentleman, A. 2009. "Motherhood Devastates Women's Pay, Research Finds." *The Guardian*, July 10. Retrieved from <http://www.guardian.co.uk/lifeandstyle/2009/jul/10/mothers-wages-fawcett-society>.
- GMMP (Global Media Monitoring Project). 2015. Retrieved from http://cdn.agilitycms.com/who-makes-the-news/Imported/reports_2015/national/UK.pdf.
- Heater, D. 2006. *Citizenship in Britain: A History*. Edinburgh: Edinburgh University Press.
- Herbert, A. P. 1937. *The Ayes Have It: The Story of the Marriage Bill*. London: Methuen.
- Hicks, J., and Grahame Allen. 1999. "A Century of Change: Trends in UK Statistics since 1900." Library Research Paper. H. C. 99/111. Retrieved from <http://www.parliament.uk/briefing-papers/RP99-111>.
- Ipsos Mori. 2015. "How Britain Voted." Retrieved from <https://www.ipsos-mori.com/researchpublications/researcharchive/3575/How-Britain-voted-in-2015.aspx>.
- Marriage Act. 1994. Retrieved from <http://www.legislation.gov.uk/ukpga/1994/34>.
- Matteazzi, E., Ariana Pailhe, and Anna Solaz. 2014. "Part-Time Wage Penalties for Women in Prime Age: A Matter of Selection or Segregation? Evidence from Four European Countries." *Ind. & Lab. Rel. Rev.* 955.
- Meurs, D., A. Pailhè, and S. Ponthieux. 2011. "Child Related Career Interruptions and the Gender Wage Gap in France." *Annales d'Économie et de Statistiques*.
- Ministry of Defence. 2014. "UK Armed Forces Quarterly Personnel Report: 2014." Gov.uk. Retrieved from <https://www.gov.uk/government/statistics/uk-armed-forces-quarterly-personnel-report-2014>.
- Ministry of Defence. 2016. "Ban on Women in Ground Close Combat Roles Lifted." Retrieved from <https://www.gov.uk/government/news/ban-on-women-in-ground-close-combat-roles-lifted>.
- Myers, J. 2016. "Millennials Will Be the First Generation to Earn Less Than Their Parents." World Economic Forum, July 19. Retrieved from <https://www.weforum.org/agenda/2016/07/millennials-will-be-the-first-generation-to-earn-less-than-their-parents>.
- ONS (Office of National Statistics). 2013a. "Divorces in England and Wales." Retrieved from <http://www.ons.gov.uk>

- /peoplepopulationandcommunity/birthsdeathsandmarriages/divorce/bulletins/divorcesinenglandandwales/2013.
- ONS (Office of National Statistics). 2016. "Birth Summary Tables – England and Wales." Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsummarytables>.
- Pugh, M. 2000. *The March of the Women: A Revisionist Analysis of the Campaign for Women's Suffrage, 1866–1914*. Oxford: Oxford University Press.
- Robinson, J. 2004. "Health Visitors or Health Police?" *AIMS Journal* 16: 3. Retrieved from <http://www.aims.org.uk/Journal/Vol16No3/HealthVisitors.htm>.
- Sadker, D., Myra Sadker, and Karen Zittleman. 2009. *Still Failing at Fairness: How Gender Bias Cheats Girls and Boys in School and What We Can Do about It*. New York: Scribner.
- Scottish Parliament. 2016. "Current Members of Scottish Parliament." Retrieved from <http://www.parliament.scot/msps/current-msps.aspx>.
- SOCA (Serious Organized Crime Agency). 2013. "UKHTC: A Strategic Assessment on the Nature and Scale of Human Trafficking in 2012." Retrieved from www.soca.gov.uk.
- UK Divorce. 2015. "Matrimonial and Family Proceedings Act 1984." Retrieved from <http://www.legislation.gov.uk/ukpga/1984/42/section/1>.
- UK Government. 2016. "Maternity Pay and Leave." Retrieved from <https://www.gov.uk/maternity-pay-leave/eligibility>.
- UNDP (United Nations Development Programme). 2015. "Gender Inequality Index." Retrieved from <http://hdr.undp.org/en/composite/GII>.
- UN News Centre. 2014. "UN Rights Expert Urges United Kingdom to Step Up Response to Violence against Women." Retrieved from <http://www.un.org/apps/news/story.asp?NewsID=47592#.U3DdSqKweSo>.
- Watt, N. 2003. "Women Win Half Welsh Seats." Retrieved from <http://www.theguardian.com/politics/2003/may/03/uk.wales1>.
- Whitfield, B. 2001. *The Extension of the Franchise, 1832–1931*. New Hampshire: Heinemann.
- Women in Film and Television UK. 2013. "Number of Women Working in TV Increases." Retrieved from <https://wftv.org.uk/number-of-women-working-in-tv-increases-creative-skillset-employment-census-of-the-creative-media-industries-2012>.
- Women's Aid. 2014. "All Party Parliamentary Group: Domestic and Sexual Violence." Retrieved from <http://www.womensaid.org.uk/page.asp?section=0001000100100029§ionTitle=APPG+on+Domestic+and+Sexual+Violence>.

Primary Documents

Constitution of the United States of America

Delegates to the Constitutional Convention in Philadelphia signed the U.S. Constitution on September 17, 1787. While the Constitution provided for a stronger federal government and basic individual protections, its rights did not apply equally to everyone. Slavery was not abolished until the Thirteenth Amendment was ratified in 1865. In 1870, the Fifteenth Amendment was ratified; it prevented denying men the right to vote on account of race, color, or previous condition of servitude. Women did not receive the right to vote until the Nineteenth Amendment was ratified in 1920. In 1923, the National Women's Party introduced the Equal Rights Amendment: "Equality of rights under the law shall not be abridged by the United States or by any State on account of sex." It has still not been ratified, and so the U.S. Constitution to this day does not guarantee equal rights for women.

Political Participation and Freedom of Association:

The right of citizens of the United States to vote shall not be denied or abridged by the United States or by any State on account of sex. Congress shall have power to enforce this article by appropriate legislation (Nineteenth Amendment).

Status of Religious or Customary Law:

Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the Government for a redress of grievances. (First Amendment)

Source: The Fifteenth and Nineteenth Amendments to the U.S. Constitution. A Constitution of the United States; Miscellaneous Papers of the Continental Congress, 1774–1789, Records of the Continental and Confederation Congresses and the Constitutional Convention, 1774–1789, Record Group 360, National Archives.

Constitution of Ireland

Ireland became independent from the United Kingdom in December 1922 and issued the Constitution of the Irish Free State, which was replaced by the current constitution in 1937. Many Irish felt the original constitution was too closely linked to British rule and wanted to ensure a thoroughly Irish document. The constitutions set out as fundamental rights equality before the law, right to life, personal liberty, freedom of expression, assembly and association, bodily integrity, religious liberty, and the inviolability of a citizen's dwelling, among others.

Article 40

1. All citizens shall, as human persons, be held equal before the law. This shall not be held to mean that the State shall not in its enactments have due regard to differences of capacity, physical and moral, and of social function.

Article 41

1.

1 The State recognises the Family as the natural primary and fundamental unit group of Society, and as a moral institution possessing inalienable and imprescriptible rights, antecedent and superior to all positive law.

2 The State, therefore, guarantees to protect the Family in its constitution and authority, as the necessary basis of social order and as indispensable to the welfare of the Nation and the State.

2.

1 In particular, the State recognises that by her life within the home, woman gives to the State a support without which the common good cannot be achieved.

2 The State shall, therefore, endeavour to ensure that mothers shall not be obliged by economic necessity to engage in labour to the neglect of their duties in the home.

3.

1 The State pledges itself to guard with special care the institution of Marriage, on which the Family is founded, and to protect it against attack.

Source: Department of the Taoiseach. Retrieved from http://www.taoiseach.gov.ie/eng/Publications/Publications_Archive/Publications_for_2002/Bunreacht_na_h%c3%89ireann_-_Constitution_of_Ireland.html (last visited June 4, 2013).

Basic Law for the Federal Republic of Germany

The Western Allies of World War II signed Germany's constitution, Basic Law for the Federal Republic of Germany, in 1949. At the time, it applied only to what was then known as West Germany, but with reunification in 1990, it became the constitution for the whole of Germany. The framers were especially concerned that the Basic Law ensured another dictator like Hitler would not arise. Additionally, the document offers a clear focus on human rights and human dignity.

Article 3

(1) All persons shall be equal before the law.

(2) Men and women shall have equal rights. The state shall promote the actual implementation of equal rights for women and men and take steps to eliminate disadvantages that now exist.

(3) No person shall be favoured or disfavoured because of sex, parentage, race, language, homeland and origin, faith, or religious or political opinions. No person shall be disfavoured because of disability.

Article 6

(1) Marriage and the family shall enjoy the special protection of the state.

(2) The care and upbringing of children is the natural right of parents and a duty primarily incumbent upon them. The state shall watch over them in the performance of this duty.

(3) Children may be separated from their families against the will of their parents or guardians only pursuant to a law, and only if the parents or guardians fail in their duties or the children are otherwise in danger of serious neglect.

(4) Every mother shall be entitled to the protection and care of the community.

(5) Children born outside of marriage shall be provided by legislation with the same opportunities for physical and mental development and for their position in society as are enjoyed by those born within marriage.

Source: German Bundestag. Retrieved from <https://www.btg-bestell-service.de/pdf/80201000.pdf> (print version as at October 2010).

Constitution of India

The Constituent Assembly adopted India's Constitution in 1949, and it came into effect in January 1950. Until 1947, India was under British rule. The Constitution repealed the Indian Independence Act and made India a sovereign nation. The Constitution declares India to be a secular, democratic republic and guarantees its citizens justice, equality, and liberty.

39. Certain principles of policy to be followed by the State.—The State shall, in particular, direct its policy towards securing—

(a) that the citizens, men and women equally, have the right to an adequate means of livelihood;

(b) that the ownership and control of the material resources of the community are so distributed as best to subserve the common good;

(c) that the operation of the economic system does not result in the concentration of wealth and means of production to the common detriment;

(d) that there is equal pay for equal work for both men and women;

(e) that the health and strength of workers, men and women, and the tender age of children are not abused and that citizens are not forced by economic necessity to enter avocations unsuited to their age or strength;

(f) that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment.

...

15. Prohibition of discrimination on grounds of religion, race, caste, sex or place of birth.—(1) The State shall not discriminate against any citizen on grounds only of religion, race, caste, sex, place of birth or any of them.

(2) No citizen shall, on grounds only of religion, race, caste, sex, place of birth or any of them, be subject to any disability, liability, restriction or condition with regard to—

(a) access to shops, public restaurants, hotels and places of public entertainment; or

(b) the use of wells, tanks, bathing ghats, roads and places of public resort maintained wholly or partly out of State funds or dedicated to the use of the general public.

(3) Nothing in this article shall prevent the State from making any special provision for women and children.

Source: Joint Secretary and Legislative Advisory, Ministry of Home Affairs, Government of India. Retrieved from <http://lawmin.nic.in/olwing/coi/coi-english/coi-indexenglish.htm>.

Convention on the Elimination of All Forms of Discrimination against Women

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) was adopted by the UN General Assembly in 1979. It has been ratified by 189 nations, although the United States has not done so. Other nations have ratified the document with declarations, reservations, and objections. Iran, Somalia, Sudan, Tonga, and the Holy See have not signed on to the document. The document is an international bill of rights for women that defines discrimination against women and offers an agenda to end discrimination. The nations that have ratified the document

have committed themselves to taking a number of steps to end discrimination against women, including incorporating equality into their legal systems and creating institutions to ensure equality for women.

The States Parties to the present Convention,

Noting that the Charter of the United Nations reaffirms faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women,

Noting that the Universal Declaration of Human Rights affirms the principle of the inadmissibility of discrimination and proclaims that all human beings are born free and equal in dignity and rights and that everyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind, including distinction based on sex,

Noting that the States Parties to the International Covenants on Human Rights have the obligation to ensure the equal rights of men and women to enjoy all economic, social, cultural, civil and political rights,

Considering the international conventions concluded under the auspices of the United Nations and the specialized agencies promoting equality of rights of men and women,

Noting also the resolutions, declarations and recommendations adopted by the United Nations and the specialized agencies promoting equality of rights of men and women,

Concerned, however, that despite these various instruments extensive discrimination against women continues to exist,

Recalling that discrimination against women violates the principles of equality of rights and respect for human dignity, is an obstacle to the participation of women, on equal terms with men, in the political, social, economic and cultural life of their countries, hampers the growth of the prosperity of society and the family and makes more difficult the full development of the potentialities of women in the service of their countries and of humanity,

Concerned that in situations of poverty women have the least access to food, health, education, training and opportunities for employment and other needs,

Convinced that the establishment of the new international economic order based on equity and justice will contribute significantly towards the promotion of equality between men and women,

Emphasizing that the eradication of apartheid, all forms of racism, racial discrimination, colonialism,

neo-colonialism, aggression, foreign occupation and domination and interference in the internal affairs of States is essential to the full enjoyment of the rights of men and women,

Affirming that the strengthening of international peace and security, the relaxation of international tension, mutual co-operation among all States irrespective of their social and economic systems, general and complete disarmament, in particular nuclear disarmament under strict and effective international control, the affirmation of the principles of justice, equality and mutual benefit in relations among countries and the realization of the right of peoples under alien and colonial domination and foreign occupation to self-determination and independence, as well as respect for national sovereignty and territorial integrity, will promote social progress and development and as a consequence will contribute to the attainment of full equality between men and women,

Convinced that the full and complete development of a country, the welfare of the world and the cause of peace require the maximum participation of women on equal terms with men in all fields,

Bearing in mind the great contribution of women to the welfare of the family and to the development of society, so far not fully recognized, the social significance of maternity and the role of both parents in the family and in the upbringing of children, and aware that the role of women in procreation should not be a basis for discrimination but that the upbringing of children requires a sharing of responsibility between men and women and society as a whole,

Aware that a change in the traditional role of men as well as the role of women in society and in the family is needed to achieve full equality between men and women,

Determined to implement the principles set forth in the Declaration on the Elimination of Discrimination against Women and, for that purpose, to adopt the measures required for the elimination of such discrimination in all its forms and manifestations,

Have agreed on the following:

Part I

Article 1

For the purposes of the present Convention, the term "discrimination against women" shall mean any

distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.

Article 2

States Parties condemn discrimination against women in all its forms, agree to pursue by all appropriate means and without delay a policy of eliminating discrimination against women and, to this end, undertake:

(a) To embody the principle of the equality of men and women in their national constitutions or other appropriate legislation if not yet incorporated therein and to ensure, through law and other appropriate means, the practical realization of this principle;

(b) To adopt appropriate legislative and other measures, including sanctions where appropriate, prohibiting all discrimination against women;

(c) To establish legal protection of the rights of women on an equal basis with men and to ensure through competent national tribunals and other public institutions the effective protection of women against any act of discrimination;

(d) To refrain from engaging in any act or practice of discrimination against women and to ensure that public authorities and institutions shall act in conformity with this obligation;

(e) To take all appropriate measures to eliminate discrimination against women by any person, organization or enterprise;

(f) To take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women;

(g) To repeal all national penal provisions which constitute discrimination against women.

Article 3

States Parties shall take in all fields, in particular in the political, social, economic and cultural fields, all appropriate measures, including legislation, to ensure the full development and advancement of women, for the purpose of guaranteeing them the exercise and enjoyment

of human rights and fundamental freedoms on a basis of equality with men.

Article 4

1. Adoption by States Parties of temporary special measures aimed at accelerating de facto equality between men and women shall not be considered discrimination as defined in the present Convention, but shall in no way entail as a consequence the maintenance of unequal or separate standards; these measures shall be discontinued when the objectives of equality of opportunity and treatment have been achieved.

2. Adoption by States Parties of special measures, including those measures contained in the present Convention, aimed at protecting maternity shall not be considered discriminatory.

Article 5

States Parties shall take all appropriate measures:

(a) To modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women;

(b) To ensure that family education includes a proper understanding of maternity as a social function and the recognition of the common responsibility of men and women in the upbringing and development of their children, it being understood that the interest of the children is the primordial consideration in all cases.

Article 6

States Parties shall take all appropriate measures, including legislation, to suppress all forms of traffic in women and exploitation of prostitution of women.

Part II

Article 7

States Parties shall take all appropriate measures to eliminate discrimination against women in the political and public life of the country and, in particular, shall ensure to women, on equal terms with men, the right:

(a) To vote in all elections and public referenda and to be eligible for election to all publicly elected bodies;

(b) To participate in the formulation of government policy and the implementation thereof and to hold public office and perform all public functions at all levels of government;

(c) To participate in non-governmental organizations and associations concerned with the public and political life of the country.

Article 8

States Parties shall take all appropriate measures to ensure to women, on equal terms with men and without any discrimination, the opportunity to represent their Governments at the international level and to participate in the work of international organizations.

Article 9

1. States Parties shall grant women equal rights with men to acquire, change or retain their nationality. They shall ensure in particular that neither marriage to an alien nor change of nationality by the husband during marriage shall automatically change the nationality of the wife, render her stateless or force upon her the nationality of the husband.

2. States Parties shall grant women equal rights with men with respect to the nationality of their children.

Part III

Article 10

States Parties shall take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education and in particular to ensure, on a basis of equality of men and women:

(a) The same conditions for career and vocational guidance, for access to studies and for the achievement of diplomas in educational establishments of all categories in rural as well as in urban areas; this equality shall be ensured in pre-school, general, technical, professional and higher technical education, as well as in all types of vocational training;

(b) Access to the same curricula, the same examinations, teaching staff with qualifications of the same standard and school premises and equipment of the same quality;

(c) The elimination of any stereotyped concept of the roles of men and women at all levels and in all forms of education by encouraging coeducation and other types of education which will help to achieve this aim and, in particular, by the revision of textbooks and school programmes and the adaptation of teaching methods;

(d) The same opportunities to benefit from scholarships and other study grants;

(e) The same opportunities for access to programmes of continuing education, including adult and functional literacy programmes, particularly those aimed at reducing, at the earliest possible time, any gap in education existing between men and women;

(f) The reduction of female student drop-out rates and the organization of programmes for girls and women who have left school prematurely;

(g) The same Opportunities to participate actively in sports and physical education;

(h) Access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning.

Article 11

1. States Parties shall take all appropriate measures to eliminate discrimination against women in the particular:

(a) The right to work as an inalienable right of all human beings;

(b) The right to the same employment opportunities, including the application of the same criteria for selection in matters of employment;

(c) The right to free choice of profession and employment, the right to promotion, job security and all benefits and conditions of service and the right to receive vocational training and retraining, including apprenticeships, advanced vocational training and recurrent training;

(d) The right to equal remuneration, including benefits, and to equal treatment in respect of work of equal value, as well as equality of treatment in the evaluation of the quality of work;

(e) The right to social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacity to work, as well as the right to paid leave;

(f) The right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction.

2. In order to prevent discrimination against women on the grounds of marriage or maternity and to ensure their effective right to work, States Parties shall take appropriate measures:

(a) To prohibit, subject to the imposition of sanctions, dismissal on the grounds of pregnancy or of maternity leave and discrimination in dismissals on the basis of marital status;

(b) To introduce maternity leave with pay or with comparable social benefits without loss of former employment, seniority or social allowances;

(c) To encourage the provision of the necessary supporting social services to enable parents to combine family obligations with work responsibilities and participation in public life, in particular through promoting the establishment and development of a network of child-care facilities;

(d) To provide special protection to women during pregnancy in types of work proved to be harmful to them.

3. Protective legislation relating to matters covered in this article shall be reviewed periodically in the light of scientific and technological knowledge and shall be revised, repealed or extended as necessary.

Article 12

1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.

2. Notwithstanding the provisions of paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

Article 13

States Parties shall take all appropriate measures to eliminate discrimination against women in other areas of economic and social life in order to ensure, on a basis of equality of men and women, the same rights, in particular:

(a) The right to family benefits;

(b) The right to bank loans, mortgages and other forms of financial credit;

(c) The right to participate in recreational activities, sports and all aspects of cultural life.

Article 14

1. States Parties shall take into account the particular problems faced by rural women and the significant roles which rural women play in the economic survival of their families, including their work in the non-monetized sectors of the economy, and shall take all appropriate measures to ensure the application of the provisions of the present Convention to women in rural areas.

2. States Parties shall take all appropriate measures to eliminate discrimination against women in rural areas in order to ensure, on a basis of equality of men and women, that they participate in and benefit from rural development and, in particular, shall ensure to such women the right:

- (a) To participate in the elaboration and implementation of development planning at all levels;
- (b) To have access to adequate health care facilities, including information, counselling and services in family planning;
- (c) To benefit directly from social security programmes;
- (d) To obtain all types of training and education, formal and non-formal, including that relating to functional literacy, as well as, inter alia, the benefit of all community and extension services, in order to increase their technical proficiency;
- (e) To organize self-help groups and co-operatives in order to obtain equal access to economic opportunities through employment or self employment;
- (f) To participate in all community activities;
- (g) To have access to agricultural credit and loans, marketing facilities, appropriate technology and equal treatment in land and agrarian reform as well as in land resettlement schemes;
- (h) To enjoy adequate living conditions, particularly in relation to housing, sanitation, electricity and water supply, transport and communications.

Part IV

Article 15

1. States Parties shall accord to women equality with men before the law.

2. States Parties shall accord to women, in civil matters, a legal capacity identical to that of men and the same opportunities to exercise that capacity. In particular, they shall give women equal rights to conclude contracts and to administer property and shall treat them equally in all stages of procedure in courts and tribunals.

3. States Parties agree that all contracts and all other private instruments of any kind with a legal effect which is directed at restricting the legal capacity of women shall be deemed null and void.

4. States Parties shall accord to men and women the same rights with regard to the law relating to the movement of persons and the freedom to choose their residence and domicile.

Article 16

1. States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women:

- (a) The same right to enter into marriage;
- (b) The same right freely to choose a spouse and to enter into marriage only with their free and full consent;
- (c) The same rights and responsibilities during marriage and at its dissolution;
- (d) The same rights and responsibilities as parents, irrespective of their marital status, in matters relating to their children; in all cases the interests of the children shall be paramount;
- (e) The same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights;
- (f) The same rights and responsibilities with regard to guardianship, wardship, trusteeship and adoption of children, or similar institutions where these concepts exist in national legislation; in all cases the interests of the children shall be paramount;
- (g) The same personal rights as husband and wife, including the right to choose a family name, a profession and an occupation;
- (h) The same rights for both spouses in respect of the ownership, acquisition, management, administration, enjoyment and disposition of property, whether free of charge or for a valuable consideration.

2. The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory.

Resolution on Ordination and the Role of Women in Ministry

As Southern Baptists in the United States debated the roles of women in church, home, and society during the 1980s, the issue of ordination for women arose as a key point of contention as more progressive churches ordained women. In 1984, conservatives led the Southern Baptist Convention to adopt a resolution claiming that the role of pastor is reserved for men. However, because ordination is a practice of the local church, more progressive churches continued to ordain women, despite the convention's statement. By the mid-1990s, many progressive churches began to leave the Southern Baptist Convention to form other organizations that supported women's ordination, as well as less literal readings of the Bible and more involvement in social justice issues by the churches.

WHEREAS, We, the messengers to the Southern Baptist Convention meeting in Kansas City, June 12–14, 1984, recognize the authority of Scripture in all matters of faith and practice including the autonomy of the local church; and

WHEREAS, The New Testament enjoins all Christians to proclaim the gospel; and

WHEREAS, The New Testament churches as a community of faith recognized God's ordination and anointing of some believers for special ministries (e.g., 1 Timothy 2:7; Titus 1:15) and in consequence of their demonstrated loyalty to the gospel, conferred public blessing and engaged in public dedicatory prayer setting them apart for service; and

WHEREAS, The New Testament does not mandate that all who are divinely called to ministry be ordained; and

WHEREAS, In the New Testament, ordination symbolizes spiritual succession to the world task of proclaiming and extending the gospel of Christ, and not a sacramental transfer of unique divine grace that perpetuates apostolic authority; and

WHEREAS, The New Testament emphasizes the equal dignity of men and women (Gal. 3:28) and that the Holy Spirit was at Pentecost divinely outpoured on men and women alike (Acts 2:17); and

WHEREAS, Women as well as men prayed and prophesied in public worship services (1 Cor. 11:2–16), and Priscilla joined her husband in teaching Apollos (Acts 18:26), and women fulfilled special church service-ministries as exemplified by Phoebe whose work Paul tributes as that of a servant of the church (Rom. 16:1); and

WHEREAS, The Scriptures attest to God's delegated order of authority (God the head of Christ, Christ the

head of man, man the head of woman, man and woman dependent one upon the other to the glory of God) distinguishing the roles of men and women in public prayer and prophecy (1 Cor. 11:2–5); and

WHEREAS, The Scriptures teach that women are not in public worship to assume a role of authority over men lest confusion reign in the local church (1 Cor. 14:33–36); and

WHEREAS, While Paul commends women and men alike in other roles of ministry and service (Titus 2:1–10), he excludes women from pastoral leadership (1 Tim. 2:12) to preserve a submission God requires because the man was first in creation and the woman was first in the Edenic fall (1 Tim. 2:13ff); and

WHEREAS, These Scriptures are not intended to stifle the creative contribution of men and women as co-workers in many roles of church service, both on distant mission fields and in domestic ministries, but imply that women and men are nonetheless divinely gifted for distinctive areas of evangelical engagement; and

WHEREAS, Women are held in high honor for their unique and significant contribution to the advancement of Christ's kingdom, and the building of godly homes should be esteemed for its vital contribution to developing personal Christian character and Christlike concern for others.

Therefore, be it RESOLVED, That we not decide concerns of Christians doctrine and practice by modern cultural, sociological, and ecclesiastical trends or by emotional factors; that we remind ourselves of the dearly bought Baptist principle of the final authority of Scripture in matters of faith and conduct; and that we encourage the service of women in all aspects of church life and work other than pastoral functions and leadership roles entailing ordination.

Source: Copyright © 1999–2005, Southern Baptist Convention. Reprinted with permission.

African Charter on Human and Peoples' Rights

The African Charter on Human and Peoples' Rights (Banjul Charter) became effective in 1986. It was developed under the Organization of African Unity (now replaced by the African Union) as a tool to promote human rights across the continent. The charter recognizes civil and political rights, as well as the right to work, the right to health, and the right to education. The charter also recognizes group rights and the right of the family to protection by the state.

Article 2

Every individual shall be entitled to the enjoyment of the rights and freedoms recognized and guaranteed in the present Charter without distinction of any kind such as race, ethnic group, color, sex, language, religion, political or any other opinion, national and social origin, fortune, birth or other status.

Article 3

1. Every individual shall be equal before the law.
2. Every individual shall be entitled to equal protection of the law.

Article 4

Human beings are inviolable. Every human being shall be entitled to respect for his life and the integrity of his person. No one may be arbitrarily deprived of this right.

Article 5

Every individual shall have the right to the respect of the dignity inherent in a human being and to the recognition of his legal status. All forms of exploitation and degradation of man particularly slavery, slave trade, torture, cruel, inhuman or degrading punishment and treatment shall be prohibited.

Article 8

Freedom of conscience, the profession and free practice of religion shall be guaranteed. No one may, subject to law and order, be submitted to measures restricting the exercise of these freedoms.

Article 15

Every individual shall have the right to work under equitable and satisfactory conditions, and shall receive equal pay for equal work.

Article 18

The family shall be the natural unit and basis of society. It shall be protected by the State which shall take care of its physical health and moral.

The State shall have the duty to assist the family which is the custodian of morals and traditional values recognized by the community.

The State shall ensure the elimination of every discrimination against women and also ensure the protection of

the rights of women and the child as stipulated in international declarations and conventions.

The aged and the disabled shall also have the right to special measures of protection in keeping with their physical or moral needs.

Source: Adopted in Nairobi, Kenya, on June 27, 1981, and entered into force on October 21, 1986. Retrieved from <https://www.au.int>.

Constitution of the Republic of the Philippines, 1987

The 1987 Philippine Constitution came into being when President Corazon C. Aquino overturned a number of the provisions that were part of the 1973 constitution adopted during the regime of dictator Ferdinand Marcos. Faced with opposition for his corruption, Marcos called a “snap election” in 1985, and Corazon ran against him. The official election canvasser declared Marcos the winner, but another poll-watching group claimed Aquino had more votes. When Aquino supporters overran Manila, Marcos fled, and the United States provided him with passage to Hawaii. Under Aquino, the country adopted a new constitution that provided for fundamental equality between women and men.

Employment:

Section 14. The State shall protect working women by providing safe and healthful working conditions, taking into account their maternal functions, and such facilities and opportunities that will enhance their welfare and enable them to realize their full potential in the service of the nation. (Art. XIII)

Equal before the Law:

Section 14: The State recognizes the role of women in nation-building, and shall ensure the fundamental equality before the law of women and men. (Art. II)

General Human Rights Guarantees:

Section 11. The State values the dignity of every human person and guarantees full respect for human rights. (Art. II)

Marriage:

Section 12: The State recognizes the sanctity of family life and shall protect and strengthen the family as a basic autonomous social institution. It shall equally protect the

life of the mother and the life of the unborn from conception. The natural and primary right and duty of parents in the rearing of the youth for civic efficiency and the development of moral character shall receive the support of the Government. (Art. II)

Section 1. The State recognizes the Filipino family as the foundation of the nation. Accordingly, it shall strengthen its solidarity and actively promote its total development.

Section 2. Marriage, as an inviolable social institution, is the foundation of the family and shall be protected by the State.

Section 3. The State shall defend:

1. The right of spouses to found a family in accordance with their religious convictions and the demands of responsible parenthood;

2. The right of children to assistance, including proper care and nutrition, and special protection from all forms of neglect, abuse, cruelty, exploitation and other conditions prejudicial to their development;

3. The right of the family to a family living wage and income; and

4. The right of families or family associations to participate in the planning and implementation of policies and programs that affect them. Section 4. The family has the duty to care for its elderly members but the State may also do so through just programs of social security. (Art. XV)

Public Authorities Institutions and Services:

Section 11. The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be priority for the needs of the under-privileged, sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers. (Art. XIII)

Source: Government of the Philippines. Retrieved from <http://www.gov.ph/constitutions/1987-constitution>.

Women of the Wall Mission Statement

The Western Wall (or Wailing Wall, or Kotel) in Jerusalem is the most sacred Jewish site for prayer, but since 1967, women and men have been segregated at the Wall. Women may not pray there in groups or with Torah scrolls or aloud. Women of the Wall, a group dedicated to the free prayer of women

at the Western Wall, began prayer together at the Wall in 1988 and have since struggled for women's equal rights at the Western Wall.

As Women of the Wall, our central mission is to achieve the social and legal recognition of our right, as women, to wear prayer shawls, pray and read from the Torah collectively and out loud at the Western Wall.

We work to further our mission through social advocacy, education and empowerment.

In our social advocacy work, we aim to change the status-quo that is currently preventing women from being able to pray freely at the Western Wall. This goal has great ramifications for women's rights in Judaism and in Israel and must be achieved through social advocacy in order to raise awareness and change the social perception of these issues.

We take it upon ourselves to educate Jewish women and the public about the social, political and personal ramifications of limiting and eliminating women's right to pray as a group at a holy site. When the law and the society literally, publicly and deliberately silence women in prayer, it is a violation of civil rights, human rights and religious freedoms. Education is the key to changing perspectives, laws and lives.

Every time we meet to pray, we empower and encourage Jewish women to embrace religion freely, in their own way. We stand proudly and strongly in the forefront of the movement for religious pluralism in Israel, in the hopes to inspire and empower women from all over the world and across the spectrum of Jewish movements to find their spiritual voice.

With this great mission before us, our vision is to strengthen and expand our organization, to reach out and influence policy makers and leaders, to demand full access to prayer at the Western Wall for women. In addition, Women of the Wall works to expand our network of allies and partners around the world who will advocate and take action with us.

Source: Women of the Wall Mission Statement. Reprinted with permission. Retrieved from <http://www.womenofthewall.org.il/mission>.

Rule 93. Rape and Other Forms of Sexual Violence

Rule 93 comes from the rules of customary international humanitarian law identified by the International

Committee of the Red Cross (ICRC). This rule is part of the chapter on fundamental guarantees that apply to all civilians during armed conflicts. According to the ICRC, human rights law applies even during conflict, except in a limited set of circumstances during a time of national emergency. Even then, certain rights may never be breached, including freedom from rape and other forms of sexual violence.

International and Non-international Armed Conflicts

The prohibition of rape under international humanitarian law was already recognized in the Lieber Code. [1] While common Article 3 of the Geneva Conventions does not explicitly mention rape or other forms of sexual violence, it prohibits “violence to life and person” including cruel treatment and torture and “outrages upon personal dignity”. [2] The Third Geneva Convention provides that prisoners of war are in all circumstances entitled to “respect for their persons and their honour”. [3] The prohibition of “outrages upon personal dignity” is recognized in Additional Protocols I and II as a fundamental guarantee for civilians and persons hors de combat. [4] Article 75 of Additional Protocol I specifies that this prohibition covers in particular “humiliating and degrading treatment, enforced prostitution and any form of indecent assault”, while Article 4 of Additional Protocol II specifically adds “rape” to this list. [5] The Fourth Geneva Convention and Additional Protocol I require protection for women and children against rape, enforced prostitution or any other form of indecent assault. [6] Rape, enforced prostitution and any form of indecent assault are war crimes under the Statutes of the International Criminal Tribunal for Rwanda and of the Special Court for Sierra Leone. [7] The expressions “outrages upon personal dignity” and “any form of indecent assault” refer to any form of sexual violence. Under the Statute of the International Criminal Court, “committing rape, sexual slavery, enforced prostitution, forced pregnancy . . . enforced sterilization, or any other form of sexual violence” also constituting a grave breach of the Geneva Conventions or also constituting a serious violation of common Article 3 of the Geneva Conventions constitutes a war crime in international and non-international armed conflicts respectively. [8] Furthermore, “rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity” constitutes a crime against humanity under the Statute of the International Criminal Court and “rape” constitutes a crime against humanity under the

Statutes of the International Criminal Tribunals for the former Yugoslavia and Rwanda. [9]

Numerous military manuals state that rape, enforced prostitution and indecent assault are prohibited and many of them specify that these acts are war crimes. [10] The legislation of many States provides that rape and other forms of sexual violence are war crimes. [11] National case-law has confirmed that rape constitutes a war crime, as early as 1946 in the Takashi Sakai case before the War Crimes Military Tribunal of the Chinese Ministry of National Defence. [12] In the John Schultz case in 1952, the US Court of Military Appeals held that rape was a “crime universally recognized as properly punishable under the law of war”. [13]

Violations of the prohibition of rape and other forms of sexual violence have been widely condemned by States and international organizations. [14] For example, the UN Security Council, UN General Assembly and UN Commission on Human Rights condemned the sexual violence that occurred during the conflicts in Rwanda, Sierra Leone, Uganda and the former Yugoslavia. [15] The European Parliament, Council of Europe and Gulf Cooperation Council have condemned rape in the former Yugoslavia as a war crime. [16] It is significant that in 1993 Yugoslavia acknowledged in its report to the Committee on the Elimination of Discrimination Against Women that abuses of women in war zones were crimes contrary to international humanitarian law and apologized for an earlier statement giving the false impression that rape was considered normal behaviour in times of war. [17]

Sexual violence is prohibited under human rights law primarily through the prohibition of torture and cruel, inhuman or degrading treatment or punishment. Thus, both the European Court of Human Rights and the Inter-American Commission on Human Rights have, in their case-law, found instances of rape of detainees to amount to torture. [18] The European Court of Human Rights has also found the strip-searching of a male prisoner in the presence of a female prison officer to be degrading treatment. [19] The Committee on the Elimination of Discrimination Against Women stated in a General Recommendation that discrimination includes gender-based violence. [20] There is also an increasing number of treaties and other international instruments which state that trafficking in women and children for the purpose of prostitution is a criminal offence, [21] as well as an increased recognition of the need to punish all persons responsible for sexual violence. [22] The prohibition of using sexual violence as an official punishment is clear; not only is such

a punishment not officially provided for by States, but also any confirmed reports of such an incident have either been denied or the relevant persons prosecuted.[23]

Definition of Rape

With respect to the definition of rape, the International Criminal Tribunal for the former Yugoslavia considered in its judgment in the *Furundžija* case in 1998 that rape required “coercion or force or threat of force against the victim or a third person”.[24] In its later case-law in the *Kunarac* case in 2001, however, the Tribunal considered that there might be other factors “which would render an act of sexual penetration non-consensual or non-voluntary on the part of the victim” and that this consideration defined the accurate scope of the definition of rape under international law.[25] The International Criminal Tribunal for Rwanda in the *Akayesu* case in 1998 held that “rape is a form of aggression” and that “the central elements of the crime of rape cannot be captured in a mechanical description of objects and body parts”. It defined rape as “a physical invasion of a sexual nature, committed on a person under circumstances which are coercive”.[26]

Rape and sexual violence can also be constituent elements of other crimes under international law. The International Criminal Tribunal for the former Yugoslavia in the *Delalić* case held that rape could constitute torture when the specific conditions of torture were fulfilled.[27] The International Criminal Tribunal for Rwanda in the *Akayesu* case and *Musema* case held that rape and sexual violence could constitute genocide when the specific conditions of genocide were fulfilled.[28]

It has been specified in practice that the prohibition of sexual violence is non-discriminatory, i.e., that men and women, as well as adults and children, are equally protected by this prohibition. Except for forced pregnancy, the crimes of sexual violence in the Statute of the International Criminal Court are prohibited when committed against “any person”, not only women. In addition, in the *Elements of Crimes* for the International Criminal Court, the concept of “invasion” used to define rape is “intended to be broad enough to be gender-neutral”.[29]

[1] Lieber Code, Article 44 (cited in Vol. II, Ch. 32, § 1570).

[2] Geneva Conventions, common Article 3 (ibid., § 1555).

[3] Third Geneva Convention, Article 14, first paragraph.

[4] Additional Protocol I, Article 75(2) (adopted by consensus) (cited in Vol. II, Ch. 32, § 996); Additional Protocol II, Article 4(2) (adopted by consensus) (ibid., § 997).

[5] Additional Protocol I, Article 75(2) (adopted by consensus) (ibid., § 1558); Additional Protocol II, Article 4(2) (adopted by consensus) (ibid., § 1559).

[6] Fourth Geneva Convention, Article 27, second paragraph (ibid., § 1556); Additional Protocol I, Articles 76–77 (adopted by consensus) (ibid., §§ 1560–1561).

[7] ICTR Statute, Article 4(e) (ibid., § 1577); Statute of the Special Court for Sierra Leone, Article 3(e) (ibid., § 1569).

[8] ICC Statute, Article 8(2)(b)(xxii) and (e)(vi) (ibid., § 1565).

[9] ICC Statute, Article 7(1)(g) (ibid., § 1564); ICTY Statute, Article 5(g) (ibid., § 1576); ICTR Statute, Article 3(g) (ibid., § 1577).

[10] See, e.g., the military manuals of Argentina (ibid., §§ 1584–1585), Australia (ibid., §§ 1586–1587), Canada (ibid., § 1588–1589), China (ibid., § 1590), Dominican Republic (ibid., § 1591), El Salvador (ibid., § 1592), France (ibid., §§ 1594–1595), Germany (ibid., § 1596), Israel (ibid., § 1597), Madagascar (ibid., § 1598), Netherlands (ibid., § 1599), New Zealand (ibid., § 1600), Nicaragua (ibid., § 1601), Nigeria (ibid., § 1602), Peru (ibid., § 1603), Senegal (ibid., § 1604), Spain (ibid., § 1605), Sweden (ibid., § 1606), Switzerland (ibid., § 1607), Uganda (ibid., § 1608), United Kingdom (ibid., §§ 1609–1610), United States (ibid., §§ 1611–1615) and Yugoslavia (ibid., § 1616).

[11] See, e.g., the legislation of Armenia (ibid., § 1618), Australia (ibid., §§ 1619–1621), Azerbaijan (ibid., § 1623), Bangladesh (ibid., § 1624), Belgium (ibid., § 1625), Bosnia and Herzegovina (ibid., § 1626), Canada (ibid., § 1628), China (ibid., § 1629), Colombia (ibid., § 1630), Congo (ibid., § 1631), Croatia (ibid., § 1632), Estonia (ibid., § 1634), Ethiopia (ibid., § 1635), Georgia (ibid., § 1636), Germany (ibid., § 1637), Republic of Korea (ibid., § 1641), Lithuania (ibid., § 1642), Mali (ibid., § 1643), Mozambique (ibid., § 1644), Netherlands (ibid., §§ 1646–1647), New Zealand (ibid., § 1648), Paraguay (ibid., § 1651), Slovenia (ibid., § 1652), Spain (ibid., § 1654), United Kingdom (ibid., § 1656) and Yugoslavia (ibid., §§ 1657–1658); see also the draft legislation of Argentina (ibid., § 1617), Burundi (ibid., § 1627) and Trinidad and Tobago (ibid., § 1655).

[12] China, War Crimes Military Tribunal of the Ministry of National Defence, Takashi Sakai case (ibid., § 1659).

[13] United States, Court of Military Appeals, John Schultz case (ibid., § 1661).

[14] See, e.g., the statements of Germany (*ibid.*, §§ 1665–1666), Netherlands (*ibid.*, § 1667) and United States (*ibid.*, §§ 1672–1673).

[15] See, e.g., UN Security Council, Res. 798 (*ibid.*, § 1678), Res. 820 (*ibid.*, § 1679), Res. 827 (*ibid.*, § 1680), Res. 1019 (*ibid.*, § 1681) and Res. 1034 (*ibid.*, § 1682); UN Security Council, Statement by the President (*ibid.*, § 1685); UN General Assembly, Res. 48/143 (*ibid.*, § 1688), Res. 49/196 (*ibid.*, § 1689), Res. 50/192 (*ibid.*, § 1690), Res. 50/193 (*ibid.*, §§ 1690–1691), Res. 51/114 (*ibid.*, § 1692) and Res. 51/115 (*ibid.*, § 1690); UN Commission on Human Rights, Res. 1994/72 (*ibid.*, § 1694), Res. 1996/71 (*ibid.*, § 1695) and Res. 1998/75 (*ibid.*, § 1696).

[16] See European Parliament, Resolution on the rape of women in the former Yugoslavia (*ibid.*, § 1712); Council of Europe, Committee of Ministers, Declaration on the Rape of Women and Children in the Territory of Former Yugoslavia (*ibid.*, § 1709); Gulf Cooperation Council, Supreme Council, Final Communiqué of the 13th Session (*ibid.*, § 1715).

[17] Yugoslavia, Statement before the Committee on the Elimination of Discrimination Against Women (*ibid.*, § 1677).

[18] See, e.g., European Court of Human Rights, *Aydin v. Turkey* (*ibid.*, § 1741); Inter-American Commission on Human Rights, Case 10.970 (Peru) (*ibid.*, § 1743).

[19] European Court of Human Rights, *Valasinas v. Lithuania* (*ibid.*, § 1742).

[20] Committee on the Elimination of Discrimination Against Women, General Recommendation 19 (Violence against Women) (*ibid.*, § 1735).

[21] See, e.g., Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others, Article 1 (*ibid.*, § 1557); Protocol on Trafficking in Persons, Article 1 (*ibid.*, § 1567); SAARC Convention on Preventing and Combating Trafficking in Women and Children for Prostitution (not yet in force), Article 3 (*ibid.*, § 1568); UN High Commissioner for Human Rights, Recommended Principles and Guidelines on Human Rights and Human Trafficking (*ibid.*, §§ 1707–1708); ECOWAS, Declaration on the Fight against Trafficking in Persons (*ibid.*, § 1714); OAS Inter-American Commission of Women, Res. CIM/RES 225 (XXXI-0/02) (*ibid.*, § 1716).

[22] See, e.g., UN General Assembly, Res. 48/104 proclaiming the UN Declaration on the Elimination of Violence against Women (*ibid.*, § 1687); Committee on the Elimination of Discrimination Against Women, General

Recommendation No. 19 (Violence against Women) (*ibid.*, § 1735); European Court of Human Rights, *S. W. v. UK* (*ibid.*, § 1740).

[23] For example, when a Pakistani tribal council ordered the rape of a girl as a punishment, widespread outrage resulted in the Chief Justice of Pakistan ordering the prosecution of the persons concerned and resulting in conviction and a severe punishment. See news.bbc.co.uk/1/world/south_asia/2089624.stm, 3 July 2002 and the official reply of Pakistan dated 7 January 2003 to the letter of the International Commission of Jurists protesting this event and pointing out the government's international responsibility (on file with the authors); see also Committee on the Elimination of Discrimination Against Women, General Recommendation 19 (Violence against Women), 29 January 1992, § 8.

[24] ICTY, *Furundžija* case, Judgment (cited in Vol. II, Ch. 32, § 1732).

[25] ICTY, *Kunarac* case, Judgment (*ibid.*, § 1734).

[26] ICTR, *Akayesu* case, Judgment (*ibid.*, § 1726).

[27] ICTY, *Delalić* case, Judgment (*ibid.*, § 1731).

[28] ICTR, *Akayesu* case, Judgment (*ibid.*, § 1726) and *Musema* case, Judgment (*ibid.*, § 1728).

[29] Elements of Crimes for the ICC, Definition of rape as a war crime (Footnote 50 relating to Article 8(2)(b) (xxii) and Footnote 62 relating to Article 8(2)(e)(vi) of the ICC Statute).

Source: ICRC, Customary IHL Database. Retrieved from https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule93.

Declaration on the Elimination of Violence against Women

The United Nations adopted the Declaration on the Elimination of Violence against Women in 1993. This declaration is an advance in women's rights, specifically because it moves the issue of violence against women out of the private, domestic sphere and into the public, state sphere. Recognizing the immense impact of violence on women, this document complements the Convention on the Elimination of All Forms of Discrimination against Women.

The General Assembly,

Recognizing the urgent need for the universal application to women of the rights and principles with regard to equality, security, liberty, integrity and dignity of all human beings,

Noting that those rights and principles are enshrined in international instruments, including the Universal Declaration of Human Rights,¹ the International Covenant on Civil and Political Rights,² the International Covenant on Economic, Social and Cultural Rights,³ the Convention on the Elimination of All Forms of Discrimination against Women,⁴ and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment,⁵

Recognizing that effective implementation of the Convention on the Elimination of All Forms of Discrimination against Women would contribute to the elimination of violence against women and that the Declaration on the Elimination of Violence against Women, set forth in the present resolution, will strengthen and complement that process,

Concerned that violence against women is an obstacle to the achievement of equality, development and peace, as recognized in the Nairobi Forward-looking Strategies for the Advancement of Women,⁶ in which a set of measures to combat violence against women was recommended, and to the full implementation of the Convention on the Elimination of All Forms of Discrimination against Women,

Affirming that violence against women constitutes a violation of the rights and fundamental freedoms of women and impairs or nullifies their enjoyment of those rights and freedoms, and concerned about the long-standing failure to protect and promote those rights and freedoms in the case of violence against women,

Recognizing that violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men,

Concerned that some groups of women, such as women belonging to minority groups, indigenous women, refugee women, migrant women, women living in rural or remote communities, destitute women, women in institutions or in detention, female children, women with disabilities, elderly women and women in situations of armed conflict, are especially vulnerable to violence,

Recalling the conclusion in paragraph 23 of the annex to Economic and Social Council resolution 1990/15 of 24 May 1990 that the recognition that violence against women in the family and society was pervasive and cut across lines of income, class and culture had to be matched by urgent and effective steps to eliminate its incidence,

Recalling also Economic and Social Council resolution 1991/18 of 30 May 1991, in which the Council recommended the development of a framework for an international instrument that would address explicitly the issue of violence against women,

Welcoming the role that women's movements are playing in drawing increasing attention to the nature, severity and magnitude of the problem of violence against women,

Alarmed that opportunities for women to achieve legal, social, political and economic equality in society are limited, inter alia, by continuing and endemic violence,

Convinced that in the light of the above there is a need for a clear and comprehensive definition of violence against women, a clear statement of the rights to be applied to ensure the elimination of violence against women in all its forms, a commitment by States in respect of their responsibilities, and a commitment by the international community at large to the elimination of violence against women,

Solemnly proclaims the following Declaration on the Elimination of Violence against Women and urges that every effort be made so that it becomes generally known and respected:

Article 1

For the purposes of this Declaration, the term "violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Article 2

Violence against women shall be understood to encompass, but not be limited to, the following:

(a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;

(b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;

(c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

Article 3

Women are entitled to the equal enjoyment and protection of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. These rights include, *inter alia*:

- (a) The right to life;⁷
- (b) The right to equality;⁸
- (c) The right to liberty and security of person;⁹
- (d) The right to equal protection under the law;¹⁰
- (e) The right to be free from all forms of discrimination;¹¹
- (f) The right to the highest standard attainable of physical and mental health;¹²
- (g) The right to just and favourable conditions of work;¹³
- (h) The right not to be subjected to torture, or other cruel, inhuman or degrading treatment or punishment.¹⁴

Article 4

States should condemn violence against women and should not invoke any custom, tradition or religious consideration to avoid their obligations with respect to its elimination. States should pursue by all appropriate means and without delay a policy of eliminating violence against women and, to this end, should:

- (a) Consider, where they have not yet done so, ratifying or acceding to the Convention on the Elimination of All Forms of Discrimination against Women or withdrawing reservations to that Convention;
- (b) Refrain from engaging in violence against women;
- (c) Exercise due diligence to prevent, investigate and, in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the State or by private persons;
- (d) Develop penal, civil, labour and administrative sanctions in domestic legislation to punish and redress the wrongs caused to women who are subjected to violence; women who are subjected to violence should be provided with access to the mechanisms of justice and, as provided for by national legislation, to just and effective remedies for the harm that they have suffered; States should also inform women of their rights in seeking redress through such mechanisms;
- (e) Consider the possibility of developing national plans of action to promote the protection of women against any form of violence, or to include provisions for that purpose

in plans already existing, taking into account, as appropriate, such cooperation as can be provided by non-concerned with the issue of violence against women;

(f) Develop, in a comprehensive way, preventive approaches and all those measures of a legal, political, administrative and cultural nature that promote the protection of women against any form of violence, and ensure that the re-victimization of women does not occur because of laws insensitive to gender considerations, enforcement practices or other interventions;

(g) Work to ensure, to the maximum extent feasible in the light of their available resources and, where needed, within the framework of international cooperation, that women subjected to assistance, such as rehabilitation, assistance in child care and maintenance, treatment, counselling, facilities and programmes, as well as support structures, and should take all other appropriate measures to promote their safety and physical and psychological rehabilitation;

(h) Include in government budgets adequate resources for their activities related to the elimination of violence against women;

(i) Take measures to ensure that law enforcement officers and public officials responsible for implementing policies to prevent, investigate and punish violence against women receive training to sensitize them to the needs of women;

(j) Adopt all appropriate measures, especially in the field of education, to modify the social and cultural patterns of conduct of men and women and to eliminate prejudices, customary practices and all other practices based on the idea of the inferiority or superiority of either of the sexes and on stereotyped roles for men and women;

(k) Promote research, collect data and compile statistics, especially concerning domestic violence, relating to the prevalence of different forms of violence against women and encourage research on the causes, nature, seriousness and consequences of violence against women and on the effectiveness of measures implemented to prevent and redress violence against women; those statistics and findings of the research will be made public;

(l) Adopt measures directed towards the elimination of violence against women who are especially vulnerable to violence;

(m) Include, in submitting reports as required under relevant human rights instruments of the United Nations, information pertaining to violence against women and measures taken to implement the present Declaration;

(n) Encourage the development of appropriate guidelines to assist in the implementation of the principles set forth in the present Declaration;

(o) Recognize the important role of the women's movement and non-governmental organizations world wide in raising awareness and alleviating the problem of violence against women;

(p) Facilitate and enhance the work of the women's movement and non-governmental organizations and cooperate with them at local, national and regional levels;

(q) Encourage intergovernmental regional organizations of which they are members to include the elimination of violence against women in their programmes, as appropriate.

1. Resolution 217 A (III).

2. See resolution 2200 A (XXI), annex.

3. See resolution 2200 A (XXI), annex.

4. Resolution 34/180, annex.

5. Resolution 39/46, annex.

6. Report of the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace, Nairobi, 15–26 July 1985 (United Nations publication, Sales No. E. 85.IV.110), chap. I, sect. A.

7. Universal Declaration of Human Rights, article 3; and International Covenant on Civil and Political Rights, article 6.

8. International Covenant on Civil and Political Rights, article 26.

9. Universal Declaration of Human Rights, article 3; and International Covenant on Civil and Political Rights, article 9.

10. International Covenant on Civil and Political Rights, article 26.

11. International Covenant on Civil and Political Rights, article 26.

12. International Covenant on Economic, Social and Cultural Rights, article 12.

13. Universal Declaration of Human Rights, article 23; and International Covenant on Economic, Social and Cultural Rights, articles 6 and 7.

14. Universal Declaration of Human Rights, article 5; International Covenant on Civil and Political Rights, article 7; and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

Source: United Nations General Assembly, A/RES/48/104, December 20, 1993. © 1993 United Nations. Reprinted with the permission of the United Nations. Retrieved from <http://www.un.org/documents/ga/res/48/a48r104.htm>.

Right to be Free from Sexual Violence

The United Nations has addressed the global problem of sexual violence in many of its official documents. Below are excerpts from a number of UN World Conference documents that lay out the right of all people to be free from sexual violence. Significantly, the documents express sexual violence as a gendered phenomenon and recognize sexual violence as a crime against humanity.

Vienna Declaration para. 18—Gender-based violence and all forms of sexual harassment and exploitation, including those resulting from cultural prejudice and international trafficking, are incompatible with the dignity and worth of the human person, and must be eliminated; **para. 38**—[T]he World Conference on Human Rights stresses the importance of working towards the elimination of violence against women in public and private life. . . . The World Conference on Human Rights . . . urges States to combat violence against women. . . . Violations of the human rights of women in situations of armed conflict are violations of the fundamental principles of international human rights and humanitarian law. All violations of this kind, including a particular murder, systematic rape, sexual slavery, and forced pregnancy, require a particularly effective response.

ICPD Principle 4—Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes; **para 4.4 (e)**—Eliminating violence against women; **para. 6.20**—Governments, in collaboration with non-governmental organizations and the private sector, should strengthen formal and informal support systems and safety nets for elderly people and eliminate all forms of violence and discrimination against elderly people in all countries, paying special attention to the needs of elderly women. **Para. 10.11**—Governments of receiving countries are further urged to take appropriate steps to avoid all forms of discrimination against migrants. . . . Women and children who migrate as family members should be protected from abuse or denial of their human rights by their sponsors; **para 10.18**—Governments of both receiving countries and countries of origin should adopt effective sanctions against those who organize undocumented migration, exploit undocumented migrants or engage in trafficking in undocumented migrants, especially those who engage in any form of international traffic in women, youth and children.

ICPD+5 para 24 (b)—Governments are urged to prevent trafficking in migrants, in particular women and children subjected to forced labour or sexual or commercial exploitation. . . . **para.48**—Governments should give priority to developing programmes and policies that foster norms and attitudes of zero tolerance for harmful and discriminatory attitudes, including son preference, which can result in harmful and unethical practices such as prenatal sex selection, discrimination and violence against the girls child and all forms of violence against women, including female genital mutilation, rape, incest, trafficking, sexual violence and exploitation. . . . The girl child's access to health, nutrition, education and life opportunities should be protected and promoted. . . .

Beijing para. 165 (c)—Eliminate discriminatory practices by employers and take appropriate measures in consideration of women's reproductive role and functions, such as the denial of employment and dismissal due to pregnancy or breast-feeding, or requiring proof of contraceptive use, and take effective measures to ensure that pregnant women, women on maternity leave or women re-entering the labour market after childbearing are not discriminated against; **para 233 (i)**—Take appropriate measures to ensure that refugee and displaced women, migrant women and women migrant workers are made aware of their human rights and of the recourse mechanisms available to them.

Treaties

CEDAW (1) article 5 (a)—[State Parties shall take all appropriate measures] [t]o modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles of men and women[.] **article 6**—States Parties shall take all appropriate measures, including legislation, to suppress all forms of traffic in women and prostitution of women.

CCPR (2) articles 2 (1), 3—equal right of men and women in the enjoyment of civil and political rights; **article 7**—right to be free from torture or cruel and inhumane treatment or punishment; **26, 27**—Non-discrimination, equality between the sexes, rights of persons belong to minorities.

CRC(3) article 19.1—States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical

or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child. **article 34**—States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent: (a) The inducement or coercion of a child to engage in any unlawful sexual activity; (b) The exploitative use of children in prostitution or other unlawful sexual practices; (c) The exploitative use of children in pornographic performances and materials.

The Rome Statue of the ICC Article 7.1—For the purpose of this Statute, “crime against humanity” means any of the following acts when committed as part of a widespread or systematic attack directed against any civilian population, with knowledge of the attack: . . . (g) Rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity[.]

1. CEDAW: Convention on the Elimination of All Forms of Discrimination against Women
2. CCPR: Covenant on Civil and Political Rights
3. CRC: Convention on the Rights of the Child
4. CESC: International Covenant on Economic, Social and Cultural Rights
5. CAT: Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

Source: UN Population Fund, 1993. Retrieved from <http://www.unfpa.org/rights/language/right9.htm>.

Beijing Declaration

The United Nations adopted the Beijing Declaration in 1995 at the end of the Fourth World Conference on Women. Although the UN founding charter included the principle of equality between women and men, many women leaders in the United Nations championed putting the principles into practice. The United Nations declared 1976–1985 the Decade of Women. The First World Conference on Women was held in 1975 in Mexico City, followed by the second in 1980 in Copenhagen and the third in 1985 in Nairobi.

1. We, the Governments participating in the Fourth World Conference on Women,
2. Gathered here in Beijing in September 1995, the year of the fiftieth anniversary of the founding of the United Nations,

3. Determined to advance the goals of equality, development and peace for all women everywhere in the interest of all humanity,

4. Acknowledging the voices of all women everywhere and taking note of the diversity of women and their roles and circumstances, honouring the women who paved the way and inspired by the hope present in the world's youth,

5. Recognize that the status of women has advanced in some important respects in the past decade but that progress has been uneven, inequalities between women and men have persisted and major obstacles remain, with serious consequences for the well-being of all people,

6. Also recognize that this situation is exacerbated by the increasing poverty that is affecting the lives of the majority of the world's people, in particular women and children, with origins in both the national and international domains,

7. Dedicate ourselves unreservedly to addressing these constraints and obstacles and thus enhancing further the advancement and empowerment of women all over the world, and agree that this requires urgent action in the spirit of determination, hope, cooperation and solidarity, now and to carry us forward into the next century.

We reaffirm our commitment to:

8. The equal rights and inherent human dignity of women and men and other purposes and principles enshrined in the Charter of the United Nations, to the Universal Declaration of Human Rights and other international human rights instruments, in particular the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child, as well as the Declaration on the Elimination of Violence against Women and the Declaration on the Right to Development;

9. Ensure the full implementation of the human rights of women and of the girl child as an inalienable, integral and indivisible part of all human rights and fundamental freedoms;

10. Build on consensus and progress made at previous United Nations conferences and summits—on women in Nairobi in 1985, on children in New York in 1990, on environment and development in Rio de Janeiro in 1992, on human rights in Vienna in 1993, on population and development in Cairo in 1994 and on social development in Copenhagen in 1995 with the objective of achieving equality, development and peace;

11. Achieve the full and effective implementation of the Nairobi Forward-looking Strategies for the Advancement of Women;

12. The empowerment and advancement of women, including the right to freedom of thought, conscience, religion and belief, thus contributing to the moral, ethical, spiritual and intellectual needs of women and men, individually or in community with others and thereby guaranteeing them the possibility of realizing their full potential in society and shaping their lives in accordance with their own aspirations.

We are convinced that:

13. Women's empowerment and their full participation on the basis of equality in all spheres of society, including participation in the decision-making process and access to power, are fundamental for the achievement of equality, development and peace;

14. Women's rights are human rights;

15. Equal rights, opportunities and access to resources, equal sharing of responsibilities for the family by men and women, and a harmonious partnership between them are critical to their well-being and that of their families as well as to the consolidation of democracy;

16. Eradication of poverty based on sustained economic growth, social development, environmental protection and social justice requires the involvement of women in economic and social development, equal opportunities and the full and equal participation of women and men as agents and beneficiaries of people-centred sustainable development;

17. The explicit recognition and reaffirmation of the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment;

18. Local, national, regional and global peace is attainable and is inextricably linked with the advancement of women, who are a fundamental force for leadership, conflict resolution and the promotion of lasting peace at all levels;

19. It is essential to design, implement and monitor, with the full participation of women, effective, efficient and mutually reinforcing gender-sensitive policies and programmes, including development policies and programmes, at all levels that will foster the empowerment and advancement of women;

20. The participation and contribution of all actors of civil society, particularly women's groups and networks and other non-governmental organizations and community-based organizations, with full respect for their autonomy, in cooperation with Governments, are important to the effective implementation and follow-up of the Platform for Action;

21. The implementation of the Platform for Action requires commitment from Governments and the international community. By making national and international commitments for action, including those made at the Conference, Governments and the international community recognize the need to take priority action for the empowerment and advancement of women.

We are determined to:

22. Intensify efforts and actions to achieve the goals of the Nairobi Forward-looking Strategies for the Advancement of Women by the end of this century;

23. Ensure the full enjoyment by women and the girl child of all human rights and fundamental freedoms and take effective action against violations of these rights and freedoms;

24. Take all necessary measures to eliminate all forms of discrimination against women and the girl child and remove all obstacles to gender equality and the advancement and empowerment of women;

25. Encourage men to participate fully in all actions towards equality;

26. Promote women's economic independence, including employment, and eradicate the persistent and increasing burden of poverty on women by addressing the structural causes of poverty through changes in economic structures, ensuring equal access for all women, including those in rural areas, as vital development agents, to productive resources, opportunities and public services;

27. Promote people-centred sustainable development, including sustained economic growth, through the provision of basic education, life-long education, literacy and training, and primary health care for girls and women;

28. Take positive steps to ensure peace for the advancement of women and, recognizing the leading role that women have played in the peace movement, work actively towards general and complete disarmament under strict and effective international control, and support negotiations on the conclusion, without delay, of a universal and multilaterally and effectively verifiable comprehensive nuclear-test-ban treaty which contributes to nuclear disarmament and the prevention of the proliferation of nuclear weapons in all its aspects;

29. Prevent and eliminate all forms of violence against women and girls;

30. Ensure equal access to and equal treatment of women and men in education and health care and enhance women's sexual and reproductive health as well as education;

31. Promote and protect all human rights of women and girls;

32. Intensify efforts to ensure equal enjoyment of all human rights and fundamental freedoms for all women and girls who face multiple barriers to their empowerment and advancement because of such factors as their race, age, language, ethnicity, culture, religion, or disability, or because they are indigenous people;

33. Ensure respect for international law, including humanitarian law, in order to protect women and girls in particular;

34. Develop the fullest potential of girls and women of all ages, ensure their full and equal participation in building a better world for all and enhance their role in the development process.

We are determined to:

35. Ensure women's equal access to economic resources, including land, credit, science and technology, vocational training, information, communication and markets, as a means to further the advancement and empowerment of women and girls, including through the enhancement of their capacities to enjoy the benefits of equal access to these resources, *inter alia*, by means of international cooperation;

36. Ensure the success of the Platform for Action, which will require a strong commitment on the part of Governments, international organizations and institutions at all levels. We are deeply convinced that economic development, social development and environmental protection are interdependent and mutually reinforcing components of sustainable development, which is the framework for our efforts to achieve a higher quality of life for all people. Equitable social development that recognizes empowering the poor, particularly women living in poverty, to utilize environmental resources sustainably is a necessary foundation for sustainable development. We also recognize that broad-based and sustained economic growth in the context of sustainable development is necessary to sustain social development and social justice. The success of the Platform for Action will also require adequate mobilization of resources at the national and international levels as well as new and additional resources to the developing countries from all available funding mechanisms, including multilateral, bilateral and private sources for the advancement of women; financial resources to strengthen the capacity of national, subregional, regional and international institutions; a commitment to equal rights, equal responsibilities and equal opportunities and to the equal participation of women and men in all national, regional

and international bodies and policy-making processes; and the establishment or strengthening of mechanisms at all levels for accountability to the world's women;

37. Ensure also the success of the Platform for Action in countries with economies in transition, which will require continued international cooperation and assistance;

38. We hereby adopt and commit ourselves as Governments to implement the following Platform for Action, ensuring that a gender perspective is reflected in all our policies and programmes. We urge the United Nations system, regional and international financial institutions, other relevant regional and international institutions and all women and men, as well as non-governmental organizations, with full respect for their autonomy, and all sectors of civil society, in cooperation with Governments, to fully commit themselves and contribute to the implementation of this Platform for Action.

Source: United Nations Educational, Scientific and Cultural Organization (UNESCO). Retrieved from http://www.unesco.org/education/information/nfsunesco/pdf/BEIJIN_E.PDF.

Constitution of the Republic of Ghana

Since achieving independence from the United Kingdom in 1957, the Republic of Ghana has had five constitutions. The most recent was approved in 1992 and amended in 1996. The constitution recognizes fundamental human and citizens' rights and guarantees the right for citizens to maintain cultural rights and practices.

17. EQUALITY AND FREEDOM FROM DISCRIMINATION.

(1) All persons shall be equal before the law.

(2) A person shall not be discriminated against on grounds of gender, race, colour, ethnic origin, religion, creed or social or economic status.

(3) For the purposes of this article, "discriminate" means to give different treatment to different persons attributable only or mainly to their respective descriptions by race, place of origin, political opinions, colour, gender, occupation, religion or creed, whereby persons of one description are subjected to disabilities or restrictions to which persons of another description are not made subject or are granted privileges or advantages which are not granted to persons of another description.

...

27. WOMEN'S RIGHTS.

(1) Special care shall be accorded to mothers during a reasonable period before and after child-birth; and during those periods, working mothers shall be accorded paid leave.

(2) Facilities shall be provided for the care of children below school-going age to enable women, who have the traditional care for children, realise their full potential.

(3) Women shall be guaranteed equal rights to training and promotion without any impediments from any person.

Source: Government of Ghana. Retrieved from http://www.ghana.gov.gh/images/documents/constitution_ghana.pdf.

Constitution of the Republic of South Africa, 1996

The current South African Constitution is the country's fifth, and it was the first created by a parliament elected in the first nonracial elections in 1994. It was adopted in 1996 and came into effect in February 1997. The negotiations to end apartheid included the necessity of a nondiscriminatory constitution. The Constitution includes a bill of rights that provides for equality before the law and prohibits discrimination, including discrimination based on sexual orientation. The right to life guaranteed in the Constitution has been held to prohibit capital punishment and allow abortion. The bill of rights also includes the right to use one's language of choice.

9. Equality

Everyone is equal before the law and has the right to equal protection and benefit of the law.

Equality includes the full and equal enjoyment of all rights and freedoms. To promote the achievement of equality, legislative and other measures designed to protect or advance persons, or categories of persons, disadvantaged by unfair discrimination may be taken.

The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.

No person may unfairly discriminate directly or indirectly against anyone on one or more grounds in terms of

subsection (3). National legislation must be enacted to prevent or prohibit unfair discrimination.

Discrimination on one or more of the grounds listed in subsection (3) is unfair unless it is established that the discrimination is fair.

...

12. Freedom and the security of the person.

...

2. Everyone has the right to bodily and psychological integrity, which includes the right to make decisions concerning reproduction;

to security in and control over their body; and

not to be subjected to medical or scientific experiments without their informed consent.

Source: South African Constitutional Court Trust. Retrieved from <http://www.constitutionalcourt.org.za/site/constitution/english-web/index.html>.

Statement on International Women's Day

International Women's Day grew out of the early 20th-century labor movement. The first National Women's Day in the United States was in 1909 in support of striking women garment workers in New York City. In 1910, the Socialist International started a Women's Day to support women's rights and woman suffrage. The first International Women's Day was in 1911 in Austria, Denmark, Germany, and Switzerland. In 1913, International Women's Day also became part of the peace movement in protest of World War I. In 1975, the United Nations began marking International Women's Day on March 8, although countries are free to observe the day on any day of the year. The following statement was issued in 2000 by the president of the Security Council, Anwarul Karim Chowdhury (Bangladesh), on behalf of the council.

As the first International Women's Day of the new millennium is observed throughout the world, members of the Security Council recognize that peace is inextricably linked with equality between women and men. They affirm that the equal access and full participation of women in power structures and their full involvement in all efforts for the prevention and resolution of conflicts are essential for the maintenance and promotion of peace and security. In this context, members welcome the review of the Fourth World Conference on Women as an essential element in achieving this goal.

Members of the Council also recognize that while entire communities suffer the consequences of armed conflict, women and girls are particularly affected. The impact of violence against women and violation of the human rights of women in conflict situations is experienced by women of all ages. Women also constitute the majority of the world's refugees and internally displaced persons.

Members of the Council note that although women have begun to play an important role in conflict resolution, peacekeeping and peace-building, they are still under-represented in decision-making in regard to conflict. If women are to play an equal part in security and maintaining peace, they must be empowered politically and economically, and represented adequately at all levels of decision-making, both at the pre-conflict stage and during hostilities, as well as at the point of peacekeeping, peace-building, reconciliation and reconstruction.

Members of the Council also note that during times of armed conflict and the collapse of communities, the role of women is crucial in preserving social order, and as peace educators both in their families and in their societies, thereby playing an important role in fostering a culture of peace in strife-torn communities and societies.

Members of the Council call upon all concerned to refrain from human rights abuses in conflict situations, often in gender-specific ways, respect international humanitarian law and to promote non-violent forms of conflict resolution and a culture of peace.

Members of the Council recall the obligation to prosecute those responsible for grave breaches of international humanitarian law, while welcoming the inclusion as a war crime, in the Rome Statute of the International Criminal Court (ICC), of all forms of sexual violence and noting the role the Court could play to ending impunity for perpetrators of such crimes.

Members of the Council stress that efforts should be strengthened to provide protection, assistance and training to refugee women, other displaced women in need of international protection and internally displaced women in conflict situations.

Members of the Council underscore the importance of promoting an active and visible policy of mainstreaming a gender perspective into all policies and programmes while addressing armed or other conflicts.

Source: International Women's Day Statement, UN Security Council. Retrieved from <http://www.un.org/News/Press/docs/2000/20000308.sc6816.doc.html>.

Resolution 1325

The UN Security Council adopted Resolution 1325 on Women, Peace, and Security in 2000 to reaffirm the central role of women in the prevention of conflict and successful peacekeeping and peace building. Recognizing the particular impact war has on women and children, the resolution also calls on all parties to ensure safety for women and children who are in situations of armed conflict from gender-based violence. The resolution is significant for its statement of the importance of gender perspectives in preventing and ending war.

The Security Council,

Recalling its resolutions 1261 (1999) of 25 August 1999, 1265 (1999) of 17 September 1999, 1296 (2000) of 19 April 2000 and 1314 (2000) of 11 August 2000 as well as relevant statements of its President, and recalling also the statement of its President to the press on the occasion of the United Nations Day for Women's Rights and International Peace (International Women's Day) of 8 March 2000 (SC/6816),

Recalling also the commitments of the Beijing Declaration and Platform for Action (A/52/231) as well as those contained in the outcome document of the twenty-third Special Session of the United Nations General Assembly entitled "Women 2000: Gender Equality, Development and Peace for the Twenty-First Century" (A/S-23/10/Rev.1), in particular those concerning women and armed conflict,

Bearing in mind the purposes and principles of the Charter of the United Nations and the primary responsibility of the Security Council under the Charter for the maintenance of international peace and security,

Expressing concern that civilians, particularly women and children, account for the vast majority of those adversely affected by armed conflict, including as refugees and internally displaced persons, and increasingly are targeted by combatants and armed elements, and recognizing the consequent impact this has on durable peace and reconciliation,

Reaffirming the important role of women in the prevention and resolution of conflicts and in peace-building, and stressing the importance of their equal participation and full involvement in all efforts for the maintenance and promotion of peace and security, and the need to increase their role in decision-making with regard to conflict prevention and resolution,

Reaffirming also the need to implement fully international humanitarian and human rights law that protects the rights of women and girls during and after conflicts,

Emphasizing the need for all parties to ensure that mine clearance and mine awareness programmes take into account the special needs of women and girls,

Recognizing the urgent need to mainstream a gender perspective into peacekeeping operations, and in this regard noting the Windhoek Declaration and the Namibia Plan of Action on Mainstreaming a Gender Perspective in Multidimensional Peace Support Operations (S/2000/693),

Recognizing also the importance of the recommendation contained in the statement of its President to the press of 8 March 2000 for specialized training for all peacekeeping personnel on the protection, special needs and human rights of women and children in conflict situations,

Recognizing that an understanding of the impact of armed conflict on women and girls, effective institutional arrangements to guarantee their protection and full participation in the peace process can significantly contribute to the maintenance and promotion of international peace and security,

Noting the need to consolidate data on the impact of armed conflict on women and girls,

1. Urges Member States to ensure increased representation of women at all decision-making levels in national, regional and international institutions and mechanisms for the prevention, management, and resolution of conflict;

2. Encourages the Secretary-General to implement his strategic plan of action (A/49/587) calling for an increase in the participation of women at decision-making levels in conflict resolution and peace processes;

3. Urges the Secretary-General to appoint more women as special representatives and envoys to pursue good offices on his behalf, and in this regard calls on Member States to provide candidates to the Secretary-General, for inclusion in a regularly updated centralized roster;

4. Further urges the Secretary-General to seek to expand the role and contribution of women in United Nations field-based operations, and especially among military observers, civilian police, human rights and humanitarian personnel;

5. Expresses its willingness to incorporate a gender perspective into peacekeeping operations, and urges the Secretary-General to ensure that, where appropriate, field operations include a gender component;

6. Requests the Secretary-General to provide to Member States training guidelines and materials on the protection, rights and the particular needs of women, as well as on the importance of involving women in all peacekeeping and peace-building measures, invites Member States to

incorporate these elements as well as HIV/AIDS awareness training into their national training programmes for military and civilian police personnel in preparation for deployment, and further requests the Secretary-General to ensure that civilian personnel of peacekeeping operations receive similar training;

7. Urges Member States to increase their voluntary financial, technical and logistical support for gender-sensitive training efforts, including those undertaken by relevant funds and programmes, inter alia, the United Nations Fund for Women and United Nations Children's Fund, and by the Office of the United Nations High Commissioner for Refugees and other relevant bodies;

8. Calls on all actors involved, when negotiating and implementing peace agreements, to adopt a gender perspective, including, inter alia:

(a) The special needs of women and girls during repatriation and resettlement and for rehabilitation, reintegration and post-conflict reconstruction;

(b) Measures that support local women's peace initiatives and indigenous processes for conflict resolution, and that involve women in all of the implementation mechanisms of the peace agreements;

(c) Measures that ensure the protection of and respect for human rights of women and girls, particularly as they relate to the constitution, the electoral system, the police and the judiciary;

9. Calls upon all parties to armed conflict to respect fully international law applicable to the rights and protection of women and girls, especially as civilians, in particular the obligations applicable to them under the Geneva Conventions of 1949 and the Additional Protocols thereto of 1977, the Refugee Convention of 1951 and the Protocol thereto of 1967, the Convention on the Elimination of All Forms of Discrimination against Women of 1979 and the Optional Protocol thereto of 1999 and the United Nations Convention on the Rights of the Child of 1989 and the two Optional Protocols thereto of 25 May 2000, and to bear in mind the relevant provisions of the Rome Statute of the International Criminal Court;

10. Calls on all parties to armed conflict to take special measures to protect women and girls from gender-based violence, particularly rape and other forms of sexual abuse, and all other forms of violence in situations of armed conflict;

11. Emphasizes the responsibility of all States to put an end to impunity and to prosecute those responsible for genocide, crimes against humanity, and war crimes including

those relating to sexual and other violence against women and girls, and in this regard stresses the need to exclude these crimes, where feasible from amnesty provisions;

12. Calls upon all parties to armed conflict to respect the civilian and humanitarian character of refugee camps and settlements, and to take into account the particular needs of women and girls, including in their design, and recalls its resolutions 1208 (1998) of 19 November 1998 and 1296 (2000) of 19 April 2000;

13. Encourages all those involved in the planning for disarmament, demobilization and reintegration to consider the different needs of female and male ex-combatants and to take into account the needs of their dependants;

14. Reaffirms its readiness, whenever measures are adopted under Article 41 of the Charter of the United Nations, to give consideration to their potential impact on the civilian population, bearing in mind the special needs of women and girls, in order to consider appropriate humanitarian exemptions;

15. Expresses its willingness to ensure that Security Council missions take into account gender considerations and the rights of women, including through consultation with local and international women's groups;

16. Invites the Secretary-General to carry out a study on the impact of armed conflict on women and girls, the role of women in peace-building and the gender dimensions of peace processes and conflict resolution, and further invites him to submit a report to the Security Council on the results of this study and to make this available to all Member States of the United Nations;

17. Requests the Secretary-General, where appropriate, to include in his reporting to the Security Council progress on gender mainstreaming throughout peacekeeping missions and all other aspects relating to women and girls;

18. Decides to remain actively seized of the matter.

Source: Resolution 1325, UN Security Council, October 31, 2000.
© United Nations. Reprinted with the permission of the United Nations.

The Baptist Faith and Message

The Southern Baptist Convention is the largest Protestant denomination in the United States. During the 1980s and early 1990s, the convention divided over a number of theological and political issues, including women. More progressive members argued for women's equality, whereas more conservative members supported complementarianism in the home—the notion that women and men are equal in

value before God but have different roles in the family based on gender. As more progressive members left the denomination, conservatives changed the convention's statement of faith to reflect its belief in gendered family roles.

XVIII. The Family

God has ordained the family as the foundational institution of human society. It is composed of persons related to one another by marriage, blood, or adoption.

Marriage is the uniting of one man and one woman in covenant commitment for a lifetime. It is God's unique gift to reveal the union between Christ and His church and to provide for the man and the woman in marriage the framework for intimate companionship, the channel of sexual expression according to biblical standards, and the means for procreation of the human race.

The husband and wife are of equal worth before God, since both are created in God's image. The marriage relationship models the way God relates to His people. A husband is to love his wife as Christ loved the church. He has the God-given responsibility to provide for, to protect, and to lead his family. A wife is to submit herself graciously to the servant leadership of her husband even as the church willingly submits to the headship of Christ. She, being in the image of God as is her husband and thus equal to him, has the God-given responsibility to respect her husband and to serve as his helper in managing the household and nurturing the next generation.

Children, from the moment of conception, are a blessing and heritage from the Lord. Parents are to demonstrate to their children God's pattern for marriage. Parents are to teach their children spiritual and moral values and to lead them, through consistent lifestyle example and loving discipline, to make choices based on biblical truth. Children are to honor and obey their parents.

Genesis 1:26–28; 2:15–25; 3:1–20; Exodus 20:12; Deuteronomy 6:4–9; Joshua 24:15; 1 Samuel 1:26–28; Psalms 51:5; 78:1–8; 127; 128; 139:13–16; Proverbs 1:8; 5:15–20; 6:20–22; 12:4; 13:24; 14:1; 17:6; 18:22; 22:6,15; 23:13–14; 24:3; 29:15,17; 31:10–31; Ecclesiastes 4:9–12; 9:9; Malachi 2:14–16; Matthew 5:31–32; 18:2–5; 19:3–9; Mark 10:6–12; Romans 1:18–32; 1 Corinthians 7:1–16; Ephesians 5:21–33; 6:1–4; Colossians 3:18–21; 1 Timothy 5:8,14; 2 Timothy 1:3–5; Titus 2:3–5; Hebrews 13:4; 1 Peter 3:1–7.

Source: Copyright © 1999–2005, Southern Baptist Convention. Retrieved from <http://www.sbc.net>.

Constitution of the Republic of Rwanda

Rwanda's Constitution was adopted in 2003, replacing the 1991 constitution. The document clearly concerns itself with preventing another genocide after the violence of Hutus against the Tutsi in which 500,000 to 1 million people were killed in 1994. The Rwandan Patriotic Front, led by Paul Kagame, took control, and around 2 million mostly Hutu Rwandans became refugees. The Constitution prohibits political organizations based on racial, ethnic, group, tribal, or any other potentially discriminatory identity. Unfortunately, this clause has also allowed for the suppression of dissent. After the genocide, women were 70 percent of the remaining Rwandan population. The Constitution reserves 24 of 80 seats in Parliament for women.

Article 9:

The State of Rwanda commits itself to conform to the following fundamental principles and to promote and enforce the respect thereof:

1. fighting the ideology of genocide and all its manifestations;
2. eradication of ethnic, regional and other divisions and promotion of national unity;
3. equitable sharing of power;
4. building a state governed by the rule of law, a pluralistic democratic government, equality of all Rwandans and between women and men reflected by ensuring that women are granted at least thirty per cent of posts in decision making organs;
5. building a State committed to promoting social welfare and establishing appropriate mechanisms for ensuring social justice;
6. the constant quest for solutions through dialogue and consensus.

...

Article 11:

All Rwandans are born and remain free and equal in rights and duties. Discrimination of whatever kind based on, inter alia, ethnic origin, tribe, clan, colour, sex, region, social origin, religion or faith, opinion, economic status, culture, language, social status, physical or mental disability or any other form of discrimination is prohibited and punishable by Law.

...

Article 37:

Every person has the right to free choice of employment. Persons with the same competence and ability shall have a right to equal pay for equal work without any discrimination.

Source: Rwandan Parliament. Retrieved from http://www.parliament.gov.rw/fileadmin/Images2013/Rwandan_Constitution.pdf.

Sikh Faith Statement

Guru Nanak founded Sikhism in the Punjab district of India in the 16th century. The world's fifth-largest religion, Sikhism emphasizes the importance of doing good actions rather than simply carrying out rituals. The Sikh scripture is the Guru Granth Sahib, a book Sikhs consider to be a living guru. Sikhs believe in gender equality and focus their lives on their relationship with God and the Sikh community. They believe God's message is written in all of creation, as well as in scripture and the teachings of the gurus.

This statement was compiled under the guidance of Sri Singh Sahib Manjit Singh, the Jathedar of Anandapur, who is one of the five spiritual and temporal heads of Sikhism; and Sri Akhal Takhat Sahib, his deputy.

The Sikh scripture, Guru Granth Sahib, declares that the purpose of human beings is to achieve a blissful state and to be in harmony with the earth and all creation. It seems, however, that humans have drifted away from that ideal. For the earth is today saturated with problems. It is agonizing over the fate of its inhabitants and their future! It is in peril as never before. Its lakes and rivers are being choked, killing its marine life. Its forests are being denuded. A smoky haze envelops the cities of the world. Human beings are exploiting human beings.

The Sense of Crisis

There is a sense of crisis in all parts of the world, in various countries and among various peoples. The demands of national economic growth and individual needs and desires are depleting the natural resources of the earth.

There is serious concern that the earth may no longer be a sustainable biosystem. The major crises facing the earth—the social justice crisis and the environmental crisis—together are heading the earth toward a disastrous situation. The social justice crisis is caused by humanity's confrontation with itself and the environmental crisis is caused by humanity's confrontation with nature.

The social justice crisis is that poverty, hunger, disease, exploitation, and injustice are widespread. There are economic wars over resources and markets.

The rights of the poor and the marginal are violated. Women, constituting half the world's population, have their rights abused.

The environmental crisis caused by humanity's exploitation of nature is leading to the depletion of renewable resources, destruction of forests, and overuse of land for agriculture and habitation. Today pollution is contaminating air, land, and water. Smoke from industries, homes, and vehicles is in the air. Industrial waste and consumer trash is affecting streams and rivers, ponds and lakes. Much of the waste is a product of modern technology; it is not biodegradable and not reusable, and its long-term consequences are unknown. The viability of many animal and plant species, and possibly that of the human species itself, is at stake.

A Sikh Solution

This crisis cries out for an immediate and urgent solution. The crisis requires going back to the basic question of the purpose of human beings in this universe and an understanding of ourselves and God's creation.

We are called to the vision of Guru Nanak which is a World Society comprising God-conscious human beings who have realized God. To these spiritual beings the earth and the universe are sacred; all life is unity, and their mission is the spiritualization of all.

...

The solution to problems manifest in our world lies in prayer and in accepting God's hukam. It is difficult to translate certain Sikh concepts accurately. Hukam is one such concept—it may be best described as a combination of God's will, order, and system. With an attitude of humility, and surrender to the Divine Spirit, conscientious human beings can seek to redress the current crises of the environment and of social justice. In the Sikh Way this is done through the guidance of the Guru, who is the Divine Master and messenger of God.

Equality of Women

Women and their rights have been ignored for too long. Any approach to solving problems of social justice and the environment must be sensitive to women's concerns, and must include women as equals.

Often piecemeal solutions to environmental problems focus on limiting population growth and on family planning programs. Most family planning measures end up abusing women's rights and should be rejected on those grounds alone. Meanwhile they spread mistrust of family planning among women.

Guru Nanak and other Sikh Gurus during their lives advocated equality and dignity of women and took steps to implement these principles. Guru Nanak denounced the idea that spirituality was only for men, and not for women. The first Sikh Guru in his preaching and writings made direct statements emphasizing that women were no less than men:

After the death of one's wife, one seeks another,
and through her social bonds are cemented.

Why should we condemn women who give birth to
leaders and rulers?

Everyone is born of a woman and a woman alone.
Nobody is born otherwise.

God alone is an exception to this rule. (473)

Guru Amardas strongly opposed the custom of sati in the sixteenth century and also advocated widow marriages. Sati was the Indian practice whereby a widow burned herself with her husband's corpse at cremation. Guru Amar Das appointed and ordained a large number of women preachers, and at least one female bishop, Mathura Devi, 400 years ago. The Sikh Gurus also raised their voice against the purdah or veil. Guru Amardas did not even allow the Queen of Haripur to come into the religious assembly wearing a veil.

The immediate effect of these reforms was that women gained an equal status with men. Those who lived as groveling slaves of society became fired with a new hope and courage to lift themselves to be equals of the best in humanity. The spirit of the Sikh woman was raised with the belief that she was not a helpless creature but a responsible being endowed with a will of her own, with which she could do much to mold the destiny of society.

Women came forward as the defenders of their honor and dignity. They also became the rocks that stood against tyrants. Without the burden of unnecessary and unreasonable customs, Sikh women became the temporal and spiritual supporters of men, often acting as the "conscience of men." Sikh women proved themselves the equals of men in service, devotion, sacrifice, and bravery.

Source: Alliance of Religions and Conservation. Retrieved from <http://www.arcworld.org/faiths.asp?pageID=73>.

Constitution of the Islamic Republic of Afghanistan

More than 500 delegates representing the population of Afghanistan agreed on the Constitution of the Islamic Republic of Afghanistan in January 2004 at the Constitutional Loya Jirga. President Hamid Karzai ratified the Constitution on January 26, 2004.

Article Six

The state shall be obligated to create a prosperous and progressive society based on social justice, preservation of human dignity, protection of human rights, realization of democracy, attainment of national unity as well as equality between all peoples and tribes and balance development of all areas of the country.

...

Article Twenty-Two

Any kind of discrimination and distinction between citizens of Afghanistan shall be forbidden. The citizens of Afghanistan, man and woman, have equal rights and duties before the law.

...

Article Forty-Four

The state shall devise and implement effective programs to create and foster balanced education for women, improve education of nomads as well as eliminate illiteracy in the country.

...

Article Fifty-Four

Family is the fundamental pillar of the society, and shall be protected by the state. The state shall adopt necessary measures to attain the physical and spiritual health of the family, especially of the child and mother, upbringing of children, as well as the elimination of related traditions contrary to the principles of the sacred religion of Islam.

...

Article Eighty-Three

Members of the House of People shall be elected by the people through free, general, secret and direct balloting. The work period of the House of People shall terminate,

after the disclosure of the results of the elections, on the 1st of Saratan of the fifth year and the new parliament shall commence work. The elections for members of the House of People shall be held 30–60 days prior to the expiration of the term of the House of People.

The number of the members of the House of People shall be proportionate to the population of each constituency, not exceeding the maximum of two hundred and fifty individuals. Electoral constituencies as well as other related issues shall be determined by the elections law. The elections law shall adopt measures to attain, through the electorate system, general and fair representation for all the people of the country, and proportionate to the population of every province, on average, at least two females shall be the elected members of the House of People from each province.

Article Eighty-Four

Members of the House of Elders shall be elected and appointed as follows:

From amongst each provincial council members, one individual shall be elected by the respective council for a four-year term;

From amongst district councils of each province, one individual, elected by the respective councils, for a three-year term;

The remaining one third of the members shall be appointed by the President, for a five-year term, from amongst experts and experienced personalities, including two members from amongst the impaired and handicapped, as well as two from nomads.

The President shall appoint fifty percent of these individuals from amongst women. The individual selected as a member of the House of Elders shall lose membership to the related Council, and, another individual shall be appointed in accordance with the provisions of the law.

Source: Office of the President, Islamic Republic of Afghanistan, 2016. Retrieved from http://www.embassyofafghanistan.org/sites/default/files/documents/constitution2004_english.pdf. Translated by Sayed Shafi Rahel for the Secretariat of the Constitutional Commission.

Equal Marriage Rights for All

The United Church of Christ is one of the most progressive Christian denominations in the United States. It was the first denomination to ordain women and support LGBTQ

equality. It was also the first Christian denomination in the United States to call for full marriage equality for LGBTQ people, adopting this statement in 2005.

WHEREAS the Bible affirms and celebrates human expressions of love and partnership, calling us to live out fully that gift of God in responsible, faithful, committed relationships that recognize and respect the image of God in all people; and

WHEREAS the life and example of Jesus of Nazareth provides a model of radically inclusive love and abundant welcome for all; and

WHEREAS we proclaim ourselves to be listening to the voice of a Still Speaking God at that at all times in human history there is always yet more light and truth to break forth from God's holy word; and

WHEREAS many UCC pastors and congregations have held commitment services for gay and lesbian couples for some time, consistent with the call to loving, long-term committed relationships and to nurture family life; and

WHEREAS recognition of marriage carries with it significant access to institutional support, rights and benefits; and

WHEREAS children of families headed by same-gender couples should receive all legal rights and protections; and

WHEREAS legislation to ban recognition of same-gender marriages further undermine the civil liberties of gay and lesbian couples and contributes to a climate of misunderstanding and polarization, increasing hostility against gays and lesbians; and

WHEREAS a Constitutional Amendment has been introduced to this Congress to limit marriage to "only the union of a man and a woman"; and

WHEREAS equal marriage rights for couples regardless of gender is an issue deserving of serious, faithful discussion by people of faith, taking into consideration the long, Council of the United Church of Christ in April, 2004 called the church to action and dialogue on marriage;

THEREFORE LET IT BE RESOLVED, that the Twenty-fifth General Synod of the United Church of Christ affirms equal marriage rights for couples regardless of gender and declares that the government should not interfere with couples regardless of gender who choose to marry and share fully and equally in the rights, responsibilities and commitment of legally recognized marriage; and

LET IT BE FURTHER RESOLVED, that the Twenty-fifth General Synod of the United Church of Christ affirms equal access to the basic rights, institutional protections

and quality of life conferred by the recognition of marriage; and

LET IT BE FURTHER RESOLVED, that the Twenty-fifth General Synod calls for an end to rhetoric that fuels hostility, misunderstanding, fear and hatred expressed toward gay, lesbian, bisexual and transgender persons; and

LET IT BE FURTHER RESOLVED, that the Officers of the United Church of Christ are called upon to communicate this resolution to local, state and national legislators, urging them to support equal marriage rights for couples regardless of gender.

In recognition that these resolutions may not reflect the views or current understanding of all bodies, and acknowledging the pain and struggle their passage will engender within the gathered church, the General Synod encourages the following:

LET IT BE FURTHER RESOLVED, that the Twenty-fifth General Synod calls upon all settings of the United Church of Christ to engage in serious, respectful, and prayerful discussion of the covenantal relationship of marriage and equal marriage rights for couples regardless of gender, using the “God is still speaking, about Marriage” study and discussion guide produced by Wider Church Ministries of the United Church of Christ (available online at ucc.org); and

LET IT BE FURTHER RESOLVED, that the Twenty-fifth General Synod calls upon congregations, after prayerful biblical, theological, and historical study, to consider adopting Wedding Policies that do not discriminate against couples based on gender; and

LET IT BE FINALLY RESOLVED, that the Twenty-fifth General Synod urges the congregations and individuals of the United Church of Christ to prayerfully consider and support local, state and national legislation to grant equal marriage rights to couples regardless of gender, and to work against legislation, including constitutional amendments, which denies civil marriage rights to couples based on gender.

Source: United Church of Christ, 2005. Retrieved from <http://uccfiles.com/pdf/2005-equal-marriage-rights-for-all-1.pdf>.

Statement of His Holiness the Dalai Lama on Bhikshuni Ordination in the Tibetan Tradition

In Buddhism, Bhikshunis are fully ordained Buddhist nuns. The first Buddha allowed women to live in their own monasteries, although they faced more regulations and held

lower status than male monks. Early Buddhist texts were fairly egalitarian about women's capacity to gain nirvana, but historically women have not been allowed to have equal spiritual power or opportunities for leadership. By the 13th century, ordination of women in Theravadin Buddhism had ended, though it continued in other sects as a fairly rare practice. Tibetan Buddhism is the sect of Buddhist thought and practice from Tibet and surrounding areas of Central Asia. The leader of Tibetan Buddhism, the Dalai Lama, has authorized the ordination of women as nuns in the tradition.

First International Congress on Buddhist Women's Role in the Sangha: Bhikshuni Vinaya and Ordination Lineages
Hamburg University, Hamburg, Germany
July 18–20, 2007

- The Buddha taught a path to enlightenment and liberation from suffering for all sentient beings and people of all walks of life, to women as well as men, without discrimination as to class, race, nationality or social background.
- For those who wished to fully dedicate themselves to the practice of his teachings, he established a monastic order that included both a Bhikshu Sangha, an order of monks, and a Bhikshuni Sangha, an order of nuns.
- For centuries, the Buddhist monastic order has thrived throughout Asia and has been essential to the development of Buddhism in all its diverse dimension—as a system of philosophy, meditation, ethics, religious ritual, education, culture, and social transformation.
- While the Bhikshu ordination lineage still exists in almost all Buddhist countries today, the Bhikshuni ordination lineage exists only in some countries. For this reason, the four-fold Buddhist community (of Bhikshus, Bhikshunis, Upasakas, and Upasikas) is incomplete in the Tibetan tradition. If we can introduce the Bhikshuni ordination within Tibetan tradition, that would be excellent in order to have the four-fold Buddhist community complete.
- In today's world, women are playing major roles in all aspects of secular life, including government, science, medicine, law, arts, humanities, education, and business. Women are also keenly interested in participating fully in religious life, receiving religious education and training, acting as role-models, and contributing fully to the development of human society. In the

same way, nuns and followers of Tibetan Buddhism around the world are keenly interested in full ordination for nuns within the Tibetan tradition.

- Given that women are fully capable of achieving the ultimate goal of the Buddha's teachings, in harmony with the spirit of the modern age, the means and opportunity to achieve this goal should be completely accessible to them.
- The most effective means and opportunity for achieving this goal is full ordination (Upasampada) as a Bhikshuni and full participation in the life of a community of Bhikshunis, that is, a Bhikshuni Sangha in their practice tradition.
- Full ordination for women will enable women to pursue wholeheartedly their own spiritual development through learning, contemplating, and meditating, and also enhance their capacities to benefit society through research, teaching, counseling, and other activities to help extend the life of the Buddhadharma.

...

The Buddhist Bhikshu Tenzin Gyatso
The Dalai Lama

Source: International Congress on Buddhist Women's Role in the Sangha. Retrieved from <http://www.congress-on-buddhist-women.org/142.0.html>.

Constitution of the Kingdom of Cambodia, 1993, as Amended in 2008

Cambodia had been torn by decades of civil war, and so following the Paris Peace Accord, the Cambodian Constituent Assembly was elected in 1993 to draft a constitution for the nation, moving the country to a constitutional monarchy. The protections of rights of citizens are an important part of the Constitution, as well as promotion of economic development, protection of state property, and protection of traditional cultural expressions.

Employment:

Khmer citizens of both sexes have the right to choose any employment according to their ability and to the needs of the society. Khmer citizens of both sexes shall receive equal pay for equal work. The work of housewife at home shall have equal value as the remunerated work done

outside the home. Khmer citizens of both sexes shall have the right to enjoy social security and other social benefits as determined by law. Khmer citizens of both sexes shall have the right to create trade unions and to participate as their members. The organization and functioning of the trade unions shall be determined by law. (Art. 36) . . .

The dismissal of women worker for reason of pregnancy shall be prohibited. Woman shall have the right to take maternity leave with full pay and with guarantee of her seniority in employment and of other social benefits. The State and the society shall provide women, especially those underprivileged living in rural areas, with opportunities to benefit from assistance for a profession, for medical cares, for their children schooling and for decent living conditions. (Art. 46)

Equal Before the Law:

Khmer citizens are equal before the law, enjoying the same rights, liberties and duties regardless of race, color, sex, language, beliefs, religions, political tendencies, birth origin, social status, wealth or other situations. The exercise of personal rights and liberties by any individual shall not adversely affect the rights and freedom of others. The exercise of such rights and liberties shall be in accordance with the law. (Art. 31)

Equality:

. . . Men and women have equal rights in all fields, especially with respect to those of marriage and family.

Marriage shall be done according to the conditions set by the law and based on the principles of mutual consent and monogamy. (Art. 45).

Marriage/Family Life:

All forms of discrimination against women shall be abolished. The exploitation of women's labor shall be prohibited. Men and women have equal rights in all fields, especially with respect to those of marriage and family. Marriage shall be done according to the conditions set by the law and based on the principles of mutual consent and monogamy. (Art. 45)

Mother and father shall have the obligation to take care of their children, to bring them up and to educate them in order to become good citizens. . . .(Art. 47)

. . . The State shall establish infirmaries and maternities in rural areas. (Art.72)

The State shall give full consideration for children and mothers, by encouraging the creation of nurseries and by attending to women without support who have many children under their cares. (Art. 73)

Rights of Women:

Human trafficking, exploitation of prostitution and obscenities which affect the dignity of women shall be prohibited. The dismissal of woman worker for reason of pregnancy shall be prohibited.

Woman shall have the right to take maternity leave with full pay and with guarantee of her seniority in employment and of other social benefits. The State and the society shall provide women, especially those underprivileged living in rural areas, with opportunities to benefit from assistance for a profession, for medical cares, for their children schooling and for decent living conditions. (Art. 46)

Source: Constitutional Council of Cambodia. Retrieved from <http://www.constitution.org/cons/cambodia.htm>.

Constitution of the Republic of Ecuador, 2008

Ecuador has had 20 constitutions over its nearly 200-year history since independence in 1830. The current constitution, approved in 2008, was intended to stabilize the country and encourage its social and political development. The document provides for the right to healthcare, food, education, and social security.

* * * *

Chapter Two

Female and Male Citizens

Article 6.

All female and male Ecuadorians are citizens and shall enjoy the rights set forth in the Constitution. Ecuadorian nationality is a political and legal bond between individuals and the State, without detriment to their belonging to any of the other indigenous nations that coexist in plurinational Ecuador. Ecuadorian nationality is obtained by birth or naturalization and shall not be forfeited because of marriage or its dissolution or by acquiring another nationality.

The processes of labor selection, hiring and promotion shall be based on requirements of competencies, skills, training, merit and abilities. The use of discriminatory criteria and instruments affecting people's privacy, dignity

and bodily safety is forbidden. The State shall encourage vocational preparation and training to enhance access to, and the quality of, employment and self-employment. The State shall ensure observance of the labor rights of Ecuadorian workers overseas, and shall promote conventions and agreements with other countries to assure normal legal rights for such workers.

...

Article 330.

The insertion into and accessibility of work, in conditions of equality, shall be guaranteed to persons with disabilities. The State and employers shall implement social services and provide special assistance to facilitate their activities. Any reduction in pay for any circumstance related to the condition of a worker with a disability is forbidden.

Article 331.

The State shall guarantee to women equal access to employment, vocational and professional training and advancement, equitable pay, and the option to self-employment. All necessary measures shall be taken to eliminate inequality. Any form of discrimination, harassment or violent action, of any nature, whether direct or indirect, affecting women at work is forbidden.

Article 332.

The State shall guarantee respect for the reproductive rights of all workers, including the elimination of labor risks affecting reproductive health, access to employment and job security, without limitations due to pregnancy or number of children, maternity and breast-feeding rights, and the right to paternity leave. The dismissal of a working woman because of pregnancy and maternity, along with discrimination in connection with reproductive roles, is forbidden.

...

Article 11.

The exercise of rights shall be governed by the following principles: 1. Rights can be exercised, promoted and enforced individually or collectively before competent authorities; these authorities shall guarantee their enforcement. 2. All persons are equal and shall enjoy the same

rights, duties and opportunities. No one shall be discriminated against for reasons of ethnic belonging, place of birth, age, sex, gender identity, cultural identity, civil status, language, religion, ideology, political affiliation, legal record, socio-economic condition, migratory status, sexual orientation, health status, HIV carrier, disability, physical difference or any other distinguishing feature, whether personal or collective, temporary or permanent, which might be aimed at or result in the diminishment or annulment of recognition, enjoyment or exercise of rights. All forms of discrimination are punishable by law. The State shall adopt affirmative action measures that promote real equality for the benefit of the rights-bearers who are in a situation of inequality

...

Article 69.

To protect the rights of persons who are members of a family: 1. Responsible motherhood and fatherhood shall be fostered; and the mother and father shall be obliged to take care, raise, educate, feed, and provide for the integral development and protection of the rights of their children, especially when they are separated from them for any reason. 2. Unseizable family assets are recognized in terms of amount and on the basis of the conditions and limitations provided for by law. The right to give in legacy and inherit is recognized. 3. The State shall guarantee the equality of rights in decision making for the administration of the marital partnership and the joint ownership of assets. 4. The State shall protect mothers, fathers and those who are the heads of family, in the exercise of their obligations and shall pay special attention to families who have broken up for whatever reason. 5. The State shall promote the joint responsibility of both mother and father and shall monitor fulfillment of the mutual duties and rights between mothers, fathers, and children. 6. Daughters and sons shall have the same rights, without any consideration given to kinship or adoption background. 7. No declaration of the quality of the kinship shall be required at the time of registering the birth and no identity document shall refer to the type of kinship.

...

Article 43.

The State shall guarantee the rights of pregnant and breast-feeding women to: 1. Not be discriminated for their pregnancy in education, social, and labor sectors. 2. Free

maternal healthcare services. 3. Priority protection and care of their integral health and life during pregnancy, childbirth and postpartum.

Source: Constitution of the Republic of Ecuador, Scribd English translation. Retrieved from <http://www.scribd.com/doc/33714721/Constitucion-de-la-Republica-del-Ecuador-Version-en-Ingles>. Note that this version does not contain the 2011 amendments, which are immaterial to gender equality.

Statement by President Obama on International Women's Day

Barack Obama, president of the United States from 2009–2017, was a committed advocate of gender equality. In 2009, he signed the Lilly Ledbetter Fair Pay Act, a piece of legislation named for a woman who discovered she earned less than her male colleagues and eventually lost her case before the U.S. Supreme Court. Obama also signed the Affordable Care Act, which prevented insurance companies from charging higher premiums based on sex and required free coverage of contraception. His values are reflected in this statement on International Women's Day, a day of observance begun in the early 1900s to call for gender equality around the globe.

On International Women's Day we celebrate the many milestones on the road to gender equality, and recommit ourselves to fight for the rights and opportunities of women and girls around the world.

Empowering women isn't just the right thing to do—it's the smart thing to do. When women succeed, nations are more safe, more secure, and more prosperous. Over the last year, we've seen women and girls inspiring communities and entire countries to stand up for freedom and justice, and I'm proud of my Administration's efforts to promote gender equality worldwide.

As a nation, we've launched new efforts to promote women's economic empowerment and political participation, to prevent and respond to gender-based violence, and to strengthen our commitment to helping more women participate in peacebuilding and conflict resolution. We are promoting food security initiatives that recognize the rights and needs of women farmers, and ensuring that women and girls are at the center of global health programs. And we will continue to focus on empowering women and girls at home and abroad.

We've also worked with a wide range of partners—from the United Nations and civil society groups to the private

sector—to advance this important agenda. Because when it comes to creating a world in which our sons and daughters can reach their potential, we each have a role to play. And we can make even more progress together.

Source: The White House, Office of the Press Secretary. Retrieved from <https://obamawhitehouse.archives.gov/the-press-office/2013/03/08/statement-president-international-women-s-day>.

Beijing + 15: The Platform for Action and the European Union, Section V, Findings Concerning the Twelve Critical Areas of Concern

At the Fourth World Conference on Women in Beijing in 1995, delegates adopted the Beijing Declaration and Platform for Action for Equality, Development and Peace. This document affirms the fundamental human rights of women and girls. For the 2010 meeting of the Commission on Women, the European Union undertook an assessment of European progress toward the goal of the Beijing Platform, noting in particular 12 critical areas of concern, beginning with poverty. The rest of the areas of concern are included throughout this volume.

1. Women and Poverty

Both income inequality and poverty have risen over the past 20 years. A substantial shift in poverty has taken place; children and young adults are today more likely to be poor than the population as a whole. Women are more vulnerable to income poverty than men. This is especially the case for single mothers (a category which has grown substantially), older women, immigrant and ethnic minority women, long-term unemployed and inactive women.

The gendered division of work in families directly affects women's access to and participation in the labour market. The unequal sharing of work in families, together with persistent gender inequalities and discrimination in the labour market, have severe effects on women's poverty, including entitlements to social protection.

Employment is a key factor for social inclusion and offers the most important means of escaping poverty. Being employed and earning wages are crucial for the economic independence of women and men, but also having equal access to the social security system and to owning and/or controlling assets such as land and housing. Against the

background of rising income inequality and poverty, especially in some categories, and the economic and financial crisis extra efforts are needed to make a decisive impact on the eradication of poverty. . . .

2. Education and Training of Women

Education has long been perceived as an essential vehicle of equality between women and men and the educational level of women has increased substantially in recent decades. Today girls and young women choose higher education, graduate faster than men, remain in school to completion and often outperform boys overall. Today girls and women have overall higher educational attainment than men and have a more diversified range of choices in scientific areas than men. Women dominate on the level of ISCED 5a in five broad fields of study and men in two. Among PhD graduates women are in the majority in five MS and very close to fifty percent in many countries, but at EU27 level men are in majority and in all EU countries there is a pattern in which men (68%) outnumber women (32%) in tertiary education in mathematics, sciences and technical disciplines.

In all EU countries the employment rate for women and men increases as the level of educational attainment improves. Employment rates for women with high education are higher than men's with basic schooling in most countries. Even if the majority of women are very well educated, they are not fully used as a resource in the labour market.

Women have on average achieved a higher level of education than men in the tertiary education system, yet women still remain under-represented at the highest levels in academic and professional life. While at the beginning of their academic careers women account for 42%, merely 15% of the positions in the highest grade are occupied by women.

3. Women and Health

Gender inequalities in health are still a persistent problem in EU MS. In many Member States preventive programs addressing women's health issues have been set up. But new challenges appear as well. There exists at present overwhelming evidence that violence against women is associated with ill-health of various kinds. This needs to be taken into account when women's health issues are mapped and compared to men's. Otherwise this area of women's health will remain a hidden topic, and the consequences

of “diagnostic” and “treatment” efforts will be ineffective or counterproductive from this perspective.

4. Violence against Women

The reporting to the UN Economic Commission for Europe clearly indicates that many of the Member States (MS) aim at a more co-ordinated approach in tackling violence against women and at least half have developed national strategies or plans of action on this issue. Continued development in policy is visible, especially the criminalisation of violence against women and protection of and support to victims. However, one issue of concern is the lack of focus on the evaluation of policy and practice, to ensure that the measures are implemented as intended.

There seems to be growing recognition within the MS of diversity both as regards forms of violence against women and women subjected to violence. At the same time, more work is needed for the MS to be able to address in a systematic way all forms of violence against women mentioned in the Beijing Platform for Action.

As regards the development of integrated measures to prevent and eliminate violence against women, this remains a challenge as well. Difficulties remain in linking the work on victim protection and support with, for example, child protection, family law proceedings, or practice in relation to immigration and asylum-seeking. This often leads to contradictory outcomes and lack of safety-oriented practice. Consequently, there is still work to be done to create an integrated and consistently victim- and safety-oriented approach to violence against women across policy domains.

5. Women and Armed Conflict

Women are affected by armed conflict in a variety of ways. Contemporary conflicts affect civilian population in particular. Women constitute “strategic targets”, sometimes on a massive scale, as in the case of gang rape used as part of war tactics and “ethnic cleansing”. Many women and girls also become combatants’ domestic and sexual slaves.

But women should be actors in all stages of the conflicts, in particular in the processes of peace and reconstruction. Equal rights and increased participation by women and women’s organisations at all levels of responsibility are both essential goals and means of preventing and resolving conflicts and promoting a culture of peace.

The French Presidency made the following observations based on the survey in 2008:

- “Women and armed conflict” is not a specific issue in foreign and development policy. Instead it is addressed at different levels of government.
- There is often little coordination between these different levels of government. MS do not have an overall strategy for incorporation of the issue in their foreign and development policy.
- The incorporation of a gender perspective is effected in the training of the staff concerned, but to a lesser extent in the implementation of actions on the ground or in the reception of refugees and asylum seekers.
- Women are systematically under-represented in decision-making bodies that deal with this issue

6. Women and the Economy

All employed parents have a right to at least three months’ unpaid leave on the birth of a child.

Several Member States (MS) have introduced measures in order to improve the right to, or to increase the take up of, leave by fathers. However, women’s take-up is much greater than men’s in all countries, which means that parental leave does not always advance gender equality. Long parental leave periods, used only by mothers, may reduce female labour-force participation and affect future career paths and earnings adversely.

MS have made commitments to improve the provision of childcare and pre-school facilities. In many countries a high proportion of childcare facilities operate on a part-time basis only and opening hours are not always compatible with employment, especially not with full-time work. As far as elderly care is concerned, there is a weak institutional provision of such care. This has gender implications since the majority of the elderly are women as well as the majority of the informal providers of care to the elderly.

Both work and family are changing. Women have moved into the public world of paid work in most countries, but in general this has not been accompanied by men’s assuming responsibilities for domestic and care work. The time-use studies confirm the unequal sharing of paid and unpaid work. In most countries, average “tied time” is longer for women than for men and this seems to be the case especially in the new MS, which seems to be related to women’s long paid working hours.

Unpaid care work is one of the biggest barriers to gender equality and affects women's ability to participate in the labour market on the same terms as men. Men tend to work longer average hours in paid employment than women EU-wide, with women working shorter hours in paid employment in all countries. This is both a cause and effect of sex stereotypes about men's breadwinner role and women's care-giving role, reinforcing existing divisions of labour.

Progress has been made in recent years in the employment area. Employment rates have risen for women, thereby bringing the EU closer to the Lisbon targets. Unemployment has come down considerably, and the overall employment rate has been growing strongly. However, the economic outlook has changed markedly because of the financial and economic crisis.

Although it can be noted that the European institutions and the MS have increased their efforts to promote equal opportunities for women and men in employment and to encourage fathers to take a greater responsibility in childcare, most of the gender gaps are still there. Women experience systematic barriers in almost every aspect of work—this ranges from whether they have paid work at all, if they work full-time or part-time; the type of work they obtain or are excluded from; the availability of childcare; their wages, benefits and conditions of work; the absence of equitable pension entitlements. Discrimination is more severe in the case of women who are multiply disadvantaged by factors such as race, ethnicity or indigenous or disability status.

Pay differentials remain one of the most persistent forms of inequality between women and men.

This is disappointing in the light of women's educational achievements and the gradual closing of the gender gap in work experience. Various factors contribute to the gap, and it is difficult to distinguish between pay differences resulting from different labour market characteristics and those due to indirect or direct discrimination, including differences in the evaluation of work in male- and female-dominated sectors and occupations.

7. Women in Power and Decision-making

It is important to note that both efforts and considerable progress have been made in most Member States (MS) to increase participation by women in decision-making processes since 2003. The situation varies significantly between countries, between different decision-making bodies, including elected bodies, government bodies and corporate

bodies, and between different levels of decision-making such as the national, regional, local and EU level. Thus, much remains to be done to improve the overall representation of women in decision-making across the Union.

In recent years, the under-representation of minority groups in power and decision-making has been put on the political agenda. Increased diversity of migrants, growing numbers of newcomers being naturalised and the increased proportion of second generation descendants of migrants in many MS signal the changing composition of the population and the need to redress the imbalance, if demographically representative elected bodies are to be promoted. In the field of gender, furthermore, the issue of migrant and ethnic minority women and decision-making needs to be taken into consideration. It is vital here to address two issues; first, to what extent decision-making bodies represent minority groups, and second, to what extent decision-making bodies represent women, including minority women.

8. Institutional Mechanisms for the Advancement of Women

An increasing number of Member States (MS) now have both a Minister responsible for gender-equality issues and gender-equality bodies, units or departments placed on a high level in the government. The responsibility, status and agency of these gender-equality bodies in relation to different policy areas vary greatly between the MS and there is still a need to enhance the status of these bodies in order to bring the policy area of gender equality to the forefront.

Replacing the independent bodies for protection against discrimination on the ground of sex with bodies for protection against multiple discrimination seems to be a trend among the MS. The impact of this transformation is still to be seen. The importance of acknowledging the heterogeneity of women in terms of age, class, disability, ethnicity/race, religion and sexual orientation is crucial to the recognition of all groups of women. At the same time there is a risk of downplaying gender as a structural dimension when several grounds of discrimination are covered by the same Act and in the same independent bodies.

The relationship between laws against discrimination on the ground of sex and other parts of the gender-equality machinery, which often implies a link between understanding gender relations on both an individual and a collective level, could also be at risk with the shift towards a multidiscrimination approach.

Although gender mainstreaming is coordinated as an overall strategy by most MS, there are still some that have drawn up strategies on how gender mainstreaming should be implemented in all policy fields. Gender-mainstreaming budget and finance policy is of decisive importance in promoting gender equality; it is crucial to highlighting how new investments in different policy areas affect men and women respectively and how these measures are scrutinised through processes of gender mainstreaming.

It is important not to take a linear development for granted in the implementation of gender mainstreaming and the overall institutionalisation of gender-equality machineries. Although it is impossible to draw precise conclusions, not all MS have increased their efforts regarding gender machinery during the last five years. In some MS the National Action Plan for Gender Equality has not been updated. Several of the newer MS have now set up fundamental machinery for gender equality, have thus reached a basic level regarding the status of gender-equality bodies and have introduced gender mainstreaming in some policy areas. In the case of those MS that have been working with gender equality and gender mainstreaming for a longer period of time, not many new initiatives have been taken, for example in the development of gender-mainstreaming strategy.

9. Human Rights of Women

In general, human rights of women are reported on (to the UNECE) to a limited extent by the Member States (MS), when compared with reporting on the other critical areas of concern. One reason for this might be that human rights issues are a broad concept that covers all the other subjects described in the country reports.

A challenge highlighted in many country reports is the need to tackle multiple discrimination and the cross-cutting forms of marginalisation and inequalities such as ethnicity and disability. In addition, human rights issues that appear not to be covered in the reports, but which have been under discussion within the EU, include sexual rights, such as same-sex marriage, adoption of children by same-sex couples, and various forms of bodily integrity, such as reproductive self-determination.

10. Women and the Media

The media, advertising and other public spheres reflect the lack of gender equality in society, while at the same

time helping to cement it. Research shows that images and language have become coarser over the past ten years. In many UNECE reports, the need to combat this situation is addressed, and the need to bring about a dialogue with the media and the advertising industry about their role and responsibility in influencing children and young persons in particular. Public service radio and television have an important role to play in not spreading stereotypical images of men and women, or of reproducing and cementing power structures and gender roles in society.

11. Women and the Environment

The Beijing +10 report refers to discussions on the topic and mentions suggestions like gender balancing indicators that could be developed to trace women's presence in decision-making on the environment and that the gender impact of environmental decisions could be addressed by including a gender dimension in environmental-impact assessments. So both gender-balancing and gender-mainstreaming strategies have been discussed in relation to strategic objectives for women and the environment.

To facilitate these strategies it is necessary to develop some common conceptualizations on what should be included in the concept environment. To define what should be included in the concept of environment it is necessary to go outside the classic environmental area of conservation and pollution. It is important to assess gender balance in environmental management and conservation but equally important to do so in fields like natural resource use, chemicals use and production, climate policies and sustainable consumption. Gender mainstreaming should be a policy strategy that is used in all policy fields. If, for example, climate policy is leading to major mitigation and adaptation strategies the gender effects of this should be clear before strategies are formalized and investments made.

12. The Girl Child

A review of text on the girl child in the EU Member States (MS) shows few documents that are exclusively devoted to the problem and the situation of the girl child in the EU. Furthermore, most documents adopted at EU level concern the status and the situation of children in general

In all countries and all age groups girls state that they are "too fat" more often than boys do. The differences increase

with age and the biggest difference is between 15 year old girls and boys. As regards change over time, more data is needed to draw conclusions about changes and about what possible differences in body dissatisfaction actually mean for girls' self-image, health and wellbeing. Furthermore, how possible changes may be linked to changes in health amongst girls and boys (e.g. overweight according to BMI) or in cultural images of girls and boys (e.g. in the media), remains to be investigated.

In the period (2003–2006) performance in mathematics remained unchanged and the performance advantage of young men remained unchanged. Figures that can be used to monitor change in the proportion of girl students in tertiary education in the field of science, mathematics and computing and in the field of teacher training and education science in the whole of the reporting period

Two issues clearly placed on the MS's political agendas and the issues most frequently discussed by the MS reports to the UNECE are FGM and violence against children. The most frequently recurring form of violence against children in the reporting is sexual violence, either as prostitution and/or trafficking or in relation to the internet. Sexual exploitation of children in prostitution and trafficking and through the internet is clearly of major concern within the MS. Most countries that report progress in this area do not explicitly discuss these measures as intended to improve the situation of girl children in particular.

When it comes to the issue of diversity, the overall trend is that some MS look at the position of ethnic minority girls and/or girls living in poverty, while other grounds of discrimination are not mentioned.

Source: Report from the Swedish Presidency of the Council of the European Union. The European Commission, © European Union, 1995–2016. Retrieved from <http://eige.europa.eu/sites/default/files/documents/Beijing+15-SE-report.pdf>.

Strategy for Equality between Women and Men, 2010–2015

In 2010, the European Commission made a commitment to gender equality, which is a tenet of the European Union's founding principles. These excerpts from the Strategy for Equality between Women and Men outline the issues the commission faces in moving Europe toward its goal.

1. Equal Economic Independence

Economic independence is a prerequisite for enabling both women and men to exercise control over their lives

and to make genuine choices. Earning one's own living is the main way to achieve this and there has been progress in the participation of women on the labour market during the last decade, with the female employment rate rising to 62.5%.(1) In the EU, women accounted for 9.8 million out of 12.5 million additional employment between 2000 and 2009. This increased participation has contributed to economic growth in the EU.

Getting more women on to the labour market helps counterbalance the effects of a shrinking working-age population, thereby reducing the strain on public finances and social protection systems, widening the human capital base and raising competitiveness. Measures to facilitate work-life balance can have a positive impact on fertility. To reach the Europe 2020 objective of a 75% employment rate for women and men, particular attention needs to be given to the labour market participation of older women, single parents, women with a disability, migrant women and women from ethnic minorities. The employment rates of these groups are still relatively low and remaining gender gaps need to be reduced in both quantitative and qualitative terms.(2)

The impact of parenthood on labour market participation is still very different for women and men in the EU today because women continue to shoulder a disproportionate part of the responsibilities involved in running a family. Many women feel that they still have to choose between a career and their children. Current demographic trends also mean that women and men increasingly have to care for dependants other than children over indefinite periods of time. Member States which have put reconciliation policies in place are seeing high numbers of both women and men in work and relatively sustainable birth rates. The EU has made recent progress in improving the overall framework for a better work/ life balance.(3) The Commission will strive for further progress in this area, paying particular attention to the availability of affordable high-quality care.

The proportion of female entrepreneurs, at 33%(4) (30% in start-ups), is some way short of optimum and most women still do not consider entrepreneurship as a relevant career option. The implementation of the revised directive (5) on self-employed women should remove a major barrier to female entrepreneurship.(6) Young women should also benefit from the growing emphasis on entrepreneurship as one of the basic skills that schools should teach all pupils, as foreseen in the Youth on the Move flagship initiative.(7)

The employment rate of migrant women is still low(8) especially during the first three years in the host country.

For this reason, there is a strong need to provide early support to migrant women and monitor the effect of such assistance. Making them more aware of their rights and facilitating their integration and access to education and health care is crucial.

The ways in which women and men experience poverty and social exclusion are still quite different. Women face a higher poverty risk, particularly lone parents and the elderly, when the pay gap becomes a 'pension gap'. Barriers to employment are also reflected in higher inactivity rates and higher long-term unemployment rates. In addition, amongst disadvantaged groups (i.e. migrant workers, disabled, elderly) gender gaps tend to be much wider and cause many problems for women. Active ageing policies and specific measures in the pension sector are needed to ensure that women have adequate means when they retire.(9)

2. Equal Pay for Equal Work and Work of Equal Value

The principle of equal pay for men and women for work of equal value is enshrined in the EU Treaties. Despite that, the gender pay gap (the average difference between men's and women's hourly gross earnings across the economy as a whole) in the EU remains at 17.8%, with Estonia at 30.9%, the Czech Republic at 26.2%, Austria at 25.5%, and Germany at 23.2% against Italy at 4.9%, Slovenia at 8.5%, and Belgium and Romania at 9%.(16) Clearly this is a situation which the spirit of the EU Treaties requires to be changed over time.

The root causes of the gender pay gap extend well beyond the question of equal pay for equal work. There is a gap between women's educational attainment and professional development, thus special attention should be paid to the transition between education and the labour market. The causes of the pay gap also derive from segregation in the labour market as women and men still tend to work in different sectors/jobs. On the one hand, women and men are often over-represented in certain sectors, with "female" jobs (mostly in health care, education and public administration) being in general less valued than typically male professions. On the other hand, within the same sector or company the jobs done by women tend to be of lower value and less well paid.

The pay gap also reflects other inequalities on the labour market mainly affecting women—in particular their disproportionate share in family responsibilities and the difficulties in reconciling work with private life. Many women work part-time or under atypical contracts: although this permits them to remain in the labour market

while managing family responsibilities, it can have a negative impact on their pay, career development, promotion prospects and pensions.(10)

3. Equality in Decision-Making

In most Member States, women continue to be under-represented in decision-making processes and positions, in particular at the highest levels, despite the fact that they make up nearly half the workforce and more than half of new university graduates in the EU.

Despite progress towards a gender balance in political decision-making, much remains to be done: on average, only one in four members of national parliaments and ministers of national governments is a woman.(11)

In economic decision-making, the proportion of women is lower than that of men at all levels of management and decision-making. Women represent only one in ten board members of the largest publicly listed companies in the EU and 3% among the presidents of the board. Research shows that gender diversity pays off and that there is a positive correlation between women in leadership positions and business performance.

Despite the EU goal, set in 2005, of having 25% of leading positions in the public research sector filled by women, the target is still some way off as only 19% of full professors in EU universities are women.(12)

The prevailing gender imbalance in science and research is still a major obstacle to the European objective of increasing competitiveness and maximising innovation potential.

The Commission will apply the same standards it encourages others to set by making the necessary efforts to improve its internal gender balance, especially in decision making positions.

4. Dignity, Integrity, and an End to Gender-based Violence

There are many forms of violence that women experience because they are women. These include domestic violence, sexual harassment, rape, sexual violence during conflict and harmful customary or traditional practices such as female genital mutilation, forced marriages and honour crimes. It is estimated that in Europe, 20% to 25% of women have suffered physical violence at least once during their lives(13) and there are estimates that up to half a million women living in Europe have been subjected to genital mutilation.(14)

Accordingly, the Action Plan to implement the Stockholm Programme⁽¹⁵⁾ puts emphasis on the protection of victims of crime, including female victims of violence and genital mutilation, and announces a comprehensive EU strategy on gender-based violence. In addition, the Women's Charter envisages the putting into place of a comprehensive and effective policy framework to combat gender-based violence as well as measures, including criminal law, within the limits of its powers, to eradicate female genital mutilation once and for all across Europe.

Gender-based inequalities are also present in healthcare and long-term care as well as in health outcomes. Women and men are confronted with gender-specific health risks and diseases which need to be adequately addressed in medical research and health services. There is a need to ensure that social and health services continue to improve their adaptation to the specific needs of women and men respectively.

Gender related issues are also of particular importance in the area of asylum. The 2008 and 2009 Commission proposals amending the current EU asylum instruments address *inter alia* the key areas where gender specific elements need to be reinforced.

5. Gender Equality in External Actions

The EU policy on the promotion of gender equality within the EU is closely linked to the work undertaken by the Union in third countries. Through all relevant policies under its external action, the EU can exercise significant influence in fostering gender equality and women's empowerment worldwide.

Candidate countries must fully embrace the fundamental principle of equality between women and men. Monitoring the transposition, implementation and enforcement of EU legislation in this area remains a priority of the enlargement process, which the EU supports financially.

In the context of the European Neighbourhood Policy (ENP), the EU supports partner countries' efforts to promote gender equality. The ENP Action Plans set out a jointly agreed agenda of reform priorities and contain commitments of partner countries to engage in dialogue on related issues and to carry out policy and legislative reforms.

The EU remains committed to speedier achievement of the Millennium Development Goals, and to helping to attain the standards set by the Convention on the Elimination of all Forms of Discrimination against Women, as

well as the objectives of the Beijing Platform of Action, and the Cairo Programme of Action, as foreseen in the EU Plan of Action on Gender Equality and Women's Empowerment in Development (2010–2015).⁽¹⁶⁾ The EU guidelines on violence against women and girls and combating all forms of discrimination against them provide guidance for conducting political dialogue and for taking action, where appropriate, in individual cases of women's rights violation. The EU will continue to use its development policies to promote gender equality and women's empowerment.⁽¹⁷⁾

The EU will also actively cooperate with international organisations working on gender equality such as the ILO, the OECD, the UN and the African Union to produce synergies and foster women's empowerment, as well as with the new UN Entity for Gender Equality, UN WOMEN, and will support civil society participation, capacity building and advocacy on gender equality and women's empowerment.

The EU is also committed to protecting women in times of conflict and post-conflict, and to ensuring women's full participation in conflict prevention, peace building and reconstruction processes, and actively implements the EU Comprehensive Approach to the United Nations Security Council Resolutions 1325 and 1820 on Women, Peace and Security. Gender considerations will also be further integrated into humanitarian aid.⁽¹⁸⁾

The EU also integrates gender equality into its trade policy as part of a wider framework of sustainable development and encourages the effective application of the ILO's core labour standards and its Decent Work Agenda, including in relation to non-discrimination, in its preferential trade agreements. The issue of gender equality is also addressed in the Sustainability Impact Assessments which are prepared to help guide negotiators in trade discussions.

(1) From 57.3% to 62.5% between 2000 and 2009 (age group 20–64).

(2) See, in particular, Employment Guideline 7, Council document 10907/10, 9.6.2010.

(3) COM(2008) 635, Directive 2010/18/EU implementing the revised Framework Agreement on parental leave (OJ L 68, 18.3.2010, p. 13); Directive 2010/41/EU of the European Parliament and of the Council of 7 July 2010 on the application of the principle of equal treatment between men and women engaged in an activity in a self-employed capacity and repealing Council Directive 86/613/EEC (OJ L 180, 15.7.2010).

(4) Labour Force Survey, 2008.

(5) See footnote 2.

(6) See also Employment Guideline 8.

(7) COM(2010) 477.

(8) Conclusions of the Council and the Representatives of the Governments of the Member States on Integration as a Driver for Development and Social Cohesion, 10307/10, 3.6.2010.

(9) See also Employment Guideline 10.

(10) See also Employment Guideline 7.

(11) <http://ec.europa.eu/social/main.jsp?catId=762&langId=en&furtherPubs=yes>

(12) Grade A academic staff (professors) (She Figures 2009).

(13) Council of Europe, Combating violence against women: Stocktaking study on the measures and actions taken in Council of Europe member states (2006).

(14) EP resolution of 24.3.2009 on combating FGM in the EU.

(15) COM(2010) 171.

(16) Annex to the Council Conclusions on the MDGs for the UN Plenary meeting in New York and Beyond.

(17) See preceding reference.

(18) Notably in the context of the implementation of the European Consensus on Humanitarian Aid, OJ C 25, 30.1.2008, p. 1.

Source: European Commission, © European Union, 1995–2017. Retrieved from http://ec.europa.eu/justice/gender-equality/files/documents/strategy_equality_women_men_en.pdf.

Joint Statement on Ending Acts of Violence and Related Human Rights Violations Based on Sexual Orientation and Gender Identity

In 2011, at the meeting of the United Nations Human Rights Council, 85 countries issued a joint statement on LGBTQ rights. The United States cochaired the core group of countries responsible for advancing the statement, along with Colombia and Slovenia. This is the first UN statement to call for ending state sanctions against LGBTQ people. More nations signed on to this statement than any previous UN statement on LGBTQ rights.

1. We recall the previous joint statement on human rights, sexual orientation and gender identity, presented at the Human Rights Council in 2006;

2. We express concern at continued evidence in every region of acts of violence and related human rights violations based on sexual orientation and gender identity brought to the Council's attention by Special Procedures since that time, including killings, rape, torture and criminal sanctions;

3. We affirm the General Assembly joint statement of December 18, 2008 on human rights, sexual orientation and gender identity, supported by States from all five regional groups, and encourage States to join the statement;

4. We commend the attention paid to these issues by international human rights mechanisms including relevant Special Procedures and treaty bodies and welcome continued attention to human rights issues related to sexual orientation and gender identity within the context of the Universal Periodic Review. As the United Nations Secretary General reminded us in his address to this Council at its Special Sitting of 25 January 2011, the Universal Declaration guarantees all human beings their basic rights without exception, and when individuals are attacked, abused or imprisoned because of their sexual orientation or gender identity, the international community has an obligation to respond;

5. We welcome the positive developments on these issues in every region in recent years, such as the resolutions on human rights, sexual orientation and gender identity adopted by consensus in each of the past three years by the General Assembly of the Organization of American States, the initiative of the Asia-Pacific Forum on National Human Rights Institutions to integrate these issues within the work of national human rights institutions in the region, the recommendations of the Committee of Ministers of the Council of Europe, the increasing attention being paid to these issues by the African Commission on Human and People's Rights, and the many positive legislative and policy initiatives adopted by States at the national level in diverse regions;

6. We note that the Human Rights Council must also play its part in accordance with its mandate to "promote universal respect for the protection of all human rights and fundamental freedoms for all, without discrimination of any kind, and in a fair and equal manner" (GA 60/251, OP2);

7. We acknowledge that these are sensitive issues for many, including in our own societies. We affirm the importance of respectful dialogue, and trust that there is common ground in our shared recognition that no-one should

face stigmatization, violence or abuse on any ground. In dealing with sensitive issues, the Council must be guided by the principles of universality and non-discrimination;

8. We encourage the Office of the High Commissioner for Human Rights to continue to address human rights violations based on sexual orientation and gender identity and to explore opportunities for outreach and constructive dialogue to enhance understanding and awareness of these issues with a human rights framework;

9. We recognize our broader responsibility to end human rights violations against all those who are marginalized and take this opportunity to renew our commitment to addressing discrimination in all its forms;

10. We call on States to take steps to end acts of violence, criminal sanctions and related human rights violations committed against individuals because of their sexual orientation or gender identity, encourage Special Procedures, treaty bodies and other stakeholders to continue to integrate these issues within their relevant mandates, and urge the Council to address these important human rights.

Source: United Nations Human Rights Council. Retrieved from http://www.ishr.ch/sites/default/files/article/files/Joint%20statement_FINAL.pdf.

Gender Equality Bill

The government of Malawi passed the Gender Equality Act in 2013. As the memorandum to the bill states, the bill “seeks to promote gender equality, equal integration, influence, empowerment, dignity and opportunities for men and women in all functions of society; to prohibit and provide redress for sex discrimination, harmful practices and sexual harassment; to provide public awareness on promotion of gender equality.” This section of the bill addresses sex discrimination and sexual harassment.

A BILL entitled

An Act to promote gender equality, equal integration, influence, empowerment, dignity and opportunities, for men and women in all functions of society, to prohibit and provide redress for sex discrimination, harmful practices and sexual harassment, to provide for public awareness on promotion of gender equality, and to provide for connected matters

ENACTED by the Parliament of Malawi as follows . . .

PART II—SEX DISCRIMINATION

4. (1) A person shall not

(a) treat another person less favourably than he or she would treat a person of his or her own sex; or

(b) apply to the other person an exclusion, distinction or restriction which applies or would apply equally to both sexes but—

(i) which is such that the proportion of one sex who can comply with it is considerably smaller than the proportion of the opposite sex who can comply with it;

(ii) which he or she cannot show to be justifiable irrespective of the sex of the person to whom it is applied; and

(iii) which is to the detriment of the other person because he or she cannot comply with it, with the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise of the rights and fundamental freedoms of that person.

(2) A person who contravenes subsection (1) commits an offence and is liable to a fine of one million Kwacha (K 1,000,000) and to a term of imprisonment for five (5) years.

5. (1) A person shall not commit, engage in, subject another person to, or encourage the commission of any harmful practice.

(2) Any person who contravenes this section commits an offence and is liable to a fine of one million Kwacha (K 1,000,000) and to a term of imprisonment for five (5) years.

6. (1) A person commits an act of sexual harassment if he or she engages in any form of unwanted verbal, non-verbal or physical conduct of a sexual nature in circumstances in which a reasonable person, having regard to all the circumstances, would have anticipated that the other person would be offended, humiliated or intimidated.

(2) A person who sexually harasses another in terms of subsection (1) commits an offence and is liable to a fine of one million Kwacha (K 1,000,000) and to a term of imprisonment for five (5) years.

7. (1) The Government shall take active measures to ensure that employers have developed and are implementing appropriate policy and procedures aimed at eliminating sexual harassment in the workplace which shall—

(a) entitle all persons who have been subjected to sexual harassment in the workplace to raise a grievance about its occurrence and be guaranteed that appropriate disciplinary action shall be taken against perpetrators;

(b) entitle a non-employee who has been subjected to sexual harassment to lodge a grievance with the employer of the perpetrator where the conduct giving rise to the complaint has taken place at the work place or in the course of the perpetrator's employment;

(c) entitle all employees, job applicants and other persons who have dealings with the workplace to be treated with dignity; and

(d) Oblige the person in charge of the work place to—

(i) implement the policy and procedures and impose disciplinary action against employees who do not comply;

(ii) deal seriously, expeditiously, sensitively and confidentially with all allegations of sexual harassment;

(iii) protect employees against victimization, retaliation for lodging grievances and from false accusations;

(iv) explain the procedure which shall be followed by persons who are victims of sexual harassment;

(v) communicate the sexual harassment policy and grievance procedures effectively to all employees; and

(vi) designate a person outside of line management whom a person who has been subjected to sexual harassment may approach for confidential advice and counselling.

(2) A person who has been subjected to sexual harassment need not have exhausted internal sexual harassment procedures before prosecution of the offence can be commenced or civil proceedings can be instituted.

Source: Malawi Gender Equality Bill, B. No. 49, 2012. Retrieved from http://www.parliament.gov.mw/docs/bills/Bill49_2012-Gen-der_Equality.pdf.

Excerpts from the Political Constitution of the United Mexican States, 1917, as Amended on February 26, 2013

The Mexican Constitution of 1917 was a product of the Mexican revolution, with a decided emphasis on liberty and social reforms. In particular, the Constitution offers more independence for women. It guarantees equal pay for equal work, paid maternity, child labor laws, and the right to strike if the requirements of these laws are not met.

Education:

II. The guiding principles for state education shall be scientific progress and the fight against ignorance, servitude, fanaticism and prejudices. Furthermore, guiding principles for state education shall: . . . c) Contributing to a better human coexistence, in order to strengthen the appreciation and respect for cultural diversity, human dignity, the integrity of the family, the conviction of the society general interest, the fraternity and fairness ideals of everyone's rights, avoiding race, religion, group, sex or individual privileges. (Art. 3)

...

Employment:

V. During pregnancy, women shall not perform such work that requires excessive physical effort and could be dangerous regarding pregnancy. Women have the right to enjoy a disability leave due to childbirth, which shall cover six weeks previous to the birth and six weeks thereafter. During such disability leave, women shall receive their full wages and retain their employment and the rights acquired under their labor contract. During the nursing period, they shall have two special rest periods per day, consisting of half hour each one, to feed their babies. . . .

...

VII. Equal wages shall be paid for equal work, regardless of sex or nationality. . . .

Equal Before the Law:

Man and woman are equal under the law . . . (Art. 4)

Marriage/Family Life:

Man and woman are equal under the law. The law shall protect the organization and development of the family.

Every person has the right to decide, in a free, responsible and informed manner, the number of children desired and the timing between each of them. . . . Any family has the right to enjoy a decent and respectable house. The law will set the instruments and supports necessary to achieve such objective. (Art. 4)

Non-Discrimination:

. . . Any form of discrimination, based on ethnic or national origin, gender, age, disabilities, social status, medical conditions, religious, opinions, sexual orientation,

marital status, or any other form, which violates the human dignity or seeks to annul or diminish the rights and freedoms of the people, is prohibited. (Art. 1)

Source: Supreme Court of Mexico. Retrieved from <https://www.scjn.gob.mx/normativa/ConstEnglish/CONSTI%20INGLES%20SEPT%202010.pdf>.

Constitution of the Socialist Republic of Vietnam

Vietnam's current constitution was adopted in 2013, the third constitution since reunification in 1976. Human rights advocates had hoped the Vietnamese would use this opportunity to end one-party rule and institute periodic democratic elections. Ninety-eight percent of the National Assembly, 90 percent of which are members of the Communist Party, voted for the draft supported by the government.

Article 26

1. Male and female citizens have equal rights in all fields. The State has a policy to guarantee equal gender rights and opportunities.
2. The State, the society, and the family create conditions for women's comprehensive developments and promotion of their role in the society.
3. Sex discrimination is strictly prohibited.

Source: Translated by International IDEA's Comparative Constitutions Project. Retrieved from https://www.constituteproject.org/constitution/Socialist_Republic_of_Vietnam_2013?lang=en.

World Council of Churches Statement on Status of Women

In 2013, Dr. Isabel Phiri of the World Council of Churches delivered a statement at the United Nations 57th Session of the Commission on the Status of Women. The World Council of Churches is committed to promoting justice and peace. There are 348 member churches from around the world that make up the council, and they represent more than half a billion Christians worldwide.

The World Council of Churches, a global fellowship of churches with a total membership of 580 million, wrote in March 1992 to the Secretary General of the United Nations, "In various international fora, women are urging the United Nations to recognize that violence against women constitutes the violation of the basic human rights

of half the world's population. As Christians we support these initiatives, guided by the firm conviction that all human beings are made in the image of God and deserve protection and care."

In a statement prepared for the Fourth World Conference on Women in Beijing in 1995, the World Council of Churches said:

It has been painful for us to acknowledge that institutions which should stand in solidarity with women, including governments and the churches, have not often responded with resolute action. We encounter, through our contact with women at the periphery of all our societies, the struggle for dignity and livelihood that women engage in every day. We believe that empowerment is not possible as long as women live in contexts of violence, often exacerbated by cultural and religious tradition.

It was also said:

We draw the attention to the liberating power of religions and we affirm the positive and supportive role that the churches and other religious institutions can play in standing in solidarity with those women who have to make ethical choices and decisions regarding their sexual and reproductive rights. But of equal concern to the World Council of Churches is the increasing religious extremism in all faiths and the deleterious consequences this has on women's legal, political and social rights.

These statements were made two decades ago, but they are still valid and highly relevant in relation to the work of the Commission on the Status of Women today. Now, more than ever, it is necessary to reiterate that women's rights are human rights, and that human rights are universal. Traditional values or religious beliefs cannot justify the acceptance of violence against women, nor can they be accepted as limitations on women's rights and freedom.

Women as well as men are created in the image of God and deserve to be respected, protected, and cared for. It is necessary for member states to agree upon and protect strong international frameworks. Civil society, including the faith-based community, has an important role to challenge attitudes and traditions that contribute to undermining women's rights and dignity. We the peoples of the United Nations have a shared responsibility to protect, defend, and expand women's rights and freedom.

Source: World Council of Churches. Retrieved from <http://www.oikoumene.org/en/resources/documents/commissions/international-affairs/ecumenical-united-nations-office>.

Resolution Adopted by the General Assembly: Child, Early, and Forced Marriage

Every day, 39,000 girls become child brides. Child marriages often lead to detrimental health and well-being outcomes, such as intimate partner violence, sexual abuse, complications in pregnancy and childbirth, an end to education, and the prevention of acquiring vocational skills. Most child marriages occur in rural sub-Saharan Africa (nearly half of young women married before their 18th birthday) and South Asia (more than a third married before their 18th birthday). In response, the United Nations adopted this resolution in 2014 calling on member nations to address the issue of child, early, and forced marriage.

The General Assembly,

...

PP7 Recognizing that child, early and forced marriage is a harmful practice that violates abuses, or impairs human rights and is linked to and perpetuates other harmful practices and human rights violations, that these violations have a disproportionately negative impact on women and girls, and underscoring States' human rights obligations and commitments to promote and protect the human rights and fundamental freedoms of women and girls and to prevent and eliminate the practice of child, early and forced marriage,

PP8 Deeply concerned about the continued prevalence of child, early and forced marriage worldwide, including that approximately 15 million girls are married every year before they reach 18 years, and that more than 700 million women and girls alive today were married before their 18th birthday,

PP9 Noting with concern that the continued prevalence of child, early and forced marriage has had a negative impact on the achievement of Millennium Development Goals 1–6, and their overarching aims, including in the areas of gender equality and the empowerment of women and girls, poverty reduction, education, maternal and child mortality, health, including sexual and reproductive health, and recognizing that child, early and forced marriage continues to impair sustainable development, inclusive economic growth and social cohesion,

PP10 Noting with concern that poverty and insecurity are among the root causes of child, early and forced marriage, that child, early and forced marriage remains

common in rural areas and among the poorest communities, and recognizing that the immediate alleviation and eventual eradication of extreme poverty must remain a high priority for the international community,

PP10bis Recognizing also that child, early and forced marriage is itself a barrier to development and helps to perpetuate the cycle of poverty and that the risk of child, early and forced marriage is also exacerbated in conflict and humanitarian crisis situations,

PP11 Recognizing that child, early and forced marriage is inherently linked to deep-rooted gender inequalities, norms and stereotypes, and harmful practices, perceptions and customs that are obstacles to the full enjoyment of human rights and that the persistence of child, early and forced marriage places children, in particular the girl child, at risk of being exposed to and encountering various forms of discrimination and violence throughout her life,

PP12 Recognizing that child, early and forced marriage undermines women's and girls' autonomy and decision-making in all aspects of their lives and continues to be an impediment to improvements in the education, economic and social status of women and girls in all parts of the world, and that the empowerment of and investment in women and girls is critical for economic growth, including the eradication of poverty, as well as the meaningful participation of women and girls in all decisions that affect them,

PP13 Noting with concern that child, early and forced marriage disproportionately affects girls who have received little or no formal education, and is itself a significant obstacle to educational opportunities for girls and young women, in particular girls who are forced to drop out of school owing to marriage and/or childbirth, and recognizing that educational opportunities are directly related to women's and girls' empowerment, employment, and economic opportunities, and their active participation in economic, social and cultural development, governance and decision-making,

PP14 Recognizing that child, early and forced marriage constitutes a serious threat to multiple aspects of the physical and psychological health of women and girls, including but not limited to their sexual and reproductive health, significantly increasing the risk of early, frequent and unintended pregnancy, maternal and newborn mortality and morbidity, obstetric fistula, and sexually transmitted infections, including HIV/AIDS as well as increasing vulnerability to all forms of violence, and

that every girl and woman at risk of or affected by these practices must have equal access to quality services like education, counselling, shelter and other social services, psychological, sexual and reproductive health care services and medical care,

OP1 Urges all States to enact, enforce and uphold laws and policies aimed at preventing and ending child, early and forced marriage and protecting those at risk, and ensure that marriage is entered into only with the informed, free and full consent of the intending spouses,

OP2 Calls on States, with the participation of relevant stakeholders, including girls, religious and community leaders, civil society, women's and human rights groups, men and boys, and youth organizations, to develop and implement holistic, comprehensive and coordinated responses and strategies to eliminate child, early and forced marriage and to support already married girls, adolescents, and women including through strengthening of child protection systems, protection mechanisms such as safe shelters, access to justice and the sharing of best practices across borders,

OP2bis Calls upon States and the international community to create an environment in which the wellbeing of women and girls is ensured, inter alia, by cooperating, supporting and participating in efforts for the eradication of extreme poverty, and reaffirming that investment in women and girls and the protection of their rights are among the most effective ways to end the practice of child, early and forced marriage,

OP2ter Calls upon States to promote and protect women and girls' right to education through an enhanced emphasis on quality education, including catch-up and literacy education for those who did not receive formal education, while recognizing that education is one of the most effective ways to prevent and end child, early and forced marriage and to allow for married women and girls to make more informed choices about their lives,

OP3 Urges governments to promote and protect the human rights of all women and girls, including their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence, and adopt and accelerate the implementation of laws, policies and programmes which protect and enable the enjoyment of all human rights and fundamental freedoms, including their reproductive rights in accordance with the Programme of Action of the International

Conference on Population and Development, the Beijing Platform for Action and their review outcomes,

OP3bis Encourages relevant UN entities and agencies to continue to collaborate with and support member states in developing and implementing strategies and policies at the national, regional and international levels to prevent and eliminate child, early and forced marriage, as well as to support already married girls, adolescents, and women,

OP4 Recalls the inclusion of a target on eliminating all harmful practices, such as child, early and forced marriage in the outcome document of the Open Working Group on Sustainable Development Goals, recognizes child, early and forced marriage as a barrier to development and the full realization of women's and girls' human rights, and recognises the need to give due consideration to its inclusion in the post-2015 development agenda in order to help ensure progress towards the elimination of child, early and forced marriage,

Source: United Nations General Assembly. Retrieved from <http://www.girlsnotbrides.org/girls-brides-statement-un-general-assembly-resolution-child-early-forced-marriage>.

Transforming Our World: The 2030 Agenda for Sustainable Development

In 2015, the UN General Assembly adopted a resolution for sustainable development to strengthen peace and freedom and improve conditions for people and the natural world. In particular, the agenda addresses the pervasive problem of poverty and its impact on people and the planet. The Sustainable Development Goals should build on the UN Millennium Development Goals and complete what that initiative did not achieve. Additionally, the goals seek gender equality and the empowerment of all women and girls.

Sustainable Development Goals

Goal 1. End poverty in all its forms everywhere

Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture

Goal 3. Ensure healthy lives and promote well-being for all at all ages

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

Goal 5. Achieve gender equality and empower all women and girls

Goal 6. Ensure availability and sustainable management of water and sanitation for all

Goal 7. Ensure access to affordable, reliable, sustainable and modern energy for all

Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

Goal 9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation

Goal 10. Reduce inequality within and among countries

Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable

Goal 12. Ensure sustainable consumption and production patterns

Goal 13. Take urgent action to combat climate change and its impacts*

Goal 14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development

Goal 15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss

Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

Acknowledging that the United Nations Framework Convention on Climate Change is the primary international, intergovernmental forum for negotiating the global response to climate change.

Source: Sustainable Development Knowledge Platform, General Assembly of the United Nations. Retrieved from <https://sustainabledevelopment.un.org/focussdgs.html>.

Modern Slavery Act, 2015

The United Kingdom's Modern Slavery Act, the first of its kind in Europe, seeks to address the global problem of human trafficking. The bill creates two new civil orders to prevent modern slavery, establishes an antislavery commissioner, and provides for the protection of victims of modern slavery. In particular, it requires business to ensure no modern slavery occurs in their business or supply chain, and it encourages courts to compensate victims when perpetrators' assets are seized.

2. Human trafficking

(1) A person commits an offence if the person arranges or facilitates the travel of another person ("V") with a view to V being exploited.

(2) It is irrelevant whether V consents to the travel (whether V is an adult or a child).

(3) A person may in particular arrange or facilitate V's travel by recruiting V, transporting or transferring V, harbouring or receiving V, or transferring or exchanging control over V.

(4) A person arranges or facilitates V's travel with a view to V being exploited only if—

(a) the person intends to exploit V (in any part of the world) during or after the travel, or

(b) the person knows or ought to know that another person is likely to exploit V (in any part of the world) during or after the travel.

(5) "Travel" means—

(a) arriving in, or entering, any country,

(b) departing from any country,

(c) travelling within any country.

(6) A person who is a UK national commits an offence under this section regardless of—

(a) where the arranging or facilitating takes place, or

(b) where the travel takes place.

(7) A person who is not a UK national commits an offence under this section if—

(a) any part of the arranging or facilitating takes place in the United Kingdom, or

(b) the travel consists of arrival in or entry into, departure from, or travel within, the United Kingdom.

3. Meaning of exploitation

(1) For the purposes of section 2 a person is exploited only if one or more of the following subsections apply in relation to the person.

Slavery, servitude and forced or compulsory labour

(2) The person is the victim of behaviour—

(a) which involves the commission of an offence under section 1, or

(b) which would involve the commission of an offence under that section if it took place in England and Wales.

Sexual exploitation

(3) Something is done to or in respect of the person—

(a) which involves the commission of an offence under—

(i) section 1(1)(a) of the Protection of Children Act 1978 (indecent photographs of children), or

(ii) Part 1 of the Sexual Offences Act 2003 (sexual offences), as it has effect in England and Wales, or

(b) which would involve the commission of such an offence if it were done in England and Wales.

Removal of organs etc.

(4) The person is encouraged, required or expected to do anything—

(a) which involves the commission, by him or her or another person, of an offence under section 32 or 33 of the Human Tissue Act 2004 (prohibition of commercial dealings in organs and restrictions on use of live donors) as it has effect in England and Wales, or

(b) which would involve the commission of such an offence, by him or her or another person, if it were done in England and Wales.

Securing services etc by force, threats or deception

(5) The person is subjected to force, threats or deception designed to induce him or her—

(a) to provide services of any kind,

(b) to provide another person with benefits of any kind, or

(c) to enable another person to acquire benefits of any kind.

Securing services etc from children and vulnerable persons

(6) Another person uses or attempts to use the person for a purpose within paragraph (a), (b) or (c) of subsection (5), having chosen him or her for that purpose on the grounds that—

(a) he or she is a child, is mentally or physically ill or disabled, or has a family relationship with a particular person, and

(b) an adult, or a person without the illness, disability, or family relationship, would be likely to refuse to be used for that purpose.

Source: UK National Archives. Retrieved from <http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted>.

About the Editors and Contributors

Editors

Susan M. Shaw is professor of women, gender, and sexuality studies at Oregon State University. She specializes in feminist studies in Christianity and is the author of *Reflective Faith: A Theological Toolbox for Women* and *God Speaks to Us, Too: Southern Baptist Women on Church, Home, and Society*. She is coauthor of the introductory women and gender studies textbooks *Women's Voices*, *Feminist Visions: Classic and Contemporary Readings* and *Women Worldwide: Transnational Perspectives on Women*. She is also coauthor of *Girls Rock! 50 Years of Women Making Music*. She blogs for *Huffington Post* and teaches courses in feminist theologies, feminist teaching and learning, and feminism and the Bible. She has led study-abroad experiences in the United Kingdom, Guatemala, Spain, and Costa Rica.

Nancy Staton Barbour, MAIS, is an instructor of women, gender, and sexuality studies and is a PhD student in adult and higher education at Oregon State University in Corvallis, Oregon. Her research explores issues of social justice, equity, inclusion, and diversity in colleges and universities, as well as the roles and experiences of faculty leaders of study abroad.

Patti Duncan is associate professor of women, gender, and sexuality studies at Oregon State University, and she is the editor of *Feminist Formations*. She earned her PhD in women's studies at Emory University. Duncan is the author of *Tell This Silence: Asian American Women Writers and the Politics of Speech*, the codirector and producer of the documentary film *Finding Face* (2009), and the coeditor of *Mothering in East Asian Communities: Politics and Practices*. Her work has been published in *Women's Studies Quarterly*, *Frontiers: A Journal of Women's Studies*, *The Journal of the Motherhood Initiative for Research and Community Involvement (JMI)*; and *Atlantis: Critical Studies in Gender, Culture, and Social Justice*, as well as many anthologies.

Kryn Freehling-Burton is a senior instructor in women, gender, and sexuality studies at Oregon State University, where she coordinates the online WGSS program and advises students

for the online major. She is the coeditor of *Performing Motherhood* and the author of *In the Image of God*, a play about women that has had more than 30 performances throughout California. Freehling-Burton coproduces a regular play-reading series about women scientists in collaboration with the Oregon State Library Special Collections. Her first cowritten documentary is about Gerty Cori and the women scientists at Oregon State; it will premiere in her gender and science class this year. Freehling-Burton and her partner have three grown children and one high schooler.

Jane Nichols, MLIS, is an associate professor and the head of the Teaching and Engagement Department at Oregon State University Libraries & Press. She has more than 10 years of experience supporting faculty and student research and information needs, particularly those in the liberal arts and women, gender, and sexuality studies. Her teaching, scholarship, and service have given her a unique perspective on the information needs of women, gender, and sexuality studies scholars. Nichols's scholarship explores the use of technology to enhance student learning, engagement, and academic success. Her work has appeared in *Journal of Library Innovation* and *Reference & User Services Quarterly*, among other publications. She serves on the board of CALYX Press, which publishes *CALYX: A Journal of Art and Literature by Women*. She is co-project director of a grant from the National Endowment for the Humanities Office of Digital Humanities Open Book Program to resurface, through digitization, CALYX's at-risk literature. She previously served on the editorial board of *Collection Management* and was elected chair of the Association of College and Research Libraries Women and Gender Studies Section, where she led a 400-member professional group to advance women and gender studies librarianship.

Contributors

Abritty Abdullah is currently completing her MA in women, gender, and sexuality studies at Oregon State University. Previously, she earned a liberal arts degree focused on creative writing. Originally from Bangladesh, she connects her scholarly and creative work to gender issues in Bangladesh and in South Asia more generally. Her thesis explores cultural representations of *hijra* (transgender/intersex) communities in three Bangladeshi films. In the future, she intends to broaden her research to consider gender within other South Asian countries.

Camille S. Alexander earned a master's degree in literature with concentrations in composition and rhetoric, Caribbean literature and feminism, and gender studies. She is currently pursuing a PhD in English at the University of Kent under the supervision of postcolonial theorist Dr. Abdulrazak Gurnah.

Liudmila Morales Alfonso has a master's degree in social sciences, with a mention in gender and development, from FLACSO (Facultad Latinoamericana de Ciencias Sociales) in Ecuador. She is a current doctoral candidate in social sciences from the University of Salamanca, Spain. She has been a journalist, editor, and academic and is focused on the role of power and discourses, with an emphasis on sexual and reproductive rights, civil society, media, gender, and the state.

Alexander Allison graduated from Indiana University–Purdue University Fort Wayne with a BA in history with honors. During his undergraduate career, Allison studied at the Pontifical

Catholic University of Valparaíso in Chile. After graduation, he was awarded an ETA Fulbright scholarship in Colombia for the 2016–2017 academic year.

Jennifer M. Almquist is chief assistant to the president and assistant board secretary at Oregon State University. Previously, she served as project manager of a National Science Foundation ADVANCE award and as associate director of the Office of Equity and Inclusion at OSU. Almquist earned her PhD in applied anthropology from OSU. Her scholarship and professional experience are grounded in the application of anthropological and feminist theories and methods to addressing persistent questions about experiences of gender, the nature of work, and the structure of organizations.

Fikrejesus Amahazion received his BA in sociology (*summa cum laude*) from Saint Bonaventure University in New York, and his master's degree and PhD in sociology from Emory University in Georgia. At Emory, he also received the graduate certificate in human rights from Emory's Institute of Human Rights. Dr. Amahazion's work focuses on human rights, political economy, and development, and he is currently teaching and conducting research in East Africa.

Whitney K. Archer holds an EdM in college student services administration and an MA in women, gender, and sexuality studies. As an associate director of Diversity and Cultural Engagement and the director of the Women's Center at Oregon State University, Whitney provides leadership for the Women's Center and support for all seven Cultural Resource Centers.

Sherry Asgill gained an MPhil in literatures in English from the University of the West Indies, Cave Hill campus, where she also worked with Professor Violet Eudine Barriteau at the Centre for Gender and Development Studies. She worked on issues of particular relevance to Caribbean women.

Aneesa A. Baboolal is a PhD student in the Department of Sociology and Criminal Justice at the University of Delaware. She has previously worked with Guyanese organizations in the United States; interned with the embassy in Georgetown, Guyana; and conducted research surrounding domestic violence in Guyanese ethnic enclaves in New York.

Brittany Backen is a graduate student from Oregon State University with a bachelor's degree in history and a minor in French. Her area of focus is 20th-century social and cultural history. She currently works at a plastics manufacturer.

Sarina Bakić is a sociologist and faculty member in the Department of Political Science at the University of Sarajevo, Bosnia, and Herzegovina. She lectures on the sociology of culture and art. Her scientific research areas are communication and cultural studies, as well as cultural phenomena such as kitsch, taste, cultural needs, and cultural reception.

Malobika Banerji is an India-qualified lawyer who has been living in Singapore. She is keenly interested in women studies and actively keeps up to date on the latest developments in this field.

Agnel Barron holds a PhD in literature from the University of Florida. Her research specialties are Caribbean and African American literature and postcolonial theory. She has taught

academic writing at the University of the West Indies, Cave Hill Campus, Barbados. Currently, she teaches English at the Christ Church Foundation School in Barbados.

Lauren Nicole Benke is a PhD candidate in literary studies at the University of Denver. She holds a MPhil in Irish writing from Trinity College, Dublin, and specializes in Irish drama, British and Irish modernisms, and performance studies. Her dissertation is titled “Gestural Articulations of Woolf and Joyce: Toward a Performative Critical Methodology.”

Francesca Bettio is professor of economics at the University of Siena, Italy. She is the author or coauthor of more than seventy publications, including books, articles, and research monographs. As an expert on female employment and gender issues, she has a long record of collaborating with the European Commission.

Lacey Bonar is a PhD candidate in the History Department at West Virginia University. She has taught introductory-level women’s and gender studies courses for West Virginia University’s Center for Women’s and Gender Studies since 2014.

De-Valera N. Y. M. Botchway, PhD, is an associate professor of history (Africa and Africa Diaspora) at the University of Cape Coast, Ghana. His interdisciplinary research and teaching span the history of world civilizations, black religious and cultural nationalism, sports in Ghana, African indigenous knowledge systems, and African studies. He was a research fellow at the Centre of African Studies, University of Cambridge, England. He was an AHP fellow in 2103–2014 and has published two books and some articles.

Nabil Boudraa is an associate professor of French and Francophone studies at Oregon State University. He has received several grants and awards, including a Fulbright Scholar and three NEH Summer Institute Grants. In the summer of 2017, Boudraa will codirect an NEH program on women’s voices in the Maghreb since independence in the 1960s. His publications include *Algeria on Screen: The Films of Merzak Allouache*, *Francophone Cultures through Film*, *Hommage à Kateb Yacine*, and *North African Mosaic: A Cultural Re-appraisal of Ethnic and Religious Minorities*. Nabil is also the coeditor of two special issues of *Journal of North African Studies* devoted to cinema, literature, and the arts in the Maghreb.

Thomas J. Brinkerhoff is a Benjamin Franklin Fellow at the University of Pennsylvania and a candidate for a PhD in history. He specializes in social, gender, and cultural history of modern Latin America, specifically Argentina.

Lauren Brown holds a bachelor of arts in religion from Berry College and a master of divinity from the McAfee School of Theology at Mercer University.

Claudia Bruno, journalist and writer, is on the editorial board of *inGenere* Web magazine. She is among the founders of, and collaborates with, the Italian branch of the International Association of Women Philosophers (IAPh-Italia).

Alicia Bublitz is currently executive director of CALYX Press, an independent feminist publishing house, and is an activist, cultural critic, women’s studies scholar, Vagina Warrior, and lifelong Girl Scout.

William Luke Burton is a college student who strives to learn, share, and experience all facets of humanity. He enjoys lively debates, the mountains, and delicious food.

Tracy R. Butts is a professor of English at California State University, Chico. Her areas of research and teaching interests include African American literature, black women writers, and hip-hop.

Eileen R. Campbell-Reed is associate professor of practical theology and coordinator of mentoring, coaching, and internship for Central Seminary (Kansas) at the satellite campus in Nashville, Tennessee. She is also codirector of the Learning Pastoral Imagination Project, a national, ecumenical, and longitudinal study of ministry. She is the author of *Anatomy of a Schism: How Clergywomen's Narratives Reinterpret the Fracturing of the Southern Baptist Convention*.

Haley Cawthon is the Formations Pastor at Redeeming Church in St. Petersburg, Florida. She received her bachelor's degree in history and philosophy & religion from Piedmont College (2013) and her master's of Divinity from Mercer University's McAfee School of Theology (2016). Her research focuses on the lives of women, the Hebrew Bible, pop culture, and social justice issues.

Kristin K. Chase is a dedicated humanitarian and development professional with experience in proposal writing and donor reporting, academic research, gender mainstreaming and monitoring, and evaluation of projects in the MENA region. Chase graduated from Oregon State University with a bachelor's degrees in women, gender, and sexuality studies and international studies. She has worked in Jordan and Iraq with international organizations and is passionate about designing programs that restore dignity for vulnerable people displaced by conflict.

Sanju Gharti Chhetri is an international student from Nepal currently pursuing her master's degree in women, gender, and sexuality studies at Oregon State University. She is passionate about working for social justice and equality. Some of her research interests are postcolonial and transnational feminisms.

Bohkyung Chun earned her BA in women's studies and French and her MA in women's studies at Ewha Woman's University in Seoul, Korea. She is currently a doctoral student in anthropology at Oregon State University, writing a dissertation on digital presumption among youth in South Korea.

Margaret Anne Clarke is a senior lecturer at the School of Languages and Area Studies, University of Portsmouth, United Kingdom. She specializes in Portuguese language, literature, and culture, and her publications include articles about the role of digital and electronic media and women's writing in the Portuguese-speaking nations.

Kellian Clink is a reference librarian with a master's degree in library science from Madison, Wisconsin; a master's degree in journalism from the University of Minnesota; and a specialist degree in educational leadership from Minnesota State University, Mankato. She has researched queer studies, student affairs, library science, and history.

Jessica Cortesi is exhibits coordinator at the History Center, home of the Allen County–Fort Wayne Historical Society. Since 2013, she has served as assistant book review editor for the Business History Conference's *Enterprise & Society*, a Cambridge University Press quarterly journal.

Lisa J. Cunningham has a PhD in Victorian literature focused on intersections of gender, class, race, and disability and disfigurement. She has a women's and gender studies certificate and currently codirects the women and gender studies program at St. John Fisher College in New York. Her teaching and research interests include U.S. and global queer studies, disability studies, and critical race theory.

JosAnn Cutajar teaches in the Gender Studies Department at the University of Malta and is the director of the Cottonera Resource Centre. This enables her to combine community activism with research and teaching. Cutajar is also the author of *Bormla: A Struggling Community* and has edited two sociology textbooks.

Drew R. Dakessian is a graduate student in women, gender, and sexuality studies at Oregon State University. She aspires to find employment as a feminist blogger focusing on women's health issues and to write and publish a book about women and ADHD, drawing from her personal experience with the disability.

Ermira Danaj is a social sciences graduate from the University of Lausanne and is currently a PhD candidate in social and human sciences at the University of Neuchatel, Switzerland. She is a Fulbright visiting scholar on sociology and gender studies at the New School, New York, and is the author of several reports and articles about gender issues in Albania.

Elizabeth M. Davis is a graduate student in the educational administration and higher education doctoral program at Kent State University in Ohio. She works in the field of international education as an education abroad adviser.

Allyson Dean is a PhD candidate in critical and sociocultural studies in education at the University of Oregon. Her research focuses on gender and the school-to-prison pipeline. She has a master's degree in college student services administration, with a minor in women and gender studies from Oregon State University. Additionally, Dean conducts policy work and research for Oregon State University.

Jennifer deCoste, PhD, is the vice president of Strategy at Credo Consulting. She focuses on working with college presidents and executive teams on strategic planning. Dr. deCoste spent decades working in social justice in higher education, including serving as CDO at numerous institutions. She won Dissertation of the Year from the AERA in 2012 and has served as a professor on numerous campuses.

Mayela Delatorre is working toward her master of arts in women, gender, and sexuality studies from Oregon State University. Her research focuses on the recruitment process of young women to ChickTech, an after-school technology enrichment program. She received her bachelor of arts in 2010 and her bachelor of science in 2011 from Oregon State University. She is a program management analyst with the federal government in Washington, D.C.

Kayo Denda is the head of Margery Somers Foster Center and a women's studies librarian at Rutgers University, where she is also an affiliate faculty of the Women's and Gender Studies Department. She has a MLS and an MA, both from Rutgers University.

Kiranjeet Kaur Dhillon is the associate director of debate and forensics and a lecturer of communication at the University of Southern California.

Jillian M. Duquaine-Watson is a faculty member in the School of Interdisciplinary Studies at the UT-Dallas. Her courses focus on social change and development, and they emphasize global comparative perspectives and cultural competence. She is founder and director of COLIBRI, a nonprofit that promotes collaborative community-based development projects.

Ashlei Edgemon is an undergraduate student in public health and health management and policy at Oregon State University. After graduation, she will attend graduate school, either in the area of student affairs or in public health. She works at the OSU Center for Civic Engagement as well as the OSU Women's Center. She is committed to making the world a more just and equitable place and believes in the collective power of people to bring about meaningful change. She plans to use her education as a tool to help further these passions.

Natalie G. El-Eid is a graduate of the State University of New York at Cortland, where she received a master's degree in English. She also holds a bachelor's degree in psychology from Central Connecticut State University. Her work has previously been published in the academic journal *The Explicator*. She will begin an English PhD program in the fall of 2017.

Anne Elias is an information resources assistant with the University of Michigan Special Collections Library in Ann Arbor, Michigan. She will complete a master of arts in information and learning technologies from the University of Colorado in August 2017. Her professional interests include instructional design and digital learning, specifically their use in libraries.

Anuncia Escala teaches Spanish language and culture at Oregon State University. She received a PhD from the University of Oregon in 1993. She is interested in women's rights in Latin America and Spain and leads delegations to Guatemala and Spain. She is originally from Barcelona, her first language is Catalan, and she likes to introduce students to her culture and language.

Amanda L. Espenschied-Reilly is the dean of general education and online learning for Aultman College, located in Canton, Ohio. She has a BS and an MS in biology from Wright State University, an MA in educational leadership from West Virginia University, and a PhD in higher education administration from Kent State University.

Shirlita Africa Espinosa was a Marie Curie research fellow at the Université du Luxembourg, working on the topic of development and migration. She received her PhD from the University of Sydney in Australia as a Ford International Fellow from 2009 to 2011. Her doctoral research on a migrant ethnography in Australia will soon be published by Palgrave Macmillan. She was born and raised in the Philippines.

Katalin Fábíán is professor of government and law at Lafayette College, Easton, Pennsylvania. She wrote *Contemporary Women's Movements in Hungary: Globalization, Democracy, and*

Gender Equality, and she edited *Globalization: Perspectives from Central and Eastern Europe and Domestic Violence in Postcommunist States: Local Activism, National Policies, and Global Forces*.

Nicole M. Farmer is a counseling psychology doctoral student at the University of Kansas. Her research primarily focuses on the Maker Movement and explores optimal states; access for underserved populations, including women; and career engagement. Additionally, she has served as a consultant for the Philippines National Center for Mental Health.

Cheryl Farney is a candidate for a master's degree in women's studies and gender studies from Loyola University in Chicago.

Tami Fawcett is a graduate student at Oregon State University in the women, gender, and sexuality studies master of arts program. She received her undergraduate degree in global studies with a concentration in peace, conflict, and humanitarian action from California State University, Monterey Bay, where she was a World Affairs Council Singleton scholar. Her current research interests include neocolonialism, girls' education in sub-Saharan Africa, neoliberalism and international aid and development, antidevelopment, and antiracism studies. She hopes to earn a PhD and teach at the university level.

Meghan Fitzgerald is a PhD candidate in Health Policy at Oregon State University. Her interests lie in women's health in the Middle East and the intersections of political conflict and gender-based violence.

Kali Furman is a doctoral student in women, gender, and sexuality studies at Oregon State University. Her research interests are in social justice education, feminist pedagogies, and history. She earned her bachelor's degree in history with minors in English and gender studies at Boise State University, and she received her master of arts in women, gender, and sexuality studies and a graduate certificate in college and university teaching at Oregon State University. Furman has experience teaching women, gender, and sexuality studies at the community college and university levels. She has worked professionally in student affairs for five years with experience in student support services, cultural resource center management, and diversity and social justice education.

Sally Gallagher is professor of sociology in the School of Public Policy at Oregon State University. She is the author of *Making Do in Damascus: Navigating a Generation of Change in Family and Work and Evangelical Identity and Gendered Family Life*, as well as numerous articles on gender, religion, and family caregiving.

Lauren Gallow is a historian and writer who received a master's degree in art and architectural history from the University of California, Santa Barbara. She has studied the visual culture of architecture and the exhibition of architectural prototypes. She works as a writer for an architecture firm in Seattle, Washington.

Susan Gilman is a research librarian at Harvard University. She earned her MLIS in 2011 from the University of Washington Information School and her bachelor's degree in history and women's and gender studies in 2009 from the University of Oregon.

Karis Gjoci is an English instructor who received a master's degree in social and philosophical foundations of education with an international and comparative focus from the University of Akron. She teaches world literature and ESL at Kean University. Her research focuses on women's stories of courage in times of national trauma and their silent resilience that joins the efforts for peace. She is particularly interested in how these stories highlight patterns of sacrifices that women make for the sake of family and country. Her is the author of a collection of stories, *The Albanian Women of 1950s*.

Stephanie Glick, MA, is an artist and educator. Her scholarship explores healing, diasporic trauma, epigenetics, and trauma-informed teaching. She calls on the visual and audio arts as well as body movement to help decolonize her own practice of teaching and learning. Glick is passionate about social justice issues that relate to gender and identity.

Jamie Graen is a freelance writer who received a master's degree in interdisciplinary studies from Oregon State University. She is working on research for a book about developing the politically rich implementation of democracy in Oregon to encompass those who have been previously overlooked in history.

Gabrielle L. Gray is a second-year political science doctoral student at Howard University in the concentrations areas of American government and black politics. Her research focuses on examining racism, social and educational disparities, and the politics of protest. She holds an MA in educational policy and leadership from Marquette University.

Amanda S. Green has a PhD from Oregon State University. She is an applied cultural anthropologist who specializes in indigenous food movements of the Arctic, with a focus on Sámi activism in Sweden. She is completing a postdoctoral fellowship in environmental studies at Davidson College, Davidson, North Carolina.

Kathryn Green is a PhD candidate and graduate teaching assistant in the Department of Comparative Humanities at the University of Louisville, Kentucky. Her research focuses on heroism and the characterization of women in Old English poetry.

Graziele Grilo is a graduate student of women's and gender studies at Towson University. She received her BA from UNICAMP (2012) in political science and her teaching degree in social sciences from the same institution (2010). Her thesis research is in the area of gender, politics, and religion in Brazil, her country of origin.

Amela Hadžajlić is a historian and lecturer at the American University in Bosnia and Herzegovina, teaching modern European history (16th through 20th centuries). Her most important work includes research on Bosnian-Herzegovinian women in the 19th century through travel books and chronicles.

Karim Hamdy is an independent scholar and consulting engineer with interests in sustainable development, gender, business, and cross-cultural communication. He taught languages at Oregon State University and was the founding director of the OSU study-abroad programs in Tunisia (2004–2011). His published work includes refereed papers, book chapters, and book-length translations from Arabic and French into English. He serves as project manager in a

federally funded entrepreneurship project in Tunisia and is a consultant with private companies in Tunisia and France as well as with a government agency in Tunisia.

Molly Hand has a PhD from Florida State University. She is a scholar and editor, specializing in early modern literature and gender studies. She is coeditor of a collection of essays, *Animals and Animality in the Literary Field*, and her research appears in *Renaissance and Reformation/Renaissance et Réforme*, *Working Subjects in Early Modern English Drama*, and the *Oxford Handbook of Thomas Middleton*. She is also the editor of a historical anthology, *Women's Writings in Christian Spirituality*.

Jane Harris is professor of religious studies at Hendrix College, in Conway, Arkansas. She received her doctorate in American religious studies from the University of North Carolina, Chapel Hill. Her research interests include the history of Protestant female missionaries in China in the 19th and 20th centuries.

Adele Harth is a CODA (Child of Deaf Adults), and a RID-certified interpreter with 40 years' experience in the field. She has a BA in history from California State University, Chico.

Sebastian Heiduschke, PhD, is an associate professor in the world languages and cultures program in the School of Language, Culture, and Society at Oregon State University. His publications include books and essays on German film and culture.

Candy A. Henry received her PhD in literature and criticism from Indiana University of Pennsylvania. She was a professor of English at Westmoreland County Community College in Pennsylvania and the author of numerous publications in literary encyclopedias and college textbooks. She passed away in 2017.

Jennifer M. Hewerdine is a professor of English at Arizona Western College in Yuma, Arizona, and a doctoral candidate in rhetoric and composition at Southern Illinois University. She has authored articles on collaborative writing projects and writing center tutoring.

Alexandra Hrycak received a master's and a doctorate in sociology from the University of Chicago. She is currently a professor of sociology at Reed College in Portland, Oregon. Her research and publications explore the roles that women play in contemporary public life in Ukraine. She teaches classes on social movements, culture, and the collapse of communism.

Heather Montes Ireland received her PhD at Indiana University in gender studies with a graduate minor in Latino studies. She is a postdoctoral fellow in the Center for Gender and Sexualities Studies and visiting faculty in the women's and gender studies program at Marquette University in Milwaukee, Wisconsin.

Dong Isbister is an assistant professor of women's and gender studies at the University of Wisconsin, Platteville. Her research and teaching interests include collective memory and immigration, transnational feminism, environmental humanities, U.S. multiethnic studies, women's literature, feminist pedagogy, and translation and interpreting studies. She has published scholarship in books and journals.

Melissa Jacobs is a current graduate student at Clemson University and an alumnus of College of Charleston. She takes pride in both her work as a teacher and her work as an activist. She hopes to earn a PhD so she can continue her path to professorship.

Lzz Johnk is a queer Mad scholar from mid-Michigan. They lived in Cambodia for four years, during which time they became interested in transnational feminist perspectives and queer identities in non-Western contexts. They received their MA in women's and gender studies from Eastern Michigan University in 2016. Lzz is currently researching the lived experiences of multiple marginalized people under American neoliberal capitalism, especially of those who identify as Mad, crip, or disabled.

Natalie P. Johnson is assistant professor of political science and geography at Francis Marion University in Florence, South Carolina. She received her PhD from the University at Albany, SUNY. She teaches constitutional law, criminal justice, and American politics.

Mary Jordan is an immigration attorney in Boulder, Colorado. She represents families and businesses in their immigration applications for a local private practice. Previously, as part of a nonprofit organization, she developed and managed the JUSTICE program, which provided direct legal services to immigrant survivors of domestic violence, trafficking, and other violent crimes.

ReGina E. Kaylor studied women, gender, and sexuality studies at Oregon State University. Her main interests in this area are indigenous women's rights, reproductive justice, and elimination of rape culture in our society.

Brenda Kellar is a PhD candidate in the history of science program at Oregon State University (OSU). Kellar also has an MA in archaeology and is an instructor for the Anthropology Department at OSU. Her research focuses on honey bees and examines the role of science in policy creation.

Njoki-Wa-Kinyatti is a professor and chief librarian at York College, the City University of New York. She holds master's degrees in library and information science and in public administration. Kinyatti's research interests focus on gender discrimination in education and violence in Africa, with a special emphasis on sub-Saharan Africa.

Suphan Kirmizialtin is a historian of the Middle East who received a master's degree and doctorate in history from the University of Texas, in Austin. Her research interests focus on gender, education, and modernization in the late Ottoman Empire and in modern Turkey. She is currently a lecturer at Murad Hudavendigar University in Istanbul and teaches the history of the Turkish Republic.

Reshma Korothe is a Fulbright scholar from India who is pursuing a master's degree in women, gender, and sexuality studies at Oregon State University. Her research examines the interconnection between the undemocratic ideals on nationalism that led to the enactment of the Armed Forces Special Powers Act (AFSPA).

Tuperna Kristensen is working toward her bachelor's of social sciences at the University of Greenland and works as a freelance research assistant at the Survey of Living Conditions in the Arctic, SLiCA Greenland.

Amanda Backer Lappin is a doctoral student in counseling psychology at the University of Kansas. Amanda's research interests include LGBTQ identity development, mental health

first aid, and the role of gender and sexuality in counseling. Amanda is currently working to develop a manual to educate therapists on LGBTQ issues in counseling.

DongMei Li is a PhD candidate in the educational policy and planning program of the Department of Educational Administration, College of Education, at the University of Texas at Austin. Contextualized in the United States and China/Asia, her research examines education policy impacts and implementation with a focus on education access and equity issues, gender inequity, school accountability, and educational reform.

Janet Lockhart, MS, MAIS, has taught women studies classes for Oregon State University, and she has coauthored with Dr. Susan M. Shaw three collections of diversity exercises: *Writing for Change: Raising Awareness of Difference, Power, and Discrimination*, *The Power of Words*, and *Making Connections: Your Education, the World Community, and You*.

Lori A. Loesch received a bachelor of arts from Weber State University in 2008 and a bachelor of arts from the University of Utah in family, consumer, and human development in 2012. Upon completion, she was accepted to Utah State University's graduate school in family, consumer, and human development, specializing in infancy and young children and women and leadership. She completed her master's in human development and was accepted in the PhD program in 2017.

Rosa Lynge Lorentzen is a graduate student in social sciences at Ilisimatusarfik, the University of Greenland. She is also a research assistant at the Survey of Living Conditions in the Arctic, SLiCA Greenland.

Cari Maes is an instructor of history and women, gender, and sexuality studies at Oregon State University. She received an MA in Latin American and Iberian studies from UC, Santa Barbara, and a PhD in history from Emory University. She received a Fulbright grant for research on maternal and infant health in 20th-century Brazil.

Kenneth Maes received a PhD in anthropology from Emory University and is currently assistant professor of anthropology at Oregon State University. He has conducted ethnographic work in Ethiopia since 2006, focusing on community health workers, health systems, and gender and power. He is the author of *The Lives of Community Health Workers: Local Labor and Global Health in Urban Ethiopia*.

Karabo Mafolo has an undergraduate degree in gender studies and sociology from the University of Cape Town. She also completed her honors degree in gender studies at the University of Cape Town. She is interested in how media, sex, and sexuality intersect. Her writing and research is informed by black feminist theory. She is currently pursuing a law degree.

Roxana-Elisabeta Marinescu is an associate professor with the Bucharest University of Economic Studies, in Romania. She holds a PhD magna cum laude from the University of Bucharest, with a thesis on identity and postcolonialism. Dr. Marinescu has published articles, textbooks, and theoretical books on intercultural communication, cultural studies, multilingualism, education for democratic citizenship, and gender studies.

Karen G. Massey is the associate dean for the master's degree programs at the McAfee School of Theology in Atlanta, Georgia. She holds the Watkins Christian Foundation Chair of

Christian Ministry and teaches in the disciplines of Christian education, liturgy and worship, and faith formation. Dr. Massey has published a book, *And Your Daughters Shall Prophesy: Sermons by Women in Baptist Life*, and has written numerous articles, book chapters, and curriculum pieces about worship and faith formation in the church.

Rekopantswe Mate is a lecturer in the Sociology Department at the University of Zimbabwe where she teaches undergraduate social anthropology, gender studies, and qualitative research methods. After her undergraduate studies at the University of Zimbabwe, she did postgraduate studies in the Netherlands at Wageningen University and at the International Institution of Social Studies (ISS), now part of Erasmus University Rotterdam (EUR), for master's and doctoral degrees, respectively. Her research interests are in socioeconomic development and how it encroaches on gender and generational relations in Zimbabwe with publications in journals and book chapters.

Christian Matheis is a visiting assistant professor of government and international affairs in the School of Public and International Affairs at Virginia Tech. He specializes ethics, political philosophy, and philosophy of liberation with concentrations in migration, refugees, feminism, race, global justice, and public policy. His recent research focuses on philosophical conceptions of solidarity in liberatory movements, notions of recognition and identity in liberal models of social justice, moral criteria for regulating how state administrative agencies treat refugees, critiques of immigration and border policies, critiques of whiteness studies, and the aesthetics of race.

Natalie Miller graduated with an honors degree from the chemical engineering program at Oregon State University in June 2017. She has an interest in women studies, especially women in science. She plans to continue her education with a master's degree related to health and safety.

Sahar Mohtashamipour is a social activist and a freelance writer and translator. She holds an associate's degree in architecture. Her bachelor's degree is in social science from Tehran, Iran. Mohtashamipour pursued her education in women's studies at Oregon State University. She wrote a master's thesis on Iraqi women's narratives of the 2003 U.S. invasion of Iraq.

Elba Moises is a community educator who received a master's degree in public health and a graduate certificate in college and university teaching from Oregon State University. Moises is currently a doctoral student in education at the University of Washington. Her research interests are in how learning environments, race, and culture interact with student identity and motivation. Specifically, her research examines the intersections of racialized and teacher identity for graduate teaching assistants of color at predominantly white institutions.

Hasnaa Mokhtar is a PhD student in international development at Clark University, Worcester, Massachusetts. Her current research examines religio-cultural gender-based violence in the Arab Gulf States through an intersectional approach to hegemonic masculinity. She is studying the intersection of Muslim men's social identities with local and global systems of oppression that contribute to the construction of violent and hierarchal forms of Muslim and Islamic masculinities. She holds a master's degree in international development and social change and a bachelor's in English language. Prior to beginning her graduate studies, Mokhtar worked as a journalist for Arab News, Saudi Arabia.

Susan E. Montgomery is associate professor and public services librarian at the Olin Library at Rollins College in Winter Park, Florida. She holds an MA in Latin American studies and an MS in library and information studies. She serves as the library liaison to the Latin American Studies Program.

Meghna Mukherjee is a graduate of Columbia University, where she studied sociology and human rights. She works in nonprofit development and strategy. Her research focuses on issues of gender and its intersection with race, class, and ethnicity, and her projects have covered aspects of women's lives in India, Saudi Arabia, Bahrain, and the United States.

Shpresë Mulliqi, MA, is a PhD candidate and professor of investigative journalism and journalists' rights at the University of Prishtina "Hasan Prishtina" in Prishtinë, Kosovo. She is author of the *Development of the Concept of Media Convergence through Digitalization in Kosovo*.

Brenda Murphy, PhD, lectures in gender studies at the University of Malta. Recent publications include "Malta: A Critical Mapping of Women in the Media" (2017) and *Brewing Identities: Globalisation, Guinness and the Production of Irishness* (2015). She has coauthored *Gender and Sexuality: Mapping Histories and Departures* and *Media Stories: Histories, Methods and Practices* (2016).

JoAnna R. Murphy is a fat studies and cultural studies scholar who received her MA in sociology at the University of Toledo. She is a doctoral candidate at Bowling Green State University in Ohio. Her dissertation research examines women who self-identify as having a body shape, size, or weight outside the cultural norm and their relationship to popular culture, including how and when they accept, resist, and subvert fat-shaming messages.

Aisha K. Nasser was born in Egypt and has lived in Oman, United Arab Emirates, and the United States. Her bachelor's degree in Middle East studies is from American University in Cairo. Her master's degree in women, gender, and sexuality studies is from Oregon State University. Her PhD in Middle East politics is from University of Exeter. Nasser's research has been on power in Naguib Mahfouz's *The Cairo Trilogy*.

Marceline Naudi, PhD, is an academic and activist who lectures in gender studies at the University of Malta and is active in women's and LGBTI groups. She also sits on boards of local and European organizations, mainly in the field of violence against women. She is currently an elected member of GREVIO, the monitoring board of the Istanbul Convention.

Florine Ndakuya is a PhD candidate at the University of Wisconsin, Milwaukee, where she also received her bachelor's degree. Her dissertation focus is understanding HIV risk factors and prevention needs among young women in Kenya. Ndakuya was born and raised in Kenya and currently resides in the United States, where she is a registered nurse.

Patricia Neville, PhD, is a sociologist and lecturer in social sciences at the School of Oral and Dental Sciences, at the University of Bristol. Her research on the sociology of gender and health has been published in such journals as *Health Sociology Review*, *New Media & Society*, *Teaching Sociology*, *Journal of Gender Studies*, and *Journal of Men's Studies*.

Yuanlu Niu is a doctoral student in the Department of Workforce Education and Development at Southern Illinois University, Carbondale (SIUC). She holds a master of business administration degree from SIUC. Her research focuses on workforce diversity, physical appearance discrimination, human resource development, gender issues in Asia, and women's studies.

Melissa Norton graduated from Indiana University–Purdue University Fort Wayne in 2016 with bachelor's degrees in history and women's studies. She has presented papers at Indiana University–Purdue University Fort Wayne Undergraduate History Conference and Indiana University Women's and Gender Studies Undergraduate Conference.

Leakhena Nou is a Cambodian-born medical sociologist. She is an associate professor of sociology at California State University, Long Beach, and is the founder and director of the Applied Social Research Institute of Cambodia (ASRIC). Her scholarly work encompasses the areas of genocide studies, women's studies, Cambodian mental and physical health, human rights, and restorative justice.

Alexandra Novitskaya is a PhD student in women's, gender, and sexuality studies at Stony Brook University, SUNY. Her research interests are in the intersections of sexuality, national identity, migration studies, and queer theory. In her doctoral dissertation, she explores the experiences of nonheterosexual Russian emigres in the United States.

Vaida Obelene, PhD, is a researcher at the Uppsala Centre for Russian and Eurasian Studies, where she works on post-Soviet sexualities. She subsequently worked as research officer on gender mainstreaming at the European Institute for Gender Equality.

Maralisa Morales Ortiz was born and raised in Bogotá, Colombia. In 2012, she earned her master's degree in Latino studies from Oregon State University, where she currently teaches Spanish. Her research interests are agency around Latino sexualities and how ideas about sexuality are constructed. In addition to her work at OSU, she teaches human sexuality to Latino teens.

Aneta Ostaszewska, PhD, is an assistant professor at the Institute of Social Prevention and Resocialization at the University of Warsaw, Poland. She is an author and coauthor of works on auto/biography and women's issues.

Idir Ouahes studied at London's School of Oriental and African Studies and then completed a PhD at the University of Exeter. His thesis looked at French attempts at creating a colonial protectorate in the Levant and local efforts limiting that vision. Ouahes teaches international politics at Marbella International University Centre in Spain. He briefly worked for the House of Commons and the U.K. government. He has published academic chapters and articles in English and French.

Cat Pausé is the editor of *Queering Fat Embodiment*. As a senior lecturer in human development and fat studies researcher at Massey University in New Zealand, her research focuses on the effects of spoiled identities on the health and well-being of fat individuals. Her work appears in scholarly journals such as *Feminist Review* and *Narrative Inquiries in Bioethics* as well as online for the *Huffington Post* and *The Conversation*, among others.

Michael Pelz received his PhD from the University of Toronto. His research focuses on LGBT rights in the EU, particularly in the Baltic area.

Katharina B. Pelzelmayer analyzes gendered and ethnicized understandings of work in 24-hour elderly care in Switzerland for her doctoral thesis. She is interested in gender theories, feminist epistemology, bodies, and women's health.

Beth L. Perlman is a doctoral psychology intern at the University of Washington Counseling Center. She received her master's degree in community counseling from the University of Nebraska, Lincoln, and is currently a doctoral candidate in counseling psychology at the University of Georgia. Perlman's dissertation explores the influence of immigration-related media depictions and public policy on psychological well-being.

Jamie L. Petts is a biocultural medical anthropologist who received a master's degree in international public health from Oregon State University in 2009, and she is currently a doctoral candidate in applied medical anthropology at Oregon State University. She is doing dissertation research studying well-being among adopted and migrant Ethiopian youth in the United States; this work is being funded by the National Science Foundation.

MarieKathrine Poppel holds a master's in social sciences from University of Greenland, where she teaches and researches gender and gender equality issues. She has published extensively, most recently including "Are Women Taking over Power and Labour from Men? Gender Relations in Pre- and Post-Colonial Greenland" (2015) and "Citizenship Practices" (2014). She edited the book *Gender and Violence in Greenland*.

Farhana Rahman is a Cambridge International Trust Scholar and PhD candidate at the Centre for Gender Studies, University of Cambridge. Her research interests include gender, religion, and lived experiences in Muslim societies. Farhana has extensive experience in the gender and development sector, working internationally for various organizations in the Global South in countries such as Afghanistan, Bangladesh, Uganda, and Zambia.

Joanna K. Raskauskas was born and raised in Livermore, California. She received a bachelor's degree in women, genders, and sexuality studies from Oregon State University. Raskauskas will continue her education in the counseling field. She is the second author in her family; her sister Juliana L. Raskauskas (1975–2016) worked hard to end social injustice of bullying. Joanna works hard and participates in activism that will promote gender equality and fight sizeism.

Herwig Reiter, PhD, is a senior researcher at the German Youth Institute in Munich, Germany. His work about Eastern Europe and Lithuania has been published in the *Journal of International Relations and Development* and the *Journal of Baltic Studies*.

Laura Rice is professor emerita of comparative literature at Oregon State University. Her publications include books and articles on North African literature, gender, literacy, and women's roles in development. As principal investigator, she has designed and conducted federally funded R&D projects on the MENA region sponsored by the National Endowment for the Humanities, Fulbright, U.S. Department of Education, and the U.S. Department of State.

Andrea Robertsdotter is currently an assistant professor and campus librarian in the Department of Public Library Services at Western Kentucky University, Glasgow. She holds a master's degree in library and information science from Drexel University and a master of arts in American and British literature from Indiana State University. Her research interests are slave narratives, African American poetry, and literature.

Audrey Robinson-Nkongola is an assistant professor and campus librarian at Western Kentucky, Glasgow. She earned a master of arts from Indiana State University in Terre Haute, Indiana, and a master of library information science from Drexel University in Philadelphia, Pennsylvania.

Karissa Sabine is a master's student and graduate teaching assistant in women, gender, and sexuality studies at Oregon State University. Her research revolves around the ways girlhood is represented in the films of Hayao Miyazaki.

Brian Santana is currently a professor in the Department of Writing and Linguistics at Georgia Southern University. He holds a PhD in American studies from George Washington University and a master of arts in English from North Carolina State University. His research interests include 19th-century American literature, film studies, and cultural theory.

LinDa Saphan earned a PhD in sociology in Paris in 2007. Saphan is an associate producer and head researcher for the documentary film *Don't Think I've Forgotten: Cambodia Lost Rock and Roll*, directed by John Pirozzi, which was released in 2014. She is currently an assistant professor of sociology at the College of Mount Saint Vincent.

Awo Abena Amoa Sarpong, PhD, is a lecturer of art education at the University of Cape Coast, in Ghana. She teaches courses that draw on her research on culturally responsive education. She coauthored a chapter, "Fancy Dress Masquerade in Cape Coast as a Haven for Negotiating Eccentricity during Childhood," in *Misfit Children: An Enquiry into Childhood Belongings*. She is also curator of the Gramophone Records Museum and Research Centre in Ghana.

R. Kyle Saunders is a first-year doctoral student of sociology at West Virginia University. His current research is in social psychology and involves bias, blame, and helping behaviors. His dissertation strives for an expansion of the concept of morality and status characteristics theory, specifically exploring sexual orientation as a status characteristic.

Dawn Schiller is a survivor and leader in the antitrafficking, domestic violence, and sexual assault movements. She is a national speaker, consultant, and author. She graduated summa cum laude in 2012 with a BS in liberal studies, and in 2017 she earned an MA in women, gender, and sexuality. She teaches courses on activism and difference, power, and discrimination and is a contributing writer for Crixeo.com. She is a member of Phi Kappa Phi honors society and sits on multiple organizations dedicated to ending violence against vulnerable populations, particularly women and girls.

Debra L. Schultz, PhD, is an assistant professor of history at Kingsborough Community College in Brooklyn, New York. She is the author of *Going South: Jewish Women in the Civil Rights Movement*.

Tamanna M. Shah is a sociologist. She received a master's degree in sociology from Kansas State University and an MBA from DAV University. She is currently a research analyst and leads the company's research group at IL&FS Clusters, where she is actively involved in publishing impact assessments of projects across the verticals of education, clusters, and skills. She also facilitates the strategic use of knowledge management resources and research capabilities.

Maysa Shakibnia-Shirazi is studying public health at Oregon State University. She is an Iranian American born and raised in Oregon, and she enjoys spending her summers in Iran, where she studies Farsi, travels, enjoys time with her family, and eats Persian cuisine cooked by her grandmother.

Karen J. Shaw is the vice president and chief development officer for Samaritan Foundations in Corvallis, Oregon, supporting the Samaritan Health Services system. She holds a BS from Berry College in Rome, Georgia, and has spent her career in nonprofit and higher education development.

Mary-Antoinette Smith is an associate professor at Seattle University who received a PhD in 18th-century British literature from the University of Southern California. In addition to having served as director of women and gender studies, she is passionate in how her pedagogical and scholarly work promotes race, class, and gender theory as the primary lens for interpreting literary and cultural works and in her commitment to mission work she has done in Uganda and Kenya.

Tiffani J. Smith is a PhD student in the School of Educational Studies and holds a certificate in women and gender studies. She holds a BA in communication studies and political science with honors as well as an MA in communication studies. Her research focuses on the resistance, navigational, and resilience capital of women of African descent, particularly but not limited to education, politics, and media representations.

Vanja Spirić completed the individualized interdisciplinary MA program with a focus in sociology at the University of Lethbridge in Alberta, Canada. Her interests include philosophy of social sciences, qualitative research methodology, and disability studies.

Nykia Steger is a Two-Spirit student, artist, writer, and poet who graduated with a BS in anthropology from Oregon State University and resides in Corvallis, Oregon. He is presently completing an MA in women, gender, and sexuality studies at Oregon State University with a graduate teaching assistantship appointment. Steger's poetry and art depicting the queer, indigenous experience was highlighted in the recently published collection *Locusts: A Post-Queer Nation Zine*.

Alissa Stoehr is a lecturer in the Sociology Department and the women's and gender studies program at Iowa State University in Ames, Iowa. Her research interests include human trafficking, women's and gender studies programs at community colleges, and work-life balance issues of female PhD students.

Sudy Storm, MPH, has worked in West Africa since 1999 as a midwife and clinical medical anthropologist to provide training and capacity-building programs for traditional midwives

and community health workers in remote village regions. She continues to work and conduct research into the medical ecology of maternal-child health in Sierra Leone, where she lives for several weeks each year.

Beth Strickland is a PhD candidate in library and information science at the University of Illinois, Urbana-Champaign. She has a background in women and gender studies and is currently researching the privacy and security implications of using IoT-enabled medical devices.

Amy Stringer received her PhD in political science from the University of Florida with a focus on American government and public policy. Her research interests include Latino politics, education policy, immigration policy, women and government, Congress, environmental policy, and the bureaucracy. She currently works as a research analyst for a nonprofit and conducts research on school choice.

Sarah Taylor is a PhD student at the University of Nebraska-Lincoln. Her research focuses on violence against women and cultural competence.

Yihenew Tesfaye is a biocultural medical anthropologist who received a master's degree in biomedical sciences from Addis Ababa University, Ethiopia. He is a doctoral candidate in applied medical anthropology at Oregon State University. He has been involved in several studies in East Africa focusing on health (malaria), water insecurity, water governance, and women's psychosocial well-being. His dissertation will focus on developing and validating a water insecurity measurement scale in rural Ethiopia.

Jennifer Thorpe is a feminist writer and researcher based in Cape Town. She has a master's degree in political studies from Rhodes University and a master's in creative writing from the University of Cape Town. She will spend 2017 writing fiction and researching LGBTI access to political spaces.

Francesca Tronetti, ABD, is a doctoral student in women's spirituality at the California Institute of Integral Studies, San Francisco. She received a joint master's in anthropology and women and gender studies at Brandeis University. Her work is focused on the anthropology of religion, women's experiences of the divine, and pagan studies. She teaches ESL to immigrant and refugee students at the Multicultural Community Resource Center in Erie, Pennsylvania.

Chloe Tull has an MA in U.S. political history from the Ohio State University and a BA in U.S. history from Oregon State University. Her scholarship focused on the intersections between women, labor, and welfare during World War II. She currently works in the field of health care as a recruiter and is passionate that equal access to health care must be a right for all.

Maura Valentino began her career as a Microsoft-certified trainer, teaching programming and database administration. She then returned to school and received an MSLIS from Syracuse University. Beginning in 2009, she served as the coordinator of digital initiatives at the University of Oklahoma and currently is the metadata librarian at Oregon State University. Her research interests focus on the digital libraries, metadata, and data management.

Vanessa Vanderzee earned her bachelor's degree at Dominican University in River Forest, Illinois, and is pursuing a master's degree in women, gender, and sexuality studies at Oregon State University. Her thesis research centers on asexuality and uses social media analysis to explore asexual-identifying individuals' experiences in accessing health care services.

Urvashi Vashist teaches at the University of Delhi and researches 20th-century fictions, women's writing, and geomodernism. She has written and published articles on the postcolonial fantastic, Virginia Woolf, Cornelia Sorabji, Arundhati Roy, Adivasi writing, Doris Lessing, Diana Wynne Jones, fan fiction, European modernism, and contemporary theatre in London. Her interests include otherness, precarity, feminist dissent, queer reorientations of postcolonial (hi)stories, (anti)canonicity, participatory culture, pedagogy as resistance, and the fantastic as radical realism. She collects protest poetry by women and is currently working on storytelling in alien tongues by Silvina Ocampo, Ling Shuhua, Octavia Butler, and Mahasweta Devi.

Virginia Villamediana has a master's degree in social sciences with a focus in gender and development from FLACSO, Ecuador (Facultad Latinoamericana de Ciencias Sociales). She is currently a doctoral student in Andean Studies of the Sociology and Gender Department at FLACSO, Ecuador. Her current research focuses on politics and citizenship.

Craig Warlick is a student in counseling psychology at the University of Kansas. Craig's research lies in the intersections of religious fundamentalism, vocation, positive psychology, and evidence-based treatments in psychotherapy for underserved populations, including women. He is an alumnus of the University of Kansas and the University of West Alabama.

Richard Weiner has a PhD in history from the University of California, Irvine (1999), and is a professor and the department chair of history at Indiana University–Purdue University Fort Wayne, as well as the associate editor of reviews for *Enterprise and Society*. His most recent book (coauthored with Francisco Altable, Edward Beatty, and José Enrique Covarrubias) is *El mito de una riqueza proverbial: Ideas, utopías y proyectos económicos en torno a México en los siglos XVIII y XIX*.

Rachel Wexelbaum is an associate professor and librarian at St. Cloud State University in St. Cloud, Minnesota. She writes encyclopedia entries dealing with women's studies, LGBT studies, Jewish studies, and other topics for traditional reference resources and Wikipedia. Currently, she is working on an LGBT studies research guide for Rowman & Littlefield.

Lacey Willmott, MSc, is a PhD candidate in geography at the University of Waterloo. Her research examines gender, disasters, global health, and management through a lens of intersectional equality, with a regional focus on Southern Africa. She has worked, researched, consulted, and taught across Southeast Asia in the areas of small island sustainable development, community-based development, women's livelihoods, and environmental management.

Nicole Wiseman is a cultural anthropologist who received her master's degree in applied anthropology from Oregon State University in 2015 after completing her thesis research on the consequences of structural violence for women of North African origin in Marseille, France. She served as an anthropological consultant for the nonprofit organization *Approches Cultures & Territoires* for its exhibit on shantytowns in Marseille, hosted in the Musée d'Histoire

de Marseille. She continues her work fighting for social justice through the labor movement in the United States.

Miriam Wojtas is an undergraduate student in women, gender, and sexuality studies; Spanish; and peace studies at Oregon State University. She is working on an honors thesis that focuses on migrant narratives, illegality, and processes of racialization in the United States.

Melissa Crocker Wolfe has a master of interdisciplinary studies and a graduate certificate in university teaching from Oregon State University. She has presented her work on queer Chicanas and Latinas at conferences in the United States and Puerto Rico. Her areas of focus include gender and sexuality and contemporary Latin@ studies.

Susan Wood is a librarian at Suffolk County Community College. She holds an MA in women's studies and rhetoric and composition and an MS in information sciences. Her research interests include information literacy and feminist theory.

Karinda Woodward possesses a master's degree in women, gender, and sexuality studies. Her research interests include reproductive and epistemic justice with a focus on respectable parenthood, poverty, class, and "worthy" knowledge. Theoretical approaches applied in Woodward's research include affect theory, social abjection, queer theory, and biopolitics. Woodward has taught courses on introductory feminisms and LGBTQ perspectives. She employs her academic interests through supporting underserved individuals and families within a nonprofit organization.

Shanshan Yang received her PhD in Asian and comparative studies from California Institute of Integral Studies. Her research focuses on gender, philosophy, and education. She is the founder of Orchid Multi-culture, the director of Early Bird International Cultural Exchange, and an officer of the American Academy of Religion Western Region.

Susy Zepeda is an assistant professor in Chicana/o Studies at UC Davis. She is a decolonial feminist scholar and received her PhD in sociology (feminist studies and Latin American and Latino studies) from UC Santa Cruz in 2012. Zepeda is part of the Santa Cruz Feminist of Color Collective.

Index

Note: Numbers in **bold** indicate volume number.

- Abbott, Tony, **3:2**
- Abboud, Ibrahim, **1:322**
- Abdullah, Abritty, **3:21**
- Abdullah bin Abd al-Aziz Al Saud (king, Saudi Arabia), **1:164**, 169, 170
- Abe, Shinzo, **3:284**
- Aboriginal Australians, **3:1**, 2
 - deaths in custody of, **3:5**
 - health of, **3:4**
 - housing for, **3:7**
 - religious beliefs of, **3:10**
 - removal of children of, **3:11–12**
- Abortion
 - in Albania, **4:3–4**
 - in Algeria, **1:12**
 - in Argentina, **2:5**, 6
 - in Belarus, **4:28**
 - in Belgium, **4:34**, 35
 - in Brazil, **2:55**
 - in Brunei, **3:301**
 - in Bulgaria, **4:53–54**
 - in Central African Republic, **1:45**
 - in Chile, **2:93**
 - in China, sex-selective, **3:63**
 - in Croatia, **4:68–69**
 - in Czech Republic, **4:74**
 - in Democratic Republic of Congo, **1:54**
 - in Denmark, **4:82**
 - in Ecuador, **2:142**, 148, 149
 - in El Salvador, **2:155**
 - in Eritrea, **1:75**
 - in Estonia, **4:94–95**
 - in France, **4:108–109**
 - in French Caribbean, **2:167**
 - in Georgia, **4:124**
 - in Ghana, **1:95**
 - in Greenland, **2:185**
 - in Guam, **3:74**
 - in Guatemala, **2:196**
 - in Iceland, **4:157**
 - in Iran, **1:105**
 - in Ireland, **4:170–171**
 - in Israel, **1:123**
 - in Ivory Coast, **1:129**
 - in Jamaica, **2:242**
 - in Kosovo, **4:186**
 - in Lebanon, **1:176**
 - in Lithuania, **4:207**
 - in Macedonia, **4:265**
 - in Malawi, **1:213**
 - in Mexico, **2:251**
 - in Myanmar, **3:198**
 - in Namibia, **1:236**
 - in Netherlands Antilles, **2:269**
 - in New Zealand, **3:217**
 - in Nicaragua, **2:278**, 280
 - in Nigeria, **1:245**
 - in Norway, **4:235**
 - in Pakistan, **3:242–243**
 - in Peru, **2:321**
 - in Poland, **4:247–248**
 - in Republic of the Congo, **1:262**
 - in Romania, **4:277**
 - in Russia, **4:292**
 - in Slovakia, **4:311–312**
 - in South Africa, **1:305**
 - in South Korea, **3:280**
 - in Spain, **4:322**
 - in Suriname, **2:348–349**
 - in Taiwan, **3:307**
 - in Thailand, **3:323**
 - in Trinidad and Tobago, **2:340**
 - in Tunisia, **1:345**
 - in Turkey, **4:359**
 - in Ukraine, **4:369–370**
 - in United States, **2:364**
 - in Uruguay, **2:376**
 - in Venezuela, **2:389**
 - in Yemen, **1:271–272**
 - in Zimbabwe, **1:368**
- Abu Dhabi, **1:354**, 356
 - See also* United Arab Emirates
- Abyei region (Sudan), **1:315**
- Académie Française, **4:113**
- Acid attacks, in Cambodia, **3:47–48**
- Adichie, Chimamanda Ngozi, **1:249**
- El-Adl, Doaa, **1:72**
- Adolescent fertility, **1:302**
- Adoption
 - in Canada, **2:72**
 - of Korean children, **3:286**
 - in Kosovo, **4:191**
 - in Norway, **4:238**
 - in Sweden, **4:338**
- Adult education
 - in Denmark, **4:84**
 - in Latvia, **4:200**
 - in Norway, **4:236**
 - in Serbia, **4:300**
 - in Sweden, **4:334**
 - in Tunisia, **1:349**
 - in Venezuela, **2:387**

- Afghanistan, 1:1–10
 Constitution of, 4:414–415
 United States war with, 2:370
- Afghanistan Multiple Indicator Cluster Survey (AMICS), 1:2
- African Americans, 1:190
- African Charter on Human and Peoples' Rights (Banjul Charter), 1:205, 266, 4:396–397
- African Union (Organization of African Unity), 1:80
- Afro-Belizeans, 2:27
- Afro-Brazilians, 2:51, 61
- Afro-Colombians, 2:97, 105–106
- Afro-Cubans, 2:120, 124, 126, 127
- Afro-Mexicans, 2:257–258
- Afro-Nicaraguans, 2:279
- Afro-Peruvians, 2:326
- Afro-Uruguayans, 2:381–382
- Afro-Venezuelans, 2:394
- Afworki, Isaías, 1:74
- Age discrimination, 4:222–223
- Aguigui Reyes, Rosa, 3:72
- Aguiñaga Vallejo, Marcela, 2:147
- Ahmadinejad, Mahmoud, 1:108, 111
- Ahmed, Abdelraouf Elsidig, 1:327
- AIDS. *See* HIV/AIDS
- Aisha (princess, Jordan), 1:141
- Akayesu, Jean-Paul, 1:277
- Akhdam Clinic (Yemen), 1:271
- Al Khalifa, Sabeeka bint Ibrahim (princess, Bahrain), 1:23
- Al Khalifa, Shaikh Isa bin Salman, 1:19
- Al Nahyan, Sheikh Khalifa bin Zayed, 1:354
- Al Nahyan, Sheikh Zayed bin Sultan, 1:354
- Al Qaeda, 1:118–119
- Al-Ali, Nadej Sadig, 1:115, 118
- Al-Asad, Bashar, 1:331
- Al-Asad, Hafiz, 1:331
- Al-Asbahi, Amat al-Aleem, 1:273
- Al-Awadhi, Lulwa, 1:24, 115
- Albania, 4:1–7
 conflicts between Macedonia and, 4:268–269
 Kosovo and, 4:193
- Albanians, 4:184, 193, 268–269
- Albayrak, Tuğçe, 4:133
- Alcohol consumption
 in Argentina, 2:6–7
 in Bolivia, 2:46
 in Denmark, 4:83
 in France, 4:109
 in Russia, 4:283
 in Ukraine, 4:372
- Alemu, Reeyot, 1:89–90
- Alfonsin, Raul, 2:2
- Algeria, 1:11–18
- Ali Bhutto, Zulfikar, 3:238, 244
- Ali, Salma, 3:20
- All-India Muslim League, 3:237, 243–244
- All India Women's Conference (AIWC), 3:86
- Allyne, Sheanna, 2:342
- Alston, Philip, 2:191
- Alvarado Carrión, Rosana, 2:147
- Álvarez, Griselda, 2:254
- Álvarez, Olga, 2:104
- Alvarez, Oscar, 2:236
- Alyokhina, Maria, 4:293
- Alzheimer's disease, 2:363
- Amafo, Alice, 2:351
- Amaya, Carmen, 4:329
- Amdaen Muen (queen, Thailand), 3:328
- American Colonization Society (ACS), 1:190
- American Samoa. *See* Samoa
- Americo-Liberian settlers, 1:190–191
- Amin, Qasim, 1:69
- Ananda Mahidol (king, Thailand), 3:321–322
- Anglican Church (Church of England), 4:384–385
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:24
- Anguilla, 2:284, 288, 293
See also Organization of Eastern Caribbean States
- Anthony, Susan B., 2:368
- Antigua and Barbuda, 2:284, 285, 289–290, 294
See also Organization of Eastern Caribbean States
- Apartheid
 in Namibia, 1:234, 235
 in South Africa, 1:301
 women challenging, 1:313
- 'api (Ching Chih Tseng), 3:310
- Aquino, Corazon C., 3:253
- Arab Spring, 1:343
 in Bahrain, 1:25
 graffiti in, 1:71–72
- Arab women, in Israel, 1:123
- Arawak (people)
 in Cuba, 2:119
 in French Caribbean, 2:164
 in Guatemala, 2:191
 in Guyana, 2:207
 in Jamaica, 2:239
 in Netherlands Antilles, 2:262, 263
 in Puerto Rico, 2:329
 in Trinidad and Tobago, 2:337
- Argentina, 2:1–11
- Arias Sánchez, Oscar, 2:114
- Armed conflicts. *See* Civil warfare
- Armed forces
 in Belarus, 4:30
 in Denmark, 4:87
 in Indonesia, 3:96
 in Israel, 1:121
 in Jordan, 1:141
 in Libya, 1:205
 in Myanmar, 3:201–202
 in Norway, 4:240
 in Singapore, 3:275
 in South Sudan, 1:320
 in Sweden, 4:338–339
 in United Kingdom, 4:380–381
See also Military service
- Armenia, 4:8–13
- Armenian Apostolic Holy Church, 4:12
- Arnat Peqatigiit (AP; Greenland), 2:187
- Arranged marriages
 in Bahrain, 1:22
 in Democratic Republic of Congo, 1:57
 in India, 3:83
 in Iraq, 1:117
 in Kyrgyzstan, 3:129
 in Mongolia, 3:187
 in Palestine, 1:257
 in Tajikistan, 3:317
 in United Arab Emirates, 1:359
- Arron, Henk, 2:350
- Arteta, Ainhoa, 4:329
- Arts and literature
 in Afghanistan, 1:9
 in Austria, 4:19
 in Czech Republic, 4:76
 in Finland, 4:105
 graffiti as, 1:71–72
 in Iran, 1:106
 in Kosovo, 4:193
 in New Zealand, 3:221–222
 political cartoons as, 1:72–73
 in Puerto Rico, 2:334
 in Spain, 4:328–329
 in Suriname, 2:352
- Aruba (Netherlands Antilles), 2:262, 264–268
- Asantewaa, Nana Yaa, 1:98
- Asegaf, Farha Ciciek, 3:100
- Asociación Hombres y Mujeres Nuevos de Panamá (AHMNP; New Men and Women Association of Panama), 2:306–307
- Assisted reproductive technology (ART), 4:177
- Association for the Development and Enhancement of Women (Egypt), 1:70
- Association of Egyptian Female Cartoon Artists, 1:72
- Association of Nicaraguan Women Confronting the National Problem (AMPRONAC), 2:279
- Association of Tunisian Women for Research and Development (AFTURD), 1:344
- Astrology, 3:201
- Atahualpa (Inca leader), 2:318
- Ataturk, Mustafa Kemal, 4:353
- Attire
 in Algeria, 1:17
 in Argentina, 2:11
 in Brunei, 3:297
 in Canada, 2:76
 in Iran, 1:112
 in Iraq, 1:118–119
 Islamic, in Afghanistan, 1:9
 in Jordan, 1:139
 in Malawi, 1:214–215
 in Sudan, 1:329
 in Tajikistan, 3:313
 in United Arab Emirates, 1:360
- Aung San Suu Kyi, 3:195, 199, 200

- Australia, 3:1–13
 fat activism in, 3:222
 Austria, 4:15–23
 Austrian General Women's Association, 4:19
 Austronesians (Lapita; people), 3:163
 Awel, Aida, 1:86
 Axgil, Axel (Axel Lundahl Madsen), 4:87
 Aymara (people), 2:47, 49
 Aztecs (people), 2:248
- Baath Party (Iraq), 1:114–115, 117, 118
 Babur (emperor, Mughal Empire), 3:76
 Bachelet, Michelle, 2:86, 92
 Badri, Babiker, 1:324
 Badri, Gasim, 1:324
 Bahamas, Barbados, and the Turks and Caicos Islands, 2:14–25
 Bahrain, 1:19–26
 Bajer, Fredrik, 4:86
 Bajer, Matilde, 4:86
 Baker, Katie, 1:87
 Bakovic, Anto, 4:68
 Al-Bakr, Ahmed Hassan, 1:114–115
 Baldetti, Roxana, 2:191
 Bamars (people), 3:194
 Bamba, Cecilia Cruz, 3:72
 Bamford-Addo, Joyce, 1:99
 Banda, Hastings Kamuzu, 1:211, 217, 218
 Banda, Joyce, 1:211, 217
 Bandaranaike, Sirimavo, 3:293
 Bangladesh, 3:16–25, 237–238
 Bang, Nina, 4:86
 Ban Ki-moon, 2:160, 3:284
 Banteyerga, Hailom, 1:83
 Baptist Church, 2:104
 Baptiste, René, 2:296
 Barbados, 2:14–27
 Barbuda, 2:284, 289–290, 294
 Barrios de Chamorro, Violeta, 2:272
 Baseball, 2:121
 Al-Bashir, Omar, 1:325, 329
 Basiri, Sadiqa, 1:9
 Basque autonomous community, 4:321
 Bastidas, Adina, 2:392
 Basutoland, 1:181
 Al-Bata'a, Sohair, 1:66–67
 Batista y Zaldívar, Fulgencio, 2:119
 Batlle y Ordóñez, José, 2:373
 Baza Calvo, Eddie, 3:69
 Beauty and body image
 in Argentina, 2:10–11
 in Austria, 4:17
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:17–18
 in Belgium, 4:38
 in Belize, 2:31
 in Canada, 2:66
 in Colombia, 2:106
 in Dominican Republic, 2:135–136
 in France, 4:110
 in Germany, 4:133
 in Ghana, 1:100–101
 in India, 3:89–90
 in Iran, 1:113
 in Jamaica, 2:244–245
 in Malta, 4:223
 in Panama, 2:307–308
 in Paraguay, 2:316
 in Polynesia, 3:259–260
 in Slovakia, 4:313
 in Taiwan, 3:311
 in Tajikistan, 3:313
 in Trinidad and Tobago, 2:342
 in United Arab Emirates, 1:362
 in Venezuela, 2:386
 Bedouins (people), 1:135
 Beijing Declaration (Fourth World Conference on Women), 4:405–408, 420–424
 Belarus, 4:25–31
 Belgium, 4:32–39
 Democratic Republic of Congo under, 1:51
 gains independence from Netherlands, 4:226
 Belize, 2:27–32
 Ben Ali, Zine El Abidine, 1:343
 Ben Sheikh, Tewhida, 1:345
 Berbers, 1:11
 Berdimuhamedow, G. M., 3:332, 334, 336, 338
 Bergmann-Pohl, Sabine, 4:131
 Bermuda, 2:33–42
 Bermudez, Juan de, 2:34
 Bernabeu, Almudena, 4:327
 Bernal, Victoria, 1:76
 Beta Israel (Ethiopian Jews), 1:80, 126–127
 Beyer, Georgina, 3:221
 Bhandari, Bidhya Devi, 3:211, 283
 Bhumibol Adulyadej (Rama IX; king, Thailand), 3:322
 Bhutan, 3:26–35
 Bhutto, Benazir, 3:238–239
 Biodiversity, 2:108
 Birth control. *See* Contraception; Reproductive rights
 Birthing assistants, 2:253
 Birth rates, crude, 3:156
 Blacks
 Afro-Belizeans, 2:27
 Afro-Colombians, 2:97, 105–106
 Afro-Cubans, 2:120, 124, 126, 127
 Afro-Mexicans, 2:257–258
 Afro-Nicaraguans, 2:279
 Afro-Peruvians, 2:326
 Afro-Uruguayans, 2:381–382
 Afro-Venezuelans, 2:394
 in Canada, vote for, 2:73
 in Haiti, 2:131
 Liberia founded by, 1:190
 Blackwellm Henry, 2:368
 Bléty (organization; Ivory Coast), 1:132
 Bloggers, feminist, 3:222
 Body image. *See* Beauty and body image
 Bohemia, 4:71
 Boii (people), 4:71
 Bolivar, Simon, 2:44, 97, 385
 Bolivia, 2:44–49
 Bollain, Iciar, 4:326, 327
 Bonaire (Netherlands Antilles), 2:262–263, 265, 267, 269
 Bonaparte, Charles Louis-Napoléon, 2:173
 Bose, Sarmila, 3:238
 Bosnia and Herzegovina, 4:40–49
 Botswana, 1:27–32
 Bouazizi, Mohamed, 1:343
 Bourguiba, Habib, 1:342, 343, 345, 346, 348, 351
 Bouteflika, Abdel-Aziz, 1:14, 16
 Bouterse, Desire (Desi), 2:346, 350–351
 Boye, Mame Madior, 1:286
 Brazil, 2:50–62
 Uruguay gains independence from, 2:373
 Brazilian Worker's Party, 2:56
 Breast cancer
 in Armenia, 4:11
 in Australia, 3:4
 in Austria, 4:17
 Denmark in, 4:82
 in Hungary, 4:146
 in Italy, 4:177
 in Kosovo, 4:187
 among Māori, 3:216
 in Mongolia, 3:189
 in Norway, 4:235
 in Poland, 4:247
 in Russia, 4:285
 in Saudi Arabia, 1:167
 in Ukraine, 4:371–372
 in United States, 2:362
 in Venezuela, 2:390
 in Vietnam, 3:352
 Breastfeeding
 in Costa Rica, 2:110
 in Italy, 4:176–177
 in Kenya, 1:154
 in Malaysia, 3:145
 in Philippines, 3:250
 in Singapore, 3:272
 in South Africa, 1:304
 in Sweden, 4:335
 in Tunisia, 1:347
 Breda, Toussiant (Toussaint L'Ouverture), 2:216
 Brexit (United Kingdom leaving European Union), 4:377, 382
 Bride kidnapping, 3:129–130
 Bride-price
 in Bahrain, 1:22
 in Democratic Republic of Congo, 1:57
 in Kenya, 1:156–157
 in Lesotho, 1:84
 in Liberia, 1:195
 in Melanesia, 3:164
 in Namibia, 1:238
 in Somalia, 1:299
 virginity testing and, 1:370
 in Zimbabwe, 1:371

- British East Africa, **1:148**
 British Guiana, **2:207**
 British Honduras, **2:27**
 See also Belize
 British Virgin Islands (BVI), **2:284, 288, 293, 295**
 See also Organization of Eastern Caribbean States
Broadsheet (magazine), **3:222**
 Brown, Sonia, **2:24**
 Brunei (Sultanate of Brunei; Negara Brunei Darussalam), **3:296–302**
 Brunias, Agostino, **2:245**
 Buddhism
 in Bhutan, **3:33**
 in Cambodia, **3:37, 40, 44–45**
 in China, **3:63**
 in India, **3:88**
 in Laos, **3:140**
 in Mongolia, **3:184, 190–191**
 in Myanmar, **3:194, 200–201**
 in Sri Lanka, **3:288, 294**
 in Thailand, **3:327**
 in Tibet, **3:52–53**
 in Vietnam, **3:355**
 Bugis (people), **3:102**
 Bulgaria, **4:50–59**
 Bullying
 in Canada, **2:65–66**
 in Italy, **4:175–176**
 in Lithuania, **4:207**
 in New Zealand, **3:224**
 in South Korea, **3:278–279**
 Burkina Faso, **1:32–38**
 Burma (Myanmar), **3:194–202**
 BuSSy (theatrical company; Egypt), **1:72**
 Bustamante, Sir Alexander, **2:239**
 Buyse, Nadia, **1:25**

 Cabnal, Lorena, **2:202**
 Cabral, Pedro Álvares, **2:50**
 Cadet-Petit, Sandra, **2:169**
 Caesarean deliveries (C-sections), **4:358**
 Caicos Island, **2:14**
 Calderón, Doña Sila María, **2:333**
 Calles, Maria Alicia, **2:229**
 Calovic, Vanja, **4:303**
 Cambodia, **3:37–49**
 Constitution of, **4:417–418**
 Cameron, David, **4:377, 382**
 Campbell, Avril Phaedra Douglas “Kim” (A. Kim), **2:73**
 Campus Pride Index, **2:360**
 Canada, **2:64–77**
 Cancer
 in Denmark, **4:82**
 HPV vaccine for, **4:137**
 in Hungary, **4:146**
 in Iceland, **4:157**
 in Italy, **4:177**
 in Latvia, **4:201**
 liver cancer, **3:352**
 in Peru, **2:322**
 in Poland, **4:247**
 skin cancer, **3:4**
 in Ukraine, **4:371–372**
 See also Breast cancer; Cervical cancer
 Capetillo, Luisa, **2:330**
 Capriles Radonski, Henrique, **2:392**
 Caribbean islands
 Bahamas, Barbados, and Turks and Caicos Islands, **2:14–27**
 Cayman Islands, **2:79–85**
 Cuba, **2:119–128**
 Dominican Republic, **2:130–138**
 French Caribbean, **2:164–170**
 Haiti, **2:216–225**
 Jamaica, **2:239–245**
 Netherlands Antilles, **2:262–270**
 Organization of Eastern Caribbean States, **2:284–297**
 Puerto Rico, **2:328–335**
 Trinidad and Tobago, **2:337–343**
 Carl XVI Gustav (king, Sweden), **4:330**
 Carnival, in French Caribbean, **2:169**
 Carrillo Puerto, Elvía, **2:255**
 Cartwright Inquiry (New Zealand), **3:217**
 Casals, Muriel, **4:327–328**
 Castes, **3:78, 85**
 Dalits (untouchables), **3:80–81, 85**
 Castro Ruz, Fidel, **2:119**
 Castro Ruz, Raul, **2:119, 127**
 Catalan (language), **4:321, 324**
 Catholicism and Catholics. *See* Roman Catholic Church
 Cayman Islands, **2:79–85**
 Ceaușescu, Nicolae, **4:271, 277**
 Celebrations
 in French Caribbean, **2:169**
 in North Korea, **3:234**
 in Norway, **4:241**
 in Vietnam, **3:355–356**
 Center for Research, Studies, Documentation and Information on Women (CREDIF), **1:344**
 Center of Arab Women for Training and Research (CAWTAR), **1:344**
 Central African Republic (CAR), **1:40–49**
 Centro de Investigación y Promoción para América Central de Derechos Humanos (CIPAC; Costa Rica), **2:109**
 Centro Femenil Colombiano (Colombian Women’s Center), **2:106**
 CEPIA (organization; Brazil), **2:59**
 Cervical cancer, **1:184, 2:89, 156**
 HPV vaccine for, **4:137**
 in Hungary, **4:146**
 in Italy, **4:177**
 in Poland, **4:247**
 Césaire, Aimé, **2:168**
 Ceylon (Sri Lanka), **3:288–295**
 Chacón, Carmen, **4:325**
 Chamorro (people), **3:67–74**
 Chaplin, Vsevolod, **4:295**
 Charles IV (king, Czechoslovakia), **4:71**
 Charles (prince of Wales), **4:377**
 Charles, Dame Eugenia, **2:296**
 Charrúas (people), **2:373**
 Chávez, Hugo, **2:385–386, 388–390, 392, 393**
 Chávez Ixcaquic, Lolita, **2:195, 202**
 Chaza (sport), **2:101**
 Chenhui Ho, **3:54**
 Chenm Margaret, **3:57**
 Chernobyl Nuclear Power Plant disaster (Ukraine), **4:26**
 Chess, **4:119**
 Chewa (people), **1:215, 216**
 Chibambo, Rose, **1:217**
 Chiburdanidze, Maia, **4:119**
 Child abuse
 in Albania, **4:2**
 in Armenia, **4:9**
 in El Salvador, **2:153**
 in Greenland, **2:181–182**
 in Guiana, **2:208**
 in Netherlands, **4:232**
 in Romania, **4:272–273**
 in Serbia, **4:302**
 in Uruguay, **2:380**
 in Venezuela, **2:387**
 Childbirth. *See* Maternal health
 Child care
 in Brazil, **2:58**
 in Canada, **2:70**
 in Croatia, **4:65**
 in Ireland, **4:172**
 in Japan, **3:108**
 in Pakistan, **3:241**
 in Republic of the Congo, **1:264**
 in Serbia, **4:301–302**
 in Sweden, **4:338**
 in Tajikistan, **3:317**
 in Ukraine, **4:368**
 Child custody
 in Canada, **2:71**
 in Switzerland, **4:348**
 in Syria, **1:339**
 in United Arab Emirates, **1:359**
 See also Divorce
 Child labor
 in Burkina Faso, **1:36–37**
 in Central African Republic, **1:44**
 in Haiti, **2:217–218**
 in Honduras, **2:233**
 in Ivory Coast, **1:129–130, 133**
 in Kenya, **1:156**
 in Liberia, **1:195**
 in Malawi, **1:212–213**
 in Myanmar, **3:196**
 in Nepal, **3:206**
 in Vietnam, **3:349**
 Child marriage
 in Afghanistan, **1:3**
 in Albania, **4:2**

- in Bahrain, 1:22
- in Bangladesh, 3:17–18
- in Burkina Faso, 1:33
- in El Salvador, 2:157
- in Ethiopia, 1:81
- in Ghana, 1:95
- in Guatemala, 2:200
- in Guiana, 2:208
- in Honduras, 2:233
- in Kazakhstan, 3:117, 122–123
- in Kenya, 1:156
- in Laos, 3:134
- in Lebanon, 1:177
- in Libya, 1:203
- in Macedonia, 4:263–264
- in Malawi, 1:216
- in Mali, 1:223
- in Melanesia, 3:163–164
- in Morocco, 1:229
- in Nepal, 3:206
- in Nigeria, 1:247
- in Palestine, 1:257
- among Roma, 4:148
- in Senegal, 1:285
- in Serbia, 4:302
- in Sierra Leone, 1:291
- in Singapore, 3:271
- in South Sudan, 1:317
- in Sudan, 1:325
- in Syria, 1:335
- in Tajikistan, 3:313–314, 317
- in Turkey, 4:355–356
- in Ukraine, 4:369
- United Nations General Assembly resolution on, 4:431–432
- in Vietnam, 3:349–350
- Children
 - of Aboriginal Australians, 3:11–12
 - in China, 3:64
 - in Croatia, 4:64
 - day care for, in Pakistan, 3:241
 - in Denmark, 4:85
 - in Egypt, 1:63
 - in France, 4:111
 - HIV among, 1:368
 - international adoption of, 3:286
 - migrants, left behind, 4:273
 - in New Zealand, 3:216
 - in North Korea, 3:233
 - sexual exploitation of, in Belize, 2:31
 - as soldiers, in Myanmar, 3:201–202
 - street children, 4:272
 - well-being of, 4:206–207
 - See also* Girls and teens
- Chile, 2:86–95
- China, 3:51–65
 - Mongolian independence from, 3:184
 - Myanmar girls and women sold to, 3:196
 - People's Republic of China, 3:51–65
 - Taiwan (Republic of China), 3:304–311
 - Vietnam under, 3:348
- Chinchilla Miranda, Laura, 2:114
- Ching Chih Tseng ('api), 3:310
- Chlamydia, 2:68
- Choc, Angelica, 2:202
- Choi Soon-sil, 3:283
- Cholera, 2:220
- Christianity
 - in Canada, 2:75
 - in Central African Republic, 1:47
 - in Eritrea, 1:78
 - in Ethiopia, 1:80, 90
 - in Ghana, 1:99
 - in Hungary, 4:145
 - in Latvia, 4:203
 - in Malawi, 1:218
 - in Melanesia, 3:170–171
 - in Micronesia, 3:180–181
 - in Nigeria, 1:249
 - in Norway, 4:234
 - in Polynesia, 3:265
 - in Sudan, 1:329
- Christian Women's Solidarity Association (Lebanon), 1:178
- Church of England. *See* Anglican Church
- Church of Norway, 4:234, 238, 240
- Church of Sweden, 4:339
- Cinema. *See* Film
- Citizenship
 - in Bahrain, 1:23
 - in French Guiana, 2:177
 - in Israel, 1:121
 - in Jordan, 1:141–142
 - in Lebanon, 1:179
 - in Norway, 4:239–240
 - in Palestine, 1:258
 - of Puerto Ricans, 2:329
 - in Sweden, 4:341–342
- Civil warfare
 - in Argentina, 2:9
 - in Bosnia and Herzegovina, 4:41
 - in Central African Republic, 1:47–48
 - in Colombia, 2:98, 104–105
 - in Democratic Republic of Congo, 1:52–53
 - in El Salvador, 2:152
 - in Guatemala, 2:191, 192, 202, 204–205
 - in Ireland, 4:168
 - in Kenya, 1:160
 - in Liberia, 1:196–197
 - in Libya, 1:208
 - in Myanmar, 3:195, 201–202
 - in Nepal, 3:205, 210–211
 - in Palestine, 1:259
 - in Peru, 2:318, 325
 - in Philippines, 3:254
 - in Republic of the Congo, 1:260–261, 265
 - in Rwanda, 1:276, 277
 - in Sierra Leone, 1:293
 - in Somalia, 1:295, 300
 - in South Sudan, 1:315–316, 319, 320
 - Spanish Civil War, 4:321–322
 - in Sri Lanka, 3:294–295
- in Sudan, 1:322
- in Syria, 1:332–333, 337, 338
- between Turkey and Kurdish militants, 4:354
- in Yemen, 1:269–271, 274, 275
- Clark, Christy, 2:73
- Clarke, Kim, 2:294
- Clark, Helen, 3:223
- Climate change, 1:162, 2:382
 - in Micronesia, 3:181–182
 - in Pakistan, 3:244
 - in Polynesia, 3:265
- Clinton, Hillary Rodham, 2:364, 369, 3:73
- Clothing. *See* Attire
- Coalition of African Lesbians (CAL), 1:238
- Coalition of Egyptian Feminist Organizations, 1:70
- Coixet, Isabel, 4:327
- Colau, Ada, 4:328
- Collective of Congolese Women for Peace and Justice (CCWFPJ), 1:58
- Colombia, 2:96–106
- Colonialism
 - in Cambodia, 3:37
 - in Central African Republic, 1:41, 44
 - in Chile, 2:86–87
 - in Colombia, 2:97–99
 - contraceptive use and, 1:367
 - in Cuba, 2:126
 - in Democratic Republic of Congo, 1:51–52
 - in Dominican Republic, 2:130–132
 - in Eritrea, 1:74
 - in French Caribbean, 2:164, 168
 - in French Guiana, 2:173
 - in Ghana, 1:92, 93, 97
 - in Greenland, 2:180
 - in Guam, 3:67, 72
 - in Guatemala, 2:200, 201
 - in Guiana, 2:207
 - in Indonesia, 3:92
 - in Kenya, 1:148–149
 - in Laos, 3:133
 - in Malta, 4:215
 - in Melanesia, 3:163
 - in Namibia, 1:234–235
 - in Nigeria, 1:243
 - in Peru, 2:318
 - by Portugal, 4:254
 - in Puerto Rico, 2:328–330
 - in Rwanda, 1:275–276
 - in Sierra Leone, 1:288
 - in Somalia, 1:295
 - in South Sudan, 1:315
 - in Suriname, 2:345
 - in Trinidad and Tobago, 2:337
 - in United States, 2:355
 - in Venezuela, 2:385
 - in Zimbabwe, 1:371–372
- Columbus, Christopher
 - in Cayman Islands, 2:79
 - in French Caribbean, 2:164
 - in Hispaniola, 2:130, 131, 216

- Columbus, Christopher (*Continued*)
 in Jamaica, 2:239
 in Netherlands Antilles, 2:263
- Common-law marriage
 in Jamaica, 2:242–243
 in Macedonia, 4:263–264
- Commonwealth of the Northern Mariana Islands (CNMI), 3:174
- Community forestry, 3:212
- Community groups, in New Zealand, 3:223
- Compaore, Blaise, 1:38
- Confederation of Ethiopian Trade Unions (CETU), 1:85
- Confucianism, 3:232
- Congo-Brazzaville (Republic of the Congo), 1:260
- Congo, Democratic Republic of (DRC), 1:51–61
- Congo, Republic of the, 1:260–268
- Congo Wars (1998–2002), 1:53
- Conscientious objection (CO) to providing health services
 in Bulgaria, 4:53
 in Italy, 4:181
 in Uruguay, 2:376
- Conscription (military service), in Israel, 1:121
- Contraception
 in Austria, 4:22–23
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:24
 in Bangladesh, 3:22–23
 in Belarus, 4:28–29
 in Denmark, 4:82
 in Ecuador, 2:144–145
 in El Salvador, 2:155–156
 in France, 4:108
 in Georgia, 4:120
 in Germany, 4:131
 in Iceland, 4:157
 in Jordan, 1:139–140
 in Malawi, 1:213
 in Malaysia, 3:149–150
 in Netherlands Antilles, 2:266
 in Pakistan, 3:242
 in Palestine, 1:257
 in Poland, 4:248
 in Portugal, 4:256
 in Russia, 4:291–292
 in Senegal, 1:284
 in Sierra Leone, 1:290
 in South Africa, 1:308–309
 in South Sudan, 1:316
 in Sudan, 1:325
 in Sweden, 4:335
 in Ukraine, 4:369–370
 in United Kingdom, 4:382
 in Uzbekistan, 3:344
 in Zimbabwe, 1:367
See also Maternal health; Reproductive rights
- Contra War (Nicaragua), 2:272
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 4:391–395
- Convention on the Rights of Children, 1:63
- Cook Islands, 3:261
- Cook, James, 3:214
- Cooper, Margaret, 3:8
- Cordero, Celestina, 2:330
- Coriolon, Anne Marie, 2:223
- Correa, Rafael, 2:141–143, 148, 149
- Corrigan-Maguire, Mairead, 4:168
- Cosmetic surgery, 1:113
- Cossé, Eva, 4:136
- Costa Rica, 2:107–116
- Côte d'Ivoire. *See* Ivory Coast
- Creoles, 2:164
- Crime
 in Bermuda, 2:41–42
 in Cambodia, 3:46–47
 against Canadian indigenous women and girls, 2:65
 in El Salvador, 2:160
 in Guatemala, 2:191
 hate crimes, 4:339
 in Honduras, 2:230
 in Jamaica, 2:244
 in South Africa, 1:308
 against transgender people, 2:358
 by women, in Denmark, 4:88
- Crimea, 4:363
- Criollos (people), 2:97
- Croatia, 4:61–69
- Croatian War (1991–1995), 4:61
- Crude birth rates, 3:156
- Crude death rates, 3:156
- Cruz Velázquez, Lucila Bettina, 2:251
- Cuba, 2:119–128
- Culture. *See* Religion and culture
- Curaçao (Netherlands Antilles), 2:262–270
- Custom marriages, in Melanesia, 3:163–164
- Cutaneous leishmaniasis (CL), 3:335
- Cyberbullying
 in Italy, 4:175–176
 in New Zealand, 3:224
- Czechoslovakia, 4:271
- Slovakia in, 4:305–313
- Czech Republic, 4:71–79
- Dalai Lama, 3:52–53
 statement on “Bhikshuni Ordination in the Tibetan Tradition” by, 4:416–417
- Dalits (untouchables), 3:80–81, 85
- Damas, Léon-Gontran, 2:168
- Dancehall music, 2:243
- Danilova, Anastasia, 4:291
- Daryeel Women Organization (DAWO; Somalia), 1:297
- Das, Nandita, 3:90
- Davis, Jack, 3:5
- Davis, Megan, 3:9
- Day care. *See* Child care
- Day of the Sun (North Korea), 3:234
- Deafness, 2:18, 3:309
- Death rates, crude, 3:156
- de Burgos, Julia, 2:334
- Declaration on the Elimination of Violence against Women, 4:401–404
- Deforestation, 2:326
- de Gaulle, Charles, 4:106
- Democratic People's Republic of Korea (North Korea), 3:226–235
- Democratic Republic of Congo (DRC), 1:51–61
 Republic of the Congo distinguished from, 1:260
 Rwandan refugees in, 1:277
- Democratic Women's Association Vienna, 4:19
- Dengue fever
 in Costa Rica, 2:110
 in Dominican Republic, 2:133–134
 in El Salvador, 2:156
 in French Guiana, 2:174–175
 in Honduras, 2:231
 in Laos, 3:138
- Denmark, 4:81–88
 Greenland and, 2:180
 Iceland becomes independent of, 4:155
- Depression (emotional)
 in France, 4:109
 in Iceland, 4:157
 in Poland, 4:246–247
- Derg (Ethiopia), 1:88–89
- De Riemaecker-Legot, Marguerite, 4:37
- Devi, Sampat Pal, 3:86
- Diabetes, 2:145
 in Polynesia, 3:261
- Diatla, Aline Sitoé, 1:285
- Al-Dighaily, Salwa, 1:206
- Digital divide, 2:375
- Dirty War (Argentina), 2:2, 9
- Disabilities
 in Australia, 3:8
 in Brunei, 3:299
 in China, 3:63
 deafness, 2:18
 in Ivory Coast, 1:132
 in Maldives, 3:158
 in Netherlands, 4:228
 in Russia, 4:285
 in Singapore, 3:270–271
 in South Africa, 1:305
 in Sweden, 4:341
 in Vietnam, 3:349
- Displaced women
 in Georgia, 4:120
 in Somalia, 1:300
- Divorce
 in Algeria, 1:15–16
 in Argentina, 2:7
 in Bahrain, 1:22–23
 in Belarus, 4:28
 in Botswana, 1:30–31
 in Canada, 2:71
 in China, 3:60

- in Croatia, 4:65
- in Denmark, 4:85
- in Egypt, 1:63
- among Ethiopian Jews, 1:126–127
- in Finland, 4:103–104
- in France, 4:110–111
- in Iceland, 4:159
- in India, 3:84
- in Indonesia, 3:97
- in Iran, 1:108–109
- in Iraq, 1:117
- in Israel, 1:124
- in Italy, 4:181
- in Jamaica, 2:242
- in Kenya, 1:157
- in Liberia, 1:195
- in Libya, 1:203–204
- in Maldives, 3:159
- in Mexico, 2:253
- in Morocco, 1:229
- in Netherlands, 4:231
- in Nicaragua, 2:279
- in North Korea, 3:233
- in Norway, 4:238
- in Puerto Rico, 2:331–332
- in Republic of the Congo, 1:264
- in Russia, 4:291
- in Singapore, 3:273–274
- in South Africa, 1:306–307
- in Sudan, 1:327
- in Sweden, 4:338
- in Switzerland, 4:348
- in Syria, 1:338–339
- in Tajikistan, 3:317–318
- in Tunisia, 1:350
- in United Arab Emirates, 1:359
- in United Kingdom, 4:381
- in United States, 2:366–367
- in Uzbekistan, 3:343–344
- Djotodia, Michel, 1:46, 47
- Doctors without Borders, 1:272
- Doe, Samuel, 1:196
- Dohnal, Johanna, 4:15
- Doi, Takako, 3:110–111
- Domestic labor
 - in Brazil, 2:57
 - in Brunei, 3:301–302
 - in Cuba, 2:123
 - in Dominican Republic, 2:135
 - in Ecuador, 2:146
 - in Honduras, 2:232–233
 - in India, 3:89
 - in Jordan, 1:144–145
 - in Mexico, 2:252–253
 - in Singapore, 3:275–276
 - South African legislation on, 1:311
 - in United Arab Emirates, 1:362
- Domestic slavery, 1:229
- Domestic violence
 - in Algeria, 1:17–18
 - in Armenia, 4:12
 - in Austria, 4:20–22
 - in Bahamas, Barbados, and Turks and Caicos Islands, 2:25
 - in Bahrain, 1:26
 - in Belarus, 4:31
 - in Belgium, 4:38
 - in Belize, 2:30
 - in Bosnia and Herzegovina, 4:47
 - in Botswana, 1:31–32
 - in Brazil, 2:59, 61–62
 - in Canada, 2:73–74
 - in Cayman Islands, 2:85
 - in Central African Republic, 1:44–45
 - in Chile, 2:93–94
 - in China, 3:64
 - in Colombia, 2:98
 - in Croatia, 4:69
 - in Cuba, 2:124
 - Declaration on the Elimination of Violence against Women on, 4:401–404
 - in Democratic Republic of Congo, 1:60
 - in Estonia, 4:97
 - in France, 4:114–115
 - in French Caribbean, 2:169
 - in Georgia, 4:124
 - in Guatemala, 2:196–197
 - in Guiana, 2:211–212
 - in Honduras, 2:234–235
 - in Hungary, 4:152
 - in Iran, 1:112
 - in Iraq, 1:117
 - in Ivory Coast, 1:131
 - in Jordan, 1:143
 - in Kosovo, 4:191–192
 - in Kyrgyzstan, 3:127–128
 - in Liberia, 1:198
 - in Lithuania, 4:211–212
 - in Maldives, 3:161
 - in Mali, 1:225
 - in Malta, 4:221–222
 - in Mexico, 2:256–257
 - in Micronesia, 3:179
 - in Namibia, 1:241
 - in Nepal, 3:212
 - in Netherlands Antilles, 2:270
 - in New Zealand, 3:224–225
 - in Nigeria, 1:247–248
 - in Palestine, 1:259
 - in Panama, 2:306
 - in Paraguay, 2:313
 - in Peru, 2:325
 - in Philippines, 3:254–255
 - in Poland, 4:251–252
 - in Puerto Rico, 2:334–335
 - in Republic of the Congo, 1:267
 - in Saudi Arabia, 1:171
 - in Serbia, 4:304
 - in South Sudan, 1:319
 - in Spain, 4:325
 - in Switzerland, 4:350
 - in Tajikistan, 3:319
 - in Thailand, 3:327–329
 - in Turkmenistan, 3:336
 - in United Arab Emirates, 1:361
 - in United Kingdom, 4:386
 - in United States, 2:370–371
 - in Uzbekistan, 3:346–347
 - in Vietnam, 3:356
 - in Zimbabwe, 1:375
 - See also* Violence against women
 - Dominica and Grenada, 2:284, 285–286, 290–291, 294
 - See also* Organization of Eastern Caribbean States
 - Dominican Republic, 2:130–138
 - Donkor, Akua, 1:98
 - Douglass, Frederick, 2:368
 - Downing, Teresa, 1:15
 - Driving, right to, 1:171–172
 - Drug abuse
 - in Belize, 2:32
 - in Bermuda, 2:41
 - in Czech Republic, 4:73
 - in Estonia, 4:94
 - in Iran, 1:106
 - in North Korea, 3:231
 - in Tajikistan, 3:316
 - in Vietnam, 3:352–353
 - Dubai, 1:354, 356
 - See also* United Arab Emirates
 - Dubai Women Establishment (DWE), 1:360
 - Duhalde, Eduardo, 2:2
 - Dutch Caribbean (Netherlands Antilles), 2:262–270
 - Dutch Guiana (Suriname), 2:345
 - Duvalier, Francois “Papa Doc,” 2:223
 - Duvalier, Jean-Claude “Baby Doc,” 2:223
 - Early childhood education
 - in Micronesia, 3:176
 - in Mongolia, 3:185
 - in New Zealand, 3:215
 - in North Korea, 3:229
 - in Vietnam, 3:350
 - Early marriage. *See* Child marriage
 - Eastern Orthodox Christianity
 - in Bulgaria, 4:57
 - See also* Orthodox Christianity
 - East Pakistan, 3:16
 - See also* Bangladesh
 - Eating disorders, 4:371
 - Ebadi, Shirin, 1:109
 - Ebola virus
 - in Democratic Republic of Congo (DRC), 1:54
 - in Liberia, 1:192, 198–199
 - in Sierra Leone, 1:290
 - Ebtekar, Massoumeh, 1:112
 - Economic violence, 4:252
 - Ecuador, 2:141–150
 - Constitution of, 4:418–419
 - Edelbay, Saniya, 3:122

Education

- in Afghanistan, **1:2–4**
- in Albania, **4:3**
- in Algeria, **1:13**
- in Argentina, **2:4**
- in Armenia, **4:9–10**
- in Australia, **3:3–4**
- in Austria, **4:16**
- in Bahamas, Barbados, and Turks and Caicos Islands, **2:18–19**
- in Bahrain, **1:20**
- in Bangladesh, **3:18**
- in Belarus, **4:26–27**
- in Belize, **2:29**
- in Bermuda, **2:35–36**
- in Bhutan, **3:27–29**
- in Bolivia, **2:45**
- in Bosnia and Herzegovina, **4:42**
- in Botswana, **1:28–29**
- in Brazil, **2:52–54**
- in Brunei, **3:298–299**
- in Bulgaria, **4:51–52**
- in Burkina Faso, **1:33–35**
- in Cambodia, **3:40–41**
- in Canada, **2:67**
- in Cayman Islands, **2:81**
- in Central African Republic, **1:42**
- in Chile, **2:88**
- in Colombia, **2:99**
- in Costa Rica, **2:109–110**
- in Cuba, **2:120–121**
- in Czech Republic, **4:72–73**
- for deaf girls, **2:18**
- in Democratic Republic of Congo, **1:55**
- in Denmark, **4:83–84**
- in Dominican Republic, **2:132–133**
- in Ecuador, **2:143–144**
- in Egypt, **1:63–65**
- in El Salvador, **2:154**
- in Eritrea, **1:74–75**
- in Estonia, **4:93**
- in Ethiopia, **1:84–85**
- in Finland, **4:101–102**
- in France, **4:107**
- in French Caribbean, **2:165–166**
- in French Guiana, **2:174**
- in Georgia, **4:121–122**
- in Germany, **4:128–129**
- in Ghana, **1:94**
- in Greece, **4:137–138**
- in Greenland, **2:182–184**
- in Guatemala, **2:193–194**
- in Guiana, **2:208–209**
- in Haiti, **2:218–219**
- in Honduras, **2:229–230**
- in Iceland, **4:157–158**
- in India, **3:78–80**
- in Indonesia, **3:93–94**
- in Iran, **1:103–105**
- in Iraq, **1:115–116**
- in Ireland, **4:164**
- in Israel, **1:122**
- in Italy, **4:177–178**
- in Ivory Coast, **1:128**
- in Jamaica, **2:240–241**
- in Japan, **3:105–106**
- in Jordan, **1:136–137**
- in Kazakhstan, **3:118**
- in Kenya, **1:149–151**
- in Kosovo, **4:187–188**
- in Kyrgyzstan, **3:125**
- in Laos, **3:135–137**
- in Latvia, **4:199–200**
- in Lebanon, **1:175**
- in Lesotho, **1:182–183**
- in Liberia, **1:191–192**
- in Libya, **1:200–201**
- in Lithuania, **4:207–208**
- in Macedonia, **4:264–265**
- in Malawi, **1:214**
- in Maldives, **3:157–158**
- in Mali, **1:220–221**
- in Melanesia, **3:164–166**
- in Mexico, **2:249, 250**
- in Micronesia, **3:176**
- in Mongolia, **3:185**
- in Morocco, **1:226–227**
- in Myanmar, **3:196–197**
- in Namibia, **1:235**
- in Nepal, **3:207–208**
- in Netherlands, **4:228–229**
- in Netherlands Antilles, **2:264**
- in New Zealand, **3:215**
- in Nicaragua, **2:274–275**
- in Nigeria, **1:244**
- in North Korea, **3:228–230**
- in Norway, **4:235–236**
- in Organization of Eastern Caribbean States, **2:289–294**
- in Pakistan, **3:240**
- in Palestine, **1:254**
- in Panama, **2:301–302**
- in Paraguay, **2:310–311**
- in Peru, **2:319–320**
- in Philippines, **3:248–249**
- in Poland, **4:245–246**
- in Polynesia, **3:260–261**
- in Portugal, **4:255–256**
- in Puerto Rico, **2:330–331**
- in Republic of the Congo, **1:261**
- in Romania, **4:273–274**
- in Russia, **4:285–286**
- in Rwanda, **1:277–278**
- in Saudi Arabia, **1:165–166**
- in Senegal, **1:283**
- in Serbia, **4:300**
- in Sierra Leone, **1:288–289**
- in Singapore, **3:271**
- in Slovakia, **4:306–307**
- in Slovenia, **4:315–316**
- in Somalia, **1:296–297**
- in South Africa, **1:302–303**
- in South Korea, **3:279–280**
- in South Sudan, **1:316**
- in Spain, **4:322–323**
- in Sri Lanka, **3:290–291**
- student loan debt for, **3:224**
- in Sudan, **1:323–325**
- in Suriname, **2:347–348**
- in Sweden, **4:332–334**
- in Switzerland, **4:344–347**
- in Syria, **1:331–332**
- in Taiwan, **3:306–307**
- in Tajikistan, **3:314–315**
- in Thailand, **3:324–325**
- in Trinidad and Tobago, **2:338–339**
- in Tunisia, **1:348–349**
- in Turkey, **4:355–358**
- in Turkmenistan, **3:333**
- in Ukraine, **4:365–366**
- in United Arab Emirates, **1:356–357**
- in United Kingdom, **4:378**
- in United States, **2:359–361**
- in Uruguay, **2:375**
- in Uzbekistan, **3:341**
- in Venezuela, **2:387–388**
- in Vietnam, **3:350–351**
- in Yemen, **1:270–271**
- in Zimbabwe, **1:364–366**
- Egerszegi, Krisztina, **4:148**
- Egypt, **1:62–73**
- Egyptian Center for Women's Rights, **1:70**
- Egyptian Women's Union, **1:63, 69**
- Einstein, Albert, **4:346**
- Ejercito de liberación nacional (ELN; Colombia), **2:98**
- Ekaette, Eme, **1:248**
- Elder care
 - in Denmark, **4:83**
 - in France, **4:110**
- Elizabeth II (queen, England), **4:377, 384**
- Bahamas, Barbados, and Turks and Caicos Islands under, **2:23**
- Belize under, **2:30**
- Canada under, **2:64**
- Cayman Islands under, **2:80**
- Elleni (queen, Ethiopia), **1:90**
- El Salvador, **2:152–161**
- Soccer War between Honduras and, **2:228**
- Emberas (people), **2:300**
- Eminova, Enisa, **4:263**
- Employment
 - in Afghanistan, **1:6**
 - in Albania, **4:4–5**
 - in Algeria, **1:13–14**
 - in Argentina, **2:7**
 - in Armenia, **4:11**
 - in Australia, **3:6**
 - in Austria, **4:17–18**
 - in Bahamas, Barbados, and Turks and Caicos Islands, **2:21–22**
 - in Bahrain, **1:21–22**
 - in Bangladesh, **3:19–20**

- in Belarus, 4:27–28
- in Belgium, 4:34–35
- in Belize, 2:29–30
- in Bermuda, 2:37–38
- in Bhutan, 3:30–31
- in Bolivia, 2:46–47
- in Bosnia and Herzegovina, 4:43–44
- in Botswana, 1:29
- in Brazil, 2:55–57
- in Brunei, 3:300
- in Bulgaria, 4:54
- in Burkina Faso, 1:36–37
- in Cambodia, 3:43–44
- in Canada, 2:69–70
- in Cayman Islands, 2:82
- in Central African Republic, 1:43–44
- in Chile, 2:89–91
- in China, 3:59–60
- in Colombia, 2:102–103
- in Costa Rica, 2:111–113
- in Croatia, 4:63–64
- in Cuba, 2:122–123
- in Czech Republic, 4:73–74
- in Democratic Republic of Congo, 1:55–56
- in Denmark, 4:84
- of domestic labor, 1:144–145
- in Dominican Republic, 2:134–135
- in Ecuador, 2:145–146
- in Egypt, 1:67
- in El Salvador, 2:156–157
- in Eritrea, 1:76
- in Estonia, 4:95–96
- in Ethiopia, 1:85–86
- in Finland, 4:103
- in France, 4:110
- in French Caribbean, 2:166–167
- in French Guiana, 2:175–176
- in Georgia, 4:122
- in Germany, 4:129–130
- in Ghana, 1:96
- in Greece, 4:139–140
- in Greenland, 2:186
- in Guam, 3:69–70
- in Guatemala, 2:197–199
- in Guiana, 2:210–211
- in Haiti, 2:221
- in Honduras, 2:231–233
- in Hungary, 4:148–149
- in Iceland, 4:158–159
- in India, 3:82–83
- in Indonesia, 3:95–96
- in Iran, 1:107
- in Iraq, 1:117
- in Ireland, 4:165–166
- in Israel, 1:123–124
- in Italy, 4:178–179
- in Ivory Coast, 1:128–129
- in Jamaica, 2:242
- in Japan, 3:107–108
- in Jordan, 1:137–138
- in Kazakhstan, 3:119–120
- in Kenya, 1:155–156
- in Kosovo, 4:188–191
- in Kyrgyzstan, 3:126
- in Laos, 3:138–139
- in Latvia, 4:201
- in Lebanon, 1:177
- in Lesotho, 1:184–185
- in Liberia, 1:194–195
- in Libya, 1:202
- in Lithuania, 4:208–209
- in Macedonia, 4:266–267
- in Malawi, 1:214–215
- in Malaysia, 3:146–148
- in Maldives, 3:158–159
- in Mali, 1:222–223
- in Malta, 4:217–219
- in Melanesia, 3:168
- in Mexico, 2:252–253
- in Micronesia, 3:177–178
- in Mongolia, 3:185–187
- in Morocco, 1:228–229
- in Myanmar, 3:198–199
- in Namibia, 1:237
- in Nepal, 3:209
- in Netherlands, 4:231–232
- in Netherlands Antilles, 2:264–266
- in New Zealand, 3:217–219
- in Nicaragua, 2:276–277
- in Nigeria, 1:246–247
- in North Korea, 3:231–232
- in Norway, 4:236–237
- in Organization of Eastern Caribbean States, 2:294–295
- in Pakistan, 3:241
- in Palestine, 1:256
- in Panama, 2:303–304
- in Paraguay, 2:312–313
- in Peru, 2:322–323
- in Philippines, 3:251–252
- in Poland, 4:248–249
- in Polynesia, 3:261–262
- in Portugal, 4:256–257
- in Puerto Rico, 2:331
- in Republic of the Congo, 1:262–264
- in Romania, 4:275
- in Russia, 4:289–290
- in Rwanda, 1:279
- in Saudi Arabia, 1:167–168
- in Senegal, 1:283
- in Serbia, 4:301
- in Sierra Leone, 1:290–291
- in Singapore, 3:273
- in Slovakia, 4:309–310
- in Slovenia, 4:318
- in Somalia, 1:298
- in South Africa, 1:305–306
- in South Korea, 3:280–281
- in South Sudan, 1:316–317
- in Spain, 4:322–323
- in Sri Lanka, 3:292
- in Suriname, 2:349
- in Sweden, 4:335–337
- in Switzerland, 4:349–350
- in Syria, 1:333–335
- in Taiwan, 3:308
- in Tajikistan, 3:316
- in Thailand, 3:325
- in Trinidad and Tobago, 2:338, 340
- in Tunisia, 1:349–350
- in Turkey, 4:360–361
- in Turkmenistan, 3:335–336
- in Ukraine, 4:366–368
- in United Arab Emirates, 1:357–358
- in United Kingdom, 4:379–381
- in United States, 2:363–364
- in Uruguay, 2:377
- in Uzbekistan, 3:342–343
- in Venezuela, 2:390–391
- in Vietnam, 3:353
- in Yemen, 1:272
- in Zimbabwe, 1:370
- Encina, Ana Maria, 2:48
- Energy
 - in Pakistan, 3:244
 - in Uruguay, 2:382
- England, 4:376, 382
 - See also* United Kingdom
- Enhancement of Literacy in Afghanistan (ELA)
 - program, 1:3
- Ensler, Eve, 1:72
- Entrepreneurship
 - in Albania, 4:4
 - in Japan, 3:107
 - in Kosovo, 4:190
- Environmentalism
 - in Bhutan, 3:33
 - in Costa Rica, 2:108
 - deforestation and, 2:326
 - extinctions of animals in, 1:106
 - fracking (hydraulic fracturing) and, 3:11
 - in Kenya, 1:158, 162
 - in Marshall Islands, 3:181
 - in Pakistan, 3:244
- Eritrea, 1:74–79
- Eritrean Popular Liberation Front (EPLF), 1:74, 77, 78
- Ernst, Richard, 4:346
- Escala, Anuncia, 4:324
- Escudero, Edelmire, 2:255
- Espinoza Cruz, Marisol, 2:324
- Estonia, 4:91–98
- Ethiopia, 1:80–90
 - Eritrean independence from, 1:74
 - Jewish immigrants from, 1:126–127
- Ethiopian People Revolutionary Democratic Front (EPRDF), 1:89–90
- Ethiopian Student Movement, 1:88
- Ethiopian Women's Welfare Association (EWWA), 1:88
- Ethiopia Women's Association (REWA), 1:88
- European Union (EU)

European Union (EU) (*Continued*)

- Bulgaria in, **4**:50, 58
- Croatia in, **4**:61, 65, 66
- Denmark in, **4**:81
- Estonia in, **4**:91
- Finland in, **4**:100
- French Caribbean islands in, **2**:164
- French Guiana in, **2**:172, 177
- Germany in, **4**:126
- Greece in, **4**:135, 139
- Hungary in, **4**:145
- Ireland in, **4**:166
- Lithuania in, **4**:210
- Netherlands in, **4**:227
- Portugal in, **4**:255
- Slovenia in, **4**:315
- Spain in, **4**:321
- “Strategy for Equality between Women and Men” of, **4**:424–427
- United Kingdom leaving (Brexit), **4**:377, 382
- Evangelical Lutheran Church in Denmark, **4**:87
- Evangelical Lutheran Church of Finland, **4**:104
- Evangelical Lutheran Church of Iceland (ELCI), **4**:161
- Evans, J. D., **1**:324
- Evil eye beliefs, **2**:159
- Expatriates
 - in Cayman Islands, **2**:82–83
 - Cuban, **2**:127
- Extinctions of animals, **1**:106
- Extracurricular Activities. *See* Recreation
- Faʻaʻafafine*, **3**:265–266
- Facebook
 - in Brunei, **3**:297
 - in Myanmar, **3**:202
- Fadhma N’Soumer, **1**:12
- Family leave. *See* Maternity leave
- Family life
 - in Albania, **4**:5
 - in Algeria, **1**:14–16
 - in Argentina, **2**:7
 - in Armenia, **4**:11
 - in Australia, **3**:7
 - in Austria, **4**:18–19
 - in Bahamas, Barbados, and Turks and Caicos Islands, **2**:22–23
 - in Bahrain, **1**:22–24
 - in Bangladesh, **3**:21–22
 - in Belarus, **4**:28–29
 - in Belgium, **4**:35
 - in Belize, **2**:730
 - in Bermuda, **2**:38–40
 - in Bhutan, **3**:31
 - in Bolivia, **2**:47
 - in Bosnia and Herzegovina, **4**:44–45
 - in Botswana, **1**:30–31
 - in Brazil, **2**:58
 - in Brunei, **3**:300
 - in Bulgaria, **4**:54–56
 - in Burkina Faso, **1**:33, 37
 - in Cambodia, **3**:44
 - in Canada, **2**:70–72
 - in Cayman Islands, **2**:83
 - in Central African Republic, **1**:41–42, 44–46
 - in Chile, **2**:91
 - in China, **3**:60–61
 - in Colombia, **2**:103
 - in Costa Rica, **2**:113–114
 - in Croatia, **4**:64–65
 - in Cuba, **2**:124
 - in Czech Republic, **4**:74
 - in Democratic Republic of Congo, **1**:54, 56–57
 - in Denmark, **4**:84–85
 - in Dominican Republic, **2**:135–136
 - in Ecuador, **2**:146–147
 - in Egypt, **1**:67–69
 - in El Salvador, **2**:157–158
 - in Eritrea, **1**:75, 77
 - in Estonia, **4**:96–97
 - in Ethiopia, **1**:86–88
 - in Finland, **4**:103–104
 - in France, **4**:110–111
 - in French Caribbean, **2**:167
 - in French Guiana, **2**:176
 - in Georgia, **4**:122–123
 - in Germany, **4**:130–131
 - in Ghana, **1**:94–97
 - in Greece, **4**:140
 - in Greenland, **2**:186–187
 - in Guam, **3**:70–71
 - in Guatemala, **2**:199–200
 - in Guiana, **2**:211–212
 - in Haiti, **2**:221–222
 - in Honduras, **2**:233
 - in Hungary, **4**:149–150
 - in Iceland, **4**:159
 - in India, **3**:77, 83–84
 - in Indonesia, **3**:96–97
 - in Iran, **1**:107–109
 - in Iraq, **1**:117
 - in Ireland, **4**:166–167
 - in Israel, **1**:124
 - in Italy, **4**:179–180
 - in Ivory Coast, **1**:129
 - in Jamaica, **2**:242–243
 - in Japan, **3**:108–110
 - in Jordan, **1**:138–140
 - in Kazakhstan, **3**:120–121
 - in Kenya, **1**:156–158
 - in Kosovo, **4**:185, 191–192
 - in Kyrgyzstan, **3**:127
 - in Laos, **3**:139
 - in Latvia, **4**:198–199, 201–202
 - in Lebanon, **1**:177–178
 - in Lesotho, **1**:185
 - in Liberia, **1**:195–196
 - in Libya, **1**:200, 203–204
 - in Lithuania, **4**:209
 - in Macedonia, **4**:267
 - in Malawi, **1**:215–217
 - in Malaysia, **3**:148–150
 - in Maldives, **3**:159–160
 - in Mali, **1**:223–224
 - in Malta, **4**:219–221
 - in Melanesia, **3**:168–169
 - in Mexico, **2**:253–254
 - in Micronesia, **3**:178–180
 - in Mongolia, **3**:187–188
 - in Morocco, **1**:229
 - in Myanmar, **3**:199
 - in Namibia, **1**:237–239
 - in Nepal, **3**:209–210
 - in Netherlands, **4**:229
 - in Netherlands Antilles, **2**:267
 - in New Zealand, **3**:218–219
 - in Nicaragua, **2**:277–278
 - in Nigeria, **1**:247–248
 - in North Korea, **3**:232–233
 - in Norway, **4**:237–238
 - in Organization of Eastern Caribbean States, **2**:295–296
 - in Pakistan, **3**:242–243
 - in Palestine, **1**:254, 256–257
 - in Panama, **2**:304–305
 - in Paraguay, **2**:313–314
 - in Peru, **2**:323
 - in Philippines, **3**:247–248, 252
 - in Poland, **4**:249–250
 - in Polynesia, **3**:262–263
 - in Portugal, **4**:257–258
 - in Puerto Rico, **2**:331–332
 - in Republic of the Congo, **1**:264–265
 - in Romania, **4**:276
 - in Russia, **4**:290–293
 - in Rwanda, **1**:276, 279
 - in Saudi Arabia, **1**:168–169
 - in Senegal, **1**:284–285
 - in Serbia, **4**:301–302
 - in Sierra Leone, **1**:291
 - in Singapore, **3**:273–275
 - in Slovakia, **4**:310–312
 - in Slovenia, **4**:318–319
 - in Somalia, **1**:298–299
 - in South Africa, **1**:306–309
 - in South Korea, **3**:281–282
 - in South Sudan, **1**:317–318
 - in Spain, **4**:323–324
 - in Sri Lanka, **3**:292–293
 - in Sudan, **1**:327–328
 - in Suriname, **2**:349–350
 - in Sweden, **4**:337–338
 - in Switzerland, **4**:347
 - in Syria, **1**:332, 335–336
 - in Taiwan, **3**:308–309
 - in Tajikistan, **3**:317–318
 - in Thailand, **3**:325–326
 - in Trinidad and Tobago, **2**:340–341
 - in Tunisia, **1**:350
 - in Turkey, **4**:355–356, 359–360
 - in Ukraine, **4**:368–370
 - in United Arab Emirates, **1**:358–359
 - in United Kingdom, **4**:381–382

- in United States, 2:364–367
- in Uruguay, 2:377–378
- in Uzbekistan, 3:340–341, 343–344
- in Venezuela, 2:391–392
- in Vietnam, 3:353–354
- in Yemen, 1:273
- Family planning. *See* Reproductive rights
- Farias, Jacqueline, 2:392
- Faroe Islands, 4:86
- Fat activism, 3:222
- Fathy, Inas, 1:207
- Fatiman, Cecile, 2:222–223
- Fawcett, Millicent, 4:383
- Fazlalizadeh, Tatyana, 2:369
- Federated States of Micronesia (FSM). *See* Micronesia
- Fédération des Associations des Femmes du Sénégal (FAFS), 1:285
- Federation of Cuban Women (FMC), 2:120, 121, 123
- Federation of South African Women (FEDSAW), 1:313
- Federation of the West Indies, 2:80
- Female circumcision (female genital cutting; female genital mutilation), 1:36
 - in Brunei, 3:299
 - in Central African Republic, 1:48
 - in Egypt, 1:63, 66–67
 - in Eritrea, 1:78–79
 - in Ghana, 1:100
 - in Iran, 1:105–106
 - in Ivory Coast, 1:128
 - in Kenya, 1:161–162
 - in Liberia, 1:193–194
 - in Libya, 1:201
 - in Malaysia, 3:146
 - in Mali, 1:221–222
 - in Nigeria, 1:245
 - in Republic of the Congo, 1:261
 - in Russia, 4:283
 - in Senegal, 1:284, 285
 - in Sierra Leone, 1:288
 - in Somalia, 1:300
 - in Sudan, 1:326–327
 - in Sweden, 4:335
 - in Zimbabwe, 1:369
- Female-headed households
 - in Bahamas, Barbados, and Turks and Caicos Islands, 2:22
 - in Bermuda, 2:39
 - in Costa Rica, 2:114
 - in Egypt, 1:68
 - in Iraq, 1:119
- Female Solidarity for Integrated Peace and Development (SOFEPADI), 1:60
- Female Youth Employment Initiative (FYEI; Afghanistan), 1:6
- Femicide
 - in Argentina, 2:4
 - in Chile, 2:94
 - in Dominican Republic, 2:138
 - in Ecuador, 2:148
 - in El Salvador, 2:160
 - in Guatemala, 2:191, 203–204
 - in Honduras, 2:235
 - in Mexico, 2:256–257
 - in Uruguay, 2:378
- Feminine League for Social Action (Haiti), 2:223
- Feminism
 - in Armenia, 4:13
 - in Australia, 3:7–9
 - in Bahrain, 1:24
 - in Bangladesh, 3:23
 - in Belarus, 4:29
 - in Brazil, 2:56–57
 - in Canada, 2:73
 - in Central African Republic, 1:48–49
 - in China, 3:64
 - in Croatia, 4:68
 - in Czech Republic, 4:74–75
 - in Denmark, 4:86
 - in Egypt, 1:63, 69–70
 - in France, 4:112
 - in Haiti, 2:222–223
 - in Honduras, 2:235–236
 - in Iceland, 4:155, 156
 - in India, 3:86
 - in Indonesia, 3:99–100
 - in Iran, 1:111
 - in Japan, 3:111, 112
 - in Kyrgyzstan, 3:128
 - in Lebanon, 1:178–179
 - in Libya, 1:206–207
 - in Malaysia, 3:150–151
 - in Namibia, 1:240–241
 - in Nepal, 3:211
 - in New Zealand, 3:221, 222
 - in Norway, 4:238–239
 - in Philippines, 3:253
 - in Poland, 4:251
 - in Polynesia, 3:263
 - among Roma, 4:263
 - in Russia, 4:295–296
 - in South Sudan, 1:321
 - in Spain, 4:325
 - in Sri Lanka, 3:295
 - in Sweden, 4:339
 - in Switzerland, 4:348–349
 - in Taiwan, 3:310
 - in Tunisia, 1:352
 - in Ukraine, 4:373
 - in Venezuela, 2:389, 390
 - in Vietnam, 3:355
 - in Zimbabwe, 1:374
- Feminist Initiative (political party; Sweden), 4:339
- Feminist Revolutionary Party (Mexico), 2:255
- Fernandes, Maria da Penha, 2:61
- Fernández de Kirchner, Cristina, 2:8–9
- Fernando, Nimalka, 3:293
- Ferraro, Geraldine, 2:369
- Ferré, Rosario, 2:334
- Ferrier, Johan, 2:350
- Ferry, Jules, 4:107
- Fertility
 - in Australia, 3:5–6
 - in Austria, 4:18
 - in Bahrain, 1:21, 22
 - in Bangladesh, 3:16
 - in Botswana, 1:30
 - in Cambodia, 3:41
 - in Cayman Islands, 2:81
 - in Central African Republic, 1:43, 45
 - in Democratic Republic of Congo, 1:54
 - in Eritrea, 1:74, 75
 - in Ethiopia, 1:87–88
 - in Finland, 4:102
 - in Georgia, 4:122–123
 - in Iran, 1:108
 - in Ireland, 4:163
 - in Italy, 4:174, 179–180
 - in Japan, 3:109–110
 - in Jordan, 1:139
 - in Lebanon, 1:176
 - in Lithuania, 4:206
 - in Macedonia, 4:265
 - in Malaysia, 3:149
 - in Maldives, 3:156
 - in Netherlands Antilles, 2:266
 - in New Zealand, 3:218–219
 - in Nicaragua, 2:275
 - in Norway, 4:235
 - in Palestine, 1:257
 - in Peru, 2:319, 321
 - in Poland, 4:246
 - in Polynesia, 3:259, 261
 - in Singapore, 3:274–275
 - in South Africa, 1:302, 307
 - in Taiwan, 3:308–309
 - in Turkey, 4:359
 - in United States, 2:366
 - in Yemen, 1:273
 - in Zimbabwe, 1:372
- Al-Fihri, Fatima, 1:227
- Fiji, 3:162
 - See also* Melanesia
- Film
 - in Belgium, 4:37
 - in India, 3:90
 - in Iran, 1:110
 - in Mexico, 2:258
 - in Norway, 4:237
 - in Spain, 4:326–327
- Finland, 4:100–105
- Firmina dos Reis, Maria, 2:56
- First Nations, 2:65
 - See also* Indigenous peoples
- Flores Amaya, Mecacla, 4:329
- Flores Facussé, Carlos, 2:228
- Floresta, Nisia, 2:56
- Foad, Vivian, 1:66
- Forçadas i Vila, Teresa, 4:328

- Forcadell, Carme, **4:327–328**
- Forced labor
- in Guyana, **2:213**
 - in Lebanon, **1:180**
 - in Romania, **4:272–273**
 - in Vietnam, **3:349**
- Forced marriage
- in India, **3:83**
 - in Kazakhstan, **3:122–123**
 - in Mali, **1:223**
 - in Melanesia, **3:163–164**
 - in Myanmar, **3:196**
 - among Roma, **4:148**
 - in South Sudan, **1:317**
 - in Tajikistan, **3:313–314, 317**
 - in Turkey, **4:355–356**
 - United Nations General Assembly resolution on, **4:431–432**
- Foreign-born woman. *See* Immigration and immigrants
- Forestry, **3:212**
- Foro Nacional de la Mujer (National Women's Forum; Guatemala), **2:200–201**
- Foster, Arlene, **4:382**
- Foster, Graça, **2:57**
- Fox, Vicente, **2:258**
- Fracking (hydraulic fracturing), **3:11**
- France, **4:106–116**
- Algeria under, **1:11**
 - Cambodia under, **3:37**
 - French Caribbean under, **2:164–165**
 - French Guiana under, **2:172, 173**
 - Haitian independence from, **2:216, 222–223**
 - Ivory Coast under, **1:127**
 - Laos under, **3:133**
 - migration from French Caribbean to, **2:169–170**
 - Morocco under, **1:230**
 - Vietnam under, **3:348**
- Francis (pope), **2:9, 315**
- Franco, Francisco, **4:322**
- Frank, Liz, **1:238**
- French (language)
- Académie Française to preserve, **4:113**
 - gender in, **4:116**
- French Caribbean, **2:164–170**
- French Equatorial Africa, **1:41**
- French Guiana, **2:172–177**
- French Indochina, **3:37, 133, 348**
- French Revolution, **4:106**
- French Sudan (Mali), **1:282**
- Fuerzas armadas revolucionarias de Colombia (FARC; Colombia), **2:98**
- Fu, Grace, **3:275**
- Fujimori, Alberto, **2:318**
- Funes, Mauricio, **2:158**
- Furra (queen, Ethiopia), **1:90**
- GABRIELA (organization; Philippines), **3:252–253**
- Galindo, Hermilia, **2:255**
- Gang violence
- in El Salvador, **2:160**
 - in Honduras, **2:230**
- al-Gaoud, Latifa, **1:24**
- Gaprindashvili, Nona, **4:119**
- Garcia, Amalia, **2:254**
- García Pérez, Alan, **2:318**
- Garvey, Marcus, **2:243**
- Gaskin, Winifred, **2:212**
- Gates, Sir Thomas, **2:34**
- Gay, Judith, **1:188**
- Gayoom, Maumoon Abdul, **3:160**
- Gaza Strip (Palestine), **1:253**
- See also* Palestine
- Gbowee, Leymah, **1:191, 197**
- Geerlings-Simons, Jennifer, **2:351**
- Gender
- in abortion choices, **4:4, 124**
 - in language, **4:116**
- Gender-based violence (GBV). *See* Violence against women
- Gender Equality Project II (GEP-II), on Afghanistan, **1:2**
- Gender identity
- in Belgium, **4:36**
 - in Malta, **4:220–221**
- Gender orientation, in Malta, **4:220–221**
- Gender segregation
- in Israel, **1:125–126**
 - in Saudi Arabia, **1:164–165, 168, 170**
- Gender-selective abortion, **4:4**
- General Union of Women's Associations (Libya), **1:206–207**
- General Women's Union (UAE), **1:360**
- Genocide
- in Armenia, **4:8**
 - in Cambodia, **3:37, 42, 48–49**
 - in Rwanda, **1:277**
- Geoghan-Quinn, Maire, **4:167**
- Georgia, **4:118–124**
- Geréb, Ágnes, **4:146**
- Germany, **4:126–133**
- Basic Law for, **4:390**
- Ghana, **1:92–101**
- Constitution of, **4:408**
- Ghandour, Fatima, **1:207**
- Gharti, Sanju, **3:207**
- Gharur, Fawzia, **1:201**
- Girl brides. *See* Child marriage
- Girls and teens
- in Afghanistan, **1:2–3**
 - in Albania, **4:2–3**
 - in Argentina, **2:3–4**
 - in Armenia, **4:8–9**
 - in Australia, **3:2–4**
 - in Austria, **4:15–16**
 - in Bahamas, Barbados, and Turks and Caicos Islands, **2:16–18**
 - in Bahrain, **1:20**
 - in Bangladesh, **3:17–18**
 - in Belarus, **4:25–26**
 - in Belgium, **4:34**
 - in Belize, **2:28–29**
 - in Bermuda, **2:35**
 - in Bhutan, **3:27–29**
 - in Bolivia, **2:45**
 - in Bosnia and Herzegovina, **4:41–42**
 - in Botswana, **1:28–29**
 - in Brazil, **2:52–53**
 - in Brunei, **3:297–298**
 - in Bulgaria, **4:51–52**
 - in Burkina Faso, **1:33–35**
 - in Cambodia, **3:38–41**
 - in Canada, **2:65–67**
 - in Cayman Islands, **2:80–81**
 - in Central African Republic, **1:41–42**
 - in Chile, **2:87–88**
 - in China, **3:53–56**
 - in Colombia, **2:99–101**
 - in Costa Rica, **2:109–110**
 - in Croatia, **4:62–63**
 - in Cuba, **2:120–121**
 - in Czech Republic, **4:72–73**
 - in Democratic Republic of Congo, **1:53–54**
 - in Denmark, **4:81–82**
 - in Dominican Republic, **2:132–133**
 - in Ecuador, **2:142–144**
 - in Egypt, **1:63**
 - in El Salvador, **2:153–154**
 - in Eritrea, **1:74–75**
 - in Estonia, **4:92–93**
 - in Ethiopia, **1:81–82**
 - in Finland, **4:101–102**
 - in France, **4:107–108**
 - in French Caribbean, **2:165–166**
 - in French Guiana, **2:174**
 - in Georgia, **4:119**
 - in Germany, **4:128–129**
 - in Greece, **4:137–138**
 - in Greenland, **2:181–184**
 - in Guam, **3:67–68**
 - in Guatemala, **2:192–194**
 - in Guiana, **2:208–209**
 - in Haiti, **2:217–218**
 - in Honduras, **2:228–229**
 - in Hungary, **4:147–148**
 - in Iceland, **4:156**
 - in India, **3:77–80**
 - in Indonesia, **3:93–94**
 - in Iran, **1:102–105**
 - in Ireland, **4:164–165**
 - in Israel, **1:121**
 - in Italy, **4:175–176**
 - in Ivory Coast, **1:127–128**
 - in Jamaica, **2:240–241**
 - in Japan, **3:104–106**
 - in Jordan, **1:136–137**
 - in Kazakhstan, **3:117–118**
 - in Kosovo, **4:185**
 - in Kyrgyzstan, **3:125**
 - in Laos, **3:134–137**
 - in Latvia, **4:198–200**

- in Lebanon, **1**:174–175
- in Liberia, **1**:192
- in Libya, **1**:200
- in Lithuania, **4**:206–207
- in Macedonia, **4**:262–265
- in Malawi, **1**:211–213
- in Malaysia, **3**:143–144
- in Maldives, **3**:155–156
- in Malta, **4**:216
- in Melanesia, **3**:163–166
- in Mexico, **2**:249–250
- in Micronesia, **3**:175–176
- in Mongolia, **3**:184–185
- in Morocco, **1**:226–227
- in Myanmar, **3**:195–197
- in Nepal, **3**:206–208
- in Netherlands, **4**:227–228
- in Netherlands Antilles, **2**:264
- in New Zealand, **3**:214–215
- in Nicaragua, **2**:273–274
- in North Korea, **3**:227–230
- in Norway, **4**:234–235
- in Organization of Eastern Caribbean States, **2**:285–289
- in Pakistan, **3**:239–240
- in Palestine, **1**:253–254
- in Panama, **2**:301
- in Paraguay, **2**:310–311
- in Peru, **2**:319–320
- in Philippines, **3**:247–249
- in Poland, **4**:245–246
- in Polynesia, **3**:259–260
- in Portugal, **4**:255–256
- in Puerto Rico, **2**:330–331
- in Republic of the Congo, **1**:261
- in Romania, **4**:272–274
- in Russia, **4**:281–282
- in Rwanda, **1**:276
- in Saudi Arabia, **1**:164–165
- in Senegal, **1**:282–283
- in Serbia, **4**:299–300
- in Sierra Leone, **1**:288
- in Singapore, **3**:270–271
- in Slovakia, **4**:306–307
- in Slovenia, **4**:315–316
- in Somalia, **1**:295–296
- in South Africa, **1**:302, 313
- in South Korea, **3**:278–280
- in Sri Lanka, **3**:289–291
- in Sudan, **1**:323–325
- in Suriname, **2**:347–348
- in Sweden, **4**:331–334
- in Switzerland, **4**:344–345
- in Taiwan, **3**:305–307
- in Tajikistan, **3**:313–315
- in Thailand, **3**:322
- in Trinidad and Tobago, **2**:338–339
- in Tunisia, **1**:344–345
- in Turkey, **4**:355–358
- in Turkmenistan, **3**:332–333
- in United Arab Emirates, **1**:355
- in United Kingdom, **4**:377–378
- in United States, **2**:358–361
- in Uruguay, **2**:374–375
- in Uzbekistan, **3**:340–341
- in Venezuela, **2**:386–388
- in Vietnam, **3**:349–351
- virginity testing for, **1**:369–370
- in Yemen, **1**:269–271
- Girls' Empowerment Network (Malawi), **1**:217
- Girl Up (organization), **2**:365
- Giroud, Françoise, **4**:112
- Gold Coast. *See* Ghana
- Goodluck, Jonathan Ebele, **1**:243
- Gordimer, Nadine, **1**:303
- Gordon-Banks, Dame Pamela, **2**:34
- Gordon-Pamplin, Patricia, **2**:39–40
- Graffiti, **1**:71–72
- Gran Colombia, La, **2**:97, 141, 385
- Grandes, Almudena, **4**:328
- Grant, Sir John Peter, **2**:239
- Great Britain. *See* United Kingdom
- Greece, **4**:134–141
- Greek Orthodox Church, **4**:140
- Green Belt Movement (Kenya), **1**:158, 162
- Greenland, **2**:179–189, **4**:86
- Greenlandic Inuit (people), **2**:179, 187–188
- Greenlight for Girls (organization; Democratic Republic of Congo), **1**:53–54
- Grenada, **2**:284, 286, 291, 294
- Grenadines, **2**:284, 287–288, 295
- Grey, Sandra, **3**:216
- Gripenberg, Aleksandra, **4**:104
- Gross National Happiness (GNH), in Bhutan, **3**:34
- Guadeloupe, **2**:164, 165
- See also* French Caribbean
- Guam, **3**:67–74, 174
- Guantánamo Bay (Cuba), **2**:127
- Guaraní (people), **2**:310
- Guatemala, **2**:190–205
- Guatemalan Women's Group, **2**:199
- Guerrilla wars. *See* Civil warfare
- Guyana, **2**:207–214
- conflicts between Venezuela and, **2**:385
- Gyanendra (king, Nepal), **3**:205
- Gypsies (people). *See* Roma
- Habbani, Amal, **1**:329
- Haddad, Tahar, **1**:351
- Hadi, Abdrabbuh Mansour, **1**:269
- Hafath, Nada, **1**:24
- Hagman, Lucina, **4**:104
- Haile Selassie I (king, Ethiopia), **2**:243
- Haiti, **2**:216–225
- Dominican Republic and, **2**:130–132
- Halimi, Gisèle, **4**:109
- Hamad bin Isa Al Khalifa (king, Bahrain), **1**:19–20
- Hamed, Amira Osman, **1**:329
- Han (people), **3**:51, 304
- Han Myung-sook, **3**:283
- Hanouné, Louisa, **1**:12, 16
- Hara, Kimi, **3**:106
- Harald V (king, Norway), **4**:238
- Harassment
 - in Austria, **4**:22
 - in Belarus, **4**:31
 - in Belize, **2**:30
 - in Bolivia, **2**:48
 - in Costa Rica, **2**:115
 - in Czech Republic, **4**:78
 - in Dominican Republic, **2**:138
 - in Ecuador, **2**:150
 - in Egypt, **1**:71, 72
 - in Iraq, **1**:118–119
 - in Japan, **3**:113
 - in Jordan, **1**:143
 - in Latvia, **4**:203
 - in Lithuania, **4**:211
 - in Nepal, **3**:212
 - in New Zealand, **3**:218
 - in Palestine, **1**:259
 - in Republic of the Congo, **1**:264
 - South African legislation on, **1**:311
 - in Switzerland, **4**:350
 - in Trinidad and Tobago, **2**:343
 - in Ukraine, **4**:367–368
 - in United States, **2**:369
 - in Vietnam, **3**:356
- Haredi (people), **1**:121, 125
- Hariri, Rafik, **1**:179
- Haroldsson, Olav, **4**:234
- Hashemi, Faezeh, **1**:109
- Hasina, Sheikh, **3**:17, 283
- Hassani, Shamsia, **1**:9
- Hate crimes
 - in Norway, **4**:242
 - in Sweden, **4**:339
- Hathi, Sejal, **2**:361
- Health and health care
 - in Afghanistan, **1**:4–6
 - in Albania, **4**:3–4
 - in Algeria, **1**:12–13
 - in Argentina, **2**:5–7
 - in Armenia, **4**:10–11
 - in Australia, **3**:4–6
 - in Austria, **4**:16–17
 - in Bahamas, Barbados, and Turks and Caicos Islands, **2**:19–21, 24–25
 - in Bahrain, **1**:20–21
 - in Bangladesh, **3**:18–19
 - in Belarus, **4**:26
 - in Belgium, **4**:34
 - in Belize, **2**:29
 - in Bermuda, **2**:36–37
 - in Bhutan, **3**:29–30
 - in Bolivia, **2**:45–46
 - in Bosnia and Herzegovina, **4**:42–43
 - in Botswana, **1**:29–30
 - in Brazil, **2**:54–55
 - in Brunei, **3**:299–300
 - in Bulgaria, **4**:52–54

Health and health care (*Continued*)

- in Burkina Faso, 1:35–36
 - in Cambodia, 3:41–43
 - in Canada, 2:67–69
 - in Cayman Islands, 2:81–82
 - in Central African Republic, 1:42–43
 - in Chile, 2:88–89
 - in China, 3:57–59
 - in Colombia, 2:101–102
 - in Costa Rica, 2:110–111
 - in Croatia, 4:63
 - in Cuba, 2:120–122
 - in Czech Republic, 4:74
 - in Democratic Republic of Congo, 1:54
 - in Denmark, 4:82–83
 - in Dominican Republic, 2:133–134
 - in Ecuador, 2:144–145
 - in Egypt, 1:65–67
 - in El Salvador, 2:155–156
 - in Eritrea, 1:75–76
 - in Estonia, 4:93–95
 - in Ethiopia, 1:82–84
 - in Finland, 4:102–103
 - in France, 4:108–110
 - in French Caribbean, 2:166
 - in French Guiana, 2:174–175
 - in Georgia, 4:119–120
 - in Ghana, 1:95–96
 - in Greece, 4:138–139
 - in Greenland, 2:184–185
 - in Guam, 3:68–69
 - in Guatemala, 2:194–197
 - in Guiana, 2:209–210
 - in Haiti, 2:219–221
 - in Honduras, 2:230–231
 - in Hungary, 4:145–147
 - in Iceland, 4:156–157
 - in India, 3:80–82
 - in Indonesia, 3:94–95
 - in Iran, 1:105–107
 - in Iraq, 1:116–117
 - in Israel, 1:122–123
 - in Italy, 4:176–177
 - in Ivory Coast, 1:128–129
 - in Jamaica, 2:241–242
 - in Japan, 3:106–107
 - in Jordan, 1:140
 - in Kazakhstan, 3:118–119
 - in Kenya, 1:151–154
 - in Kosovo, 4:185–187
 - in Kyrgyzstan, 3:126
 - in Laos, 3:137–138
 - in Latvia, 4:200–201
 - in Lebanon, 1:175–177
 - in Lesotho, 1:183–184
 - in Liberia, 1:192–194, 198–199
 - in Libya, 1:201–202
 - in Lithuania, 4:207
 - in Macedonia, 4:265–266
 - in Malawi, 1:213–214
 - in Malaysia, 3:145–146
 - in Maldives, 3:156–157
 - in Mali, 1:221–222
 - in Malta, 4:216–217
 - in Melanesia, 3:166–168
 - in Mexico, 2:249–252
 - in Micronesia, 3:176–177
 - in Mongolia, 3:188–189
 - in Morocco, 1:227–228
 - in Myanmar, 3:198
 - in Namibia, 1:235–236
 - in Nepal, 3:207–209
 - in Netherlands, 4:228
 - in Netherlands Antilles, 2:266–267
 - in New Zealand, 3:215–217
 - in Nicaragua, 2:275–276
 - in Nigeria, 1:244–246
 - in North Korea, 3:230–231
 - in Norway, 4:235
 - in Organization of Eastern Caribbean States, 2:294
 - in Pakistan, 3:240–241
 - in Palestine, 1:254–256
 - in Panama, 2:302–303
 - in Paraguay, 2:311
 - in Peru, 2:320–322
 - in Philippines, 3:249–251
 - in Poland, 4:246–248
 - in Polynesia, 3:261
 - in Portugal, 4:256
 - in Puerto Rico, 2:331
 - in Republic of the Congo, 1:262
 - in Romania, 4:274–275
 - in Russia, 4:282–285
 - in Rwanda, 1:278–279
 - in Saudi Arabia, 1:165–167
 - in Senegal, 1:283–284
 - in Serbia, 4:300–301
 - in Sierra Leone, 1:289–290
 - in Singapore, 3:272–273
 - in Slovakia, 4:307–309
 - in Slovenia, 4:316–317
 - in Somalia, 1:297–298
 - in South Africa, 1:303–305
 - in South Korea, 3:280
 - in South Sudan, 1:316
 - in Spain, 4:322
 - in Sri Lanka, 3:291–292
 - in Sudan, 1:325–327
 - in Suriname, 2:348–349
 - in Sweden, 4:334–335
 - in Switzerland, 4:344
 - in Syria, 1:332–333
 - in Taiwan, 3:307–308
 - in Tajikistan, 3:315–316
 - in Thailand, 3:322–324
 - in Trinidad and Tobago, 2:339–340
 - in Tunisia, 1:345–348
 - in Turkey, 4:358–359
 - in Turkmenistan, 3:334–335
 - in Ukraine, 4:370–372
 - in United Arab Emirates, 1:355–356
 - in United Kingdom, 4:378–379
 - in United States, 2:361–363
 - in Uruguay, 2:375–377
 - in Uzbekistan, 3:341–342
 - in Venezuela, 2:388–390
 - in Vietnam, 3:351–353
 - in Yemen, 1:271–272
 - in Zimbabwe, 1:366–370
- Heart disease
- in Bolivia, 2:46
 - in Bulgaria, 4:53
 - in Cuba, 2:122
 - in Norway, 4:235
 - in Singapore, 3:272
 - in Uruguay, 2:377
- Hepatitis, 1:66, 3:352
- Herzegovina. *See* Bosnia and Herzegovina
- Hesse-Bayne, Lebrechtta Nana Oye, 2:285
- Heterosexuality, 3:179–180
- Hewlett, Sylvia Ann, 3:108
- Hidalgo, Matilde, 2:147
- Higher education
- in Albania, 4:3
 - in Argentina, 2:4
 - in Bahrain, 1:20
 - in Belarus, 4:27
 - in Botswana, 1:29
 - in Brazil, 2:54
 - in Brunei, 3:299
 - in Canada, 2:67
 - in Chile, 2:88
 - in China, 3:56
 - in Colombia, 2:99
 - in Croatia, 4:62
 - in Denmark, 4:83
 - in Egypt, 1:70
 - in El Salvador, 2:154
 - in Ethiopia, 1:85
 - in Georgia, 4:121–122
 - in Greece, 4:138
 - in Greenland, 2:183–184
 - in Guam, 3:68
 - in Haiti, 2:219
 - in Iceland, 4:158
 - in Iran, 1:104–105
 - in Israel, 1:122
 - in Italy, 4:178
 - in Jordan, 1:136–137
 - in Kenya, 1:150
 - in Kosovo, 4:188
 - in Laos, 3:136
 - in Libya, 1:201
 - in Macedonia, 4:264–265
 - in Malta, 4:216
 - in Mongolia, 3:185
 - in Morocco, 1:227
 - in Myanmar, 3:197
 - in New Zealand, 3:215
 - in Nigeria, 1:244
 - in North Korea, 3:229–230
 - in Norway, 4:236

- in Palestine, **1**:254
- in Paraguay, **2**:311
- in Peru, **2**:320
- in Philippines, **3**:248–249
- in Poland, **4**:245–246
- in Portugal, **4**:255–256
- in Puerto Rico, **2**:330–331
- in Republic of the Congo, **1**:261
- in Russia, **4**:288
- in Slovakia, **4**:307
- in Slovenia, **4**:316
- in South Africa, **1**:302–303
- in Spain, **4**:322–323
- in Sudan, **1**:324
- in Suriname, **2**:347–348
- in Sweden, **4**:333–334
- in Tajikistan, **3**:315
- in Turkey, **4**:357–358
- in Turkmenistan, **3**:333
- in United Arab Emirates, **1**:357
- in United States, **2**:360
- in Uruguay, **2**:375
- in Uzbekistan, **3**:341
- in Venezuela, **2**:388
- in Vietnam, **3**:351
- in Yemen, **1**:271
- in Zimbabwe, **1**:365
- Hijab. *See* Attire
- Hinduism
 - in Bhutan, **3**:34
 - in French Caribbean, **2**:168
 - in Guyana, **2**:212–213
 - in India, **3**:77, 88
 - marriage and divorce in, **3**:84
 - in Nepal, **3**:211
- Hiratsuka, Raicho, **3**:111
- Hirofumi, Nakasone, **3**:73
- Hispaniola
 - Dominican Republic on, **2**:130–138
 - Haiti on, **2**:216–225
- Hitler, Adolf, **4**:72, 126, 305
- HIV/AIDS
 - in Argentina, **2**:4, 6
 - in Australia, **3**:4
 - in Bahamas, Barbados, and Turks and Caicos Islands, **2**:17, 21
 - in Belize, **2**:29
 - in Bermuda, **2**:36
 - in Bosnia and Herzegovina, **4**:48–49
 - in Botswana, **1**:29, 30
 - in Brunei, **3**:301
 - in Burkina Faso, **1**:36
 - in Cambodia, **3**:42
 - in Canada, **2**:68–69
 - in Cayman Islands, **2**:82
 - in Central African Republic, **1**:43, 48
 - in Chile, **2**:89
 - in China, **3**:58
 - in Colombia, **2**:102
 - in Cuba, **2**:122
 - in Democratic Republic of Congo, **1**:54
 - in Denmark, **4**:82
 - in Dominican Republic, **2**:134
 - in Egypt, **1**:66
 - in El Salvador, **2**:156
 - in Estonia, **4**:94
 - in Ethiopia, **1**:84
 - in French Guiana, **2**:175
 - in Ghana, **1**:96
 - in Grenada, **2**:286
 - in Guatemala, **2**:196
 - in Guiana, **2**:210, 213–214
 - in Haiti, **2**:220
 - in Honduras, **2**:231
 - in Iceland, **4**:156–157
 - in India, **3**:82
 - in Indonesia, **3**:95
 - in Iran, **1**:106
 - in Ivory Coast, **1**:129
 - in Jamaica, **2**:242
 - in Kazakhstan, **3**:118
 - in Kenya, **1**:151, 152–153
 - in Kosovo, **4**:187
 - in Laos, **3**:138
 - in Latvia, **4**:201
 - in Lebanon, **1**:176–177
 - in Lesotho, **1**:184
 - in Liberia, **1**:194
 - in Libya, **1**:201–202
 - in Malawi, **1**:213–214
 - in Melanesia, **3**:167
 - in Mexico, **2**:250–251
 - in Mongolia, **3**:189
 - in Morocco, **1**:227
 - in Myanmar, **3**:198
 - in Namibia, **1**:236
 - in Nepal, **3**:209
 - in Netherlands Antilles, **2**:266–267
 - in Nicaragua, **2**:276
 - in Nigeria, **1**:246
 - in North Korea, **3**:231
 - in Organization of Eastern Caribbean States, **2**:288–289
 - in Palestine, **1**:255
 - in Panama, **2**:302–303
 - in Paraguay, **2**:311
 - in Peru, **2**:322
 - in Poland, **4**:247
 - in Puerto Rico, **2**:331, 335
 - in Republic of the Congo, **1**:262
 - in Russia, **4**:284–285
 - in Rwanda, **1**:278, 279
 - in Slovakia, **4**:309
 - in Slovenia, **4**:317
 - in South Africa, **1**:305
 - in Suriname, **2**:349
 - in Thailand, **3**:324
 - in Trinidad and Tobago, **2**:340
 - in Tunisia, **1**:347
 - in Turkmenistan, **3**:334–335
 - in Ukraine, **4**:371
 - in United States, **2**:362–363
 - in Uzbekistan, **3**:342
 - in Venezuela, **2**:390
 - in Vietnam, **3**:352
 - in Zimbabwe, **1**:368–369
 - Homosexuality
 - in Afghanistan, **1**:10
 - in Algeria, **1**:17
 - in Bahrain, **1**:23
 - in Canada, **2**:74
 - in Cayman Islands, **2**:83
 - in Democratic Republic of Congo, **1**:57
 - Islam on, **1**:171, **3**:102
 - in Malawi, **1**:216
 - in Senegal, **1**:285
 - in Syria, **1**:336
 - See also* LGBTQ+ issues
 - Honduras, **2**:227–237
 - Honor killings, **1**:119, 337–338
 - Household structure. *See* Family life
 - Housemaids, **1**:144–145
 - Housework. *See* Family life
 - Housing, in Australia, **3**:7
 - Al-Houthi, Hussein Badr al-Din, **1**:269
 - Houthis (people), **1**:269
 - Howard, John, **3**:10
 - HPV vaccine, **4**:137, 285
 - Human development
 - in Bahamas, Barbados, and Turks and Caicos Islands, **2**:16
 - in Kenya, **1**:149
 - in United Arab Emirates, **1**:355
 - in Yemen, **1**:269
 - Human rights
 - in Belgium, **4**:36
 - in Cuba, **2**:124–125
 - in El Salvador, **2**:161
 - in Eritrea, **1**:78
 - in Georgia, **4**:118
 - in Guatemala, **2**:205
 - in Honduras, **2**:236–237
 - “Joint Statement on Ending Acts of Violence and Related Human Rights Violations Based on Sexual Orientation and Gender Identity,” **4**:427–428
 - in Libya, **1**:207–208
 - in Myanmar, **3**:195
 - in Republic of the Congo, **1**:266
 - in Russia, **4**:296–297
 - in Serbia, **4**:304–305
 - in Turkmenistan, **3**:336
 - Human trafficking
 - actions against, **1**:15
 - in Argentina, **2**:10
 - in Armenia, **4**:9
 - in Australia, **3**:12
 - in Bahamas, Barbados, and Turks and Caicos Islands, **2**:25
 - in Bahrain, **1**:26
 - in Belarus, **4**:31
 - in Belgium, **4**:39
 - in Bosnia and Herzegovina, **4**:47–48

Human trafficking (*Continued*)

- in Botswana, 1:32
- in Brunei, 3:301
- in Bulgaria, 4:58
- in Cambodia, 3:46–47
- in Canada, 2:76–77
- in Cayman Islands, 2:85
- in Costa Rica, 2:111
- in Croatia, 4:68
- in Czech Republic, 4:78–79
- in Democratic Republic of Congo, 1:61
- in Denmark, 4:88
- in Eritrea, 1:79
- in Estonia, 4:98
- in Ethiopia, 1:81–82
- in French Guiana, 2:177
- in Georgia, 4:124
- in Guyana, 2:213
- in Haiti, 2:217
- in Honduras, 2:235
- in Hungary, 4:152–153
- in India, 3:89
- in Iran, 1:112–113
- in Ivory Coast, 1:133
- in Jamaica, 2:243–244
- in Laos, 3:135
- in Latvia, 4:204
- in Lebanon, 1:180
- in Lesotho, 1:188–189
- in Libya, 1:208
- in Lithuania, 4:212
- in Malawi, 1:212–213
- in Malaysia, 3:152
- in Maldives, 3:161
- in Malta, 4:222
- in Mexico, 2:258–259
- in Micronesia, 3:182
- in Morocco, 1:231
- in Myanmar, 3:196
- in Namibia, 1:242
- in Netherlands, 4:232
- in Netherlands Antilles, 2:269–270
- in Nigeria, 1:250–251
- in North Korea, 3:235
- in Pakistan, 3:244–245
- in Panama, 2:307
- in Paraguay, 2:315–316
- in Philippines, 3:255
- in Portugal, 4:260
- in Republic of the Congo, 1:267
- in Romania, 4:272–273
- in Saudi Arabia, 1:172
- in Senegal, 1:286
- in Serbia, 4:304
- in Singapore, 3:276
- South African legislation on, 1:311
- in South Sudan, 1:320–321
- in Suriname, 2:352
- in Sweden, 4:340
- in Syria, 1:339
- in Thailand, 3:329–330
- in Trinidad and Tobago, 2:342–343
- in United Arab Emirates, 1:355, 361–362
- in United Kingdom, 4:386
- in United States, 2:371
- in Uruguay, 2:380–381
- in Uzbekistan, 3:346
- in Venezuela, 2:387
- in Vietnam, 3:356
- Hungary, 4:144–153
- Hus, Jan, 4:71
- Hussain, Lubna, 1:329
- Hussein, Saddam, 1:115
- Hussites, 4:71–72
- Hutu (people), 1:52, 275–277, 280
- Hwang Kyo-ahn, 3:283
- Hybrid feminism, 4:151
- Hylton, Sybil Joyce, 2:84
- Ibrahim, Meriam, 1:329
- Iceland, 4:155–162
- Ich, Adolpho, 2:202
- Ichikawa, Fusae, 3:111
- Idrizi, Valdete, 4:194–195
- Igwesi, B. N., 1:247
- Imazighen (Berbers), 1:11
- Immigration and immigrants
 - to Argentina, 2:2
 - in Australia, 3:7
 - in Belize, 2:27–28
 - in Brazil, 2:52, 60–61
 - in Canada, 2:66–67
 - Cuban, 2:127
 - in Denmark, 4:87–88
 - from El Salvador to United States, 2:160
 - Ethiopian Jews, 1:126–127
 - expatriates, in Cayman Islands, 2:82–83
 - in France, 4:106, 114
 - in French Guiana, 2:175
 - in Germany, 4:127
 - Haitian, in Dominican Republic, 2:130, 132, 135
 - in Israel, 1:121
 - in Italy, 4:174–175
 - in Kenya, 1:148–149
 - in New Zealand, 3:219, 220
 - in Norway, 4:239–240
 - in Paraguay, 2:310
 - in Spain, 4:323, 326
 - from Suriname to Netherlands, 2:345, 352
 - in Sweden, 4:331, 334, 335, 340–341
 - in Uruguay, 2:381
 - See also* Refugees
- Inca Empire, 2:44, 317–318
- India, 3:76–90
 - conflicts between Pakistan and, 3:238
 - Constitution of, 4:390–391
 - partition of, 3:244
- Indigenous peoples
 - in Argentina, 2:2, 8, 10
 - in Australia, 3:1, 4, 9, 11–12 (*See also* Aboriginal Australians)
 - in Belize, 2:27
 - in Bolivia, 2:44
 - in Brazil, 2:50–52
 - in Canada, 2:65, 72
 - in Chile, 2:86, 94–95
 - in Colombia, 2:97
 - in Costa Rica, 2:116
 - in Cuba, 2:120, 126
 - in Dominican Republic, 2:131
 - in Ecuador, 2:143
 - in El Salvador, 2:160
 - in French Caribbean, 2:164
 - in Greenland, 2:179
 - in Guatemala, 2:191–192, 203–205
 - in Guiana, 2:209
 - in Guyana, 2:213
 - in Honduras, 2:227, 228, 237
 - in Jamaica, 2:239
 - in Mexico, 2:251–252
 - in New Zealand, 3:214, 222
 - in Nicaragua, 2:272
 - in Norway, 4:239
 - in Panama, 2:299, 300, 306
 - in Paraguay, 2:310
 - in Peru, 2:319, 321, 325–326
 - in Puerto Rico, 2:329–330
 - Roma (*See* Roma)
 - Sámi, 4:239, 241, 341
 - in Suriname, 2:345
 - in United States, 2:355
 - in Uruguay, 2:373
 - in Venezuela, 2:385, 394
- Indonesia, 3:92–102
- Inequality
 - in Bahrain, 1:26
 - in Bulgaria, 4:50–51
 - in Cambodia, 3:39–40
 - in Canada, 2:69–70
 - in Costa Rica, 2:112–113
 - in Croatia, 4:64
 - in Denmark, 4:84
 - in El Salvador, 2:160–161
 - in Estonia, 4:92
 - in Greenland, 2:188
 - in Guiana, 2:211
 - in Israel, 1:126
 - in Japan, 3:113
 - in Kenya, 1:155–156
 - in Lebanon, 1:177
 - in Libya, 1:202
 - in Malawi, 1:211
 - in Malaysia, 3:151–152
 - in Mali, 1:220
 - in Netherlands Antilles, 2:266
 - in Palestine, 1:256
 - in Poland, 4:249
 - in Portugal, 4:260
 - in Russia, 4:289
 - in Singapore, 3:273
 - in Slovakia, 4:313
 - in Slovenia, 4:317
 - in Somalia, 1:295

- in Syria, 1:338
- in Ukraine, 4:366–367
- in United Kingdom, 4:380
- in Venezuela, 2:394
- Inés de la Cruz, Sor Juana, 2:256
- Infanticide, in China, 3:63
- Infant mortality
 - in Albania, 4:4
 - in Argentina, 2:4
 - in Botswana, 1:30
 - in Bulgaria, 4:51
 - in Burkina Faso, 1:35
 - in Cambodia, 3:41
 - in Cuba, 2:120, 122
 - in Egypt, 1:63
 - in El Salvador, 2:155
 - in Eritrea, 1:74
 - in Ethiopia, 1:82
 - in French Caribbean, 2:166
 - in French Guiana, 2:176
 - in Greenland, 2:184–185
 - in Haiti, 2:219
 - in Honduras, 2:231
 - in Indonesia, 3:94–95
 - in Ireland, 4:163
 - in Israel, 1:122–123
 - in Ivory Coast, 1:128–129
 - in Jordan, 1:140
 - in Kosovo, 4:186
 - in Lebanon, 1:176
 - in Liberia, 1:192–193
 - in Malaysia, 3:146
 - in Melanesia, 3:167
 - in Micronesia, 3:175
 - in Mongolia, 3:188
 - in Morocco, 1:227
 - in Nepal, 3:208
 - in Palestine, 1:256
 - in Philippines, 3:250–251
 - in Polynesia, 3:261
 - in Republic of the Congo, 1:262
 - in Romania, 4:272
 - in Russia, 4:284
 - in Rwanda, 1:278
 - in Sierra Leone, 1:289
 - in Slovakia, 4:307
 - in South Korea, 3:280
 - in Switzerland, 4:345
 - in Thailand, 3:323
 - in Trinidad and Tobago, 2:339
 - in United Arab Emirates, 1:355, 356
 - in United Kingdom, 4:377–378
 - in Venezuela, 2:386
 - in Yemen, 1:272
- Inheritance
 - in Algeria, 1:16
 - in Bahrain, 1:23
 - in Belarus, 4:29
 - in Belgium, 4:36
 - in Colombia, 2:98
 - in Egypt, 1:68–69
 - in Georgia, 4:123
 - in Iceland, 4:161
 - in India, 3:84–85
 - in Iraq, 1:118
 - in Ivory Coast, 1:130
 - in Kenya, 1:157
 - in Libya, 1:204
 - in Mali, 1:224
 - in Namibia, 1:238
 - in Palestine, 1:257
 - in Sierra Leone, 1:293
 - in Syria, 1:339
 - in Zimbabwe, 1:371
- International Committee of the Red Cross, “Rule 93. Rape and Other Forms of Sexual Violence” of, 4:398–401
- International Council of Women (ICW), 4:349
- International Criminal Tribunal for Rwanda, 1:277
- International Criminal Tribunal for the former Yugoslavia (ICTY), 4:304
- International Federation for Human Rights (FIDH), 1:352
- International Holocaust Remembrance Alliance (IHRA), 4:98
- International Movement against All Forms of Discrimination and Racism (IMADR), 3:293
- International Planned Parenthood Foundation (IPPF), 1:343
- International Transgender Day of Remembrance, 2:358
- International Women’s Day (IWD)
 - in Algeria, 1:16
 - in Belize, 2:32
 - in Cayman Islands, 2:84
 - in Ivory Coast, 1:32
 - Obama’s statement on, 4:419–420
 - statement on, 4:409
 - in United Arab Emirates, 1:361
- International Women’s Suffrage Alliance (IWSA), 2:379
- Internet, in Cuba, 2:124–125
- Intimate partner violence (IPV). *See* Domestic violence
- In vitro fertilization, 4:17
- Iran, 1:102–113
- Iraq, 1:114–120
- Iraq War, 1:115
 - refugees of, 1:119–120
 - women serving in, 2:370
- Ireland, 4:163–172
 - Constitution of, 4:389–390
- Isakunova, Taalaygul, 3:127
- Islam
 - in Afghanistan, 1:8–9
 - in Algeria, 1:11, 14
 - in Australia, 3:13
 - in Bahrain, 1:19
 - in Bangladesh, 3:16
 - in Brunei, 3:296, 300
 - in Canada, 2:76
 - in Central African Republic, 1:47
 - divorce under, 1:22–23
 - in Ethiopia, 1:80
 - gender roles in, 1:138–139
 - in Ghana, 1:99
 - homosexuality under, 1:10, 171, 3:102
 - in India, 3:77, 88
 - in Indonesia, 3:99–100
 - inheritance in, 1:68
 - in Iran, 1:112
 - in Jordan, 1:142
 - in Kazakhstan, 3:121–122
 - in Malawi, 1:218
 - in Maldives, 3:160
 - marriage and divorce in, 3:84
 - motherhood in, 1:68
 - in Myanmar, 3:200–201
 - in Nigeria, 1:250
 - polygamy in, 3:149
 - in Saudi Arabia, 1:164, 170–171
 - in Sweden, 4:339
 - in Syria, 1:337
 - in Tajikistan, 3:318
 - in Turkmenistan, 3:337–338
 - in United Arab Emirates, 1:360
 - in Uzbekistan, 3:345–346
 - in Yemen, 1:274
- Islamic State (IS), in Iraq, 1:115
- Ismayilova, Khadija, 4:9
- Israel, 1:120–127
 - conflicts between Palestine and, 1:253
 - Palestinians in, 1:258
 - Women of the Wall mission statement of, 4:398
- Italy, 4:174–182
 - Ethiopia under, 1:80
- Itoh, Masako, 3:104
- Ivan IV (Ivan the Terrible; czar, Russia), 4:280
- Ivory Coast (Côte d’Ivoire), 1:127–133
- Iwao, Sumiko, 3:110
- Jackelén, Antje, 4:339
- Jagan, Cheddi, 2:212
- Jagan, Janet, 2:212
- Jahjaga, Atifete, 4:194
- Jamahiriyah Women’s Federation, 1:206
- Jamaica, 2:239–245
 - Cayman Islands under, 2:79
- Japan, 3:104–114
 - dispute between South Korea and, 3:283–284
 - immigration to Brazil from, 2:52
 - Malaysia under, 3:142
- Jarbussynova, Madina, 3:117
- Jarvis, Heather, 2:74
- Jbab Srei* (law; Cambodia), 3:38–39
- Jeffrey, Hays, 3:113–114
- Jehovah’s Witnesses, 3:338
- Jews and Judaism
 - in Argentina, 2:9
 - in Ethiopia, 1:80
 - in Israel, 1:121–127

- Jews and Judaism (*Continued*)
 in Kosovo, 4:193
 in Libya, 1:207
 in Romania, 4:271
 in Suriname, 2:351
 Jigme Dorji Wangchuck (king, Bhutan), 3:31
 Jigme Singye Wangchuk (king, Bhutan), 3:34
 Job training
 in Afghanistan, 1:6
 in Brazil, 2:53–54
 in El Salvador, 2:154
 in Melanesia, 3:166
 in Myanmar, 3:197
 in Palestine, 1:254
 in Polynesia, 3:260–262
 in Slovakia, 4:307
 in Tunisia, 1:348–349
 in United Arab Emirates, 1:357
 in United States, 2:360–361
 in Uzbekistan, 3:341
 in Vietnam, 3:351
 Johansen, Elisabeth, 2:187
 Johnson Sirleaf, Ellen, 1:191, 197
 Jong-a-Liem, Betty Goede, 2:351
 Jordan, 1:135–145
 Jouanno, Chantal, 2:169
 Judaism. *See* Jews and Judaism
 Judicial system
 in Bahrain, 1:24
 in Libya, 1:206
 in Morocco, 1:230
 in Netherlands Antilles, 2:268
 in Palestine, 1:258
 in Singapore, 3:275
 in South Africa, 1:310
 in United Arab Emirates, 1:360
 in Uzbekistan, 3:344–345
 Jugurtha (king of Berbers), 1:11
 Justinian (emperor, Byzantine Empire), 1:11
- Kabila, Joseph, 1:58
 Kabila, Laurent, 1:58
 Kabore, Roch Marc Christian, 1:38
 Kahina (legendary Berber queen), 1:12
 Kakenya's Center for Excellence (school, Kenya), 1:160
 Kalla, Jusuf, 3:101–102
 Karama (organization; Libya), 1:207
 Karen (people), 3:194
 Karen Women's Organisation (Myanmar), 3:200
 Karman, Tawakkol, 1:191, 197, 270, 273
 Kassim, Halima-Sa'adia, 2:297
Kawaii culture, 3:104
 Kaylor, ReGina E., 1:2
 Kazakhstan, 3:116–123
 Kazerooni, Jihan, 1:25
 Keju-Johnson, Darlene, 3:175, 181
 Kendall, Kathryn, 1:188
 Kenneth, Asatu Bah, 1:196
 Kenya, 1:148–162
 Khalkh (people), 3:184
- Khan, Yahya, 3:238
 Khassanova, Galiya, 3:116–117
 Khatami, Mohammad, 1:111
 al-Khawaja, Maryam Abdulhadi, 1:21–22
 al-Khawaja, Zainab, 1:25
 Khaxas, Elizabeth, 1:238
 Khemisti, Fatima, 1:14–15
 Khmer Rouge (Cambodia), 3:37, 45
 tribunal for leaders of, 3:48–49
 Khomeini, Ruhollah (ayatollah), 1:102, 108, 110
 Khudabashain, Emma, 4:13
 Kibbutz movement (Israel), 1:126
 Kidnappings
 in Iraq, 1:118
 in Kyrgyzstan, 3:129–130
 Kilpatrick, Helen, 2:80
 Kimbangu, Simon, 1:59
 Kim family, 3:232
 Kim Il-sung, 3:234
 Kim Jho Gwang-soo, 3:285–286
 Kim Seung-hwan, 3:285–286
 Kindergarten
 in Belarus, 4:26
 in China, 3:55
 in North Korea, 3:229
 in Norway, 4:236, 239
 in Russia, 4:286–287
 in Slovenia, 4:316
 Kingdom of Saudi Arabia, 1:163–172
 Kiribati, Republic of, 3:174, 181
 Klevets, Anna, 4:286
 Klippert, Everett, 2:74
 Knights of Malta (Knights of the Order of St John), 4:214–215
 Kobrynska, Natalia, 4:373
 Kopacz, Ewa, 4:250
 Korea
 North Korea, 3:226–235
 South Korea, 3:277–286
 Korean War, 3:282
 Kosor, Jadranka, 4:66
 Kosovo, 4:184–195
 Kosovo Liberation Army, 4:268–269
 Kovály, Heda Margolius, 4:76
 Krásnohorská, Eliška, 4:76
 Kristose, Ehete, 1:90
 Kuczynski, Pedro Pablo, 2:318
 Kumaratunga, Chandrika, 3:293–294
 Kumari (deity), 3:207
 Kunas (people), 2:300, 304
 Kurdish women, 4:354
 Kurdistan, 1:119
 Iraqi refugees in, 1:120
 Kvapilova, Erika, 4:124
 Kyrgyzstan, 3:124–131
- Labor unions
 in Belarus, 4:28
 in Brazil, 2:56
 in New Zealand, 3:221
 Labrys (organization; Kyrgyzstan), 3:131
- Ladies in White (organization; Cuba), 2:124
 Lake Malawi (Lake Nyasa; Lago Niassa), 1:210
 Lake, Obiagele, 2:243
 Lamizana, Sangoule, 1:37
 Lancaster House Agreement (1979), 1:372, 373
 Land and property rights
 in Brazil, 2:58
 in Dominican Republic, 2:137
 of Indigenous peoples, in Argentina, 2:10
 in Indonesia, 3:98–99
 in Libya, 1:205
 in Nicaragua, 2:277
 in Sierra Leone, 1:293
 in South Sudan, 1:321
 in Uzbekistan, 3:344
 in Zimbabwe, 1:373–374
 Lange, Marie-France, 1:220
 Language
 gender in, 4:116
 in Spain, 4:321, 324
 Lanza, Gladys, 2:235, 236
 Laos, 3:133–140
 Lapitas (people), 3:258
 L'association des travesty de Côte d'Ivoire, 1:131–132
Latinx, 2:158
 Latvia, 4:198–204
 Laula Renberg, Elsa, 4:239
La Violencia (Guatemala), 2:204–205
 LGBTQ+ issues, 4:6–7
 in Afghanistan, 1:10
 in Algeria, 1:17
 in Argentina, 2:7–8
 in Armenia, 4:12–13
 in Australia, 3:7
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:23
 in Bahrain, 1:23
 in Bangladesh, 3:24
 in Belarus, 4:25, 29–30
 in Belgium, 4:36
 in Belize, 2:32
 in Bermuda, 2:41
 in Bosnia and Herzegovina, 4:47
 in Botswana, 1:31
 in Brazil, 2:60
 in Bulgaria, 4:55
 in Burkina Faso, 1:37
 Campus Pride Index for, 2:360
 in Canada, 2:72, 74–75
 in Cayman Islands, 2:83
 in Central African Republic, 1:46
 in Chile, 2:94
 in China, 3:61
 in Colombia, 2:105
 in Costa Rica, 2:109
 in Cuba, 2:126
 in Czech Republic, 4:76–77
 in Democratic Republic of Congo, 1:57
 in Denmark, 4:87

- in Dominican Republic, 2:137
- in Ecuador, 2:147
- in El Salvador, 2:157–158
- in Estonia, 4:96–97
- in Ethiopia, 1:87
- in Finland, 4:104
- in France, 4:111
- in French Caribbean, 2:167
- in Georgia, 4:123
- in Greece, 4:140–141
- in Greenland, 2:186
- in Guam, 3:71
- in Guatemala, 2:203
- in Guiana, 2:212
- in Haiti, 2:225
- in Honduras, 2:233, 236–237
- in Hungary, 4:148
- in Iceland, 4:160–161
- in India, 3:77, 81, 86–87
- in Indonesia, 3:101–102
- in Iran, 1:110
- in Israel, 1:124
- in Italy, 4:182
- in Ivory Coast, 1:130–131
- in Japan, 3:109
- “Joint Statement on Ending Acts of Violence and Related Human Rights Violations Based on Sexual Orientation and Gender Identity,” 4:427–428
- in Jordan, 1:140
- in Kazakhstan, 3:120–121
- in Kenya, 1:156, 157, 160–161
- in Kosovo, 4:192
- in Kyrgyzstan, 3:130–131
- in Laos, 3:140
- in Latvia, 4:202
- in Lebanon, 1:178, 180
- in Lesotho, 1:187–188
- in Liberia, 1:195–196
- in Libya, 1:204–205
- in Lithuania, 4:210
- in Macedonia, 4:267–268
- in Malawi, 1:216
- in Malaysia, 3:151
- in Malta, 4:220–221
- in Melanesia, 3:169–170
- in Mexico, 2:259
- in Micronesia, 3:179–180
- in Mongolia, 3:192–193
- in Myanmar, 3:195
- in Namibia, 1:238–239
- in Netherlands, 4:230–231
- in Netherlands Antilles, 2:267
- in New Zealand, 3:220–221
- in Nicaragua, 2:278
- in Nigeria, 1:249
- in North Korea, 3:233
- in Norway, 4:238
- in Pakistan, 3:242
- in Palestine, 1:258
- in Panama, 2:304–307
- in Paraguay, 2:313–314
- in Peru, 2:323–324
- in Poland, 4:250
- in Polynesia, 3:263
- in Portugal, 4:260
- in Puerto Rico, 2:332, 335
- in Romania, 4:276
- in Russia, 4:291–293
- in Rwanda, 1:279–280
- in Saudi Arabia, 1:171
- in Senegal, 1:285
- in Serbia, 4:303
- in Singapore, 3:275
- in Slovenia, 4:319
- in Somalia, 1:299
- in South Africa, 1:308
- South African legislation on, 1:311
- in South Korea, 3:284–286
- in Spain, 4:325–326
- in Sri Lanka, 3:289
- in Suriname, 2:350
- in Sweden, 4:337–338
- in Switzerland, 4:348
- in Syria, 1:336
- in Taiwan, 3:309
- in Tajikistan, 3:318
- in Thailand, 3:326–327
- transgender people in United States, 2:357, 358
- in Trinidad and Tobago, 2:341
- in Turkey, 4:360
- in Turkmenistan, 3:338
- in Ukraine, 4:374
- in United Kingdom, 4:385–386
- in United States, 2:356, 364, 366
- in United States military, 2:370
- in Uruguay, 2:377–378
- in Uzbekistan, 3:344
- in Venezuela, 2:391–392
- in Vietnam, 3:354
- in Yemen, 1:269, 273
- in Zimbabwe, 1:372
- Lebanese Council of Women, 1:178, 179
- Lebanese Council to Resist Violence against Women, 1:179
- Lebanese Women Union, 1:178
- Lebanon, 1:174–180
- Lee Hsien Loong, 3:273
- Lee Tae-jong, 3:286
- Leid, Simone, 2:343
- Leisure
 - in Denmark, 4:85
 - in Sweden, 4:332
 - See also* Recreation; Sports
- Lenin Vladimir, 4:280
- Leopold (king, Belgium), 1:44
- Leopold II (king, Belgium), 1:51, 4:32
- Lesbianism, 4:141
 - in Ukraine, 4:374
 - See also* LGBTQ+ issues
- Lesbos (Greece), 4:141
- Lesotho, 1:181–189
- Let Girls Lead (LGL; Liberia), 1:198
- Lhotshampa (people), 3:34–35
- Liberation Tigers of Tamil Eelam (LTTE), 3:294–295
- Liberia, 1:190–199
- Libya, 1:199–208, 346
- Libyan Women’s Platform for Peace, 1:207
- Libyan Women’s Union, 1:206
- Lindo, Elvira, 4:329
- Lindstrom, David P., 1:87
- Lissouba, Pascal, 1:265
- Literacy
 - in Afghanistan, 1:2–3
 - in Albania, 4:3
 - in Algeria, 1:13
 - in Bahamas, Barbados, and Turks and Caicos Islands, 2:18
 - in Belarus, 4:27
 - in Bhutan, 3:28
 - in Botswana, 1:28
 - in Brazil, 2:52–53
 - in Bulgaria, 4:51–52
 - in Burkina Faso, 1:33
 - in Central African Republic, 1:42
 - in Colombia, 2:99
 - in Cuba, 2:120, 123
 - in Democratic Republic of Congo, 1:53, 55
 - in Denmark, 4:83
 - in Dominican Republic, 2:132
 - in Ecuador, 2:143
 - in Egypt, 1:63
 - in El Salvador, 2:153
 - in Eritrea, 1:75
 - in Estonia, 4:93
 - in Ethiopia, 1:85
 - in Georgia, 4:119
 - in Greece, 4:137
 - in Greenland, 2:182
 - in Guiana, 2:209
 - in Haiti, 2:218
 - in Honduras, 2:230
 - in Iceland, 4:157
 - in India, 3:79
 - in Indonesia, 3:93–94
 - in Iran, 1:103
 - in Iraq, 1:115
 - in Israel, 1:122
 - in Ivory Coast, 1:128
 - in Jamaica, 2:241
 - in Jordan, 1:137
 - in Lebanon, 1:175
 - in Liberia, 1:191
 - in Libya, 1:200
 - in Malawi, 1:211
 - in Malaysia, 3:143
 - in Mali, 1:220–221
 - in Mexico, 2:249
 - in Mongolia, 3:183
 - in Morocco, 1:226, 227
 - in Nicaragua, 2:275

- Literacy (*Continued*)
 in Nigeria, 1:244
 in Norway, 4:234–235
 in Pakistan, 3:240
 in Palestine, 1:254
 in Panama, 2:301–302
 in Peru, 2:319
 in Puerto Rico, 2:330
 in Republic of the Congo, 1:261
 in Russia, 4:285–288
 in Singapore, 3:271
 in Slovakia, 4:306
 in South Africa, 1:302, 303
 in South Korea, 3:279
 in South Sudan, 1:316
 in Syria, 1:331
 in Taiwan, 3:305
 in Tajikistan, 3:314
 in Tunisia, 1:348, 349
 in Turkey, 4:355–357
 in Turkmenistan, 3:332
 in Ukraine, 4:365
 in United Arab Emirates, 1:355
 in Uzbekistan, 3:341
 in Venezuela, 2:386
- Literature. *See* Arts and literature
- Lithuania, 4:205–212
- Li Tingting, 3:64
- Liver cancer, 3:352
- Livingstone, David, 1:210
- Livingston, Philip Beekman, 2:104
- Lobo Sosa, Porfirio “Pepe,” 2:228
- Logan, J. R., 3:92
- López Pumarejo, Alfonso, 2:98
- Lorde, 3:214
- Lord’s Resistance Army, 1:46
- L’Ouverture, Toussiant (Toussaint Breda), 2:216
- Lúgaro, Alexandra, 2:333
- Lugo, Fernando, 2:314
- Lu Hsiu-lien, 3:309
- Luisi, Paulina, 2:379
- Lumumba, Patrice, 1:52
- Lunar New Year Festival
 in North Korea, 3:234
 in Vietnam, 3:355
- Lusenge, Julianne, 1:60
- Lutheran Church
 in Estonia, 4:97
 in Iceland, 4:161
- Lymphatic filariasis (LF), 3:167
- Maathai, Wangari, 1:158, 162
- Macdonald, John A., 2:65
- Macedonia, Republic of, 4:262–269
- Machismo
 in Argentina, 2:3, 7
 in Bolivia, 2:47
 in Costa Rica, 2:115
 in Dominican Republic, 2:135–136
 in Ecuador, 2:149
 in El Salvador, 2:157
- in Guatemala, 2:199
 in Mexico, 2:253–254, 256–257
 in Nicaragua, 2:277
 in Panama, 2:304
- Macphail, Agnes, 2:73
- Maduro, Nicolás, 2:388, 392, 393
- Maduro, Ricardo (Joest), 2:228
- Magdalen Homes (Ireland), 4:170
- Magellan, Ferdinand, 3:67, 247
- Magomedova, Sapiyat, 4:282
- Maha Chakri Sirindhorn (queen, Thailand), 3:329
- Malaria
 in Burkina Faso, 1:36
 in Central African Republic, 1:43
 in French Guiana, 2:174
 in Honduras, 2:231
 in Lebanon, 1:177
 in Myanmar, 3:198
 in Nigeria, 1:246
- Malawi, 1:210–218
 Gender Equality Bill of, 4:428–429
- Malaysia, 3:142–152
- Maldives, 3:155–161
- Maleku (people), 2:116
- Mali, 1:219–225
 as French Sudan, 1:282
- Mali Federation, 1:282
- Malik, Nesrine, 1:325
- Malnutrition
 in Burkina Faso, 1:38
 in Democratic Republic of Congo, 1:54
 in Guatemala, 2:191, 196
 in Philippines, 3:249–250
 in Sri Lanka, 3:292
- Malta, 4:214–223
- Manigat, Mirlande, 2:224
- Mankouskaya, Natallia, 4:30
- Manley, Norman W., 2:239, 296
- Mansour, Adly, 1:62
- Maoist People’s War (Nepal), 3:210–211
- Māori (people), 3:214, 216, 222, 259
- Māori Women’s Welfare League (Te Ropu Wahine Māori Toko i te Ora), 3:216
- Mapuche (people), 2:94
- Maquiladoras*
 in Honduras, 2:232
 in Mexico, 2:252
- Maquila Solidarity Network (Guatemala), 2:192
- Marcelin, Magalie, 2:223
- Marcoes-Natsir, Lies, 3:100
- Margrethe II (queen, Denmark), 4:85
- Margvelashvili, George, 4:124
- Maria DA Penha Law (Brazil), 2:59, 61–62
- Marie Stopes International (Yemen), 1:271–272
- Marijuana, 2:380
- Markievicz, Constance, 4:167
- Marlowe, Jen, 1:25
- Maroc (Morocco), 1:226
- Maroons (people), 2:172, 173
- political system of, 2:176–177
 in Suriname, 2:350–351
- Marriage. *See* Family life
- Marshall Islands, 3:174
 environmental issues in, 3:181
- Martelly, Michel, 2:224
- Martínez de Perón, Isabel, 2:8
- Martinique, 2:164, 165, 167
See also French Caribbean
- Marx, Karl, 2:125
- Mary (saint), 1:90
- Mary Therese (empress, Austria), 4:16
- Marzouki, Nadia, 1:12, 14
- Masaryk, Tomáš Garrigue, 4:72
- Massinissa (Berber chieftain), 1:11
- Ma’tam* (religious center, Bahrain), 1:25
- Maternal health
 in Afghanistan, 1:5
 in Argentina, 2:5
 in Armenia, 4:10–11
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:20–21
 in Bahrain, 1:21
 in Belize, 2:29
 in Bermuda, 2:36
 in Bhutan, 3:30
 birthing assistants for, 2:253
 in Bolivia, 2:46
 in Botswana, 1:29–30
 in Brazil, 2:55
 in Brunei, 3:299
 in Bulgaria, 4:53
 in Burkina Faso, 1:35–36
 in Cambodia, 3:41
 in Canada, 2:68
 in Cayman Islands, 2:81
 in Central African Republic, 1:43
 in Chile, 2:89
 in Colombia, 2:101–102
 in Costa Rica, 2:110
 in Cuba, 2:122
 in Democratic Republic of Congo, 1:54
 in Denmark, 4:82
 in Dominican Republic, 2:133
 in Ecuador, 2:144–145
 in Egypt, 1:65–66
 in El Salvador, 2:155
 in Eritrea, 1:75
 in Estonia, 4:94
 in Ethiopia, 1:82, 83
 in France, 4:108
 in French Caribbean, 2:166
 in French Guiana, 2:174
 in Georgia, 4:120–121
 in Ghana, 1:95
 in Greece, 4:139
 in Greenland, 2:184–185
 in Guam, 3:69
 in Guatemala, 2:194–196
 in Guiana, 2:209–210
 in Haiti, 2:219–220

- in Honduras, 2:230–231
- in Hungary, 4:146–147
- in India, 3:81–82
- in Indonesia, 3:94–95
- in Iran, 1:105
- in Iraq, 1:116
- in Israel, 1:122–123
- in Italy, 4:176–177
- in Ivory Coast, 1:128
- in Jamaica, 2:241
- in Jordan, 1:140
- in Kenya, 1:153–154
- in Laos, 3:138
- in Latvia, 4:200
- in Lebanon, 1:176
- in Lesotho, 1:183
- in Liberia, 1:192–193
- in Libya, 1:201
- in Macedonia, 4:265–266
- in Malawi, 1:213
- in Malaysia, 3:145
- in Mali, 1:221
- in Malta, 4:216
- in Melanesia, 3:166–167
- in Mexico, 2:250
- in Micronesia, 3:177
- in Mongolia, 3:188–189
- in Morocco, 1:227–228
- in Myanmar, 3:198
- in Namibia, 1:236
- in Nepal, 3:208
- in Netherlands Antilles, 2:266
- in New Zealand, 3:217
- in Nicaragua, 2:275–276
- in Nigeria, 1:244–245
- in North Korea, 3:230–231
- in Norway, 4:235
- in Pakistan, 3:240–241
- in Palestine, 1:255–256
- in Panama, 2:302
- in Paraguay, 2:311
- in Peru, 2:321
- in Philippines, 3:250
- in Poland, 4:246
- in Polynesia, 3:261
- in Puerto Rico, 2:331
- in Republic of the Congo, 1:262
- in Rwanda, 1:278
- in Saudi Arabia, 1:166–167
- in Senegal, 1:284
- in Serbia, 4:300
- in Sierra Leone, 1:289–290
- in Singapore, 3:272
- in Slovakia, 4:308–309
- in Slovenia, 4:317
- in Somalia, 1:297–298
- in South Africa, 1:304–305
- in South Korea, 3:280
- in South Sudan, 1:316
- in Sri Lanka, 3:291–292
- in Sudan, 1:325–326
- in Suriname, 2:348–349
- in Sweden, 4:334–335
- in Switzerland, 4:347
- in Syria, 1:333
- in Tajikistan, 3:315
- in Thailand, 3:323–324
- in Trinidad and Tobago, 2:339
- in Tunisia, 1:347
- in Turkey, 4:358–359
- in Turkmenistan, 3:334
- in United Arab Emirates, 1:356
- in United Kingdom, 4:378–379
- in United States, 2:362
- in Uruguay, 2:376
- in Uzbekistan, 3:342
- in Venezuela, 2:389
- in Vietnam, 3:351–352
- in Yemen, 1:272
- Maternity leave
 - in Australia, 3:6
 - in Bangladesh, 3:20
 - in Belarus, 4:28
 - in Colombia, 2:103
 - in Costa Rica, 2:113
 - in Denmark, 4:84
 - in Dominican Republic, 2:135
 - in Ecuador, 2:146
 - in Georgia, 4:122
 - in Ghana, 1:96
 - in Honduras, 4:231
 - in Iceland, 4:159
 - in Iran, 1:107
 - in Jamaica, 2:242
 - in Jordan, 1:138
 - in Kyrgyzstan, 3:126
 - in Lebanon, 1:177
 - in Lithuania, 4:209
 - in Mongolia, 3:187
 - in Morocco, 1:228–229
 - in Nepal, 3:208
 - in New Zealand, 3:218–219
 - in Pakistan, 3:241
 - in Palestine, 1:256
 - in Paraguay, 2:312
 - in Philippines, 3:251
 - in Republic of the Congo, 1:264
 - in Serbia, 4:301
 - in Singapore, 3:273
 - in Slovenia, 4:318
 - in South Africa, 1:306
 - in Sweden, 4:337
 - in Tajikistan, 3:316
 - in Ukraine, 4:368
 - in United Kingdom, 4:380
 - in Uzbekistan, 3:343
 - in Venezuela, 2:393
- Mau Mau movement (Kenya), 1:149
- Maxima (queen, Netherlands), 2:267
- Mayans (people)
 - in Guatemala, 2:191, 201
 - in Honduras, 2:227
- Mayardit, Salva Kiir, 1:318
- May, Theresa, 4:377, 382
- Mbiti, John, 1:99
- McAleese, Mary, 4:167–168
- McGuinness, Martin, 4:382
- McLaughlin, Alden, 2:80
- McLaughlin, Sybil, 2:83
- Mead, Margaret, 3:258
- Media
 - in Afghanistan, 1:9
 - in Bahrain, 1:25–26
 - in Bulgaria, 4:56
 - in Colombia, 2:100
 - in India, 3:88
 - in Latvia, 4:203
 - in Lebanon, 1:180
 - in Malta, 4:223
 - in Philippines, 3:248
 - in Spain, 4:326–327
 - in United Arab Emirates, 1:360
 - in United Kingdom, 4:385
 - Women Journalists without Chains, 1:270, 273
- Medvedev, Dmitry, 4:281
- Meir, Golda, 1:125
- Meissner-Blau, Freda, 4:19
- Melanesia, 3:162–172
- Menchú Tum, Rigoberta, 2:201
- Men for Gender Equality, 1:216
- Mennonites, 2:31
- Mensch, Barbara, 1:65
- Mental health
 - in Brunei, 3:299
 - in Cambodia, 3:42–43
 - in Canada, 2:69
 - in China, 3:59
 - in Colombia, 2:102
 - in Denmark, 4:82–83
 - in Ethiopia, 1:84
 - in France, 4:109–110
 - in Iceland, 4:157
 - in Iran, 1:106–107
 - in Ivory Coast, 1:128
 - in Japan, 3:106–107
 - in Micronesia, 3:177
 - in North Korea, 3:231
 - in Palestine, 1:255
 - in Philippines, 3:250, 254
 - in Sri Lanka, 3:292
 - in Syria, 1:332
 - in Vietnam, 3:352
- Mentewab (empress, Ethiopia), 1:90
- Meri Te Tai Mangakāhia, 3:220
- Merkel, Angela, 4:127–128, 131
- Merlet, Myriam, 2:223
- Mernissi, Fatima, 1:69
- Mestizos, 2:44
- Mexico, 2:248–259
 - Political Constitution of, 4:429–430
- Michelitti, Roberto, 2:233
- Micronesia, 3:174–182

- Middle East, 1:2
 Mideksa, Birtukan, 1:89
 Midwifery, 4:146–147
 Migrant Women Workers Project (Australia), 3:10
 Migrant workers
 in Burkina Faso, 1:37
 in Ethiopia, 1:86
 in French Guiana, 2:175
 in Italy, 4:179
 in United Arab Emirates, 1:362
 Migrations
 children left behind in, 4:273
 from French Caribbean, 2:169–170
 from Guatemala, 2:199, 203–204
 human trafficking and, 3:12
 to New Zealand, 3:218–219
 into and out of Pakistan, 3:244–245
 of Puerto Ricans, 2:329
 from Suriname to Netherlands, 2:352
 to Thailand, 3:330
 through Greece, 4:136
 from Tunisia, 1:351–352
 Military service
 in Dominican Republic, 2:137
 in Israel, 1:121
 in Jordan, 1:141
 in Ukraine, 4:373
 in United States, women in, 2:370
 See also Armed forces
 Millennium Challenge Corporation, 1:217
 Millennium Development Goals (MDG), 2:367
 in Bhutan, 3:27
 in Canada, 2:66
 in Ecuador, 2:144
 in Ghana, 1:92
 in Guyana, 2:209
 in Honduras, 2:229
 Karman and, 1:246
 in Kazakhstan, 3:117
 in Maldives, 3:155, 156
 in Mali, 1:220, 222
 in Morocco, 1:228
 in Namibia, 1:240
 in Nigeria, 1:246
 in Saudi Arabia, 1:166
 in Yemen, 1:272
 Mizulina, Yelena, 4:293, 294
 Mobutu Sese Soko, 1:52
 Modesty, in Afghanistan, 1:8–9
 Moeldoko (general), 3:96
 Mohammad Ali Jinnah, 3:237
 Mohammed, Patricia, 2:245
 Mohammed VI (king, Morocco), 1:226
 Moliner, Empar, 4:329
 Mon (people), 3:194
 Monge, Luis Alberto, 2:114
 Mongol Empire, 4:280
 Mongolia, 3:183–193
 Montero, Amaya, 4:329
 Montero, Rosa, 4:329
 Montseny, Federica, 4:321
 Montserrat, 2:284, 286, 291–292, 294–296
 Mon Women's Organization (MWO; Myanmar), 3:200
 Mook (queen, Thailand), 3:328
 Morales, Inés, 2:258
 Moran, Sandra, 2:203
 Morente, Estrella, 4:329
 Mori Arinori, 3:106
 Morocco, 1:226–232
 Morsi, Mohammed, 1:62
 Moserová, Jaroslava, 4:75
 Moshoeshoe I (king, Lesotho), 1:181
 Moshoeshoe II (king, Lesotho), 1:181
 Mother Teresa (saint), 4:193
Le Mouvement de libération des femmes (MLF; France), 4:112
 Movimiento armado Quintín Lame (MAQL; Colombia), 2:98
 Movimiento de Mujeres por la Paz Visitación Padilla (Visitation Padilla Women's Movement for Peace; Honduras), 2:235
 Movimiento Homosexual de Lima (MHOL; Peru), 2:324
 Mubarak, Hosni, 1:62, 343
 Mubarak, Sheikh Fatima bint, 1:356, 358, 360
 Mughal Empire, 3:76
 Muhammad Ali (viceroy, Egypt), 1:62
 Muhammad Ibn Saud (king, Saudi Arabia), 1:164
 Muhammadiyah (organization; Indonesia), 3:99–100
 Muisca (people), 2:101
 Mujeres y Cultura Subterránea, A. C. (MCS; Women and Underground Culture; Mexico), 2:258
 Mujuru, Joyce, 1:374
 Mukti Nepal (organization), 3:211
 Müller, Herta, 4:271
 Muluzi, Bakili, 1:217
 Mundo Afro (African World; organization; Uruguay), 2:381
 Murniece, Inara, 4:202
 Murphy, Emily, 2:71
 Musa, Nabawiya, 1:69–70
 Music
 in Cambodia, 3:46
 in Czech Republic, 4:76
 in Kosovo, 4:193
 reggae, 2:243
 in Spain, 4:329
 in Trinidad and Tobago, 2:342
 Muslims. *See* Islam
 Mu Sochua, 3:45
 Mussolini, Benito, 1:80
 Mutharika, Bingu wa, 1:217
 Myanmar (Burma), 3:194–202
 migration to Thailand from, 3:330
 Rohingya in, 3:2
 Myles, Bradley, 1:15
 Naeemaei, Naeemeh, 1:106
 Namibia, 1:234–242
 Namibian Farm Workers Union (WFWU), 1:237
 Namibia Women's Voice (NWV), 1:240
 Napoleon Bonaparte (emperor, France), 1:62, 4:112
 Napoleon III (Charles Louis-Napoléon Bonaparte; emperor, France), 2:173
 Nardal, Jane, 2:168
 Nardal, Paulette, 2:168
 Nasif, Malak Hifni, 1:69
 Nasser, Gamal Abdel, 1:62
 National Church of Iceland, 4:161
 National Coalition to Advocate the Rights of Women (CONAP; Haiti), 2:223
 National Coalition to Eliminate All Forms of Discrimination against Women (Lebanon), 1:179
 National Council of Women (New Zealand), 3:221
 National Council of Women of Canada, 2:73
 National Indigenous Women's Resource Center (NIWRC), 1:15
 National Liberation Front (FLN; Algeria), 1:12
 National minorities
 in Sweden, 4:335
 See also Immigration and immigrants
 National Society for Women's Suffrage (United Kingdom), 4:383
 National Union of Eritrean Women (NUEW), 1:77, 79
 National Union of Tunisian Women (UNFT), 1:344
 National Union of Women's Suffrage Societies (United Kingdom), 4:383
 Native Americans, 2:355
 National Indigenous Women's Resource Center, 1:15
 See also Indigenous peoples
 Native Women's Association of Canada, 2:73
 Natural resources
 in Democratic Republic of Congo, 1:56
 in Sudan, 1:328
 in Suriname, 2:346
 Nauru, Republic of, 3:174
 Nazra for Feminist Studies (organization), 1:70
 Negara Brunei Darussalam (Sultanate of Brunei), 3:296–302
 Negritude (cultural movement), 2:168
 Neo-Confucianism, 3:281
 Nepal, 3:205–213
 migration to Bhutan from, 3:34–35
 Neshat, Saeid N., 1:115
 Netherlands, 4:226–233
 immigration from Suriname to, 2:352
 Indonesia under, 3:92
 Suriname under, 2:345
 Netherlands Antilles/Dutch Caribbean, 2:262–270

- Netherlands Guiana (Suriname), 2:345
 Network against Human Trafficking (NAHT), 1:15
 Nevis, 2:284, 295
 New Caledonia, 3:169
See also Melanesia
 New Guinea, 3:162
 New Zealand, 3:214–225
 dependent areas of, 3:263
 Polynesian feminists and, 3:263
 New Zealand District of Zonta, 3:223–224
 New Zealand Prostitutes Collective (NZPC), 3:218
 Ngobe-Bugles (people), 2:300, 304
 Nicaragua, 2:271–280
 Nigeria, 1:243–251
 Nigerian-Biafra War (1967–1970), 1:243
 Nigerian Charismatic Movement, 1:249
Nikiranoro, 3:179
 Nimcová, Božena, 4:72, 76
 Niyazov, Saparmura, 3:332, 336, 337
 Ruhnama by, 3:333–334
 Nkrumah, Kwame, 1:92, 98
 Nkrumah, Samia, 1:99
 Nobel Peace Prize
 Arias Sánchez, Oscar, 2:114
 Aung San Suu Ky, 3:200
 Corrigan-Maguire and Williams-Perkins, 4:168
 Ebadi, Shirin, 1:109
 Gbowee, Leymah, 1:191
 Johnson Sirleaf, Ellen, 1:197
 Karman, Tawakkol, 1:270, 273
 Maathai, Wangari, 1:158
 Menchú Tum, Rigoberta, 2:201
 Tunisian National Dialogue Quartet, 1:343
 Nobel Prize in Literature
 Gordimer, Nadine, 1:303
 Müller, Herta, 4:271
 Noor (queen, Jordan), 1:141
 Norse mythology, 4:241
 Northern Ireland, 4:168, 376, 382
See also United Kingdom
 Northfleet, Ellen Gracie, 2:57
 North Korea (Democratic People's Republic of Korea), 3:226–235
 in Korean War, 3:282
 Norway, 4:234–242
 Sweden and, 4:330
 Ntaiya, Kakenya, 1:160
 Nuclear weapons testing, 3:175, 181
 Nutrition (diet)
 in Japan, 3:106
 Mediterranean diet, 4:138
 in North Korea, 3:227
 Nyakeriga, Linet Kemunto, 1:160
 Nyau dance (Malawi), 1:215–217
 Nzomo, Maria, 1:160
 Obama, Barack
 equal-pay legislation signed by, 2:364
 International Women's Day statement by, 4:419–420
 on U.S.-Cuba relations, 2:119–120, 127
 on Venezuela sanctions, 2:389
 Obasanjo, Olusagun, 1:243
 Al Obeidy, Iman, 1:208
 Obesity and overweight
 in Cuba, 2:122
 fat activism and, 3:222
 in French Caribbean, 2:166
 in Mexico, 2:250, 251
 in Polynesia, 3:259–260
 in Saudi Arabia, 1:165, 167
 in Turkey, 4:358
 in United Arab Emirates, 1:356
 Obstetric fistula, 1:36
 Ocloo, Esther, 1:100
 O'Connor-Connolly, Julianna, 2:80, 83
 O'Connor, Sandra Day, 2:369
 Oil
 in Bahrain, 1:19
 in Nigeria, 1:250
 in Norway, 4:234
 in Russia, 4:281
 in Saudi Arabia, 1:164
 in South Sudan, 1:317, 323
 in Sudan, 1:328
 in Trinidad and Tobago, 2:340
 in United Arab Emirates, 1:354
 Ojeda, Alonso de, 2:97, 262
 Older women
 in China, 3:63
 in Japan, 3:112–113
 Olympic Games
 Belgium in, 4:38
 Colombia in, 2:101
 Hungary in, 4:148
 in Russia, 4:293
 Omamo, Raychelle, 1:160
 Organization of Active Women in Ivory Coast (OFACI), 1:131
 Organization of Eastern Caribbean States (OECS), 2:284–297
 Ortega, Daniel, 2:272
 Ortega, Rocio, 2:365
 Orthodox Christianity
 Eastern Orthodox Christianity, 4:57
 in Georgia, 4:124
 Greek Orthodox Church, 4:140
 in Macedonia, 4:268
 Romanian Orthodox Church, 4:270, 278
 Russian Orthodox Church, 4:295
 Serbian Orthodox Church, 4:268
 Ortiz Bosch, Milagros, 2:136
 Osman, Sarah, 1:327
 Otenbayeva, Roza, 3:128
Otins, 3:346
 Ottoman Empire, 4:353, 356
 Armenian genocide by, 4:8
 Ouattara, Alassane, 1:131
 Ouedraogo, Jean-Baptiste, 1:37
 OutRight Namibia (organization), 1:239
 Ovambo (people), 1:237
 Ovelar, Blanca, 2:314
 Pacific Island countries (PICs), 3:162
 climate change and, 3:181–182
 Polynesia as, 3:258–266
 Pakistan, Islamic Republic of, 3:76, 237–245
 Palau, Republic of, 3:174
 Palcy, Euzhan, 2:170
 Palestine, 1:253–259
 Israeli occupation of, 1:122
 Palestinian refugees
 citizenship of, 1:258
 in Israel, 1:122
 in Jordan, 1:135
 in Lebanon, 1:174, 180
 Palin, Sarah, 2:369
 Panama, 2:299–308
 Panama Declaration (2013), 2:302
 Panetta, Leon, 2:370
 Pankhurst, Emmeline, 4:383
 Pan-Mayan Movement, 2:192, 203
 Papua New Guinea, 3:162
 Papuans (people), 3:162–163
 Paraguay, 2:309–316
 Paraguayan Women's Coordinating Committee, 2:314
 Paredes Rangel, Beatriz, 2:254
 Parental leave. *See* Maternity leave
 Parkanová, Vlasta, 4:75
 Park Geun-hye, 3:282–283
 Pastrana Arango, Andrés, 2:98
 Patriarchy, 1:296
 Peake, Carolína, 4:75
 Penteado, Olívia Guedes, 2:59
 Pentecostalism
 in Brazil, 2:61
 in Guatemala, 2:202
 in Nigeria, 1:249
 People's Democratic Republic of Yemen, 1:269
 People's Republic of China, 3:51–65
 Pereira de Queiroz, Carlota, 2:59
 Pérez Cruz, Silvia, 4:329
 Pérez Molina, Otto, 2:196
 Perón, Eva "Evita," 2:8
 Persad-Bissessar, Kamla, 2:341–342
 Persia, 1:102
See also Iran
 Peru, 2:317–326
 Peter the Great (czar, Russia), 4:280
 Petros, Wallata, 1:90
 Philippines, 3:246–256
 Constitution of, 4:397–398
 mail-order brides from, 3:12
 Piggott, Donnya, 2:23
 Pinochet, Augusto, 2:86
 Pisani, Elizabeth, 3:94
 Pizarro, Francisco, 2:318
 Plastic surgery, 2:11, 106

- Plunket (Royal New Zealand Plunket Society), 3:223
- Poetry, Somali, 1:296
- Poland, 4:244–252
- Lithuania in union with, 4:205
- Polaris Project (organization), 1:15
- Police, in Sweden, 4:338–339
- Polio, in Pakistan, 3:240
- Political cartoons, 1:72–73
- Political dance, in Malawi, 1:218
- Political rights
- in Australia, 3:7–10
- in Bahrain, 1:23–24
- in Bangladesh, 3:24
- in Bolivia, 2:48
- in Brazil, 2:59–60
- in Canada, 2:73
- in Cayman Islands, 2:83–84
- in Colombia, 2:103–104
- in Cuba, 2:124
- in Dominican Republic, 2:136–137
- in Ecuador, 2:147–149
- in Egypt, 1:70–71
- in Ghana, 1:97–98
- in Guatemala, 2:200–201
- in Honduras, 2:234
- in Hungary, 4:150
- in India, 3:85–87
- in Iran, 1:111
- in Israel, 1:125
- in Italy, 4:180–181
- in Kenya, 1:159–160
- in Lebanon, 1:178
- in Libya, 1:206
- in Malawi, 1:217–218
- in Malta, 4:221
- in Mexico, 2:255
- in Netherlands, 4:230
- in Nigeria, 1:248–249
- in Pakistan, 3:243
- in Philippines, 3:252–253
- in Portugal, 4:258
- in Republic of the Congo, 1:266
- in Senegal, 1:285
- in Slovakia, 4:312
- in South Africa, 1:309
- in South Sudan, 1:318
- in Switzerland, 4:348
- in Syria, 1:336
- in Tajikistan, 3:316
- in Ukraine, 4:372–373
- in United Arab Emirates, 1:359–360
- in United States, 2:368
- Politics
- in Afghanistan, 1:6–7
- in Albania, 4:5–6
- in Algeria, 1:16–17
- in Argentina, 2:8–9
- in Armenia, 4:11
- in Australia, 3:7–10
- in Austria, 4:19–20
- in Bahamas, Barbados, and Turks and Caicos Islands, 2:23–24
- in Bahrain, 1:23–24
- in Bangladesh, 3:23–24
- in Belarus, 4:29–30
- in Belgium, 4:36–37
- in Belize, 2:30–31
- in Bermuda, 2:40–41
- in Bhutan, 3:31–33
- in Bolivia, 2:47–48
- in Bosnia and Herzegovina, 4:45
- in Botswana, 1:31
- in Brazil, 2:58–60
- in Brunei, 3:300
- in Bulgaria, 4:56–57
- in Burkina Faso, 1:37–38
- in Cambodia, 3:44
- in Canada, 2:72–73
- in Cayman Islands, 2:83
- in Central African Republic, 1:46–47
- in Chile, 2:91–92
- in China, 3:61–62
- in Colombia, 2:103–104
- in Costa Rica, 2:114–115
- in Croatia, 4:65–67
- in Cuba, 2:124–125
- in Czech Republic, 4:72, 74–75
- in Democratic Republic of Congo, 1:57–59
- in Denmark, 4:85–87
- in Dominican Republic, 2:136–137
- in Ecuador, 2:147–148
- in Egypt, 1:69–73
- in El Salvador, 2:158–159
- in Eritrea, 1:77–78
- in Estonia, 4:97
- in Ethiopia, 1:88–90
- in Finland, 4:104
- in France, 4:112–113
- in French Caribbean, 2:167–168
- in French Guiana, 2:176–177
- in Georgia, 4:123
- in Germany, 4:131–132
- in Ghana, 1:97–99
- in Greenland, 2:187
- in Guam, 3:71–72
- in Guatemala, 2:200–201
- in Guiana, 2:212
- in Haiti, 2:222–224
- in Honduras, 2:233–234
- in Hungary, 4:150–152
- in Iceland, 4:160
- in India, 3:85–87
- in Indonesia, 3:97–99
- in Iran, 1:109–111
- in Iraq, 1:117–118
- in Ireland, 4:167–169
- in Israel, 1:124–125
- in Italy, 4:180–181
- in Ivory Coast, 1:130–131
- in Jamaica, 2:243
- in Japan, 3:110–111
- in Jordan, 1:140–142
- in Kazakhstan, 3:121
- in Kenya, 1:158–161
- in Kosovo, 4:193
- in Kyrgyzstan, 3:128
- in Laos, 3:139–140
- in Latvia, 4:202–203
- in Lebanon, 1:178–179
- in Lesotho, 1:185–187
- in Liberia, 1:196–197
- in Libya, 1:205–207
- in Lithuania, 4:209–210
- in Macedonia, 4:267–268
- in Malawi, 1:217–218
- in Malaysia, 3:150–151
- in Maldives, 3:160
- in Mali, 1:224
- in Melanesia, 3:169–170
- in Mexico, 2:254–256
- in Micronesia, 3:180
- in Mongolia, 3:189–190
- in Morocco, 1:229–230
- in Myanmar, 3:199–200
- in Namibia, 1:239–240
- in Nepal, 3:210–211
- in Netherlands, 4:227, 229–231
- in Netherlands Antilles, 2:267–268
- in New Zealand, 3:220–221
- in Nicaragua, 2:278
- in Nigeria, 1:248–249
- in North Korea, 3:233–234
- in Norway, 4:238–240
- in Organization of Eastern Caribbean States, 2:296
- in Pakistan, 3:243
- in Palestine, 1:258
- in Panama, 2:305–306
- in Paraguay, 2:314–315
- in Peru, 2:324
- in Philippines, 3:252–253
- in Poland, 4:250–251
- in Polynesia, 3:263
- in Portugal, 4:258–259
- in Puerto Rico, 2:332–333
- in Republic of the Congo, 1:265–266
- in Romania, 4:276–278
- in Russia, 4:293–295
- in Rwanda, 1:280
- in Saudi Arabia, 1:169–170
- in Senegal, 1:285–286
- in Serbia, 4:302–303
- in Sierra Leone, 1:291–292
- in Singapore, 3:275
- in Slovakia, 4:312–313
- in Slovenia, 4:319
- in Somalia, 1:299–300
- in South Africa, 1:309–312
- in South Korea, 3:282–284
- in South Sudan, 1:318
- in Spain, 4:324–325
- in Sri Lanka, 3:293–294

- in Sudan, 1:328
- in Suriname, 2:350–351
- in Sweden, 4:338–339
- in Switzerland, 4:347–349
- in Syria, 1:336
- in Taiwan, 3:309–310
- in Tajikistan, 3:318
- in Thailand, 3:326
- in Trinidad and Tobago, 2:341–342
- in Tunisia, 1:350–351
- in Turkmenistan, 3:336–337
- in Ukraine, 4:372–373
- in United Arab Emirates, 1:359–360
- in United Kingdom, 4:382–384
- in United States, 2:367–369
- in Uruguay, 2:378–379
- in Venezuela, 2:392–393
- in Vietnam, 3:355
- in Yemen, 1:273
- in Zimbabwe, 1:372–375
- Pollan, Laura, 2:124
- Poluha, Eva, 1:86
- Polygyny (polygamy)
 - in Algeria, 1:14
 - in Burkina Faso, 1:37
 - in Central African Republic, 1:45
 - in Ethiopia, 1:86
 - in Ghana, 1:99–100
 - in Haiti, 2:222
 - in Indonesia, 3:100
 - in Iraq, 1:117
 - in Ivory Coast, 1:130
 - in Kenya, 1:157
 - in Kyrgyzstan, 3:127
 - in Libya, 1:203, 204, 206
 - in Malawi, 1:216
 - in Malaysia, 3:149
 - in Maldives, 3:159
 - in Mali, 1:223–224
 - in Nigeria, 1:247
 - in Pakistan, 3:242
 - in Republic of the Congo, 1:264
 - in Rwanda, 1:276, 279
 - in Senegal, 1:284–285
 - in Sierra Leone, 1:291–293
 - in Singapore, 3:273
 - in Somalia, 1:299
 - in South Sudan, 1:318
 - in Sudan, 1:327
 - in Tunisia, 1:345
- Polynesia, 3:258–266
- Poonsuk Banomyong (queen, Thailand), 3:328–329
- Popo, David, 2:294
- Popovic, Vladimir Beba, 4:303
- Pornography
 - in Czech Republic, 4:79
 - in Japan, 3:114
- Pornpet Meuan Sri (queen, Thailand), 3:329
- Portugal, 4:254–260
 - Brazil under, 2:50
- Poverty
 - in Armenia, 4:8
 - in Bermuda, 2:38
 - in Bhutan, 3:27, 34
 - in Brazil, 2:51
 - in Burkina Faso, 1:38
 - in Cambodia, 3:38
 - in Cayman Islands, 2:83
 - in Central African Republic, 1:41
 - in Dominican Republic, 2:131
 - in El Salvador, 2:160–161
 - in French Guiana, 2:175
 - in Guatemala, 2:190–191
 - in Guiana, 2:214
 - in Haiti, 2:221
 - in Honduras, 2:231–232
 - in Iraq, 1:119
 - in Israel, 1:124
 - in Kenya, 1:149
 - in Lesotho, 1:182
 - in Malawi, 1:211
 - in Malta, 4:222
 - in Melanesia, 3:168
 - in Mongolia, 3:191–192
 - in Myanmar, 3:195
 - in Nepal, 3:205–206
 - in Nicaragua, 2:273
 - in Panama, 2:299, 307
 - in Puerto Rico, 2:335
 - in Romania, 4:278
 - in Sierra Leone, 1:288
 - in Suriname, 2:347
 - in Tajikistan, 3:313
 - in Uruguay, 2:374
 - in Venezuela, 2:394
 - in Yemen, 1:274
- Prakash, Judith, 3:275
- Pratt, Nicola Christine, 1:115
- Prince, Mary, 2:34, 42
- Prisons and Prisoners
 - in Netherlands Antilles, 2:268
 - in North Korea, 3:234–235
 - in South Africa, 1:312–313
- Prithvi Narayan Shah (ruler, Nepal), 3:205
- PROFAMILIA (Dominican Republic), 2:133, 137
- Pronatalism, 4:277–278
- Property rights
 - in Georgia, 4:123
 - in Iceland, 4:161
 - See also* Inheritance
- Prostitution
 - in Bahrain, 1:26
 - in Canada, 2:77
 - in Cuba, 2:126
 - in Czech Republic, 4:79
 - in Dominican Republic, 2:135
 - in Ethiopia, 1:81–82
 - in France, 4:115–116
 - in French Guiana, 2:177
 - in Hungary, 4:152–153
 - in India, 3:89
 - in Iran, 1:112–113
 - in Ivory Coast, 1:132
 - in Libya, 1:208
 - in Lithuania, 4:211–212
 - in Malaysia, 3:152
 - in Netherlands, 4:231–232
 - in Netherlands Antilles, 2:269
 - in New Zealand, 3:218
 - in Republic of the Congo, 1:267
 - in Singapore, 3:276
 - in Sweden, 4:340
 - in United Arab Emirates, 1:361–362
 - in United States, 2:371
- Protestantism
 - in Guatemala, 2:202
 - in Hungary, 4:145
 - in Nicaragua, 2:279
- Puberty, 3:272
- Puerto Rico, 2:328–335
- Pussy Riot (Russian music group), 4:293, 295
- Putin, Vladimir, 4:12, 281, 293
- Qaamaneq (organization; Greenland), 2:186
- Qaddafi, Muammar, 1:200, 204, 205, 207
- Quality of life, in Greenland, 2:188–189
- Quawasa, Rula, 1:143
- Quechua (people), 2:44, 49, 317
- Quimbois, 2:168–169
- Quinceañera celebrations
 - in El Salvador, 2:159
 - in Panama, 2:301
 - in Paraguay, 2:315
 - in Venezuela, 2:393–394
- Quiroz, Susana, 2:258
- Quispe, Juana, 2:47–48
- Quito (Ecuador), 2:150
- Racism
 - in Colombia, 2:106
 - in Mexico, 2:257–258
 - in Nicaragua, 2:279–280
- Radical Islam, 3:318
- Raffles, Sir Stamford, 3:269
- Rafsanjani, Akbar Hashemi, 1:111
- Rahmon, Emomali, 3:312, 317, 318
- Raizal (people), 2:97
- Raja Biru (queen, Thailand), 3:328
- Rajab, Saadia, 1:329
- Raja Hijau (queen, Thailand), 3:328
- Raja Ungu (queen, Thailand), 3:328
- Ram Baran Yadav, 3:205
- Rambi Barni (queen, Thailand), 3:328
- Rape. *See* Sexual assault and rape
- Rastafarians, 2:243, 296
- Rawlings, Jerry John, 1:92, 98
- Rawlings, Nana Konadu Agyeman, 1:98
- Recreation
 - in Argentina, 2:4
 - in Belgium, 4:38
 - in Belize, 2:28–29

Recreation (*Continued*)

- in Bosnia and Herzegovina, 4:42
- in China, 3:54
- in Colombia, 2:100–101
- in Cuba, 2:121
- in Czech Republic, 4:73
- in Democratic Republic of Congo, 1:53–54
- in Denmark, 4:81
- in France, 4:107–108
- in Georgia, 4:119
- in Guam, 3:74
- in Hungary, 4:148
- in India, 3:78
- in Iran, 1:103, 109
- in Ivory Coast, 1:129–130
- in Latvia, 4:199
- in Lebanon, 1:175
- in Libya, 1:200
- in Maldives, 3:157
- in Mexico, 2:250
- in Netherlands, 4:227–228
- in New Zealand, 3:214–215
- in Nicaragua, 2:273–274
- in Palestine, 1:253–254
- in Panama, 2:301
- in Philippines, 3:247–248
- in Saudi Arabia, 1:165
- in Sri Lanka, 3:289
- in Syria, 1:332
- in Trinidad and Tobago, 2:338
- in United Arab Emirates, 1:355
- Red Cross, International Committee of the, “Rule 93. Rape and Other Forms of Sexual Violence” of, 4:398–401
- Reding, Viviane, 4:221
- Red Nacional de Mujeres (National Women’s Network; Colombia), 2:106
- Reform Movement (Saudi Arabia), 1:170
- Refugees
 - in Australia, 3:2
 - in Bhutan, 3:34–35
 - in Bulgaria, 4:59
 - from Central African Republic, 1:48
 - from Democratic Republic of Congo, 1:52
 - in French Guiana, 2:175
 - of Iraq War, 1:119–120
 - in Jordan, 1:135
 - in Lebanon, 1:174–175, 177, 180
 - in Libya, 1:208
 - in New Zealand, 3:220
 - Syrian, 1:120, 143–144, 330, 337, 338
 - in Uruguay, 2:381
- Reggae, 2:243
- Religion and culture
 - in Afghanistan, 1:8–9
 - in Albania, 4:6
 - in Algeria, 1:17
 - in Argentina, 2:2, 9
 - in Armenia, 4:12
 - in Australia, 3:10–11
 - in Austria, 4:20
 - in Bahamas, Barbados, and Turks and Caicos Islands, 2:24
 - in Bahrain, 1:25
 - in Bangladesh, 3:25
 - in Belarus, 4:30–31
 - in Belgium, 4:37–38
 - in Belize, 2:31
 - in Bermuda, 2:41
 - in Bhutan, 3:33
 - in Bolivia, 2:48
 - in Bosnia and Herzegovina, 4:45–46
 - in Botswana, 1:31
 - in Brazil, 2:60–61
 - in Brunei, 3:300
 - in Bulgaria, 4:57
 - in Burkina Faso, 1:38
 - in Cambodia, 3:44–46
 - in Canada, 2:75–76
 - in Cayman Islands, 2:80, 84
 - in Central African Republic, 1:47
 - in Chile, 2:92–93
 - in China, 3:51, 62–63
 - in Colombia, 2:104
 - in Costa Rica, 2:115
 - in Croatia, 4:67–68
 - in Cuba, 2:120, 125
 - in Czech Republic, 4:72, 76
 - in Democratic Republic of Congo, 1:59
 - in Denmark, 4:87
 - in Dominican Republic, 2:137–138
 - in Ecuador, 2:148–149
 - in El Salvador, 2:159
 - in Eritrea, 1:78
 - in Estonia, 4:97–98
 - in Ethiopia, 1:90
 - in Finland, 4:104–105
 - in France, 4:113–114
 - in French Caribbean, 2:168–169
 - in French Guiana, 2:177
 - in Georgia, 4:123–124
 - in Germany, 4:132–133
 - in Ghana, 1:99–100
 - in Greece, 4:140
 - in Greenland, 2:187–188
 - in Guam, 3:72
 - in Guatemala, 2:201–203
 - in Guyana, 2:212–213
 - in Haiti, 2:224–225
 - in Hungary, 4:152
 - in Iceland, 4:161
 - in India, 3:77, 87–88
 - in Indonesia, 3:97, 99–100
 - in Iran, 1:111–112
 - in Iraq, 1:118
 - in Ireland, 4:169–171
 - in Israel, 1:125
 - in Italy, 4:181–182
 - in Ivory Coast, 1:131
 - in Jamaica, 2:243
 - in Japan, 3:111–112
 - in Jordan, 1:142
 - in Kazakhstan, 3:121–122
 - in Kenya, 1:161
 - in Kosovo, 4:193
 - in Kyrgyzstan, 3:128–129
 - in Laos, 3:140
 - in Latvia, 4:203
 - in Lebanon, 1:179
 - in Lesotho, 1:187
 - in Liberia, 1:197–198
 - in Libya, 1:207
 - in Lithuania, 4:210–211
 - in Macedonia, 4:268
 - in Malawi, 1:215, 218
 - in Malaysia, 3:151
 - in Maldives, 3:160
 - in Mali, 1:224
 - in Malta, 4:214
 - in Melanesia, 3:170–171
 - in Mexico, 2:256
 - in Micronesia, 3:180–181
 - in Mongolia, 3:184, 190–191
 - in Morocco, 1:230–231
 - in Myanmar, 3:200–201
 - in Namibia, 1:241
 - in Nepal, 3:211–212
 - in Netherlands Antilles, 2:268–269
 - in New Zealand, 3:221–224
 - in Nicaragua, 2:278–279
 - in Nigeria, 1:249–250
 - in North Korea, 3:234
 - in Norway, 4:240–241
 - in Organization of Eastern Caribbean States, 2:296–297
 - in Pakistan, 3:243–244
 - in Palestine, 1:258
 - in Panama, 2:306
 - in Paraguay, 2:315
 - in Peru, 2:324–325
 - in Philippines, 3:254
 - in Poland, 4:251
 - in Polynesia, 3:264–265
 - in Portugal, 4:259
 - in Puerto Rico, 2:333–334
 - in Republic of the Congo, 1:266
 - in Romania, 4:278
 - in Russia, 4:281
 - in Rwanda, 1:280
 - in Saudi Arabia, 1:170–171
 - in Senegal, 1:285–286
 - in Sierra Leone, 1:292–293
 - in Singapore, 3:275
 - in Slovakia, 4:313
 - in Slovenia, 4:319
 - in Somalia, 1:300
 - in South Korea, 3:284
 - in South Sudan, 1:318
 - in Sri Lanka, 3:294
 - in Suriname, 2:346, 351–352
 - in Sweden, 4:339
 - in Syria, 1:330–331, 336–337
 - in Taiwan, 3:310

- in Tajikistan, 3:318
- in Thailand, 3:327
- in Trinidad and Tobago, 2:342
- in Tunisia, 1:351
- in Turkmenistan, 3:337–338
- in Ukraine, 4:364, 373
- in United Arab Emirates, 1:360–361
- in United Kingdom, 4:384–385
- in United States, 2:369–370
- in Uruguay, 2:379–380
- in Uzbekistan, 3:345–346
- in Venezuela, 2:393–394
- in Vietnam, 3:355
- in Yemen, 1:273–274
- in Zimbabwe, 1:370–372
- Reproductive rights
 - in Afghanistan, 1:5
 - in Albania, 4:3–4
 - in Algeria, 1:12
 - in Argentina, 2:5–6
 - assisted reproductive technology and, 4:177
 - in Bahrain, 1:21
 - in Bangladesh, 3:22–23
 - in Belarus, 4:28–29
 - in Belgium, 4:35
 - in Bhutan, 3:30
 - in Botswana, 1:29
 - in Bulgaria, 4:53–54
 - in Cambodia, 3:41–42
 - in Central African Republic, 1:45
 - in China, 3:58
 - in Colombia, 2:100, 103
 - in Costa Rica, 2:110–111
 - in Croatia, 4:65, 68–69
 - in Denmark, 4:82
 - in Dominican Republic, 2:133
 - in Ecuador, 2:145
 - in El Salvador, 2:155–156
 - in Eritrea, 1:75
 - in Estonia, 4:94–95
 - in Finland, 4:102–103
 - in France, 4:108–109
 - in French Guiana, 2:176
 - in Georgia, 4:120
 - in Ghana, 1:95
 - in Greenland, 2:185
 - in Guiana, 2:210
 - in Iceland, 4:157
 - in vitro fertilization and, 4:17
 - in Iran, 1:105, 108
 - in Iraq, 1:116
 - in Ireland, 4:171–172
 - in Israel, 1:123
 - in Ivory Coast, 1:129
 - in Jamaica, 2:241–242
 - in Jordan, 1:139–140
 - in Kenya, 1:152, 153
 - in Libya, 1:201
 - in Malawi, 1:213
 - in Malaysia, 3:149–150
 - in Melanesia, 3:167
 - in Mexico, 2:250
 - in Mongolia, 3:189
 - in Morocco, 1:227–228
 - in Namibia, 1:236
 - in Nepal, 3:208
 - in Netherlands, 4:228
 - in New Zealand, 3:217
 - in Nigeria, 1:245
 - in Pakistan, 3:242
 - in Peru, 2:321
 - in Philippines, 3:252
 - in Puerto Rico, 2:332, 334
 - in Romania, 4:277
 - in Russia, 4:284
 - in Senegal, 1:284
 - in Serbia, 4:299–300
 - in Slovakia, 4:307–308, 311–312
 - in South Africa, 1:305, 308–309
 - in Suriname, 2:347, 348
 - in Switzerland, 4:344
 - in Thailand, 3:323
 - in Trinidad and Tobago, 2:340–341
 - in Tunisia, 1:343–345, 347
 - in Turkey, 4:359
 - in Ukraine, 4:369
 - in Uzbekistan, 3:342
 - in Venezuela, 2:389–390
 - in Zimbabwe, 1:367
- Republic of China (Taiwan), 3:304–311
- Republic of the Congo, 1:260–268
- Republic of Korea (South Korea), 3:277–286
- Republic of Macedonia, 4:262–269
- Republic of Trinidad and Tobago, 2:337–343
- Republic of Yemen, 1:268–275
- Revolutionary Association of the Women of Afghanistan (RAWA), 1:3–4
- Rhee, Syngman, 3:282
- Right to be Free from Sexual Violence, 4:404–405
- Rincón de Gautier, Doña Felisa, 2:333
- Rivadeneira Burbano, Gabriela, 2:147
- Rivers, Tara, 2:83
- Rizal, Jose, 3:250
- Robelo, Lucía, 2:274
- Robinson, Mary, 1:59, 4:167–168
- Robles, Rosario, 2:254
- Rockefeller, John D., III, 1:343
- Rock 'n' Roll Camp for Girls (organization), 1:25
- Rodoreda, Mercé, 4:328
- Rodríguez de Tió, Lola, 2:330
- Rodríguez Saá, Adolfo, 2:2
- Rodríguez Zapatero, José Luis, 4:325
- Rogova, Igballe (Igo), 4:195
- Rohingya (people), 3:2
- Rohingyas (people), 3:195
- Roig I Fransitorra, Montserrat, 4:329
- Rokeya, Begum, 3:23
- Roma (people)
 - in Albania, 4:2
 - in Bosnia and Herzegovina, 4:46–47
- in Bulgaria, 4:52, 54
- in Hungary, 4:148
- in Macedonia, 4:263, 265
- in Romania, 4:270, 272–273
- in Slovenia, 4:316, 317
- in Sweden, 4:335, 341
- Roman Catholic Church
 - in Argentina, 2:2, 5–6, 9
 - in Austria, 4:15, 20
 - in Brazil, 2:61
 - in Canada, 2:75
 - in Chile, 2:92–93
 - in Colombia, 2:104
 - in Costa Rica, 2:115
 - in Croatia, 4:67
 - in Cuba, 2:125
 - in Democratic Republic of Congo, 1:59
 - in Dominican Republic, 2:137
 - in El Salvador, 2:159
 - in France, 4:113
 - in French Caribbean, 2:168
 - in Hungary, 4:145
 - in Ireland, 4:170–172
 - in Italy, 4:179–182
 - in Lithuania, 4:210
 - in Malta, 4:215
 - in Mexico, 2:256
 - in Nicaragua, 2:278
 - in Panama, 2:306
 - in Paraguay, 2:315
 - in Peru, 2:324–325
 - in Philippines, 3:254
 - in Poland, 4:251
 - in Portugal, 4:255, 259
 - in Puerto Rico, 2:333
 - in Rwanda, 1:280
 - in Spain, 4:321
 - in Venezuela, 2:393
 - Virgin of Guadalupe in, 2:256
- Romania, 4:270–278
- Romanian Orthodox Church, 4:270, 278
- Romanov Dynasty (Russia), 4:280
- Roudy, Yvette, 4:109, 112
- Rouhani, Hassan, 1:103, 109, 110
- Rousseau, Stephanie, 2:47
- Rousseff, Dilma, 2:57–59
- Royal New Zealand Plunket Society, 3:223
- The Ruhnama* (Niyazov), 3:333–334
- Rural women
 - in Brazil, 2:57–58
 - in China, 3:55–56, 62
 - in Iceland, 4:157–158
- Russia (Russian Federation), 4:280–297
 - Belarus under, 4:25
 - conflicts between Georgia and, 4:118
 - Crimea invaded by, 4:363
 - Finland and, 4:100
 - Latvia under, 4:198
 - Tajikistan under, 3:312
 - See also Soviet Union
- Russian Orthodox Church (ROC), 4:295

- Russian Revolution (1917), 4:280
 Rwanda, 1:52, 275–280
 Constitution of, 4:412–413
 Rwandan Patriotic Front (RPF), 1:277
 Ryu Min-hee, 3:285–286
- Saadawi, Nawal El, 1:63, 64, 66
 Saba (Netherlands Antilles), 2:262, 263, 265, 267–269
 Al Sadat, Anwar, 1:62
 Sadat, Nemat, 1:10
 Saeidi, Zahra, 1:109
 Sahel countries, 1:32
 Sahgal, Gita, 3:85
 Sah, Shyam Kumari, 3:211
 Saint Barthélemy, 2:164, 165
 See also French Caribbean
 Saint Kitts and Nevis, 2:284, 287, 292, 295
 See also Organization of Eastern Caribbean States
 Saint Lucia, 2:284, 287, 292, 295
 See also Organization of Eastern Caribbean States
 Saint Martin, 2:164, 165, 263
 See also French Caribbean
 Saint Vincent and the Grenadines, 2:284, 287–288, 292–293, 295
 See also Organization of Eastern Caribbean States
 Sall, Macky, 1:282
 Salman bin Abd al-Aziz Al Saud (king, Saudi Arabia), 1:164
 Samba-Panza, Catherine, 1:46
 Same-sex relationships. *See* LGBTQ+ issues
 Sámi (people), 4:239
 in Norway, 4:241
 in Sweden, 4:341
 Samoa, 3:263
 faʻafafine of, 3:265–266
 Mead on, 3:258
 villages in, 3:259
 Samuel, Athaliah, 2:342
 San (Basarwa; people), 1:28
 Sande (people), 1:197–198
 Sandinista National Liberation Front (FSLN; Frente Sandinista de Liberación Nacional; Nicaragua), 2:272
 Sankara, Thomas, 1:37–38
 Sannuʾ, Yaʿqub, 1:72
 Santería, 2:125, 137–138, 333
 Santiago, Esmeralda, 2:334
 Santo Domingo (Dominican Republic), 2:130, 216
 Santos, Juan Manuel, 2:98
 Saovabha Phonsi (queen, Thailand), 3:328
 Sápara (people), 2:143
 Sassou-Nguesso, Denis, 1:265
 Saudi Arabia, Kingdom of, 1:163–172
 Savchenko, Nadia, 4:373
 Savchenko, Polina, 4:292
 Schizophrenia, 3:231
 Scotland, 4:376, 382
 See also United Kingdom
 Sealy-Burke, Jacqueline, 2:287
 Sédar Senghor, Léopold, 2:168
 Séléka, 1:46, 47
 Sendero Luminoso (Shining Path; Peru), 2:318, 325, 326
 Senegal, 1:282–287
 Senghor, Leopold Sedar, 1:282
 Serbia, 4:299–305
 Serbian Orthodox Church (SOC), 4:268
 Servicio Nacional de la Mujer, El (SERNAM; Chile), 2:87, 91–92, 94
 Setsuko Nakajima, 3:105
 Sex education
 in Canada, 2:66
 in Chile, 2:88
 in Colombia, 2:100
 in Croatia, 4:62–63
 in Cuba, 2:120–121
 in Ecuador, 2:142
 in Finland, 4:102
 in Georgia, 4:119
 in Guam, 3:68
 in Hungary, 4:147–148
 in Iceland, 4:156
 in India, 3:78
 in Iran, 1:103
 in Lebanon, 1:175
 in Macedonia, 4:262–263
 in Nepal, 3:207
 in Netherlands, 4:227
 in New Zealand, 3:215
 in Norway, 4:235
 in Pakistan, 3:242
 in Poland, 4:245
 in Singapore, 3:270
 in Slovakia, 4:306–307
 in Sri Lanka, 3:289
 in Sweden, 4:332
 in Switzerland, 4:344
 in Taiwan, 3:305–306
 in Thailand, 3:322
 in Ukraine, 4:369
 in United States, 2:365–366
 in Uruguay, 2:374–375
 in Vietnam, 3:349
 in Zimbabwe, 1:365–366
 Sex industry, in Japan, 3:113–114
 Sex trafficking. *See* Human trafficking
 Sexual assault and rape
 in Bahrain, 1:26
 in Belarus, 4:31
 in Belgium, 4:38–39
 in Bermuda, 2:42
 in Cambodia, 3:48
 in Central African Republic, 1:42, 47–48
 in China, 3:63–64
 in Croatia, 4:69
 in Democratic Republic of Congo (DRC), 1:59–60
 in Denmark, 4:88
 in El Salvador, 2:160
 in France, 4:115
 in Haiti, 2:217
 in Honduras, 2:234
 in India, 3:88–89
 in Ivory Coast, 1:133
 in Jamaica, 2:244
 in Latvia, 4:203
 in Libya, 1:207–208
 in Myanmar, 3:195–196
 in Namibia, 1:241–242
 in Netherlands Antilles, 2:270
 in New Zealand, 3:225
 in Nicaragua, 2:273
 in Pakistan, 3:238
 in Palestine, 1:259
 in Panama, 2:306
 in Philippines, 3:255
 in Poland, 4:252
 in Republic of the Congo, 1:267
 “Right to be Free from Sexual Violence” of United Nations on, 4:404–405
 “Rule 93. Rape and Other Forms of Sexual Violence” of International Red Cross on, 4:398–401
 in Serbia, 4:302, 304
 in South Africa, 1:302
 in Sweden, 4:340
 in Trinidad and Tobago, 2:338
 in United Arab Emirates, 1:361
 in United States, 2:370–371
 in Uzbekistan, 3:347
 as war crimes, 1:277
 as war strategy, 2:105
 Sexual harassment. *See* Harassment
 Sexuality
 in Algeria, 1:17
 in Austria, 4:22–23
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:17
 in Bahrain, 1:23
 in Central African Republic, 1:46
 in Colombia, 2:100
 in Croatia, 4:63
 in Cuba, 2:122
 in Democratic Republic of Congo, 1:57
 in Ethiopia, 1:86–87
 in Guam, 3:70–71
 in India, 3:83–84
 in Ireland, 4:170
 in Jamaica, 2:240
 in Japan, 3:110
 in Jordan, 1:138–139
 in Kenya, 1:152
 in Lebanon, 1:178
 in Lesotho, 1:187–188
 in Libya, 1:204–205
 in Malawi, 1:216–217
 in Morocco, 1:230–231
 in Namibia, 1:238–239

- in Palestine, 1:257
- in Panama, 2:304–305
- in Philippines, 3:248
- of Polynesians, 3:258
- in Puerto Rico, 2:332
- in Republic of the Congo, 1:265
- in Romania, 4:277
- in South Africa, 1:308
- in Syria, 1:335–336
- in United Kingdom, 4:381–382
- in United States, 2:365–366
- in Uruguay, 2:374–375
- in Zimbabwe, 1:367–368
- Sexually transmitted infections (STIs)
 - in Afghanistan, 1:5
 - in Canada, 2:68
 - in China, 3:58
 - in Colombia, 2:102
 - in Denmark, 4:82
 - in France, 4:109
 - in Greenland, 2:185
 - in Iceland, 4:156–157
 - in North Korea, 3:228
 - in Philippines, 3:250
- Sexual objectification, in Czech Republic, 4:79
- Sex workers
 - in Austria, 4:22
 - in Cuba, 2:126
 - in Denmark, 4:88
 - in France, 4:115–116
 - in Ivory Coast, 1:132
 - in New Zealand, 3:218
 - See also* Prostitution
- Shabeykh, Sondas, 1:72
- Shafik, Doria, 1:63, 70
- Shajarat al-Durr (sultan, Egypt), 1:69
- Shakti (organization; New Zealand), 3:220
- Sha'rawi, Huda, 1:63, 69
- Shari'ah-Hawadith (organization; Sudan), 1:325
- Sharia law
 - in Afghanistan, 1:7
 - in Algeria, 1:12, 14, 16
 - in Bahrain, 1:20, 23, 24
 - in Brunei, 3:296, 297, 300–301
 - in Egypt, 1:63, 68
 - in Indonesia, 3:93, 101, 102
 - in Iran, 1:112
 - in Lebanon, 1:178
 - in Libya, 1:203–206
 - in Mali, 1:224
 - in Nigeria, 1:248–250
 - in Pakistan, 3:238, 242
 - in Philippines, 3:254
 - in Saudi Arabia, 1:164, 169
 - in Somalia, 1:300
 - in Sudan, 1:328
 - in United Arab Emirates, 1:360, 361
- Sharples, Sir Richard, 2:34
- Sheba (legendary queen), 1:90
- Shepherd, Verene A., 2:289
- Sheppard, Kate, 3:220
- Shinto, 3:111–112
- Shipley, Jenny, 3:220
- Siam, 3:320
- Sierra Leone, 1:287–294
- Sigurðardóttir, Jóhanna, 4:160
- Sihanouk (king, Cambodia), 3:37
- Sikhs, 2:76
 - Faith Statement of, 4:413–414
- Silva de Santolalla, Irene, 2:324
- Silva, Marina, 2:57
- Simpson, Lucy Rain, 1:15
- Simpson Miller, Portia, 2:240
- Singapore, 3:142, 269–276
- Singapore Council of Women, 3:275
- Sint Eustatius (Saint Eustatius; Statia; Netherlands Antilles), 2:262, 263, 265, 267, 269
- Sint Maarten (Netherlands Antilles), 2:262, 263, 265–268, 270
- Al-Sisi, Abdel-Fattah, 1:62
- Sister Namibia (organization), 1:238
- Skenderbeu, Gjergj Kastrioti, 4:193
- Skin cancer, 3:4
- Skvortsova, Veronika, 4:293
- Slavery and slaves
 - in Bermuda, 2:34
 - in Brazil, 2:51
 - in Curaçao, 2:263
 - in Democratic Republic of Congo, 1:51
 - in French Caribbean, 2:164, 167–168
 - in French Guiana, 2:173
 - in Haiti, 2:216
 - of indigenous peoples by Spain, 2:329–330
 - in Jamaica, 2:239, 244–245
 - in Libya, 1:202
 - in Mexico, 2:257
 - in Morocco, 1:229
 - Roma as, 4:270
 - in Sierra Leone, 1:288
 - in Suriname, 2:345
 - in Trinidad and Tobago, 2:337
 - United Kingdom's Modern Slavery Act (2015) on, 4:433–434
 - in United States, 2:355
 - in Uruguay, 2:381
- Slovakia, 4:305–313
 - Roma in, 4:263
- Slovenia, 4:314–319
- Slut-Walks, 2:74
- Smith, Gerrit, 2:368
- Smith, Dame Jennifer, 2:34
- Smoking. *See* Tobacco use
- Soccer (fútbol)
 - in Argentina, 2:4
 - in Colombia, 2:100–101
 - in Democratic Republic of Congo, 1:53
 - in Iran, 1:109
 - in Ivory Coast, 1:130
- Soccer War (1969), 2:228
- Social Democratic Party (Brazil), 2:56
- Social exclusion and marginalization, 2:115, 4:278
- Social media
 - in Indonesia, 3:93
 - in Tunisia, 1:351
- Solbery, Erna, 4:238
- Soliman, Azza, 1:67
- Solomon Islands, 3:162
 - See also* Melanesia
- Somalia, 1:294–300
- Somaliland, 1:295, 299
- Sophany Bay, 3:49
- Soto, Lilian, 2:314
- South Africa, 1:301–313
 - Constitution of (1996), 4:408–409
 - Lesotho surrounded by, 1:182, 184–185
 - virginity testing in, 1:370
- Southern Baptists
 - "Baptist Faith and Message" of, 4:411–412
 - Resolution on Ordination and the Role of Women in Ministry of, 4:396
- South Korea (Republic of Korea), 3:277–286
- South Sudan, 1:314–322
 - conflicts between Sudan and, 1:322–323
- South West Africa People's Organization (SWAPO), 1:234–235, 240
- Soviet Union, 4:280
 - Cuba and, 2:119, 123, 127
 - Czechoslovakia and, 4:306
 - Estonia in, 4:91
 - Hungary under, 4:144
 - independent women's organizations banned in, 4:373
 - Kazakhstan under, 3:116–118
 - Kyrgyzstan under, 3:125
 - Laos and, 3:133
 - Latvia in, 4:198
 - Lithuania occupied by, 4:205, 206, 208
 - Mongolian and, 3:184
 - North Korea and, 3:227
 - Romania and, 4:271
 - Tajikistan under, 3:313–316
 - Turkmenistan under, 3:332, 336
 - Ukraine in, 4:363, 364
 - Uzbekistan under, 3:340
 - See also* Russia
- Spaak-Janson, Marie-Anne, 4:37
- Spain, 4:321–329
 - Argentina under, 2:1–2
 - Colombia under, 2:97
 - Costa Rica under, 2:108
 - Cuba under, 2:119, 125
 - Dominican Republic under, 2:130, 131
 - El Salvador under, 2:152
 - enslavement of indigenous peoples by, 2:329
 - Honduras under, 2:227–228
 - Netherlands gains independence from, 4:226
 - Nicaragua under, 2:272

- Spain (*Continued*)
 Peru under, 2:318
 Philippines under, 3:247
 Venezuela under, 2:385
 Spanish Civil War (1936–1939), 4:321–322
 Special education
 in Myanmar, 3:197
 in Romania, 4:274
 in Sri Lanka, 3:290–291
 in United Arab Emirates, 1:357
 Spence, Doreen, 2:66
 Sports
 in Argentina, 2:4
 in Belarus, 4:26
 in Belgium, 4:38
 in Belize, 2:28–29
 in Bosnia and Herzegovina, 4:42
 in Cayman Islands, 2:80
 in China, 3:54
 in Colombia, 2:100–101
 in Czech Republic, 4:73
 in Denmark, 4:85
 in Georgia, 4:119
 in Guam, 3:74
 in Iran, 1:109
 in Ivory Coast, 1:129–130
 in Japan, 3:105
 in Kosovo, 4:185
 in Latvia, 4:199
 in Libya, 1:200
 in Maldives, 3:157
 in Netherlands, 4:227–228
 in New Zealand, 3:215
 in Panama, 2:301
 in Senegal, 1:286
 in Singapore, 3:271
 in Sweden, 4:332
 in Syria, 1:332
 in United Arab Emirates, 1:355
 Sri Lanka (Ceylon), 3:288–295
 Stanton, Elizabeth Cady, 2:368
 Stewart, Dianne M., 2:296–297
 Stone, Lucy, 2:368
 Storm, Sudy, 1:289, 291
 Street children, 4:272
 Structural Adjustment Programs (SAPs)
 in Nigeria, 1:246–247
 in Tunisia, 1:349
 Sturgeon, Nicola, 4:382
 Suárez Bértora, Michelle, 2:378
 Substance abuse. *See* Drug abuse
 Sudan, 1:322–329
 South Sudan and, 1:314–322
 Sudanese Women Empowerment for Peace (SuWEP), 1:321
 Sudanese Women's Union (SWU), 1:321
 Sudanese Women's Voice for Peace (SWVP), 1:321–322
 Sudan People's Liberation Movement (SPLM), 1:315, 318
 Suffrage (voting)
 in Australia, 3:7–9
 in Austria, 4:19
 in Brazil, 2:59
 in Canada, 2:73
 in Colombia, 2:97
 in Denmark, 4:86
 in Finland, 4:104
 in France, 4:112
 in Haiti, 2:223
 in Hungary, 4:150
 in Iceland, 4:160
 in Iran, 1:111
 in Italy, 4:180
 in Jordan, 1:140–141
 in Kenya, 1:160
 in Mexico, 2:255
 in New Zealand, 3:220
 in Norway, 4:238
 in Palestine, 1:258
 in Paraguay, 2:314
 in Peru, 2:324
 in Puerto Rico, 2:333
 in Romania, 4:276
 in Slovakia, 4:312
 in Sweden, 4:330
 in Syria, 1:336
 in Thailand, 3:326
 in Ukraine, 4:372
 in United Kingdom, 4:383
 in United States, 2:368
 in Venezuela, 2:392
 in Yemen, 1:273
 Suicides
 in China, 3:59
 in Denmark, 4:82
 in El Salvador, 2:154
 in Greenland, 2:185
 in Japan, 3:105
 in South Korea, 3:278
 in Sri Lanka, 3:292
 in United States, 2:363
 Sukarnoputri, Megawati, 3:98
 Sultanate of Brunei (Negara Brunei Darussalam), 3:296–302
 Sunyoung Kim, 3:228
 Suriname, 2:345–352
 conflicts between Guyana and, 2:213
 Suriyothai (queen, Thailand), 3:328
 Sweden, 4:330–342
 Norway in union with, 4:234
 Switzerland, 4:344–350
 Syed Ahmad bin Muttaqi Khan, 3:237
 Sylva, Aferdita, 4:195
 Syncretism
 in Cuba, 2:125
 in El Salvador, 2:159
 in Venezuela, 2:393
 Syria, 1:330–339
 Syrian refugees, 1:330, 337, 338
 in Bulgaria, 4:59
 in Iraq, 1:120
 in Jordan, 1:143–144
 in Lebanon, 1:174, 180
 in Turkey, 4:354–356
 in Uruguay, 2:381
 Taboos, 3:263
 Tahiri, Edita, 4:194
 Taínos (people), 2:131, 239, 329
 Taitu (empress, Ethiopia), 1:90
 Taiwan (Republic of China), 3:304–311
 in United Nations, 3:52
 Tajikistan, 3:312–319
 Tajiks (people), 3:312
 Taliban, 1:1
 women's education under, 1:3–4
 women's employment under, 1:6
 Tamils (people), 3:294
 Tasman, Abel, 3:214
 Taubira, Christiane, 4:111
 Taylor, Charles, 1:196
 Te Atatu Chris Carter, 3:221
 Technical education, in Peru, 2:320
 Technology
 assisted reproductive technology, 4:177
 in Myanmar, 3:202
 Teen pregnancy
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:24–25
 in Belgium, 4:34
 in Bermuda, 2:35
 in Burkina Faso, 1:33
 in Canada, 2:66
 in Chile, 2:87–88
 in Colombia, 2:100
 in Denmark, 4:81–82
 in Dominican Republic, 2:132
 in Ecuador, 2:142, 149
 in El Salvador, 2:153–154
 in Finland, 4:102
 in Ghana, 1:94
 in Haiti, 2:217
 in Iceland, 4:156
 in Laos, 3:134–135
 in Mexico, 2:249–250
 in Nicaragua, 2:273
 in Paraguay, 2:310
 in Polynesia, 3:259
 in Romania, 4:273
 in Serbia, 4:299
 in Singapore, 3:270
 in Trinidad and Tobago, 2:338
 in Ukraine, 4:370
 in United States, 2:365
 in Zimbabwe, 1:366–368
 Teens. *See* Girls and teens
 Tejo (sport), 2:101
 Television
 in Spain, 4:326–327
 See also Media
 Te Ropu Wahine Māori Toko i te Ora (Māori Women's Welfare League), 3:216

- Terrorism, in Saudi Arabia, **1:164**
Tet, **3:355–356**
 Thailand, **3:320–330**
 Than Pu Ying Chan (queen, Thailand), **3:328**
 Thatcher, Margaret, **4:382**
 Theatre, BuSSy (Egypt), **1:72**
 Thein, Pansy Tun, **3:198**
 Thiam, Amy Mbacké, **1:286**
 31st December Women's Movement (Ghana), **1:98**
 Thiteux, Monique, **2:11**
 Tibet, **3:52–53**
 Tigray Peoples Liberation Front (TPLF; Ethiopia), **1:88–89**
 Tobacco use
 in Argentina, **2:6–7**
 in Canada, **2:69**
 in Denmark, **4:83**
 in Ecuador, **2:145**
 in Egypt, **1:64**
 in France, **4:109**
 in Georgia, **4:120**
 in Laos, **3:137**
 in Malaysia, **3:146**
 in Micronesia, **3:177**
 in Russia, **4:283**
 in Singapore, **3:272**
 in Sweden, **4:335**
 in Taiwan, **3:308**
 in Tunisia, **1:347–348**
 in Uruguay, **2:377**
 Tobago, **2:337–343**
 Toledo Manrique, Alejandro, **2:318**
 Tolokonnikova, Nadezhda, **4:293**
 Tormah, Mama, **1:192**
 Torres Peimbert, Marcela, **2:255–256**
 Tostan (organization; Senegal), **1:284**
 Toum, Fardos Al, **1:329**
 Toure, Aya Virginie, **1:132–133**
 Tourism
 in Bahamas, Barbados, and Turks and Caicos Islands, **2:15, 16**
 in Bermuda, **2:37**
 in Bhutan, **3:26–27, 33–34**
 in Cayman Islands, **2:80**
 in Costa Rica, **2:111**
 in French Caribbean, **2:166**
 in Jordan, **1:136, 137**
 in Maldives, **3:155**
 in Morocco, **1:226, 230–231**
 in New Zealand, **3:214**
 in Organization of Eastern Caribbean States, **2:294–295**
 in Slovakia, **4:313**
 Trafficking. *See* Human trafficking
 Transgender people
 in Belgium, **4:36**
 in Bosnia and Herzegovina, **4:47**
 Fa'afafine, **3:265–266**
 in Greece, **4:141**
 in Honduras, **2:231, 233, 236**
 in India, **3:81, 87**
 in Indonesia, **3:101–102**
 in Iran, **1:110**
 in Ivory Coast, **1:131**
 in Mexico, **2:259**
 in New Zealand, **3:221**
 in Norway, **4:241–242**
 in Russia, **4:297**
 in Suriname, **2:350**
 in United States, **2:357–360**
 in Uruguay, **2:377–378**
 See also LGBTQ+ issues
 Travel, North Korean restrictions on, **3:234**
 Trinidad and Tobago, Republic of, **2:337–343**
 Tripathi, Laxmi Narayan, **3:87**
 Trotsky, Leo, **4:280**
 Trudeau, Justin, **2:65**
 Truman, Harry, **3:73**
 Trump, Donald, **2:120, 369**
 Tsai Ing-wen, **3:309**
 Tsipras, Alexis, **4:135–136, 141**
 Tuberculosis
 in Bahamas, Barbados, and Turks and Caicos Islands, **2:21**
 in Egypt, **1:84**
 in Georgia, **4:121**
 in Greenland, **2:185**
 in India, **3:82**
 in Indonesia, **3:95**
 in Kosovo, **4:186–187**
 in Lebanon, **1:177**
 in North Korea, **3:231**
 in Philippines, **3:249**
 in Somalia, **1:298**
 in Turkmenistan, **3:335**
 in Zimbabwe, **1:369**
 Tunisia, **1:342–352**
 Tunisian Association of Democratic Women, **1:344**
 Tunisian League of Human Rights, **1:344**
 Tunisian National Dialogue Quartet, **1:343, 346**
 Turkey, **4:353–361**
 Turkmenistan, **3:332–338**
 Turks and Caicos Islands, **2:14–27**
 Tutsi (people), **1:52, 275–277, 280**
 Two-Spirit (Cuba), **2:126**
 Typhoons, **3:255–256**
 Ubangi-Shari, **1:41**
 See also Central African Republic
 Ukraine, **4:363–374**
 Chernobyl Nuclear Power Plant disaster in, **4:26**
 Unemployment. *See* Employment
 Unión de Mujeres Campesinas Hondureñas (UMCAH; Honduras), **2:229**
 Union of Soviet Socialist Republics (USSR). *See* Soviet Union
 Union of Women of Turkmenistan, **3:337**
 United Arab Emirates (UAE), **1:354–362**
 United Church of Christ, “Equal Marriage Rights for All” statement of, **4:415–416**
 United Kingdom (of Great Britain and Northern Ireland), **4:376–386**
 Bahamas, Barbados, and Turks and Caicos Islands colonized by, **2:14**
 Bermuda under, **2:34, 40**
 Brunei under, **3:297**
 Burma under, **3:194, 195**
 Canada and, **2:64**
 Cayman Islands under, **2:79–80**
 India under, **3:76**
 Jamaica under, **2:239**
 Kenya under, **1:148–149**
 Lesotho under, **1:181**
 Malaysia under, **3:142**
 Malta under, **4:215**
 Modern Slavery Act by (2015), **4:433–434**
 New Zealand under, **3:214, 222**
 Nicaragua under, **2:272**
 Pakistan under, **3:237**
 Polish migration to, **4:246**
 Sierra Leone under, **1:288**
 Singapore under, **3:269**
 Trinidad and Tobago under, **2:337**
 Turks and Caicos Islands as territory of, **2:23**
 United States becomes independent from, **2:355**
 United Nations
 Beijing Declaration of, **4:405–408**
 on Botswana human rights, **1:28**
 China in, **3:52**
 Convention on the Elimination of All Forms of Discrimination against Women, **4:391–395**
 Declaration on the Elimination of Violence against Women of, **4:401–404**
 on Democratic Republic of Congo, **1:57, 58, 60, 61**
 General Assembly resolution on “Child, Early, and Forced Marriage,” **4:431–432**
 Haitian cholera epidemic tied to, **2:220**
 International Criminal Tribunal for Rwanda of, **1:277**
 International Women's Day statement by, **4:409**
 Millennium Development Goals of, **2:367**
 Resolution 1325 on Women, Peace, and Security of, **4:410–411**
 “Right to be Free from Sexual Violence” of, **4:404–405**
 Somalia peacekeeping by, **1:295**
 “Transforming Our World: The 2030 Agenda for Sustainable Development,” **4:432–433**
 United Nations Human Rights Council, “Joint Statement on Ending Acts of Violence and Related Human Rights Violations ...” of, **4:427–428**
 United Provinces of Central America, **2:248**
 United States of America, **2:355–371**
 American Samoa under, **3:263**
 in Colombian armed conflict, **2:105**
 Constitution of, **4:389**
 Cuba and, **2:119–120, 127**

- United States of America (*Continued*)
 Dominican Republic and, 2:130
 Guam under, 3:67–74
 in Korean War, 3:282
 Laos and, 3:133
 Liberia and, 1:191
 Mexican territory obtained by, 2:249
 Nicaragua occupied by, 2:272
 nuclear weapons testing by, 3:175, 181
 Philippines under, 3:247
 Puerto Rico under, 2:328–335
 Somali intervention by, 1:295
 South Korea and, 3:227
 in Vietnam War, 3:348
 in wars with Iraq, 1:115
 Zaire interference by, 1:52
- United States-Central America Free Trade Agreement (CAFTA), 2:156–157
- Universal Declaration of Human Rights, 1:220
- Upper Volta. *See* Burkina Faso
- Uranga, Amaya, 4:329
- Uribe Velez, Alvaro, 2:98
- Uruguay, 2:373–382
- Ushigua, Gloria, 2:143
- Utomo, Ariane, 3:96
- Uzbekistan, 3:340–347
- Vaccinations
 in Bahrain, 1:21
 in Georgia, 4:121
 HPV vaccine, 4:137
 in Kenya, 1:154
 in Lesotho, 1:183
 in North Korea, 3:231
 in Suriname, 2:348
 in Uruguay, 2:377
- Vanuatu, 3:162, 163
See also Melanesia
- Varda, Agnes, 4:37
- Vargas, Getúlio, 2:50
- Varoufakis, Yanis, 4:135
- Vázquez, Tabare, 2:377–379
- Veil, Simone, 4:109, 112
- Venezuela, 2:385–395
 conflicts between Guyana and, 2:213
- Verešová, Andrea, 4:313
- Vespucci, Amerigo, 2:262–263
- Victoria (crown princess; Sweden), 4:330
- Vietnam, 3:348–356
- Viet Nam Women's Union, 3:355
- Vike-Freiberga, Vaira, 4:203
- Violence against women (VAW)
 in Albania, 4:6
 in Australia, 3:11–13
 in Bahamas, Barbados, and Turks and Caicos Islands, 2:25
 in Belgium, 4:38
 in Belize, 2:31–32
 in Bolivia, 2:47–48
 in Brazil, 2:60
 in Bulgaria, 4:57–58
 in Canada, 2:73–74
 in Chile, 2:93–94
 in China, 3:63–65
 in Costa Rica, 2:111
 in Czech Republic, 4:77–78
 Declaration on the Elimination of Violence against Women on, 4:401–404
 in Denmark, 4:88
 in Dominican Republic, 2:138
 in Ecuador, 2:149
 in Egypt, 1:71
 in El Salvador, 2:158–160
 in Eritrea, 1:78
 in Finland, 4:105
 in Greenland, 2:188
 in Guam, 3:74
 in Guatemala, 2:191
 in Guiana, 2:211–212
 in Honduras, 2:228, 234
 in Iceland, 4:161–162
 in Iraq, 1:118
 in Ivory Coast, 1:133
 in Jamaica, 2:244
 in Japan, 3:114
 in Jordan, 1:142–143
 in Kenya, 1:161
 in Latvia, 4:203–204
 in Lebanon, 1:180
 in Lesotho, 1:187
 in Libya, 1:207–208
 in Lithuania, 4:211–212
 in Malaysia, 3:152
 in Maldives, 3:161
 in Mali, 1:224–225
 in Malta, 4:221–222
 in Melanesia, 3:168–169
 in Mongolia, 3:192
 in Myanmar, 3:201
 in Nepal, 3:212–213
 in Netherlands, 4:232–233
 in Nicaragua, 2:280
 in Nigeria, 1:250
 in North Korea, 3:235
 in Norway, 4:242
 in Organization of Eastern Caribbean States, 2:297
 in Palestine, 1:259
 in Paraguay, 2:311, 316
 in Peru, 2:325
 in Poland, 4:251–252
 in Portugal, 4:259–260
 in Puerto Rico, 2:334–335
 “Right to be Free from Sexual Violence” of United Nations on, 4:404–405
 in Romania, 4:278
 in Russia, 4:296
 in Senegal, 1:286–287
 in Serbia, 4:303–304
 in Sierra Leone, 1:293
 in Somalia, 1:300
 in South Africa, 1:312
 in South Sudan, 1:319
 in Sudan, 1:328–329
 in Suriname, 2:352
 in Sweden, 4:340
 in Syria, 1:337–338
 in Tunisia, 1:352
 in Turkey, 4:361
 in Ukraine, 4:373–374
 in United Kingdom, 4:386
 in Uruguay, 2:378
 in Venezuela, 2:394
 in Zimbabwe, 1:369, 375
See also Domestic violence; Sexual assault and rape
- Virginity testing, in Zimbabwe, 1:369–370
- Virgin of Caacupé (Paraguay), 2:315
- Virgin of Guadalupe (Mexico), 2:256
- Virilocality, 1:370–371
- Vitamin D deficiency, 1:167
- Vocational Education. *See* Job training
- Vodou, in Haiti, 2:224–225
- Vogel, Susan, 3:108–109
- Voice of Libyan Women, 1:207
- Wahhabi (Saudi Arabia), 1:170
- Waitangi Tribunal, 3:222
- Wales, 4:376, 382
See also United Kingdom
- Walker, William, 2:272
- Walwyn, Myron, 2:288
- Wang Man, 3:64
- Wangu wa Makeri, 1:160
- War crimes
 in Bosnia and Herzegovina, 4:48
 International Criminal Tribunal for the former Yugoslavia on, 4:304
 rape as, 1:277
 in Sudan, 1:329
See also Civil warfare
- Water
 in Indonesia, 3:95
 in Malawi, 1:210, 212
 in Maldives, 3:161
 in Yemen, 1:274–275
- We Are Women Activists (WAWA; Somalia), 1:297
- Weill-Hallé, Marie-Andrée Lagroua, 4:108
- Wei Tingting, 3:64
- Wellington Young Feminists' Collective, 3:221
- Wenzel, Myrthes de Luca, 2:54
- Werbrouck, Ulla, 4:38
- West Bank (Palestine), 1:253
See also Palestine
- Western Wall (Jerusalem), 1:126
- West Pakistan, 3:16
See also Pakistan
- Whitaker, Brian, 1:10, 171
- Widodo, Joko, 3:98
- Widowhood
 in India, 3:84

- in Nigeria, **1**: 248
- in Poland, **4**:244
- Wilcox, Crag, **3**:106
- Williams, Eric, **2**:296
- Williams-Perkins, Betty, **4**:168
- Winfrey, Oprah, **2**:370
- Winti (religion), **2**:351–352
- Witchcraft and sorcery
 - in Central African Republic, **1**:47
 - in Melanesia, **3**:171–172
- Woman Scream (organization; Libya), **1**:207
- Women and Memory Forum (organization; Egypt), **1**:70
- Women in Black (organization; Israel), **1**:122
- Women Journalists without Chains (WFWC), **1**:270, 273
- Women of Liberia Mass Action for Peace (WLMAP), **1**:191, 196–197
- Women of Peace (Ireland), **4**:168
- Women of the Wall (organization; Israel), **1**:126
 - mission statement of, **4**:398
- Women's Action Group (WAG; Zimbabwe), **1**:374
- Women's Affairs Technical Committee (WATC; Palestine), **1**:258
- Women's Association of Afghanistan, **1**:3, 4
- Women's Committee of Uzbekistan, **3**:345
- Women's Environment and Development Organization (WEDO), **1**:239
- Women's Forum (Sierra Leone), **1**:292
- Women's Health Care Center (Yemen), **1**:271
- Women's International League for Peace and Freedom (WILPF), **4**:348–349
- Women's League of Burma (WLB), **3**:200
- Women's March on Washington (2017), **2**:369
- Women's movement. *See* Feminism
- Women's Organizations Network of Myanmar (WON), **3**:200
- Women's Professional Playwrights Association (WOPPA New Zealand), **3**:221
- Women's Social and Political Union (WSPU; United Kingdom), **4**:383
- Women's studies
 - in Latvia, **4**:200
 - in Puerto Rico, **2**:330–331
- Wood, Mary Evelyn, **2**:84
- World Association of Girl Guides and Girl Scouts (WAGGGS), **1**:53
- World Council of Churches, "Status of Women" statement of, **4**:430
- Wu Rongrong, **3**:64
- Xharra, Arbana, **4**:194
- Yacob, Halimah, **3**:275
- Yameogo, Maurice, **1**:37
- Ya Mo (queen, Thailand), **3**:328
- Yamsa, Fatimatu, **1**:47
- Yao, Michel, **1**:42
- Yarovaya, Yelena, **4**:294
- Yemen Arab Republic, **1**:269
- Yemen, People's Democratic Republic of, **1**:269
- Yemen, Republic of, **1**:268–275
- Yip Pin Xiu, **3**:271
- Yorm Bopha, **3**:38
- Youlou, Fulbert, **1**:265
- Young Women's Christian Association (YWCA), **1**:198
- Yugoslavia, former republic of
 - Bosnia and Herzegovina in, **4**:40–41
 - Croatia in, **4**:61, 66
 - Kosovo in, **4**:184–195
 - Macedonia in, **4**:262–269
 - Serbia in, **4**:299–305
 - Slovenia in, **4**:314–319
- Yun-Fong Huang, **3**:309
- Zaire, **1**:51, 52
 - See also* Democratic Republic of Congo
- Zaitsev, Aleksander, **4**:28
- Zapata, Eduardo Añorve, **2**:258
- Zarif, Mohammad Javad, **1**:103
- Zelaya, Manuel, **2**:228, 233
- Zerbo, Saye, **1**:37
- Zheng Churan, **3**:64
- Zia-ul-Haq, **3**:238
- Zika virus
 - in Argentina, **2**:6
 - in El Salvador, **2**:156
 - in Honduras, **2**:231
 - in Laos, **3**:138
- Zimbabwe, **1**:364–375
- Zimbabwe African Nationalist Union-Patriotic Front (ZANU-PF), **1**:372
- Zonta (New Zealand District of Zonta), **3**:223–224